

Facilitating
Access
Choice
Empowerment
Safety

FACES of Montgomery County
A Violence Against Deaf Women and Women with Disabilities
Collaborative



Dayton, Ohio
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Introduction

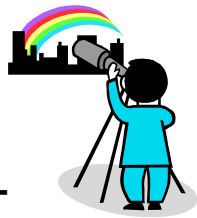
FACES of Montgomery County is a collaboration of agencies who have come together to **F**acilitate **A**ccess, **C**hoice, **E**mpowerment and **S**afety for Deaf individuals and individuals with disabilities who experience domestic violence, caregiver abuse, and/or sexual assault.

Research regarding the topic of abuse and Deaf women and/or women with disabilities has been conducted over the past twenty years. Patterns and trends have been documented explaining the correlations of type of disability, poverty, oppression, and discrimination as it relates to violence against women. However, there has been minimal activity to address the barriers that prevent access to services and safety.

Given the complexity of victims' lives, the justice system, and the sometimes disjointed community resources, we believe that systems change to enhance victim safety is best achieved through a collaborative effort between providers of services to Deaf individuals, individuals with disabilities, and victims. Through the work of the FACES Collaborative, the response to victims will be based on best practices that fully appreciate the abuse experiences of individuals with disabilities and Deaf individuals.

This Charter outlines the vision, mission and guiding principles of the FACES Collaborative and sets out the elements of the working relationship between the Partner Agencies.

The language in this document has been chosen to make it accessible to all readers. In addition, while the FACES Collaborative recognizes that people of both genders may experience victimization, for the purposes of this document victim/survivors will be referred to as female and batterers will be referred to as male. The reason for this practice is to keep sentences as short as possible in order to increase accessibility.



VISION STATEMENT

The vision of the FACES Collaborative of Montgomery County, Ohio (“FACES Collaborative” or the “Collaborative”) is to provide a seamless community response to individuals with disabilities and Deaf individuals who experience intimate partner violence, caregiver violence, and/or sexual assault. This response will be based on best practices that fully appreciate the abuse experiences of individuals with disabilities and Deaf individuals and will be designed to eliminate barriers and provide full access to safety, freedom and choice as defined by the individual. Individuals with disabilities and Deaf individuals will be empowered to achieve safety, freedom and their desired outcomes.



MISSION STATEMENT

The mission of the FACES Collaborative is to promote system-wide changes in attitudes, knowledge, and skills in the response to intimate partner violence, caregiver violence, and/or sexual assault experienced by individuals with disabilities and Deaf individuals. The Collaborative will work to remove systemic barriers, improve access and enhance safety as defined by each individual served.

Our goals include:

- To identify, close or remove service gaps/barriers across systems and providers
- To give voice to individuals with disabilities and Deaf individuals, without judgment, in order to honor self determination and respect the importance of making choices for one's self.
- To educate the community regarding FACES Collaborative activities and the need for change
- To support self-advocacy through education



PARTNER ORGANIZATIONS: Contributions and Commitments

This section identifies the Partner Agencies of the FACES Collaborative, the common and individual responsibilities of the Partner Agencies, as well as the roles and responsibilities of the Partner Agencies' representatives (also known as team members). The FACES Collaborative recognizes the specialized training, passion, and commitment each organization and its representative(s) contribute to the success of the FACES project and values the unique perspective each team member and Partner Agency contributes to the success of this project.

FACES Collaborative Co-Directors

In order to give the Collaborative leadership balance between the disabilities community and the domestic violence community, FACES will be led by two (2) co-directors. One co-director is employed by Artemis Center and will be able to address the perspective of victim/survivor needs and issues related to intimate partner violence. The other co-director is employed by the Wright State University Substance Abuse Resources and Disability Issues Program (SARDI). SARDI is recognized nationally for developing services for individuals with disabilities and Deaf individuals and addressing innovative ways of meeting access needs. Using co-directors with diverse backgrounds to lead this collaboration will allow for a balance of perspectives that can drive the project forward successfully.

The FACES co-directors will divide up their responsibilities as follows:

- Meeting Agendas – will be developed jointly by the co-directors. The SARDI co-director will be primarily responsible for preparing the hard copies and distributing the agendas at meetings. The Artemis co-director will serve as a backup to the SARDI co-director for this function.
- Meeting Minutes – will primarily be recorded, drafted and distributed by the Artemis co-director. The SARDI co-director will serve as a backup to the Artemis co-director for this function.
- Meeting Facilitation – Meetings will be led by one or both co-directors, depending on the topic and co-director availability.
- Drafting Collaborative Documents – The responsibility for drafting documents for the Collaborative will be shared equally by the co-directors. Each co-director will review the other's draft documents for accuracy and grammatical errors.
- Co-directors will have sole responsibility for posting and editing documents on Drop Box, and will communicate with each other to coordinate those changes.
- Co-directors will meet independently of the Team and communicate via email and telephone several times a week, at a minimum, to plan meetings and potential strategies to suggest to the Team.
- Co-directors will work to reach a consensus between them before taking any plans or strategies to the Team, agency leaders, VERA, OVW, other community organizations and committees, and before releasing any information to the public.

Montgomery County Board of Commissioners, administrative agent of the Montgomery County Family and Children First Council

The Montgomery County Board of Commissioners (Board of Commissioners) is the administrator of the Montgomery County Family and Children First Council, which was created in late 1995 in accordance with state law and to fulfill the local desire for a "lead collaborative" to address issues affecting children and families. Members include the heads of the major public human services agencies, school superintendents, local elected officials, members of the business community, representatives of the United Way and other non-profits, and at-large community members, including several specifically designated "family representatives." Two of the Council's six "Desired Community Outcome Teams" are central to the work that led to the development of the FACES Collaboration.

The Board of Commissioners is the fiscal agent for the FACES Collaborative, but will not be a site of change.

Partner Agency Commitments

With the exception of the Board of Commissioners, all partner agencies commit to:

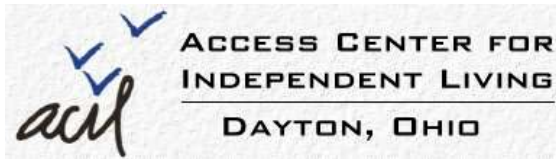
- Become sites of change
- Participate in a review of agency policies, practices, procedures, and trainings
- Identify barriers that may exist in building design or layout

- Identify barriers that may exist in program design or through assumptions or attitudes

All Partner Organizations will:

- Participate in required meetings, trainings and telephone conferences
- Inform key personnel and administrators of their agencies on the progress and activities of the Collaborative
- Provide cross-training to Collaborative members on their agency's unique services or philosophy
- Assist with reporting compliance
- Assist with development of required deliverables including:
 - Collaborative Charter
 - Needs Assessment Plan
 - Needs Assessment Report
 - Strategic Plan
 - Implementation
- Conduct or assist in needs assessment activities
- Report on a regular basis to the Collaboration on their agency's activities as they relate to the project

Each partner agency is described below along with any individual contributions and/or commitments the organization will provide.



The Access Center for Independent Living

The Access Center is a non-profit, non-residential center for independent living funded through Title VII of the Rehabilitation Act. The Center's entire board and the majority of its staff are comprised of people with disabilities. Their mission is to ensure that people with disabilities have complete access to the communities in which they wish to live through offering advocacy, information and referral, independent living skills training, peer support, a recycled durable medical equipment program, and through assisting individuals to transition from institutional settings to community living. The Access Center keeps consumers up-to-date about their civil rights under the Americans with Disabilities Act, Rehabilitation Act, Fair Housing laws, and other legislation prohibiting discrimination on the basis of disability.

The Access Center for Independent Living commits to the following additional contributions:

- Provide the primary meeting place for Collaborative meetings in order to offer a consistently accessible meeting site
- Assist in recruiting potential interviewees and/or focus group participants

- Identify and/or explain the personal barriers a victim with a disability might encounter while attempting to leave a violent relationship
- Advocate from the Independent Living perspective
- Assist in addressing the problem of care giver violence



Artemis Center

Artemis Center is a domestic violence victim advocacy agency that was established in 1985 to provide victims of domestic violence with guidance through the often confusing and sometimes intimidating legal system. Today, Artemis Center serves almost 5,000 victims annually. The agency provides victims with information about the domestic violence dynamic, the effects of domestic violence on victims and children, safety planning, options, and referrals to other community resources able to assist victims in getting safe. The agency provides education and support groups for victims and therapy for child witnesses. All services are free. Artemis Center collaborates with the YWCA Shelter in operating the 24-hour Domestic Violence Hotline by staffing the Hotline weekdays from 8:00 a.m. to 8:00 p.m. Finally, the Family Violence Collaborative (FVC) is a joint program of Artemis Center and the YWCA. The FVC focus is systems change to benefit victims of domestic violence. Through the FVC, Artemis has become a community resource for developing a coordinated response to

domestic violence and providing domestic violence education to systems partners and the community.

