

CORE

Culture Of Respect and Empowerment



Independent Living Center of the Hudson Valley, Inc.



Sexual Assault & Crime
Victims Assistance Program

Samaritan Hospital

ST PETER'S HEALTH PARTNERS

A Rensselaer County Collaboration

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Introduction

CORE is a collaboration between Unity House Domestic Violence Services (UHDVS), the Sexual Assault and Crime Victims Assistance Program at Samaritan Hospital (SACVAP) and the Independent Living Center of the Hudson Valley (ILCHV).

CORE stands for Culture Of Respect and Empowerment.

Each participating agency has been serving Rensselaer County for many years. While we have worked together in the past, no formal collaboration such as what's being offered through this grant has been undertaken. We now have the opportunity to come together to utilize each agency's expertise and resources to improve services for people with disabilities.

The collaboration was granted funding from the Office of Violence Against Women (OVW) in October of 2014. This gave the team the opportunity to meet and to begin learning from each other's experiences and expertise. We quickly began to gain a better understanding of the barriers that people with disabilities experience when accessing domestic violence and/or sexual assault services. We realized that change would be needed to bridge these gaps so that people with disabilities could access the services they need and deserve.

Our collaboration recognizes the following:

- People with disabilities are an underserved population in the domestic violence and sexual assault service delivery systems.
- People with disabilities are at a greater risk for domestic violence and sexual assault.
- Trauma has a profound, lifetime impact that affects different aspects of an individual's life.
- Abuse of people with disabilities can be perpetrated by people including but not limited to intimate partners, caregivers, interpreters, personal care attendants, family members, service providers and strangers.

This charter references those who will partake in services as “participants”. CORE made this language choice to recognize that those who experience domestic violence and/or sexual assault may identify as a “victim” or “survivor” based on their personal preference. Additionally, people with disabilities often identify as “survivors” and not as “victims” of their disability. This choice of language recognizes that each person comes into the process with a different perspective and CORE is welcoming to all regardless of how they label themselves. CORE is also hopeful that program participants will actively engage with the program and be active with their choices to participate, consequently making those who partake “participants.”

Purpose of Charter

CORE seeks to create change within our agencies so people with disabilities that have been affected by domestic violence and/or sexual assault have access to services that are confidential, compassionate and empowering.

This charter was developed as the framework for our work together. It reflects our values and commitment to the project as well as each other. The charter provides structure to our work together to ensure continued progress towards change.

The development of this charter was an important first step in our building a true collaboration. The charter's development required that we share ideologies, personal and agency perspectives, and professional experiences working with the systems that attempt to address participants' experiences with domestic violence and sexual assault. We challenged each other and compromised when necessary for the good of the collaboration. As a result, we are a collaboration firmly committed to creating a system of care that is trauma informed, compassionate and empowering for participants.

We acknowledge there is much to be learned on our journey together. We believe this charter to be a living document and will revise the content to reflect the needs of our collaboration, organizations and for the participants who will be the beneficiaries of our services. It is our hope that participants will be better served in the future through systemic change. Systemic

change includes but is not limited to the creation of policy and procedures, increasing the competency of staff and the capacity of partner agencies to better serve participants for many years to come.

Vision Statement

All people with disabilities in Rensselaer County who have experienced abuse will be aware of and have equal access to a seamless, comprehensive network of care that is responsive, compassionate, trauma-informed, empowering and person-centered.

Mission Statement

The Mission of CORE is to ensure that people with disabilities have equal access to a comprehensive and seamless network of care created by partner agencies. This will be accomplished by:

- Nurturing the collaborative relationship through shared understanding, mutual trust and authentic communication.
- Utilizing and honoring both individual and organizational expertise.
- Strengthening each agency's response through improved policies and procedures, staff training, education, and removing attitudinal and physical barriers.
- Building each organization's capacity to serve.
- Utilizing the voices of people with disabilities, including those who have experienced abuse, to inform the process.

- Creating organizational change to develop a barrier-free, seamless and sustainable network of care within our organizations.

Values and Assumptions

Values

The members of CORE have created the following shared values that will inform our work together. Based on the values of our respective organizations and conversations exploring the similarities and differences between the three movements that shaped the work of our organizations, these values will help guide the work of the collaboration, our collective decision making and the interactions between collaboration members and the people we serve.

Respectful language: CORE values the language differences used by the collaboration organizations and their service users. For the purpose of this collaboration we will use the word “participant” to describe any person with a disability who has experienced domestic and/or sexual abuse. CORE will use positive language that is neither offensive nor derogatory when describing our participants and embrace the use of people first language. However, CORE will respect the individual’s choice on how they define themselves (survivor, victim, etc.) in order to meet them where they are in their journey.

Dignity: CORE recognizes the need for an individualized, holistic approach to care where dignity and safety should not be compromised in the process.

Authentic communication: As a collaboration, CORE values all of the voices around the table. Communication within the collaboration will be

respectful, trusting and open. We embrace each other's opinions and expertise, and encourage full and active participation from all collaboration members.

Safety: CORE believes that everyone has a right to live their lives free from violence and abuse. We understand what is safe for one person may not be safe for another. CORE will respect that individuals are the experts of their own experience and support their decision around safety.

