Putnam **ACCESS**

***A**dvocates **C**reating **C**hange through **E**mpowerment **S**elf-sufficiency & **S**afety*

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Ending Violence Against Women with Intellectual Disabilities

A Collaborative Project between
Community Options, Inc.
&
Genesis House, Inc.
Putnam County, Tennessee

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Contents

Section I.	**Introduction**	**3**
	Overview	3
	History	5
Section II.	**Purpose**	**6**
	Vision Statement	6
	Mission Statement	6
	Operative Values and Guiding Principles	6
	Assumptions	10
Section III.	**Membership**	**13**
	Member Organizations & Representatives	13
	Commitments & Contributions	16
Section IV.	**Communications Plan**	**20**
	Internal Communications	20
	External Communications	26
	Confidentiality Policy	34
Section V.	**Decision Making**	**38**
	Decision Making Authority	38
	Decision Making Process	41
Section VI.	**Conflict Resolution Strategy**	**45**
Section VII.	**Work Plan**	**47**
Section VIII.	**Key Terms and Definitions**	**49**
Appendix A.	**Examples of People First Language by Kathie Snow**	**63**
Appendix B.	**Putnam ACCESS Directory**	**64**
Appendix C.	**Putnam ACCESS Talking Points**	**65**
Appendix D.	**Tennessee Code Annotated (Laws and Definitions)**	**67**
Appendix E.	**TN DIDD Provider Manual, Protection From Harm**	**81**
Appendix F.	**Elements of Active Listening**	**87**
Appendix G.	**Power and Control & Equality Wheels**	**89**

Putnam ACCESS

Collaboration Charter

Section I. INTRODUCTION

Overview

In October 2010, Putnam ACCESS entered into a three-year Cooperative Agreement with the U.S. Department of Justice, Office on Violence Against Women (OVW) through its Disability Grant Program. The goal of the Disability Grant Program is "to create sustainable, systemic change that will result in effective services for individuals with disabilities who are victims of sexual assault, domestic violence, dating violence, and stalking and to hold perpetrators of such crimes accountable."

Putnam ACCESS is a collaboration of two community-based agencies: Community Options, Inc. of Cookeville, Tennessee, a local branch of a national non-profit agency which provides services to individuals with intellectual disabilities; and Genesis House, Inc., a non-profit agency dedicated to services for individuals who experience domestic and/or sexual violence, also centrally located in Cookeville.

The Putnam Access collaborative Member Organizations are committed to the principles set forth in this Collaboration Charter. This Charter captures the Collaboration's Purpose and Membership. We have outlined our Vision and Mission Statements, Operative

Values and Guiding Principles, Assumptions, and Member Organizations and Representatives as well as their respective Commitments and Contributions to this project. In addition, we have outlined how we will work together, including our Communications Plan and Confidentiality Policy, Decision Making Authority and Process, Conflict Resolution Strategy, and a Work Plan that projects a timeline for completion of key elements of this project.

Putnam ACCESS acknowledges the wide variety of disabilities that exist in the broader population. However, we believe that by developing systemic change within our two organizations, the long-term outcomes will be effective and sustainable. Based on the experience, expertise, and influence of our two organizations, our focus and concentration is on ***individuals with intellectual disabilities who experience domestic and/or sexual violence who live in Putnam County, TN.***

The OVW Disability Grant Program consists of two phases. The first phase, the Planning and Development Phase, focuses on building and strengthening our collaboration, identifying local needs, and developing a comprehensive strategic plan to address those needs. The second phase, the Implementation Phase, will focus on the implementation and sustainability of identified changes.

Community Options of Cookeville and Genesis House joined together to equally contribute to the development of this Collaboration Charter. This document not only exists as a strong foundation for our work together but also provides us with proactive

insight as we enter into a continuous journey, sustaining far beyond the short-term funding.

History

The relationship between Community Options and Genesis House began in 2010, after the two agencies recognized the potential for a strong partnership to bridge the gap between services that are lacking and services that need to be enhanced. This partnership will better assist in provision of services to individuals with intellectual disabilities who experience domestic and/or sexual violence who live in Putnam County, Tennessee. Although employees of both agencies were familiar with one another, the OVW Disability Grant Program enabled the two agencies to collaborate together for the first time professionally. Both Genesis House and Community Options share the vision and mission of this project.

Section II. PURPOSE

Vision Statement

Individuals with intellectual disabilities who experience domestic and/or sexual violence who live in Putnam County, TN, will have equal access to organizations that will work together to provide seamless, individualized professional services. These services will be delivered by providers who are caring, knowledgeable and responsive, and who will advocate for these individuals to attain their best quality of life.

Mission Statement

Putnam ACCESS operates in a culture of inclusiveness among its organizations to provide seamless, individualized professional services to individuals with intellectual disabilities who experience domestic and/or sexual violence. We achieve this by increasing the capacity of our organizations through:

- Fostering relationships between our organizations,
- Removing barriers and increasing access to services, and
- Developing effective policies and procedures that reflect our values of safety and self-determination to assure these individuals attain their best quality of life.

Operative Values and Guiding Principles

The following values are our guiding principles for the work of Putnam ACCESS. These values represent how the Collaboration will operate as well as the principles we hold in regard to individuals with intellectual disabilities who experience domestic and/or sexual

violence, key stakeholders, and other members of the community. We view each value to be of equal importance; therefore, all values are listed alphabetically.

Accessibility – All individuals have the right to seamless and responsive services that are physically, emotionally, culturally, and financially accessible and appropriate to their individual needs.

Choice – All individuals have the freedom to make choices for their own life. The individuals served are empowered to make positive, person-centered and informed choices whenever possible, based on their experiences and their abilities.

Commitment & Dedication – Each collaborative member as well as the agencies they represent are committed and dedicated to the mission of this Collaboration. The project and our work together should never be dependent on an individual champion of the cause, but will be sustainable in the future because of the level of commitment, dedication and passion by every individual and agency involved.

Communication – The work that is generated from collaboration and effective communication is of great value. Therefore, open, respectful, non-judgemental and transparent communication is essential. This topic is addressed in greater detail in *Section IV, Communications Plan*.

Confidentiality – All individuals have the right to choose to disclose personal or private information. We will create a place where collaborative members have the ability to share information about our agencies, the people we serve, and ourselves in a way that is safe and in an environment where the information is protected and remains within the Collaboration. This topic is addressed in greater detail in *Section IV*, *Communications Plan: Confidentiality Policy*.

Empowerment – We believe in creating a system that allows the people we serve to make choices about their lives, to feel they have options for change, and to enhance the possibilities for them to control their own lives. Empowerment is achieved through an environment where opportunities, education, and skills exist to enhance an individual's ability to implement choices. Empowerment is always based on individuals and their abilities.

Inclusiveness – All individuals are embraced and respected regardless of ability, gender, age, race, religion, culture, ethnicity, class, appearance, or sexual orientation. The people we serve have the right to participate fully in their community and to receive equal treatment as well as equal access to services.

People-first Language – People should be recognized first as individuals and should not be defined by their level of ability or by their experiences. We use language that always puts the person before his or her level of ability or experiences. For *Examples of People First Language* by Kathie Snow, see Appendix A.

Person-centered Approach – We adopt a person-centered approach for our work, making the individuals we serve the focal point. The individual with an intellectual disability who experiences domestic and/or sexual violence will not need to change to fit into the existing service delivery system, but rather the service delivery system will adapt to the individual's preferences, strengths, capacities, needs and desired outcomes/goals.

Positive Approach/Non-violence – We use positive approaches that promote self-determination when supporting the people we serve. We believe in fostering an environment, especially in crisis management situations, that is free from verbal, emotional and physical abuse, and that supports natural consequences. We believe in using language that is appropriate and respectful of individuals who have experienced domestic and/or sexual violence. We avoid language that is of a violent nature or that may be construed as victim-blaming.

Respect – Our work is based on respect for the individuals we serve and their families. We always act respectfully and compassionately toward one another, toward the individuals we serve and anyone who may advocate for those individuals.

Safety – We value the protection of each individual's emotional and physical safety. This includes recognizing the unique safety implications for people with intellectual disabilities who experience domestic and/or sexual violence, while acting in a way that respects their choices.

Assumptions

The following assumptions are beliefs that we perceive to be true based on facts, research, and our own professional experiences. These assumptions will influence, affect, and guide our work together to support individuals with intellectual disabilities who experience domestic and/or sexual violence.

- All individuals have the right to live with respect and dignity, free from fear. No one deserves to be hit, beaten, threatened, humiliated, or otherwise subjected to physical or emotional harm.
- People of all cultures, races, occupations, income levels, and ages are victims of domestic and/or sexual violence.
- At times throughout this Charter, we may refer to victims of domestic and/or sexual violence generally as women. This is not to exclude the genuine existence of male victims of domestic and/or sexual violence, but rather to acknowledge the reality that the vast majority of domestic and/or sexual violence victims are women.
- Domestic and/or sexual violence service organizations and disability service providers want to provide the best services possible to meet the needs of individuals seeking services.
- Individuals with intellectual disabilities who experience domestic and/or sexual violence face increased obstacles to receiving adequate support and care.
- Individuals with intellectual disabilities are more likely than people without disabilities to experience sexual violence, and they are at greater risk for repeat victimization.

