



Rhode Island ACT Collaborative Charter

VISION, MISSION & PURPOSE

Day One – The Sexual Assault & Trauma Resource Center of Rhode Island; PAL: An Advocacy Organization for Families & People with Disabilities; and Rhode Island Coalition Against Domestic Violence have created the ACT Collaborative to work towards better serving the needs of individuals with disabilities and Deaf individuals in Rhode Island who are survivors of domestic and sexual violence.

It is our **VISION** to create an accessible system that is person-centered in its service delivery, provides a comprehensive spectrum of services, and is delivered by informed and accountable professionals to individuals with disabilities and Deaf individuals, who are survivors of domestic and sexual violence.

Our **MISSION** is to ACT together through Advocacy, Collaboration and Training to end violence against individuals with disabilities and Deaf individuals with the **PURPOSE** of fostering an environment that works to:

- Improve accessibility to advocacy and safety planning services for individuals with disabilities and Deaf individuals;
- Develop a collaborative network through open dialogue to improve the quality of supports individuals with disabilities and Deaf individuals receive;
- Provide cross-training, cross-fertilization, and bridge-building opportunities for professionals working in the fields of sexual assault, domestic violence and disability services to better detect, react to and reduce violence in the disability and Deaf communities.

This Charter has been created to guide the work of the ACT Initiative and is a malleable and living document. The ACT Collaborative considers the experience of collaboration to be a process of discovery, and we will take every opportunity to revisit the content of this document and make adjustments when appropriate and warranted.

GUIDING VALUES & PRINCIPLES

The ACT Collaborative has outlined several “non-negotiables” to guide the work of the ACT Initiative. The ACT Collaborative has pledged to:

- Utilize a person-first approach for responding to violence against individuals with disabilities and Deaf individuals;
- Look beyond crisis intervention to also include long-term futures planning and support for and around these individuals who have experienced violence in their lives;
- Build community relationships and valued roles for individuals who have experienced violence in an effort to keep them safe in the future;
- Include Rhode Island’s strong network of self-advocates in the planning and implementation of all ACT initiative goals;
- Include survivors in the planning and implementation of all ACT initiative goals;
- Always ask the question "what will keep people safe?" and assure that it underlies all proposed interventions and implementations;
- Serve as the facilitator of conversations in an effort to create systems change, because it is our belief that change happens one conversation at a time;
- Foster a learning environment;
- Focus on the possibilities, and not on the deficits, within the service provider system;
- Always ask the question “what can we do together that we cannot do alone?”

DEFINITIONS OF FREQUENTLY USED TERMINOLOGY

Accessibility – equal opportunity to obtain and utilize services, and to gather and comprehend information. Accessibility must not only be addressed in terms of physical and environmental access, but in terms of attitudinal, programmatic and education access as well.

Advocacy – supporting or working to assist a person who is making a change in his or her life. It should include the sharing of information and resources, and providing assistance to meet the individual’s self-defined needs.

Collaboration – a mutually beneficial and well-defined relationship, entered into by two or more organizations, to achieve results more likely to be achieved together than alone. This relationship includes a commitment to mutual goals, a jointly developed structure, shared responsibility and resources, mutual authority and accountability for success.

Deaf – with a capital “D” describes individuals who identify as being part of the Deaf culture. Many individuals who identify as Deaf are culturally deaf, i.e. they have different experiences, values, language, vocabulary, role models, history, and habits.

Deafness – lack of hearing that may be congenital or acquired later in life, and is significant to the extent that the individual cannot hear speech, telephone, or TV/PA system with assistive devices or technology. An individual who is deaf is someone who cannot hear sounds even with amplification or assistive technology, and who requires visual communication or supports, such as ASL, speech-reading, cued speech, CART, captioning, etc.

Dignity of Risk – respecting an individual’s choice as long as his or her actions are not harmful to self or others.

Disability – when a set of functions, either desired or required, exists which cannot be independently performed when attempted in a specific environment. Individuals may have functional limitations with cognition, mobility, communication, sensing and emotions that may have been present at birth or acquired later in life.

Domestic Violence – a pattern of behavior used by an intimate partner or caregiver in order to gain power and control by using tactics of physical, emotional and sexual violence and/or intentionally limiting or removing access to assistive tools for daily living.

