

A.R.I.S.E.

Albany Respects Individual Safety through Empowerment

COLLABORATION CHARTER

a collaboration between
Equinox Domestic Violence Services
and
Center for Disability Services

Albany, New York

A.R.I.S.E. Collaboration Charter

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Introduction

Equinox Domestic Violence Services and the Center for Disability Services (CFDS) began meeting in 2010 to learn from each other about individuals with disabilities accessing domestic violence services in Albany County and the Greater Capital District region of New York State.

The group identified current gaps in service delivery, including:

- Limited access to safe, low cost alternative permanent or emergency housing/shelter/respite services due to long waiting lists;
- Lengthy approval processes and lack of daily living assistance care in shelters;
- Lack of disability awareness, accommodations, procedures and policies by victim services providers, limiting their capacity to assist women with disabilities who are victims of violence and abuse;
- Lack of domestic violence awareness, procedures and policies to enhance victim safety and offender accountability by disability services providers;
- Lack of safety planning and prevention resources focused on the unique needs of women with physical and/or intellectual disabilities, in formats that are accessible and available at both victim and disability services locations.

As the area's major disability and domestic violence services providers, Equinox and CFDS are positioned to create a permanent collaboration to prevent, identify, and respond quickly and effectively to violence against women with disabilities.

Belief in Collaboration - The relationship that has developed between Equinox and CFDS has been positive and fruitful, largely because each agency is flexible, friendly and open to innovation.

The agencies believe that working in close collaboration is the only way to succeed in improving outcomes for women with disabilities who are victims of violence and abuse.

We have named our Collaboration A.R.I.S.E. – Albany Respects Individual Safety through Empowerment.

This document is the Project ARISE Collaboration Charter and provides the details of the foundation of our work together.

Vision Statement

The vision of Project ARISE is a dynamic and sustainable network of services that are responsive and empowering for individuals with disabilities who are impacted by domestic violence and abuse in the Albany, NY area.

Mission Statement

Project ARISE will create an innovative system of supports and services for individuals with disabilities who are impacted by domestic violence and abuse by:

- Transforming cultures both individually and collectively through education and awareness;
- Strengthening agency response through the integration of knowledge and expertise;
- Bridging gaps and removing barriers to safety and justice; and
- Offering seamless, inclusive and accessible supports and services that exemplify dignity, respect and individual choice.

Values and Assumptions

Values are principles governed by morals and beliefs that we hold in high regard. Our values form the cornerstone of our work together and will guide our efforts to create systems changes within our organizations. Although we consider human rights and safety to be at the core of our work, we hold all of the following values as equally important:

Collaboration: Project ARISE believes that a successful collaboration will ensure our organizations' capacities to meet the needs of survivors with disabilities.

Safety: Project ARISE believes that all individuals should live free from fear, danger, harm, abuse, control, and violence. It is our objective to offer accessible services consistent with the needs, abilities and choices of individuals in order to promote a safe living environment and a safe service delivery system.

Self-determination: Project ARISE believes that everyone should have the right to act and live as independently as possible, without the demands, actions, or control of another. We believe that all individuals should have the opportunity to integrate choice into their lives and have the ability to make their own

decisions. We will nurture and support this belief in our service delivery system and in our organizational changes.

Empowerment: Survivors with disabilities will have the ability to exert control over many aspects of their lives. Our goal is to create a service delivery system within our own organizations in which survivors with disabilities can enhance their strengths and acquire the tools and supports necessary to implement their own choices affecting their safety, health, and well-being. As a collaborative team, all members' insights, opinions, and expertise will be heard, valued, and respected.

Service Recipient Driven: Project ARISE is mindful that survivors with disabilities are always at the center of our collaboration activities. Their life experiences, needs, challenges, and input will drive our decisions and initiatives. We believe that it is essential to obtain the input and feedback of those who are challenged by the difficult task of navigating systems not tailored to their specific needs. Their abilities and challenges will help to inform and provide us with a better understanding of what is required to successfully meet their needs in their pursuit of a safer life.

People First Language: People first language is a manner of speaking that puts the individual, not the disability or circumstance, at the center of the conversation. Our collaboration will be mindful of utilizing people first language and encourage other staff members to do the same.

Accessibility: Project ARISE believes that all survivors with disabilities should have access to services that can enhance their psychological, social, and physical well-being. Accessibility "levels the playing field", which means that anything offered and available to a person without a disability is also offered and available to a person with a disability. This includes the absence of physical/environmental barriers, the ability to communicate and be understood, attitudes of acceptance and respect, the absence of discrimination, the availability of necessary accommodations, and financial resources.

Use of Positive Labeling: Project ARISE believes that the use of certain words to describe survivors with disabilities can be derogatory and hurtful. It is extremely important to refrain from words or phrases that are considered offensive. We will educate others within our organizations regarding the use of labels such as handicapped, retarded, victim, suffering, and afflicted, which can have a negative connotation.

Non-judgmental: Project ARISE believes in respecting diversity. We strive not to impose our personal beliefs on others or to moralize about the circumstances

of others. We strive to refrain from labeling and to be impartial and unbiased, and will encourage this attitude within our organizations.

Physical Well-being: It is our goal that survivors with disabilities will attain a state of positive physical health, regardless of their physical challenges. Our objective is to create a service atmosphere that enables access to basic physical safety and to the care and treatment needed for maximum healing from an abusive experience.

Psychological Well-being: It is our goal that survivors with disabilities will achieve a positive psychological well-being, which is a state of cognitive and emotional balance free from fear and threat. We will strive to create a service atmosphere which offers stability, security, and safety. Our services will support the ability to heal from trauma and to adjust and respond to changing circumstances.

