

Project BASE

Barrier and Stigma Elimination

Collaboration Charter



Collaboration between

**The Retreat, Parents for Megan's Law and
The Mental Health Association in Suffolk County.**

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Introduction

Project BASE (Barrier and Stigma Elimination) is a collaborative partnership between The Retreat, Inc., the Mental Health Association in Suffolk County (MHAS), and Parents for Megan's Law (PFML), DBA the Crime Victims Center. The collaboration will be working closely together to identify and implement successful methods to allow each organization's services to become more accessible to individuals who are victims of domestic violence (DV), dating violence, sexual assault (SA) and stalking, and are living with mental illness.

These three organizations have a history of informal but very steadily-built relationships of trusted complementary service provisions as each has served a base of clients whose concerns partially overlap the missions and services of all three organizations. The relationship between The Retreat and MHAS began upon The Retreat's inception in 1987, when The Retreat's staff needed a reliable resource to which The Retreat could confidently refer victims of domestic violence in need of mental health-related services. Parents for Megan's Law joined the informal collaborative cross-referral relationship upon its inception in 1997 and renewed and amplified its role in 2007 when the launch of its Crime Victim Center enabled a new degree of focus and cross-referral for victims of sexual abuse who needed emergency shelter and/or mental health services. Furthermore, the MHAS found itself steadily referring clients to both The Retreat and PFML whenever MHAS became aware that abuse and/or safety could be an issue requiring legal advocacy, emergency shelter, domestic violence prevention education, and/or specialized domestic violence-related or ongoing-sexual abuse-related coaching, safety planning and counseling.

Over time, because of our partially overlapping missions and client base, The Retreat, PFML, and/or MHAS have found ourselves often informally collaborating and sitting on the same local committees. The executive directors and/or staff members from each organization have also at various times separately or jointly sat on several ad hoc subcommittees that convened to address issues of violence against women and root causes of violence and victimization related to mental health. Our past connections and collaborations are the foundation upon which we will build and strengthen our current

collaboration to address internal policies and procedures and ensure holistic and comprehensive services are offered to clients who are victims of domestic violence, dating violence, sexual assault and/or stalking and are also living with mental illness.

Through this collaborative project, each organization is ambitiously committed to the process involved in educating one another on mental health, domestic violence, dating violence, sexual assault and/or stalking and to build upon our current service delivery to increase accessibility. The partners recognize that each of the above listed topics may result in stigma and can negatively impact an individual's self esteem and therefore their willingness to seek assistance. Additionally, staff perceptions and biases can influence the referrals provided and delivery of services for potential clients. The collaboration recognizes that a combination of these factors can make help-seeking even more difficult. Through Project BASE, the collaborative partners are dedicated to addressing these issues in a comprehensive, holistic manner, providing adequate training to staff and guiding individuals through the recovery process.

The vision and mission statements for Project BASE will provide each partner with a long term goal that begins in our collaborative meetings to serve the identified group of individuals and to promote sustainable changes within each of our organizations, and in turn influence the larger community. It is the anticipation that through cross-training one another, each organization will develop a deeper understanding of the interplay between mental health and victimization and how this affects the individual, their family and their social system. Through this collaboration, Project BASE partners will gain a deeper understanding of the complexities that impact service delivery when someone is both a victim of domestic violence, dating violence, sexual assault and/or stalking and is also living with mental illness and will work to provide seamless access to holistic services for these individuals.

Vision Statement

Our vision statement is a projection of the changes our collaboration will be able to make within our individual organizations, and within the overall community that will be evident well into the future.

Our vision is to enhance the service delivery system within Suffolk County that addresses the needs of victims of domestic violence, stalking, sexual assault and dating violence, and who are also living with mental illness in a comprehensive and informed way to confront stigma and foster self-determination and healing.

Mission Statement

The collaborative partners of Project BASE will enhance service delivery systems and encourage help-seeking by individuals who are victims of domestic violence, stalking, sexual assault and dating violence who are also living with a mental illness in Suffolk County by addressing stigma through knowledge and education. We will achieve this by:

1. Examining the belief and value system of the collaborative agencies and incorporate a structure to promote accessible and welcoming services and programs.
2. Integrating and expanding the knowledge and expertise of the collaborative partners in order to strengthen our responsiveness to the individual needs of those we serve.
3. Forging policies and procedures that reinforce trust.
4. Promoting informed choices while combating fears.
5. Removing barriers and bridging gaps to service delivery.
6. Providing staff with the tools necessary to assist an individual in feeling empowered to seek help.
7. Conducting directed client outreach driven by information derived from focus groups and the shared, collective experience of the partners.
8. Meeting every individual with respect, caring and dignity.

Values and Observations

The collaborative partners of Project BASE discussed this section of the Collaboration Charter, entitled “Values and Assumptions” in order to identify the core values of the combined collaboration. During our discussion, each member expressed their thoughts regarding the term “assumption” and compared our general understanding of this term’s definition as it compared to the concepts to be expressed in this charter. The group discussed that the term assumption has a connotation that the thoughts are not fact-based, and may actually be formed by stereotypical perception. According to Dictionary.com, assumption is defined as something taken for granted, arrogance, or presumption.¹ Project BASE is committed to creating lasting change within each of our organizations that will ripple out into the community. With this goal in mind, the collaboration is committed to replacing assumptions with facts within our organizations. As assumptions are often based upon stereotypical misinformation that engenders fear and prejudice, the group has decided to move towards actual observations to develop a fact based decision making model. The “observations” section of our charter will include the partners’ collaborative assessment of the needed services within the community. All members agree that by utilizing facts and actual observations, the collaboration will be able to implement effective change that will successfully improve the access/delivery of services.

Values:

Affecting Change: The members of Project BASE recognize that in order to effectively work with a wide range of clients, services must be offered to meet each individual’s needs. The collaborative partners are committed to working together to identify different needs of the individuals served and effectuate change within each organization to make the services universally welcoming to the population we serve.

Anti-Stigma Education: Project BASE believes that stigma plays a significant role in preventing and delaying individuals from seeking services, as well as in affecting the types

¹ <http://dictionary.reference.com/browse/assumption?s=ts>

of services and resources that may be offered to an individual. Stigma exists within the overall community, within organizations and even through self-stigma. Self-stigma is when an individual holds perceptions and biases about themselves. Project BASE believes that education is the key to promote understanding and overcome stigma. Project BASE is committed to identifying areas where stigma may exist in each organization, whether in staff perception or policy, and provide training to ensure that the services offered are welcoming and accessible to all individuals in need.

Confidentiality: The members of Project BASE know that confidentiality is not only a legal obligation, but a cornerstone in establishing trust with another person. Project BASE recognizes all legal guidelines regarding confidentiality, as well as the legal and ethical limitations of the law. All members are committed to exercising discretion regarding any client, and helping clients to understand the limitations of confidentiality. The collaborative partners are invested in the process to further educate agency staff to ensure that services are discussed and any necessity to share information is clearly defined.

Cultural (Organizational) Change: Project BASE strongly believes that services require ongoing evaluation and refinement to be effective in the community. Project BASE also believes that change fosters growth for staff, and then for the organization as a whole. The organizations affiliated with Project BASE are committed to developing and implementing policies and procedures consistent with the service demands in our environment.

Dignity: The members of Project BASE believe that all people should be treated with dignity throughout the process of accessing services.

Educate: Project BASE collaborative partners agree that in order to make successful changes in any forum, education is a key component. Education can come in many forms and mediums. Partners are committed to incorporating the specialized knowledge and expertise of each organization to enhance service delivery by staff. Project BASE is committed to expanding the knowledge of our staff within our own agencies by training them to work effectively with clients that are both living with mental illness and are victims

of domestic violence, dating violence, sexual assault and/or stalking. Training will include, but is not limited to, collaborative cross-training of staff, cultural sensitivity and working with individuals and accommodating the needs of the diverse clientele we serve.

Empowerment: Our collaboration recognizes that individuals must feel empowered to seek services. Through the process of providing education to our staff, developing new and refining existing policies and procedures, conducting directed outreach and offering services in a universally welcoming environment, individuals will be given a feeling of comfort and security allowing them to utilize their inner strengths to seek services and remain engaged in the recovery process.

Help-Seeking: Help-seeking is the process of finding and receiving support from others. Project BASE believes that all clients have the right to seek assistance freely and without judgment. Project BASE is dedicated to examining current policies and procedures to ensure services are openly accessible to clients in need. Project BASE is also dedicated to providing education to staff on the benefits of help-seeking behavior, how to encourage clients, educate staff on other barriers clients may face in seeking further services, and promote support throughout the community.