Confidentiality: CORE believes that maintaining the confidentiality of our participants is of the utmost importance. We will respect and protect participants' confidentiality within our collaboration by securing any identifying information of the individuals we serve and by aggregately reporting any data to prevent dissemination of personal information.

Person-driven: CORE commits to a person-driven approach that values each person as an individual. A person-driven approach sees the person as an individual and values their unique life experiences. We commit to a person-driven approach and individualized care where the dignity of participants is valued. We will strive to ensure that participants are at the center of decisions regarding their care. We aim to create an environment where participants feel comforted and able to speak safely and without restraint.

Cultural Competency: CORE believes that cultural competency is achieved when behaviors, attitudes and policies come together in systems, agencies or among professionals to work effectively in cross-cultural

situations. CORE will continually move towards building cultural competency within our agencies with regard to people with disabilities.

Inclusion: CORE commits to creating a network of care that will be inclusive and engaging to people with disabilities that have experienced domestic and/or sexual abuse.

Non-discrimination: The network of care will welcome all participants regardless of race, ethnicity, age, gender, gender identity, sexual orientation, religion, socio-economic status and disability.

Self-determination: CORE believes that all people with disabilities have the right to control their own lives and make their own decisions without undue influence. The right to self-determination impacts a person's decision-making in response to the trauma they experienced and will play an integral role in the healing process.

Community driven: CORE values the voices of the participants whom our organizations serve. Including those voices will be essential to our collaborative work and we will commit to involving participants and using their voices and experiences to inform the work of the collaboration.

Trust: CORE believes that participants are experts in their own life experiences and we are committed to believing and supporting the participant.

Assumptions:

- Trauma has a profound, lifetime impact on people that affects their health, mental health, decision-making, relationships, social supports and future economic security.
- People with disabilities have experienced trauma in their interactions with multiple systems including medical, caregivers, residential, educational, social services and transportation. The reactions of participants who experienced domestic violence and/or sexual assault is compounded by the previous experiences of trauma over the course of their lifetime.
- Twenty five years after the passage of the American with Disabilities Act (ADA), barriers to people with disabilities still remain within our community. Our programs, as part of that community, also have barriers that prevent people with disabilities from receiving services.
- People with disabilities are at greater risk for domestic violence and sexual assault and they face unique obstacles to receiving supportive services.
- People with disabilities are an underserved population in the domestic violence and sexual assault service delivery systems.

- People with disabilities may have people in their lives who have the opportunity to exercise power and control including caregivers, interpreters, and personal care assistants. These situations are ripe for potential abuse. People may be reluctant to reach out for support because they are in fear of losing their caregiver, not being believed and losing their independence.
- Disability providers require more training on how to respond in a trauma-informed way to instances of domestic/sexual abuse. Domestic violence and sexual assault providers require more training on how to respond to people with disabilities.
- Domestic violence and/or sexual assault perpetrated against people with disabilities often looks different than abuse against those who do not have a disability. Such abuse can be subtle, but equally damaging. Because of the subtlety of these experiences, some victims may see the abuse as normal or unavoidable. In addition, victims may not seek help and hesitate to discuss the abuse at all.
- Many people with disabilities, especially those born with a disability or who acquired a disability early in life, are often subjected to segregated services, barriers in the community, over protective parents and social isolation. This limits social interactions with others and prevents them from having the same opportunities to experience and learn from healthy interactions. Due to this lack of experience, people with disabilities may be more vulnerable to domestic and/or sexual abuse.

Overview of Collaboration Partners

Lead Organization: Unity House of Troy, Inc.

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Unity House of Troy, Inc. has been in operation since July of 1971. Originally a faith-based organization, the agency grew in direct response to the emerging needs of its community, from collecting and distributing food and furniture to providing shelter for victims of domestic violence. Today, independent of its faith-based origins, Unity House is a not-for-profit in Rensselaer County, providing critical services for thousands of people every year. The agency's mission states that: Unity House is dedicated to enhancing the quality of life for...People living in poverty, adults with mental illness, victims of domestic violence, children with developmental delays and their families, people living with HIV/AIDS, and others whose needs can effectively be met by Unity House services and philosophy. Unity House Domestic Violence Services (UHDVS) is one division of Unity House of Troy, Inc., and is the only New York State licensed domestic violence residential and non-residential services program in Rensselaer County. Unity House Domestic Violence Services program is staffed and supervised by individuals who are highly qualified, well-trained and deeply committed to providing services to victims of domestic violence in a respectful and dignified manner that does not compromise victim safety.

Joanne Battaglia, Project Coordinator, has been with Unity House for four years as a Housing Case Manager and the Domestic Violence Liaison (DVL). As the DVL, Joanne helped build a working relationship with the Department of Social Services (DSS) which proved to be beneficial for assisting our clients trying to open a public assistance case. Joanne conducted safety assessments for clients and if they were found to be eligible, provided them with waivers, temporarily suspending certain DSS requirements in order to open a case while retaining their safety. Joanne brings to the table her ability to develop and sustain relationships with community partners. She has a strong desire to help people who have been affected by domestic/sexual abuse on a bigger scale and believes people with disabilities are underserved and is proud to be a part of a team to make positive changes in our community.