Confidentiality: The protection of health and other personal information is paramount in our work with survivors with disabilities. Project ARISE will respect survivor privacy to the fullest extent required and allowed by our two organizations, by the Federal Health Insurance Portability and Protection Act (HIPPA) and New York State Mental Hygiene Law (NYSMHL) and the Violence Against Women Act (VAWA). It is also our objective to safeguard the disclosures and contributions of the collaboration members. This value will be explained in more detail in the Confidentiality section of this charter.

Assumptions are beliefs that we perceive to be true based on facts, research, and our own professional experience. The following assumptions have been identified as beliefs that will influence, affect, and guide our work together with survivors of domestic violence and abuse who have a physical, developmental and/or mental health disability:

1. Equinox Domestic Violence Services staff has the desire to offer a service delivery system that meets the needs of survivors with disabilities.
2. Center for Disability Services staff has the desire to offer a service delivery system that meets the needs of survivors with disabilities.
3. Service providers to survivors with disabilities are not always aware of the signs and symptoms of violence or abuse and tend not to ask direct questions.
4. Service providers to survivors with disabilities do not always have accessible locations and are not always aware of how to work with cognitive and communication challenges.

5. Survivors with disabilities may have severely limited options if they choose to leave an abusive environment. They constitute a silent and invisible population.
6. Survivors with disabilities are more vulnerable to financial hardship and many have their money controlled by others.
7. Survivors with disabilities face significant barriers in accessing systems for appropriate services.
8. Survivors with disabilities wish to live their lives free of abuse and will utilize services designed to help them do so if available.
9. Survivors with disabilities are discriminated against based solely on their disability and/or abuse.
10. Survivors with disabilities often are prevented from leaving their abusive relationship due to financial and childcare concerns.
11. Women are most often the victims of domestic and sexual violence.
12. Service providers need to be more aware of survivors with disabilities and the special considerations inherent in their situations. Only then will access and outcomes improve.
13. Awareness of different cultural mores must be considered in identifying and addressing domestic and sexual violence.
14. Safety often is not available to survivors with disabilities because they have not disclosed the abuse, they do not consider the abuse as such, or the abuse is ignored by potential sources of help.
15. Survivors with disabilities are subject to judgmental attitudes by service providers who are unfamiliar with these issues.
16. Survivors with disabilities often internalize the inaccurate judgments made about them by society, such as holding them responsible for the abuse and labeling some as weak and helpless.
17. Survivors with disabilities frequently are not believed when they report abuse, an attitude that is intensified when a woman has a cognitive disability. This is used as an excuse for inaction by others.

Member Organizations and Collaboration Structure

Member Organizations

Equinox is a not-for-profit human services agency providing domestic violence, mental health, youth services and substance abuse treatment. Equinox operates Albany County's only comprehensive domestic violence services program, providing a 24-hour hotline, a 30-bed shelter, counseling, advocacy, elder abuse services, support groups and transitional living. In addition, Equinox coordinates the Albany County Coalition Against Domestic Abuse and provides community and professional education on domestic violence-related topics. Equinox Domestic Violence Services has a statewide reputation for its innovative efforts to increase accessibility for under-served populations.

Collaboration Representatives from Equinox:

Kathleen Magee has been Director of Domestic Violence Services at Equinox for 24 years, and has developed such programs as transitional housing, Elder Abuse Services, a collaboration to develop a domestic violence-specialized court in Albany, and program expansions to serve gay men and transgender victims of domestic violence. Prior to her work at Equinox, Ms. Magee was Executive Director of the Rape and Abuse Crisis Center, Binghamton, NY. She brings broad experience in domestic violence and sexual assault programming and management.

Alicia Borns, Outreach Services Program Director, Equinox Domestic Violence Services. Ms. Borns supervises daily operations of the non-residential program (advocacy, counseling and case management services) develops new programs to enhance client services, and coordinates community coordination and outreach. Ms. Borns has been with Equinox for over 14 years and has over 20 years experience in domestic violence services. She brings extensive experience in advocacy, program management and development, community collaboration and outreach.

Christine Rodriguez has served as Residential Services Program Director for Domestic Violence Services at Equinox for the past 14 years, including coordinating the expansion of the domestic violence shelter from 18 to 30 beds, spearheading efforts to make it accessible and welcoming to all gender identities, persons with different abilities, and cultural needs. Ms. Rodriguez has also been a leader in developing and managing the Domestic Violence Transitional Housing Programs. She holds an AAS in Interpreting for the Deaf from the National Technical Institute for the Deaf at Rochester Institute of Technology and a BA in Criminal Justice from University of Albany, State University of New York. Ms. Rodriguez has broad experience in community outreach, case management, emergency shelter and housing program development and management for domestic violence victims.

Kathryn Fletcher is the Senior Director for Residential Services for Equinox, Inc. responsible for administration and program operations for adult and youth residential programs, domestic violence services, admissions department, facilities department, and the supportive/intensive case management department. Ms. Fletcher holds a Master's Degree in Health Services Administration from Russell Sage College and has 28 years of experience in leadership of human services programs. Prior to her work at Equinox, Ms. Fletcher was a Network Clinical Coordinator for an Article 28 Diagnostic and Treatment Center and a Residential Coordinator for programs and services to individuals with disabilities. She has extensive experience in management of residential services, program management, and quality assurance.

Dan Godfrey is a Licensed Clinical Social Worker in New York State (LCSW-R) with over 20 years of experience both as a clinician and as an administrator. Mr. Godfrey's experience includes work with children, adults and families with a wide variety of service needs which include adjustment issues, alcohol and or substance abuse/dependence, intellectual and physical disabilities, psychiatric/behavioral disorders, and trauma recovery. He has extensive experience in the provision of evidence based services, in program growth and development, a thorough understanding of the recovery model, and person-centered services, and New York State regulations pertaining to outpatient clinics, mental health case management services and day programming.