Human Rights: Project BASE strongly believes that all individuals should be treated fairly, and be offered as much education as possible when making decisions that will affect their lives in the future.

Individual Choice: Project BASE believes that every individual seeking services should receive support to work towards their own goals. The collaborative partners will initiate changes/policies within each organization with the intention to make services accessible to individuals seeking services. These policies will have enough flexibility to accommodate the individual's personal choice.

Integrity: Integrity is inevitably linked to trust. Project BASE is committed to being forthright, truthful and honest with all individuals seeking services. We are committed to

understanding our limitations and providing the best services through our individual expertise.

Open-Communication: Project BASE is committed to maintaining open communication throughout the collaboration process. The members have agreed to a consensus decision making strategy, focusing on the need for all members to reach a certain level of agreement prior to moving on. The collaboration is dedicated to the discussion of any questions or concerns, and the members have developed an excellent rapport to make the environment a safe space to talk about conflict or differing opinions.

Respect: Our collaboration believes that every person deserves to be treated with respect. As individuals access each of our agencies for services, the staff will ensure that respect is given which in turn will encourage our working relationship with those seeking services and will enhance the probability of positive outcomes.

Safety: Feeling safe is a basic human need. The individuals we serve have had their safety violated. Upon initial contact, safety concerns must be addressed. The collaboration will provide ongoing support to foster the physical and emotional safety of all individuals served and is dedicated to ensure current services are well-founded, effective and explained to the individuals we serve. The collaboration also values safety planning for individuals as this can enhance a survivor's emotional well-being and confidence.²

Self-Determination: Project BASE values self-determination. It is the commitment of this collaboration to ensure that each individual seeking assistance is provided with information regarding any options of services that are available to them. Project BASE is committed to educating staff members on methods to foster the feeling of empowerment to individuals to make informed decisions about services that are best for reaching their desired outcomes.

² <https://www.ncjtc.org/CJCI/conferences/MJ/Presenter%20Materials/HANDOUT-The%20intersection%20between%20Victim%20Safety%20Planning%20and%20Community%20Safety%20Response.pdf>

Support: Project BASE believes that support is an essential part of recovery. The collaborative partners are dedicated to providing education to individuals seeking services regarding recovery and encouraging these individuals to recognize and involve multiple layers of support that are available.

Trust: Project BASE believes that all individuals accessing services need to develop a trusting relationship with their provider in order for progress to occur. The collaborative partners are dedicated to developing new and refining current policies and procedures to ensure the highest level of professional services to each individual in a welcoming, secure and confidential manner.

Observations:

- All individuals have the right, and deserve to be treated with dignity and respect. The partners of Project BASE are committed to making individuals feel welcome and comfortable when accessing our services. This is vital to building a trusting and sustainable relationship in which all individuals are valued and appreciated.
- Individuals with a mental health diagnosis are at a higher risk for domestic violence, dating violence, sexual assault and stalking than the general population.³
- Survivors with a mental health diagnosis often have more barriers to overcome, or restrictions in place, when accessing services. These individuals also often have less privacy than survivors without a mental health diagnosis. This is due to the number of individuals that may be involved in their treatment, as well as the need to report their history to multiple agencies.⁴
- Fewer than half of adults with a serious mental illness (SMI) received treatment or counseling for a mental health problem.⁵
- In Suffolk County, ~4.5% of the population are diagnosed with a mental illness (107,274 people on Long Island).⁶

³ Carole Warshaw, Women and Violence, Psychological Aspects of Woman's Health Care, 483 (Nada L. Stolnad et al. eds. 2001)

⁴ American Journal of Nursing, June 1997, Volume 97, Issue 6 p.26-33 Breaking Through the Barriers to Domestic Violence Intervention. Shea, Carole et al.

⁵ <http://www.samhsa.gov/data/2k3/SMIadultTX/SMIadultTX.htm>

- Mental Illness is one of the most common and disabling diseases.⁷
- Stigma is often cited as a reason why people do not seek help for mental health related concerns.⁸
- There is a clear link between mental illness and domestic violence.⁹
- Inaccurate beliefs about mental illness and violence lead to widespread stigma and discrimination.¹⁰
- The criminal justice system may assume that people with mental illness are not credible.
- There is a bias that alleges that people with mental illness tend to commit acts of violence at a high rate.¹¹
- The vast majority of people with mental illness are not violent. The link between mental illness and violence is promoted by the entertainment and news media.¹²
- Crime Victimization can cause anxiety, depression, substance use disorders, and posttraumatic stress disorder. Victimization can exacerbate existing disorders, increase the likelihood of service use and hospitalization, and can also increase the likelihood of revictimization.¹³
- Perpetrators of violence against people with mental illness may receive reinforcement from our system of care. For example, partners are often praised for all they do for a person with mental illness. This praise can result in the perpetrator feeling that the victim is in debt to them, therefore justifying the abuse that is inflicted upon the victim.
- Prevention education, safety planning and participation in services can reduce further injury and re-victimization.¹⁴

⁶ <http://www.samhsa.gov/data/NSDUHMetroBriefReports/NSDUH-Metro-New-York.pdf>

⁷ World Health Organization. www.who.int/mediacentre/notes/2004/np141en

⁸ <http://www.samhsa.gov/data/2k3/MHnoTX/MHnoTX.htm>

⁹ Catharine Paddock, PhD .Medical News Today, Article ,27 Dec 27, 2012 , Mental Health Disorders Linked To Domestic Violence

¹⁰ http://depts.washington.edu/mhreports/facts_violence.php

¹¹ http://www.nami.org/Template.cfm?Section=Issue_Spotlights&template=/ContentManagement/ContentDisplay.cfm&ContentID=60725

¹² http://depts.washington.edu/mhreports/facts_violence.php

¹³ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1389236/>

¹⁴ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1389236/>

- People who seek and obtain help show a significant reduction in symptoms and improvement in functioning.¹⁵
- Victims of Sexual Assault are:
 - **3 times** more likely to suffer from depression.
 - **6 times** more likely to suffer from post-traumatic stress disorder.
 - **13 times** more likely to abuse alcohol.
 - **26 times** more likely to abuse drugs.
 - **4 times** more likely to contemplate suicide.¹⁶
- The persistent social attitude that the danger in relationships comes from the person with a mental illness makes it difficult to deconstruct and combat violence against people with mental illness.¹⁷
- One out of every 6 American women has been the victim of an attempted or completed rape in her lifetime.¹⁸
- 1 in every 4 women will experience Domestic Violence in her lifetime.¹⁹
- 85% of Domestic Violence victims are women.²⁰
- Only approximately 1/4 of all physical assaults, 1/5 of all rapes, 1/2 of all stalking perpetrated against females by intimate partners are reported to the police.²¹
- Help-Seeking is often viewed as a sign of weakness. Individuals do not often seek services right away or without outside intervention because they feel they should be able to handle things on their own. Individuals often feel that if they need to ask for help they are admitting to weakness.

¹⁵ JAMA Psychiatry National Institute of Mental Health Treatment of Depression Collaborative Research Program: General Effectiveness of Treatments Irene Elkin, PhD; M. Tracie Shea, PhD; John T. Watkins, PhD; Stanley D. Imber, PhD; Stuart M. Sotsky, MD; Joseph F. Collins, ScD; David R. Glass, PhD; Paul A. Pilkonis, PhD; William R. Leber, PhD; John P. Docherty, MD; Susan J. Fiester, MD; Morris B. Parloff, PhD Arch Gen Psychiatry. 1989;46(11):971-982. doi:10.1001/archpsyc.1989.01810110013002.

¹⁶ <http://www.rainn.org/get-information/statistics/sexual-assault-victims>

¹⁷ CDC. Attitudes Toward Mental Illness—35 States, District of Columbia, and Puerto Rico, 2007. *MMWR* 2010;59(20):619–625. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a3.htm>.

¹⁸ <http://www.rainn.org/get-information/statistics/sexual-assault-victims>

¹⁹ [http://www.ncadv.org/files/DomesticViolenceFactSheet\(National\).pdf](http://www.ncadv.org/files/DomesticViolenceFactSheet(National).pdf)

²⁰ [http://www.ncadv.org/files/DomesticViolenceFactSheet\(National\).pdf](http://www.ncadv.org/files/DomesticViolenceFactSheet(National).pdf)

²¹ [http://www.ncadv.org/files/DomesticViolenceFactSheet\(National\).pdf](http://www.ncadv.org/files/DomesticViolenceFactSheet(National).pdf)

Member Agencies

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The Retreat is a 501(c)(3) nonprofit organization that provides comprehensive domestic violence services to families in Suffolk County with a particular focus that serves the five East End townships of Long Island, including Southold, Riverhead, Southampton, East Hampton and Shelter Island.. Since 1987, it has been the only full-service domestic violence organization (including safe shelter) in the region. The core mission of The Retreat is to provide safety, shelter, and support for victims of domestic abuse as well as to break the cycle of family violence.