Informed Consent – helping individuals understand the consequences of their actions and assisting them to make appropriate and safe decisions.

Person-Centered – the individual is the primary focus of the system of services. Service providers need to be sure that they are not reinforcing old patterns of isolation and powerlessness for the individuals with whom they are working. It is helping individuals to increase their capacity and to understand available choices. When services are person-centered, they are responsive to the unique needs of each individual accessing them.

Person-Centered Planning – strengthens the voice of an individual in the planning of his or her future. Person-centered plans find and develop the gifts of the individual, develop a vision to express these gifts, foster a support network to help realize these ideals, and change services to be more responsive to the needs and interests of individuals. Person-centered planning means planning with, and not planning for, a person.

Person-First Language – referring to the person first and then the situation, condition or disability (if it is relevant). Utilizing this approach conveys a message of dignity and respect.

Safety Planning – an individualized plan for someone who has experienced violence that helps reduce the risks of future violence. Safety plans are a choice and must meet the needs and life goals of the individual.

Self-Advocacy – speaking up, alone or with others, to establish rights, equality and freedom. It is knowing personal rights and responsibilities, negotiating for self, asking for what is needed, and making self-directed decisions.

Sexual Violence – a forced, coerced or manipulated sexual act; sexual activity to which someone does not consent, or is unable to consent. Rape and sexual assault are not sexually motivated acts; rather, they stem from aggression, rage, and the determination to exercise power over someone else. Sexual violence also includes unwanted advances or sexual comments, and sexual harassment.

Systems Change – collaborative efforts to achieve meaningful and sustainable change in the way services are made available and delivered to individuals with disabilities and Deaf individuals. It is increasing and streamlining the overall capacity of the service delivery system by working with the many intersecting sectors to influence policies and practices in key components of the system.

MEMBERS, ROLES & EXPECTATIONS

The ACT Collaborative is made up of three project partners – Day One, PAL and the RI Coalition Against Domestic Violence, and two affiliated member agencies – Advocates in Action and Blackstone Valley Advocacy Center – who have agreed to collaborate together in support of the mission and vision created through this initiative.

The ACT Collaborative Committee has five members steering the work of the initiative – Cindi Coburn, Sheila French, Deanne Gagne, Karyn Hadfield, and Ken Renaud.

All members of the Collaborative – project partners and the individuals representing those agencies – have agreed to:

- Engage in cross-discipline education amongst the team to increase knowledge on the intersection of violence and disability;
- Ensure accessible meetings that encourage participation and full involvement;
- Identify target populations in which sustainable, systems change can be made to better respond to violence against individuals with disabilities and Deaf individuals;
- Collectively complete tasks as outlined in the work plan, including collaborative charter creation, pilot site designation, needs assessment development and implementation, and strategic plan development and implementation;
- Conduct internal needs assessments, and intensively integrate the work of the Collaborative around physical, attitudinal and programmatic accessibility into the structure of each partner agency to model the change we wish to see in the community; and
- Conduct outreach activities – pilot site recruitment, needs assessment, implementation, sharing successes, and applauding our pilot sites – as a united front.



providing services statewide - Day One's mission is to reduce the prevalence of sexual abuse and violence, and to support and advocate for those affected by it. Day One's vision is to create a community that is free of sexual abuse and violence through

Day One is the only agency in Rhode Island organized specifically to deal with the issue of sexual assault as a community concern. The non-profit agency was founded in 1973 as the RI Rape Crisis Center. Based in Providence, RI but

leadership and action that is responsive to the needs of the community. Day One provides services to victims of sexual assault, domestic violence, and other violent crimes and educates the public throughout the state of Rhode Island. Services include: The 24-hour Victims of Crime Helpline (1-800-494-8100) operated jointly with the Blackstone Valley Advocacy Center; crisis intervention; management of the Sexual Assault Nurse Examiner (SANE) program; individual and group counseling for children and adults; adult advocacy for victims and their families; legal advocacy through the Sexual Assault Response Team (SART); Law Enforcement Advocates at local police stations; the RI Children's Advocacy Center; prevention education and professional development trainings. Day One will provide budget oversight and administration of grant funds for the ACT initiative.