The Center for Disability Services (CFDS) is a comprehensive services provider for people with disabilities with services in 14 counties in Upstate New York. CFDS provides services to more than 15,000 infants, children, adolescents, adults and seniors and their families; more than 300 different types of disability diagnoses including cerebral palsy, mental retardation, multiple sclerosis, autism spectrum disorders, Asperger's syndrome, epilepsy, spina bifida, and traumatic brain injury. CFDS' residential programs include supervised and supportive living, residential habilitation, community skills program, respite services. Education programs include the CloverPatch Early Childhood, Kevin G. Langan School – primary and secondary classes, summer school and an after school program. Adult services include sheltered work/pre-vocational services, day habilitation, technology center, seniors program, day trainings, vocational and supported employment. CFDS also operates a healthcare center which provides specialized primary care and dental services, neurology and other medical specialty services, physical medicine/rehabilitation and outpatient therapy services, and behavioral health services (psychiatry, psychological assessment and counseling).

Collaboration Representatives from the Center for Disability Services:

Donna Lamkin, MSW, is Chief Program Officer at CFDS, responsible for administrative oversight and program development of residential, adult day, education and service coordination, as well as quality improvement. Ms. Lamkin has over 30 years of leadership experience with programs and services to individuals with disabilities in the target area. She is parent to an adult daughter with a disability, and a Board Member of the Family Group, Inc., an advocacy and support group of 1,400 families whose relatives access CFDS programs and services, and chairs the Cerebral Palsy Association of New York's Guardianship Corp. Ms. Lamkin was selected because of her experience in developing and implementing new programs, supervision of clinical and program services, quality assurance and family support services.

Suzanne E. Beattie, Sr. Director of Quality Improvement at CFDS with over 20 years experience in the field of developmental disabilities with 10 of those years with Quality Assurance & Improvement programs. Ms. Beattie is responsible for the development and direction of agency efforts to integrate Quality Improvement/Assurance plans and programs for all services. The Quality Department for which Ms. Beattie is responsible includes maintaining compliance with regulations, trends, abuse prevention as well as developing and delivering training for staff at all levels to ensure compliance with regulatory and agency standards. Additionally, Ms. Beattie oversees the agency-wide Incident Management and Customer Satisfaction processes. The scope of her responsibilities includes programs regulated by New York State (NYS) Department of Health, NYS Office of People with Developmental Disabilities, and NYS Education Department, providing services to more than 12,000 individuals. In Ms. Beattie's role overseeing the Quality Department, she is a member of the Center's Executive Management Team and reports regularly to the CFDS Governing Board's Quality Assurance Committee.

Tawana Davis, Director of Quality Improvement at CFDS, has been working in the developmental disabilities field for 13 years. She is responsible for the development and direction of the Quality Improvement Department to include quality improvement and assurance initiatives across the organization. This includes managing quality improvement initiatives/systems in compliance with state, federal and local regulations, as they apply. Ms. Davis assumes a leadership role in working with the Senior Director and Deputy Executives in developing plans, processes, and reports as well as in the implementation of changes as needed. Ms. Davis also serves as an agency leader in supporting management and staff to improve the services delivered to all individuals served. Ms. Davis is the Affiliate Director of the Consideration of Others Program, responsible for ensuring that all staff receives diversity training during their orientation phase.

Lori Kearsing, Special Assistant to the President/CEO, has worked at CFDS for 31 years, with 27 of these years spent overseeing and managing healthcare and clinical services for persons with and without disabilities. Responsibilities and activities included regulatory compliance, budgeting and financial, staffing, marketing and business development, quality improvement and customer satisfaction, space planning, patient registration/scheduling, and general practice operations for the agency's outpatient healthcare clinic. Over the last year Kearsing's responsibilities have shifted to agency-wide project management and strategic plan implementation. Ms. Kearsing chairs the agency's Institutional Review Board and facilitates its agency-wide Nursing Council.

Christine Lenney, Senior Director of Service Coordination at CFDS is responsible for oversight of the Service Coordination Department, serving over 1000 people with disabilities, and their families. Christine's department offers programs administered by the Office for People with Developmental Disabilities as well as the Department of Health. Ms. Lenney has over 25 years of providing services for people with developmental disabilities both directly as well as in leadership roles. Ms. Lenney was an original facilitator for the National Coalition Building Institute Diversity Workshop for CFDS employees, and has participated in building agency wide curricula as well as delivering these training programs. Ms. Lenney is Co-Chair for the Cerebral Palsy Association of New York's Medicaid Service Coordination committee, and is a member of the state wide Medicaid Service Coordination Quality Committee

Collaboration Structure

Collaboration Team

All five people from Equinox

All five people from Center for Disability Services

Project Coordinator

The Collaboration Team will provide overall direction to the Project and is responsible for obtaining their agency's approval and cooperation for resulting policy, procedural and other changes recommended by the Team. The Team will determine and authorize external communication and serve as the Collaboration's primary contacts for their agencies. The Team will have final approval of the Project deliverables and other products, including semi-annual progress reports. Equinox, as lead agency, is the primary contact for OVW.

Core Group

Project Coordinator – Sherri Salvione

Equinox Representative – Alicia Borns and/or Christine Rodriguez

Center for Disability Services Representative – Lori Kearsing

The Core Group will be responsible for final draft deliverables being sent to the Collaboration Team, will define needs to move forward, pursue resources and has authority to make decisions on day-to-day operations.

Working Groups

Equinox representative(s)

Center for Disability Services representative(s)

Working Groups will be formed as needed and may focus on a specific task (drafting a deliverable) or on a subject area the Collaboration has identified as necessary to advance our mission. Working groups may be comprised of Collaboration Team members and also expand to include additional representatives from the agencies as the focus of the Collaboration's work is more fully defined (e.g., Center Health Services, MS group, Equinox DV training coordinator, etc).

