



**PROJECT
P.A.U.S.E.
PARTNERSHIP FOR
ACCESS,
UNDERSTANDING,
AND SAFETY FOR
EVERYONE**

Table of Contents

Introduction	3
Vision Statement	4
Mission Statement	4
Values	4
Assumptions	6
Member Agencies	7
Contributions and Commitments	9
Decision-Making Process	11
Conflict Resolution Plan	13
Confidentiality Agreement	14
Mandated Reporting	15
Communications Plan	17
Work Plan	20
Glossary of Key Terms	21
Appendix	23

***“Don’t let your past dictate who you are,
but let it be part of who you will become.”***

-Unknown

Introduction

Project P.A.U.S.E. is a collaboration between L.I. Against Domestic Violence and the Head Injury Association. While collaboration members have worked together in the past, they came together in the fall of 2015 with the express purpose of eliminating barriers that prevent access to safe, person-centered support for individuals with disabilities and victims of domestic violence. The collaboration was awarded a grant from the Office of Violence Against Women in October of 2015. This grant will enable the partners to bring together the strengths and resources of both organizations with the eventual goal being the design and implementation of fully-accessible services and advocacy for individuals with disabilities experiencing or at risk for domestic violence. Our collaboration realizes that although our target population may be individuals with an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are also victims or at risk for domestic violence, we hope that the changes made from this process will benefit all of our clients served by our agencies.

This Project will result in significant changes to the organizational cultures of the partner agencies and can serve as a model for other groups seeking the same goal. The expectation is that the changes will be embedded in systemic structures, policies and procedures and will continue to guide relationships among disability advocacy providers, victim advocacy agencies and the communities of persons with disabilities beyond the life of this grant.

Vision Statement

All individuals with disabilities in Long Island, New York, who experience domestic violence will have access to a collaborative network of safe and person-centered services.

Mission Statement

The mission of Project P.A.U.S.E. is to eliminate barriers that prevent access to safe, person-centered support and services for individuals with an Acquired Brain Injury, (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are also suffering or at risk for domestic violence. We will accomplish this by:

- Identifying gaps and removing barriers within the policies and procedures of our organizations to create sustainable and systematic changes.
- Engaging in partner cross-trainings to increase awareness, knowledge and competency.
- Develop and implement positive changes to services that are informed by the work of the collaborative.

Values

The foundation of Project P.A.U.S.E. is built upon this collaboration's core values. The values of this Project were developed specifically for our collaboration and both partners agree that our actions will be guided by them. Our values will help lead us in the development of systemic change within our organizations and in our work moving forward. These values will most importantly help direct our work with clients.

The overall goal of the collaboration is to identify and eliminate barriers that prevent access to safe, person-centered support and services for individuals with an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are also suffering or at risk for domestic violence. The collaboration has identified the following core values:

The collaboration agrees to make every attempt to truly understand the perspective of the survivor's disclosure of abuse. Disclosures will be believed without bias and kept confidential.

- Understanding: The collaboration believes that people should feel valued and heard and strives to take into account individuals' perspectives and their experiences.
- Without Bias: The collaboration is committed to listening with a stance of acceptance and believing each individual's unique experience.
- Confidentiality: The collaboration is committed to maintaining confidentiality when discussing specific client cases. Names or other identifying information will be withheld, unless the client has given consent, when discussing client cases within the collaboration. The collaboration recognizes that we may discover areas

where improvements will need to be made within the organizations that are participating in the collaboration and agrees that discoveries of this nature will not be used to harm either agency but will instead be used to improve upon services.

The collaboration agrees that survivors are not solely defined by their experiences, including their history of domestic violence, trauma or disabilities. The collaboration is committed to the empowerment of individuals through person-first services, the promotion of hope and the assurance of dignity.

- Survivor: A survivor is an individual who has experienced physical, emotional or mental trauma and is in the process of healing.
- Empowerment: The collaboration is committed to promoting the self-actualization of other human beings. An empowerment model encourages and supports individuals on their personal journey to gain the skills and knowledge that will allow them to overcome their obstacles.
- Person-First: The collaboration is committed to thinking of individuals as whole beings and not just as the individual's trauma or disability. An example of person-first language refers to persons with disabilities rather than disabled people.
- Hope: The collaboration believes that hope is not the guarantee of a positive outcome but being open to opportunities and positive change. The collaboration believes that whenever possible, the partner organizations should build upon opportunities to increase hope within our clients.
- Dignity: The collaboration is committed to treating all individuals with respect and recognizing their inherent self-worth.

The collaboration agrees that all people have the right to be safe and live their lives free from abuse and fear.

- Safety: Safety is an important priority for the collaboration. The collaboration is committed to building and enhancing policies and programs that minimize risk.

The collaboration agrees that all survivors should have access to information to educate and increase awareness to allow for informed decisions.

- Education: The collaboration is committed to providing informational material on domestic violence and disability awareness that will be delivered in a manner most appropriate to each individual's needs.
- Informed Decisions: The collaboration believes that individuals can make the best decisions when they are equipped with the most information available.