David R. Warren, Service Director of Domestic Violence Services at Unity House of Troy Inc. Mr. Warren has worked at Domestic Violence Services for over eight years, formerly as the Police Advocate, and more recently as a Program Director supervising criminal justice services and data management. During his tenure, Mr. Warren has developed and presented numerous trainings in the community, including curriculums on intimate partner violence, elder abuse, and teen dating violence. Mr. Warren received his Bachelor's Degree and Master's Degree from the State University of New York at Albany and earned his Juris Doctor from Albany Law School in 2015.

Independent Living Center of the Hudson Valley, Inc.

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The Independent Living Center of the Hudson Valley (ILCHV) is a non-residential non-profit organization serving and advocating for the rights of people with disabilities. Established in 1987, ILCHV is consumer managed and run; people with disabilities comprise most of the board of directors, management, and direct service staff. ILCHV promotes a world in which people with disabilities enjoy the same right for self-determination, economic freedom, and full and equal participation in community life as their non-disabled peers. Direct services include information and referral, peer counseling, nursing home outreach and transition, architectural barriers consultation, independent living skills training, assistance securing housing, transportation and benefits, employment training and placement, services to students and their families, and support groups. On a system level, ILCHV is an advocate for equal rights and access for people with disabilities. ILCHV works with elected and appointed officials and government officials to ensure policies and laws meet consumer needs. They educate the community, provide technical assistance to policy making bodies, and serve on committees and boards to advocate for disability rights.

Denise Figueroa, Executive Director of the Independent Living Center of the Hudson Valley. Ms. Figueroa has been active in the disability rights movement for over 35 years. She has been with ILCHV for 28 years, with

offices in Troy and Hudson, New York. Ms. Figueroa is the former Chair and member of the New York State Independent Living Council. She is also a member of the Board of Directors of the Capital District Transportation Authority and served as Chair of the board for three years. Ms. Figueroa is a public member of the Most Integrated Setting Coordinating Council and a member of the Justice Center Advisory Committee. She served as the Chair of the New York Association on Independent Living for five years and also served as the President of the National Council on Independent Living for four years. During her tenure, the Council established an office in Washington, hired an Executive Director and more than doubled its membership. She served as a Board Member of the American Association of People with Disabilities. Ms. Figueroa holds a Masters Degree in Rehabilitation Administration from the University of San Francisco and lives in the Capital Region of New York state.

Barbara Devore, Director of Development for ILCHV. Ms. Devore is responsible for working with staff to design programs and seek out funding to support the organization's mission of creating equality for people with disabilities. Prior to coming to ILCHV in 2011, she worked in the field of public health for over 20 years, creating, and managing both primary prevention and secondary prevention programs. She began her career at the state vocational rehabilitation agency, supporting the growth of independent living centers throughout the state. As a woman with a disability, Ms. Devore has experienced firsthand the lack of access to jobs, health care, housing, and potential for violence that negatively impacts independence.

Sexual Assault and Crime Victims Assistance Program at Samaritan Hospital

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www.nehealth.com/sacc

The Sexual Assault and Crime Victim's Assistance Program (SACVAP) is committed to reducing the trauma of sexual assault, crime, and violence, as well as providing community education for its prevention. SACVAP is dedicated to creating a supportive, caring environment for victims/survivors and their families to enhance the healing process. Services provided by SACVAP include: counseling and therapy, support groups, medical accompaniment and advocacy, legal advocacy/counseling, information and referrals, and forensic nurse examiners. Services are available for all victims of crime, including primary and secondary victims, regardless of when the crime occurred and/or race, class, ethnicity, gender, gender identity, sexual orientation or ability. SACVAP services are free, confidential and are available 24 hours a day/ 7 days a week at our main office location, satellite offices, or elsewhere in the community. SACVAP staff are also available to conduct community education programs, primary prevention programs, or professional trainings.

Lindsey Crusan, Director of the Sexual Assault and Crime Victims Assistance Program for Rensselaer County at Samaritan Hospital in Troy, NY. Ms. Crusan has been with SACVAP for the past eight years. She also serves as the Coordinator of the Rensselaer County Sexual Assault Response Team (SART), which she has overseen for the past five years.

Lindsey has worked extensively with victims of sexual assault and other traumatic crime in a variety of settings as a counselor; provided crime prevention education programs to students and community members; offered professional trainings for colleagues in allied fields who interface with crime victims; and has worked collaboratively with organizations to ensure that victims are receiving appropriate responsive services.

Sandra M. Stopera, Disabilities Counselor for the Sexual Assault and Crime Victims Assistance Program for Rensselaer County at Samaritan Hospital. Ms. Stopera has been working in the field of Rape Crisis and Victim's services since 2001 as a Disabilities Counselor, a Child Advocate, a Victim Liaison, a Crisis Counselor, and a Prevention Educator. She is a trained sexuality counselor and has presented at National and International Conferences about reducing the risk of sexual abuse for community members living with disabilities. Prior to that Sandy worked in the fields of Pregnancy Prevention, Disabilities Service Provision and Early Childhood Education.

Contributions and Commitments

Each member of CORE is committed to creating positive change necessary to develop a person-driven network of care between our organizations for people with disabilities who have been affected by domestic violence and/or sexual assault.