Project Coordinator - The Project Coordinator will be responsible for assisting in the drafting of all deliverables, will assist in follow-up/accountability, meeting logistics, maintaining contact with technical assistance provider, requesting approvals on deliverables (from Vera Institute and from OVW), preparing and submitting semi-annual progress reports.

Sherri Salvione is the Project ARISE Coordinator and brings over two decades of community organizing and project coordination experience to the Collaboration. Ms. Salvione served as Public Policy Specialist with the New York State Coalition Against Domestic Violence, NYSCADV, where she worked in collaboration with victim services providers to improve federal and state policy impacting survivors of domestic violence. During her tenure with NYSCADV, Ms. Salvione coordinated the effort to expand access to New York State's Family Court for all victims of domestic violence to obtain a civil order of protection. Prior to this change in state law, Family Court access was limited to survivors who are married or otherwise related to their abuser or those survivors who have a child in common with their abuser. Ms. Salvione began her career in public policy as the Legislative and then Field Director of the Empire State Pride Agenda, New York's only statewide LGBTQ political and advocacy organization and oversaw the effort to pass the Sexual Orientation Non-Discrimination Act in New York. Her career remains dedicated to improving access and ensuring equality for underserved and oppressed people.

Contributions and Commitments

Equinox Domestic Violence Services is the lead agency awarded the funds to create a sustainable, accessible, and seamless service delivery system between our organizations for survivors with disabilities. Center for Disability Services is the local agency with disability expertise that has agreed to work in collaboration with Equinox in creating systemic change within both organizations to better serve survivors with disabilities.

Equinox Domestic Violence Services and their collaborative representatives will adhere to the following commitments and contributions:

- Organizational and professional knowledge, expertise, and guidance in the field of domestic violence and abuse.
- Commitment to implement and influence the organizational policy and procedure changes needed to accommodate survivors with disabilities.
- Commitment to all areas in the planning, development, and implementation phases including but not limited to collaboration charter, needs assessment plan and tool development, needs assessment report, strategic planning, and implementation of initiatives.
- Commitment to maintain continuous, open communication with all collaboration members regarding the progression of the project.
- Commitment of staff and time to attend all mandatory meetings and conferences, including five staff on the collaboration team.
- Communication with the agency Executive Director and Board of Directors to update them on the progress of the project and to present policy and procedure recommendations that will advance the purposes of this collaboration.
- Reporting of all updates and policy changes to staff members as this project progresses and unfolds.
- Employ the Project Coordinator.
- Ensure that all aspects of the grant agreement are understood and accurately represented.
- Gather the necessary information, insight, and feedback from Vera Institute in adhering to OVW guidelines.
- Coordinate, facilitate, and submit information, figures, and reports as requested and required by OVW.
- Act as the fiscal agent to receive, distribute, and manage the funds provided.
- Submit Semi-Annual Progress Reports and required Fiscal Reports to OVW.

Center for Disability Services and their collaborative representatives will adhere to the following commitments and contributions:

- Organizational and professional knowledge, expertise, and guidance in the field of physical and developmental disabilities.
- Commitment to implement and influence the organizational policy and procedure changes needed to accommodate survivors with disabilities.
- Commitment to all areas in the planning, development, and implementation phases including but not limited to collaboration charter, needs assessment plan and tool development, needs assessment report, strategic planning, and implementation of initiatives.
- Commitment to maintain continuous, open communication with all collaboration members regarding the progression of the project.
- Commitment of staff and time to attend all mandatory meetings and conferences, including five staff on the collaboration team.
- Communication with agency Executive Management and Board of Directors to update them on the progress of the project and to present policy and procedure recommendations that will advance the purposes of this collaboration.
- Reporting of all updates and policy changes to agency leadership and staff members as this project progresses and unfolds.

The **Project Coordinator** has some separate and distinct responsibilities from those of the other collaboration members:

- Lead and guide the work of the collaboration.
- Coordinate, facilitate, manage, and direct all collaboration activities.
- Encourage and support the ideas, initiative, and activities of all collaboration members.
- Serve as central support and contact person for collaboration members.
- Apprise all members of any changes and updates regarding the project either through meetings or email.

- Take meeting minutes and distribute to all members of our collaboration in a timely fashion.
- Maintain regular contact with Vera Institute, Accessing Safety Initiative.
- Assist in the preparation and submission of written products, including the Semi-Annual Progress reports, to OVW.

Decision-Making Process

Decision Making Process:

Support for and promotion of the Project ARISE mission and vision will be central considerations during all decision-making discussions or processes.

Project Arise will use consensus decision-making, utilizing the following Gradient of Agreement (from energizedwork.com):

- 5 = Endorsement. I love it.
- 4 = Agreement with reservation. Basically I like it.
- 3 = Mixed feelings or neutral. I can live with it and support it.
- 2 = Disagreement. I have trouble supporting it.
- 1 = Veto. I can't support it and I don't think we should move forward.

To reach consensus everyone on the Collaborative Team must vote and all votes need to be 3 (Mixed feelings or neutral. I can live with it and support it.) or above. Any number below 3 will result in continued discussion and if a resolution is not reached, the Collaboration Team's agreed upon conflict resolution protocol will be used to reach a consensus. Once a consensus decision has been made using this process, Project ARISE team members agree to fully support it.

Whenever possible to facilitate the voting and decision-making process, particularly when not all team members can be in attendance at a meeting, materials/information requiring decisions will be sent out in advance. Team members who cannot attend may submit their votes electronically. If any substantive changes are made to the material/information being decided during the subsequent meeting, the vote will need to be postponed until all members are available.

All decisions will be documented in meeting minutes.