The collaboration believes that all survivors have the right to services that are person-centered and fully accessible. The collaboration also believes that agencies should have cultural and disability competency.

- **Person-Centered:** The collaboration is committed to supporting what individuals want for their life and providing individualized services that help to achieve that outcome.
- **Accessibility:** The collaboration is committed to ensuring barrier free and welcoming services for individuals who are survivors of domestic violence and persons with disabilities. Accessibility of services refers to a structured environment that allows for individuals to obtain the services they need and/or want and to participate in programs, events or community activities through physical, attitudinal and policy barrier elimination.
- **Cultural and Disability Competency:** The collaboration believes that in order to be fully accessible, service providers must be aware and understand the unique strengths, needs, resources, challenges and cultural values for all individuals served.

The collaboration is committed to a process where each collaboration member's voice is valued while developing changes that are meaningful and sustainable.

- **Collaboration:** The collaboration acknowledges that the input of both partner organizations should be derived from a place of equality and will ensure that each group member's opinion be respected.
- **Sustainability:** The collaboration is committed to ensuring the longevity of this Project and consistently strengthening its' long-term impact.

Assumptions

- Domestic violence arises from inequality in the relationship and the imbalance of power between the abuser and victim.
- Women and girls are more likely to be victimized; however, we also recognize that abuse can occur within the context of any relationship.
- Persons with disabilities are significantly more likely to be victimized than are members of the larger community.
- We recognize that trauma has lasting effects. Our goal is to reduce the negative impact that these effects have on the individual's healing process.
- Persons with disabilities who are survivors of domestic violence often experience additional barriers in escaping an abusive situation and accessing services.
- Providers of services to survivors of domestic violence and to individuals with an Acquired Brain Injury, Traumatic Brain Injury and/or other neurological disabilities would benefit from training to develop the skills and knowledge necessary to be fully accessible to persons with disabilities and to identify and support victims of domestic violence.
- Our goal of safe, accessible, person-centered support and services for individuals with disabilities and survivors of domestic violence is both important and possible.

Member Agencies

L.I. Against Domestic Violence is committed to the empowerment of survivors of domestic violence through supportive services, including: hotline, counseling, vocational training, emergency shelter, court and precinct advocacy services and prevention and education resources.

Incorporated in 1976, L.I. Against Domestic Violence (LIADV) was among the first to establish a 24-hour crisis hotline run by volunteers along with safe homes located throughout the county for victims who were no longer safe to remain in their home. Safe homes were operated by generous, caring individuals, who opened their homes to those whose lives were in danger. Continuing on as a pioneer in the area of victim services, LIADV opened the Safe Harbor Shelter in 1983; the first shelter in the county specifically for victims of domestic violence and their children. In 1989, LIADV established a partnership with the Suffolk County Police Department in launching a Domestic Violence Precinct Outreach Project that placed a trained LIADV domestic violence advocate within all of the Suffolk County Police Precincts. This project was the first of its kind in the nation and continues to serve as a model for similar initiatives nationwide. LIADV was recognized early on as a leader in providing effective and safe services for clients.

Continuing at the forefront of innovative services for survivors, in 1998, LIADV established a comprehensive vocational and financial training program. This included job training and placement in response to the ever mounting financial constraints faced by clients while recognizing that financial independence is key to breaking the cycle of violence. LIADV strives to meet the needs of the community and has expanded to offer a holistic array of services to address all aspects of both female and male victims' lives – including counseling, courtroom advocacy, legal assistance and language line access on the 24-hour hotline; allowing swift and effective communication in over 120 languages with those reaching out for assistance.

Executive Director: Colleen Merlo, LMSW

Associate Director: Wendy Linsalata

Program Coordinator: Jessica Roland, MA

The Head Injury Association is a non-profit, non-governmental disability organization, serving individuals diagnosed with an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or Developmental Disabilities.

The Head Injury Association (HIA) was founded in 1998 by a group of dedicated parents whose advocacy and outreach facilitated the transformation of long-term services (LTSS) for survivors of head injuries. The HIA's mission statement promotes independence, inclusion, individuality and productivity. These core values are achieved by assisting persons with disabilities to realize their full potential and improve their overall quality of life. The HIA has a diversified breadth of knowledge and experience working within two distinct community based long-term support systems: the New York State (NYS) Office for People with Developmental Disabilities (OPWDD) and the NYS Department of Health's Traumatic Brain Injury Waiver. Since its' inception, the HIA has worked relentlessly to increase public awareness of the needs of individuals with an ABI, TBI and/or Development Disabilities by political and educational means, outreach and advocacy. The HIA was instrumental in promoting community-based services for TBI injury survivors who had been sent to out-of-state institutions due to the fact that there were no other options for them on Long Island or even in NYS. As such, the HIA was selected to be Long Island's first Regional Resource Development Center as part of the NYS Collective TBI Initiative, which was more commonly known as, "Project Return To/Remain in New York State." The HIA played a transformational role in helping to support an at-risk population transition from institutional long-term support settings to community-based long-term care settings. In 1993, the HIA opened its' Hy Feinstein Clubhouse. In addition to the HIA's HY Feinstein/Winetsky Day Habilitation Program, the HIA operates a Day Program Without Walls and the New Horizons Day Program for young men and women with moderate to severe intellectual disabilities, who are transitioning from high school into adult services and a day habilitation program that meets the needs of individuals who are medically frail. Today, the HIA provides services in the five boroughs of New York City and on Long Island and operates seven group homes, eight supervised apartments and three supportive apartments. The HIA has expanded its' services over the years to include the following community based services and grants: Service Coordination, a Structured Day Program, Community Integration Counseling, Positive Behavioral Interventions and Supports, Independent Living Skills Training, Supported Employment, Community Habilitation, Intensive Behavioral Services, Environmental Modification Services and Family Support Service programs, such as Family Reimbursement, Family Advocacy Counseling Services and Non-Medicaid Service Coordination.