In order to effectuate our vision and mission of this project, the respective partners and their agencies agree to the following contributions and commitments:

Project Coordinator commits to:

- Lead and guide the work of the collaboration and ensure continued movement forward in order to meet project goals.
- Serve as the contact person for collaboration members and coordinate and support communication among members.
- Advise partners of any changes or updates in a timely manner.
- Coordinate and facilitate collaboration meetings.
- Provide agendas and meeting minutes for collaboration meetings.

- Draft deliverables, obtain feedback from partners and incorporate feedback into final version of deliverables.
- Determine the level of agreement on deliverables and project decisions before finalizing and moving forward.
- Submit deliverables to Vera upon partner approval.
- Serve as the primary contact for Vera and OVW.
- Maintain regular contact with Vera.

Collaboration Partners commit to:

- Serve as agents of change within our own agency and assist with and influence change within other community organizations.
- Maintain a passion for the mission of CORE by committing the time and effort necessary to make the collaboration succeed.
- Be active participants in the CORE collaboration and to commit to representation at all scheduled meetings and trainings.
- Maintain consistent and open communication with collaborative partners throughout the progression of the project.

- Provide requested information, collaboration reports, and project feedback in a timely manner.
- Share knowledge and perspectives, unique to each partner, with other collaborative partners while accessing and utilizing the knowledge and information offered by them.
- Foster sustainable change for our project participants in our community.
- Respect the individuals who participate in the collaboration and give thorough consideration to their thoughts and suggestions.
- Maintain a sense of humor.
- Always keep the focus of our discussions on creating a system that meets the needs of people with disabilities who have experienced domestic violence and/or sexual assault.

Decision Making Authority

CORE values the knowledge, expertise and experience of each partner on the collaboration. The following outlines the specific areas of authority partners have on behalf of the project:

Lead Organization: UHDVS

- Making fiscal decisions after consulting with partners.
- Hiring, terminating and supervising Project Coordinator.
- Terminating MOU partnerships.
- Consulting with partners on the allocation of discretionary funds.
- Submitting progress and financial reports as required by OVW.
- Requesting extensions to OVW with partner agreement.

Team Members: UHDVS, ILC, SACVAP

- Creating and approving the content of project deliverables, as well as revisions of this content.
- Changing collaboration configuration, including changes in who is representing each agency, adding or removing partners, and adding or removing specific individuals.

- Making decisions that impact the direction and goals of the project such as: anything that affects project deliverables, developing priorities and processes.
- Determining the direction and goals of the collaboration.
- Reviewing and approving meeting minutes for accuracy.
- Approving/requesting changes to agenda.
- Identifying whom from their agency should attend webinars offered by Vera and OVW sponsored in-person events.

Project Coordinator: Joanne L. Battaglia

- Consulting with Vera and/or OVW regarding development of deliverables and other forms of support.
- Organizing meeting dates, times and location.
- Submitting deliverables to Vera upon partner's approval.
- Seeking outside guidance from other Project Coordinators through the Project Coordinator list, Project Coordinator meetings and when suggested by Vera.

Decision Making Process

Consensus decision making is a process that engages the group and creates a shared understanding through discussion that bridges differences. It builds trust and results in more effective implementation since all partners participate in decisions. Utilizing this model, CORE's goal is to gain a mutual understanding and to reach agreements to support decisions for the benefit of the group and project overall. We realize not all partners will agree on every decision for the project but we commit to listening to all perspectives and mindfully finding a solution that reflects our shared values and goals.

When a decision is being discussed and made, we will utilize a check-in process to come to a consensus on the decision. The check-in process will not only ensure all partners have all the necessary information to form their own opinion on the decision, but to also determine if we are all in agreement and ready to move forward or if we need to discuss it further. If a consensus is reached, the decision will be finalized and the collaboration will move forward. If a consensus is not reached, partners will indicate where they stand on the topic based on the following:

- 1) Agree- indicates the partner is in full agreement and is ready to finalize the decision and move forward.
- 2) Neutral- indicates the member has conflicting thoughts on the decision but is able to agree and move forward.

3) Disagree- indicates member needs more information to make their decision or does not agree and is not able to move forward. The group will work together on identifying the conflict and finding a resolution or determining an alternative decision and to provide all information necessary to come to a decision on the matter.

The Project Coordinator will periodically check-in with partners to reassess where we stand on decisions that are being made. Once a consensus has been reached, the Project Coordinator will conduct a final check-in before moving forward.

In order for a decision to be made and finalized the check-in process must determine that each partner agrees to move forward.

In an instance where a decision cannot be made, the group will utilize the following conflict resolution process to help guide us to a resolution.

Conflict Resolution Process

The partners of CORE share many of the same values and goals and commit to working diligently together to meet the needs of our project. We value and respect the experience, perspective and opinion of each member. We recognize that conflicts may arise in our work together; however, CORE believes that working through the conflict in a problem-solving way and finding a mutually agreeable resolution builds strength and understanding that will help build the foundation to a sustainable collaboration. Potential conflicts may include:

- Philosophical issues between partners or their agencies.
- Conflict in delivery systems outside of the collaboration with common participants.
- Personal conflict between partners.
- Violations of Memorandum of Understanding or agreements.
- Conflict of interest due to competitive funding sources.
- Restrictions placed by funders on populations served and services.

