COLLABORATION CHARTER
Domestic Violence & Mental Health Collaboration Project

King County, WA
Revised March 2016
## Table of Contents

- Introduction ................................................................. 3
- Vision, Mission and Focus .................................................. 7
- Values and Working Assumptions ....................................... 8
- Roles and Responsibilities .................................................. 11
- Decision Making ............................................................. 13
- Conflict Resolution .......................................................... 14
- Communications Plan ....................................................... 15
- Confidentiality ................................................................. 17
- Work Plan ........................................................................ 19
- Signature Page ................................................................. 20

---

This project is supported by Grant No. 2014-FW-AX-K010 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.
Introduction

The Domestic Violence and Mental Health Collaboration Project is comprised of representatives from:

- A county-wide domestic violence and sexual assault coalition *(the lead agency)*
- The pro bono services division of a county-wide bar association
- A community-based domestic violence organization
- A county-wide community behavioral health organization

The collaborative partners were invited to participate in this project because of their expertise in their respective fields and their commitment to addressing the mental health needs of survivors of domestic violence. The partners are:

The Coalition Ending Gender-Based Violence (formerly the King County Coalition Against Domestic Violence) is a membership organization working to end gender-based violence and promote equitable relationships. We collaborate with domestic violence and sexual assault programs, community leaders, public officials, and others working to end gender-based violence in King County. We amplify individual and group efforts and lead regional initiatives that:

- Support survivors of gender-based violence;
- Hold people who engage in domestic violence, sexual assault, and other forms of gender-based violence accountable;
- Make systems and institutions more effective and responsive; and
- Change the social and cultural norms that support inequity, rigid gender roles and the abuse of power.

We envision safe and just communities where all people thrive. The Coalition Ending Gender-Based Violence is represented by the Project Manager.

The King County Bar Foundation’s (KCBF) Pro Bono Services connects people who have a low income with attorneys who will handle their cases for free. Their programs include the Family Law Mentor Program, Neighborhood Legal
Clinics, and Self Help Plus. KCBF works with over 1,300 volunteers to handle over 10,000 cases a year. KCBF is represented by their Senior Managing Attorney for their Family Law Programs.

LifeWire has been providing domestic violence services and programs to the community since 1982. We work closely with local and regional human service agencies to provide life-saving and life-changing programs and services to help survivors and their children separate safely from an abuser, restore trust, develop self-sufficiency, and build peaceful families. LifeWire is represented by their Community Advocacy Program Manager.

Sound Mental Health (SMH) provides a full continuum of recovery-oriented, community-based mental health and drug/alcohol treatment services including crisis intervention, rehabilitation, support, education, outpatient therapy, residential programs and specialized services for domestic violence survivors and their children. Approximately 19,000 clients throughout King County receive services each year. Sound Mental Health is represented by their Director of Child and Family Services and their Special Projects Coordinator.
Project Alumni

Our current collaborative work would not be possible without the contributions of our former project partners:

City of Seattle

The City of Seattle Human Services Department (HSD) funds and operates programs and services that meet the basic needs of the most vulnerable people in our community - families and individuals with low incomes, children, domestic violence and sexual assault victims, homeless people, seniors, and persons with disabilities. The City of Seattle HSD obtained the initial funding for the Collaboration Project and served as the lead grantee from 2007 to 2010.

Consejo Counseling and Referral Service provides behavioral health, chemical dependency, and domestic violence services including advocacy, prevention, treatment, and transitional housing to immigrants from Latin America who speak Spanish as their primary language. Consejo has its headquarters in Seattle, but provides services across King County and into North Pierce County. Consejo was a Collaboration Project partner from 2007 to 2015.

King County

The King County Prosecuting Attorney’s Office, Protection Order Advocacy Program (POAP), assists survivors of domestic violence who are filing civil orders of protection against an abusive partner or family member. They provide legal advocacy, emotional support, domestic violence education and safety planning including resource referrals. Protection Order Advocates also assist with preparation for court and court accompaniment at the full order hearing. POAP was a Collaboration Project partner from 2013 to 2015.
New Beginnings provides an array of services for battered woman and their children including a 24-hour help line, advocacy-based counseling services, community-based support groups, emergency shelter and transitional housing. New Beginnings also has a chemical dependency / domestic violence support group and a social change program. New Beginnings was a Collaboration Project partner from 2008 to 2012.