Artemis Center commits to the following individual contributions:

- Provide a Collaborative co-director equal to 0.5 FTE
- Provide information regarding the history of the Domestic Violence movement
- Provide information on intimate partner violence
- Educate members of the collaborative about the local judicial system as it relates to intimate partner violence
- Recruit potential interviewees and/or focus group participants



Deaf Community Resource Center in partnership with Communication Services for the Deaf

The mission of Deaf Community Resource Center (DCRC) is to provide the Deaf and Hard of Hearing and their families with the highest quality services and resources to maximize their quality of life.

The Deaf Community Resource Center was established in 2007 by Deaf and Hard of Hearing individuals who believed they could best serve their community by creating an agency whose focus and mission would be Deaf-driven. The agency has restructured and has partnered with Communication Services for the Deaf (C-S-D), a national Deaf-driven organization, to ensure the long-term viability of both DCRC and C-S-D of Ohio. DCRC's vision is to be "a safe haven where services for the Deaf, Hard of Hearing and their families are provided by the Deaf and for the Deaf with Hard of Hearing and hearing allies." DCRC and C-S-D of Ohio are committed to fostering an atmosphere where the Deaf community can experience inclusion, equality and belonging with family, friends, coworkers and community.

DCRC offers the following programs:

Springfield Satellite Office

This office is located in the Department of Job & Family Services building. All services available at the Dayton office are also available at the Springfield office.

Regional Infant Hearing Program (RIHP)

This program provides education, support and advocacy to families who have infants identified as having a hearing loss. RIHP is a joint project of the Ohio Department of Health and Help Me Grow.

Case Management and Counseling Services

This program provides practical and emotional support to deaf and hard of hearing people and their families.

Deaf Kids and Teens Club & KODA Club

This program provides opportunities to socialize with peers without language or cultural barriers, including monthly activities and summer camps.

Developmental Disabilities Services

This program provides certified services to deaf and hard of hearing individuals with Developmental Disabilities under Individual Options (IO) and Level 1 Waivers.

Ohio Benefits Bank

This program provides help with taxes, filing for Federal Student Financial Aid (FAFSA), Home Energy Assistance (HEAP), Food Assistance Program, WIC and many more programs offered by the State of Ohio.

Deaf Education Awareness Fundamentals

This program provides education for the workplace, family, church, school and more through Conversational Sign Language Classes, Deaf 101 Workshops, Family Sign Classes and Deaf Mentoring.

The Deaf Community Resource Center commits to the following additional contributions:

- Explain the perspective and needs of the Deaf Community
- Recruit Deaf and Hard of Hearing individuals to participate in the needs assessment process
- Provide Deaf Peer Advocates to assist Deaf or Hard of Hearing participants in needs assessment activities. Many times, even when interpreters are provided, some Deaf individuals need communication support from another Deaf person. Deaf Peer Advocates can help bridge communication difficulties and act as a bridge between Deaf and hearing interactions.



Goodwill Easter Seals Miami Valley

Goodwill Easter Seals Miami Valley (GESMV) is a non-profit organization whose mission is to ***empower people with disabilities and other needs to achieve independence and enhance their lives***. Reflecting our mission, our services are identified in two areas:

Workforce Development - Experiencing the Benefits of Work

GESMV offers comprehensive vocational services to persons with disabilities and/or disadvantaged conditions. Programs are designed to assist youth and adults in becoming self-sufficient by obtaining and maintaining employment. Our vocational services include assessment and evaluation, skills training, orientation and mobility training, job readiness training, assistive technology/adaptive equipment, job placement, job coaching, and follow-up/retention.

Community Services - Achieving a Better Quality of Life

GESMV provides services to children, families, developmentally disabled and older adults to improve their quality of life. These services are directed to those families and individuals who, as a result of a disability or economic need, require specialized services and supports.

Reflecting their mission, GESMV provides the following services:

Car Safety Seat Program

Each year about 500 children between the ages of 4 and 8 are killed in car accidents, nearly half of them are unrestrained. Our Car Safety Seat Program provides free car seats, and car seat use/installation instruction to families who could not otherwise afford this crucial protective passenger gear. Our Special Car Seat Safety Program is a program of education and support to physicians, medical professionals, and families who require the use of a special need car seat. Like our traditional Car Seat Safety Program, this service provides free special needs car seats and education.

Sign Language for Children and Youth with Autism

For children with autism, sign language can serve as a communication bridge to verbal language. Sessions with parents and caregivers occur in the child's natural environment. Signs that are taught are individualized to meet each child's needs, providing for positive reinforcement resulting in more frequent language utilization.

The P.L.A.Y. Project for Families Who Have Children with Autism

The P.L.A.Y. Project is a community based/regional autism training and early intervention program dedicated to empowering parents and professionals to implement intensive, developmental interventions for young children with autism. The P.L.A.Y. Project Home Consultant Program provides training and support for families of young children (18 months to 6 years) with autism right in their home. Trained consultants teach parents techniques that are effective, fun, and useful in day-to-day interactions with their child with autism. Our consultants show you practical ways of making every interaction with your child a growing and learning experience. Bath-time, meals, outdoor play: each of these daily routines can be used to help your child build meaningful relationships.

Children Screening Services

A program designed to provide an annual, center-wide screening within your home-based or center-based child care program. Pending parental permission, a trained child outreach coordinator will conduct on-site screenings using the Denver II developmental screening tool for children from birth to five years old.

Easter Seals Child Development Center

Our Easter Seals Child Development Center serves toddlers through age 6. Our inclusive setting provides child care support for families and their children with social, emotional, therapeutic and developmental needs. This program also provides specialized services and resources for children with Autism.

GoodGuides Youth Mentoring Program

GESMV, in collaboration with Goodwill Industries International, provides a mentoring program for youth at risk of involvement with the criminal justice system. Mentoring services are focused on career development and developing strong work ethics and values.

Services for Persons with Visual Impairments

Vision Services - Independent Living Program

A program designed to provide services to individuals who are 55 years or older and have a visual impairment. A functional low vision evaluation is performed in the individual's home, where both optical and non-optical aids are assessed in order to help the individual improve his or her activities of daily living.

Radio Reading Service

Our Radio Reading Service provides information and current events to individuals who are blind or visually impaired. Volunteers read articles from local and national newspapers, host interview shows, and transmit locally produced features over a radio frequency. Persons throughout the community receive this broadcast through special radio receivers.

Free Eyeglasses and Vision Exams

The GESMV Technology Resource Center (TRC) is a designated Prevent Blindness Ohio application site. TRC assists individuals in completing application forms and coordinating the entire referral process.

Services for Seniors and Adults with Disabilities

Easter Seals Adult Day Services

Easter Seals Adult Day Services offers a safe, engaging and caring day program for seniors and adults with disabilities. This program also provides respite, support and resources for Caregivers. Wrap-around services include In-home, homemaker care, transportation and physical, speech and occupational therapy.

Easter Seals Adult Day Support Services

Our Adult Day Support program is a day habilitation program designed to promote individualized choices and skill development through a wide variety of meaningful activities and interactions. This program is designed for individuals with developmental disabilities.

Employment Services for Youth and Adults

Career Center

The GESMV Career Center provides job seekers with the resources they need to find a job. The Center provides access to state-of-the-art computers that can be used to identify job leads, send applications, resumes, and cover letters over the Internet, and obtain career development information. Computer access technology is available to persons with disabilities. The Center also provides free use of copy machines, fax machines, telephones, and postage to make certain that consumers have the resources needed to apply for jobs within our community.

Community Employment Program for Homeless Youth

For homeless youth who do not have a referral/funding source, GESMV provides assistance in job seeking skills and placement. Following participation in a job seeking skills class, persons are assigned an individual Placement Specialist who assists them in their job search.

Community Employment Program

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Pathways (VRP3 Program) for Persons with Disabilities

Pathways is designed for youth and adults with disabilities who are seeking employment. Pathways counselors assist persons in developing a comprehensive plan that leads to competitive employment. A full range of services, including evaluation, career counseling, skills training, job development, placement assistance and follow-up supports are available through this program.