CORE has outlined the following steps that will be taken to reach a resolution to any conflict that might arise:

1. Acknowledge that a conflict exists. Through our check-in process we will determine if there is a conflict.
2. Clarify the conflict and identify the specific issue with the conflict.
3. Get each partner's viewpoint of the conflict.

4. Discuss possible solutions to the conflict, including an analysis of the pros and cons to each possible solution.
5. Listen to other partner's perspective with respect and an open mind.
6. Table the discussion if a break is needed. Any partner can suggest this step at any time so long as all partners agree on the postponement.
7. Utilize our agreed upon consensus based strategy.
8. Reassess the situation to find out if an agreement has been made. Repeat process if necessary.

If a resolution cannot be attained

If a resolution cannot be attained, CORE will table the discussion and seek outside support for guidance. Any partner can suggest this step at any time so long as all partners agree.

CORE will pursue the following options with each partner's approval:

- The collaboration may seek assistance from other collaborations that may have faced similar challenges. The team may consult with Vera Institute of Justice for a referral to an appropriate collaboration on that specific topic.
- If a resolution cannot be attained by consulting with other collaborations, the team may contact Vera for guidance.

- If a resolution cannot be attained with assistance from Vera, the team may engage OVW in assisting the collaboration on finding a resolution.

Such support might include other collaborations who might have experienced similar challenges, the Vera Institute of Justice or the Office on Violence Against Women (OVW). Partners will agree on which resource we will contact for the conflict.

Confidentiality

CORE believes that confidentiality is essential in both our agencies service delivery and within our collaboration partnership.

Protecting participant's confidentiality can mean the difference between safety and harm, even life and death.

Protecting confidentiality helps build and maintain trust and cultivates open dialogue to ensure proper service delivery for participants and for our collaboration partnerships.

We recognize that confidentiality within our collaboration is critical to our work together. With this in mind, CORE has agreed and committed to the following confidentiality protocol.

Confidentiality of Collaboration Partners

CORE's work together is based on trust and respect. This foundation allows our collaboration to maintain an open dialogue regarding confidentiality while protecting the privacy of our organizations. Sensitive information that will remain confidential include, but is not limited to:

- Views/issues within organizations.

- Policies and procedures that may be discriminatory, create barriers to services or re-victimizing.
- Issues related to personnel matters.

CORE also recognizes that each participating organization has their own confidentiality policies and will respect such policies.

The Project Coordinator will not document any confidential information in our projects meeting minutes. Collaboration partners will keep any and all information in the meeting minutes confidential.

Partners will keep any and all information discussed at the meeting about partner agencies and participants confidential unless expressly authorized.

Confidentiality of Participants

Confidentiality is of the utmost importance in building trust and maintaining the safety of the participant. Establishing this trust is critical to engage participants.

CORE recognizes that due to the size of our community even the most basic information about a participant could potentially lead to identification of that individual. Therefore, we will not discuss information regarding the

participants we serve. Identifying client information that will not be shared includes, but is not limited to:

- Names of participants, family members and perpetrators
- Addresses
- Contact information
- Date of birth
- Identity of guardians
- Sexual orientation
- Race, ethnic or religious identity
- Information regarding a person's disability
- Place of employment
- Appearance
- Service providers and/or services they receive
- Case details

However, if there is a case that would be beneficial for our project and prove to be a learning experience, only general, pertinent information will be discussed with no identifying information, unless expressly authorized by the participant. CORE will utilize the confidentiality release form specific to our project to assure informed consent (See Appendix II).

CORE also recognizes that there may be referrals among partner agencies as a result of our collaboration. No partner will divulge any information without a signed release from the participant specifically stating what information shall be shared.

Mandated Reporting

Partners of CORE are bound by New York State Mandated Reporting Laws. However, not all partner agencies are mandated reporters within the same regulations. Partners will abide by their respective agency guidelines with regards to mandated reporting.

In 2012 NYS passed the Protection of People with Special Needs Act. This Act established The Justice Center for the Protection of People with Special Needs (The Justice Center), which opened its doors in 2013.

Because of the newness of this Act and The Justice Center, the collaboration met with The Justice Center in order to fully understand the requirements of CORE agencies in reporting such abuse.

Through this meeting, it has become evident that certain staff from Unity House and the Independent Living Center may be required to report to the Justice Center if they have reasonable cause to suspect abuse or neglect of a vulnerable person receiving residential services in a facility or from a provider (See Appendix I.Ia). It was confirmed that SACVAP are not mandated reporters to the Justice Center, even if the person is in a residential facility. SAVCAP is exempt pursuant to their Confidentiality Privilege established by N.Y.C.P.L.R. 4510 (See Appendix I.II)

- Justice Center for the Protection of People with Special Needs: CORE is bound by the “Protection of People with Special Needs Act” (See Appendix I.I)
- Child Protective Services: CORE is bound by the Child Protective Services (CPS) mandate as stated in N.Y. Social Services Law §§ 413, 416 (See Appendix I.III).
- Adult Protective Services: New York State has no mandate for Adult Protective Services (APS), which means that no partner agency has any requirement to report. However, CORE is committed to educating the participants about services available through APS, and will assist them with access if requested.
- Law Enforcement: CORE maintains their commitment to participant safety and will exercise the option to involve law enforcement if the participant expresses an intent to harm themselves or others.