- Individuals with intellectual disabilities experience unique dynamics of violence including the existence of perpetrator tactics that expressly target women with disabilities.
- Organizations that serve individuals who experience domestic and/or sexual violence have limited resources to meet the needs of individuals with intellectual disabilities. They may not:
    - Be accessible to people with disabilities;
    - Have financial resources, policies, and procedures to ensure people with disabilities can request accommodations and to ensure the agency can provide them;
    - Have training requirements/opportunities on disability, accessibility, violence and abuse in the lives of people with disabilities, and how staff can best serve these individuals; or
    - Have relationships with organizations in their area that serve people with intellectual disabilities.
- Physical, attitudinal, and communication barriers exist in domestic and/or sexual violence programs for individuals with intellectual disabilities. Service providers may lack knowledge of disabilities in general. Policies in place may prevent individuals with disabilities from using the services.
- Organizations that serve people with intellectual disabilities have not been specifically designed to address domestic and/or sexual violence. They may not:
    - Have financial resources, policies, and procedures to ensure staff safely and appropriately respond to disclosures;

    - Have training requirements/opportunities on domestic and/or sexual violence, how this violence affects people with disabilities, and the roles staff play in maintaining their safety; or
    - Have relationships with organizations in their area that address domestic and/or sexual violence.
- Barriers exist in disability programs for individuals who experience domestic and/or sexual violence, including barriers to disclosures of violence and abuse, mandatory reports, or lack of privacy at intake.
- Domestic and/or sexual violence is never the fault of the victim. We do not blame those who experience violence for their victimization in any way.
- Many individuals who experience domestic and/or sexual violence repeatedly attempt to leave the relationship, but return when they cannot overcome the obstacles of getting away from the abuser. Individuals with intellectual disabilities who experience domestic and/or sexual violence often face additional obstacles to leaving the abuser.

Section III. MEMBERSHIP

Community Options, Inc. and Genesis House, Inc. have agreed to work together in a collaborative effort to create sustainable systemic change within each organization to better serve individuals with intellectual disabilities who experience domestic and/or sexual violence. We feel that it is imperative that each Member Organization makes an important contribution and shares ownership of the project.

MEMBER ORGANIZATIONS & REPRESENTATIVES

Project Director

Kristi Allen

While the Project Director is employed and housed by the Lead Agency, she represents and works for both partners in the project.

Community Options, Inc.

Representatives:

Jeffrey Egelston*, Executive Director*

Jeanette Preece*, Quality Assurance Coordinator*

Community Options, Inc. is a nationally based non-profit social service agency incorporated in 1989 and headquartered in Princeton, NJ, serving persons with developmental disabilities and traumatic brain injuries. Community Options will serve as the Lead Agency for the duration of the OVW Disability Grant Program.

The mission of Community Options is to assist persons with disabilities to lead productive lives within their community. This is achieved by providing comprehensive, quality services that are individualized to the specific needs of each person that is served by Community Options. The agency offers a full spectrum of services to assist individuals in building full lives in the community. This includes independent living services, personal assistants, employment services, community integration, family supports and specialized services based on individual needs. The agency philosophy is that all persons, regardless of their level of ability (or disability), can and should live and work in the community with dignity, choice, and self-determination. Furthermore, an integral tenet of Community Options is that citizens with disabilities achieve their fullest capabilities if they are involved in the community by residing in the least restrictive environment, and provided with homes that are supportive and growth-oriented in nature. These residences also will ensure their privacy and right to advocacy.

Community Options is a single incorporation with one Board of Trustees and one management structure led by President/CEO, Robert P. Stack. Community Options provides services in over thirty locations across ten states, including three locations in Tennessee. Regional vice presidents and local executive directors manage these locations. Community Options of Cookeville serves individuals who live in Putnam County, TN, and will serve as a Member Organization of the Collaboration. Community Options of Cookeville has approximately fifty employees, and is under the direction of Executive Director Jeffrey Egelston. Additionally, the Community Options Business

Administration Council (COBAC) assists the local office with fundraising efforts and special projects.

Genesis House, Inc.

Representatives:

***Janell Clark**, Executive Director*

***Dina Martin**, Program Systems Director*

***Donna Poteet**, Program Services Director*

Genesis House, Inc. is a private, non-profit agency that is dedicated to empowering victims of domestic and/or sexual violence by providing a pathway to a safe and self-sufficient life. Genesis House will serve as a Member Organization of the Collaboration.

The Genesis House mission is to promote the general welfare of victims of domestic and/or sexual violence by providing shelter, goods and services while helping them find safety in their lives and the self-sufficiency and healing needed to become independent. It is also their mission to enlighten the community in the dynamics of domestic and/or sexual violence and its prevention by providing comprehensive educational programs. Genesis House provides shelter in a variety of capacities, from an immediate crisis intervention Shelter to continued support through their Lodge Program and Transitional Housing. In addition, available services include a 24-hour crisis line, court advocacy, community outreach and education, and the Rape and Sexual Assault Response Center

with confidential advocacy and counseling. Genesis House's "Continuum of Care" programming moves victims from fear to independent self-sufficiency.

Genesis House, which is under the direction of Executive Director Janell Clark, has approximately twenty employees as well as Friends of Genesis House and other volunteers. The agency has in place a Board of Directors, which has primary governance and leadership over agency operations. Genesis House currently serves nine counties in the Upper Cumberland Region in Tennessee. Putnam County, with its geographically centered location and thriving development, is often referred to as the "hub" of this region. In addition, all of Genesis House's residential facilities are located in Putnam County.

COMMITMENTS & CONTRIBUTIONS

Organizational Level

Each Member Organization commits to the following:

- Develop a culture of inclusiveness within its organization
- Create systemic change to remove barriers and increase access to services for women with intellectual disabilities who experience domestic and/or sexual violence
- Develop effective policies and procedures that reflect the values of the Collaboration
- Provide general expertise in serving individuals with intellectual disabilities or in serving individuals who experience domestic and/or sexual violence, by committing knowledgeable staff and resources to the project
- Provide office space for the collaborative members to meet

- Provide a minimum of two (2) management team members, which may include the Project Director for the Lead Agency, who will serve on the Collaboration and contribute time, resources, skills, and knowledge to the project
- Provide insight and leadership to the project through the participation of the Executive Director, who will serve on the Collaboration

In addition, Community Options as the Lead Agency Partner will contribute the following:

- Provide leadership to the project by hiring and supervising a Project Director to oversee and facilitate the day-to-day work of the Collaboration
- Provide private office space for the Project Director with appropriate telephone and internet services
- Provide all office supplies and equipment necessary for project completion
- Provide fiscal oversight of the project
- Ensure all grant requirements are met

Individual Representative Level

Each individual representative who serves on the Collaboration will commit to the following:

- Commit to fostering change within his/her organization
- Meet in-person a minimum of eight (8) hours per month
- Participate in collaborative conference calls, email conversations, and other forms of communication

- Attend all technical assistance site-visit retreats/meetings
- Commit additional time to actively participate in the development of all product deliverables for the Planning and Development Phase, including:
    a. Collaboration Charter
    b. Needs Assessment
    c. Needs Assessment Report
    d. Strategic Plan
    e. Budget modifications

  by reviewing and editing documents, communicating by phone or email with other collaborative members, and gathering and sharing information, data, and resources
- Commit additional time to actively participate in the implementation of the Strategic Plan during the Implementation Phase, which may include but is not limited to:
    a. Examining, adapting, and creating internal policies of each organization
    b. Developing training curriculum and/or training materials
    c. Providing training necessary to create and sustain organizational systemic change to volunteers, staff, or other individuals
- Actively participate in the evaluation of the Strategic Plan by assisting with surveys and analyzing data/feedback to assure the quality and effectiveness of each strategy employed and to ensure sustainability of the project
- Serve as a bridge between his/her agency and the Collaboration, as stated in *Section IV, Communications Plan: Internal Communication, Inter-Agency Communication*

The Project Director will serve as the facilitator of the Collaboration and will additionally provide the following commitments and contributions:

- Guide the Collaboration to develop and implement key planned activities through conducting needs assessments, developing a strategic plan, and implementing strategic plan initiatives across partner agencies
- Manage resources effectively and efficiently according to an approved budget, in conjunction with Community Options leadership
- Build and maintain relationships with collaborative members and their agencies
- Coordinate with collaborative members to set meeting agendas, facilitate meetings, and follow up on key issues raised during meetings
- Prepare status reports on funded projects
- Troubleshoot and provide solutions to unanticipated barriers in order to effect a timely and practical implementation
- Other duties as assigned by the Collaboration

Section IV. COMMUNICATIONS PLAN

Putnam ACCESS believes that open, transparent and consistent communication among partner agencies and outside stakeholders is key to the success of our project. We feel that maintaining clarity surrounding our work structure, such as when and where we will have meetings, who will be attending, and the guidelines to conducting those meetings, will serve as a foundation to our Communications Plan. Of equal importance are the more detailed areas of this plan, such as how collaborative members will convey information to and from their respective agencies, and how the Collaboration will convey information to and from outside sources, such as Vera, OVW, and the media. This Communications Plan will help to bridge the gap between our two agencies and allow us to build trust so that we may produce the best outcomes possible.