Employment Program for Veterans with Disabilities

This program provides job placement assistance to veterans with disabilities. Funded through Ohio Rehabilitation Services stimulus funds, this specialized program targets the unique needs of veterans by providing placement services, transitional employment, and skills training through local community colleges.

Employment Program for Ex-Offenders with Disabilities

This program provides job placement assistance to ex-offenders with disabilities. Funded through Ohio Rehabilitation Services stimulus funds, this specialized program targets the unique needs of ex-offenders by providing placement services, transitional employment, and skills training through local community colleges.

Social Security Ticket to Work Program

This is a program sponsored by the Social Security Administration for adults who are currently on Social Security Disability Insurance and want to go back to work. GESMV can help consumers develop employment skills and obtain a job.

Computers, Medical Equipment and Assistive Technology

Medical Equipment Loan Service

GESMV can help individuals in our community who need to use durable medical equipment, but do not have the funds to purchase or rent these items. Wheelchairs, walkers, crutches, scooters, specialized chairs and other types of equipment are available for loan. This service is provided through our Outreach Program.

Assistive Technology Services

The Technology Resource Center (TRC) is a leading provider of assistive technology for persons with disabilities. Within its offices at the Job Center, TRC offers a lending library of assistive technology, a subscription service

to access and learn about the technology available at TRC, support and technical assistance, and a program that provides computers to persons with disabilities within the Miami Valley.

Educational Computer Program

This service provides free refurbished Pentium computers for use in school special education classrooms. Computers are loaded with educational software and training to teachers is provided at no cost.

Computer Purchase Program

The TRC and AT Ohio are working together to provide computers to people with disabilities. TRC has also become a Microsoft Authorized Refurbisher so we can now offer Pentium III computers with Windows 2000 Professional and Works 7.0 at minimal cost. The computers also come with a 17-inch monitor, mouse, keyboard and speakers.

Along with a computer, people with disabilities will also have access to all of the equipment in our Lending Library. We can even load software demos on the computers upon request.

Outreach Services

An Outreach Specialist is available to assist persons who call GESMV with requests for services, information, and equipment. The Outreach Specialist will work individually with each individual to counsel them, direct and refer them to resources that meet their need, and provide follow-up services necessary to assure that, when possible, the individuals needs have been met.

Goodwill Easter Seals Miami Valley commits to the following additional individual contributions:

- Recruit individuals with disabilities to participate in needs assessment activities
- Provide information regarding the needs of individuals with visual impairments



Montgomery County Board of Developmental Disability Services

The Montgomery County Board of Developmental Disability Services (MCBDDS) is the primary service provider for children and adults with developmental disabilities. MCBDDS provides the following services to eligible individuals.

Adult Services and Habilitation

This program provides life skills, job skills, community integration, personal development and volunteer opportunities; sheltered employment options; money management, computer skills, health and safety, communication skills; art, music, recreation, and pet therapy.

Senior Services

This program provides therapeutic and fun activities to help maintain participants' mental, physical and social well-being.

Employment Services/MONCO Enterprises, Inc.

This program provides supported employment opportunities; secure document destruction (cost-effective, affordable, compliant shredding services with secure transfer and storage of materials).

Residential and Family Services

This program provides determination of eligibility, assessment of needs, development of individualized service plans, monitoring of quality assurance, coordination of Medicaid Waiver services, family home services for modification, diets, counseling, adaptive equipment, and more.

DD Mental Health Services

This program provides supports for individuals who have mental health issues in conjunction with developmental disabilities, diagnostic assessment, psychiatric evaluations, medication evaluations, individual and group counseling.

Safety and Protection

This program provides investigations of health and safety issues adversely affecting individuals served by MCBDDS.

Transportation

This program provides operation and oversight of buses, vans, county-wide curb-to-curb service, and daily transportation of passengers to and from facilities and programs.

Adult Interim Care Home Managed by Stillwater Center

This program provides short-term residential care for individuals in times of family crisis and short-term out-of-home respite care for persons with substantial functional limitations.

Recreation

This program provides a wide array of socialization and physical fitness activities for teens and adults.

Montgomery County Board of Developmental Disability Services commits to the following individual contributions:

- Recruit individuals with disabilities to participate in needs assessment activities
- Provide information regarding the the needs of individuals with developmental disabilities



Wright State University, Substance Abuse Resources and Disability Issues Program

The Wright State University, Substance Abuse Resources and Disability Issues Program (SARDI) seeks to improve the quality of life for persons with disabilities, including those who are concurrently affected by behavioral health issues. The SARDI Program achieves its objective by conducting collaborative and participatory research; developing intervention approaches and training; and disseminating related information.

The SARDI Program has several areas of inquiry and service.

The Rehabilitation Research and Training Center

The Rehabilitation Research and Training Center is funded by the National Institute on Disability and Rehabilitation Research (NIDRR), it enables SARDI to carry out advanced research projects and training efforts, as well as to provide technical assistance to individuals with disabilities and their representatives.

The Prevention for Alternative Learning Styles Program

The Prevention for Alternative Learning Styles Program is an award-winning approach that modifies the traditional methods for providing alcohol

and other drug abuse prevention to better accommodate all youth, including those with disabilities and varying learning styles.

The Mount Olive One Stop

The Mount Olive One Stop is a variety of programs that respond to HIV and substance abuse risks for minority groups including: substance abuse treatment providers, the county health department, an AIDS Service Organization, faith-based providers, homeless shelters, and other providers in order to increase access to substance abuse treatment.

The Consumer Advocacy Model

The Consumer Advocacy Model is a community-based, outpatient assessment and treatment service offered to those with alcohol, drug, and mental health needs. It was specifically established to assist people with disabilities.

Deaf Off Drugs & Alcohol (DODA)

Deaf Off Drugs & Alcohol is a grant-funded project to improve alcohol and drug treatment services for people who are Deaf or hard of hearing. DODA counselors, case managers and coordinators are all fluent in American Sign Language and knowledgeable about Deaf culture.

The Wright State University, SARDI Program commits to the following individual contributions:

- Provide a Collaborative co-director equal to 0.5 FTE
- Provide administrative support and documentation for financial reports
- Coordinate travel arrangements
- Coordinate accessibility accommodation requests
- Provide guidance in database development and data collection
- Conduct literature reviews and access to scholarly databases
- Provide information regarding issues dealing with mental health needs, alcohol and other drug treatment needs, HIV, and vocational rehabilitation



VALUES AND GUIDING PRINCIPLES

Each partner agency committed to the success of this collaboration has a long history of working in Montgomery County to support the needs of individuals with disabilities, Deaf individuals, and/or victims of intimate partner violence. We share the values of **F**acilitating **A**ccess, **C**hoice, **E**mpowerment and **S**afety. These shared values were used in the development of the Collaborative name: **FACES**. This name will assist team members to keep in mind the faces of the individuals we serve as we develop programs, services, policies and procedures.

The FACES Collaborative of Montgomery County values include:

Victim Safety

We believe that victim safety, as defined by the individual, should always be our first consideration.

Eliminate Barriers and Create Access

We believe that, for this collaboration to succeed, we must identify and eliminate barriers. We believe ignorance and discrimination are barriers that must be addressed in order to create and improve access to services.

Self Identity

We believe that each individual has the right to identify herself as she chooses. This includes accepting or rejecting terms such as disabled, victim, survivor, customer, consumer, etc.

Strength-Based

We believe in a person-centered approach, and that every individual has skills, strengths, and talents that can be identified and used to support her own goals, objectives, and vision.

Self Determination

We believe each individual has the right to make decisions for herself. Everyone has the right to accept or refuse opportunities for change.

Respectful and Nonjudgmental Communication

We believe that everyone should be heard. We also believe that it is possible to “agree to disagree”, and still have effective communication. Conflict can lead to understanding and learning and can be a path to professional and personal growth.

Inclusiveness

We believe individuals of all backgrounds should have the opportunity to participate in the process of identifying barriers and solutions.

Intent vs. Impact

We believe the intent behind a message or action can be well meaning, but the impact of it can be oppressive. It is the impact of the message or action that determines its significance.

Teamwork

We believe that teamwork is vital to the success of any collaboration and that the whole can be more valuable than the sum of the individual contributions.