Seattle Counseling Service (SCS), the first and oldest community mental health agency for lesbians, gay men, bisexuals, and transgender persons in the United States, provides mental health care, addiction treatment, domestic and sexual violence advocacy, and HIV/AIDS services. SCS also works with other King County providers to advocate on behalf of LGBT clients. SCS was a Collaboration Project partner from 2007 to 2012.
Vision, Mission and Focus

Vision
We envision that domestic violence, mental health, legal aid, chemical dependency and related organizations will be able to provide quality services to survivors of domestic violence who have disabilities. These services will be provided in a manner that embraces survivors’ diversity.

Mission
The mission of the Domestic Violence and Mental Health Collaboration Project is to facilitate sustainable systems change within and among the participating organizations. The participating organizations are collaborating to make services more accessible, holistic, and integrated, and to better meet the mental health, safety and self-determination needs of survivors of domestic violence.

Focus
Since we have identified a significant need for service improvements and internal changes related to survivors with mental health concerns\(^1\) who are involved with protection order or family law cases, we decided to focus our efforts on creating change for survivors of domestic violence who:

- Have a disabiling mental health problem as a result of trauma or whose existing mental health problems have been exacerbated by domestic violence;
- Risk losing custody due to their abusive partner’s leveraging mental health accusations against them; and
- Are accessing services at the King County Bar Foundation, LifeWire, or Sound Mental Health.\(^2\)

We recognize that these survivors will include individuals with a wide range of additional disabilities.

While our focus is our partner agencies, we anticipate that we will share what we have learned with others in King County, as well as across the country.

---

\(^1\) When we refer to "mental health concerns," we are including struggles with substance use.
\(^2\) Please note: the Coalition Ending Gender-Based Violence does not offer direct services.
Values and Working Assumptions

The purpose of this collaboration is to create sustainable systems change among our partner agencies. The collaborative partners felt that it was essential to agree upon a set of value statements and working assumptions to establish a common philosophical framework for our work. They are listed below.

We recognize that:

- Domestic violence violates the rights and dignity of all people.
- The lack of affordable, accessible mental health services, combined with the stigma of mental illness, violates the rights and dignity of all people.
- Domestic violence can result in repeated trauma and ongoing harm to a person’s mental health. It can also result in the exacerbation of existing mental illness.
- People who are struggling with mental health concerns often have histories of exposure to trauma.
- Domestic violence survivors have a greater ability to control their own lives when they have accurate information and the skill, ability, and opportunity to use that information to advocate on their own behalf.
- Mental health concerns and domestic violence affect people of all abilities and disabilities, ages, ethnic, religious, and socioeconomic backgrounds, all gender expressions and sexual orientations, and of any immigration status.
- Some individuals who experience domestic violence have pre-existing mental health concerns that are exacerbated by the violence. Additionally, the trauma of domestic violence may cause some survivors to suffer from Post-Traumatic Stress Disorder, depression, and/or other emotional or behavioral concerns.
- Threats to safety and survival can be a barrier to survivors meeting their mental health needs. Mental health and substance use concerns can be a barrier to survival and safety.
- Historically, mental health programs have not consistently addressed the safety and self-determination needs of survivors of domestic violence, and domestic violence agencies have not consistently addressed the mental health needs of survivors experiencing significant trauma or who have mental health issues.
• As legal aid, mental health, and domestic violence professionals, we have an ethical responsibility to work collaboratively to change our organizations so that they can better meet the needs of survivors of domestic violence who have been traumatized and/or who have mental health concerns.

• Ending domestic violence and ending the stigma related to mental health concerns require individual, communal, and institutional changes in attitudes and practices.

• Social justice requires equal access to the legal system.

• To create equal access we must eliminate bias, discrimination, and other barriers that prevent the exercise of this fundamental right.