INTERNAL COMMUNICATIONS

Putnam ACCESS consists of the Project Director and two to three representatives from each agency's management team. Collaborative members recognize the value of open and transparent communication. We strive to accomplish this type of communication by meeting regularly and corresponding by email and telephone as needed, in accordance with the following guidelines:

Communicating by In-Person Meetings

We have learned and embraced that communication and in-depth conversations throughout every step of this project will lead us to success. We believe that while a

shared ownership in the project is important, this can only occur when shared input and participation also occur. This requires active listening, open and transparent communication, participation in group conversations and the decision-making process, and following through with commitments and contributions outside of the scheduled meetings. Therefore, we feel there is a need to establish meeting guidelines, which will apply to all meetings held by the Collaboration. These guidelines will establish a structure and serve as ground rules for our meetings. They will assist the Project Director with facilitation of the meetings, and help us to ensure quality conversations take place in an orderly, respectful manner.

We have identified the following guidelines for our meetings:

- **Safety & Accessibility**

Meetings will be comfortable, safe, and easily accessible to all collaborative members, key decision makers, and other outside stakeholders who may be in attendance. Meetings will be conducted in a format that provides open conversation & ensures confidentiality, so that all attendees feel safe to share information and talk freely. Requests for special accommodations may be made to the Project Director prior to the meeting, and every effort will be made to meet those requests. If the meeting lasts longer than 2 hours, breaks will be included in the agenda. However, anyone in attendance may request a break at any time. The number and length of breaks will depend on the length of the meeting and the needs of the participants.

- **Meeting Structure**

During the Planning and Development Phase, collaborative members are committed to meeting in-person for eight hours each month to discuss project activities and to develop and approve key work products identified by OVW. These meetings may be held twice per month for four hours each or more frequently, depending on the needs of the Collaboration. Meetings will be scheduled one month in advance if at all possible. Every effort will be made to ensure full attendance when creating the meeting schedule. The Project Director will coordinate meeting schedules and agenda items to meet the needs of this structure. In addition, the Project Director will send, via email, meeting reminders prior to the meeting. We understand that this meeting structure may change or be adapted as we progress in the project and enter into the Implementation Phase.

- **Attendance and Punctuality**

Each member will be respectful of others' time by maintaining regular attendance. In addition, members will arrive on time, remain present for the duration of the meeting, and be punctual when returning from breaks. Likewise, every effort will be made to end meetings at the scheduled time. As a courtesy, members will be committed to scheduled meetings and send notification to the Project Director as early as possible if he/she is unable to attend so the meeting can be rescheduled if needed. If the Project Director is notified of a scheduling conflict one week in advance or more, the meeting will be rescheduled whenever possible. If the notification time is less than one week prior to the scheduled meeting, rescheduling will be at the Project Director's discretion based on the meeting agenda.

- **Meeting Preparation**

In order for the meeting to run efficiently, members are expected to be prepared for each meeting by reviewing, in advance, the previous meeting minutes and other documents sent out prior to the meeting. Each member can also help facilitate this process by following up with action steps relating to meeting assignments. The Project Director will create a pre-meeting packet to be sent to collaborative members via email within one week of each meeting. The packet will include minutes from the previous meeting, an agenda for the upcoming meeting, and any documents or work products that will be covered under that agenda. The meeting minutes will include, at minimum, the date/time/location, attendees, key points/decisions, and follow-up action steps. Requests for any changes/corrections to the minutes or agenda may be made by sending the requests via email to the Project Director and copying all collaborative members. Changes will be noted and minutes will be approved at the beginning of the next scheduled meeting. Collaborative members will bring a copy of the pre-meeting packet to each meeting for his/her own personal reference. If any additions or changes are made to the packet, the Project Director will bring copies to the meeting.

The Project Director, or designee, will serve as the facilitator of each meeting. He/she will take notes on the meeting discussions and keep the notes on file for reference. Any member may request a copy of meeting notes for clarification and/or reference.

- **Respect of Others**

Collaborative members agree to always be respectful of a person's right to the floor. We will not talk when someone else is talking, and will avoid side conversations. We will respect individual opinions, and agree to be active listeners and participate in conversations.

We will always strive to stay on topic and follow the set agenda. It is understandable that some conversations will take place and are needed for relationship building, but conversations that do not pertain to the topic at hand will be limited or set aside for 'Open Discussion' at the end of the meeting. A timekeeper will be identified at each meeting to assist the facilitator with keeping the meeting on track.

Cell phone usage, including text messaging or emailing, will be limited to emergency use only. Cell phones will be turned off or set on vibrate, and will be placed out of sight, to avoid distraction. Voicemails, emails and text messages may be checked at breaks.

Collaborative members agree to be mindful and respectful of confidentiality and always follow the Confidentiality Policy (see *Section IV, Communications Plan: Confidentiality Policy).*

Communicating by Email

Between meetings, collaborative members will correspond via email to share meeting minutes, agendas, product drafts, follow-up information, resources, and other useful information. Cancellations and notifications of emergency meetings will be sent via email as early as possible. Urgent emails will be flagged by the sender. The sender will indicate an appropriate response time within the email. All recipients will respond in a timely manner. The sender will also check for confirmation of receipt of urgent emails, and follow up with those not responding.

Communicating by Telephone

Telephone conversations and conference calls are also used as occasional means of communication. Generally, phone calls will be used for issues requiring immediate response or to follow up with an individual who does not respond to an urgent email.

An updated group directory (see Appendix B*, Putnam ACCESS Directory*) will be maintained and distributed to all members. Because all members do not use text messaging, text message preferences will be noted in the directory.

Inter-Agency Communication

Members of the Collaboration are responsible for updating their corporate leadership and/or Board of Directors on project activities between meetings. Information shared may include meeting minutes, product deliverable drafts, summaries of key decisions, or general information on collaborative activities. We have agreed to use consensus as our

decision-making process; therefore, we feel that this continuous flow of communication is crucial in obtaining input from every agency representative involved. While it is important to inform each agency's corporate leadership and/or Board of Directors of decisions that are made, we feel it is equally important to inform them of why and how those decisions were made. If key stakeholders are provided with background information on the conversations that lead collaborative members to their decisions, they will have a greater understanding of those decisions and be more likely to support them.

Collaborative members will promote the project throughout their respective agencies by updating and informing all staff members, as well as contractors, partners, and volunteers. This is accomplished by maintaining ongoing telephone and email communication, by updating and informing them of key milestones throughout the project, and, if necessary, by arranging for the Project Director to attend and/or present at staff and management team meetings, volunteer group/advisory board meetings, fundraisers, and other office-wide events.

EXTERNAL COMMUNICATIONS

Communicating With The Vera Institute of Justice (Vera)

About Vera

The Vera Institute of Justice (Vera) will serve as our Collaboration's technical assistance provider for the duration of the Disability Grant Program. Vera is an independent, non-partisan, non-profit center for justice policy and practice. Vera combines expertise in

research, demonstration projects, and technical assistance to help leaders in government and civil society improve the systems people rely on for justice and safety. Vera's Center on Victimization and Safety (CVS) implemented the Accessing Safety Initiative (ASI) in 2005. Funded by the Office on Violence Against Women (OVW), the Accessing Safety Initiative "helps organizations and communities meet the needs of women with disabilities and Deaf women who are victims or survivors of domestic violence, sexual assault, and stalking."