Informed Consent

Throughout the activities of the FACES Collaborative, informed consent will be obtained in a manner that is clear and understood by the individual without making the individual feel pressured or intimidated. To obtain informed consent, information about the facts, implications, and future consequences will be explained either verbally, in written format, or interpreted in a format matching the individual’s level of competence. In

cases where the individual cannot comprehend the situation to give informed consent, the decision will be made by someone who can act in the individual's best interest.

Assumptions

1. The biggest barriers facing individuals with disabilities and Deaf individuals are society's attitudes and stereotypes. Too often individuals with disabilities and Deaf individuals are viewed as having less value. Barriers created by incorrect beliefs of what a person can or cannot do cause oppression and prevent individuals with disabilities and Deaf individuals from fully participating in society.
2. Through a conscious effort to challenge society's attitudes it is possible to change these perceptions and demonstrate that all individuals are equally valuable and can contribute to their own well-being.
3. The agencies and individuals involved in the FACES Collaborative assume that the way to successfully change systems, policies, and attitudes is through open communication. The Collaborative also believes that every individual has value and the right to participate in the planning of her own destiny.

4. There is a need for more comprehensive domestic violence services and other victim services for individuals with disabilities and Deaf individuals.
5. Domestic violence service providers and other victim service providers recognize the need to eliminate potential barriers when serving individuals with disabilities or Deaf individuals.

CONFIDENTIALITY

The FACES Collaborative agrees that victim safety is our first priority. We believe that respecting and keeping victim confidentiality is essential to victim safety and for protecting the dignity and trust of the individuals we serve. In addition, we agree that respecting the confidentiality of the Partner Agencies and FACES team members is critical to promoting the systems change process.

All FACES activities will be conducted with confidentiality in mind. FACES Collaborative team members and agency leaders must agree to specific confidentiality rules in order to serve as participating members in the Collaborative, and this agreement will be obtained in writing. (See Appendix A. Confidentiality Agreement.) We also agree to take every precaution to maintain confidentiality in all aspects of the work conducted by the Collaborative. However, FACES team members and agency leaders also agree to abide by the Health Insurance Portability and Accountability Act (HIPAA), all Ohio mandatory reporting laws, the NASW

Code of Ethics, and the State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board Rules for Standards of Ethical and Professional Conduct (Standards of Ethical Conduct). In compliance with the mandatory reporting laws, abuse of any person with a developmental disability, child abuse, and elder abuse will be reported to the appropriate authorities. Under the Standards of Ethical Conduct, disclosures of threats to harm oneself or anyone else will be reported to the appropriate authorities. (For more detail, see the Mandatory Reporting section, below.)

Specifically, the Collaborative has agreed on the following guidelines for keeping confidentiality within the limits of Ohio mandatory reporting laws, HIPAA and the Standards of Ethical Conduct.

Confidentiality of the People We Serve

The FACES Collaborative understands that through the nature of our work, personal and sensitive information about consumers of our agencies will be shared. This is likely to occur during discussions related to policy and procedures of our specific agencies, as well as during the data collection phase of the Needs Assessment process and the writing of the Strategic Plan. Information about the people we serve will be shared only for the purpose of advancing the Collaborative's mission. No personal identities will be disclosed, and information about the people we serve will not be shared for the purpose of individual case management or any other purpose. FACES team members are responsible for explaining our confidentiality policy to the individuals we serve and for asking those individuals to maintain confidentiality in settings such as Focus Groups or other meetings involving multiple participants. It is important to note that,

while we can assure that FACES Collaborative members will maintain confidentiality, we can only request and encourage, not enforce, the individuals we serve to maintain confidentiality. The cultural practice of “what is said in group, stays in group” will be stressed in all data collection and group settings.

To minimize the risk of loss of confidentiality, all meetings and activities related to the Collaborative will be marketed in a wellness context to help ensure that individuals will not be identified as a consumer of a specific agency or as having specific issues related to intimate partner violence. Any phone calls, text messages, reminder letters or other communications will not identify the type of meeting or appointment and will not identify the reason for involvement in the project. All groups, individual sessions, and interviews will be conducted in a private place and interview questionnaire forms will contain no personal identifiers. All paperwork containing identifiers will be kept in a locked filing cabinet, available only to the FACES team.

Team Confidentiality

The confidentiality of members of the FACES Team is equally important. We believe that the success of the Collaborative depends on the active involvement of all team members, and an environment that ensures confidentiality (within the limits of Ohio mandatory reporting laws, the Standards of Ethical Conduct, and HIPAA) is essential for this to happen.

Within the limits of Ohio mandatory reporting laws, the Standards of Ethical Conduct, and HIPAA, everyone will keep personal information disclosed by

team members confidential, including but not limited to information about abuse, disabilities, or job related issues. However, if a Team member with a developmental disability discloses abuse, this information will be reported according to the mandatory reporting laws and guidelines set out in the Mandatory Reporting section, below. Similarly, if a Team member discloses child abuse or elder abuse, this information will be reported according to the mandatory reporting laws and guidelines set out in the Mandatory Reporting section, below. Finally, disclosures of threats to harm oneself or anyone else will be reported to the appropriate authorities.

In addition, the FACES Team will not share documents and products that are in the development phase with our agencies without the consensus of the Team. Such documents include, but are not limited to, meeting minutes, transcripts of meetings, data gathered during the Needs Assessment, and drafts of the Strategic Plan.

All meetings will be conducted in a location that ensures privacy and confidentiality. Locations for the meetings will be agreed upon by consensus; however, if any team member is uncomfortable with a specific meeting location, for any reason, the meeting will be moved to another location. In addition, a private “Drop Box” website will be used to provide access to written documents that may contain personal identifiers (such as meeting transcripts). Access to these documents will be limited to team members only, and no team member will distribute any document considered private without the consensus of the Team.

Partner Agency Confidentiality

The FACES Collaborative will keep confidential sensitive information about partner agencies, such as agency budget information, ADA compliance, and challenges in responding to victimization. During conversations, team members will remind others about confidentiality when sensitive information is being shared. Information that will be made public about any agency will not be disclosed without permission from that agency. For example, Agency Directors will be able to approve their own agency descriptions that will be included in published materials.

Mandatory Reporting

All Partner Agencies, their respective staffs, and consultants will comply with the Health Information Portability and Accountability Act (HIPAA) and Ohio Revised Code mandatory reporting statutes, as set out in this section. In addition, all team members will comply with the NASW Code of Ethics and the State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board Rules for Standards of Ethical and Professional Conduct (Standards of Ethical Conduct), as set out in this section. (For more details, see Appendix B. Overview of Health Insurance Portability and Accountability Act, Relevant Sections of Ohio Mandatory Reporting Statutes, and National and State Standards of Ethical Conduct.)

The following Partner Agency staffs fall under the mandatory reporting laws:

- Access Center for Independent Living

- All staff are mandatory reporters of a person with developmental disabilities
- All social workers
- Artemis Center – all clinical staff (victim advocates and supervisors)
- Deaf Community Resource Center
 - All agency staff are mandatory reporters of abuse of a person with developmental disabilities
 - All Regional Infant Hearing Program staff
 - All social workers
- Goodwill/Easter Seals of the Miami Valley – all staff
- Montgomery County Board of Developmental Disability Services – all staff
- SARDI – all behavioral health providers

Internal Reporting Requirements

Goodwill/Easter Seals Miami Valley (GESMV) and Montgomery County Board of Developmental Disability Services (MCBDDS) have internal reporting requirements that go beyond compliance with legal and ethical reporting requirements.

GESMV has a committee that convenes on a quarterly basis to review Incident Reports, including reports of victimization. All information is kept confidential, with the exception that the information is conveyed to MCBDDS.

The MCBDDS Unusual Incident Report Committee convenes on a monthly basis to review Incident Reports, including reports of victimization. This information is kept confidential, with the exception that it is given to the Montgomery County Department of Investigative Services, which then conveys the information to the Ohio Department of Job and Family Services.

All Partner Agencies agree that if an interviewee or focus group participant should disclose abuse that would trigger the mandatory or ethics reporting requirements, the Team will follow the reporting procedures of the agency that is hosting the interview or focus group. For example, if an individual with developmental disabilities is interviewed at the Access Center for Independent Living, the Team member from the Access Center will report the abuse according to that agency's procedures. Team members from GESMV and MCBDDS will not follow their respective agency's procedures, but will defer to the team member from the Access Center to report the abuse according to the Access Center's procedures.

On the other hand, if an individual with developmental disabilities is interviewed at MCBDDS, that agency's reporting procedures will be followed, including conveying that information to their internal Unusual Incident Report Committee, which will then convey the information to Montgomery County Department of Investigative Services, which will then convey the information to Ohio Job and Family Services.