Day One representative on the Core Planning Committee is:

Karyn Hadfield, Training Specialist and the ACT initiative Project Director: Joining the staff of Day One in November of 2004, Karyn has extensive experience in program development, training, outreach, research and evaluation. Prior to joining Day One, Karyn served as Research Coordinator for the New York City Alliance Against Sexual Assault and Research Associate for the Criminal Justice Research & Evaluation Center in Manhattan. Karyn holds a Bachelors and Masters degree in psychology from The Catholic University of America in Washington, DC, and a Masters degree in criminal justice from John Jay College of Criminal Justice in New York City. Karyn will be responsible for coordinating the planning, development, and implementation of all aspects of the ACT initiative - coordinating the day-to-day initiative logistics; facilitating communication among the project partners; developing meeting agendas and summarizing meeting minutes in collaboration with Sheila French and Ken Renaud; providing budget oversight of grant funds; working to increase attitudinal, programmatic and physical accessibility at Day One, taking responsibility for program reporting to OVW; and initiating Technical Assistance requests with the VERA Institute of Justice.



The Rhode Island Coalition Against Domestic Violence (RICADV) is a non-profit organization dedicated to ending domestic violence. The Coalition was incorporated in 1979 to assist and support Rhode Island's six shelters for battered women in statewide planning and development. The Coalition and its member agencies have been providing services to victims of domestic violence for the last twenty-eight years, consistently expanding services in an attempt to provide the comprehensive support battered women need. The Coalition serves as a resource for the member organizations, providing training, technical assistance, statewide planning and needs assessment, community education, and gathering and disseminating resources and information critical to this work. The

member organizations and the areas they cover are: Sojourner House (Northern Rhode Island and Greater Providence); Women’s Center of Rhode Island (Greater Providence); Elizabeth Buffum Chace Center (Kent County); Domestic Violence Resource Center of South County (Washington County); Women’s Resource Center of Newport & Bristol Counties (Newport & Bristol Counties); and Blackstone Valley Advocacy Center (Blackstone Valley). The Coalition and its member agencies have a recognized track record of successfully administering and implementing effective programs for victims of domestic violence, reaching over 10,000 victims every year. They are currently involved in various statewide collaborative projects with law enforcement, prosecution, and other community organizations. The Coalition and its membership are recognized as reputable and distinguished leaders in the state in domestic violence, prevention and services, and have had an active role in successfully implementing the Violence Against Women Act in Rhode Island.

The RICADV representative on the Core Planning Committee is:

Sheila French, Planning Project Coordinator: Prior to joining RICADV, Sheila was the Director of Programs, Education and Elder Services for the Women's Resource Center of Newport & Bristol Counties, a member agency of the RICADV, for 14 years, where she supervised all direct service staff, did individual and group therapy and advocated for domestic violence victims in court. In her current role as Planning Project Coordinator for the Coalition, Sheila develops and coordinates all trainings, as well as facilitates Child Advocate and Elder Abuse committees. She has conducted various trainings, created new programs, and developed partnerships and collaborations throughout the state of RI, working with diverse stakeholders including law enforcement officers, survivors, advocates, substance abuse professionals, and RI Department of Elderly Affairs staff. Sheila will help foster relationships with the Coalition’s member agencies, domestic violence advocates and survivors to better improve services to individuals with disabilities and Deaf individuals; develop meeting agendas and summarize meeting minutes in collaboration with Karyn Hadfield and Ken Renaud; work to increase attitudinal, programmatic and physical accessibility at the Coalition, and serve as a liaison to the domestic violence advocacy community.



Blackstone Valley Advocacy Center (BVAC) is one of the six member agencies of the Rhode Island Coalition Against

Domestic Violence and has a 20 year history of providing services to victims of domestic violence in the Blackstone Valley area. Blackstone Valley Advocacy Center is a non-profit organization whose mission is to provide comprehensive services to victims of domestic violence and to provide education and awareness on the issue of

domestic violence. Their services include residential safe home and transitional housing services; the 24-hour Victims of Crime Helpline operated jointly with Day One; court advocacy; community support groups; community awareness and prevention programs; a Latina advocacy program; elder abuse prevention program and other community collaborative prevention initiatives.