Communications Plan

CORE believes that open, honest and respectful communication is key in nurturing the collaboration's relationship into one that is sustainable and successful.

The following communications plan outlines how CORE will maintain effective and open communication, internally and externally, to maintain the integrity of the collaboration.

Internal Communication

CORE partners will maintain respectful, transparent and honest communication with one another.

Partners will attend scheduled meetings as agreed. Meetings will be held when at least one partner from each agency is able to attend.

If a partner cannot make a scheduled meeting, the agency partner will bring the information covered during the meeting back to the absent partner.

Meetings by conference call may be utilized when partners are available but unable to travel to the meeting location.

If a partner is unable to attend a scheduled meeting, they will notify the Project Coordinator as soon as possible.

If at least one partner from each agency is not able to attend, the meeting will be rescheduled for a later date.

The Project Coordinator will send out an agenda for each meeting to partners for their review prior to the meeting. Partners may notify the Project Coordinator of any items they would like to add to the agenda for discussion.

The Project Coordinator will record meeting minutes and send them to partners after collaboration meetings to outline the items that were discussed. The meeting minutes will indicate goals and agreements made at the meeting as well as the date, time and place for the next meeting. Partners will notify the Project Coordinator of any missing information.

Partners will review any items sent to them from the Project Coordinator or other partners and respond, if requested, in a timely manner to maintain consistent and productive progress.

Communication through email is an acceptable form of communication within our collaboration.

Emails will be directed to all partners that are affected by the information contained in the email.

The author of the email will be clear on when a response is needed and the timeframe for which the response is needed.

Partners will respond to any partner's email in a timely manner.

The Project Coordinator will send out reminder emails to partners as deadlines for information approach.

If no feedback on requested information is received, the author of the email may move forward using their best judgment with any information they have at that point.

Partners will notify the collaboration of any scheduled time off that may interfere with meetings. Partners will use best judgment to schedule time off to avoid conflicts with major events of the project.

Partners will update each other of any changes within each agency that could affect the collaboration's work.

External Communication

To ensure external communication is in line with the project's vision, mission and values, collaboration partners agree to the following communication guidelines:

Vera serves as the Technical Assistant (TA) for the collaboration. The Project Coordinator is the primary contact person for the group. Other collaboration partners may initiate contact with the TA as needed.

The Project Coordinator will have conference calls with the TA at a minimum of every other week to review progress, provide feedback and offer guidance.

The Project Coordinator and the UHDVS Service Director are the primary contact people for the group with the Office on Violence Against Women (OVW).

As the lead agency, Unity House Domestic Violence Services will communicate with OVW regarding fiscal matters.

The collaboration has created Talking Points to indicate what information will be shared with the media in response to general inquiries. If the media requests information beyond a general inquiry, the partner that receives the request will contact the other partners to arrange a meeting to discuss an appropriate response. We will also determine if anyone else from our organizations needs to be notified or consulted.

General inquiries can be directed to:

- SACVAP: Lindsey Crusan, Director
- ILCHV: Denise Figueroa, Executive Director
- UHDVS: David Warren, Service Director

Talking Points

Grant Information

- CORE stands for Culture Of Respect and Empowerment.
- CORE consists of Unity House Domestic Violence Services, Sexual Assault and Crime Victims Assistance Program at Samaritan Hospital and the Independent Living Center of the Hudson Valley.
- This grant is funded by the Office on Violence Against Women (OVW) and is a three year grant. This grant began in October, 2014.
- Unity House of Troy, Inc. is a Rensselaer County based not-for-profit organization that been in operation since 1971. Unity House Domestic Violence Services is one division of Unity House of Troy, Inc., and is the only New York State licensed domestic violence residential and non-residential services program in Rensselaer County. Services include safe shelter, counseling, legal advocacy, safety planning, housing assistance, advocacy and referrals.
- Sexual Assault and Crime Victims Assistance Program (SACVAP) at Samaritan Hospital is a member of St. Peter's Health Partners.

SACVAP provides an array of services including counseling, support groups, medical accompaniment and advocacy, legal advocacy, information and referrals and forensic nurse examiners. SACVAP provides community education and professional trainings in their continuous effort to reduce the trauma of crime in the community.

- Independent Living Center of the Hudson Valley (ILCHV) has been in operation since 1987. It is a non-residential non-profit organization serving and advocating for the rights of people with disabilities. ILCHV is consumer managed as most of the board of directors, management and staff include people with disabilities. Direct services include information and referral, peer counseling, nursing home outreach and transition, architectural barriers consultation, independent living skills training, assistance securing housing, transportation and benefits, employment training and placement, services to students and their families and support groups.
- Vision Statement: All people with disabilities in Rensselaer County who have experienced abuse will be aware of and have equal access to a seamless, comprehensive network of care that is responsive, compassionate, trauma-informed, empowering and person-centered.
- Mission Statement: The Mission of CORE is to ensure that people with disabilities have equal access to a comprehensive and

seamless network of care created by partner agencies. This will be accomplished by:

- Nurturing the collaborative relationship through shared understanding, mutual trust and authentic communication.
- Utilizing and honoring both individual and organizational expertise.
- Strengthening the agencies response through policy and procedures, staff training, education, and removing attitudinal and physical barriers.
- Building each organization's capacity to serve.
- Utilizing the voices of people with disabilities, including those who have experienced abuse, to inform the process.
- Creating organizational change to develop a barrier-free, seamless and sustainable network of care within our organizations.