Interviewees and Focus Group Participants Will Receive Advance Notice of Mandatory Reporting Requirements

When members of the FACES Collaborative conduct interviews or focus groups, they will begin these activities with a statement advising interviewees and focus group participants that their identities will be kept confidential, with the following exceptions:

- Child Abuse: Known or suspected child abuse will be reported to Montgomery County Job and Family Services, Division of Children Services. (ORC 2151.421)

- Abuse of an Individual with Developmental Disabilities: reason to believe that a person with mental retardation or a developmental disability has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse or neglect will be reported to Montgomery County Board of Developmental Disabilities Services. (ORC 5123.61)

- Elder Abuse: Knowledge or reasonable cause to believe that an adult 60 years of age or older who is handicapped by the infirmities of aging or who has a physical or mental impairment which prevents the person from providing for the person's own care or protection is being abused, neglected, or exploited or is in a condition which is the result of abuse, neglect, or exploitation will

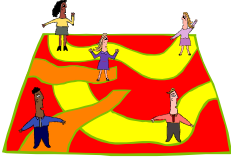
be reported to Montgomery County Job and Family Services, Division of Adult Protective Services, when required. (ORC 5101.61)

- Disclosures of threats to harm oneself or anyone else will be reported to the appropriate authorities. (NASW Code of Ethics (Approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW Delegate Assembly))

In addition, the statement will advise interviewees and focus group participants that any psychologist, social worker, or clinical counselor who knows or has reasonable cause to believe that a patient or client has been a victim of domestic violence will note that knowledge or belief in the patient's or client's records, in compliance with RC 2921.22 (F).

If a member of the FACES Collaboration has to make a report to any authority under the mandatory reporting laws, that member will tell the individual who has made the disclosure that a report will be made and encourage that individual to make a report on their own.

In the event that more than one member of the FACES Collaborative is present when a disclosure of child abuse, elder abuse, abuse of an individual with developmental disabilities, or a threat of harm is made, one member of the FACES Collaborative will be designated to make the necessary report. A copy of all written reports made under the mandatory reporting statutes will be kept on file by the FACES co-directors and will be destroyed at the end of the grant period.



Decision Making Protocol

FACES of Montgomery County values a collaborative process that allows all perspectives to be heard and discussed.

It is important throughout the collaboration process to gather key decision makers to gauge progress, identify barriers and measure consensus. Key decision makers for the collaborative include:

- Agency Leaders: Partner agencies' respective executive directors, chief executive officers, vice presidents, senior administrators, or their designees.
- Agency Oversight Bodies (Boards of Directors)
- Funders
- Partner Agencies' Collaborative Representatives (team members)
- Fiscal Agent – Montgomery County Commissioners or their designee
- FACES Co-Directors

Agency Leaders

Agency leaders will have the authority to participate in all discussions, including but not limited to: discussions on policy, procedure, universal design, funding, defining language and scope of work. Each partner agency will identify one administrator to be the official designee to authorize final approval on all matters brought to the agency on behalf of

the Collaborative, including but not limited to: the Collaborative Charter final adoption, Needs Assessment Plan, Needs Assessment Report, Strategic Plan, and Implementation Plan.

Partner Agency Representatives

Partner agency representatives (team members) will have authority to represent their agency in all Collaborative discussions related to the direction of the Collaborative and speak on behalf of their agency for the purposes of discussion, needs assessment development and strategic planning. This representative will be responsible for:

- Bringing information back to agency leaders for discussion and clarification.
- Approving through consensus all Collaborative deliverable products (Collaborative Charter, Needs Assessment Plan, Needs Assessment Report, Strategic Plan, and Implementation Plan) before they are presented to agency leaders.
- Reviewing and approving meeting minutes, grant report narratives, and approving all meeting dates, locations and durations.

Fiscal Agent- Montgomery County Commissioners

As fiscal agent, the Montgomery County Commissioners or their designee will have authority to:

- Submit all project financial reports
- Monitor all grant related expenses and provide budget updates to the Team and Project Leaders.

- Ensure compliance with grant requirements involving expenditure of grant funds
- Initiate budget transfers

FACES Co-Directors

The FACES Collaborative co-directors will have authority to:

- Propose meeting dates, locations and duration
- Speak on behalf of the Collaborative to all outside parties including the media, community representatives, and OVW personnel
- Coordinate needed accommodations and supplies
- Process and document expenses for meeting accommodations and supplies
- Draft narrative grant reports and submit them as requested by OVW
- Maintain regular contact with Vera Institute of Justice consultants
- Propose work plans and timelines
- Facilitate meetings
- Document all meetings and produce meeting minutes
- After the Collaborative Team determines the content, draft all deliverable products for Team and agency leader review prior to submission to OVW
- Submit all deliverable products to OVW for approval



Consensus Process

The FACES Collaborative recognizes that each partner agency representative has specialized training in working with individuals who are Deaf, have disabilities and/or have experienced abuse. With this rich diversity of experience, we believe that it is important to discuss differences of opinion and perspective. Each member of the FACES Collaborative has made a commitment to represent our agencies and the people our agencies serve. Each member may also express their own opinions if they differ from the agency they represent.

This consensus process is designed to encourage all participants to contribute and to lend a voice to the individuals their agencies serve. We value participation by all and want to be accessible. Therefore the process is designed to be disability and Deaf sensitive with respect to individual communication needs. The FACES Collaborative recognizes that all individuals process information at different speeds. When needed, participants are encouraged to request additional time to think about and/or discuss an issue before making a commitment. As a result, in order to facilitate an accessible consensus process the following framework will be used.

All Collaborative decisions that are long-term in nature and/or critical to the work of the Collaborative will be approved by consensus.

Each decision that is critical to the work of the Collaborative (i.e. all deliverables, policy development, key terms and definitions, and values) will be brought to the Collaborative by the co-directors. The co-directors will facilitate consensus by asking each representative to use the following scale in the following order:

1: Does not support the proposed idea - more discussion must occur



2: Has serious reservations - more discussion must occur



3: Must discuss with agency leader - cannot proceed at this time

4: Supports the proposal



5: Strongly supports the proposal



In order for a proposal to go forward and be approved, all partner agency representatives must vote either a 4 or 5. If any representative expresses reservations with a vote of a 1, 2 or 3, the decision is not approved and must be revisited or resolved using the Conflict Resolution Plan.

Conflict Resolution Plan

The FACES Collaborative recognizes that each partner agency representative has specialized training in working with individuals who are Deaf, have disabilities and/or have experienced abuse. With this rich diversity of experience and perspective it is likely that disagreements will arise. We believe that conflict presents us with valuable opportunities for growth and creative problem solving. The following Conflict Resolution Plan is designed to facilitate the exploration of points of conflict and the development of solutions.

Each member of the FACES Collaborative has made a commitment to represent our agencies and the individuals our agencies serve. We understand that the passion expressed over differences of opinion and perspective comes from our professional commitments and should not be taken personally.

Conflict Resolution Guiding Principles

Any team member or agency leader may request that a decision be tabled to allow him or her more time to consider the issue. Based on the issue and specified timelines the group will decide by consensus when the discussion will be reconvened.

Any team member or agency leader may request that a mediator be brought into the process at any time during the conflict resolution process.

In the event that consensus cannot be reached on a specific issue, the following Conflict Resolution Plan will be implemented.

1. Identify and clarify the conflict and its source of concern.
2. Review the FACES Charter for guidance.
3. Limit the scope of the discussion to the specific conflict.
4. Ensure that all participants are heard.
5. Discuss possible solutions.
 - A. Identify the most reasonable solution by consensus; or
 - B. If the Collaborative cannot reach a consensus on the proposed solution the following process will be used:
 - i. The group will discuss potential mediators and chose a mediator by consensus. Depending on the issue at hand a mediator can be a consultant or a neutral third party. Examples include:
 1. Budgetary issues may be mediated by the Fiscal Agent's designee.
 2. Needs Assessment issues regarding procedures or results may be mediated by neutral third parties/consultants such as an expert in disabilities.
 3. Victimization issues may be mediated by a representative of the Ohio Domestic Violence Network.
 4. Policy issues may be referred to the agency leaders.
 - ii. If the Team decides by consensus to ask the agency leaders to resolve an issue, and the agency leaders

cannot come to a consensus, the agency leaders must agree by consensus to return the issue to the Collaborative and an outside mediator will be chosen.