Decision-Making Authority:

The **Collaboration Team** must approve the direction for all major project initiatives (e.g. collaboration charter, needs assessment plan, implementation plan), budget allocations for products or accommodations, and all final project deliverables and reports before they are forwarded to anyone else outside the Project ARISE collaboration team (e.g. agencies, Vera Institute, OVW).

The **Project Coordinator** is authorized to make decisions regarding day-to-day project activities such as meeting logistics and travel/lodging arrangements for guests (working within approved budget parameters), as well as when to seek technical assistance.

The **Core Group** works with and assists the Project Coordinator with compiling final deliverables for distribution to the Collaboration Team. It helps identify and define needs to move forward, revise action plans, pursue resources, seek clarification, etc. This information is then brought to the Collaboration Team for final decision-making.

Working Groups are formed as needed to research options and bring data/drafts/proposals to the Collaboration Team (on targeted tasks/topics) for final decision-making.

For decision-making regarding external communication please refer to the Communications Plan in this document.

Depending on the nature of the decision and agency policies/procedures, final decisions may be subject to OVW, Vera Institute, and/or individual agency leadership/governing board approval. The Collaboration Team is ultimately responsible for identifying decisions needing outside (i.e. outside the collaboration team) approval and ensuring that this approval is obtained before moving forward. The Project Coordinator is responsible for coordinating decision-making with Vera Institute and OVW. Equinox Domestic Violence Services Department Director and the Chief Program Officer at the Center for Disability Services are the liaisons responsible for coordinating decision-making with the respective agency's leadership/boards.

Conflict Resolution Process

Definition:

The process of resolving disputes or disagreements between people or groups involves using methods that include negotiation, mediation and diplomacy to eliminate conflict. Resolving conflict in a group setting is an opportunity to recognize that conflict is not always negative but offers the team a creative and productive approach for consensus and respect for each member.

Philosophy:

Project ARISE works with a collaborative team approach and has the vision of open communication and respect to solve disagreements that may develop. The philosophy and belief is that conflicts will arise, but each member will be professional and treat all members with respect in the attempt to resolve any conflicts or disagreements.

Process:

Project Arise will use the mutually agreed upon consensus based decision-making protocol to address all decisions required by the Team. When consensus based decision making is not able to bring the group or individuals to an agreement, a plan for addressing the disagreement must be utilized.

Project ARISE will utilize the following Conflict Resolution Protocol to guide us through conflict:

1. Acknowledge that a conflict exists.
2. Clarify the conflict.
3. Decide that the conflict can not be resolved utilizing our consensus based decision making strategy.
4. Determine the relevant parties* needed to address the conflict.
5. Decide if the conflict can be addressed immediately or does it need to be tabled and addressed at a later date.
6. Determine if a facilitator is needed and identify who should facilitate.
7. Conduct the conflict negotiation.
8. During the negotiation process parties will:
 1. Think "**we,**" rather than "**I versus you**" - working together helps solve conflicts.
 2. Keep in mind the **long term** relationship.
 3. Utilize these techniques/tools :
 1. Want to understand: "what you're saying is important"
 2. Active listening: "so what I heard you say", "I really want to understand"
 3. Ask questions: "would you share why this is so important to you?"
 4. Understanding: "I think I understand your position"
 5. Patience: listening
 6. Accepting: "I understand your position, but I still don't agree", "Can we agree to disagree?"
 4. Allow each party to tell their point of view without interruption
 5. Ask questions for clarification purposes
 6. Outline and sort the issues
 7. Review and jointly modify the issues
 8. Propose solutions
 9. Discuss the pros and cons of the proposed solutions
 10. Agree to a resolution

9. In the event that the conflict remains unresolved, a mediator (neutral third party) may be enlisted to identify mutually acceptable solutions.

*Relevant parties are Collaboration Team member who are not present.

CONFIDENTIALITY AGREEMENT

Confidentiality of the People We Serve

Project ARISE recognizes that in both the disability and domestic and sexual violence fields confidentiality is of utmost importance. We commit that our team will maintain an open dialogue around consumer/client confidentiality at all times. Our Needs and Assets Assessment Proposal will specifically focus on and make plans for confidentiality. ARISE will ensure survivor rights and maintain survivor-centered services.

Confidentiality ensures that information is accessible only to those authorized to have access, and this is an underlying principle of our work. Confidentiality is essential to the establishment of and atmosphere of confidence and trust between the professionals and individuals they serve.

Any information that is shared about a survivor of domestic and sexual violence with a physical and/or developmental disability will be secured as privileged information by all collaborative members. Personal survivor information would be shared within the collaboration only for purposes of better understanding the service needs of our target population, and not for individual case management. Any personal identifying information will be protected. Survivors with disabilities are especially vulnerable in relation to their safety, and strict boundaries regarding mandatory reporting will be honored in maintaining their confidentiality.

The planning and development phase of Project ARISE is designed to explore modifications and enhance the effectiveness of our current service delivery system without providing any direct services, thereby minimizing the likelihood of any disclosures of abuse. In addition, our collaboration has agreed to the elimination of all personal identifying information of our target population.

As all members of ARISE collaboration have mandatory reporting requirements, the collaboration recognizes that these requirements may eliminate or compromise some choices a survivor may choose to make. Therefore, prior to engaging in any discussion of issues of domestic or sexual violence when a vulnerable adult may be present, the collaborative will take the following steps.

- The individual who may be a vulnerable adult shall be made aware of mandatory reporting requirements and potential implications.

- This communication shall be conducted in a manner ensuring that the individual understands the law and its implications.
- Empowering individuals to determine if they want to continue a conversation and/or request that specific people are not present during the discussion.
- Personal information about individual participants in Collaborative meetings and communications should remain confidential and not be shared with anyone outside of the meeting/conversation in which this information was shared, unless permission is granted by the individual, verbally or in writing.
- Confidentiality and safety for participants in our Collaboration Team has also been discussed. We recognize that this work may not only be our chosen profession but also touch our lives personally. Personal disclosure on our team will be kept confidential, respected, and not shared or discussed.