The BVAC representative on the Core Planning Committee is:

Cynthia Coburn, Director of Community Services: Cindi has been with Blackstone Valley Advocacy Center for seven years starting first as a court advocate. Prior to this she worked at New Hope in Massachusetts, a domestic violence agency, where she worked as a child advocate. Cindi started in the Domestic Violence field in Albuquerque, New Mexico at Resources, Inc., providing court advocacy and responding with the police department, after the scene was secure, to domestic violence calls. Cindi will participate in the monthly ACT meetings, foster relationships to increase BVAC's capacity to improve services for individuals with disabilities and Deaf individuals, work to increase attitudinal, programmatic and physical accessibility at Blackstone Valley Advocacy Center, and complete tasks as delegated by committee consensus.



PAL is a statewide, not-for-profit organization that was built on the need to support and empower families and people with disabilities as they advocate for themselves. PAL is committed to

supporting families, individuals with disabilities and their network of friends in their effort to achieve their own personal dreams and to assume a social role of respect and dignity as valued members of their communities. PAL works with families, individuals with disabilities, and providers to enhance capacities across the system. PAL has invested enormous energy in assisting folks to tell their stories about how they are connected to their communities, as well as to talk about the contribution they are making in their community. PAL provides informational opportunities to families who have sons/daughters/ family members of transition age as well as staff to help raise their expectations about what is possible.

The PAL representative on the Core Planning Committee is:

Ken Renaud, Project Director: With over fifteen years experience in human services, Ken has been with PAL since 1998. He has extensive experience with curriculum development and training for professionals as well as people with disabilities. Ken will foster relationships in the disability advocacy community to better improve

services to individuals with disabilities and Deaf individuals; work with the PAL Board of Directors to actively involve them in PAL's role towards systems change, develop meeting agendas and summarize meeting minutes in collaboration with Karyn Hadfield and Sheila French; coordinate outside facilitators for committee meetings when needed, and schedule the PAL "Meeting Place" for ACT committee meetings.



Advocates in Action (A in A) is Rhode Island's statewide self-advocacy organization that has

formed a partnership with PAL. Advocates in Action has its own Board of Directors as well as national and regional affiliates. They raise awareness about people with disabilities, making presentations to over 800 students a year. A in A coordinates an annual sold-out Beach Bash, a statewide self-advocacy conference with attendance over 400 participants, a leadership series that currently boasts 12 graduation classes, a No Talent Show for audiences of over 200, and annual statewide meetings.

The Advocates in Action representative on the Core Planning Committee is:

Deanne Gagne, Coordinator – Deanne has been a coordinator for Advocates in Action since 1997. She holds a Bachelors Degree in Social Work from Rhode Island College. Deanne is also currently a home visitor for the PAL Quality of Life Initiative. Her expertise includes coordinating events, public presentations, and training assistance around disability awareness issues. Deanne will participate in the monthly ACT committee meetings, foster relationships with RI's self-advocacy community, work to increase attitudinal, programmatic and physical accessibility to violence response services, and complete tasks as delegated by committee consensus.

POLICIES, PROCESSES & PRACTICES

DECISION-MAKING

The Collaborative has determined that decisions to be made regarding the ACT initiative will be handled on two levels, as all decisions do not require consensus of the full six-person committee. Decisions will be made by either the full six-person collaborative, or collectively by Karyn, Ken and Sheila. Our foreseeable decisions are as follows, as well as the level of consensus needed bring a decision to resolution:

DECISION	WHO
Setting of ACT committee meeting dates	ACT Collaborative consensus
Creation of final meeting agendas	Karyn, Sheila, Ken
Creating our Vision, Mission & Purpose	ACT Collaborative consensus
Establishing our ACT guiding principles	ACT Collaborative consensus
Developing criteria for selecting the initiative's pilot sites & final selection of the pilot sites	ACT Collaborative consensus
Establishing the parameters of our needs assessment	ACT Collaborative consensus
Logistics	Karyn, Sheila, Ken
When to request outside facilitation or technical assistance	Karyn, Sheila, Ken
Sharing our successes with outside agencies and media	Karyn, Sheila, Ken (upon the advice of OVW and VERA when appropriate)

Deadlines will be assigned, based on the nature of the task, and all collaborative members will be given reasonable time to weigh in on decisions it may be necessary to make outside of scheduled meeting times. Failure to respond to an opinion request or failure to ask for additional time to come to a decision, either by phone or by email, will be considered an abstaining vote. Any member of the Collaborative may bring forward a suggestion to be discussed by the full committee, and can do so by requesting a topic be added to the committee meeting agenda (by sending a request to Karyn) or bringing it to the table when “new business” is discussed at committee meetings. The Collaborative will consistently refer to our agreed-upon mission, vision, purpose, guiding principles and values to inform our decision-making.

