Project SAFE

(**S**afe **A**ccess **F**or **E**veryone)

Ending Violence Against Women with Disabilities
In Suffolk County

A Collaborative Project between
VIBS Family Violence and Rape Crisis Center
&
United Cerebral Palsy Association of Greater Suffolk, Inc.

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Introduction

Victims Information Bureau of Suffolk (VIBS) Family Violence and Rape Crisis Center and United Cerebral Palsy Association of Greater Suffolk Inc. (UCP-Suffolk) began our work together in October 2008 to bridge the gap between services that are lacking and services that need to be enhanced to better assist survivors of domestic and sexual violence with a physical and/or developmental disability in Suffolk County. We believe these individuals should be given the same opportunities as survivors without disabilities. We strive to recognize their challenges in accessing services, understand their accommodation needs for utilizing services, and make a difference that could change the quality of their lives. It is our commitment to change our existing service delivery system and organizations (both domestic / sexual violence and disability), which are largely inaccessible to survivors of domestic and sexual violence with a physical and/or developmental disability. The belief that change is possible within both of our organizations is the main motivation for our collaboration.

This document contains a charter prepared by our collaboration team, named Project SAFE, to reflect how our work together will influence the changes referenced above. Solid vision and mission statements were prepared to describe our ideal future service delivery system and how we plan to create it, beginning with our own two organizations. Core values and assumptions were established and defined as a guide for our work together throughout this whole process. A description of who we are as a collaborative team and as individual agencies is provided, as well as the commitments and contributions we each offer to this project. Conflict resolution, decision making protocol, and confidentiality are all essential components that need to be outlined and discussed in order to maintain a productive working relationship. A well developed work plan is included to enable us to stay on track and

accomplish specific tasks in a timely manner. Lastly, a glossary will clarify terms not commonly utilized by or familiar to people outside the scope of the disabilities and/or domestic and sexual violence service systems.

We acknowledge the wide variety of disabilities that exist in the broader population, but we also believe that systemic change within our two organizations must start small in the short run in order to be effective and sustainable in the long run. Based on the experience, expertise, and influence of our two organizations our focus and concentration is on ***women in Suffolk County over the age of 18 who are survivors of domestic and sexual violence and have a physical and/or developmental disability.*** For purposes of brevity and ease of reading, this target population will be referred to interchangeably in this document as ***survivors with disabilities***.

Vision Statement

Women in Suffolk County who are survivors of domestic and sexual violence with disabilities will have universal access to a network of organizations that promote a culture of dignity, respect, and acceptance. Service providers will work in a seamless and timely manner as partners with these individuals on their journey toward safety, empowerment, and economic justice.

Mission Statement

VIBS Family Violence and Rape Crisis Center and UCP-Suffolk will work together to promote a safe, accessible and responsive service environment for women in Suffolk County who are survivors of domestic and sexual violence with a physical and/or developmental disability. We will accomplish this by creating sustainable changes in our organizational cultures through:

- Fostering collaboration
- Sharing resources and knowledge
- Enhancing the existing service delivery system
- Implementing policies and procedures that reflect best practices of professional ethics, trust, open communication, and true understanding of the challenges and needs of survivors with disabilities.

Values and Assumptions

Values

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

Human Rights: According to the United Nations Universal Declaration of Human Rights, "Everyone has the right to life, liberty, and security of person." It is our position that all survivors with disabilities should have access to equal opportunities, affording them the same rights as people without disabilities. We believe they should have equal and fair treatment regardless of their race, color, sex, national origin, religion, age, disability and sexual orientation, including the right to basic necessities of food, clothing, and shelter.

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

Self-determination: Survivors with disabilities often do not have the ability to exert control over many aspects of their lives. Project SAFE believes that everyone should have the right to act and live as independently as possible, without the demands, actions, or control of another. We believe that all individuals should have the opportunity to integrate choice into their lives and have the ability to make their own decisions. We will nurture and support this belief in our service delivery system and in our organizational changes.

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

People First Language: People first language is a manner of speaking that puts the individual, not the disability or circumstance, at the center of the conversation. Two examples of this are "Jane Doe has a developmental disability", rather than "That developmentally challenged person"; and "Jane Doe is a survivor of rape", instead of "that rape survivor". Our collaboration will be mindful of utilizing people first language and encourage other staff members to do the same.

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

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

Non-judgmental: Project SAFE believes in respecting diversity. We strive not to impose our personal beliefs on others or to moralize about the circumstances of others. We strive to refrain from labeling and to be impartial and unbiased, and will encourage this attitude within our organizations.