Chief Operating Officer: Colleen Crispino

Director of New Business/Sr. Program Manager: Stephanie Silva

Contributions & Commitments

The partners of Project P.A.U.S.E. have come together to form a collaboration to create sustainable change within Long Island, New York. In order for us to optimize our efforts, this partnership has developed and committed to the following set of expectations and guidelines.

All members of the collaboration commit to:

- Attending and actively participating in scheduled meetings.
- Meet in-person a minimum of six hours per month.
- Sharing their individual voices and the perspectives of the organization each represents.
- Actively participating in the development of all product deliverables for the Planning and Development Phase by: reviewing and editing documents, communicating by phone and/or email with other collaboration members and gathering and sharing information, data, and resources. Deliverables will include: a Collaboration Charter, a Needs Assessment, a Needs Assessment Report and a Strategic Plan.
- Implementing and influencing the organizational policy and procedural changes needed to accommodate individuals with disabilities experiencing domestic violence and abuse.
- Responding in a timely manner to requests for information, feedback, product development and other aspects of the Project.
- Maintaining regular communication and sharing information between and among other partner organizations, as well as, within their own organizations and leadership structures.
- Ensuring that resources committed to this process by their organizations are sustained.

L.I. Against Domestic Violence will additionally:

- Act as Lead Agency, administer the grant, manage the budget and related fiscal matters, submit Project reports and forms to the Office of Violence Against Women, ensure that the Planning and Development Team is addressing the goals and objectives of the Project and that all partners are fulfilling their responsibilities, and oversee compliance with all requirements in order to ensure the successful completion of the Project.
- Provide partner cross-trainings on domestic violence issues identified as relevant to the Project and assist in providing trainings on domestic violence and abuse within the persons with disabilities' communities.
- Serve as technical advisor and consultant on all Project issues related to domestic violence and abuse including prevention, risk reduction, outreach, crisis

intervention, safety planning, systems response, trauma-informed interventions and victim-centered advocacy.

- Update the collaboration on pertinent information.
- Recruit, hire, train and supervise a Program Coordinator to be housed in the L.I. Against Domestic Violence Office.
- Provide office space, furniture, equipment, communications, supplies and administrative support to the Program Coordinator.
- Provide accessible meeting space and administrative support for the collaboration.

The Head Injury Association will additionally:

- Provide guidance and expertise to the development of inter-agency and intra-agency policies and procedures, based upon their knowledge of the needs, strengths and cultural values of individuals with disabilities and the disabilities-advocacy communities.
- Provide cross-trainings to the Project partner with content based upon the needs, strengths and cultural values on the various disabilities communities.
- Serve as technical advisor and consultant on all Project issues related to full accessibility, including accessible educational and outreach materials, cultural competency, disabilities advocacy and person-first ethics, as well as, consult with victim services providers on appropriate communications devices, physical accessibility of services and other related technical assistance.
- Provide accessible meeting space and administrative support for the collaboration.

The Program Coordinator commits and contributes to:

- Coordinating and facilitating individual and collaboration meetings and cross-trainings within each agency.
- Determining level of agreement before moving on to new issues.
- Documenting and sending minutes of the meetings and Project updates to collaboration members.
- Serving as the primary contact for Vera and the Office of Violence Against Women on programmatic issues. He or She will fully participate in all Vera Technical Assistance events, including telephone/video conference calls, web-based technical assistance events and site visits.
- Documenting progress of the collaboration, as necessary.
- Maintaining continued movement toward completion of collaboration deliverables.
- Preparing and finalizing products for submission to the Office of Violence Against Women Project Office and the Vera Technical Assistance staff based on collaboration concept and product development and incorporating work group member input and feedback.

- Drafting semi-annual reports for the Executive Director and ensuring their submission in the Grant Management System (GMS).
- Ensuring that the Fiscal Agent submits fiscal reports and budget modifications in GMS on time, as needed.
- Guiding the project to meet goals and objectives.