As we navigate our way through the needs assessment and strategic planning process, the ACT Collaborative will be utilizing a local facilitator, Diane Westerman, during scheduled Collaborative monthly meetings:

Diane Westerman, Facilitator - Diane is an independent consultant who specializes in working with people with disabilities as well as providing training for direct support professionals on topics such as building healthy relationships, sexuality and prevention of abuse. She is a trained facilitator and has presented at numerous workshops and conferences. Diane has over 25 years experience in the human service field and has her master degree in rehabilitation counseling from Assumption College as well as her bachelor degree from Rhode Island College.

This facilitator will assist us with the many decisions we need to make by acting as timekeeper, recording ideas and decisions on flip chart paper visible to the entire group, creating a process agenda, and keeping track of parking lot issues. This facilitator will allow all members of the Collaborative to be part of the discussion without the extra burden of having to facilitate the meeting and take notes.

When consensus is required for a decision, the ACT Collaborative will utilize a gradient decision making process. Utilizing a 1 – 5 scale, the six members of the Collaborative will show the number of fingers corresponding to the following sentiments:

- 5 = I absolutely support this decision.
- 4 = I can support this decision, but have some concerns.
- 3 = I'm neutral about this decision, but will go along with it.
- 2 = I don't feel comfortable supporting this decision.
- 1 = I absolutely can't support it, or it goes against our guiding values!

During the gradient decision making process, any member of the Collaborative can call for a vote. There is also an opportunity during this process for any member to wave the white flag and request an opportunity for further discussion and clarification. Any individual voting a 1 or 2 will have the opportunity to voice the concerns attached to that vote. A decision will either be declared “complete”, when a clear consensus prevails, or it will be put in the “parking lot” until either all Collaborative members feel comfortable that they have all the facts to make a decision, or if the Collaborative needs to enact its process for conflict resolution.

PROCESS FOR CONFLICT RESOLUTION

The Collaborative is committed to not being afraid to acknowledge “the elephants” in the room and all are encouraged to talk openly and honestly about conflict and obstacles. We are committed to reframing these “elephants” or obstacles as “open doors” and possibilities.

It is the responsibility of every committee member to not allow a personal concern fester to the point of negatively affecting our work together; members will raise an issue for committee discussion, or engage in a personal conversation with another committee member to remedy a situation, and not allow a concern to become a crisis.

All Collaborative members are committed to the Q-Tip principle – quit taking it personally – and understand that while the appropriateness of ideas and suggestions may be questioned, the integrity and good intent of the individual will not be.

Accountability is paramount for successful implementation of initiative goals. Individual or group failure to meet milestones or complete tasks will be discussed in a supportive and non-blaming environment, and the group will reach a consensus of how to proceed in order to remedy the situation.

The Collaborative agrees to disagree, and will do so in a respectful and calm manner.

The Collaborative foresees a time when consensus cannot be reached among the even number (6) of committee members using the gradient decision making process. Any time there is a vote of 1, regardless of whether the average vote is 3 or higher, the Collaborative will not go forward with that decision. When a decision has been placed in the “parking lot”, despite ample time for discussion, we will reach out to skilled local facilitators or initiate a technical assistance request to the VERA Institute of Justice to navigate these discussions and help us reach the needed consensus.

INTERNAL COMMUNICATIONS PLAN

The entire Collaborative will meet monthly on days and at times pre-selected by consensus. A meeting agenda will be developed by Karyn, Sheila and Ken at a separate, in-person meeting prior to the scheduled full committee meeting. Any Collaborative member can suggest agenda items for an upcoming committee meeting, and should do so by contacting Karyn directly, either by email or phone. Agendas will be emailed to the committee one full business day in advance of a scheduled committee meeting. Minutes will be provided within one week of a scheduled committee meeting. The committee will alternate who is responsible for a particular meeting’s note-taking (if a local facilitator is not being utilized), and this will be decided prior to the meeting day and according to a rotating schedule. Committee meeting time will be utilized to announce relevant happenings in each of the Collaborative agencies, review and update initiative progress, note completed tasks, delegate additional tasks by consensus, and adjust the work plan when necessary. When appropriate the committee hopes to utilize this time to address concerns related to the initiative and celebrate successes and positive outcomes.