• Survivors are the experts in their own lives and their voices and experiences should drive and inform our initiatives.

We acknowledge that:

• We are accountable to those who have experienced domestic violence.

• We are accountable to those who have mental health, and/or substance use concerns.

• Domestic violence is rooted in oppression and that all forms of oppression are interconnected. Domestic violence is a societal epidemic; it is not just an individual or family problem.

• Sexual violence is a common form of coercive control within abusive relationships and is not always adequately addressed by service providers and systems.

• The stigma associated with survivors receiving mental health services is rooted in oppression. This barrier to survivors receiving support needs to be eliminated.

• While domestic violence is often traumatic, not all survivors experience mental distress, mental health concerns, or trauma reactions. Pathologizing survivors is not helpful or appropriate. Minimizing or ignoring mental distress, mental health concerns, and trauma reactions is also not helpful or appropriate.

• Survivors who have been emotionally harmed by the abuse need accessible and competent mental health, trauma, and legal services.

• People utilizing mental health, trauma, and legal services who have experienced domestic violence need accessible and competent domestic violence services.
We pledge to:

- Seek input from survivors of domestic violence with mental health concerns throughout this project.

- Create a collaborative structure that reflects diversity, mutual respect, equity, accessibility, participatory decision making, and collective responsibility.

- Create sustainable systems change through changing our organizations’ internal policies, procedures, practices, and budgets, as well as how our organizations interact with each other.

- Support self-determination by listening to survivors who have mental health concerns, incorporating their experiences into services, and expanding the choices available to them.

- Support the emotional, physical, and sexual safety of people who have experienced domestic violence and who have mental health concerns.
Roles and Responsibilities

Each partner organization agrees to:

- Allocate an average of 8 hours per week for a key staff person (or persons) to participate in the collaboration.
- Actively participate in the Collaborative Team and in implementing our project initiatives:
  - Evaluating and sharing our Family Law Toolkit;
  - Enhancing coping skills for survivors involved in protection order or family law cases; and
  - Fostering dialogue to deepen our understanding of emerging issues.
- Seek the input and participation of key members of their organizations throughout the project, and disseminate information regarding the project throughout their organizations and among their constituencies.
- Examine and adapt their policies and protocols based upon the recommendations of the collaborative effort.
- Contribute to sustainable systems-level change in the areas addressed by this collaborative.

The Coalition Ending Gender-Based Violence also commits to:

- Employ and supervise the Project Manager for this collaborative effort.
- Act as the fiscal agent for this grant program.
- Submit all necessary reports to the Office on Violence Against Women.
- Be responsible for the copying and printing of materials for meetings, training curricula and flyers, as needed.

Each organizational representative will:

- Dedicate adequate time to consistently participate in the project.
- Participate in collaborative meetings.
- Coordinate internal agency efforts to create sustainable systems change.
- Actively participate in each step of the planning and implementation of the project.
• Provide consultation and technical assistance within their organization and to the partner organizations.
• Participate in all required technical assistance.

The Project Manager will also:
• Take the lead in coordinating the work of the collaborative.
• Facilitate meetings and communication among collaborative members.
• Be the key contact person for the Vera Institute of Justice, our technical assistance provider.
• Provide staff support for all collaborative activities.
• Prepare drafts of each of the products.
• Participate in Project Director Meetings.

The Executive Director of the Coalition Ending Gender-Based Violence will:
• Supervise the Project Manager and provide project oversight.
• Provide OVW grant and fiscal oversight.
• Complete OVW financial reports.
• Issue and monitor project-related contracts.
Decision Making

The collaborative will primarily utilize a consensus style of decision making where each partner organization will actively participate in discussing pertinent decisions. Decisions may be made during meetings or through email or phone contact. Decision making will be informed by our vision, mission, and values, as well as by our goal of creating sustainable systems change.

If we are not able to reach an immediate consensus, then we will check how people feel about the issue by utilizing a gradient decision making process to get a sense of how people feel about the discussion and whether or not we can reach consensus on the issue.