As an OVW grantee, we will receive comprehensive technical assistance and training through Vera's Accessing Safety Initiative. Vera will combine the expertise of its staff with the expertise of practitioners from the field to meet the Collaboration's needs. Vera will provide technical assistance by:

- Facilitating in-person retreats and problem-solving sessions (We will engage our assigned Vera point person at site visits at the beginning of each step of the project.)
- Providing regular phone or email consultation with the Project Director
- Providing additional conference calls and/or site visits with the Collaboration, as needed and as determined by the Collaboration
- Providing information and referrals
- Assisting with product development and review
- Assisting with our work process to help keep our work moving forward
- Sharing lessons learned from other grantees' work
- Meeting with key agency stakeholders to ensure understanding and buy-in

- Helping us to ensure our work is consistent with the goals, approach, and requirements of the Disability Grant Program
- Providing us with knowledge, skills, and resources related to implementing the grant
- Assisting us with preventing common problems from occurring in our work
- Helping solve any problems or challenges that do occur

Vera will provide training and facilitate peer exchanges across collaborations by hosting:

- Semi-annual All-Site Meetings
- Semi-annual Project Director Meetings
- Conference calls
- Webinars

Communicating With Vera

The Collaboration will maintain frequent communication with Vera. We understand the value of Vera's technical assistance; therefore, we will always maintain open and transparent communication with Vera. All collaborative members will attend All-Site Meetings and Site Visits when possible. On occasion, the Vera point person will participate in collaborative meetings in person or via conference call to ensure all members have an opportunity to communicate with her directly. The Project Director is the primary contact person for both incoming and outgoing communication with Vera, including: requesting technical assistance; scheduling meetings, site visits, and regularly scheduled telephone meeting updates; telephone and in-person support; and requesting assistance with conflict resolution. Communication with Vera is not limited to the Project Director. However, when this communication occurs, the Project Director should

be made aware of it. The Vera point person and the Project Director will meet regularly to:

- Exchange updates, resources and referrals
- Trouble-shoot any immediate issues
- Identify other technical assistance needs
- Provide/discuss information on deliverables, work process, and next steps

The Vera point person will send follow-up emails to highlight his/her key guidance in writing, and the Project Director will share this follow-up information with the Collaboration. Collaborative members may join a scheduled phone call between the Project Director and the Vera point person by coming to the Project Director's office at Community Options. A courtesy call to the Project Director the day of the call will serve as appropriate notice.

The Collaboration, the Vera point person, or OVW may identify technical assistance needs. Vera identifies our needs by:

- Listening and asking questions about our work
- Assessing our work for consistency with the grant
- Drawing from past experiences

When Vera identifies an issue or a need, the point person will address the issue directly with the Project Director, and if necessary, the Collaboration. We will work together to identify resources and solutions. If we choose to go in a different direction, we will share our ideas and reasons with Vera; Vera will share concerns and rationale, and then direct the Collaboration to OVW, if necessary.

Communicating With the Office on Violence Against Women (OVW)

About OVW

The mission of the Office on Violence Against Women (OVW), a component of the U.S. Department of Justice, is "to provide federal leadership in developing the nation's capacity to reduce violence against women and administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault, and stalking." OVW is the Collaboration's funding source under the Disability Grant Program.

Communicating With OVW

We will maintain communication with the OVW Program Specialist at all necessary points of the project. The Project Director is the appointed contact person for all incoming and outgoing communication with OVW. If other members of the Collaboration wish to communicate with OVW directly, they are to notify and utilize the Project Director for all needs. When communicating with OVW, the Project Director will always follow the direction of the Collaboration. In the Project Director's absence, another member may be designated as the primary point of contact. In addition, there may be times when it is necessary for a designee of the Lead Agency to communicate with OVW for fiscal matters. The Project Director should be made aware of this communication and should share with the Collaboration.

Communications to OVW include necessary updates and submission of budget modifications, Grant Adjustment Notices (GAN's), and product deliverables/documents for final approval. We will update OVW on collaborative activities by completing

quarterly financial reports and semi-annual progress reports. In addition, we will notify the OVW Program Specialist of any changes to the Collaboration and/or the Lead Agency.

The Collaboration's primary means of communication with OVW will be through our product deliverables. A deliverable is defined as anything created or supported with OVW funds. All deliverables will be created as high-quality, stand-alone documents that are understandable to a third-party reader. Deliverables may include:

- Memorandum of Understanding (MOU) and inter-agency agreements
- Collaboration Charter
- Needs Assessment tools and reports
- Strategic Plan
- Education and outreach materials
- Policies and protocols
- Promotional materials
- Training curriculum and supporting materials

Communicating With Other Stakeholders

The Collaboration realizes that throughout the duration of this project, we may engage outside stakeholders from time to time. Key stakeholders are those who have a vested interest in the vision, mission, and goals of the Collaboration and who advocate for individuals with intellectual disabilities who experience domestic and/or sexual violence.

The Project Director is the primary contact person for all incoming and outgoing communications with outside stakeholders.

The Collaboration will appoint the most appropriate point person for specific needs, as they arise. That point person will communicate with the Project Director, who will update/inform the Collaboration.

Communicating With The Media

Collaborative members agree that our communication with the media is an important aspect of our work, and affects our appearance to the community, both as a Collaboration and as individual agencies. Collaborative members agree to always follow the Confidentiality Policy (see *Section IV, Communications Plan: Confidentiality Policy*), and to never release client information or unapproved agency information to the media. Our communication to the media, like our work together, will always be positive, uplifting, and reflective of our efforts to improve the lives of individuals with intellectual disabilities who experience domestic and/or sexual violence. We will communicate with the media proactively and reactively when needed. We have identified the following practices for communicating with the media.

Proactive Communication

Proactive communication will be used when the Collaboration or a partner agency is sending outgoing communication to the media or public to highlight our work together. All outgoing communication to the media will be reviewed by the Collaboration prior to

distribution. The point person for outgoing communication will be the Executive Director or designee of the partner agency wishing to send out the communication. The Project Director may be appointed as the designee by any partner agency. A standard list of Talking Points (See Appendix C, *Putnam ACCESS Talking Points*) will be available to each partner agency when creating press releases, news articles, radio or television broadcasts or other forms of communication with the media regarding the work of the Collaboration. Information from the Talking Points may also be used without prior approval from the Collaboration in the event a partner agency communicates with the media and the focus is on that particular agency, not the Collaboration. In addition, if a partner agency wishes to include information about the collaboration in agency printed materials, video or website content, the agency will use information from the Talking Points or obtain prior approval from the Collaboration.

Reactive Communication

Reactive communication will be used when the Collaboration receives requests for communication about our work from the media or public. In the event that the media should contact a partner agency regarding the Collaboration, the inquiry will be directed to the respective agency's Executive Director. Executive Directors or their designee will only give information included in the Talking Points. If the Executive Director wishes to disclose information not included in the Talking Points, the Collaboration must approve the release of this information. In the event of an emergency or crisis situation regarding one of the agencies involving its partnership in the Collaboration or its work with individuals with intellectual disabilities who experience domestic and/or sexual violence,

Executive Directors will consult with all other partner agency Executive Directors prior to releasing a statement, so that all agencies are informed and may contact other agency decision-makers if needed. All partner agencies agree to decline to respond to questions from the media regarding the actions of another partner agency.

CONFIDENTIALITY POLICY

We believe that confidentiality is of the utmost importance in providing a safe and comfortable environment for the people we serve, our agencies, and our collaborative members. Any personal or private information is valued and will be kept secret. Although both of our organizations have their own policies and procedures regarding confidentiality, we have agreed to follow the policy outlined below in our work together as a Collaboration.

Confidentiality of Collaborative Members

We feel that the confidentiality of collaborative 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 or private information that is shared will be considered confidential and secret and will be safeguarded by our group. In addition, all workings of the Collaboration will be kept confidential, including but not limited to, professional and personal disclosures that have an impact on the work of the Collaboration.

Confidentiality of Agency Information

We agree that all private agency information regarding policy, procedure, regulations, and services 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 or 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. Information about partner agencies or collaborative members that impacts the project may be shared with Vera or OVW when necessary.

Confidentiality of the People We Serve

Collaborative members agree that we will not share personal or private, identifying information about the individuals we serve. Any information that is inadvertently revealed will be secured as privileged information by all collaborative members. In addressing their unique safety issues, we are acutely aware of the extreme vulnerability of individuals with intellectual disabilities who experience domestic and/or sexual violence. Keeping this in mind, the Collaboration will abide by mandatory reporting statutes while making every effort to honor the individual's right to 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. In the State of Tennessee, any person, including but not limited to, a physician,

nurse, social worker, department personnel, coroner, medical examiner, alternate care facility employee, or caretaker who has reasonable cause to suspect that an adult, who because of mental or physical dysfunction or advanced age is unable to manage such person's own resources, carry out the activities of daily living, or protect such person from neglect, hazardous or abusive situations without assistance from others and who has no available, willing and responsibly able person for assistance and who may be in need of protective services, has suffered abuse, neglect or exploitation, must report to the Department of Human Services as required by law. (See Appendix D-1, *Tennessee Code Annotated 71-6-101, 71-6-102, 71-6-103, 71-6-110, Tennessee Adult Protection Act.)*

Under this law, Genesis House employees are mandatory reporters. If Genesis House Staff determine that an individual fits the definition of adult stated in the TN Adult Protection Act, Genesis House will report the abuse as required. However, if Genesis House Staff determine that an individual does not fit the legal definition, that individual has the right to exercise free choice in making decisions. Services, interventions and assistance may be accepted or refused by the individual.