Confidentiality of Collaboration Partner Information

The Project ARISE Collaboration acknowledges that the systems change focus of the Project will bring about the necessary disclosure of information regarding our two agencies with respect to policies, procedures, regulations, and service provision. Issues of a political and/or media-sensitive nature may also be involved.

We have agreed that this information will be held in confidence within our Collaboration, will be used only to guide and enhance our work together, and will not be used in any way that would be destructive to one or both of our agencies.

In addition, our work together may generate discussion of agency issues and challenges that may impact the Project and may involve other agency staff. This too will be held in confidence by our group.

Information about our agencies, consumers, clients, etc. collected or learned during any and all phases of the Project is subject to this Confidentiality Agreement.

Communications Plan

Guiding Principle: It is understood and agreed that for ALL communication – internal as well as external, via any medium – confidentiality and safety concerns will be paramount (see Confidentiality Agreement).

Internal Communication

There will be regular and ongoing communication between and among all Project ARISE team members, utilizing a variety of modes depending on the situation and timeframe.

This will include:

Full collaboration team meetings, facilitated by the Project Coordinator, at least 1x/month for up to 2 hours per meeting (frequency/schedule may be subject to change as the project evolves).

Meeting agendas will be drafted by the Project Coordinator and emailed to team members at least one business day before the meeting. Meeting locations will be rotated among (accessible) CFDS/Equinox sites to promote greater awareness and understanding of each other's programs and services.

Core Group meetings 2x/month (Project Coordinator w/CFDS and Equinox liaisons)

Working Groups will be created and meet/communicate as needed to complete specific tasks/subtasks; the workgroups report back to the full collaboration team within agreed upon timeframes

Non-attendance at scheduled meetings should be the exception as opposed to the rule. It is also agreed that in-person/face-to-face attendance at meetings is always preferable. However, it is recognized that this will not always be possible. Therefore when available, and needed to allow full participation, teleconferencing will be utilized.

Meeting "invitations" will be sent utilizing Outlook Calendar functionality to the greatest extent possible.

The Project Coordinator will utilize email as a primary mode of communication between regularly scheduled meetings. Collaboration team members will attempt to reply within 2-3 business days as practicable.

Phone and/or e-mail communication by and between any collaboration team member(s) is expected and encouraged as needed to inform, share, coordinate, clarify, etc.; particularly when dealing with time-sensitive content. The subject line on all emails

should be clear about the nature of the correspondence, and if/when a response is needed.

Confidential client/consumer/staff/agency information will never be shared via email or any other electronic means unless and until the email is known to be secure/encrypted.

Further it is agreed that potentially sensitive or controversial information is better discussed directly/face-to-face. Email will not be used for this type of communication. Care will be taken at all times to utilize good email "etiquette".

Minutes will be taken at all Collaboration Team meetings. The minutes should include any decisions that were made at the meeting as well as any open action items. Action items will be included on the agenda for follow-up or closure at the next meeting. The Project Coordinator is responsible for creating and distributing the minutes, with assistance from the agency liaisons as needed. Minutes will be distributed by email and be approved the next Collaboration Team meeting.

It is the responsibility of the Project Coordinator, the CFDS and Equinox liaisons, and the full Collaboration Team to ensure that relevant information is shared with the respective agencies in a timely and accurate manner.

At Equinox, project updates will be provided regularly to agency leadership and to Domestic Violence Services department staff. Project Updates will be delivered to the Equinox Board of Directors by Executive Leadership. Equinox Domestic Violence Services Collaboration Team members share a common agency project folder to facilitate information sharing.

At the Center for Disability Services, project updates will be provided regularly to Executive Management and agency leadership staff, who are then expected to share these updates with the staff in their areas. The "point person" for internal communication at CFDS is the Chief Program Officer. The Chief Program Officer is also responsible for keeping the Stewardship Group (CEO, CFO, CPO & Medical Director) and the Governing Board updated, and involved in any necessary communication and/or decision-making. The Center's Collaboration Team members share a common agency project folder to facilitate information sharing.

There will be a standing item on the agendas for each full collaboration meeting that encourages routine sharing of relevant agency issues and events. Additionally, any of the internal communication methods discussed above can and should be used to keep Project ARISE team members apprised of important issues that might impact the collaboration, depending on the nature and time-sensitivity of the issue.

The Project ARISE collaboration team values and encourages communication that:

- A. Is clear, honest and direct

- B. Is respectful and appropriate
- C. Is positive, constructive and flexible
- D. Embraces varied perspectives and new ideas/approaches (challenges the norm)
- E. Includes open, active, and patient listening
- F. Is inclusive; recognizes and appreciates different communication styles (and methods)
- G. Uses and Promotes the Use of "People First" language
- H. Facilitates cultural competence
- I. Acknowledges the individual expertise and experience that each team member brings to the collaboration
- J. Promotes learning, and increased awareness/understanding of each other's strengths and challenges
- K. Resists defensiveness
- L. Is frequent and timely

Accessible Communication – The ARISE Collaboration Project is dedicated to making all efforts to ensure accessible communication during all phases of the project.

External Communication

Key stakeholders include:

1. Women with disabilities in Albany County and their advocates, regardless of whether or not they have experienced DV and/or have been affiliated with either collaborating agency in any way
2. Related Disability/DV services provider agencies
3. Community healthcare providers
4. Respective governmental and regulatory officials (including the court systems, CPS, Adult Protective Services and OPWDD)
5. The media
6. The Albany County community at large

Point persons (Project ARISE Team Members) from each agency have been identified for all external communication (CFDS: Donna Lamkin, Chief Program Officer/Equinox: Kathy Magee, Director of Domestic Violence Services). These individuals are responsible to ensure that all potential communication with external stakeholders is vetted and approved through the two agencies' normal communication channels, and that there is agency agreement about what, how, how much, to whom, and when information (relevant to the collaboration) is to be communicated before any external communication takes place.

