

# 2006 Mississippi Education & Technical Assistance to End Violence Against Women in Mississippi

## **Project Access: A Collaborative Community Response**

*Collaboration Charter*

*Approved 12-11-2007*

## Article 1 – Background, Vision and Mission Statements, Core Values and Beliefs

### 1-1 Background

The Department of Public Safety/Division of Public Safety Planning (DPSP), the University of Mississippi Medical Center School of Nursing (UMMC SON), the Mississippi Coalition Against Domestic Violence (MCADV), the Mississippi Coalition Against Sexual Assault (MCASA), the Institute for Disability Studies at The University of Southern Mississippi (IDS) and The Arc of Mississippi (The Arc) recognize that women with disabilities who are victims of domestic violence and sexual assault are faced with innumerable barriers to receiving services. Nearly one-third of American families currently have a member with a disability. An estimated 21.4% (560,000) of Mississippi's populations age 5 and over have a disability. According to the U.S. Census Bureau, 19.2% of Mississippians age 21-64 have a disability (#3 in the U.S.) and 54.3% of our population over age 65 have disabilities (#1 in the nation). Persons with disabilities face a four to ten time's higher risk of being victims of domestic violence or sexual assault but have traditionally not been recognized as victims of violence. These individuals face significant obstacles to accessibility, including architectural and physical barriers, communication barriers, and attitudinal barriers. Education and technical assistance to domestic violence, sexual assault, medical, and disability service providers and disability advocates is needed to increase efficient and appropriate services for

women with disabilities who are victims of domestic violence and sexual assault. Education and technical assistance will also contribute to organizational capacity building and cross-discipline collaboration within and among domestic violence, sexual assault, medical, and disability service provider organizations and disability advocacy organizations. To this end, these partner organizations have agreed to work together to implement the 2006 Mississippi Education and Technical Assistance Project to End Violence Against Women with Disabilities.

#### 1-2 Vision

Our vision is that women with disabilities who are victims of violence will have access to the same standard of care that is available to other women who are victims of violence.

#### 1-3 Mission

Our mission is to assist community entities to develop a collaborative response system to deliver services for women with disabilities who are victims of violence. We recognize that service delivery systems need to be altered to be accessible. By building the capacity of these communities, this partnership will create a collaborative response through technical assistance, training, and education. As a result of our work, many communities within Mississippi will replicate our approach in a way that will be beneficial to the community and to individuals with disabilities who experience violence.

#### 1-4 Core Values and Beliefs

We believe:

1. All people are equal before the law.
2. Ensuring victim safety is the guiding principle of this project.
3. All people have strengths, abilities, and inherent value.
4. Choices made by survivors with disabilities should be honored and respected.

5. All people must be treated with dignity and respect regardless of their ability level. People First Language and Universal Design are two ways to reflect this respect.
6. People First Language is a beginning for respectful actions toward individuals with disabilities; however, we believe that true respect must be internalized as a personal philosophy.
7. People with disabilities are entitled to the same level of care as those without disabilities.
8. Services can be altered to make them accessible to women with disabilities.
9. A collaborative response system is best for all victims of violence.
10. Our collaborative is best informed by women with disabilities who have survived domestic violence and/or sexual assault.
11. All decisions made by our collaborative are based on the best interests of the survivors.
12. Our collaborative values new ideas, innovation, and inspired leadership.
13. Our collaborative seeks to continuously improve our focus, knowledge, and effectiveness.
14. Our collaborative believes that all people have the fundamental moral, civil, and constitutional rights and opportunities to live, learn, work, play, and worship in communities of their choosing.
15. Our collaborative seeks and supports diverse leadership and membership including diversity that includes, but is not limited to, race, ethnicity, religion, age, socio-economic status, geographic location, sexual orientation, gender, family status, and type or level of disability.
16. Our partners promote our vision, mission, and core values with integrity and accountability.

## Article 2 -- Definition of Terms

### 2-1 Accessibility

Accessibility is a general term that this collaborative uses to describe the degree to which a system is usable by all people who need or want the services. It is the ability to access a system or an entity.