Community Options employees are also mandatory reporters under the TN Adult Protection Act. However, Community Options Staff have additional responsibilities to meet the mandatory reporting requirements of other regulatory agencies. The Department of Intellectual and Developmental Disabilities (DIDD) is the state agency responsible for providing services and supports to Tennesseans with intellectual disabilities. Community Options, as a participating agency in the TN DIDD system, is

required to make a report of alleged abuse to DIDD on behalf of those individuals receiving services under the DIDD system. All employees of Community Options, including the Project Director, are DIDD mandatory reporters. For the purposes of this initiative and those identified as individuals we serve, any allegation of abuse, neglect or exploitation of an individual with intellectual disabilities who receives services and/or funding through DIDD, would need to be reported to DIDD. (For a list of DIDD Reporting Requirements, See Appendix E, *TN DIDD Provider Manual, Chapter 18, Protection From Harm*.)

Section V. DECISION MAKING

Collaborative members agree that it is of high importance that all members work together to make decisions and meet the goals and objectives of the Collaboration. We feel that shared ownership of the project is rooted in a fair and equal decision-making process. We recognize and honor each agency's decision-making process and will work with these different processes to enact systemic change for individuals with intellectual disabilities who experience domestic and/or sexual violence. The following section identifies the decision-making authority of the Collaboration as well as a formal process for making key decisions.

DECISION MAKING AUTHORITY

Authority of the Collaboration

The Collaboration will collectively have authority over the following:

- Day-to-day decisions of the project and concept development
- Setting meeting dates and times; requesting additional meetings or canceling meetings
- Designating priority items
- Decisions on the Collaboration's policies, procedures, definitions, and other items to be included in the product deliverables
- Providing input into budget revisions and reports to OVW
- Any changes to partner configuration

- Other decisions that change the meaning or direction of the project, within the scope of the grant

Authority of Executive Directors

The Executive Director of each agency will have authority over the following:

- Approval and signature of contracts and/or MOU's
- Final approval of product deliverables
- Development of agency policy changes and budget issues that are reflective of the project

Each agency has different structures for its leadership, and the Collaboration recognizes and respects each structure. Community Options' operational leadership includes the Executive Director of the Cookeville Office, the Regional Vice President, and the Chief Executive Officer. The Board of Trustees is the governing body of Community Options. Genesis House's operational leadership is headed by the Executive Director, while the Board of Directors serves as the governing body. While this project does have a local focus and each Executive Director has been given autonomy over this project, we agree it is important to include these other stakeholders when making key decisions throughout the project and keep them abreast of project activities, regardless of whether approval is needed. The governing body of each agency may be consulted when deemed necessary by the Executive Director of each agency.

Authority of the Lead Agency

The Corporate Office of Community Options will serve as the Lead Agency over the project. Community Options will support, approve and submit financial and programmatic recommendations from the Collaboration, so long as those recommendations remain within the scope of the grant. Community Options will have the following authority:

- Employment, supervision, and termination of the Project Director (upon consultation with the Collaboration)
- Implementation of the approved OVW budget
- Submission of semi-annual progress reports to OVW (with the assistance of the Project Director)
- Development and submission of budget and financial reports to OVW
- Submission of final product deliverables to OVW

Authority of the Project Director

In addition to serving as the facilitator of the Collaboration, the Project Director will have authority over the following:

- Day-to-day operational decisions
- Decisions for the coordination and management of grant project activities
- Setting timelines, maintaining work schedules, recommending meeting agendas, and coordinating project logistics

- Representing the Collaboration as the primary point of contact for all internal and external communications, with the exception of media communications (see *Section IV, Communications Plan: Communicating with the Media*).
- Management of fiscal and program accountability, in conjunction with Community Options leadership

DECISION MAKING PROCESS

Consensus

The Collaboration will use consensus as our decision making process. To help us reach consensus, we have adopted the following process from the Tennessee Coalition to End Domestic and Sexual Violence:

Step 1: Presentation – factual information and a list of decisions needed

Step 2: Clarification – questions about presentation

Step 3: Proposal

Step 4: Clarification – questions about proposal

Step 5: Discussion – building support for the decision (amendments, concerns, input)

Step 6: Call for Consensus – 3 options:

Consensus

Stand Aside

Block – provide alternative proposal

Repeat process until consensus is reached.

Definitions:

Consensus: Agreement among substantial number of members reached after sustained study and group discussion. Consensus is the sense of what the group supports; it is not a vote, not a census, not a simple majority, and not necessarily unanimity.

Standing Aside: Statement of non-agreement but a willingness to support the work (Names of anyone standing aside will be recorded in the minutes.)

Blocking: Strong statement of non-agreement with the proposal and no willingness to have the proposal affirmed. Group members have an ethical obligation to state that they will block as soon as they know that they cannot support the proposal. Persons choosing to block a proposal must state an alternative proposal that they would be willing to affirm.

Process Roles:

Responsibility for facilitation of the consensus process should be shared by all group members.

Facilitator: Person responsible for moving the process through the above steps.

Process Watcher: Person responsible for observing the process, noting any agreements made by the group concerning communication or principles of unity, and keeping a list of names when more than one person requests time to speak.

Time Keeper: Person responsible for apprising the group of time spent on each proposal. Facilitators are encouraged to negotiate time to be allotted to each proposal.

Group Conditions that Support Consensus

The Collaboration has adopted the following concepts from *Building United Judgment*. We believe these conditions are conducive to reaching decisions:

- *Principles of Unity*

Need agreement on a basic core of values/principles about the purposes of the group. They must be practical…the honest truth of why we come together, not idealistic only.

- *Equal Access to Power*

A group structure which gives all members equal authority. Requires constant conscientious effort to make personal and organizational choices that support equal distribution of power.

- *Autonomy of the Group from External Hierarchical Structures*

It is difficult to use consensus as a decision making process when the group is externally controlled by a group or groups that can alter the consensus decisions.

- *A Willingness in the Group to Spend Time to Attend to Process*

It is important that difficult consensus decisions not be hurried. A willingness and ability to spend group time focusing on process and being willing to change process is valuable.

- *A Willingness in the Group to Attend to Attitudes*

Cooperation and trust increase the success of consensus. Each group member needs to be committed to looking at her/his own attitudes and being open to change.

- *A Willingness in the Group to Learn and Practice Skills*

There needs to be encouragement and direct assistance to all group members to develop skills; i.e., participation, communication, facilitation, and conflict negotiation that make a group work well.

Section VI. CONFLICT RESOLUTION STRATEGY

Collaborative members recognize that each individual representative has specialized training, knowledge, and expertise in working with individuals with intellectual disabilities and/or with individuals who experience domestic and/or sexual violence. We understand that with this diversity of experience comes differing values, philosophies, and passions – both individually and organizationally. We agree that these differences come from our professional commitments and should not be taken personally. Additionally, we believe that conflict presents us with valuable opportunities for growth and creative problem solving, which will only enhance our ability to change. Therefore, we are committed to the Conflict Resolution Strategy listed below in order to effectively resolve any differences or conflicts that may arise throughout the course of our work together.

Framework for Conflict Resolution

- Collaborative members agree to be open to each person's perspective, trust the motivation of that person, and recognize the importance of the topic to that individual. We will accomplish this by asking respectful questions to gain more insight, engaging in active listening (including non-verbal cues/body language), allowing equal time for each individual to speak, watching for interrupting, and self-monitoring one's own biases and feelings. (See Appendix F, *Elements of Active Listening*)
- We will avoid placing blame on any individual or agency.
- We will focus on specific issues, not the personalities of the persons involved.

- We understand that agreement and resolution are separate, and that we may reach a resolution even though we may still be at a disagreement.
- Any member may request that an item be postponed to a later date for time to reflect and obtain any additional relevant information.
- At any time during the conflict resolution process, any member may request guidance and assistance from an outside source. The group will identify and approve any source to be brought to the table.
- All decisions will be derived by using consensus.

Steps for Conflict Resolution

We will first attempt to use the consensus decision-making process identified in *Section V: Decision Making, Decision Making Process*, to resolve any conflicts. Should this not work, we will move to the process outlined in the steps below:

1. Identify and clarify the conflict and source(s) of concern.
2. Review the Collaboration Charter for guidance.
3. Limit the scope of discussion to the specific conflict at hand.
4. Listen to what the group members have to say and make sure that everyone is equally heard.
5. Discuss possible solutions for the conflict.
6. Apply the agreed upon solution and resolve.

If a solution to a conflict that affects the work of the Collaboration cannot be agreed upon, we will contact Vera, or OVW when necessary, for guidance and mediation.

Section VII. WORK PLAN

The following work plan identifies the projected timeline for the planning phase of the collaborative project. Each step of the work plan will be carried out with consultation from all Putnam ACCESS representatives, and each product will be submitted for approval to each Member Organization and to OVW.