The committee is encouraged to maintain ongoing communication between scheduled committee meetings by phone, email or in person. Requests for information or decisions that need to be made between meetings should be done by email, noting the deadline date in the email subject line, if a decision is required within the business week; and by phone if a response is required within that business day.

EXTERNAL COMMUNICATIONS PLAN

All ACT Collaborative members will actively engage the leadership in our home agencies to share the progress of the ACT initiative. The Executive Directors and

direct supervisors of the ACT Collaborative members will receive copies of meeting minutes. As part of the ACT initiative all Collaborative member agencies will be participating in an intensive needs assessment with the goal of improving access to services and service delivery for individuals with disabilities. All levels of staff from the member agencies – Day One, PAL, RI Coalition Against Domestic Violence, Advocates in Action and Blackstone Valley – will participate in the needs assessment process and the eventual implementation of change in our home agencies. Staff meetings will also be utilized to give updates on the initiative and provide education.

The Collaborative's work should be accessible and open to all interested community stakeholders. Accessible summaries and descriptions of our work will be made available to any interested party or audience upon request, and the collaborative will work together to provide this accessibility of materials. (See APPENDIX A for an accessible version of this Collaborative Charter). All members of the Collaborative are committed to cultivating and maintaining relationships with advocates, self-advocates and survivors in the community and welcome suggestions, criticisms and observations about our work. All committee members will be a presence at each other's agency events, trainings and meetings as well as events in the larger communities, and we will welcome any opportunity to share our mission and guiding principles and will encourage creative thinking and participation in our work. The Collaborative is also committed to publicly applauding success and highlighting good work, utilizing our individual agency websites and local media. All written documentation of ACT Collaborative activities for public and media will be reviewed by Karyn, Ken and Sheila. No one Collaborative partner may release written information regarding the ACT initiative without first bringing it to review. Official press releases regarding the ACT initiative will be issued through Day One's Communications office after thorough review by Karyn, Ken and Sheila, and approval by OVW.

PRACTICE OF CONFIDENTIALITY

The ACT Collaborative will address confidentiality on three levels – confidentiality of the individuals we serve; confidentiality of disclosures regarding collaborative partner agencies; and confidentiality of personal disclosures of any individual member of the Collaborative.

All Collaborative members have individually addressed client confidentiality at their home agencies, and all policies employ the same underlying principles of dignity and informed consent. We will continue to abide by the confidentiality statements we each had to sign as a condition of employment. The ACT Collaborative understands that this committee was not formed for the purposes of individual case management, but we are committed to helping each other brainstorm and implement cross-agency responses to violence.

We will be relying heavily on the input and feedback of the individuals and professionals central to the system of service delivery. Throughout the needs assessment and implementation process, the ACT Collaborative will be collecting a great deal of information about abuse in the disability community, the response to those abuses, and the accessibility of services. All information collected is for the purpose of improving service delivery by making recommendations and policy change, and will never be used for whistle-blowing or punitive purposes. All information gleaned from the needs assessment process will be kept confidential and shared only amongst the ACT Collaborative and within the communities of focus. A more in-depth policy on how confidentiality will be handled during implementation of the needs assessment will be outlined in a separate document – the ACT Needs Assessment Plan.

The ACT Collaborative has acknowledged that for this work to move forward and result in true systems change, we must be assured a safe environment in which to discuss issues relevant to our work, including disclosures about our individual agencies and ourselves. These disclosures are for moving our work forward, and will not be shared outside of the Collaborative. The ACT Collaborative is a learning environment, where situations can be discussed in a safe and non-judgmental atmosphere, and it allows us to debrief situations with the benefit of learning from past mistakes and building on past successes.