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

Social Well-being: It is our goal that survivors with disabilities will achieve a positive social well-being. Our objective is to create a service atmosphere in which one has access to relationships and experiences that are healthy and consistent with one's interests and personal choices. Project SAFE has the opportunity to model this in its work together.

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

Confidentiality: The protection of health and other personal information is paramount in our work with survivors with disabilities. Project SAFE will respect their privacy to the fullest extent required and allowed by our two organizations, by the Federal Health Insurance Portability and Protection Act (HIPPA)* and New York State Mental Hygiene Law (NYSMHL)*. It is also our objective

to safeguard the disclosures and contributions of the collaboration members. This value will be explained in more detail in the Confidentiality section of this charter on pages 28 - 30. * *See appendix 1 and 2 for further details.*

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

Assumptions

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

1. Violence Against Women organizations and providers have the desire to offer the most conducive and accommodating service delivery system for survivors with disabilities.
2. Disabilities organizations and providers have the desire to offer the most conducive and accommodating service delivery system for survivors with disabilities.
3. Service providers to survivors with disabilities are not always aware of the signs and symptoms of violence or abuse and tend not to ask direct questions.
4. Service providers to survivors with disabilities do not always have accessible premises and are not always aware of how to work with cognitive and communication challenges.

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

17. Survivors with disabilities are frequently not believed when they report abuse, an attitude that is intensified when a woman has a cognitive disability. This is used as an excuse for inaction by others.

Member Organizations and Collaborative Team

VIBS Family Violence and Rape Crisis Center and United Cerebral Palsy of Greater Suffolk, Inc. (UCP-Suffolk) have agreed to work together in a collaborative effort to make sustainable and accessible systems change within each organization to better serve survivors with disabilities.

VIBS Family Violence and Rape Crisis Center

VIBS Family Violence and Rape Crisis Center is a not-for-profit agency established in 1976 offering free and confidential counseling and advocacy services to survivors of domestic and sexual violence who reside in Suffolk County. VIBS offers individual and group counseling to adult and children survivors of domestic and sexual violence in assisting them to heal and recover from the effects of their trauma. The advocacy program accompanies survivors to court, provides legal options, and assists in obtaining Orders of Protection. VIBS has a 24 hour hotline, volunteer Emergency Room Companions (ERC), the SANE Program (Sexual Assault Nurse Examiner), Community Education Program, and the Batterer Intervention Program.

Collaborative Representatives from VIBS:

Kathleen Cammarata, LCSW, Project Director

Kathleen Cammarata will serve as the Project Director for this collaboration project. Ms. Cammarata brings to this collaboration 10 years of experience in the field of domestic and sexual violence. She has been employed by VIBS Family Violence and Rape Crisis Center for the past 10 years in various positions including counseling and administrative responsibilities. Ms. Cammarata has a Masters in Social Work and a Specialization Certificate in Substance Abuse. Ms. Cammarata is a Licensed Clinical Social Worker in the State of New York.

Ruth A. Reynolds, Director of Advocacy

Ruth A. Reynolds is the Director of Advocacy with VIBS Family Violence and Rape Crisis Center, and brings 25 years of experience in the field of domestic and sexual violence prevention to this project. She serves on a county task force and state coalition for the prevention of domestic violence. She served on the Domestic Violence and Disabilities Statewide Planning Committee in 2005 and 2006 as part of a federal Violence Against Women Act grant received by the New York State Coalition Against Domestic Violence, the Center for Disability Rights and the Empire Justice Center. Ruth is serving as the supervisor of the Project Director and is a member of the collaboration team.

Clarice Murphy, Associate Director of VIBS

Ms. Murphy has been associated with VIBS for 21 years. She currently supervises the Directors of Counseling, Children's Counseling, Community Education/SANE and Batterer Intervention Program. Additionally, she oversees all grant applications and contracts, and she developed and submitted the concept paper for this project in partnership with Pat Caso and Kim Kubasek from UCP of Greater Suffolk. Ms. Murphy will be instrumental in helping the project team plan to integrate changes in agency policy and practice.

UCP Cerebral Palsy Association of Greater Suffolk, Inc.

United Cerebral Palsy Association of Greater Suffolk, Inc. (UCP) is a not for profit organization providing a wide range of programs and services to more than four thousand children and adults with disabilities throughout Suffolk County. Although UCP serves people with a wide variety of disabilities, their primary focus is those with a physical and/or developmental disability. The agency's mission is to advance the independence, productivity, and full citizenship of people with cerebral palsy and other disabilities. UCP is a strong advocate for people with disabilities, partnering with

other organizations to ensure individuals with disabilities enjoy life without limits.