- iii. The mediator will facilitate a discussion of all concerns and assist in developing a proposal that is approved by consensus.
- iv. If the mediation process fails, contact VERA Institute of Justice for assistance.

Communication Plan

The collaborative encourages input from all members and values a free exchange of thoughts, ideas and concerns. In order to encourage open communication that considers the needs of all, the following process will be in place.

Internal Communication

Meetings Guidelines

The collaboration will meet at least twice a month, typically the 2nd and 4th Tuesdays of the month on average for 3 to 4 hours per meeting. Other meetings will be scheduled as determined necessary by the Team.

Meeting accommodations will include American Sign Language interpreters and C-Print transcription as needed by team members. Other accommodations will be provided as requested by other meeting participants.

In order to allow for the effective use of interpreters and/or C-print transcription meeting participants agree to:

- Use standard turn taking rules in order to avoid speaking over each other
- Avoid side conversations
- Speak clearly and adjust the speed of speech to meet the communication needs of the participants

Meetings will be held in wheelchair accessible locations.

Meeting minutes will be taken at each Collaborative meeting by the co-directors and will be posted in Drop Box. Each team member will establish a Drop Box account. Minutes will be posted in Drop Box within seven (7) days of the meeting and should be reviewed by team members in a reasonable amount of time.

C-print transcription is provided as an accommodation, and transcripts are not official documents. These files will be kept for accommodation purposes only.

Meeting rooms will be free of obstructions and allow for members to sit in a circle or square. This will allow for direct eye contact among members.

Whenever possible, Collaborative meetings and other events hosted by the Collaborative will be held in “chemical free” areas. Collaborative members

and other individuals participating in collaborative meetings should avoid wearing perfumes or other scented products in consideration of the chemical sensitivities of others.

Written Communication

All written communication including email, letters, draft documents, etc. should be produced in a 14 point Arial font. Paragraph spacing should be 1.5 lines.

Written communication should use vocabulary that is most commonly recognized and should avoid the use of legal language or complex sentence structure whenever possible.

People first language should be used and language that is violent in nature should be avoided.

These guidelines will allow for printed Collaborative materials to be more “user friendly” and more accessible.

Alternative formats of all written material will be made available upon request. The Collaborative would appreciate seven (7) days advance notice to produce the requested materials in the alternative format.

External Communications

The Collaborative recognizes the importance of communication with community stakeholders and systems partners. External communication strategies will include:

Teleconference/Telephone Calls

The FACES co-directors and fiscal agent designee will be primarily responsible for communicating with VERA Institute and US Department of Justice, Office on Violence Against Women (DOJ OVW) staffs via telephone, email, and in person, as needed.

All partner agency staff members are welcome and encouraged to participate in informational teleconferences offered under this grant by the VERA Institute's Accessing Safety Initiative.

Email

Email communication will be sent to VERA, OVW, systems partners, and community stakeholders, as needed.

The FACES co-directors and the fiscal agent designee will be primarily responsible for communicating with the VERA Institute and DOJ OVW staffs, as needed.

Mail

Printed materials will be mailed on an as-needed basis.

Internet Website

The Collaborative will develop an Internet website that will serve as a source of information about the Collaborative for systems partners and community stakeholders.

Media Plan

Communication with the media about the FACES of Montgomery County Collaborative may occur on two levels:

1. Communications specifically regarding the Collaborative and its activities, goals, etc.
2. Communications regarding a partner agency in which the Collaborative activities are only part of the information sought or shared.

Communications Specifically Regarding the Collaborative

All media inquiries specifically about the Collaborative will be referred to the FACES co-directors.

Informational Newspaper Articles and Press Releases

Informational articles and press releases related to the FACES of Montgomery County Collaborative will be written by the co-directors. Drafts of said articles and press releases will be emailed to each partner agency designee for review and input. Partner agency designees will respond with changes or comments within a requested time frame. The co-directors will revise the articles and press releases, as needed, and submit them for publication and/or broadcast.

Partner Agency Printed Materials, Videos and Websites

All partner agencies will collaborate with the FACES co-directors on any information about the Collaborative that will appear in any of their publications, printed materials, video materials, and websites.

Communications Regarding Partner Agencies Not Specific to the Collaborative

All partner agencies will be provided with talking points and text about the Collaborative and its activities. (See Appendix C. Talking Points.) The talking points and text will be developed by the Collaborative.

Critical Incident Response

In cases where a critical incident in the community related to intimate partner violence, care giver violence or sexual assault upon a person with a disability or a deaf person occurs, partner agencies agree to:

- refer media related questions to the FACES co-directors; and
- decline to respond to questions regarding the actions of another partner agency.

This will allow for a consistent message and reduce the possibility that an individual's words could be quoted out of context or misrepresented. The FACES co-directors will draft a statement and submit it to agency leaders for review prior to responding to questions from the media.

DEFINITIONS

The FACES Collaborative believes that clear and open communication is vital to the identification and removal of barriers and the healing process. To facilitate communication, we have agreed on the following terms and their definitions.

Access: A basic right to an environment that allows an individual and/or a service animal to freely move, communicate, obtain services, and participate in work and community activities.

Batterer: A batterer is a person who exercises a pattern of coercive control in a partner relationship, punctuated by one or more acts of intimidating physical violence, sexual assault, or credible threat of physical violence.

This pattern of control and intimidation may be predominantly psychological, economic, or sexual in nature or may rely primarily on the use of physical violence. (The Batterer as Parent. Addressing the Impact of Domestic Violence on Family Dynamics Lundy Bancroft and Jay Silverman)

Care Provider: A care provider is an agency or person that provides services, compensated or non-compensated. The individual has the right to choose her care provider(s). Such services include but are not limited to:

- Assistance with activities of daily living (i.e., bathing, feeding, personal business, and or transportation)
- Assistance based on the individual's decision regarding what help they need

Choice: A choice is a decision made by an individual based on the options.

Collaboration: According to the Fieldstone Alliance, collaboration is "a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone." This relationship includes:

- commitment to mutual relationships and goals
- a jointly developed structure and shared responsibility
- mutual authority and accountability for success
- sharing of resources and awards (VERA Institute of Justice)

Deaf: The word Deaf with a capital "D" refers to members of the Deaf Community. People who are Deaf tend to go to Deaf schools and programs for the Deaf. Most people who are Deaf in this country communicate primarily with American Sign Language.

deaf: The word deaf with a lower case "d" refers to the more general group of people who do not hear. People who are deaf with a small "d" don't associate with the Deaf Community. They identify mostly with the hearing community. People who are deaf tend to go to mainstream schools and typically do not learn American Sign Language. This term usually refers to people who have a hearing loss/ or are hard of hearing.

Disability: Disability is the interaction that causes the limitation based on the individual's perception of whether they consider a limitation a disability. It's the intersection between disability and the environment that needs to be accommodated. (World Health Organization)

Domestic Violence: The legal definition of domestic violence is different than the social service definition. Not all of the behaviors listed as abuse under the social service definition rise to the level of a crime, as defined by the law. The FACES Collaborative has agreed on the following social service definition of domestic violence:

Social Service Definition: Domestic violence is a pattern of physically and emotionally violent and coercive behaviors that one person uses to exercise power and control over another. Abusers may use verbal insults, emotional abuse, financial deprivation, threats, and/or sexual and physical violence as a way to dominate their partners and get their way. The goal of the abuse is to have power and control, and the abuser will use a variety of means, not just physical abuse, to achieve this. Examples of abusive behaviors are:

Communication Abuse: yelling, name calling, blaming, belittling, eye rolling, heavy sighing, looking away from or refusing to look at a deaf person, and preventing access to cellular telephones or other assistive technology used for communication

Emotional Abuse: apologizing and making false promises to end the abuse; isolating from others, including outside care givers; abusing pets; accusing of affairs; monitoring conversations; making account for time; undermining authority with children; mind games to make the victim think his or her mental health is at risk; threatening to withhold care; threatening to put the victim in a nursing home; threatening to

abuse or abusing pets and service animals; threatening to harm an interpreter or caregiver; telling a victim she is helpless; and telling a victim no one else will care for her

Financial/Resource Abuse: controlling money/bank accounts; withholding child support; taking or disabling car; running up debts; sabotaging work or school; refusing to buy assistive technology; and removing or breaking assistive technology

Sexual Abuse: forcing unwanted sexual acts; making demeaning sexual remarks; forcing use of pornographic materials; forcing to have sex with others; wanting sex after abuse; and forcing pregnancy or abortion;

Physical Abuse: pulling hair; pushing; shoving; kicking; biting; reckless driving; burning; hitting with objects; choking; strangling; refusing to help when sick or injured; punching; slapping; and using a knife or gun;

Abuse by Neglect: refusing to provide care, food, clothing, hygiene, or medication for a person with an injury or disability; enclosing a service animal so it cannot serve a person with a disability; and over-medicating a victim

Drop Box: Drop Box is an on-line document storage service Collaborative members use to view documents from remote sites. The website is www.dropbox.com.