The Retreat annually provides services to thousands of individuals and families impacted by domestic violence. It is a safe haven for families in crisis and provides numerous core services to protect, support, and empower victims. These core services include 1) a 24 hour live, bi-lingual hotline that provides crisis intervention, supportive listening, information/referrals and direct access to needed services, 2) individual and group counseling for adults and children, 3) legal advocacy services that explain the legal process, assist clients in obtaining orders of protection and custody, accompany victims to court and provide support during the court process and 4) an emergency shelter that offers housing for 18 women and children for a 90-day length of stay.

The Retreat also provides:

- In-school/Community Education program: Education to help children/teenagers build self-esteem while enabling them to identify and understand how to deal with

problem situations on the playground, in their home, or in dating relationships/Education via workshops and presentations about domestic violence, bullying and dating violence.

- Working with local police, The Retreat provides immediate, confidential response and assistance to victims of domestic violence. The Retreat can also provide rape and sexual assault services, children's services, support groups, information and referrals.
- The Suffolk County Fatherhood Initiative, a program that offers both couples and group counseling to fathers of children 18 years and younger. This program's goal is to provide intervention and education to individuals at risk of becoming abusers to reduce initial instances of violence.
- The Structured Help Anti-Violence Re-education Program (SHARP) that is a group setting domestic violence program for men who are abusive to their partners.
- The Job Access Reverse Commute (JARC) program provides education and resources on the local transportation system to staff and clients, and will provide hundreds of low-income, domestic-violence affected individuals in Suffolk County with a higher level of awareness about services clients need in order to be able to maintain sustainable employment, personal self-sufficiency and safety/security.

Parent's For Megan's Law, Inc. DBA The Crime Victims Center

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Parent's for Megan's Law (PFML) is a not-for-profit rape crisis and crime victims center located in Suffolk County dedicated to and with a demonstrated history of the prevention and treatment of child sexual abuse and rape, the provision of services to the victims of domestic violence, the provision of services to victims of violent crime, and elderly, disabled and minor victims of all crime. The organization was established in 1997 and it is

a local, NY State-Certified Rape Crisis Center whose mission is to prevent sexual victimization and provide services to sexual assault victims and all victims of violent crimes in Suffolk County. Trained bi-lingual advocates with access to language assistance services provide a full range of case specific services and/or referrals to each victim or surviving family members. PFML is extremely well positioned to add high expertise and specialized applied knowledge and experience in the area of sexual assault, sexual abuse, stalking and dating violence to this project's core activities of policy adjustment. PFML has been recognized for effective Federal grant management for achieving, and often surpassing, stated goals and objectives and nationally recognized for the collaborative implementation of a model program with law enforcement to improve crime victim's access to services. It is also very well situated (with its continual access to victims/survivors) to provide the collaboration with the experience derived from extensive and diverse case experience/promoting effective practices and to benefit strongly from receiving- and then instantly applying- the new knowledge and policy updates that will come from the expertise of the program's other partners.

Parents for Megan's Law's core services include Victim Services, such as 24- hour crisis support and counseling, crisis hotline, legal and medical information/referrals/ accompaniment/advocacy, helping victims file NY State Crime Victim Compensation claims, etc, Prevention Education and Law Enforcement Training among others. To date, PFML has provided over 2,700 sexual abuse and rape prevention workshops to over 100,000 attendees. PFML has demonstrated the ability to successfully partner in many ways, including with culturally specific community organizations and its' large-scale collaboration with the Suffolk County Police Department in 2007 in response to an identified gap in services to victims of sexual assault and violent crime. Working closely with police, PFML established the Crime Victims Center, which has since served as the visible hub of a key service wheel for victims of such abuse.

Mental Health Association In Suffolk County, Inc.

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The Mental Health Association in Suffolk County, Inc. (MHAS) is a nonprofit organization located in Suffolk County, NY and it is dedicated to promoting the mental wellness of local residents by means of support services, education and advocacy. MHAS is the region's "go-to" resource for mental health-related education, advocacy, support for individual (those experiencing mental health disorders and their families), and referral-to-treatment services. With a history of serving this grant's target area since 1955, MHAS is our collaboration's premium resource positioned and eager to anchor the multi-disciplinary partnership in: (1) the necessary knowledge regarding mental health services and (2) enabling maximum access to the target population. The recent merger between the MHAS and Clubhouse of Suffolk, whose mission is to assist people who are affected by mental illness to lead healthy, productive, addiction-free, and socially satisfying lives, will provide this collaboration with increased access to individuals affected by mental illness.

MHAS's role and commitment shall enable this project to succeed and thrive at the highest levels. Although MHAS has served our community for more than 50 years, its knowledge base is continually cutting edge and future-looking, and its practices integrate the best of historic collective wisdom with the newest thoughts and evidence based practices in the field. As such, the information provided to the other partnership members will be the deepest and broadest-in-scope available information regarding working with people with mental health disorders. The MHAS is an affiliate of Mental Health America and the Mental Health Association in New York State, Inc. As such, it is continually connected both proactively and responsively to the field's top experts nationwide, while remaining local in its constitution.

Contributions and Commitments

Our collaboration consists of three partners committed to the enhancement of service delivery to ensure comprehensive and holistic services are offered and accessible to each and every client. Our collaboration recognizes the steps needed to achieve this are formidable, and have committed to the focus of individuals who are victims of domestic violence, dating violence, sexual assault and/or stalking and are also suffering from Mental Illness. As the collaboration moves through the planning phase of this process, each partner is committed to objectively evaluating service delivery for survivors and collaboratively working toward our common goal of reducing stigma associated with mental illness, domestic violence and sexual assault, within each participating organization while endeavoring to achieve universal access to services.

The Collaboration Team Members are committed to:

- Attending the collaborative partner meetings. These will be held bi-weekly for four hours unless the collaboration determines a need to change the schedule to weekly, two hour meetings.
- Providing any agency updates to the collaborative partners during the meetings to keep all partners informed of any new programs, or changes in services.
- Reviewing Minutes and Agendas prior to the next meeting to ensure all members are prepared and focused for the anticipated tasks to be addressed/completed.
- Maintaining clear communication throughout the process. The members are committed to considering any suggestions, and addressing concerns so that ideas can be forged into best practices to achieve project goals and objectives.
- Maintaining the commitment to the project through the engagement of agency staff, executive staff and the Board of Directors.
- Working on deliverable activities between meetings to keep a seamless flow through the process.
- Maintaining compliance with reporting guidelines and deadlines.
- Attending all trainings/webinars required by Vera/OVW.

- Providing training to other collaboration members on each organization's area of expertise.
- Initiating changes within each organization to ensure effective service delivery to individuals with mental illness.

The Project Director is committed to:

- Coordinating and facilitating the collaborative partner meetings.
- Drafting agendas, minutes and documents for the collaboration and sending these out to the collaborative team members.
- Establishing the agenda for the meetings, and sending this out in advance to allow for collaborative input.
- Documenting the discussion from the meeting and sending out minutes to all of the partners.
- Drafting the initial deliverable documents for the collaboration to review.
- Serving as the primary contact for Vera and the Office on Violence Against Women (OVW).
- Communicating regularly to Vera for knowledge and feedback regarding adherence to OVW guidelines.
- Completing and submitting finalized documents to Vera/OVW for approval.
- Providing updates to lead agency management staff to ensure adequate oversight of the grant activities.
- Acting as a liaison for the fiscal agent overseeing grant activities.
- Participating in the Project Director Calls.
- Completing the semi-annual reports and upload these to Grant Management Systems as well as provide copies to each of the partners.

The individual agencies are committed to:

- Dedicating a minimum of 8 hours monthly to meet in person to discuss implementation activities that include a mix of relationship building, policy and

protocol development, improving accessibility and responsiveness, knowledge and skill building.

- Contributing material and space to support the work of the collaboration.
- Utilizing our newly-gained knowledge to review internal policies and procedures and make changes to refine outreach and facilitate access to services for the target audience.
- Making the agreed upon changes within each organizations that are identified and agreed upon by the collaborative team.
- Participating in cross-training of one another to educate the collaborative team members and agency staff on each partner's expertise.

The Lead/Fiscal Agent is committed to:

- Acting as the administrative agent and provide overall grant management including managing communications and administering sub-contracts.
- Employing the Project Director to coordinate and lead the collaboration.