WORK PLAN: TIMELINE & MILESTONES

The primary tasks and goals of our ACT Collaborative are centered on six major undertakings:

- Building & Sustaining Collaboration
- Assessing the Needs of the Violence Response and Disability Communities
- Planning of Strategy to Impact Systems Change
- Implementation of Strategy to Impact Systems Change
- Evaluation of Outcomes
- Sustaining Positive Outcomes

The ACT Collaborative understands that this is a good-faith work plan, but that alterations may be necessary and will be done so upon consensus from the group. The Collaborative will work closely with the VERA Institute of Justice, the Technical Assistance Provider, and OVW, our funding agency, to facilitate these adjustments when necessary.

<u>October – December 2006</u>	Assemble core committee; assess core committee level of knowledge regarding the intersection of violence and disability; orient core committee to new grant program.
November 27, 2006	VERA Institute of Justice Site Visit to Rhode Island to outline Technical Assistance offerings.
December 12 – 14, 2006	Attend the Accessing Safety Initiative all-site meeting in San Jose, CA.
<u>January – June 2007</u>	Develop mission, vision, and guiding principles that will steer our work under this initiative; identify the roles and expectations for the partner agencies and core team representatives; set monthly committee meetings for 2007; continue cross-training among the six core group members.
January 10, 2007	ACT committee meeting
February 21, 2007	ACT committee meeting

March 21, 2007	ACT committee meeting, facilitated by Jo Krippenstapel, to solidify ACT mission, vision and guiding principles.
April 11, 2007	ACT committee meeting
May 9 – 11, 2007	Attend the Accessing Safety Initiative all-site meeting in Providence, RI.
May 16, 2007	ACT committee meeting
June 14, 2007	Work with VERA and Fieldstone Alliance to interpret the results of Rhode Island’s Collaboration Factors Inventory Survey.
<u>July - September 2007</u>	Complete Collaboration Charter draft and submit to VERA for feedback.
September 10 – 12, 2007	VERA Institute of Justice and OVW Site Visit with project partner leadership and ACT committee.
<u>October 2007 – January 2008</u>	Identify and confirm pilot sites; develop Needs Assessment plan; implement Needs Assessment in project partner agencies and selected community sites.
October 5, 2007	Submit Collaboration Charter to OVW for approval.
October 12, 2007	All –day ACT committee RETREAT facilitated by VERA Institute of Justice. Focus will be selecting our pilot sites and identifying the questions we want our needs assessment to answer.
October 17, 2007	ACT Committee meeting to identify the components and processes for the Needs Assessment Plan.
November 6, 2007	Send Needs Assessment Plan to VERA Institute of

	Justice for feedback.
November 14, 2007	ACT committee meeting.
November 16, 2007	Submit Needs Assessment Plan to OVW for approval.
November 28 – 30, 2007	Attend the Accessing Safety Initiative all-site meeting in St. Louis, MO.
December 3, 2007	Begin Implementation of Needs Assessment Plan
December 12, 2007	ACT committee meeting
January 9, 2008	Send outline of needs assessment summary to VERA Institute of Justice for feedback.
January 18, 2008	Submit Needs Assessment summary to OVW for approval.
Week of February 4, 2008	Strategic Planning RETREAT facilitated by the VERA Institute of Justice
February 29, 2007	Submit Strategic Plan to OVW for approval.
<u>March 2008 – October 2009</u>	Implement Strategic Plan; work to create systems change in ACT initiative pilot sites; develop long-term sustainability plan; evaluate initiative outcomes.

APPENDIX A



**Rhode Island
ACT
Collaborative Charter**



WHO WE ARE...



These organizations created ACT to help people with disabilities and the Deaf community in Rhode Island who are Survivors of abuse.



Vision & Mission



Our Mission is to **ACT** together through **A**dvocacy, **C**ollaboration and **T**raining to end violence against individuals with disabilities and Deaf individuals.