The frequency, type and amount of information shared with external stakeholders will vary widely depending on the situation. For example communication regarding the needs assessment piece of the Collaboration will be much different than communication

regarding a “crisis”. That said it is the philosophy of both agencies to maintain good public relations, accurate information dissemination, and good will with all forms of media and the public in general. Specific to the Collaboration, the two agencies share a commitment to cultivate and promote public awareness of and attention to the general (and pervasive) issue of domestic violence against women with disabilities.

Requests from the media will be handled utilizing normal agency channels. When necessary the spokespersons from the two agencies will work together, with their respective Executive Leadership/Governing Boards, to make the decision about how/if to respond, and to formulate a clear and consistent message. In the case of crisis communication, care will be taken to discourage sensationalizing by the media/public, to share information about the situation with the necessary discretion and professionalism and, when appropriate and possible, to use the opportunity to provide factual information that educates and informs the community on the broader issue of violence against women with disabilities.

The Project ARISE Collaboration Team members and our respective agencies recognize that our work must be informed by and include input from women with disabilities and/or those who have experienced domestic violence – throughout all phases of the project.

The Project Coordinator and other collaboration team members participate on a variety of state and local disability and/or DV committees and groups. When appropriate these contacts can be used to share information about Project ARISE and to bring back relevant information to the Collaboration Team.

Project ARISE expects to utilize all available tools and technologies to assist in ensuring any products created (brochures, trainings, etc.) are accessible to the broadest possible audience.

While all Project ARISE Collaboration Team members are able to contact Vera Institute/Accessing Safety Initiative or OVW directly as needed, it is agreed that all routine and ongoing communication should occur primarily by/via the Project Coordinator. This approach best promotes clear, consistent and efficient communication. When necessary some or all Collaboration Team Members will be included in these communications.

Draft Work Plan

This Draft Work Plan is an estimated outline of our activities based on current understanding of grant requirements and the established processes for the ARISE Collaboration Project. This is an evolving document that will assist us in tracking the evolution of the project. Our Collaboration agrees that tasks are not as important as relationship and in order to maintain an ongoing partnership the priority will always be to maintain our interpersonal and agency relationships.

The Collaboration Work Plan includes the following activities:

September 2011 – January 2012

- Orient to grant, construct team and attend first All Site Meeting

January 2012 – April 2012

- Getting to Know Each Others Agencies
- Develop Vision, Mission, Values and Goals of the Project
- Define Structure and Roles

May 2012 – December 2012

- Define Conflict Resolution, Confidentiality and Communications Agreements
- Complete Collaboration Charter

February 2013 – March 2013

- Create Needs Assessment Plan

April 2013 – June 2013

- Conduct Needs Assessment

June 2013 – August 2013

- Analyze Data and Create Needs Assessment Report

September 2013 – October 2013

- Development a Strategic Plan

November 2013 – December 2013

- Preparation for Implementation of Strategic Plan

January 2014 – September 2014

- Implement Strategic Plan and Project Activities Approved by OVW
- Build a Sustainability Plan
- Conduct final Project Evaluation

Glossary of Abbreviations and Key Terms

Equinox Commonly-Used Abbreviations

ACCADA – Albany County Coalition Against Domestic Abuse
ADA – Assistant District Attorney
CPS – Child Protective Services
DA – District Attorney
DCJS – New York State Department of Criminal Justice Services
DIR – Domestic Incident Report (generated by law enforcement)
DOH – New York State Department of Health
DSS – Department of Social Services
DV – Domestic Violence
IPV – Intimate Partner Violence
LGBTQ – Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
NYSCADV – New York State Coalition Against Domestic Violence
NYSCASA – New York State Coalition Against Sexual Assault
OMH – New York State Department of Mental Health
OP – Order of Protection
OCFS – New York State Office of Children & Family Services
OVS – New York State Office of Victim Services (formerly Crime Victims Board)
OVW – Office on Violence Against Women (US Dept of Justice)
SA – Sexual Assault
SV – Sexual Violence
TANF – Temporary Assistance for Needy Families
VAWA – Violence Against Women Act

Center for Disability Services Commonly-Used Abbreviations

ADA – Americans with Disabilities Act
ADL – Activities of Daily Living
APS – Adult Protective Services
ASL – American Sign Language
CDPAP – Consumer Directed Personal Assistant Program
CP – Cerebral Palsy
ED – Emotional Disturbance
FBA – Functional Behavioral Assessment
IL – Independent Living
ILS – Independent Living Skills
LD – Learning Disabled
LRE – Least Restrictive Environment
OMH – New York State Department of Mental Health

OPWDD – New York State Office for People with Developmental Disabilities
PWD – Person with a Disability
SAS – Supplementary Aids & Services
SBST – School-Based Support Team
SILC – State Independent Living Council
SSA – Social Security Administration
SSDI – Social Security Disability Insurance
SSI – Supplemental Security Income
SRO – State Review Officer
TBI – Traumatic Brain Injury
TTY – Teletypewriter
VESID – Office of Vocational and Educational Services for Individuals with Disabilities
VR – Vocational Rehabilitation
WEP – Work Experience Program

Commonly-Used Terms

Abuse: Any incident of maltreatment or neglect of an individual that causes physical, psychological, emotional, sexual, and/or financial harm to that individual.

Accessibility: The ease of use and navigation in one's environment, including the programmatic, communication, physical and attitudinal.