Decision Making Strategy

The partners of Project BASE believe that a strong collaboration, which multiplies the benefit of each partner's experience, will be successful in making decisions that will affect change within each organization. Each member has agreed to identify the needs of our population and to identify any gaps in services regarding unmet needs of these individuals that exist within our individual agencies. The goals of both our vision and mission statements include bridging these gaps in services to ensure comprehensive support, universal access and treatment for all people. In order for Project BASE to successfully do this, the partners have identified methods to focus our collaborative discussions and to make clear decisions regarding the outcomes.

This collaboration will be working off of a “consensus” decision-making strategy. Wilson Strategies²² has developed an organized scale to simplify the process involved in consensus decision making. The term consensus can be defined as a general agreement among a group. The steps to reach consensus include initiating conversation among the group members that can help lead to further understanding, and finally agreement. As Project BASE is working to make sustainable changes at three organizations simultaneously, it is essential to ensure that each partner is in agreement before proceeding. Changes to specific policies and procedures at individual agencies may be necessary to accomplish improved services for victims of DV/SA/Stalking who also have a mental illness in Suffolk County. As our collaboration values the knowledge of all three partners, the overall benefit of each decision will be taken into consideration before final agreement and implementation. In order to avoid any miscommunication or conflict, this collaboration will utilize a five-degree consensus scale for decision making, adapted from Wilson Strategies. The table below shows different levels of agreement, what each level means, and questions to pose to assist the collaboration in reaching an agreement or understanding.

Level of agreement	Phrase	Definition	Questions to explore
1	No	Let’s do something else	<ul style="list-style-type: none"> • Can you tell us why you feel this way? • What parts of the solution don’t you like? • Is there any part of the solution you do like?
2	Wait	Can we change it?	<ul style="list-style-type: none"> • What additional information do you need?

²² http://www.wilsonstrategies.com/notebook_052506.php

			<ul style="list-style-type: none"> • What facts would make a difference?
3	Maybe	I have questions	<ul style="list-style-type: none"> • What parts of the proposal do you like? • What parts of the proposal don't you like?
4	Ok	It's good enough	<ul style="list-style-type: none"> • What could we do to make it better?
5	Yes	Let's do it	<ul style="list-style-type: none"> • All parties are in full agreement

Reaching Consensus: Using the Five-Degree Consensus Scale

Step 1: The group develops a plan of action to achieve a goal.

Step 2: Members ask questions and the facilitator will take polls. We will do this even if everyone is already in agreement. Our collaboration believes that continued discussion will increase the quality of the proposal and the groups understanding and commitment to the proposal. The members of the collaboration will be asked to rate their agreement to a particular plan of action by utilizing the 5-point consensus scale. The members of Project BASE have agreed to require verbal confirmation of all decisions. Any pause in response will require further discussion until each member is able to choose their level of agreement.

Step 3: The final step involves reaching an agreement on a decision, or deciding to change the strategy due to lack of agreement. The facilitator will continue to poll the group and promote further discussion until it is decided that the collaboration can move forward or will need to brainstorm a different plan of action.

Consensus is reached when the poll indicates that everyone is either a four or a five (proposal is approved); or a one or a two (proposal is dropped). When there is a deadlock, this collaboration has agreed to table the decision until all members have the opportunity

to research the idea and their position. Silence will not be taken as an indication of agreement or disagreement. While each partner is involved for the same goal of making sustainable changes within each organization to minimize stigma towards individuals living with mental illness who are also victims of domestic violence, dating violence, sexual assault and/or stalking, it is understood that solutions may not always be reached easily as each organization has different structures and goals involved in the process. If there is a situation where a particular issue raises a conflict within the collaboration, the Conflict Resolution Protocol will be followed.

Decision Making Authority:

Each of the three collaborative partners are agencies that are governed by a Board of Directors, with their own policies and procedures. Project BASE will operate recognizing that certain processes may be slightly different for each organization. The participants at the collaborative meetings will keep key agency staff informed of their process. As agendas are planned, the collaborative team members will ensure there is appropriate time to share the information with the respective Boards and set dates for decisions to be made, which can be referenced in our Communications section, under “Internal Communications”. The partners have discussed that for most decisions regarding actual policy change, the input and agreement of the Executive Director of each organization should be sufficient to move the changes forward. In cases where further approval from Executive Directors or Board Members is needed, the time frame will be outlined during each meeting to ensure the collaboration is able to stay on task.

Collaborative Authority:

The collaborative team consists of three primary members, with two alternates. The primary members include Marisa Curto, Project Director and representative for The Retreat Inc.; Kenneth Rau, Controller/Grants Administrator at Parent’s for Megan’s Law and Colleen Merlo, Associate Executive Director at Mental Health Association in Suffolk County. Parents for Megan’s Law has also assigned Deborah Felber, Director of Outreach/Support to the grant as she will work within this agency to help implement policy change, as well as act as an alternate for our collaborative meetings. Laura

Gigantino, Program Coordinator at Mental Health Association in Suffolk County will also assist with policy changes within MHAS and act as an alternate for the collaborative meetings.

The collaborative team has the authority to draft and approve all documents for the collaboration charter as well as documents and tools for the Needs Assessment and Implementation sections of the project. Each partner will provide a copy of the final documents to their Executive Director, prior to submission to OVW, for review and any additional input the Executive Director would like included. The collaborative team has the authority to approve or make edits to the minutes of each team meeting. If the primary members are unable to attend, and major decisions need to be made, the collaboration's primary group members have the authority to decide whether to hold or reschedule the meeting.

Project Director Authority:

The Project Director for Project BASE has the authority to draft all documents for the project, and present to the collaboration for review and input. The collaborative team has agreed that the Project Director will remain the single point of contact for both Vera and OVW. Therefore the Project Director has the authority to engage Vera for technical assistance regarding document and policy development, or any other support that may be required. The Project Director also has the authority to represent the collaboration at Vera or OVW sponsored events, and through the engagement of other grantees/collaborations. While the collaborative team has equal input into the scheduling and locations for all of the collaboration meetings, the Project Director is responsible for monitoring the schedule of meetings and tracking any time the group has spent together on the project, such as with meetings, webinars, trainings, etc. In the event a decision is needed and if every effort to reach collaborative partners has been made, the Project Director will make the decision by using best judgment and consultation with the Lead Agency Executive Director.

Board of Directors Authority:

Each organization in Project BASE is run by a Board of Directors. For most programmatic changes that may arise during this collaboration, the collaborative authority or respective ED should be able to approve and implement refinements or additions to policies and procedures. In the event that organizational changes are identified, each collaborative member will bring the changes to the Executive Director and Board of Directors for final approval.

Lead Agency/Fiscal Agent Authority:

The Lead Agency and Fiscal Agent for Project BASE is The Retreat, Inc. As the Lead Agency, The Retreat has the authority to make budgetary decisions after consulting with Project BASE team members regarding the collaborative budget. The Retreat will also be responsible for the review of quarterly vouchers, and dissemination of funding based on the vouchers.

Conflict Management Plan

As discussed during Collaborative Partner Meetings for Project BASE, it is anticipated that for most instances, the Decision Making Process will be used as informal conflict management. This should be sufficient in managing minor conflict, as the Decision Making Process provides a structured way to identify and explain any concerns involved in a particular process. The collaboration recognizes that this project is a work in progress, and further knowledge of each agency will need to be shared, and understood, in order to keep the project moving forward. Should the group undergo the informal method and still be at a standstill, the Project Director will implement the Formal Conflict Management Plan.

The formal plan will consist of structured steps to assist the group in identifying the area of conflict and how the conflict may affect changes within each organization. This plan will be utilized as any types of conflicts are discovered. The Project Director will be responsible

for taking notes during the discussion of each step to help in narrowing down any concern, and ensuring every part of the concern is addressed. The following structure will be used:

1. Define the issue; is the concern something that can be addressed within the collaboration? Is the issue something that can be changed through the collaboration? If the concern is not something that can be addressed or changed within the collaboration, the collaboration member will bring the concern to their respective agency for further action or resolution.
2. Discuss any tensions or concerns that may be affecting our communication process with one another. Each member will have an uninterrupted turn to express their concerns. During this step, the collaboration will be able to identify the basis of the conflict or concern. We will continue to use open dialogue to understand each perspective and will educate one another on their experience with the proposed idea, and work to relate the issue back to agency policy.
3. If discussion of the concern does not result in adequate understanding or resolution, the collaboration will table the issue within that meeting until all members have time to research their position and talk over the problem with their agency, and decide if the Executive Directors should be involved. Each partner will try to gather as much information as possible to re-convene and further discuss the issue. A second discussion would be added to the agenda for the next scheduled meeting.
4. After gathering the information, the group will work to define the problem that exists.
5. The group will then look for common ground . . . each agency will understand that no member is necessarily wrong or right, but will focus on the commonalities to reach a consensus.
6. The group will brainstorm solutions for the issue.
7. Evaluate solutions; The Project Director will make sure that everyone discusses the Pros and Cons of different alternative solutions to the problem/conflict.
8. Discuss implementation of the solution; determine if different members of the collaboration will have different responsibilities to carry out the solution.
9. If there is still disagreement, the group will move to mediation.