Each partner will be asked to rate how they feel about the proposed decision. Partners will be asked to rate the decision on the following 4-point scale:

1 = Not in agreement with the decision and unwilling to have it go forward
2 = Not in agreement with the decision, but willing to stand aside
3 = Need more information/would like to continue talking
4 = Agree with the decision

Based on the partners’ ratings, we will decide whether to continue the discussion, adopt the decision, or acknowledge that we cannot come to a consensus and need to let go of making a decision until circumstances change. Once a decision is reached, it will be honored by all of the partners.

The Project Manager is empowered by the collaborative to make decisions about the day-to-day functioning and activities of the project. She will seek input from the Executive Director of the Coalition Ending Gender-Based Violence as needed. The full collaborative will make decisions regarding philosophical and policy issues, the content of all materials submitted to OVW for approval, and on any issues that directly impact the organizations they are representing (e.g., policy or protocol changes).

As the grantee, when a Coalition Ending Gender-Based Violence process is utilized to fulfill terms of the grant (e.g., contract awards, contracting processes, agency and travel reimbursements), the Coalition Ending Gender-Based Violence may solicit input from the collaborative and will have the final decision making authority.
Conflict Resolution

Philosophy

In the course of working collaboratively, we expect that conflicts will arise. We believe that most conflicts can be resolved through respectful, informal discussion. Each individual involved is expected to behave in a professional manner, to treat others with dignity, to be responsible for their own behaviors, and to attempt to resolve the conflict. Recognizing that project partners include highly experienced mental health and human services professionals with sophisticated communication skills, we expect that we will be able to resolve most conflicts in a manner that supports the work of our collaborative.

Process

1. If a partner feels that they cannot bring a conflict to the entire group for resolution, they may consult with the Project Manager.

2. If the conflict is with the Project Manager, then they may consult with the Project Manager’s supervisor.

3. In the event that we are not able to resolve satisfactorily a conflict internally, we will request assistance from our program associate at the Vera Institute of Justice.

4. If our program associate is not able to assist us in resolving the conflict, then we will request that additional assistance be provided by the Vera Institute of Justice.
Communications Plan

Internal Communications

The Project Manager will be primarily responsible for facilitating and coordinating the communication of the collaborative. Communications may occur in meetings, via phone, via Basecamp (our project management site), and/or via email. Each member of the collaborative is committed to responding to communication from the Project Manager and from the other partners in a timely fashion. The Project Manager will notify each partner of upcoming meetings. The Project Manager will seek input from the partners regarding the agenda for each meeting and will distribute minutes from each meeting.

The Project Manager and all partners will strive to maintain transparency of information. Whenever possible, relevant information will be shared with the whole collaborative. Exceptions to this would include information that is relevant to only one member, confidential personnel information, and conflict resolution between individuals. In all cases, Project Manager will keep her supervisor informed.

During meetings of the collaborative and at each step of the planning and implementation of the project, each partner’s active participation will be encouraged.

Each partner will be responsible for communicating pertinent information about the project to their own organization and for communicating pertinent information about their organization to the collaborative. When an organization is represented on the collaborative by more than one person, then the representatives will communicate with each other regarding who will be responsible for sharing information between the collaborative and their organization.

External Communications

- Vera Institute of Justice
  The Project Manager will be the key contact person for the Vera Institute of Justice and will keep all partners informed regarding communication between our collaborative and the Vera Institute.
• Office on Violence Against Women
  The Project Manager will be the key contact person for the Office on Violence Against Women regarding development and approval of products. The Executive Director of the Coalition Ending Gender-Based Violence will be the key contact person for OVW regarding all grant-related financial reports and budget matters.

• Media
  General talking points about the project will be developed and approved by the collaborative, if needed. If the media contacts any of the collaborative partners regarding the project, the media will be referred to the project’s designated spokespeople, the Project Manager and the Executive Director of Coalition Ending Gender-Based Violence. They may refer media to other collaborative members, if they deem it appropriate. The talking points approved by the collaborative will be utilized for any contact with the media. If it is possible, the spokespeople will consult with other collaborative partners prior to responding to the media.