Collaboration Representatives from UCP of Greater Suffolk

Dana Waite Esposito, MS, CRC, MA, Project Representative

Ms. Esposito has a Master's degree in Psychology and a Master's degree in Rehabilitation Counseling. She is a Certified Rehabilitation Counselor (CRC). Ms. Esposito brings 35 years of experience to this collaboration, 24 of them at UCP Suffolk. Her expertise is primarily with developmental and physical disability. In addition to years of hands-on service delivery, she has also had significant experience in senior leadership and administration, developing and improving new programs and services. She has also served on the agency's Human Rights and Incident Review committees. Ms. Esposito has been instrumental in developing collaborative relationships between UCP and its partner agencies.

Patricia A. Caso, MS, CRC, Director of Adult Day Services

Patricia A. Caso brings to the collaboration over 40 years of experience working with individuals and their families with cerebral palsy, other developmental disabilities and those with acquired disabilities. Over the years, Pat has led teams that have implemented new services and collaborations in adult day services, respites, and employment through numerous successful proposals and grants. An important aspect of Pat's background in management also comes from over sixteen years as an administrative and program surveyor for the national accreditation organization CARF (Commission on Accreditation of Rehabilitation Facilities). This experience includes many of the business functions of an organization in addition to the emphasis on effectiveness and efficiency in quality outcomes. She has been a strong advocate for the rights of people with disabilities and successfully brought to Long Island the first affiliate with the NYS Self-Advocacy Association, Inc.

Kim Kubasek, Chief Operating Officer

Kim M. Kubasek joined UCP Suffolk in 2004 to oversee the programs and services provided throughout the agency and its affiliate, Community Programs Center of Long Island. She has worked in the field of health and human services administration for 20 years, previously serving in senior leadership positions in hospitals on Long Island and in New York City. She brings to this collaboration a comprehensive background in operations management, program development, quality improvement and strategic planning. Ms. Kubasek has a Master of Business Administration, a Bachelor of Arts in Psychology and a certificate in Gerontology. She is a fellow in the American College of Healthcare Executives.

Commitments and Contributions

VIBS Family Violence and Rape Crisis Center is the lead agency awarded the funds to create a sustainable, accessible, and seamless service delivery system between our organizations for survivors with disabilities. UCP-Suffolk is the local agency with disability expertise that has agreed to work in collaboration with VIBS in creating systemic change within both organizations to better serve survivors with disabilities.

VIBS Family Violence and Rape Crisis Center and their collaborative representatives will adhere to the following commitments and contributions:

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

- Reporting of all updates and policy changes to staff members as this project progresses and unfolds.
- Communication (Project Director) with the media regarding project specific information. Any other crisis or emergency inquiries from the media will be addressed by the appropriate management representatives from both agencies. This will be discussed in greater detail in the Media Plan section on page 26.
- Feedback and input on work that is completed by individual team members outside of the full collaboration.
- Employ the Project Director.
- Three representatives to work on the collaborative team.
- Ensure that all aspects of the grant agreement are understood and accurately represented.
- Attendance at all scheduled meetings.
- Gather the necessary information, insight, and feedback from Vera in adhering to OVW guidelines.
- Coordinate, facilitate, and submit information, figures, and reports as requested by OVW.
- Act as the fiscal agent to receive, distribute, and manage the funds provided.
- Submit quarterly fiscal reports to OVW.
- Provide meeting space, supplies, and materials.

UCP-Suffolk and their collaborative representatives will adhere to the following commitments and contributions:

- Organizational and professional knowledge, expertise, and guidance in the field of physical and developmental disabilities.
- Commitment to implement and influence the organizational policy and procedure changes needed to accommodate survivors with disabilities.
- Commitment to all areas in the planning, development, and implementation phases including but not limited to

collaboration charter, needs assessment plan and tool development, needs assessment report, strategic planning, and implementation of initiatives.

- Commitment to maintain continuous, open communication with all collaboration members regarding the progression of the project.
- Commitment of staff and time to attend all mandatory meetings and conferences.
- Communication with agency Executive Management and Board of Directors to update them on the progress of the project and to present policy and procedure recommendations that will advance the purposes of this collaboration.
- Reporting of all updates and policy changes to staff members as this project progresses and unfolds.
- Chief Operating Officer or her designee will be the contact person in regard to crisis or emergency media inquiries related to this project. This will be discussed in greater detail in the Media Plan section on page 26.
- Feedback and input on work that is completed by individual team members outside of the full collaboration.
- Three representatives to work on the collaborative team.
- Attendance at all scheduled meetings.
- Provide meeting space, supplies, and materials.

The Project Director has some separate and distinct responsibilities from those of the other collaborative members:

- Lead and guide the work of the collaboration.
- Coordinate, facilitate, manage, and direct all collaboration activities.
- Encourage and support the ideas, initiative, and activities of all collaboration members.
- Serve as central support and contact person for collaboration members.