Mediation Process:

While this extent of conflict is not anticipated, the collaborative partners understand that for sensitive topics, further assistance may be needed in order to reach a solution. Any partner of this collaboration may request that we use an outside mediator to help the group resolve a conflict. This request will allow an objective outside individual to review the problem and work with the group for a mutually acceptable solution. During this grant period, Vera will act as the mediator. The contact information is:

Lisa Becker

(202) 465-8908

If the mediation process still results in no resolution or agreement, the Vera Associate will decide if another Vera staff member is needed, or if the Office on Violence Against Women will need to become involved.

Confidentiality Agreement

Project BASE is committed to maintaining the confidentiality of all clients served by the partnering organizations. Each partner recognizes that each of our work involves significant confidential information, that in order for us to collaborate and share experiences, some sensitive information may need to be shared for educational and training purposes, and to provide a base for positive changes at our organization. Project BASE will follow a clear confidentiality policy regarding sensitive information to ensure that pertinent information can be shared in a safe and secure manner so that the dignity and respect of all clients served will be maintained.

Team Member Confidentiality:

The partners in attendance at our collaborative team meetings are in agreement that all information discussed during these meetings is confidential. All documents drafted will remain confidential until each member has agreed that it is ready for review by Vera and eventual submission to OVW. It is also understood that part of the process of creating a successful collaboration involves building trust and comfort within the group. This process

may involve sharing personal examples or experiences. All of the information shared in this process is to remain confidential. As our work progresses, more of our shared information will become vital to the changes we will be making within each of our organizations. Once our team begins this process, a discussion regarding the sharing of particular examples will occur to discuss whether these experiences are needed as back-up or support for proposed changes within each organization. All shared examples will be reduced to generic information in order to maintain confidentiality.

Client Confidentiality:

As each organization works to provide education on their own specialty, it is understood that information may be easier to understand when related to a client's story. In such situations, the agency sharing the information will make sure to leave out any identifying information, or change identifying information to maintain the confidentiality of the client and the agency working with them. All information regarding name, date of birth, and any specific information that could be used to clearly identify an individual will be removed from an example. The group will also make sure to specify that sensitive information is being shared where appropriate to aid as a reminder to all partners that the information should not be used outside of the group. Our partnership recognizes that certain situations may present limitations to confidentiality, including mandated reporting and safety concerns.

Agency Confidentiality:

In evaluating each organization's policies and procedures, areas for improvement to facilitate access to individuals who are victims of domestic violence, dating violence, sexual assault and/or stalking and who are also living with mental illness may become evident. Each collaborative agency recognizes that through this learning process, the members may identify a policy, procedure or protocol within our organizations that could require an in-depth review to ensure that we are providing welcoming, safe and accessible services to survivors while meeting the needs of our target population. The collaborative partners have agreed that such discussions will occur in a safe, non-judgmental environment that will allow for education in order to initiate positive changes that are supportive of each

individual. All members of the collaboration will work to achieve access for these individuals and to identify areas for improvement within the organization's policies and procedures. The collaboration has also agreed that any discussion regarding the need for changes will be had within the core group before sharing the results and proposed changes outside of the collaboration meetings.

Mandated Reporting:

According to New York State Law, child abuse and maltreatment are addressed under the Mandated Reporting Law. Within this law, certain professionals, including Colleen Merlo, LMSW of Project BASE, are recognized as having an obligation to report cases of suspected child abuse and neglect when they are faced with reasonable cause while working with the child or caregiver. A complete listing of these professionals that are held accountable to the reporting standards can be found at:

<http://ocfs.ny.gov/main/publications/pub1159text.asp>.

These mandated reporters are required to report instances of any suspected child abuse or maltreatment (see glossary) when there is a reasonable cause to suspect abuse while performing their professional roles, regardless of the relationship of the person they are working with to the situation. Under the law, an abused child is one whose parent or other person legally responsible for his or her care inflicts serious physical injury upon the child, creates a substantial risk of serious physical injury, or commits a sex offense against the child. Abuse also includes situations where a parent or other person legally responsible knowingly allows someone else to inflict such harm on a child.

Under the Mandated Reporting Law, Licensed Social workers, Mental Health workers and other medical and human services providers are also mandated to report observed or suspected abuse of a mentally or physically incapacitated adult. According to NYS law S5451-2011, a "mentally or physically incapacitated adult" refers to an individual who is age 18 or older and is mentally or physically incapacitated to such a degree that the individual is unable to defend themselves or is physically or mentally unable to care for themselves.

In June 2013, The NYS Justice Center was formed to establish regulations regarding the abuse and maltreatment of incapacitated adults, and each collaborative agency of Project BASE is bound by this statute. Complete information regarding the new regulations can be found at: <http://www.justicecenter.ny.gov/>. With these new regulations, the collaborative partners are planning to review current agency policies and procedures and make any changes to accommodate the new regulations.

Project BASE partners are aware that clients may share experiences that reflect abuse that is inflicted upon themselves or others. For this reason, Project BASE will ensure that our reporting guidelines include procedures regarding third party and duty to warn reports. In most instances that an individual shares a situation causing the collaboration to have a “duty to warn” another individual about an imminent risk of harm, the collaboration will contact 911 and the party at risk whenever possible

The collaborative team also recognizes that the target population for our focus groups may share thoughts on suicidal ideation. Project BASE has discussed where focus groups will be held and procedures to follow should disclosure of suicide attempt or intention be made.

Each project partner has their own agency policies addressing mandated reporting. Each agency has a demonstrated history of protecting the safety (as defined in the glossary) of every client and reporting cases of suspected abuse or maltreatment in accordance with law. In the course of our collaboration each partner will interact with clients and may be exposed to situations of suspected abuse or maltreatment. Considering the expertise, experience and earnest concern for the welfare of children and/or mentally/physically incapacitated adults by each collaborative partner it is not anticipated that there would be any disagreement on deciding on the need to make a report. During our collaborative meetings, the partners have discussed who among the group is a mandated reporter by profession. Colleen Merlo, representative from MHAS is a Licensed Master Social Worker and therefore a mandated reporter by profession, while Marisa Curto and Ken Rau are not bound individually by mandated reporting; they are however bound by agency policy. For The Retreat, agency policy requires staff to independently contact 911 for any situation in

which an individual is in immediate danger. For instances of child abuse, it is policy that the staff or non-offending parent or guardian make a report to Child Protective Services. In an instance where abuse is suspected, the situation should be brought to the Clinical Director for direction on making a mandated report. Parents for Megan's Law agency policy requires that all staff, including employees and volunteers, immediately bring to the attention of a supervisor any suspicion of child abuse or maltreatment and any suspicion of abuse of a mentally or physically incapacitated adult. In cases where there exists the possibility that an individual in imminent danger a report will be made immediately. In cases where an individual is not in imminent danger, staff will discuss the facts with the Executive Director, or her designee, prior to a report being made. In instances where there is not imminent danger, the witnessing staff can discuss the situation with their immediate supervisor or Clinical Director prior to making a report. In instances of child abuse, staff will notify the Clinical Director and work to involve the client in making the actual report. In any situation in which a designated mandated reporter feels the need to make a report, the collaborative partners respect the expertise and professionalism of the partner believing a report is necessary and are in agreement to support the decision. The collaboration has also agreed that this individual will be responsible for making the actual report.

Our collaborative meetings have sparked discussion regarding each partner's own experiences working with individual clients, and in any situation, at least one partner may be able to offer some insight and expertise into the decision to make the report. All partners have also discussed the outcomes of such reports, including both benefits and further complications for each client. Possible outcomes may include an increased need for counseling and support for the individuals. In some instances, particularly regarding domestic violence, having police involvement may increase risk to the victim. Various safety concerns will be considered by the partners when deciding whether or not to make a report. The collaboration recognizes that situations may arise in which the DV/SA agency may delay a report until we can address these immediate safety concerns. For any reports that are made, all agencies will work to make the process as safe as possible for the victim. While many instances allow for the mandated reporter to discuss the need to make a report

with the client, the collaboration has discussed possible scenarios in which this may not be done. Examples in which the collaboration would make a report but choose not to inform the client of the report include whether the disclosure would put the client in imminent danger, whether the knowledge of disclosure will put the individual at risk after returning home, and whether the client is in an altered state at the time of disclosure, such as under the influence of medication, drugs or alcohol. In the event that two partners are witness to the same client/circumstances that indicate a need for report, the partners will address any immediate safety concerns, if possible, before making the report.