  If the collaborative decides to initiate contact with the media, then talking points specific to the situation will be developed and approved by the collaborative prior to the spokespeople contacting the media. The collaborative will also review and approve any press releases.

• Others
  The collaborative will review and approve reports or other substantive communications regarding this project with the community at large. Credit will be given to the Office of Violence Against Women as the project funder on all printed materials, using the required language as it appears on the bottom of page 2 of this document.
Confidentiality

We believe people who have experienced domestic violence and people accessing domestic violence, legal aid, or mental health services have a right to confidentiality. Therefore, when we are discussing particular situations, we will not disclose any identifying information about the people involved unless we have written permission from them to do so or unless we are discussing facts that are already in the public domain.

Privileged Information

The partners recognize that in Washington State, communication between domestic violence advocates and survivors of domestic violence, attorneys and clients, as well as between mental health treatment providers and their clients, are considered privileged communication. Partners will respect the privileged nature of these communications and will not request or expect a domestic violence advocate, legal aid professional, or a mental health treatment provider to divulge confidential information without the written consent of the individuals involved.

If in the course of the collaboration’s work, a survivor chooses to disclose personal information, the survivor will be informed that disclosing personal information in the presence of more than one provider may in some cases negate the protection of privileged communication. Unless the survivor specifically requests that their personal or identifying information be shared and signs a release of information form, then the members of the collaborative will make every effort to keep her/his information confidential.

Politically Sensitive Information

In the process of working collaboratively together to create systems change within and among our partner organizations, partners may disclose information about their organizations that they do not wish to have repeated outside of the collaborative group. For example, an organization might share problems their staff have experienced with supporting the safety, self-determination, or emotional wellbeing of a survivor of domestic violence or they might share that there are individuals within their organization who are resistant to implementing organizational change. The partners agree to keep confidential disclosures about the organizations of the other partners when requested to do so.
Mandatory Reporting

Some members of the collaborative are mandatory reporters of child abuse and of abuse of vulnerable adults as specified by Washington State law. We recognize that mandatory reporting requirements may eliminate or compromise some choices a survivor may choose to make. Therefore, prior to engaging in any discussion of domestic violence when a survivor who may be a parent or a vulnerable adult is present, the collaborative will take the following steps:

1. The survivor shall be made aware of mandatory reporting requirements and potential implications.

2. This communication shall be conducted in a manner ensuring that the individual understands the law and its implications, and has an opportunity to decide whether to continue the conversation and/or request that mandatory reporters not be present during the discussion.
## Work Plan

*Our work plan will be carried out with consultation from the Vera Institute and each product will be submitted for approval to OVW.*

<table>
<thead>
<tr>
<th>Activity</th>
<th>2016</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
<td>Apr</td>
<td>May</td>
<td>June</td>
<td>July</td>
<td>Aug</td>
<td>Sept</td>
<td>Oct</td>
<td>Nov</td>
</tr>
<tr>
<td>Team Building</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate Tools</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adapt Tools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Templates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MBSR Planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MBSR-Providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MBSR – SMH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialogue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Dialogue Report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Training Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>TA / Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

| Activity             | 2017         |         |         |         |         |         |         |
|----------------------|--------------|---------|---------|---------|---------|---------|
|                      | Jan | Feb | Mar | Apr | May | June |
| Translate Tools      |     |     |     | x   | x   |      |
| TA/ Training         |     |     |     | x   | x   | x   |
| MBSR - LifeWire      |     |     |     | x   | x   | x   |
| MBSR Report          |     |     |     |     | x   | x   |
| Wrap Up              |     |     |     |     |     | x   |
We, the undersigned, have read and agree with the Collaboration Charter.

By, 
Merril Cousin, Executive Director
Coalition Ending Gender-Based Violence
Date: 04-11-16

By, 
Andrew Prazuch, Executive Director
King County Bar Foundation
Date: 4/27/14

By, 
Barbara Langdon, Executive Director
LifeWire
Date: 4/26/16

By, 
David R. Stone, Chief Executive Officer
Sound Mental Health
Date: 4/19/16