- Apprise all members of any changes and updates regarding project either through meetings or email.
- Take meeting minutes and distribute to all members of our collaboration in a timely fashion.
- Maintain weekly contact with Vera Institute and will serve as the contact person with OVW.
- Prepare and submit the written products to OVW.
- Submit semi-annual progress reports to OVW.

Decision Making Protocol

Decision making within our collaboration will include the knowledge, expertise, support, feedback and input of all the collaboration members. We have decided to divide our collaboration into four categories: Project Director, working group, core collaboration, and full collaboration team. Decisions affecting our work together will be made by the full collaboration team; however, we value the feedback and support of agency staff and agency leadership, whose influence will have a direct impact on policy and procedure changes at both agencies.

Decision Making Authority

Project Director: The Project Director is a full-time staff member from VIBS who will lead and guide Project SAFE through its entire process. Our Project Director has the ability to make some logistical and day-to-day decisions independently. These decisions will include, but are not limited to, devising a meeting schedule, determining location of meetings, providing supplies needed during meetings, being mindful of the fiscal component of the project, and ensuring continuity of the collaboration process. Our Project Director will be the primary contact person with Vera and OVW.

Working Group: Our working group team consists of two members of Project SAFE: the VIBS Project Director and the UCP-Suffolk Project Representative. These two members will frequently work together on various phases of the project, such as charter preparation, needs assessment plan, tool development, collection of data analysis, strategic planning, and implementation of our initiatives. Their work will be subject to review and revision by the partial and full collaborations.

Core Collaboration Team: Our core collaboration team consists of four members: the two representatives in our working group, VIBS Director of Advocacy and the UCP-Suffolk Director of Adult Day Services, all of whom are the primary members in our project. This core collaboration team will be making the majority of the decisions, including, but not limited to, some day-to-day decisions. Any issue that impacts the mission or direction of our work will also be part of this team's decision making authority. These decisions will be in consultation with other key staff members when further guidance and support is warranted.

Full Collaboration Team: Our full collaboration team consists of all six members of the collaboration including the four members of the core collaboration, the Associate Director of VIBS and the Chief Operating Officer of UCP-Suffolk. The full collaboration team will work together to gain a broader understanding of each agency's commitment to systems change and to this project. This team will work on systemic change within our organizations and will evaluate how it will affect the policies and procedures of each agency. Many of the fiscal decisions will be discussed and reviewed among all members of our collaboration.

Agency Leadership: The Associate Director at VIBS and the Chief Operating Officer of UCP-Suffolk will be the primary liaisons between Project SAFE and the executive leadership and boards of directors at both agencies who have the authority to approve policy and procedure changes. Other agency staff and leadership will influence and guide our decisions when a contractual or policy change is warranted. This also includes financial commitments and concerns that warrant leadership guidance.

Decision Making Process

Decision making amongst the collaboration team members will be determined by consensus. According to the Foundation Coalition, consensus decision making is "a collective decision arrived at through an effective and fair communication process in which all team members spoke and listened and all were valued" (http://foundationcoalition.org/home/keycomponents/teams/decisions2.htm). Although this process might be tedious and time-consuming, it seems to serve our purpose best. All collaborative members are not only encouraged to provide feedback and input, but all of our thoughts, opinions and expertise are valued, respected and heard through consensus decision making.

The appropriate steps in reaching a consensus are:

- facilitating an open discussion to understand each members view
- identifying the differing opinions and feelings
- respecting the need to either change an idea to accommodate our collaboration as a whole or eliminate an idea altogether.

We realize that all of us might not have the same outlook on a particular issue. In-depth discussions might need to transpire in order to clarify and explore certain subject matter in an effort to understand and value differing opinions and/or beliefs. The following scale will help us to gauge where everyone's views and feelings lie about a certain issue and to determine what is needed to obtain consensus:

1. ***Definitely***: A definite yes, the person is in full agreement. No further discussion is needed on the topic.
2. ***Possibly***: Would consider this topic relevant and important. Would not take much persuasion to agree.

3. ***Neutral***: Neither likes nor dislikes the idea. Will honor decision either way.
4. ***Unlikely***: Is not sold on the idea. Leaning towards disagreement.
5. ***Negative***: A person cannot be convinced to like, honor, or accept the decision.

We agree that any member who ranges from a 1 to 3 on the above scale will be in favor of a particular idea or decision. Any member that rates a 4 or 5 on the above scale will not be in favor of a particular idea or decision. The rating of a 4 or 5 will require us to provide more information, table the issue for another meeting, or consider changing our decision or idea to include the dissenters.