Project BASE recognizes that reports of abuse and maltreatment affect the confidentiality of clients. All cases will be handled strictly according to NYS law with the guiding principle being protecting the welfare children and/ or mentally/physically incapacitated adults.

Communication Plan

Project BASE is committed to regular and open communication, not only within the core collaboration group, but within the overall agencies. The following guidelines have been developed to ensure ongoing and open communication within the collaboration as well as in each individual agency.

Internal (Collaborative) Communication:

- Collaboration members will maintain clear and direct communication with one another.
- Collaboration members will keep the primary group, including Marisa Curto, Project Director and Retreat representative, Ken Rau, PFML representative and Colleen Merlo, MHAS representative, informed of any changes within their organization. This communication will happen during the collaborative partner meetings, and agency updates have been added as a standard component of the agendas. Changes that should be reported include agency structural changes and programmatic changes, as the collaboration is committed to utilizing each other's resources as referrals to individuals seeking services.

- The collaborative partners of Project BASE will maintain regular email/phone contact outside of the scheduled meetings, and it is anticipated that the group will be aware of any need to change attendees for the meetings. This communication will be maintained for ongoing decision making that may need to happen outside of the scheduled meeting. Agendas will be distributed prior to each meeting so that all partners are aware if any significant decisions will need to be made within the next meeting. The agendas for future meetings will be discussed at the end of each collaborative meeting, and the team has the authority to add and delete items from the agenda, on an ongoing basis, as well as to prioritize different items on the agenda. The Project Director will send out agendas in advance of the next meeting. The agenda will be sent no later than 2 business days prior to the meeting, but may be sent earlier than that. Notations on the agenda items will be made if major decisions must be made during that meeting. While the Executive Directors of each agency are apprised of every meeting, they will be formally invited to attend any meeting in which their input may be necessary to keep the process moving forward. The collaboration understands that their participation may either be in person, or via conference call.
- Meetings:
 - All collaboration team members will meet twice per month for four hours each. Meetings will encompass discussion of the collaboration's work, discussions to preface important decision making and finalizing products to be sent to Vera for review and submission to the Office on Violence Against Women.
 - The primary collaboration members have discussed the possibility of having a regularly scheduled day for the meetings. Due to each agency's obligations and the positions of the primary members, the group has decided to plan all meetings one month in advance. The last meeting of each month will have an added agenda section for the planning of the following month's meetings. This time will also be utilized to determine if there will be any rotation of meeting locations.

- Discussions from the meetings will be brought back to the agencies during regularly scheduled staff meetings.
- The meeting schedule may be adjusted to one 2 hour meeting each week during more intensive stages of the collaboration process.
- During the collaboration meetings, The Project Director will be responsible for taking notes and structuring the notes into “minutes” that can be sent to all partners.
- The group has utilized a Google drive to store documents for the collaboration charter. This method will continue to be used to share information and ensure easy access to all working documents as the tasks progress over time.
 - In the event that there are any problems with the Google drive, the partners will utilize email to send documents around for approval.
- Two of the collaborative partners have a dedicated “back-up” staff member that can attend the collaboration meetings in place of the primary group member. It will be the decision of the primary group members to allocate their “back-up” if they are unable to attend, or to reschedule the meeting to another, more convenient, time.
 - The primary member will ensure regular follow up with the designated “back-up” in between each meeting.
 - Primary communication for the collaborative partners is email correspondence. In the event of a last minute conflict that will affect a scheduled meeting, the partner with the conflict will reach out to the Project Director by phone. The Project Director will make sure the entire collaboration is notified, and will facilitate communication regarding whether or not to send the “back-up” staff member, or reschedule the meeting.
 - If a meeting will be rescheduled, the Project Director will have the responsibility of initiating discussion to schedule a new meeting time.

- If a primary member needs their “back-up” staff to attend a meeting in their place, it is the responsibility of the primary member to contact that staff and confirm their ability to attend.
- In a last minute circumstance, the alternate representative will be able to stand in for the primary partner to gather information and will relay the information back to the primary member in preparation for the next meeting. New meeting dates will only be scheduled with the primary partner representatives in attendance.
- If there is a situation in which a decision needs to be made outside of the scheduled meetings, and it is time sensitive, the Project Director will attempt to reach the collaborative partners by email/phone to relay the situation. The Project Director will provide each partner with information on time sensitivity and set a deadline for feedback regarding the decision.
 - Meetings will not be held if there is not representation from each organization. If the meeting cannot be rescheduled, the time frame of the following meetings will be adjusted to compensate for any missed time.
- Email:
 - Email communication will be used between actual meetings.
 - Emails will be sent to the group as a whole, unless the correspondence is only pertinent to one partner. General questions and updates will include all members to ensure the group is always on the same page.
 - Documents that are uploaded to the Google drive will then be “shared” via email notification. In the event of any problem with the drive, documents will be sent directly to partners via email.

Internal Communications:

- Each appointed team member is expected to notify the Executive Committee/Board of Directors of each member’s organization with the following information:
 - Status of documents for collaboration charter
 - Timeline of deliverables
 - Need for discussion of current policies and procedures

- This communication will occur on an “as needed” basis, determined by the completion of deliverables, and to ensure ongoing buy-in for the program.

External Communications:

- Vera
 - The Vera Institute is available to all collaborative members. Any partner contacting the Vera Institute independently will update the Project Director on the contact, or copy on the email to maintain open communication within the collaboration.
 - The Project Director will act as the primary contact with the technical assistance (TA) provider through the Vera Institute.
 - The Project Director will participate in twice monthly calls with the TA Provider. The Project Director will keep the collaboration team members informed of any feedback provided by TA provider, as well as any interest to take part in the collaborative team meetings.
 - The Project Director will also attend the monthly Project Director calls.
 - Vera Contact Information:
 - Lisa Becker, Senior Program Associate
Center on Victimization and Safety
Vera Institute of Justice
1100 First St NE, Suite 950
Washington, DC 20002
T: 202-465-8908
F: 202-408-1972
lbecker@vera.org
- Office on Violence Against Women
 - The Project Director will maintain primary contact with the Program Specialist through the Office on Violence Against Women.
- Media
 - Each organization utilizes their own social media outlets for the dissemination of pertinent information. The respective websites for each agency, with access to their media outlets, are as follows:
 - The Retreat: www.theretreatinc.org
 - Parents for Megan’s Law: www.parentsformeganslaw.org

- Mental Health Association in Suffolk County: www.mhasuffolk.org
- Each organization is able to post agency updates, newsletter information and current events through their websites and access to other resources the organizations may use.
- Each partner agrees to not make any claims or statements that will seem to represent another partner. Any collaboration information posted will be information that has been developed and/or discussed during our collaboration meetings and agreed upon prior to posting by each partner.
- In some instances, external media sources may seek access to particular information regarding the individual agencies, or work in relation to this collaboration. Each agency is dedicated to the collaborative Mission Statement and will follow its own structured media response plan should a request come into the individual agency. Should a request for information come to the collaboration, the collaborative partners will meet to discuss the request, and bring it forward to the Executive Directors for each agency prior to response. If the request for comment occurs at a time/place where the collaborative team is not together, the collaboration has agreed to utilize the following statement:
 - Project BASE is a collaboration funded by the Office on Violence Against Women to improve the accessibility of services to individuals in the community. Project BASE is committed to our collaboration charter, and to always working together as a team. A statement/comment will be released following the next collaborative meeting". The collaborative team members have agreed to utilize phone/email/cell phone contact to expedite a response.
- Each organization has staff dedicated to public relations for the agency. For any collaborative events that are planned in advance, each agency will inform their primary media contact of the event. For The Retreat, the Mental Health Association in Suffolk County and Parents for Megan's Law, the primary media contact is the Executive Director. Any opinions or personal

statements must be prefaced with a statement indicating it is personal and not necessarily a reflection of the collaboration's position.