October 2010	Receive Funding from OVW
November 2010	Attend OVW New Grantee Orientation – Columbus, OH
December 2010	Hire Project Director, Kristi Allen
January 2011	Begin development of Collaboration Charter
February 2011	Attend Retreat (Collaboration Building) – Pigeon Forge,TN
March 2011	Development of Collaboration Charter
April 2011	Development of Collaboration Charter
May 2011	Development of Collaboration Charter
June 2011	Attend All-Site Meeting – Louisville, KY
July 2011	Submit Revised MOU to OVW
August 2011	Development of Collaboration Charter
September 2011	Community Options National Conference – Pittsburgh, PA
October 2011	Development of Collaboration Charter
November 2011	Development of Collaboration Charter
December 2011	Development of Collaboration Charter
January 2012	Submit Collaboration Charter to OVW
February 2012	Attend Retreat (Needs Assessment) – Cookeville, TN

February 2012	Begin development of Needs Assessment Proposal
March 2012	Attend All-Site Meeting – Kansas City, MO
April 2012	Development of Needs Assessment Proposal
May 2012	Development of Needs Assessment Proposal
June 2012	Submit Needs Assessment Proposal to OVW
July 2012	Begin conducting Needs Assessment
August 2012	Conducting Needs Assessment
September 2012	Begin development of Needs Assessment Findings Report
October 2012	Submit Needs Assessment Findings Report to OVW
November 2012	Attend Retreat (Strategic Planning)
December 2012	Begin development of Strategic Plan
January 2013	Development of Strategic Plan
February 2013	Submit Strategic Plan to OVW
March 2013	Begin Implementation Phase

After the successful conclusion of our Planning and Development Phase and with the approval of OVW, the Collaboration will begin the Implementation Phase. The goal is to begin implementation in March 2013.

Section VIII. KEY TERMS AND DEFINITIONS

Putnam ACCESS consistently uses the following terms, both within our Collaboration Charter and within the language of our Collaboration. Since many terms can vary in meaning, we have defined the following terms as they pertain to our Collaboration.

ABUSE – The knowing infliction of injury, unreasonable confinement, control, intimidation or punishment with resulting physical harm, pain or mental anguish. This includes neglect and exploitation as well as domestic and/or sexual violence. (For a list of specific subcategories of abuse considered by the Tennessee Department of Intellectual and Developmental Disabilities, See Appendix E, *TN DIDD Provider Manual, Chapter 18, Protection From Harm*).

ABUSER – Also referred to as "perpetrator". A person who perpetrates abuse against another person.

ACCESSING SAFETY INITIATIVE (ASI) – Implemented by Vera's Center on Victimization and Safety in 2005; Funded by the Office on Violence Against Women, ASI helps organizations and communities meet the needs of survivors of domestic violence, sexual assault, and stalking.

ADULT – According to the TN Adult Protection Act, adult means a person 18 years of age or older who because of mental or physical dysfunctioning or advanced age (60 years or older) is unable to manage such person's own resources, carry out the activities of

daily living, or protect such person from neglect, hazardous or abusive situations without assistance from others and who has no available, willing and responsibly able person for assistance and who may be in need of protective services. (See Appendix D-1, *Tennessee Code Annotated 71-6-101, 71-6-102, 71-6-103, 71-6-110, Tennessee Adult Protection Act.)*

COLLABORATION – Throughout this document "Putnam ACCESS" and "the Collaboration" are used interchangeably to mean the teaming up of our organizations, Community Options and Genesis House, to address the needs of individuals with intellectual disabilities who experience domestic and/or sexual violence who live in Putnam County, Tennessee.

We define collaboration as a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone. This relationship includes commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and awards. In an effective collaboration, members are committed as much to the common collaborative objectives as they are to their own organizational goals.

COLLABORATIVE MEMBER – Also referred to as "Individual Representative." An individual who represents one of the Member Organizations of the Collaboration; this individual serves on the Collaboration by adhering to agreed upon commitments and

contributions. For a complete list of Collaborative Members as well as Commitments and Contributions, see *Section III: Membership*.

CONSENSUS – Agreement among substantial number of members after sustained study and group discussion. Consensus is the sense of what the group supports; it is not a vote, not a census, not a simple majority, and not necessarily unanimity. Consensus is the process the Collaboration will use when making decisions. (See *Section V, Decision Making: Decision Making Process*.)

DELIVERABLE – Also referred to as "product deliverable" or "work product." Anything created or supported with OVW funds. Deliverables may include Memorandum of Understanding, Collaboration Charter, Needs Assessment Report and Tools, Strategic Plan, education and outreach materials, policies and protocols, promotional materials, financial and progress reports, etc.

DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (DIDD) – The state agency responsible for providing services and supports for Tennesseans with intellectual disabilities. DIDD provides services directly or through contracts with community providers (such as Community Options) in a variety of settings. These settings range from institutional care to individualized supported living in the community. There are two long-term care facilities in the system: Clover Bottom Developmental Center in Nashville and Greene Valley Developmental Center in Greeneville.

DEVELOPMENTAL DISABILITY – Severe or chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. Developmental disability is an umbrella term that includes intellectual disability but also includes other disabilities that are acknowledged during early childhood. Some developmental disabilities are largely physical issues, such as cerebral palsy or epilepsy. Some individuals may have a condition that includes a physical and intellectual disability, for example Down syndrome or fetal alcohol syndrome. (Despite slight differences in the two terms, "intellectual disability" and "developmental disability" are often used interchangeably.) (For a complete definition as defined by T.C.A.33-1-101, See Appendix D-2.)

DISABILITY GRANT PROGRAM – Funded by the Office on Violence Against Women, the goal of the Disability Grant Program is to create sustainable, systemic change that will result in effective services for individuals with disabilities who are victims of sexual assault, domestic violence, dating violence, and stalking and to hold perpetrators of such crimes accountable.

The formal name of the program is the "Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program". In October 2010, under the Disability Grant Program, Community Options, Inc. and Genesis House, Inc. entered into a 3-year Cooperative Agreement with OVW to create systemic change for individuals with intellectual disabilities who experience domestic and/or sexual violence who live in Putnam County, Tennessee.

DOMESTIC VIOLENCE – "Domestic violence" is often used interchangeably with "domestic abuse". Domestic violence is a pattern of violent and coercive behaviors whereby the perpetrator seeks to control the thoughts, beliefs, or conduct of his or her victim, which include but is not limited to a roommate, a family member, an intimate partner or an acquaintance, or to punish the victim for resisting the perpetrator's control over him or her. Perpetrators and victims can be found in all age, racial, socio-economic, educational, occupational, sexual orientation, and religious groups. Victims may or may not have been abused as children or in previous relationships.

EXPLOITATION – Actions including but not limited to the deliberate misplacement, misappropriation or wrongful, temporary or permanent use of belongings or money with or without the recipient's consent. Within the scope of domestic and sexual violence, individuals can be exploited in a variety of manners including using coercion and threats, intimidation, emotional abuse, isolation, economic abuse, male privilege, children, or minimizing, denying, and blaming (See Appendix G, *Power and Control & Equality Wheel*s).

IMPLEMENTATION PHASE – The second phase of the Disability Grant Program; emphasis is on implementing strategies and changes identified during the first phase of the project, the Planning and Development Phase.

INDIVIDUALS WE SERVE – When referencing the individuals served by the Member Organizations of the Collaboration, a variety of terms are used. In serving individuals

who experience domestic or sexual violence, terms such as "clients," "survivors," or "victims" are commonly used depending on who is speaking, what setting the individual is in, what the individual's wishes may be, and other factors. For disability service providers, terms such as "service recipients" or "individuals" are becoming more common, replacing terms such as "consumers" or "residents." Collectively, we will use the term "individuals we serve" to avoid confusion, stereotypes, and unintentional offensive language.

INTELLECTUAL DISABILITY – A disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18. (For a complete definition as defined by T.C.A.33-1-101, See Appendix D-2.)

The overarching reason for evaluating and classifying individuals with intellectual disabilities is to tailor supports for each individual in the form of a set of strategies and services provided over a sustained period.

Although the term "developmental disability" is an umbrella term that includes intellectual disabilities but also includes other disabilities that are acknowledged during early childhood, the two terms are often used interchangeably.

Note: The term Intellectual Disability covers the same population of individuals who were diagnosed previously with Mental Retardation in number, kind, level, type, duration of disability, and the need of people with this disability for individualized services and supports. Furthermore, every individual who is or was eligible for a diagnosis of Mental Retardation is eligible for a diagnosis of Intellectual Disability. While Intellectual Disability is the preferred term, it takes time for language that is used in legislation, regulation, and even for the names of organizations, to change.

LEAD AGENCY – Also referred to as the "Lead Agency Partner." The agency that was awarded funds by OVW and that will serve as the fiscal agent of the project. Community Options, Inc. will serve as the Lead Agency Partner for the duration of the Disability Grant Program. (See *Section III, Membership: Commitments and Contributions*; and Section *V, Decision Making: Decision Making Authority, Authority of the Lead Agency*.)