Decision-Making Process

Process

Project P.A.U.S.E. will utilize the Five-Degree Scale decision-making model when addressing critical issues. The Five-Degree Scale decision-making model allows for equal participation and shared investment at every stage of our Project, building trust between agencies and among collaboration members. When members of the collaboration struggle to reach total agreement, the group will use the scale below to gauge where each member currently stands. The sample questions to the right may be used as a starting point for discussion to work toward a greater understanding of each other’s perspectives.

Five-Degree Scale

1: No - Let’s do something else	Can you tell us why you feel this way? What parts of it do you not like? Is there anything you do like?
2: Wait - Can we change it?	What further information do you need? What facts could make a difference?
3: Maybe - I have questions	What parts do you like? What parts do you not like?
4: Ok - It is good enough	What could make it better?
5: Yes - Let’s do it	

Initiation of Polling

The Program Coordinator will initiate the decision-making model, but any collaboration member may request to use it.

Polling Method

Each collaboration member will take turns stating his or her position on the Scale and the reason for choosing that position. We believe that it is important for our voting to be an open process to encourage discussion and to break down possible barriers.

Decision-Making

- Our collaboration agrees that consensus has been met if all members vote 4 or 5.
- Our collaboration agrees that if a member is at 3, the group will table for further discussion on the issue to clear up any questions or concerns.
- Our collaboration will not move forward with a decision if any member is at a 1 or 2. We will either table the decision for further discussion or, if a decision must be made, refer to our Conflict Resolution Plan.

Revisiting Decisions

A decision may be revisited at the request of any collaboration member, who will state the reason for re-opening the discussion, as well as, any new information or perspectives. The collaboration will determine whether to make changes to that decision.

Decision-Making Authority

Our collaboration has designated decision-making authority purposefully to specific members of our Project taking into consideration each organization's internal decision-making structure and individual agency concerns.

Collaboration Members are given the authority to:

- Determine the collaboration work and scheduling process and provide input into the setting of priorities and timelines.
- Approve deliverables prior to sending to Vera and the Office of Violence Against Women.
- Approve the composition of the collaboration to include any new group members.
- Determine when Vera should be consulted for resolving conflict.

The following areas will be reviewed by the collaborative partners (By their Executive Director, Board, etc.):

- Any budget modifications.
- Any fiscal changes.
- Any policy changes.
- Any changes to the purpose or focus of the work of the collaboration.

The Program Coordinator is given the authority to:

- Manage the administrative aspects of the Project.
- Schedule and facilitate meetings with collaboration member input.
- Create agendas with collaboration member input and prepare materials for meetings.
- Assign tasks to collaboration members.
- Manage and distribute minutes of the collaboration meetings.

- Edit document deliverable materials.
- Submit drafted deliverables to Vera once approved by collaboration members.
- Initiate the Conflict Resolution and the Decision-Making Process.
- Initiate consultation with Vera.
- Ensure set timelines or deadlines are kept on schedule.
- Draft Semi-Annual Reports.
- Make arrangements for the Office of Violence Against Women and/or Vera site visits.
- Represent the collaboration to other grantees in situations such as the Project Director Listserv, conference calls and all-grantee meetings.

The Lead Agency (LIADV) is given the authority to:

- Hire, appoint, supervise, and remove the Program Coordinator or any additional vendors or staff.
- Monitor and administer the budget of the Project.
- Consult with the collaboration to determine allocation of grant funds.
- Submit Fiscal and Programmatic Reports to the Office of Violence Against Women and Vera.
- Provide fiscal information and support to the collaborative partner.
- Set timelines and priorities for the work of the collaborative.

Conflict Resolution Plan

Project P.A.U.S.E. accepts that conflict is natural and will occur. The collaboration commits to using respectful communication to promote learning and understanding of the unique perspective that each collaboration member brings. We will look at conflict as an opportunity to build common ground to improve both organization's policies and procedures. We also agree that project-related conflicts and the conflict resolution process will not influence inter-agency relationships outside of the collaboration.

Members of Project P.A.U.S.E. agree to the following:

1. To directly address issues and conflicts within the collaboration meetings as soon as they are identified.
2. To follow our Decision-Making Process using the Five-Degree Scale.
3. To use open and direct communication when discussing concerns.
4. If a conflict is not resolved through steps 1-3, the collaboration will utilize Vera as a mediator. A consensus must be met by the collaboration to bring in Vera as a mediator. The Program Coordinator will in turn facilitate the mediation process.
5. If agreement is not reached through mediation with Vera staff, then the Lead Agency will contact the Office of Violence Against Women.

Confidentiality Agreement

Project P.A.U.S.E. recognizes that confidentiality is essential to the foundation of effective work with clients served by the collaboration. We recognize that both agencies have internal confidentiality policies and are guided by their own understanding of professional ethics. We realize that both organizations are impacted by the confidentiality requirements of funders and through state and federal regulations and that both organizations have differing legal responsibilities to disclose in a professional setting. The collaboration also understands that there may be cross-referrals between partners as a result of our working together. During collaboration meetings, the agencies agree not to discuss identifying information about our clients unless they have given expressed permission to both partners. Both organizations have agreed to consider the intent and whether or not the information is helpful to the survivor or to the work of the collaboration before discussing any client specific scenarios. Both agencies also agree not to publically disclose any information regarding their partner's policies and procedures that we learned through this process. For all of the reasons listed above, we have developed a Project Confidentiality Agreement.