- For The Retreat, the primary media contact is:
 - Jeffrey Friedman, Executive Director (631) 329-4398
- For Parents for Megan's Law/Crime Victims Center the primary media contact is:
 - Laura Ahearn, Executive Director (631) 689-2672
- For Mental Health Association in Suffolk County, the primary media contact is:
 - Michael Stoltz, Executive Director (631) 471-0427
- In the case of emergency/urgent issues regarding media attention, the collaboration will consult with the primary media contact for their agency regarding response. Each agency will acknowledge that they have not been able to confer with the partnering agencies, but that the program is committed to the development and implementation of policies and procedures that will assist each agency in better serving individuals with disabilities. The responding agency may also state that at the current time, the focus of our program is to better assist individuals who are victims of domestic violence, dating violence, sexual assault and stalking and are also living with mental illness. The collaboration meets twice per month to accomplish this, and discusses all updates and findings with each agency at a minimum of once per month. The following talking points have been discussed and agreed upon for use:
 - The agencies involved in the collaboration (Project BASE) are The Retreat, Mental Health Association in Suffolk County and Parents for Megan's Law.
 - Funding for the project is through the Office on Violence Against Women. The timeframe for the program is October 2012-September 2015.
 - The core members of the Collaboration are: Marisa Curto, Project Director and The Retreat representative, Colleen Merlo,

Associate Executive Director at MHAS and Ken Rau, Controller/Grants Administrator at Parents for Megan's Law. The collaboration has also assigned "back-up" members to the collaboration: Laura Gigantino Program Coordinator at MHAS and Deborah Felber Director of Outreach and Support at PFML.

- The project is focused on improving services within these three organizations, and making our services more accessible to people within Suffolk County.
- The purpose of the collaboration is enhance our service delivery systems by educating one another as well as agency staff to bridge gaps in services and to strengthen our responsiveness to the individual needs of those we serve.
- The collaborative partners and respective agencies are dedicated to the process involved in creating sustainable, systemic changes within each organization to better serve individuals with disabilities.
- The greatest risk age-range for domestic violence is 20-24 years.²³
- Most cases of Domestic Violence are never reported to Police.²⁴
- Domestic Violence is one of the most chronically underreported crimes.²⁵

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Disability Grant Program Work Plan

Award of Funds	October 2012
New Grantee Orientation	January 2013
Collaboration Charter	March 2013-September 2013
Approvals/ Submission	October 2013
Narrowing your Focus Memo	October - November 2013
Needs Assessment	October - December 2013
Conduct Needs Assessment/Develop Report	December 2013/January 2014
Approvals/Submission	December 2013/January 2014
Strategic Plan	February – April 2014
Planning and Implementation:	April 2014-September 2015

These deliverables are identified in Strategic Plan.

Examples:

Assessment Tools and Reports

Education and Outreach Materials

MOUs and Inter-Agency Agreements

Policies and Protocols

Promotional Materials

Training Curriculum and Supporting Materials

Glossary

The definitions provided for each term were discussed and elaborated on by the collaborative members of Project BASE. All reference information is provided to show the initial definition that sparked further discussion and expansion, leading to the completion of this list.

Abuse: Any action or contact by one person that causes harm to another person. Abuse can be physical, sexual or emotional and also includes putting an individual in a situation that creates a substantial risk of serious injury.²⁶

Abuser: The abuser is the individual who causes or attempts harm to someone else.²⁷

Accessibility: Project BASE is committed to ensuring barrier free and welcoming accessibility to services for individuals who are both survivors of domestic violence, dating violence, rape and/or sexual assault and living with mental illness. Accessibility of services refers to a structured environment that allows individuals to obtain the services they need/want and to participate in programs, events or community activities through physical, attitudinal and policy barrier elimination.²⁸

²⁶ <http://dictionary.reference.com/browse/abuse?s=t>

²⁷ <http://dictionary.reference.com/browse/abuse>

²⁸ <http://www.merriam-webster.com/dictionary/accessible>

Accommodation: Modifications or adjustments to a program, service, policy, procedure, work environment or job description that makes it easier for an individual with a disability to participate in the same way as an individual who does not have the disability.²⁹

Advocacy: Assisting an individual in fully articulating their particular situation and intervening in a particular process in the appropriate venue in order to ensure an individual is able to receive the same benefit or treatment as others in their similar situation. Advocacy includes ensuring an individual's rights are protected and access to necessary services are available.³⁰

Americans with Disabilities Act of 1990 (ADA): Passed by US Congress and signed into law in July 1990. This is the first comprehensive statement of equality for all people with disabilities. This act protects the civil rights of people with disabilities in all aspects of employment, in accessing public services such as transportation, and guarantees access to public establishments such as restaurants, stores, hotels, and any other building or location that are open to the public.³¹

Barrier: Something that prevents or discourages an individual from completing a task, accessing services or achieving progress. A barrier can be a physical structure, a misconception or process.³²

Charter: A document outlining the principles, functions, and organization of a group; a written document given as evidence of agreement.³³

²⁹ <http://dictionary.reference.com/browse/accommodation>

³⁰ <http://dictionary.reference.com/browse/advocacy>

³¹ <http://www.ada.gov/pubs/adastatute08.htm>

³² <http://dictionary.reference.com/browse/barrier>

³³ <http://dictionary.reference.com/browse/charter>

Choice: The opportunity for selection; having an alternative option. For Project BASE, choice refers to an individual being informed of their options and empowered to decide on their course of action.³⁴

Collaboration: A cooperative arrangement in which all members are working closely together to achieve a common goal. For this project, the collaboration is mutually beneficial among all parties, and the outcomes are expected to be more comprehensive than if the organizations attempted to achieve them independently.³⁵

Confidentiality: The promise or rule that places restrictions on sharing certain types of information in order to protect a person's privacy. Confidentiality refers to withholding any identifying information of an individual from someone else, and following a guideline that the information can only be shared when written consent is provided by the person whose information is at stake.³⁶

Consensus: General agreement among the members of a group on a particular topic. In order for there to be a consensus agreement, each participating party must have an equal responsibility in decision making as well as the steps projected after the decision.³⁷

Crisis Hotline: A number, available 24 hours per day and 7 days per week that offers support, information, emergency intervention and referrals by staff or volunteers who are trained in a particular issue and are knowledgeable about resources, to individuals in crisis.³⁸

Dating Violence: Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim.³⁹

³⁴ <http://www.thefreedictionary.com/choice>

³⁵ <http://www.thefreedictionary.com/collaborate>

³⁶ <http://www.merriam-webster.com/dictionary/confidential>

³⁷ <http://www.merriam-webster.com/dictionary/consensus>

³⁸ <http://dictionary.reference.com/browse/hot+line>

³⁹ <http://www.ovw.usdoj.gov/datingviolence.html>

Diagnostic and Statistical Manual of Mental Disorders (DSM): The text published by the American Psychiatric Association that provides a common language and standard criteria for the classification of mental disorders. The DSM is used in the United States and to various degrees around the world. It is used or relied upon by clinicians, researchers, psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies, and policy makers. The current version is the DSM-IV-TR (fourth edition, text revision). DSM-V is due to be released in the fall of 2013.⁴⁰

Disability: A functional limitation, or something that puts an individual at a disadvantage as compared to a general population.⁴¹

Discrimination: Making a distinction in favor of or against a person based on the group, class or category to which that person belongs rather than on their individual merit.⁴²

Diversity: The inclusion of different types of people in a group or organization; having variety.⁴³

DOJ: Department of Justice. This is a section of the United States Government whose role is to enforce the law, and to defend the interests of the United States according to the law. The Office on Violence Against Women is a section under the Department of Justice.⁴⁴

Domestic Violence: An incident or pattern of abusive behavior by one individual to his/her partner, spouse, child, direct family member or cohabitant. Examples include hitting, kicking, biting, shoving, restraining, slapping, throwing objects, sexual abuse/assault, emotional abuse, controlling, threats, stalking, harming or threatening to harm family pets or economic deprivation. Other examples include name calling or

⁴⁰ <http://www.psychiatry.org/practice/dsm>

⁴¹ <http://www.ada.gov/pubs/adastatute08.htm#12102>

⁴² <http://dictionary.reference.com/browse/discrimination>

⁴³ <http://dictionary.reference.com/browse/diversity>

⁴⁴ <http://www.justice.gov/about/about.html>

putdowns, isolation, withholding money, preventing partner from getting a job, intimidation.⁴⁵

Empowerment: The act of enhancing an individual's ability to make choices and accessing the information to do so. This idea also includes the act of helping an individual implement their personal choices into desired outcomes.⁴⁶

Imminent Danger: A situation in which you believe that death or serious physical harm could occur within a short time.⁴⁷

Intimate Partner: In reference to domestic violence, the term intimate partner encompasses more than just "domestic" relationships. An intimate partner does not have to be living in the same location as their partner, but still holds a close relationship. The relationship often has an emotional basis and there is a sharing of personal, private information between the partners. Examples of intimate partners include dating partners, caregivers, and separated or former spouses.⁴⁸

Intimate Partner Violence: This term is a newer term that quantifies many of the different types of violence towards an individual. This includes any violence towards a spouse or significant other, and can include physical and emotional violence, stalking, rape and sexual assault. This term is more inclusive than "domestic" violence as it clearly states that the relationship must be within an intimate relationship. "Domestic" violence has largely become associated specifically with married couples, and by changing the terminology, a new understanding of what this term entails is clearer to the general community.