Accommodations: Any adaptations or changes to the programmatic, communication, physical or attitudinal environment that enables better access for people with disabilities. Some examples are widened doorways; curb cuts; specialized voice activated software; automatic doors; sensitivity training about disability and domestic and sexual violence; awareness of survivors' safety needs, including preferred mode of communication and use of alternative locations for services.

Barriers: Any obstructions, hurdles, or difficulties that impair one's access to the necessary and/or desired activities of daily life or to desired service delivery systems. Some examples are stairs; printed materials; lack of services in native language; doors with pull or push handles; standard telephones; negative attitudes of others, such as prejudging, stereotyping, discriminating, and disregarding safety.

Capacity: The ability to make informed choices about one's life and the ability to understand the consequences of one's actions and decisions. Capacity also means the ability of service providers to meet the specific needs of survivors.

Collaboration: A partnership between our two organizations to accomplish mutual goals and objectives that one organization alone could not achieve. Our Collaboration Team,

composed of 5 representatives from each agency, is committed to working closely together as a team to bring about systems change within both organizations.

Community Stakeholders: Other entities outside of our collaboration that will, at various points in our project, hold a key interest in our activities and outcomes.

Disability: According to the Americans with Disabilities Act (ADA), a physical or mental challenge that significantly limits one's ability to accomplish one or more major life activities, has a record of such physical or mental challenge, or is regarded as having such physical or mental challenge.

Developmental Disability: According to the NYS Mental Hygiene Law, one that originates before the age of 22; can be expected to continue indefinitely; constitutes a substantial limitation to the individual's ability to accomplish routine activities of daily living; is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment, autism, dyslexia, or any other condition resulting in a similar limitation of general intellectual functioning or adaptive behavior.

Discrimination: The act of treating a person or group differently based on race, gender, ethnicity, disability, sexual orientation, religion, age, and domestic and sexual violence; results from lack of knowledge and/or prejudice; involves inequality and lack of appreciation of diversity.

Diversity: The variety of differing abilities, ages, cultures, races, ethnicities, religious practices, political viewpoints, and sexual orientations within our society; the acceptance and appreciation of these differences.

Domestic Violence: The use of power and control by one person over another person to get what s/he wants; can take the form of physical, sexual, economic, emotional and psychological abuse; can be perpetrated by an intimate partner, family member, caregiver, other program participant, or other group home/shelter resident.

Economic Justice: Being granted financial equality, which includes access to one's own money, and the control over one's own financial matters; the absence of discrimination in housing and employment choices.

Negotiation: The process of working through a conflict utilizing discussion and compromise.

Physical Disability: According to the Americans with Disabilities Act (ADA), having a physical limitation acquired after the age of 22 that substantially restricts one or more major life activities; having a record of such limitations; being regarded as having such limitations. Some examples are multiple sclerosis, spinal cord injuries, stroke, paraplegia, etc.

Safety: The state of living free from fear, danger, harm, abuse, control and violence; the presence of environments that are nurturing and healthy.

Service Delivery System: A mechanism designed to offer and accommodate the specific needs and desires of survivors with disabilities.

Sexual Violence: The coercion of any sexual contact without consent. Non-consensual and unwanted sexual acts including but not limited to vaginal penetration, anal penetration, vaginal oral sex, penile oral sex, fondling of sexual organs and anatomy, exposing sexual anatomy to others, and masturbating in the presence of others.

Survivor: A person who has experienced or is currently experiencing a domestic or sexually violent event or situation; one who employs the strengths to persevere through the effects of the trauma whether or not s/he has acknowledged the abuse, is in the process of healing, or has recovered from the traumatic experience.

Systems Change: The process of modifying existing organizational cultures through policies and procedures within our organizations in order to bring about a more responsive and effective service delivery system for survivors with disabilities.

Target Population: Survivors of domestic violence with physical, developmental and/or mental health disabilities who live in the community (not in certified residential sites) are the focus of the ARISE Collaboration.

Appendix

This list (of links) is intended to centralize the location of information relevant to the work of Project ARISE.

[VAWA Confidentiality Provisions](#)

[HIPAA Privacy Rules for the Protection of Health and Mental Health Information](#)

[Understanding HIPPA, NYS Mental Hygiene Law and the Confidentiality of Mental Health Treatment and Information in New York State](#)

[NYS Office of Mental Health Guidance Documents](#)

[Albany County Department of Mental Health](#)

[Albany County Department for Aging - Adult Protective Services](#)

[NYS Office for People with Developmental Disabilities](#)
[NYS OPWDD Non-Profit Service Providers Section](#)
[NYS OPWDD Regulations & Laws Section](#)

[New York State Domestic Violence Program Regulations](#)

[New York Justice Works brochure](#)

[Justice Center for the Protection of People with Special Needs](#)

A.R.I.S.E.

Albany Respects Individual Safety through Empowerment

Project Talking Points

- “ARISE” – stands for Albany Respects Individual Safety through Empowerment.
- ARISE is a collaboration between Equinox Domestic Violence Services and the Center for Disability Services funded with a grant from the US Department of Justice, Office on Violence Against Women.
- Equinox Domestic Violence Services and the Center for Disability Services are committed to raising their agencies’ capacity to serve survivors of domestic violence with disabilities.
- ARISE has identified a target population that includes survivors of domestic violence with physical, developmental and/or mental health disabilities who live in the community (not in certified residential sites).
- The Project ARISE vision is a dynamic and sustainable network of services that are responsive and empowering for individuals with disabilities who are impacted by domestic violence and abuse in the Albany, NY area.
- The Project ARISE mission is to create an innovative system of supports and services for individuals with disabilities who are impacted by domestic violence and abuse.
- Project ARISE will work to transform our agencies’ cultures through education and awareness.
- Project ARISE will rely on each agencies’ knowledge and expertise to strengthen our response to survivors with disabilities.
- Project ARISE will work to bridge gaps and remove barriers to safety and justice for survivors with disabilities.