Empowerment: Empowerment is enhancing an individual's ability to make choices and then to implement those choices into the individual's desired actions and outcomes. It involves a multi-dimensional social process that allows an individual to take control of her own life. This definition is based on actions and experience, freedom of choice and will. It encompasses the individual's ability to influence the course of her life and the decisions that affect her: self-determined change; and a process that challenges assumptions about the way things are and the way things can be. It's important to note that empowerment assumes that power can change.

The FACES Collaborative or Collaborative: The Partner Agencies under OVW grant number: 2009-FW-AX-K007.

The FACES Team or Team: The FACES Team is composed of the designated Partner Agency representatives who regularly participate in team meetings.

Individual: This term is used throughout the document as a general term for those needing services. Each partner agency uses different terms to refer to the people they serve, (i.e. consumer, customer, client, victim, participant). In order to avoid attaching a label to anyone the term Individual will be used for all of these terms.

Informed Consent: The requirements of informed consent are: a clear understanding of the facts, implications, and future consequences. This information must be provided in a format the individual understands.

Intimate Partner: An intimate partner can be the batterer's: spouse, former spouse, child's other parent, or someone who has or has had a dating relationship with the batterer. The batterer and the intimate partner may or may not live together.

Legal Advocacy: Legal advocacy consists of assisting, defending or pleading for another. It may include rendering legal advice and aid and pleading the cause of another before a court or tribunal. Service provided by a licensed attorney. (See Black's Law Dictionary (1990) West Publishing Co., page 55.)

Partner Agencies: Partner agencies are the agencies represented in the FACES Collaborative.

Provider Agency: A provider agency provides a service or an array of services intended to help individuals who reside in Montgomery County.

Safety Plan: A safety plan is a plan developed between an advocate/counselor and a victim/survivor that contains specific activities and /or options relevant for a victim/survivor to be safe from an abuser. Safety planning is an essential step to be completed with all adult victims/survivors of domestic violence. It allows individualized planning for situations the victim/survivor and children or family may encounter regardless of what the victim/survivor decides to do about the relationship with the abuser. Age appropriate safety planning is also important for child survivors/witnesses of domestic violence.

Self Determination: Self determination involves a process of exercising power and control in one's own life. Being self-determining is a key in maintaining dignity in our lives. Self determination requires:

1. knowledge of and respect for self
2. knowledge of the options
3. planning
4. choosing/deciding
5. communicating successfully

Service Area: Montgomery County, Ohio

Sexual Assault: Sexual assault takes many forms including attacks such as rape or attempted rape, as well as any unwanted sexual contact or threats. Usually a sexual assault occurs when someone touches any part of another person's body in a sexual way, even through clothes, without that person's consent. Some types of sexual acts which fall under the category of sexual assault include forced sexual intercourse (rape), sodomy (oral or anal sexual acts), child molestation, incest, fondling and attempted rape. Sexual assault in any form is often a devastating crime. Assailants can be strangers, acquaintances, friends, or family members. Assailants commit sexual assault by way of violence, threats, coercion, manipulation, pressure or tricks. Whatever the circumstances, no one asks or deserves to be sexually assaulted. (The National Center for Victims of Crime: <http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=32369#1>)

Shelter: A women's shelter is a place of temporary refuge and support for women escaping violent situations, such as rape, and domestic violence. (en.wikipedia.org/wiki/Battered_women's_shelter)

Survivor: A survivor is a person who has continued to live, prosper or remain functional after a traumatic event. The word “survivor” is considered to be an empowering term preferred by the Violence Against Women Movement.

Systems Change: Systems change refers to changes in policies, procedures, protocols and practices that involve coordination across organizations within a single system (i.e. the criminal justice system) or across systems (i.e. the domestic violence advocacy response and the social services response to individuals with disabilities and Deaf individuals), and that result in the enhanced systems response to intimate partner violence, caregiver violence and sexual assault.

Trauma Informed Services: Trauma informed services meet each individual’s needs and addresses the impact of their traumatic experiences. This approach focuses on “what has happened” to the individual instead of “what is wrong with” the individual.

Victim: A victim is a person against whom a crime is committed. The word “victim” is most often used as a legal term, but is also used in some organizations when discussing women or survivors who come in for services. Artemis Center uses the term “victim” as opposed to “survivor”

because so often people blame women in domestic violence relationships and the term “victim” helps people remember that no one chooses to be abused.

Victim Advocates: Victim advocates work directly with victims of crime.

Their goal is to support the victim through the process of recovery, healing, and possible legal proceedings and provide non-judgmental, practical, and emotional assistance to the victim. The victim advocate response differs from the mental health response in that victim advocates do not provide therapy. In addition, victim advocates engage in the following activities:

- Assess abuser lethality
- Safety plan with victims
- Provide information and referral
- Educate victims about the law, how to utilize law enforcement, what to expect in court, and how to file victims compensation claims
- Empower victims to problem solve
- Advocate for victims

Work Plan

The following Work Plan identifies the projected schedule for the completion of deliverables and the beginning of the Implementation Phase for the remainder of the funding period. The FACES Collaborative understands that the schedule may be changed, but recognizes that the completion of each deliverable is aligned with the projected budget through

September 2012. The Collaborative also understands that OVW must approve each deliverable before we can move on to the next deliverable.

<u>Time Period</u>	<u>Grant Activity</u>
January 2011 – April 2011	Needs Assessment
May 2011 – June 2011	Needs Assessment Report
July 2011 – September 2011	Strategic Plan
October 2011 – September 2012	Implementation

Appendix A
FACES COLLABORATIVE
CONFIDENTIALITY AGREEMENT

I, _____, acknowledge and agree that the accessing of any information received from participation in the FACES Collaborative that identifies or otherwise relates to participating Collaborative Team members, the Partner Agencies, and any individuals served is fully bound by the provisions of the federal regulations governing the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162, and 164 and that I may not use or disclose the information except as permitted or required by this agreement or law.

I further agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information of participating Collaborative Team members, the Partner Agencies, and any individuals served.

Signature

Date

Witness Signature

Date

Appendix B

Overview of Health Insurance Portability and Accountability Act, Relevant Sections of Ohio Mandatory Reporting Statutes and National and State Standards of Ethical Conduct

45 CFR Parts 142, 160, 162, and 164. Health Insurance Portability and Accountability Act of 2003

Under the Health Insurance Portability and Accountability Act (HIPAA), we are legally responsible to protect the health information of the individuals we serve.

All individuals must be given a privacy statement which explains how their health information will be used and their rights under this privacy law.

Protected Health Information

The HIPPA regulations safeguard Protected Health Information which includes an individual's:

- Health (diagnosis)
- Provision of care (services received)
- Payment of Services (how payment will be made)
- Information which identifies the individual (name, address, social security #, etc.)

Exceptions

Protected information may be shared for:

- Treatment (for day programming, residential services, clinic, etc.)

- Payment (billing of services)
- Health Care Operations (quality assurance, program oversight)

How Much Information may be Shared

For the purposes of payment and health care operations, the minimum information necessary should be shared. For purposes of treatment the concept of minimum necessary should not impede the free flow of information necessary to ensure comprehensive treatment.

Checklist for Safekeeping of Protected Health Information

- Discussion – Don't discuss information about consumers in a place where others can overhear.
- Files – Make sure files are not kept where unauthorized people can see them and that they are locked away when not in use.
- Fax – When sending a fax, make sure an authorized person is on the other end to receive it.
- Computer – Do not share your pc password with anyone else, and keep your computer screen away from public viewing.

LT. 3-27-07

HIPAA, Preservice, National Institute for People with Disabilities.

ORC 2151.421 Reporting Child Abuse or Neglect

(A)(1)(a) No person described in division (A)(1)(b) of this section who is acting in an official or professional capacity and knows or suspects that a child under eighteen years of age or a mentally retarded, developmentally disabled, or physically impaired child under twenty-one years of age has suffered or faces a threat of suffering any physical or mental wound, injury,

disability, or condition of a nature that reasonably indicates abuse or neglect of the child, shall fail to immediately report that knowledge or suspicion to ... the public children services agency or a municipal or county peace officer in the county in which the child resides or in which the abuse or neglect is occurring or has occurred...