MANDATORY REPORTER – In the State of Tennessee, any person, including but not limited to, a physician, nurse, social worker, department personnel, coroner, medical examiner, alternate care facility employee, or caretaker who has reasonable cause to suspect that an adult (see definition above) has suffered abuse, neglect or exploitation, must report to the Department of Human Services as required by law. (See Appendix D-1, *Tennessee Code Annotated 71-6-101, 71-6-102, 71-6-103, 71-6-110, Tennessee Adult Protection Act*)

Additionally, the Department of Intellectual and Developmental Disabilities (DIDD) has defined events and incidents that must be reported by DIDD providers. Community Options is a DIDD provider. (For a list of Reportable Incidents defined by DIDD, See Appendix E, *TN DIDD Chapter 18, Protection From Harm*.)

MEMBER ORGANIZATION – Also referred to as "Partner" or "Partner Agency." An agency that is a participant of the Disability Grant Program and the Putnam ACCESS Collaboration. All Member Organizations sign a Memorandum of Understanding (MOU), which outlines the agency's roles and responsibilities for the project. (See *Section III, Membership*.)

NEGLECT – Failure to provide goods or services necessary to avoid physical harm, mental anguish or mental illness, which results in injury or probable risk of serious harm.

OFFICE ON VIOLENCE AGAINST WOMEN (OVW) – The Collaboration's funding source under the Disability Grant Program. A component of the U.S. Department of Justice, OVW's mission is to provide federal leadership in developing the nation's capacity to reduce violence against women and administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault and stalking. (See *Section IV, Communications Plan: External Communications, Communicating with OVW*)

OVW PROGRAM SPECIALIST – An employee of the Office on Violence Against Women who acts as the primary point of contact for all communication with the Collaboration for the duration of the Disability Grant Program. The Program Specialist provides guidance to grantees on OVW policies and procedures, grant program requirements, general federal regulations, and basic programmatic, administrative, and financial reporting requirements.

PLANNING AND DEVELOPMENT PHASE – The first phase of the Disability Grant Program; emphasis is on collaboration building and strategic planning through the development of a Collaboration Charter, Needs Assessment, and Strategic Plan. Strategies identified during the Planning and Development Phase will be implemented during the second phase of the project, the Implementation Phase.

POWER AND CONTROL WHEEL/EQUALITY WHEEL – A nationally recognized visual summary of abusive behaviors. The original *Power and Control Wheel* and *Equality Wheel* were developed by the Domestic Abuse Intervention Programs in Duluth, Minnesota. Alternate formats have been developed to include specific types of victims including victims with disabilities. (See Appendix G, *Power and Control & Equality Wheels*.)

The *Power and Control Wheel* was developed from the experience of battered women in Duluth who had been abused by their male partners. It has been translated into over 40 languages and has resonated with the experience of battered women world-wide.

The *Equality Wheel* was developed not to describe equality per se, but to describe the changes needed for men who batter to move from being abusive to non-violent partnership. For example, the "emotional abuse" segment on the *Power and Control Wheel* is contrasted with the “respect” segment on the *Equality Wheel*. So the wheels can be used together as a way to identify and explore abuse, then encourage non-violent change.

PROJECT DIRECTOR – As a recipient of the OVW Disability Grant Program, we are required to have a Project Director to coordinate and lead our Collaboration through the three years of our work together under this grant. While the Project Director is employed and housed by the Lead Agency, she represents and works for both Member Organizations of the Collaboration. The Project Director leads the Collaboration through key planning activities including collaboration building, developing and conducting a needs assessment, and developing a strategic plan. In addition, the Project Director leads the Collaboration through the implementation of strategic plan initiatives. (For additional information on the Project Director’s commitments and contributions, see *Section III, Membership*.)

PUTNAM ACCESS (**A**dvocates **C**reating **C**hange through **E**mpowerment, **S**elf-sufficiency, and **S**afety) - “Putnam ACCESS” is used interchangeably with the term “the Collaboration”. Putnam ACCESS is a collaboration of two community-based agencies: Community Options, Inc. of Cookeville, Tennessee, a local branch of a national non-profit agency which provides services to individuals with intellectual disabilities; and

Genesis House, Inc., a non-profit agency dedicated to services for individuals who experience domestic and/or sexual violence, also centrally located in Cookeville. The Collaboration's focus is on creating systemic change to improve the lives of individuals with intellectual disabilities who experience domestic and/or sexual violence who live in Putnam County, Tennessee.

PUTNAM COUNTY, TENNESSEE – Comprised of the cities of Algood, Baxter, Cookeville and Monterey and surrounding areas, Putnam County is the geographical location of the Collaboration's target population. The 2010 Census population of Putnam County was 72,321. The City of Cookeville is the county seat, home to Tennessee Technological University, which enrolls 11,700 students annually. Due to its geographically centralized location and growing economy, Putnam County is known as the "hub" of the Upper Cumberland Region, which includes 14 counties in Tennessee.

QUALITY OF LIFE – Quality of life can be defined differently for everyone. Individuals are the experts on their own lives; therefore they should decide what *their* best quality of life is.

SEXUAL VIOLENCE – Sexual violence is any sexual activity where consent is not obtained or freely given. Not all forms of sexual violence are always physical; it may consist of emotional, psychological and verbal abuse towards a victim. Sexual violence is not about the sex act itself, but it is about the control the perpetrator has over his or her

victim. The perpetrator can include, but is not limited to, a friend, coworker, neighbor, or family member.

STAKEHOLDER – Also referred to as "key stakeholder" or "outside stakeholder." Individuals or agencies who have a vested interest in the vision, mission, and goals of the Collaboration, including any advocate for individuals with intellectual disabilities who experience domestic and/or sexual violence.

SYSTEMS CHANGE – Also referred to as "systemic change." The enhancement, development, or changes that may occur as a result of the Member Organizations of the Collaboration addressing the needs and barriers facing individuals with intellectual disabilities who experience domestic and/or sexual violence. Examples of systems change include, but are not limited to enhanced accessibility, policies, procedures, protocols, structural changes, training, cultural changes, sharing expertise and resources, and working together.

TARGET POPULATION – The focus of the Collaboration: individuals with intellectual disabilities who experience domestic and/or sexual violence who live in Putnam County, Tennessee.

TRAUMATIC BRAIN INJURY (TBI) – A head injury that results in a disruption of brain activity. TBI can be termed "mild" or "severe" and can affect a person's personality, mood, and can alter a person's ability to function independently. A person

with a TBI is considered to have a developmental disability if the injury occurred before the age of 22.

VERA INSTITUTE OF JUSTICE (VERA) – The Collaboration's technical assistance provider for the duration of the Disability Grant Program; Vera is an independent, non-partisan, non-profit center for justice policy and practice. (See *Section IV, Communications Plan: External Communications, Communicating with Vera*)

VERA POINT PERSON – An employee of the Vera Institute of Justice assigned to the Collaboration to provide technical assistance throughout the duration of the Disability Grant Program. The point person acts as the primary point of contact for all communication between Vera and the Collaboration.

SOURCES

The following sources were used to aid the Collaboration in defining our key terms:

- Tennessee Code Annotated 33-1-101, 36-3-601, 36-3-623, 39-13-101, 39-13-111, 39-13-501, 39-13-502, 39-13-503, 39-13-504, 39-13-505, 71-6-101, 71-6-102, 71-6-103, 71-6-110
- Tennessee Department of Intellectual and Developmental Disabilities (TN DIDD) Provider Manual, Chapter 18, Protection From Harm
- www.aamr.org (American Association on Intellectual & Developmental Disabilities)
- www.accessingsafety.org (Vera Institute of Justice – Accessing Safety Initiative)
- www.cdc.gov (Center for Disease Control and Prevention)
- www.domesticviolence.org
- www.disabilityisnatural.com (People First Language by Kathie Snow)
- www.fieldstonealliance.org (Fieldstone Alliance)
- www.mindtools.com (Mind Tools, Elements of Active Listening)
- www.ncadv.org (National Coalition Against Domestic Violence)
- www.ovw.usdoj.gov (US Department of Justice, Office on Violence Against Women)
- www.theduluthmodel.org (Domestic Abuse Intervention Programs, Duluth, MN)
- www.tncoalition.org (Tennessee Coalition to End Domestic & Sexual Violence)
- www.traumaticbraininjury.com (Traumatic Brain Injury.com, LLC)
- www.vera.org (Vera Institute of Justice)

APPENDIX A. EXAMPLES OF PEOPLE FIRST LANGUAGE

Examples of People First Language

By Kathie Snow

VISIT WWW.DISABILITYISNATURAL.COM TO SEE THE COMPLETE ARTICLE

Say:	**Instead of:**
People with disabilities.	The handicapped or disabled.
He has a cognitive disability/diagnosis.	He's mentally retarded.
She has autism (or a diagnosis of…).	She's autistic.
He has Down syndrome (or a diagnosis of…).	He's Down's; a mongoloid.
She has a learning disability (diagnosis)	She's learning disabled.
He has a physical disability (diagnosis).	He's a quadriplegic/crippled.
She's of short stature/she's a little person.	She's a dwarf/midget.
He has a mental health condition/diagnosis.	He's emotionally disturbed/mentally ill.
She uses a wheelchair/mobility chair.	He's confined to/is wheelchair bound.
He receives special ed services.	He's in special ed.
She has a developmental delay.	She's developmentally delayed.
Children without disabilities.	Normal or healthy kids.
Communicates with her eyes/device/etc.	Is non-verbal.
Congenital disability	Birth defect
Brain injury	Brain damaged
Accessible parking, hotel room, etc.	Handicapped parking, hotel room, etc.
She needs…or she uses…	She has a problem…She has special needs.