## 2-2 Capacity-building

Capacity-building is the enhancement of an organization's core skills and capabilities to enable it to build its effectiveness and sustainability. A fundamental goal of capacity-building in this project is to strengthen the collaborating organizations and agencies' abilities to evaluate and address the crucial questions related to policy choices and modes of implementation regarding the provision of effective, efficient, and appropriate services for women with disabilities who have experienced domestic violence and/or sexual assault.

## 2-3 Collaboration

Collaboration is a structured process through which individuals and agencies/organizations work to accomplish a common goal by sharing knowledge, learning from each other, and by building consensus.

## 2-4 Collaborative response

A collaborative response is a multi-disciplinary approach to service delivery that occurs through systematic change within agencies and organizations. A collaborative response occurs as a response to the agency/organization's commitment to system change and an agreement of those agencies/organizations to be accountable for the success of those changes.

## 2-5 Disability

*The International Classification of Functioning, Disability and Health (ICF)* was published by the World Health Organization (WHO) in 2001. This document provides a standard language and framework for the description of health and health-related states. The term *functioning* refers to all body functions, activities and participation and the term *disability* refers to impairments, activity limitations, and participation restrictions. The

ICF also identifies environmental factors which interact with all of the components of functioning and disability. The WHO proposes a biopsychosocial model of disability which defines disability as a contextual variable. Disability is neither located within the individual nor is it an unchanging condition. A person with a functional limitation is more or less disabled based upon what happens when they interact with their physical and communication environment. This new definition mainstreams the experience of disability and recognizes it as a universal human experience. It also equalizes mental and physical reasons for disability. While this is an emerging definition of disability, we recognize that other organizations and agencies may use other definitions such as that of the Americans with Disabilities Act.

#### 2-6 Domestic violence

Battering is a pattern of behavior used to establish power and control over another person with whom an intimate relationship is or has been shared. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. It is a pattern of behavior used to establish power and control over another person through fear and intimidation and often includes the threat or use of violence.

#### 2-7 People First Language

People First Language puts the person before the disability, and it describes what a person *has*, not who a person *is*.

#### 2-8 Sexual violence

Sexual assault and abuse is any type of sexual activity that a person does not agree to, including inappropriate touching, vaginal, anal, or oral penetration, incest, rape, or attempted rape. Sexual violence can be verbal, visual, or anything that forces a person to join in unwanted sexual contact or attention. Sexual assault can also be committed when those activities are forced on a person who is incapable of consenting.

#### 2-9 Universal Design

Universal Design is the creation of policy, products and environments that are meant to be usable by all people of all ages and all abilities, to the greatest extent possible, without the need for adaptation or specialization. Universal Design's intention is to simplify life for everyone by making products, communications and the built environment safely usable by as many people as possible at little or no extra cost in an intuitive and unobtrusive way.

## Article 3 -- Partner Organizations, Roles and Contributions

### 3-1 Partner Organizations, Roles and Contributions

This collaborative is comprised of six partner organizations: The Department of Public Safety/Division of Public Safety Planning (DPSP), the University of Mississippi Medical Center School of Nursing (UMMC SON), the Mississippi Coalition Against Domestic Violence (MCADV), the Mississippi Coalition Against Sexual Assault (MCASA), the Institute for Disability Studies at The University of Southern Mississippi (IDS) and The Arc of Mississippi (The Arc). These organizations have a long and successful history of working closely together since the early 1980's. This charter speaks from the perspective of the collaborating organizations because of the strong commitment of the organizations to the work of the project. Each partner organization has signed a Memorandum of Understanding (MOU) that describes the roles and responsibilities of each partner organization and the history of the collaboration. The MOU dating to October 1, 2006 has been signed by the Executive Director or Administrator of each organization. Each organization is represented by at least one person who knows he/she is valued at the partner table and who feels comfortable speaking for their respective organization. Many Executive Directors/Administrators either represent their organization or attend meetings related to the collaboration.