Project Confidentiality Agreement

Project P.A.U.S.E. agrees to meet the following terms with regard to non-disclosure of confidential or private information. All members of the collaboration will sign this agreement.

All information shared within the collaboration meetings concerning our clients, their families and information related to gaps in either organization's policies and procedures shall be kept confidential. The collaboration may share non-personally identifying information regarding services to their clients to better inform future work between the partners of the collaborative and to educate each other regarding the internal policies and procedures of each agency. The collaboration realizes that there are limitations of confidentiality in order to maintain the safety of our clients and in cases where mandated reporting is necessary.

Nothing in this section prohibits the collaboration from reporting suspected abuse or neglect, as those terms are defined and specifically mandated by the State involved. Nothing in this paragraph shall also prevent the Office of Violence Against Women from disclosing grant activities in exercising oversight authority.

For the purposes of this Agreement, confidentiality is defined as the assurance that information shall be strictly shared and that violations will be a breach of faith. By signing this agreement, the signer acknowledges that he or she has completely read and understands the Project P.A.U.S.E. confidentiality policy.

Project P.A.U.S.E. Member Signature

Date

Mandated Reporting

Both partners of Project P.A.U.S.E. fall under the New York State (NYS) Mandated Reporting regulations; however, the organizations fall under different sections. Both agencies agree to follow their internal guidelines regarding mandated reporting. In the event that an identifiable disclosure is made in the presence of a partner who is mandated to report such abuse, it is agreed that the individual will follow their agency's reporting procedure. If, as a result of collaboration communications a partner must make a mandated report, the agency will notify the Project P.A.U.S.E. Program Coordinator.

N.Y. SOS. LAW § 413: NY Code - Section 413:

Persons and officials required to report cases of suspected child abuse or maltreatment

<http://codes.findlaw.com/ny/social-services-law/sos-sect-413.html>

According NYS Law, child abuse and maltreatment are addressed under the Mandated Reporting Law. Under this Law, certain professionals, including Colleen Merlo, LMSW of L.I. Against Domestic Violence, are recognized as having an obligation to report cases of suspected child abuse and neglect when they are faced with reasonable cause while working with the child or caregiver, regardless of the relationship of the person they are working with to the situation. This Law defines an abused child as one whose parent or other person legally responsible for his or her care inflicts serious physical injury upon the child, creates a substantial risk of serious physical injury or commits a sex offense against the child. Abuse also includes situations where a parent or other person legally responsible knowingly allows someone else to inflict such harm on a child.

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

Project P.A.U.S.E members have discussed the outcomes of such reports, including both benefits and further complications for clients. Possible outcomes may include an increased need for support. In some instances, particularly regarding domestic violence cases, having police involvement may increase risk to the victim. The collaboration agrees that safety concerns will be considered by the partners when deciding how to make a report but will not supersede State law or agency policies. The collaboration recognizes that situations may arise in which the agency can delay a report until these immediate safety concerns are addressed. For any reports that are made, all agencies will work to make the process as safe as possible for the victim.

Clients at L.I. Against Domestic Violence are informed of limitations to confidentiality where there is an imminent risk of suicide or homicide. In an instance

where staff assess that the level of suicide ideation, plan and ability to carry out the plan will result in harm or death, the welfare of the person is placed above confidentiality.

Staff of L.I. Against Domestic Violence are mandated reporters.

People With Special Needs Act

<http://www.nysmandatedreporter.org/NYSJusticeCenter.aspx>

Effective June 30, 2013, the Protection of People with Special Needs Act requires persons who are Mandated Reporters under that Act to report Abuse, Neglect and Significant Incidents involving vulnerable persons to the Vulnerable Persons' Central Register (VPCR) operated by the NYS Justice Center for the Protection of People with Special Needs. The Act defines a "vulnerable person" as a person who, due to physical or cognitive disabilities or the need for services or placement, is receiving care from a facility or provider within the systems of the State of Oversight Agencies (SOA). The NYS Justice Center is committed to supporting and protecting the health, safety, and dignity of all people with special needs and disabilities through advocacy of their civil rights, prevention of mistreatment, and investigation of all allegations of abuse and neglect so that appropriate actions are taken.

Staff of The Head Injury Association are mandated reporters.

The NYS Department of Health Medicaid Waiver for Individuals with Traumatic Brain Injury (TBI) Program Manual

http://www.health.ny.gov/health_care/medicaid/reference/tbi/docs/tbiprovidermanual2009.pdf

All providers must have knowledge of the TBI Waiver's Incident Reporting Policy regarding Serious Reportable Incidents (SRI) (refer to Section X – Incident Reporting Policy and Complaint Procedure) including the obligation to report to the Service Coordinator in relation to the investigation of SRI, (i.e. staff interviews). SRI's are defined as any situation in which the participant experiences a perceived or actual threat to his or her physical or emotional well-being through the action or inaction on the part of anyone, whether or not the participant is or appears to be injured or harmed. TBI waiver staff must be informed of serious incidents and the providers' response to these incidents in order to assist the TBI waiver staff in their role as an external monitor to ensure the quality of care provided to participants and to maintain the participants' health and welfare as outlined in the State's agreement with the federal government.