There may be valid reasons that would cause a member to disagree with the majority of the collaboration. Consensus does not imply that everyone has to be in favor of the majority view, but it does require that we come up with an alternative that everyone can agree to support.

Conflict Resolution Protocol

Project SAFE believes it is critical to provide an atmosphere of trust and comfort in our working relationship. The essential components in developing our partnership are welcoming open communication, listening, and encouraging individual thoughts, feelings, and beliefs. We recognize that conflict is inevitable in any working relationship, at the personal or organizational level, and we agree to take the steps outlined below when conflict arises. This process was modeled after the one described by the Institute of Management Excellence (www. Itstime.com/feb2003.htm).

Step 1: We will acknowledge that the conflict exists.

Step 2: We will affirm our ability to work through our differences in order to continue our constructive work together.

Step 3: Each of us will examine where she is coming from and release the need to be right in order to achieve a mutually satisfactory solution.

Step 4: We will deal directly with each other regarding the conflict, and will avoid unhealthy and unhelpful "behind the back" conversations and stereotypical assumptions.

Step 5: Each of us will acknowledge our own part in the conflict and will avoid blaming other members.

Step 6: We will actively and carefully listen to all that is said by other members, to ensure that all is understood. Not fully understanding and/or misinterpreting what is said can lead to further conflict.

Step 7: We will use these active listening and constructive interaction skills to negotiate an outcome that is satisfactory to our group.

Step 8: In the event consensus cannot be reached during a work group meeting, the issue will be tabled for one week to give all members an opportunity to reflect and reconsider. The group will reconvene within one week to revisit the issue in an attempt to reach consensus. Any member is free to initiate this step.

Step 9: In the event consensus is not achieved at the above referenced meeting, we will be open to utilizing the mediation skills of our Vera representative. The Project Director will coordinate this at the earliest convenience of the Vera representative and all collaboration members.

Communications Plan

Internal Communications

Communication among all collaborative members is essential in maintaining a positive, open working relationship. Face-to-face meetings are the ideal mode of communication in accomplishing all key tasks and in keeping abreast of all pertinent information. Aside from face-to-face meetings, email and phone contact will be necessary and just as crucial in exchanging information and ideas. Intra-agency reporting will keep all agency personnel apprised of all activities, outcomes, and accomplishments of Project SAFE. And fiscal reporting is necessary in keeping track of how funds are being utilized and helps to keep us all within budget.

Face-to-Face Meetings*:* Project SAFE believes that continuous communication is crucial when working in partnership. We further believe that face-to-face contact in a group setting is the most efficient means of communication. Therefore, a weekly face-to-face meeting between the Project Director and our UCP-Suffolk Representative (the two members of our working group) will occur for a minimum of two hours. In addition, a meeting involving the core collaboration members will occur on a bi-weekly basis for the duration of up to 3 hours in length and will be conducted at each agency on a flexible basis. A meeting with the full collaboration membership will be conducted as needed, at a minimum of once a month. Included in all of these meetings will be set agenda items to apprise members of agency updates, revisions and additions of previous tasks completed and/or submitted, and to announce the next tasks required to accomplish our goals for Project SAFE.

In the interest of preventing delay and being mindful of deadlines and time constraints, most meetings will be facilitated even in the absence of certain collaboration members. When possible, and if given prior notice of any member's absence, the consideration will

be given of rescheduling a meeting if it is necessary that all members attend.

Our Project Director will be taking minutes on each meeting's content and will forward them through email to all collaboration members within 2 to 3 business days upon conclusion of each meeting. This process will ensure that all of our members are given a concrete and equivalent summary of all relevant ideas, issues, and outcomes discussed and reviewed. Having concise written notes enables all of us to compile a personal folder for future reference.

Email: Email contact will be another essential mode of communication. Email contact will be frequent and we are encouraged to check our emails daily. Because we value each other's time, we have agreed to respond to emails within the reasonable time frame of two business days. The convenience of emails will provide consistency and continuity in the collaboration process. Any and all essential information, updates, and concerns will be posted in an email as a way to achieve timeliness, accuracy, and uniformity.

Telephone: Telephone contact is an additional mode of communication that will be utilized. Although face-to-face contact is our primary communication choice, we believe telephone contact will suffice when face-to-face meetings cannot occur. Teleconference calls will be utilized during meetings and outside of meetings to include those collaboration members and our Vera Institute representative who cannot be physically present for the discussion of key aspects of our work together. Teleconference calls will be used as a last resort when and if face-to-face meetings are not feasible.