The six partner organizations in the collaboration are:

- The Department of Public Safety/Division of Public Safety Planning—

This organization is the administering agency for the Education and Technical Assistance Project to End Violence Against Women with Disabilities grant. Responsibilities include the monitoring and review of project activities and fiscal management. The DPSP also offers these areas of expertise to the collaborative:

1. Grant writing
2. Grant administration
3. Collaboration building
4. Networking with agencies statewide
5. Development of education and training programs
6. Knowledge related to funding opportunities

Emberly Holmes, STOP Administrator, is new to the project however; she actively participates in the collaborative meetings and in project development.

- The University of Mississippi School of Nursing serves as the day-to-day coordinating partner for the Education and Technical Assistance Project to End Violence Against Women with Disabilities in Mississippi and as the expert authority in the health care of individuals with disabilities who are victims of violence. The UMMC School of Nursing offers these additional areas of expertise to the collaboration:

1. Grant writing
2. Grant management
3. Project coordination
4. Collaboration development
5. Collaborative community response development (SANE/SART programs)
6. Needs assessment and strategic planning
7. Provision of health care services for vulnerable populations
8. Identification and response to health disparities

Debrynda Davey is the project coordinator and has worked in the area of violence against women for the past 24 years.

- The Mississippi Coalition Against Domestic Violence (MCADV) is a statewide victim advocacy organization founded in 1980 by leaders of domestic violence shelter programs and advocates for battered women. The Coalition's mission is to help all

victims of domestic violence by offering technical assistance and training to shelters and other service agencies, raising public awareness, maintaining a resource library, and networking with member programs and other community groups. The MCADV offers these additional areas of expertise to the collaboration:

1. Subject area expertise
2. Victim and system advocacy
3. Training and education
4. Relevant materials on domestic violence
5. Grant writing and project implementation (to specifically include needs assessment and strategic planning).
6. Needs assessment plan development and implementation

MCADV has been a member of this collaborative project since original funding was received for the OVW FY 2004. Collaborative member Anna Walker Crump is the Executive Director of the MCADV, Scottie Kiihnl is Executive Director of Haven House Family Shelter in Vicksburg, Mississippi and sits on the MCADV Board of Directors and Shelly Whitfield is the Project Administrator for MCADV.

- The Mississippi Coalition Against Sexual Assault (MCASA) is a statewide victim advocacy organization who's mission is to support the state's nine rape crisis centers, train professionals to provide a collaborative response to victims of sexual assault, raise public awareness, and promote social change to eradicate sexual assault. MCASA will serve as the expert authority in matters of sexual assault for this collaboration. In addition, the MCASA offers the following areas of expertise to the collaboration:

1. Grant management
2. Grant writing
3. Collaboration development
4. Advocacy for sexual assault victims
5. Development and implementation of training and education programs
6. Technical assistance related to sexual assault issues
7. Provision of resources for victims and service providers
8. Networking strategies and contacts

9. Collaborative community response development (SANE/SART programs)

Levette Kelly Johnson, Executive Director, represents the coalition on in this partnership and has done so since the inception of the project. Elise Turner, Educator Coordinator also represents MCASA.

- The Institute for Disability Studies (IDS) at The University of Southern Mississippi has been one of sixty national University Centers for Excellence in Developmental Disabilities (UCEDD) for twenty years and serves the entire state of Mississippi. The UCEDD works with people with disabilities, their families, government agencies, and community providers in projects that provide interdisciplinary training, technical assistance, service, and information sharing. The IDS will bring extensive expertise in all aspects of disabilities as well as experience in developing and providing training to professionals. IDS has experience in the areas of early intervention and child development, developmental screening and diagnostic services, genetic training, health care and prevention, nutrition, violence prevention, assistive technology, community-capacity building for inclusive services, and policy enhancement for systems. Because of this experience IDS will bring the following areas of expertise to the collaborative:

1. Education
2. Inter-disciplinary training
3. Research
4. A referral source for individuals with disabilities and their families
5. Advocacy for individuals with disabilities and their families
6. Grant administration

Partner members representing IDS include Roy Hart who is Project Director for IDS and Christy Harrison, LMSW.