(b) Division (A)(1)(a) of this section applies to any person who is an attorney; ... person engaged in social work or the practice of professional counseling; ... superintendent, board member, or employee of a county board of mental retardation; investigative agent contracted with by a county board of mental retardation; or employee of the department of mental retardation and developmental disabilities.

(C) Any report made pursuant to division (A) ... of this section shall be made forthwith either by telephone or in person and shall be followed by a written report, if requested by the receiving agency or officer. The written report shall contain:

(1) The names and addresses of the child and the child's parents or the person or persons having custody of the child, if known;

(2) The child's age and the nature and extent of the child's known or suspected injuries, abuse, or neglect or of the known or suspected threat of injury, abuse, or neglect, including any evidence of previous injuries, abuse, or neglect;

(3) Any other information that might be helpful in establishing the cause of the known or suspected injury, abuse, or neglect or of the known or suspected threat of injury, abuse, or neglect.

Effective Date: 01-30-2004; 09-16-2004; 04-11-2005; 05-06-2005

ORC 5123.61. Reporting Abuse, Neglect, and Other Major Unusual Incidents

(C)(1) Any person listed in division (C)(2) of this section, having reason to believe that a person with mental retardation or a developmental disability has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse or neglect of that person, shall immediately report or cause reports to be made of such information to ... a law enforcement agency or to the county board of developmental disabilities. If the report concerns a resident of a facility operated by the department of developmental disabilities the report shall be made either to a law enforcement agency or to the department. If the report concerns any act or omission of an employee of a county board of developmental disabilities, the report immediately shall be made to the department and to the county board.

(2) All of the following persons are required to make a report under division (C)(1) of this section:

(a) Any ... employee of a community mental health facility;

(b) Any ... social worker, ... attorney, ... or residents' rights advocate as defined in section 3721.10 of the Revised Code;

(c) A superintendent, board member, or employee of a county board of developmental disabilities; an administrator, board member, or employee of a residential facility licensed under section 5123.19 of the Revised Code; an administrator, board member, or employee of any other public or private provider of services to a person with mental retardation or a developmental disability, or any MR/DD employee, as defined in section 5123.50 of the Revised Code; ...

(D) The reports required under division (C) of this section shall be made forthwith by telephone or in person and shall be followed by a written report. The reports shall contain the following:

(1) The names and addresses of the person with mental retardation or a developmental disability and the person's custodian, if known;

(2) The age of the person with mental retardation or a developmental disability;

(3) Any other information that would assist in the investigation of the report...

Effective Date: 01-30-2004. History. Amended by 128th General Assembly ch. 7, SB 79, §1, eff. 10/6/2009.

ORC 5101.60. Adult Protective Services Definitions

As used in sections 5101.60 to 5101.71 of the Revised Code:

(B) "Adult" means any person sixty years of age or older within this state who is handicapped by the infirmities of aging or who has a physical or mental impairment which prevents the person from providing for the person's own care or protection, and who resides in an independent living arrangement. An "independent living arrangement" is a domicile of a person's own choosing, including, but not limited to, a private home, apartment, trailer, or rooming house. An "independent living arrangement" includes an adult care facility licensed pursuant to Chapter 3722. of the Revised Code, but does not include other institutions or facilities licensed by the state or facilities in which a person resides as a result of voluntary, civil, or criminal commitment.

Effective Date: 07-01-2000. History. Amended by 128th General Assembly File No. 9, HB 1, §101.01, eff. 10/16/2009.

ORC 5101.61 Reporting Abuse, Neglect or Exploitation of Adult

(A)...Any attorney, ... senior service provider, ... employee of a community mental health facility, and any person engaged in social work or counseling having reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the county department of job and family services...

(C) The reports made under this section shall be made orally or in writing except that oral reports shall be followed by a written report if a written report is requested by the department. Written reports shall include:

- (1) The name, address, and approximate age of the adult who is the subject of the report;
- (2) The name and address of the individual responsible for the adult's care, if any individual is, and if the individual is known;
- (3) The nature and extent of the alleged abuse, neglect, or exploitation of the adult;
- (4) The basis of the reporter's belief that the adult has been abused, neglected, or exploited.

Effective Date: 07-01-2000. Amended by 128th General Assembly File No. 9, HB 1, § 101.01, eff. 10/16/2009.

ORC 2921.22 Failure to Report a Crime or Knowledge of a Death or Burn Injury

(F)(1) Any ... psychologist, social worker, independent social worker, social work assistant, professional clinical counselor, or professional counselor who knows or has reasonable cause to believe that a patient or client has been the victim of domestic violence, as defined in section 3113.31 of the Revised Code, shall note that knowledge or belief and the basis for it in the patient's or client's records.

NASW Code of Ethics (Approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW Delegate Assembly)

The following ethical standards are relevant to the professional activities of all social workers. Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations and standards.

Section 1.01 Commitment to Clients

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.

Section 1.07 Privacy and Confidentiality

- (c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.
- (d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.
- (e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

***State of Ohio Counselor, Social Worker & Marriage and Family
Therapist Board***

4757-5-10 Standards of ethical practice and professional conduct: reporting unethical actions

(A) Mandatory reporting: All licensees, registrants, supervisors and trainees have a responsibility to report any alleged violations of this act or rules adopted under it to the counselor, social worker, and marriage and family therapist board. Also, if they have knowledge or reason to suspect that a licensed colleague or other licensee is acting in an unethical way or is incompetent or impaired they shall report that practitioner to the board. All mandatory reporting shall be in writing and bear the name and license number or registration of the reporter. When client confidentiality limits the licensee's ability to provide details the licensee is still mandated to report the allegations against another licensee without breaching client confidentiality.

(B) Counselors, social workers, and marriage and family therapists are required to comply with all mandatory reporting requirements set forth in the Revised Code to include, but not limited to:

- (1) Section 2305.51 of the Revised Code - Immunity of mental health professional for reporting violent behavior by a client or patient;
- (2) Section 2151.421 of the Revised Code - Duty to report child abuse or neglect;
- (3) Section 5101.61 of the Revised Code - Duty to report abuse, neglect or exploitation of an adult;
- (4) Section 2317.02 of the Revised Code - Privileged communications; and
- (5) Section 5123.61 of the Revised Code - Mandatory "duty to report abuse, neglect and other major incidents for a person with mental retardation or a developmental disability."

HISTORY: 9/19/85 (Emer.), 12/19/85, 5/22/86, 6/11/95 (Emer.),
7/3/97,8/2/01, 9/20/02, 4/10/04, 1/1/06, 11-8-07

Appendix C

Facilitating Access, Choice, Empowerment and Safety FACES of Montgomery County

A collaborative project to improve access to services for individuals with disabilities and Deaf individuals who experience intimate partner violence, caregiver abuse, and/or sexual assault.

TALKING POINTS

- **This collaborative project is funded by a grant from the Department of Justice, Office of Violence Against Women.**

- **Technical Assistance is provided by the VERA Institute of Justice, Accessing Safety Initiative.**

- **The grant number is 2009-FW-AX-K007.**

- **The grant period is 10/2009-9/2012.**

- **The fiscal agent is Montgomery County Board of Commissioners and Joe Spitler is the county point of contact.**

- **The FACES co-directors are Susan Gottschalk of Artemis Center- 937-531-5715, susang@artemiscenter.org, and Susan Fraker of Wright State University- SARDI program, 937-222-2400, ext. 231, susan.fraker@wright.edu .**

- **Under the grant, the scope of work for this project is limited to collaboration development, capacity building and planning. The goal is to create sustainable systems change. Funds from this project are restricted from direct service work as required by the Department of Justice.**

- **Partner Agencies:**
 - Access Center of Independent Living**

 - Artemis Center**

 - Deaf Community Resource Center**

 - Goodwill Easter Seals Miami Valley**

 - Montgomery County Board of Developmental Disability Services**

 - Wright State University- Substance Abuse Resources & Disability Issues (SARDI) Program**

- **Collaborative activities include:**
 - **Development of a collaborative charter**

- **Conducting a needs assessment**
- **Developing a strategic plan**
- **Implementing systems changes that will increase access to victim services for individuals who have a disability or are Deaf and experience domestic violence, care giver abuse and/or sexual assault.**