Intra-Agency Reporting: It is important that each of our organizations is informed of Project SAFE's progress and outcomes. This will be accomplished through emails, phone contact, and in-person meetings. VIBS conducts a monthly staff meeting which provides a forum to present pertinent information to all staff. There is

also a bi-weekly administrative meeting at VIBS, attended by two collaborative members who report on the ongoing progress of Project SAFE. It is the responsibility of all collaborative members at UCP-Suffolk to communicate the necessary information to staff members at their organization at least once a month or on a regular basis. The Director of Adult Day Services will distribute the information to counselors or line workers at UCP on a regular basis, and the Chief Operating Officer will interface with other administrators and leadership at UCP on a regular basis.

Fiscal Reporting: Fiscal representatives from both organizations will communicate with each other regarding Project SAFE's budget at least once a month. The supervisor of the Project Director at VIBS will inform VIBS' fiscal manager regarding financial aspects of the grant. The Chief Operating Officer at UCP-Suffolk will be responsible for updating UCP's fiscal representative of financial aspects as needed. Having concrete knowledge of the financial aspect of this grant is essential in following guidelines and procedures as dictated by OVW.

External Communications

Other individuals and entities who are not collaborative members are still considered to be an integral component of the collaboration process. These individuals and entities are identified as key community stakeholders, Vera, OVW and the media. Communication with the above will be through in-person meetings, emails, phone contact, mail delivery, website publication, press releases, and press conferences.

Key Community Stakeholders: APS (Adult Protective Services)* and SCOHS (Suffolk County Office of Handicapped Services)* have been initially identified as key stakeholders for this project. The Associate Director at VIBS will be the contact person with APS and the Director of Adult Day Services at UCP-Suffolk will be the contact person with

SCOHS. The Associate Director at VIBS will provide periodic updates to APS regarding the progression of Project SAFE and its impact on the service delivery system reflective of both organizations. The Director of Adult Day Services will perform the same function with SCOHS. Both APS and SCOHS are two local entities that have direct contact and involvement with our target population. As Project SAFE unfolds, we will determine if there should be any additional key stakeholders and decide how to engage them in the process. ** See appendix 3 and 4 for further details.*

Vera: Weekly phone contact and frequent emails will occur between the Project Director and Vera. Although any collaboration member may have contact with Vera, we have agreed that our Project Director will be the primary contact person. The extent of Vera's involvement at any given time will depend on the situation and issues being presented. VERA staff will attend in person with the full collaboration at least three times a year.

OVW: OVW (Office of Violence Against Women) is the funding source of Project SAFE. Although our Project Director is the primary contact person with OVW, all members may have the opportunity to voice their concerns and opinions to OVW through her. All communication will be through emails and / or phone contact. An in-person meeting with our full collaboration and Amy Loder, OVW Program Specialist, will occur once a year or on an as needed basis.

Media Plan

In the event that the media should contact either organization regarding Project SAFE, a thorough assessment of their inquiry should be made before giving a statement. All inquiries related specifically to this collaboration project will be handled and addressed by the Project Director. In the event of an emergency or crisis situation regarding a survivor with disabilities, the Project Director will be the contact person as well but will confer with

supervisory staff at both agencies to ensure that the integrity and voice of the collaboration is maintained. At VIBS it is a hierarchical chain of command protocol with the Executive Director being the first person to contact, followed by the Associate Director, and lastly any other administrative staff. At UCP-Suffolk the Chief Operating Officer or her designee will be the contact person. In her absence, the Director of Adult Day Services or her designee would be contacted. If time permits, each contact person and/or agency will consult with our partner agency before providing any and all information.

Agreed upon talking points will be developed for easy access for all collaborative members in the event of media contact. At different stages of development, press releases and / or conferences may be considered to inform the community of Project SAFE. Initially, these press releases or conferences would only announce the award in recognition of the grant and its collaboration partners. An announcement posted on the VIBS website and UCP-Suffolk website will also be considered. OVW will be notified of any press releases, press conferences or website publications prior to their release or publication.

Confidentiality Protocol

Project SAFE believes that confidentiality is of the utmost importance in providing a safe and comfortable environment for our target population, our agencies, and our collaborative members. Any personal information of a sensitive nature is valued and will be protected. We strongly feel that a sense of safety and comfort needs to be established in order to enable an effective working environment. Although both of our organizations have their own policy and procedures regarding confidentiality, we have agreed to follow the protocol outlined below in our work together as a collaborative team.

Confidentiality of Collaboration Members

Project SAFE feels that the confidentiality of collaboration members is important, and we acknowledge that our work together may evoke strong emotions attributed to personal experiences with abuse and/or disabilities. As individual members it is essential for us to know that our own personal disclosures will be treated with respect and care. Therefore, our members have agreed that any personal information of a sensitive nature that is shared will be considered confidential and will be safeguarded by our group.