- The Arc of Mississippi is a statewide nonprofit, nongovernmental advocacy organization for individuals with intellectual disabilities. The Arc provides support, information and referral, training and advocacy services to individuals with developmental disabilities and their families throughout their lifespan. This organization will bring the following expertise to the collaboration:

1. Advocacy

2. Education and training
3. Grant administration
4. Sexuality training for individuals with developmental disabilities
5. Development of needs assessments and strategic plans
6. Development of self-advocacy groups
7. Linkages to other disability organizations and agencies

Cindy Dittus, Associate Director, is an active member of the collaboration representing people with developmental disabilities.

## Article 4 - Work Plan, Deliverables, Policies, and Practice

### 4-1 Work Plan

The collaboration work plan will include the following activities:

Date	Activities
October 2007	In consultation with the Vera Institute for Justice (Vera) and the Office on Violence Against Women (OVW), finalize a collaboration charter.
October –November 2007	In consultation with the Vera and OVW, develop and finalize a needs assessment plan.
November 2007-February 2008	Implement the needs assessment and compile data.
February 2008-March 2008	Analyze data, develop needs assessment findings report. In consultation with the Vera and OVW, develop and finalize a strategic plan.
March 2008	Strategic plan reviewed and approved by OVW.

### 4-2 Project Deliverables

At the completion of the first year of this project, the Project Partners will deliver to the Office on Violence Against Women (OVW) the following items:

1. Collaboration Charter
2. Needs Assessment Plan
3. Completed Needs Assessment
4. Strategic Plan for Years 2 and 3 of the Project

#### 4-3 Internal Communication Plan

This collaboration will develop and sustain effective communication between and among all partner organizations and agencies. The collaborating partners have an internal communication plan that includes all of the following elements:

- All partner organizations and agencies commit to maintaining ongoing, open and frank communication between all partners.
- All partners will equally share information relevant to our work with all other partners.
- All partners will maintain an authentic presence at appropriate conferences, gatherings, and meetings related to our work including those sponsored by other partnering organizations or agencies.
- Partners will have a minimum of one meeting per month to work on the grant. The number of meetings will be determined by the need for work to be completed.
- The coordinating agency (UMC) will notify the partners of meetings and proposed agenda items a minimum of one week prior to the meeting. All partners may add to the agenda at any time prior to the start of the meeting.
- The coordinating agency will notify the partners of any additional information relating to the partnership and the project including, but not limited to: communications from OVW, the Vera Institute of Justice, the Fieldstone Institute, and other agencies and organizations in our network.
- Other types of communications will take place between and among partners including, but not limited to communication via one-on-one meetings, telephone

calls, email, and written communications at any given time as needed during the collaboration.

- Whenever possible, interpreters, assistive technology, or other reasonable accommodation will be made available upon request to ensure effective communication. Requests should be submitted to the Project Coordinator at least one week prior to the meeting to allow time for arrangements to be made.
- All partners will update their agency staff on project progress at regularly scheduled staff meetings. Partners will inform the collaborative about each project report they present to their staff and board members and any changes made in their policies and procedures.

#### 4-4 External Communication Plan

This collaboration will develop and sustain effective communication between and among the collaborative and its developing network and the community. The collaborating partners will have an external communication plan that includes, but is not limited to the following elements:

- Develop and maintain relationships and open dialog between the collaborative and stakeholder agencies/organizations that are key in the development and implementation of the project in the pilot communities.
- Develop and maintain relationships with other organizations, agencies, advocates, survivors, and community members who are interested in the work of the collaborative. This will be done by seeking out and maintaining a presence at professional conferences and meetings, and at gatherings of people with disabilities. By seeking out and maintaining a presence we mean that we will attend and participate in discussions at these meetings, present papers and workshops and inservice programs, and provide an exhibit describing our project when the opportunity arises.
- Develop and implement strategies and tools to share information and invite participation in the work of the collaborative. For example, we will develop an email list to inform partners, key stakeholders, and other agencies, advocates,

survivors, and community members about the progress of our work which includes planned and completed activities, successes, and challenges. We will also develop a listserv for interested individuals and agencies/organizations to be able to discuss issues related to the project.