Staff of The Head Injury Association are mandated reporters.

Communications Plan

Internal

Project P.A.U.S.E. believes that the success of our collaboration depends upon full partner participation and genuinely open communication. We recognize our collaboration will work best together by maintaining respect and having direct communication with each other, while promoting a positive environment in which to discuss our individual views. All of our conversations will be based on people-first language that values the person and his or her strengths, while also promoting understanding and hope for those survivors. This communication plan outlines how Project P.A.U.S.E. will achieve and maintain effective communication.

Work Group (In-Person) Meetings: Substantive discussions and decisions regarding our philosophies, the direction of our work and deliverables, as well as relationship-building and conflict resolution, will take place primarily in person, within our work group meetings. The work group will meet for three hours on both the second and fourth Tuesdays of every month. We will meet as needed after that. Decisions for changing the overall meeting schedule will be determined by group consensus on a monthly basis. If a group member cannot be present, the meeting will be rescheduled to the following Friday. Meetings will begin when the majority of expected members are present but no later than 10 to 15 minutes after the start time. If the majority of members are not present at that time, a decision will be made by members who are present whether to start the meeting, wait for a majority of members or cancel the meeting per our Decision-Making Model.

The Program Coordinator will create and distribute agendas to the work group at least one business day prior to the meeting for review. Work group members can send any additional agenda items to the Program Coordinator at any time. The Program Coordinator will also be responsible for taking minutes of the meeting and distributing the minutes via email within three business days of the meeting. The Program Coordinator will keep a record of the decisions made and the accomplishments achieved for the Project. Work group members are responsible for reviewing the agenda and other documents and coming prepared for discussions. Outside of work group meetings, email will be the preferred method of communication among collaboration members. Any additional communication can be accomplished through phone contact and meeting one-on-one, as necessary.

Email Communication: General project-related communications will take place via email in between work group meetings. Work group communications will be emailed to collaboration members only. Members of the collaboration agree to reply to all emails within two business days of receipt. When internally communicating with the group about the Project, all members of the collaboration will be included on the emails with the subject identified in the subject lines of those emails.

Phone Communication: Telephone communications will not be used in place of email but may be used for: work-related communication between two collaboration members; time-sensitive information sharing; relationship-building; addressing potentially sensitive topics between two partners; and communicating lateness, absence and/or last minute meeting changes.

Text Messaging: Project P.A.U.S.E. will generally not use text messaging for collaboration business. Text messaging can be used for last minute scheduling, an important email notification or for emergency purposes. Work group members understand they will follow their agency's internal protocols if personal cell phones are used.

Resignation or New Representative: If a work group member is unable to continue participating in the Project, he or she will notify the collaboration as soon as possible. The Program Coordinator will schedule a meeting with the collaboration to discuss/assist/identify a new representative for the collaboration. The collaborative may decide by consensus if meetings shall continue until a new representative is available. The collaborative will use the next available meeting to introduce and discuss the Project's Vision, Mission and Values for the new representative.

External

Members of Project P.A.U.S.E. agree that the following guidelines will be used in all communications with external stakeholders, in order to ensure that such communications are aligned with the Project Vision, Mission and Values.

Vera: Vera serves as the collaboration's Technical Adviser and will have frequent contact with the members. The Program Coordinator is the designated primary contact person for Vera for all incoming and outgoing communication; however, any member may contact Vera with the approval of the collaboration. The Program Coordinator will have phone conference contact with the Vera Technical Adviser at a minimum of twice per month to review progress, feedback and guidance. The Program Coordinator will additionally represent Project P.A.U.S.E. at monthly Program Coordinator phone conferences hosted by Vera and other Project Directors/Managers/Coordinators.

Vera Representative:

Leslie Myers, MS, CRC, CCDVC

Senior Program Associate, Accessing Safety Initiative

Center on Victimization and Safety, Vera Institute of Justice

1111 14th Street NW, Suite 920, Washington, DC 20005

T: (630)-486-3367, Fax: (202)-941-9407

Email: lmyers@vera.org

The Office of Violence Against Women (OVW): The Lead Agency (LIADV) will be the primary communications contact with OVW. The Lead Agency will communicate with OVW on matters related to fiscal oversight, budget modifications and forwarding grant reports. The Lead Agency is responsible for submitting deliverables for final approval and reporting feedback to collaboration members. The Lead Agency will also submit for approval to OVW any press releases, press conferences or website publications related directly to the grant prior to release.

Media: The collaboration recognizes that there are three different types of media communications: proactive, reactive and crisis communications.

Proactive Communication: Proactive communication is used when our collaboration is sending outgoing communication to the media and/or public to highlight our work.

Reactive Communication: Reactive communication is used when our collaboration receives a request for information about our Project from the media or an external stakeholder.