⁴⁵ <http://www.ovw.usdoj.gov/domviolence.htm>

⁴⁶ <http://dictionary.reference.com/browse/empowerment>

⁴⁷ <https://www.osha.gov/as/opa/worker/danger.html>

⁴⁸ <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

Justice: The act of being fair and honorable in one's actions; doing what is appropriate and deserved. Also refers to an offender being held accountable for their behavior.⁴⁹

Maltreatment: Maltreatment is a type of abuse and occurs when an individual's mental, physical or emotional condition has been impaired, or an individual has been placed in imminent danger. When referring to a child or a mentally/physically incapacitated adult, maltreatment can refer to the failure of a legally responsible adult to exercise a minimum degree of care.⁵⁰

Mandated Reporter: According to NYS Law, a mandated reporter is a certain professional that is recognized as having an obligation to report cases of suspected child abuse and neglect when they are faced with reasonable cause while performing the normal duties of their occupation. Reasonable cause is any conversation or observation that would cause a person to suspect child abuse or maltreatment regardless of the relationship to the situation of the individual the professional is working with.⁵¹

Mental Capacity: For Project BASE, mental capacity refers to an individual's ability to understand, learn and/or to absorb information. This term is used in reference to an individual's ability to understand situations that are happening around or to them, and their ability to respond or seek appropriate assistance.⁵²

Mental Illness: Refers to a wide range of mental health conditions/disorders that affect a person's mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.⁵³

MHAS: Mental Health Association in Suffolk County. MHAS is a collaborative partner of Project BASE. Established in 1955 as a not-for-profit 501(c)(3) organization, MHAS is

⁴⁹ <http://dictionary.reference.com/browse/justice>

⁵⁰ <http://www.cdc.gov/violenceprevention/childmaltreatment/definitions.html>

⁵¹ http://www.ocfs.state.ny.us/main/prevention/faqs_mandatedreporter.asp#mandated

⁵² <http://www.merriam-webster.com/dictionary/capacity>

⁵³ http://www.nami.org/template.cfm?section=about_mental_illness

dedicated to promoting mental wellness by means of support services, education and advocacy.⁵⁴

Neglect: Failure of a legally responsible adult to provide sufficient food, shelter, clothing, supervision or medical care. Neglect is often used in reference to the care of a child, but can also refer to the care of an adult with limited cognitive or physical abilities, such as not maintaining hygiene and providing appropriate medication according to doctor recommendations.⁵⁵

New York State Office of Mental Health (NYS-OMH): This is a large, multi-faceted mental health system that serves more than 700,000 individuals each year. The Office of Mental Health (OMH) operates psychiatric centers across the State, and also regulates, certifies and oversees more than 4,500 programs, which are operated by local governments and nonprofit agencies. These programs include various inpatient and outpatient programs, emergency, community support, residential and family care programs.⁵⁶

OVW: Office on Violence Against Women. OVW is a component of the US Department of Justice. The mission of OVW is to provide federal leadership in developing the nation's capacity to reduce violence against women and administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault and stalking.⁵⁷

Person-First Language: Language used to identify an individual by who they are rather than by defining a disability or condition they may have.

PFML: Parent's for Megan's Law. A collaborative partner of Project BASE, Parents for Megan's Law and the Crime Victims Center is a not-for-profit, 501 c 3 organization dedicated to the prevention and treatment of child sexual abuse and rape, the provision of services to victims of violent crime, and elderly, disabled and minor victims of all crime.

⁵⁴ <http://www.mhasuffolk.org/>

⁵⁵ <https://www.ocfs.state.ny.us/main/psa/adultabuse.asp>

⁵⁶ <http://www.omh.ny.gov/>

⁵⁷ <http://www.ovw.usdoj.gov/overview.htm>

Violence directed against victims is an abuse of power, often directed at our most vulnerable, and must be met with unwavering resolve to hold perpetrators accountable, and provide victims with the support and services they need. Parents for Megan's Law and the Crime Victims Center is committed to informing victims of their rights, involving them in the decision making process, securing crime victim compensation to which they are entitled and treating every victim with respect and dignity.⁵⁸

Post-traumatic Stress Disorder (PTSD): This is a mental health condition that is triggered by a terrifying event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.⁵⁹

Rape: Sexual intercourse with another person without such person's consent; who is incapable of consent; or by forcible compulsion. State regulations regarding age of consent, capacity to consent and agreement to participate vary and must be considered.⁶⁰

Recovery: The process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.⁶¹

Re-Traumatization: A relapse into a state of trauma, triggered by some subsequent event.⁶²

Re-Victimization: The victimization of an individual who was victimized in the past; abusing an individual who has been abused in the past.⁶³

Safety: The feeling of security from hurt, injury or loss.⁶⁴

⁵⁸ http://www.parentsformeganslaw.org/public/about_lasso.html

⁵⁹ <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

⁶⁰ <http://www.rainn.org/get-information/types-of-sexual-assault/was-it-rape>

⁶¹ <http://www.merriam-webster.com/dictionary/recovery>

⁶² http://www.hhs.gov/opa/familylife/tech_assistance/etraining/trauma/avoiding/index.html

⁶³ <http://dictionary.reference.com/browse/victimization>

⁶⁴ <http://www.merriam-webster.com/dictionary/safety>

Serious and Persistent Mental Illness (SPMI): This applies to individuals 18 years of age or older and who currently meet the criteria for a DSM psychiatric diagnosis other than alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions. ICD-CM psychiatric categories and codes that do not have an equivalent in DSM-IV are also included mental illness diagnosis.

Additionally, the psychiatric condition must result in functional impairment that substantially interferes with or limits one or more major life activities due to a designated mental illness over the past 12 months on a continuous or intermittent basis.⁶⁵

Service Delivery: The process each agency follows in serving each client that is seeking assistance. Service delivery can be structured based on agency policy and procedures.

Service Provider: An individual or organization that is equipped with training and specific skills to offer assistance to individuals in need.

Sexual Assault: Any unwanted, unwelcome, and/or non-consensual sexual contact including the intentional touching of private or intimate parts over or under clothes, or forcing a victim to touch the perpetrator or another person in private or intimate areas.⁶⁶

Shelter: A safe haven, or temporary refuge for people who are trying to escape a violent relationship. A shelter not only provides a physical structure to live, but staff who offers support and assistance in healing and establishing a more stable living environment.⁶⁷

Stalking: This is classified when one individual engages in a pattern of repeated behaviors with no legitimate purpose that causes another person fear of physical harm or mental distress.⁶⁸

⁶⁵ http://www.omh.ny.gov/omhweb/guidance/serious_persistent_mental_illness.html

⁶⁶ <http://www.ovw.usdoj.gov/sexassault.htm>

⁶⁷ <http://dictionary.reference.com/browse/shelter?s=t>

⁶⁸ <http://www.ovw.usdoj.gov/aboutstalking.htm>

Stigma: This is the act of associating negative qualities with having a mental illness, or being a victim.⁶⁹

Support System: This refers to any individuals that offer support to the individual seeking services. The support system can consist of any individuals that are close with the individual, and may be from their family, work or school, or a community group.⁷⁰

Survivor: A person who experienced abuse or victimization and continues to function or prosper despite opposition, hardship or setbacks.⁷¹

Sustainability: The ability to sustain progress and maintain service delivery regardless of changes in organizational personnel or resources.⁷²

Trauma: A physical or emotional event that creates significant and lasting damage to a person's mental, physical and/or emotional well-being.⁷³

Victim: Someone who has been harmed by and suffers from the effects of actions performed by another person.⁷⁴

⁶⁹ http://oxforddictionaries.com/us/definition/american_english/stigma

⁷⁰ <http://www.merriam-webster.com/dictionary/support%20system>

⁷¹ <http://dictionary.reference.com/browse/survivor>

⁷² http://oxforddictionaries.com/us/definition/american_english/sustainable

⁷³ <http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx>

⁷⁴ <http://dictionary.reference.com/browse/victim?s=t>