- The Project Coordinator will speak externally to the media on behalf of the collaborative while adhering to the Public Information Policy for the University of Mississippi Medical Center which may be found in Addendum A.

#### 4-5 Partner Meetings and Work Schedule

The collaboration will have scheduled meetings lasting 2-3 hours monthly. Additional meetings may be called as needed. Meetings will be coordinated and chaired by the Project Director. Meetings will be recorded via written minutes which will be prepared by the Administrative Secretary and the Project Director. Minutes will be reviewed by collaborating partners prior to each meeting and partners will be given the opportunity to make revisions prior to minute approval by the collaborative. The work of the collaboration will be reviewed at each meeting including completed activities and outcomes. Work plans along with responsibility for completing specific activities will also be reviewed and documented at each meeting. Changes to work plans may be made after discussion by the collaborative and consensus decision-making. Work plans may be discussed between meetings via any of the previously discussed forms of communication such as via phone or email.

#### 4-6 Decision-Making

This collaborative will make all decision-making processes as transparent and participatory as possible which will enhance the legitimacy, accountability, and ownership of the collaborative process. Decision-making in this collaborative shall be by consensus and may be made at scheduled partner meetings or through phone, email, or one-on-one contact.

Our consensus model involves checking-in with members. During collaborative meetings, we check in with members through the use of gradient decision making to determine how close or how far apart we are on coming to a consensus. After initial discussion related to an issue, members are asked to write a number on a piece of paper indicating their agreement or disagreement with the decision. Our team decided to use the following gradient to indicate their agreement/disagreement with a potential decision:

5 = I'm in total agreement with the potential decision

4 = I agree but it's not the perfect decision.

3 = I have mixed feelings but I can support the decision.

2 = I disagree with the decision and have trouble supporting it.

1 = I veto the decision and don't think we should continue with it.

If each score is a 3 or above, we consider it consensus and we move forward using that decision. If there are one or more votes with scores of a one or two we consider that a lack of consensus. The next would be to ask the dissenting party(ies) what would need to be changed so they could support the proposed decision. The group would then discuss the pros and cons and feasibility of changes to the proposed decision. The proposed decision would be reworded and then there would be a revote using the gradient decision making model. If there is still dissent, the majority vote will determine the outcome. Our collaborative has agreed to revisit the issue at regular intervals with any new information or suggestions to attempt to gain consensus. This will incorporate all opinions so everyone feels they have ownership of the final product.

Partners will refer to the Vision and Mission statements and to the collaborative's core values and beliefs when making decisions. Our collaborative believes that what is in the best interest of the survivor of abuse is the overriding concern when making decisions. Opportunities for making decisions will be presented in a manner that encourages individual and organizational self-reflection. These opportunities will also encourage full participation by partners where each partner has an equal voice.

#### 4-7 Conflict Resolution Plan

This collaboration recognizes that it is natural that conflict or disagreement may arise from time to time. Ultimately, this collaboration believes that all decisions should be based on the best interests of the woman who has experienced violence. This formal written charter fosters successful collaborative problem-solving by reducing the uncertainties and ambiguities among the collaborating parties that can cause conflict, thus enhancing partners' confidence in each other and the collaborative process as a whole. All partners have a vested interest in resolving any conflict or disagreement. Conflict resolution in this collaborative incorporates, but is not limited to, the following elements:

- Should a conflict or disagreement arise, partners will come together voluntarily and cooperatively to resolve the issue.
- Partners will look at all sides of the issue.
- All partners will be listened to respectfully and their opinions will be thoughtfully considered by all other partners.
- Partners will strive to find a middle ground using creative solutions whenever possible.
- The decision is documented and progress is reviewed and recorded.
- If the partners cannot resolve an issue a trained facilitator may mediate a conflict resolution. This will be an outside, experienced facilitator chosen by and acceptable to the collaborative. We will contact the Mississippi Center for Nonprofits for a list of qualified mediators. In addition to verifying credentials, we will ask the mediator if he/she has any conflict of interest regarding the agencies/organizations or the interests represented by the collaborative. If the mediator indicates a conflict of interest, we will choose another potential mediator and ensure that the person is a neutral party to the issue under discussion.
- Progress will be celebrated.
- Final decisions related to OVW guidelines and policies will be determined by the DPSP in conjunction with OVW.