Confidentiality of Agency Information

Our collaboration acknowledges that the systems change focus of Project SAFE will bring about the necessary disclosure of information regarding our two agencies with respect to policy, procedure, regulations, and services. Also included may be issues of a political or media-sensitive nature. We have agreed that this information will be held in confidence within our collaboration, will be used only to guide and enhance our work together, and will not be used in any way that would be destructive to one or both of our agencies. In addition, our work together may generate discussion of

agency issues and challenges that may impact our project and may involve other agency staff. This too will be held in confidence by our group and will not be used in a retaliatory manner.

Confidentiality of Target Population

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

Confidentiality and Mandatory Reporting

Although confidentiality is regarded as fundamental and necessary in any working relationship, there are times when regulatory agencies require the reporting of alleged abuse. Adult Protective Services (APS) is the entity that is responsible for investigating reports of alleged abuse and/or neglect of the frail elderly, developmentally disabled, chronically mentally ill, physically disabled, and substance abusers. In New York State, APS workers are identified as mandatory reporters and therefore are required to make a report when these individuals (either by self-disclosure or by information that is disclosed by someone else who witnessed or knows about the abuse / neglect) are alleged to be subject to physical, sexual, or emotional abuse; financial exploitation; and active / passive neglect or self neglect.

However, in NY State, APS has Memoranda of Agreement with some state agencies that provide services to these various populations. APS has a Memorandum of Agreement with the

Office of Mental Retardation and Developmental Disabilities (OMRDD)* which transfers the responsibility of investigating allegations of abuse / neglect of individuals with developmental disabilities to OMRDD. OMRDD may request the assistance of APS when circumstances deem it necessary to do so. In turn, agencies receiving funding from OMRDD and providing services under its auspices, are required to report allegations of abuse / neglect to OMRDD. In the case of individuals with physical or developmental disabilities ***not*** sponsored by OMRDD, the Memorandum of Agreement may still be utilized or APS may be contacted directly. **See appendix 5 for further details.*

For the purposes of Project SAFE and those individuals identified as our target population, any allegation of abuse or neglect of a developmentally disabled adult who receives funding and services through OMRDD would need to be reported to OMRDD. UCP-Suffolk, as a participating agency in the NYS OMRDD system, is required to make a report of alleged abuse to OMRDD on behalf of those individuals receiving services under the OMRDD system. Since UCP-Suffolk is an organizational mandated reporter to OMRDD, all three collaboration members from UCP-Suffolk are OMRDD mandatory reporters.

VIBS is ***not*** an OMRDD participating agency, and therefore is not subject to the same procedures and protocol as UCP-Suffolk. VIBS follows the concept of self-determination, which essentially says that adults are presumed to be competent unless shown otherwise, and they therefore have the right to exercise free choice in making decisions. Services, interventions and assistance, even if desperately needed, can be refused. While VIBS staff are not mandatory reporters to APS, they may make an APS report on behalf of an individual with a physical and / or developmental disability if they felt that individual warranted additional assistance. VIBS may also act in consultation with other agencies involved with these individuals, if known.

The planning and development phase of Project SAFE is designed to explore modifications and enhance the effectiveness of our current service delivery system without providing any direct services, thereby minimizing the likelihood of any disclosures of abuse. In addition, our collaboration has agreed to the elimination of all personal identifying information of our target population. If however, a disclosure of abuse should happen to be made, the collaboration will determine together if mandated reporting is required. If the collaboration learns that the individual disclosing is a survivor without a disability, a survivor with a physical disability, or a non-OMRDD survivor with a developmental disability, the collaboration has agreed to follow the guideline of self-determination and provide the individual with referrals to APS, VIBS, police, and related hotline services. If the collaboration learns that the individual disclosing is a survivor with a developmental disability who receives services through OMRDD, the collaboration, via UCP-Suffolk, will report as per OMRDD regulations.

This matter of confidentiality and mandated reporting will be addressed more fully in the needs assessment phase of Project SAFE.

Work Plan

Our collaboration was awarded funding through OVW to plan and implement a systems change approach in enhancing services offered to survivors of domestic and sexual violence who have a physical and/or developmental disability. The main objective of Project SAFE is for our two organizations to carefully explore the needs of survivors with disabilities in relation to service delivery, and to discover the conditions that are essential to create systemic change within our agencies. We have a 3 year time frame for these activities beginning October 1, 2008 and ending September 30, 2011. The following work plan outlines the different phases of Project SAFE and highlights the time frame in which they are anticipated to be accomplished:

Collaboration Charter (December 2008 – March 2009)
Submission of Collaboration Charter: April 2009

Needs Assessment Plan and Tool Development (April 2009 – July 2009)
Submission of Needs Assessment Plan and Tools: July 2009

Conduct Needs Assessment (August 2009 – September 2009)
Submission of Needs Assessment Report: October 2009

Strategic Planning (October 2009 – December 2009)
Submission of Strategic Plan: December 2009

Implementation Phase (January 2010 – September 30, 2011)

We recognize that the above timeline is only a projection, but we intend to follow it to the best of our ability. We also acknowledge that each product must be approved by OVW before we are able to

advance to our next initiative and that OVW has a 45 day grace period in reviewing and approving each submission.