General Information about abuse of people with disabilities according to the Center for Research on Women With Disabilities at Baylor College of Medicine:

- People with disabilities are at a greater risk for domestic violence and sexual assault and they face unique obstacles to receiving supportive services.

- People with disabilities have experienced trauma in their interactions with multiple systems including medical, caregivers, residential, educational, social services and transportation. The reactions of participants who experienced domestic violence/sexual assault is compounded by the previous experiences of trauma over the course of their lifetime.
- People with disabilities are an underserved population in the domestic violence and sexual assault service delivery systems.
- Women with disabilities reported a larger number of perpetrators of abuse than women without disabilities.
- The duration of the abuse was longer than for women without disabilities.
- Women with developmental disabilities are four to ten times more likely than women without disabilities to be sexually assaulted and they are at a greater risk for repeat victimization.
- People with disabilities fear they won't be believed if they report abuse.
- People with disabilities may also fear they will lose other elements of their independence including but not limited to their children, services and housing.

- Abuse of people with disabilities often looks different than of those who do not have a disability. The abuse can be subtle but equally damaging.

Some examples of tactics used by perpetrators are:

- Some people with disabilities are taught compliance, which is used by perpetrators to exploit them.
- A lack of sexual knowledge and consensual rights leads to increased vulnerability for some people with disabilities.
- Stealing people's adaptive equipment so they can't call for or get help is a form of abuse.
- Threatening, injuring or scaring away a service animal is a form of abuse.
- Giving them too much medication, or giving them drugs without their knowledge is a form of abuse.
- Perpetrators by virtue of the intimacy of the caregiving role are uniquely positioned to exploit or sexualize caregiving.

Glossary of Key Terms

Ableism: The conscious or unconscious belief that people with disabilities are inferior to people without disabilities. Prejudice and discrimination against people with disabilities leads to segregation, social isolation, and policies and practices that limit opportunities to full societal participation and access to services.

Abuse: Actions, with or without physical contact, which cause harm. It is to harm or injure by maltreatment, neglect and improper use of power or resources and may be physical or psychological.

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

Barrier-Free: An environment that allows full access and participation for participants with disabilities. Barriers to service include, but are not limited to, myths and stereotypes about participants, limitations to physical and communication access, policies that limit access to services, and financial barriers.

Caregiver: A person who provides physical, emotional, financial and/or direct service care for another, either formally, such as a hired Personal Care Attendant, or informally, such as an unpaid family member or friend.

Coercion: The practice of forcing another party to act in a non-consensual manner by use of intimidation or threats or some other form of pressure or force. Coercion may be physical, mental, and/or emotional or due to a power imbalance between the perpetrator and the victim. Coercion can be perpetrated by any person regardless of their relationship to the victim, in any setting, including but not limited to home or work.

Collaboration: A well-defined, structured relationship between two or more parties with mutually agreed upon goals and responsibilities. For the purposes of this project, the collaboration is between three community organizations.

Consent: To agree to do or allow something; to give permission for something to happen or be done. A person is not able to consent if they are incapacitated or if they have a mental disability that results in the inability to consent. Ability to consent is presumed unless otherwise indicated.

Culturally Competent: Behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.

Disability: The interaction between a person, his or her functional ability, and the environment. This definition emphasizes functional ability over a medical diagnosis (World Health Organization).

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.

Independent Living: Belief that everyone has the right to determine his/her life to the same extent as those without disabilities. This includes the right to attend school, live in your own community, raise a family, work and play, vote, and pursue interests that increase the quality of your life. Independent living sees a world in which the “problem” is not with the individual but with barriers that exist in society. People with disabilities are entitled to determine their own destinies.

Informed Consent: Permission granted for services and/or information sharing, with full knowledge of the possible risks or benefits.

People First Language: Defines who the person is before defining his/her disability. People First Language refers to persons with disabilities rather than disabled people.

Person-driven: Using the input of our clients to determine the direction and goals of our project.

Self-determination: The right individuals have to evaluate their options, make their own choices, and take action to get the things they want and need.

Sexual Abuse: The wide spectrum of violent behaviors that may or may not result in criminal charges but are harmful and can be a pattern of perpetrated behavior. Examples include criticizing someone's body, making accusations about someone's sexuality, using sexually degrading names, coerced nudity, harmful and/or unnecessary genital "care", or any form of coerced sexual behavior or unwanted sexual contact.

Sexual Assault: Any non-consensual or coerced sexual activity.

Sexual Violence: A wide spectrum of sexual acts, attempt to obtain a sexual act or unwanted sexual comments or advances, including acts that may or may not be defined in criminal law, that are non-consensual, forced or coerced. Examples of sexual violence include, but are not limited to rape, unwanted sexual touching, excessive or inappropriate bathing or care of breasts and genital area, verbal sexual harassment, and forcing someone to watch sexual acts. Both survivors/victims of sexual violence and people who commit sexual violence can be from any background; they can have disabilities and be of any race, gender, socioeconomic status, sexual orientation, etc.