The point person for all proactive and reactive communication is the Executive Director of the Lead Agency, as it relates to the collaboration. Both partners may initiate communication on behalf of Project P.A.U.S.E. but must use preapproved media talking points as shown in Appendix 2. The collaboration will need to approve any communication that goes beyond the pre-approved media talking points. The talking points will be updated as needed. Media contact is to be documented and sent to the Program Coordinator where he or she will then notify both partners. A sample media request form can be found in Appendix 3.

Crisis Communication: Crisis communication is utilized when prejudicial information is used against Project P.A.U.S.E. and/or impacts the integrity of the collaboration or partner organization. If a crisis occurs, all communication requests will be directed to the Executive Directors of both agencies. If a partner receives crisis-related information related to the other partner organization, the Executive Director will be responsible for notifying the other organization, as well as, all collaboration members. In the event of an emergency or crisis situation regarding a survivor with disabilities, the Executive Director of the Lead Agency will serve as the lead point person, but will confer with partner leadership to ensure that the integrity and voice of the collaboration is maintained. In the event that an Executive Director of either organization speaks to the media and has not yet spoken to the partner organization, the Executive Director will acknowledge to the media that he or she has not yet spoken to the partner agency regarding the matter but both organizations are still working together on the grant. The Executive Director will additionally identify the boundaries of the grant and what the partnership is trying to achieve.

Work Plan

This is a timeline that will help guide the major activities of the collaboration. The timeline will be reviewed and revised by consensus as needed by the members of the collaboration.

<u>Activity</u>	<u>Timeline</u>	<u>Tasks</u>
Grant Awarded	October 1, 2015	
New Grantee Orientation	December 2-3, 2015	
Program Coordinator	December 2015	<ul style="list-style-type: none"> • Hire a Program Coordinator
Create Collaboration Charter and Statement of Focus	January - March 2016	<ul style="list-style-type: none"> • Deliverables Needed: Vision Statement, Mission Statement, Values and Assumptions, Member Agencies, Contributions and Commitments, Decision-Making Process, Conflict Resolution Plan, Confidentiality Agreement, Communications Plan, Work Plan, Glossary and Statement of Focus.
Submit Charter and Statement of Focus to the OVW	April 1, 2016	<ul style="list-style-type: none"> • Wait for Approval: (45 Days)
Needs Assessment Planning	April - June 2016	<ul style="list-style-type: none"> • Create proposal to the OVW of how Plan Assessment will be performed.
Submit Plan Assessment	July 1, 2016	<ul style="list-style-type: none"> • Wait for Approval: (45 Days)
Conduct Needs Assessment	August - September 2016	<ul style="list-style-type: none"> • Gather Agency documents. Perform Staff interviews. Use Vera Indicators for both LIADV and HIA services.
Submit Needs Assessment	October 1, 2016	<ul style="list-style-type: none"> • Wait for Approval: (45 Days)
Develop Strategic Plan	October - November 2016	<ul style="list-style-type: none"> • Have listening sessions with staff who used indicators. Host Strategic Planning Session to review lessons learned. • Develop Proposal to the OVW explaining key initiatives and activities, outline work for accomplishing activities, create road

		map for the future, and state areas of interest for future work and provide justification.
Submit Strategic Plan	December 1, 2016	<ul style="list-style-type: none"> • Wait for Approval: (45 Days)
Implement Strategic Plan	January - October 2017	

Glossary of Key Terms

- 1. Abuse:** any incident of maltreatment or neglect of an individual that causes physical, psychological, emotional, sexual and/or financial harm to that individual.
- 2. Accessibility:** the degree to which an environment, (physical, social or attitudinal) is accommodated to eliminate barriers or other impediments to equality of access to facilities and services for persons with disabilities.
- 3. Acquired Brain Injury:** is an injury to the brain that has not occurred after birth and is not hereditary, congenital or degenerative. The injury commonly results in a change in neuronal activity, which affects the physical integrity, the metabolic activity or the functional ability of the cell. The term does not refer to brain injuries induced by birth trauma.
- 4. Cultural and Disability Competency:** behaviors, attitudes and policies that come together in a system, agency or among professionals which enable the system, agency or professionals to work effectively in multi-cultural situations.
- 5. 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.
- 6. Disability:** a person who has a physical or mental impairment that substantially limits one or more major life activity.
- 7. Domestic Violence:** a pattern of abusive behavior in a relationship that is used by one person to gain or maintain power and control over another.
- 8. Independence:** achieving your maximum potential with the least amount of reliance on external supports. People with disabilities can and should determine their own destinies. 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.