We believe that a safe, non-threatening environment for our collaborative is a solution-driven environment. We further believe that this type of environment encourages self-reflection for both the individual and for the partner organizations and allows us to resolve conflict based on what is in the best interest of the survivor.

#### 4-8 Confidentiality and Safety

Confidentiality ensures that only those who are authorized to have the information have access to it. Confidentiality reflects a person's right to privacy and the obligation that we as professionals and agencies/organizations have not to disclose any information that we receive in confidence unless there is a compelling reason to do so. We believe that confidentiality is essential to the development of trust within a collaborative. We believe that confidentiality is essential to the development of trust and confidence between a service provider and the person with whom they are providing services.

This collaborative has a long history of partnerships on many projects. Partners have worked with each other on many issues related to violence against women including referrals for individuals who experienced domestic violence and/or sexual assault. The collaborative is proud of the environment of trust that exists between team members and partner organizations.

All issues that relate to partner organizations and key stakeholder organizations that are gathered during the needs assessment process through surveys, focus groups, and interviews will remain confidential. Any problem solving about issues such as accessibility, service provision, etc., that is needed will be done in a supportive manner by the collaborating and stakeholder organizations. All discussions related to these issues will remain confidential and all participating members will work together to provide a positive resolution. All partner organizations and key stakeholders will have the opportunity to review assessments related to their organizations.

The collaborating partners believe that confidentiality is crucial to the safety of survivors. Our Needs Assessment Protocol will carefully consider safety issues for all participants, agencies, and organizations. Partners have discussed each agency's confidentiality policy and agree that absolutely no information that could identify a survivor will be shared without a clear purpose for sharing the information and a signed release from the

survivor. An example of when we might share information might be if a person was an immediate danger to herself or others. This includes verbal, written, video, or other information. Specific situations may be discussed as general issues without any information that might be used to identify a specific individual. For instance, there might be a general discussion about how to best change attitudes about providing services to individuals with a cognitive disability within the partnering organizations in which examples of less than stellar attitudes might be given without disclosing specific names of individuals. Collaborating partners will feel secure in giving these examples because of the high level of trust within the collaborative.

Guidelines around confidentiality and mandatory reporting will be developed as part of the needs assessment protocol. These issues will be discussed with persons participating in the needs assessment in a manner that ensures the person understands the mandatory reporting law and its implications. Participants will be given the opportunity to decide whether to continue their involvement in the needs assessment and/or to request that partners who are mandatory reporters withdraw from the proceedings.

Addendum A  
University of Mississippi Medical Center  
Public Information Policy

PUBLIC INFORMATION POLICY

The Division of Public Affairs is the only authorized channel for release of information about the Medical Center to the local, regional, national or international lay press, including all print and broadcast media. Observance of the policy *on replies to all requests* for information and on all material originating with the Medical Center is the responsibility of the faculty, house staff, other employees and students. *All media queries* should be referred to Public Affairs which will obtain accurate information for release and/or arrange interviews with the appropriate Medical Center personnel. Procedures for the release of patient information authorize Emergency Department personnel to assist the media by giving certain limited information on emergency room patients who are in the public record. Media requests for information on all other patients should be referred to Public Affairs. *If any incident occurs which may lead to adverse publicity or public reaction, the individual in charge of the area should notify Public Affairs immediately.* In all other matters, public relations counsel and guidelines for handling specific requests and situations may always be obtained from the division. Public Affairs welcomes suggestions for news items for possible publication in lay and professional journals or use with radio/television. These may include Medical Center achievements, recognition and progress, or suggestions for human interest stories. The Public Affairs staff also appreciate early notification about the hospitalization of a public figure because of potential media calls. The office is open from 8 a.m. until 5 p.m., Monday through Friday, and a staff member is on call at all times when the office is not open. The office extension is 4-1100. Public Affairs' pager numbers are available from the Medical Center switchboard. (UMC, Faculty and Staff Handbook, p. 56-57, 2007).