Systemic Advocacy: Rather than working on an individual level with participants, systems advocacy works on a global level, to introduce and influence longer term changes to ensure that the rights of people with disabilities are attained and maintained. Systems advocacy will be used where inequities exist between care for people with and without disabilities and there is a need for change in laws, policies and/ or regulations.

Technology: Includes cell phones, texting, GPS, applications, e-mail, and avenues of social media have the potential to be used in abusive ways. Technology can be used to harass, coerce, annoy, threaten, and stalk victims and survivors of domestic violence and sexual assault. Abuse using technology is sometimes difficult to track. The omnipresence of technology in modern society can compromise a victim or survivor's ability to feel safe when an abuser is using forms of technology for abuse.

Trauma: An event, series of events, or on-going stress that causes great disruption and distress, is experienced as overwhelming, incomprehensible and senseless, and causes one to feel unable to exert control on their environment. We recognize participants with disabilities may experience a range of trauma including sexual violence and disability discrimination.

Trauma-Informed: To be informed about, and sensitive to, trauma related issues present in survivors of sexual and/ or domestic violence. The awareness of how a trauma survivor's behavior, actions, and needs may be in response to the trauma they have experienced. Professionals who are trauma-informed understand the neurological, biological, physiological, and social effects of trauma their clients may be experiencing.

Appendix I

CORE abides by the following laws; links to the laws are included for more information.

- i. The Justice Center: The Protection of People with Special Needs Act:
<http://www.nysenate.gov/legislation/bills/2011/S7400>
 - a. List of Mandated Reporters to The Justice Center:
<http://www.justicecenter.ny.gov/investigations-prosecution/vpcr/faq#t56n161>
- ii. Sexual Assault Counselor Privilege:
<http://law.justia.com/codes/new-york/2012/cvp/article-45/4510>
- iii. Child Protective Services Law:
<http://codes.lp.findlaw.com/nycode/SOS/6/6>

Appendix II

Rensselaer County CORE

Release of Information

I _____ (*Participant*) authorize the following agencies to discuss information regarding my case with the Rensselaer County CORE Collaborative (The Independent Living Center of the Hudson Valley, Inc.; Unity House Domestic Violence Services; and the Sexual Assault and Crime Victims Assistance Program at Samaritan Hospital). The purpose of the release of information is for education among collaborative members, in order to better serve participants at Rensselaer County CORE agencies.

Please initial if you agree for the following agencies and individuals to discuss your case details during Rensselaer County CORE Meetings for the purpose of education and systems improvements:

- _____ Independent Living Center of the Hudson Valley, Inc.
Representatives: Executive Director, Director of Development, and selected interns
Contact information: (518) 274-0701
- _____ Unity House Domestic Violence Services
Representatives: Project Coordinator, Director, and selected interns
Contact information: (518) 272-5917
- _____ Sexual Assault and Crime Victims Assistance Program at Samaritan Hospital
Representatives: Disabilities Counselor, Director, and selected interns
Contact information: (518) 271-3445

Please initial the following if you agree:

- _____ I understand that the purpose of sharing this information among Rensselaer County CORE agencies is to improve services for individuals who have experienced domestic violence and/or sexual violence in Rensselaer County.
- _____ I understand that I have the right to revoke my consent at any point in time by contacting any of the agencies/representatives listed above.

I give consent for the following personal information to be released to the Rensselaer County CORE:

- Name Gender
- Age/Date of birth Relationship to perpetrator

Executed this _____ day of _____, 20____.

Participant Signature

Witness Signature

Participant Name

Witness Name

Collaboration Agreement

The members of CORE are committed to working together towards positive change for people with disabilities who have been affected by domestic violence and/or sexual assault. We have created this charter guided by our shared goals and values to see such change come to fruition.

Each partner's opinion, values and expertise were meaningfully incorporated into the creation of this charter. The collaboration agrees to respect and abide by the terms of the charter.

Project Coordinator

Unity House Representative

Sexual Assault and Crime Victims Assistance Program Representative

Sexual Assault and Crime Victims Assistance Program Representative

Independent Living Center Representative

Independent Living Center Representative

Work Plan

Activity	Timeframe
OVW Grant Awarded	October 2014
Attend New Grantee Orientation	February 2015
Conduct Baseline Indicators	April – May 2015
Collaboration Building and Charter Development	January–September 2015
Submit Collaboration Charter to OVW	October 2015
Develop Narrowing the Focus Memo	October 2015
Submit Memo to OVW	October 2015
Conduct Indicators	October 2015
Develop Needs Assessment Plan	November 2015 – December 2015
Submit Needs Assessment Plan to OVW	December 2015
Conduct Focus Groups with people served	January – February 2016
Compile Findings and Analyze Data	March 2016 – April 2016
Conduct Indicators	April 2016
Submit Needs Assessment Report to OVW	April 2016
Create Strategic Plan	May – June 2016
Submit Strategic Plan to OVW	June 2016
Implement Strategic Plan	July 2016– September 2017
Conduct Indicators	October 2016
Conduct Indicators	April 2017
Conduct Final Indicators	September 2017