SAFETY PLANNING



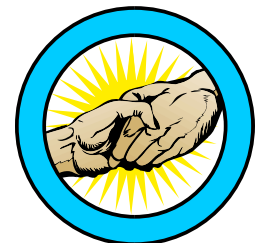
WORK TOGETHER



VARIETY OF COMMUNITY SUPPORT

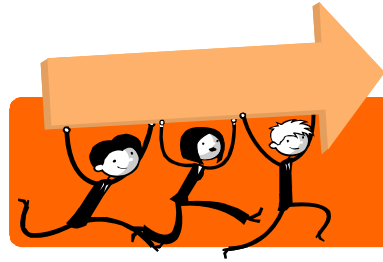


ACCESSIBILITY



SEEK OPPORTUNITIES

GUIDING VALUES



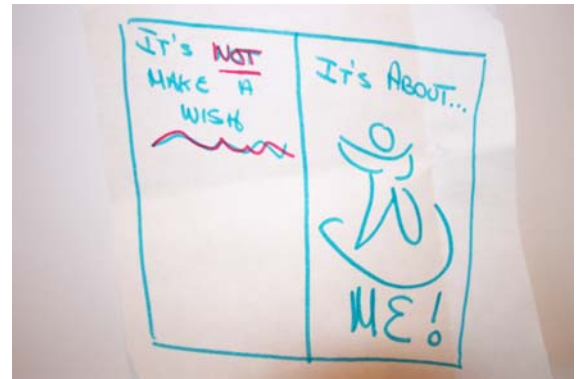
WHAT CAN WE DO TOGETHER THAT WE CAN NOT DO ALONE?



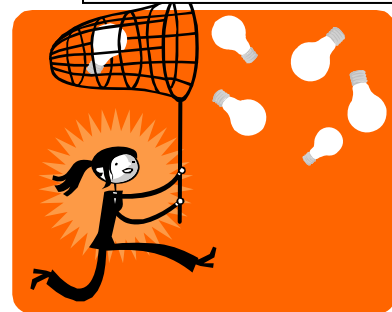
PEOPLES' VOICES ARE HEARD



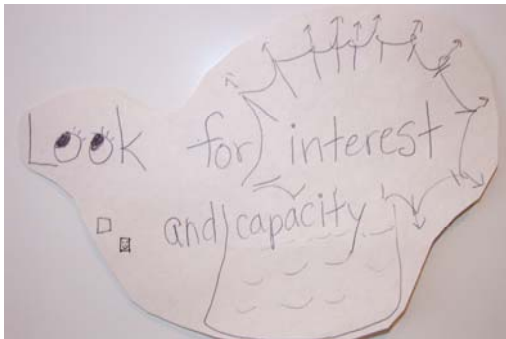
PERSON CENTERED



FUTURES PLANNING



WHAT IS POSSIBLE?



VALUED ROLES AND BELONGING



PLANT SEEDS IN RI DISABILITY NETWORK



ENCOURAGE LEARNING



WHAT WILL KEEP PEOPLE SAFE?

How Will We Work Together



Learn from each other.



Listen to each other and make sure people with disabilities and the Deaf Community are heard.



Identify which communities to work with in Rhode Island.



Complete our work.



ACT to create change.



ACT together with the same mission, values and vision.

Keys for success



Bring ideas to the group.



Make group decisions.



Do our work.



We can agree to disagree.



If we disagree we will:

- Notice the Elephants in the room.
- Be honest.
- Voice our opinions.
- Be respectful.
- Keep calm.
- Help create a judgment free zone.
- **Q**uit **T**aking **I**t Personally- **Q-TIP**.
- Follow the work plan and **ACT** goals.



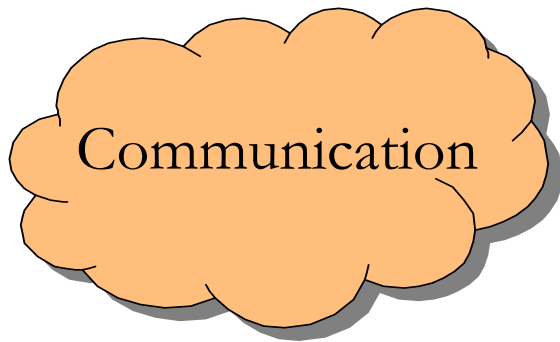
We might ask someone from outside the committee to help guide us to make a decision.



Realize this work is a process of discovery.



This Charter will change as we continue to work together.



ACT Committee will:

- Meet monthly.
- Share ideas between meetings by phone, mail and/or e-mail.
- Agendas, minutes, and work plan updates will be shared with the committee.
- Review and address concerns.
- Record progress.
- Celebrate success.
- Create materials that everyone can understand.
- Outreach to the community.
- Seek opportunities to support each other's work.
- Share what **ACT** believes with others.