- 9. Informed Consent:** permission granted for services and/or information sharing, with full knowledge of the possible risks or benefits.
- 10. People-First:** language that puts the person before the disability and defines disability as an attribute, not the totality of the person.
- 11. Person-Centered:** individualized services that help to achieve the outcome of what individuals want for their life.
- 12. Safety:** being protected from physical, financial, emotional, sexual or other forms of abuse.
- 13. Self-Determination:** the individual's right to make informed decisions.
- 14. Survivor:** is an individual who has experienced physical, emotional or mental trauma and is in the process of healing.
- 15. Systemic Change:** the process of modifying existing organizational cultures through policies and procedures in order to bring about a more responsive and effective service delivery system.
- 16. 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 disruption in a person's ability to function or cope at the same level as they did prior to the trauma or injury.
- 17. Trauma-Informed:** to be informed about and sensitive to trauma-related issues. 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.
- 18. Traumatic Brain Injury:** is an insult to the brain, not of a degenerative or congenital nature but caused by an external physical force that may produce a diminished or altered state of consciousness, which results in an impairment of cognitive abilities and/or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent and cause partial or total functional disability or psychological maladjustment.

Appendix 1:**Collaboration Members**

Jessica Roland, MA Program Coordinator	L.I. Against Domestic Violence 320 Carleton Avenue, Suite 8000 Central Islip, NY 11722	(631)-666-7181 Fax (631) 666-9208 j.roland@liadv.org www.liadv.org
Colleen Merlo, LMSW Executive Director	L.I. Against Domestic Violence 320 Carleton Avenue, Suite 8000 Central Islip, NY 11722	(631)-666-7181 Fax (631) 666-9208 c.merlo@liadv.org www.liadv.org
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Colleen Crispino Chief Operating Officer	Head Injury Association 300 Kennedy Drive Hauppauge, NY 11788	(631)-775-4038 Fax (631)-716-7566 ccrispino@headinjuryassoc.org www.lihia.org
Stephanie Silva, MA Sr. Program Manager of Service Coordination, Director of New Business	Head Injury Association 300 Kennedy Drive Hauppauge, NY 11788	(631)-543-2245 Ext. 8753 Fax (631)-716-7566 ssilva@headinjuryassoc.org www.lihia.org

Project P.A.U.S.E.

- **Project P.A.U.S.E.** is a partnership between two non-for-profit organizations that have come together to identify and create sustainable, systemic changes within our agencies that will result in improved accessibility for individuals with disabilities, who are victims of domestic violence and abuse.
- **Project P.A.U.S.E.** includes the Lead Agency L.I. Against Domestic Violence and the Head Injury Association.
- **Project P.A.U.S.E.** is a three-year funded grant by the United States Department of Justice, Office of Violence Against Women (OVW). The collaboration was awarded the grant in October, 2015 and will continue through September, 2018.
- **Project P.A.U.S.E.** is not a direct services grant, but rather a grant to identify and create sustainable, systemic changes within the partner organizations that will result in improved accessibility and domestic violence services for persons with disabilities.

The two phases of the grant:

- **The Planning and Development Phase:** Includes four components: the creation of a Collaboration Charter; a Community Needs Assessment; a Report on the findings; and the completion of a Strategic Plan.
- **Implementation Phase:** After submitting the Strategic Plan, this phase implements the needed organizational changes that will maximize accessibility, safety, choice and services for survivors of domestic violence with disabilities.

The purpose of the collaboration is to:

- Expand the capacity of both the disability and domestic violence organizations to provide readily available, safe and accessible services to persons with disabilities, regardless of where they seek assistance.
- Create sustainable infrastructure that is reflective of the needs of persons with disabilities, who are survivors of domestic violence, through the modification and implementation of policies, procedures and practices within the collaborative agencies.
- Cross-educate each other on the philosophies, unique perspectives and scope of practice that each organization advocates.
- Identify gaps in services and begin to address strategies for the specific needs of those served.
- Review the collaborative partners' policies and procedures as related to domestic violence and accessibility, while addressing areas of needed change.

L.I. Against Domestic Violence

- L.I. Against Domestic Violence provides a range of services that help over 14,000 Long Island adults and children each year to escape from abusive relationships and build new lives.
- L.I. Against Domestic Violence offers comprehensive services that address the multifaceted needs of a victim, including: hotline; counseling; court and precinct advocacy; legal assistance; vocational and financial training; prevention and education resources; and shelter.
- L.I. Against Domestic Violence provides services that help to build on our clients' resiliencies, while also promoting lifelong healing.
- L.I. Against Domestic Violence's 24-hour hotline can help anyone who is not feeling safe at home. Please call **(631)-666-8833**.

Media Contact Information

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The Head Injury Association

- The Head Injury Association is an independent, non-for-profit agency, widely recognized for its innovative programming for survivors of head injury and their families.
- The Head Injury Association strives, by political and educational means, to ensure that head injured individuals have all requisite medical, rehabilitation, vocational and recreational systems available and are able to live with dignity in a comfortable and accessible environment.
- The Head Injury Association recognizes the devastating impact of head injuries and provides a network of services specifically designed to meet the initial and lifetime needs of survivors and caregivers facing the crisis.

Media Contact Information

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Appendix 3:

Project P.A.U.S.E. Media Contact Form

Source of Media Request: Date:

Name of Contact: Address:

Phone: Email:

Purpose of Contact:

Agency Providing Response:

Partner Responding to Request:

Outcome:

Please Attach Supporting Documents When and If Available

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