Glossary of Key Terms

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

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

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

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

Capacity: The ability to make informed choices about one's life and the ability to understand the consequences of one's actions and decisions.

Collaboration: A partnership between our two organizations to accomplish mutual goals and objectives that one organization alone could not achieve. Our collaborative group, composed of three representatives from each agency, is committed to working closely together as a team to bring about systems change within both organizations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Target population: Survivors of domestic and sexual violence with physical or developmental disabilities are the focus of our partner collaboration and area of expertise.

Appendix 1

Federal Health Insurance Portability and Protection Act (HIPPA)

"HIPAA" stands for the "Health Insurance Portability and Accountability Act of 1996" and the regulations that were established as a result of that federal law. In general, these regulations create uniform standards for electronic health care transactions (EDI), establish security protections for data that is electronically stored and transmitted (Security), and set forth privacy rights for individuals regarding their personally identifiable health information (Privacy).

(www.omh.state.ny.us/omhweb/hippa/faq/general.htm)

UCP-Suffolk is a health care agency and is subject to the HIPPA law and its confidentiality requirements.

Appendix 2

New York State Mental Hygiene Law (NYSMHL)

The NYS Commission on Quality of Care and Advocacy for Persons with Disabilities serves people with mental, physical and sensory disabilities by promoting public policies that meet the needs and advance the rights of all persons with disabilities and by providing ***independent*** oversight of the quality and cost-effectiveness of services provided by mental hygiene programs in New York State. It also administers seven federal formula grant programs through which it provides legal and non-legal advocacy services to persons with disabilities to assist them in obtaining the services and protections of federal and state laws. The Commission consists of a full-time chairperson and two unsalaried members, each appointed by the Governor and confirmed by the Senate to serve for staggered five-year terms. The Commission has a staff of approximately 100 and an annual appropriation of approximately $15.8 million. The functions, powers and duties of the Commission are delineated in NYS Mental Hygiene Law Article 45.

(www.cqc.state.ny.us/aboutcqc/background.htm)

Appendix 3

Adult Protective Services (APS)

Provides services for persons over 18 who are physically or mentally impaired and who are in a situation where they are harmed or threatened with harm by the actions of themselves or others. Potential clients have unmet essential needs such as food, clothing, shelter, and for medical care and have no one able or willing to help. Adults in need of protective services may include the frail elderly, the mentally disabled, the mentally retarded and developmentally disabled, the seriously ill, the physically disabled, and alcohol and substance abusers. Any concerned person or Agency may make an anonymous and confidential call.

(**www.co.suffolk.ny.us/departments/socialservices/Family%20and%20children%20services%20division.aspx**)

Appendix 4

Suffolk County Office of Handicapped Services (SCOHS)

The primary mission of the Suffolk County Office of Handicapped Services is to work for the benefit of Suffolk County's 283,000 people with disabilities. Office responsibilities include: coordinating County services for people with disabilities; developing programs that assist people with disabilities in becoming more self sufficient; advocating for changes to resolve issues facing the disabled; provide information and referrals for County residents with disabilities; and provide specialized services not available through other County departments. In addition, the Office ensures County government compliance with federal mandates under the American's with Disabilities Act (ADA) and Rehabilitation Act.

(**www.SuffolkCountyny.gov/departments/CountyExec/handicappedservices.asp**)

Appendix 5

New York State Office of Mental Retardation and Developmental Disabilities (OMRDD)

The Office of Mental Retardation and Developmental Disabilities and its associated voluntary agencies offer many services to consumers and their families. The following are a list of services that OMRDD offers to their community:

*Camp
*Counseling
*Crisis Intervention
*Day Services/Day Habilitation
*Employment Services
*Family Care
*Family Support Services
*Financial Assistance
*Forensic Services
*Health Care
*In Home Services
*Recreation
*Residential Services
*Respite Services
*Service Coordination
*Transportation
*Waiver Services
*Housing/Individual Support Services
*Parent Advocacy and Training
*Environmental Modifications (E-Mod) / Adaptive Equipment
*Evaluation, Intake and Referral

(www.omr.state.ny.us/ws/servlets/WsNavigationServlet)