Excerpted from Kathie Snow's People First Language article, 2008.

APPENDIX B.

Putnam ACCESS Directory

Community Options, Inc. (COI)
5 West 2nd St.
Cookeville, TN 38501
Office: 931-372-0955
Fax: 931-372-0052

Genesis House, Inc. (GHI)
PO Box 1180
Cookeville, TN 38503
Office: 931-526-5197

Kristi Allen, Project Director
Kristi.Allen@comop.org
*931-510-9592

Jeffrey Egelston, COI Executive Director
Jeffrey.Egelston@comop.org
931-783-0089

Jeanette Preece, COI Quality Assurance Coordinator
Jeanette.Preece@comop.org
931-284-2360

Janell Clark, GHI Executive Director
Janell@genesishouseinc.com
*931-261-6480

Dina Martin, GHI Program Systems Director
Dina@genesishouseinc.com
*931-881-5391

Donna Poteet, GHI Program Services Director
Donna@genesishouseinc.com
*931-260-9282

**** Denotes availability of text messaging.***

APPENDIX C.

PUTNAM ACCESS TALKING POINTS

- This project is supported by Grant No. 2010-FW-AX-K009 "Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program" (Disability Grant Program) awarded by the Office on Violence Against Women (OVW), U.S. Department of Justice.

- Our collaboration has entered into a 3-year cooperative agreement with OVW that began in October 2010, and will end in September 2013.

- Collaborative Partner Agencies include:
    - Community Options, Inc. (Cookeville, TN)
    - Genesis House, Inc. (Cookeville, TN)

- Community Options, Inc. is the Lead Agency and serves as the Fiscal Agent.

- Collaborative representatives include:
    - Kristi Allen, OVW Disability Grant Project Director
    - Jeffrey Egelston, Executive Director, Community Options
    - Jeanette Preece, Quality Assurance Coordinator, Community Options
    - Janell Clark, Executive Director, Genesis House
    - Donna Poteet, Program Services Director, Genesis House
    - Dina Martin, Program Systems Director, Genesis House

- Point of Contact is Kristi Allen, Project Director.
    - Phone: 931-372-0955, ext. 103
    - Fax: 931-372-0052
    - Email: Kristi.allen@comop.org

- Under the Disability Grant Program, the scope of work of the Collaboration is limited to collaboration development, capacity building, and planning. The goal is to create sustainable systems change to improve services for individuals with intellectual disabilities who experience domestic and/or sexual violence who live in Putnam County, Tennessee.

- Two phases of the grant:
    - Planning & Development – Includes collaboration building, needs assessment and strategic planning
    - Implementation Phase – Implementing the changes identified during the Planning & Development Phase

- Vision Statement: Individuals with intellectual disabilities who experience domestic and/or sexual violence who live in Putnam County, Tennessee, will have equal access to organizations that provide seamless, individualized professional services. They will be met by service providers who are caring, knowledgeable and responsive, who will advocate with these individuals to attain their best quality of life.

- Mission Statement: We will develop a culture of inclusiveness in our organizations to provide seamless, individualized professional services to individuals with intellectual disabilities who experience domestic and/or sexual violence. We will achieve this by increasing the capacity of our organizations through:
    - Fostering relationships between our organizations,
    - Removing barriers and increasing access to services, and
    - Developing effective policies and procedures that reflect our values of safety and self-determination, and assure these individuals attain their best quality of life.

- Violence against women is a major public health issue in the United States, affecting the physical and emotional health of millions of women, children and men. Women with disabilities experience violence at extremely high rates and while their experiences are similar to women without disabilities there are some ways in which their experience is different (i.e. access to safety and support services, dependence on abuser, social stigma, etc.)

- Individuals with intellectual disabilities who experience domestic and/or sexual violence have the right to equal justice and the right to services.

- Isolation, waiting list, limited access and potential of not being believed make it difficult for individuals with intellectual disabilities who experience domestic and/or sexual violence to leave or seek help.

- Our Collaboration hopes to address these issues in Putnam County and to create a seamless delivery system that will offer comprehensive victim services to individuals with intellectual disabilities.

- Technical assistance for the Disability Grant Program is provided by the Vera Institute of Justice (Vera) Accessing Safety Initiative.

APPENDIX D-1.

T.C.A. 71-6-101, 71-6-102, 71-6-103, 71-6-110

TENNESSEE ADULT PROTECTION ACT

Title 71 Welfare
Chapter 6 Programs and Services for Abused Persons
Part 1 Adult Protection

Tenn. Code Ann. § 71-6-101 (2011)

71-6-101. Short title -- Legislative intent.

(a) This part may be cited as the "Tennessee **Adult Protection Act.**"

(b) (1) The purpose of this part is to protect adults coming within the provisions of the part from abuse, neglect or exploitation by requiring reporting of suspected cases by any person having cause to believe that such cases exist. It is intended that, as a result of such reports, the protective services of the state shall prevent further abuse, neglect or exploitation within the limitations set out in this part.

(2) It is recognized that adequate protection of adults will require the cooperation of many agencies and service providers in conjunction with the department of human services due to the often complex nature of the risks to this adult group, and that services to meet the needs of this group will not always be available in each community. However, it is desirable that the following services, as well as other services needed to meet the intent of this part, be available: medical care, mental health and developmental disabilities services, including in-home assessments and evaluations; in-home services including homemaker, home-health, chore, meals; emergency services including shelter; financial assistance; legal services; transportation; counseling; foster care; day care; respite care; and other services as needed to carry out the intent of this part.

HISTORY: Acts 1978, ch. 899, § 1; T.C.A., § 14-2601; Acts 1986, ch. 630, § 1; T.C.A., § 14-25-101.

71-6-102. Part definitions.

As used in this part, unless the context otherwise requires:

(1) "Abuse or neglect" means the infliction of physical pain, injury, or mental anguish, or the deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult or a situation in which an adult is unable to provide or obtain the services that are necessary to maintain that person's health or welfare. Nothing in this part shall be construed to mean a person is abused or neglected or in need of protective services for the sole reason that the person relies on or is being furnished treatment by spiritual means through prayer alone in accordance with a recognized religious method of healing in lieu of medical treatment; further, nothing in this part shall be construed to require or authorize the provision of medical care to any terminally ill person if such person has executed an unrevoked living will in accordance with the provisions of the Tennessee Right to Natural Death Act, compiled in title 32, chapter 11, and if the provisions of such medical care would conflict with the terms of such living will;

(2) "Adult" means a person eighteen (18) years of age or older who because of mental or physical dysfunctioning or advanced age is unable to manage such person's own resources, carry out the activities of daily living, or protect such person from neglect, hazardous or abusive situations without assistance from others and who has no available, willing, and responsibly able person for assistance and who may be in need of protective services; provided, however, that a person eighteen (18) years of age or older who is mentally impaired but still competent shall be deemed to be a person with mental dysfunction for the purposes of this chapter;

(3) "Advanced age" means sixty (60) years of age or older;

(4) "Capacity to consent" means the mental ability to make a rational decision, which includes the ability to perceive, appreciate all relevant facts and to reach a rational judgment upon such facts. A decision itself to refuse services cannot be the sole evidence for finding the person lacks capacity to consent;

(5) (A) "Caretaker" means an individual or institution who has the responsibility for the care of the adult as a result of family relationship, or who has assumed the responsibility for the care of the adult person voluntarily, or by contract, or agreement;

(B) A financial institution is not a caretaker of funds or other assets unless such financial institution has entered into an agreement to act as a trustee of such property or has been appointed by a court of competent jurisdiction to act as a trustee with regard to the property of the adult;

(6) "Commissioner" means the commissioner of human services;

(7) "Department" means the department of human services;

(8) "Exploitation" means the improper use by a caretaker of funds that have been paid by a governmental agency to an adult or to the caretaker for the use or care of the adult;

(9) "Imminent danger" means conditions calculated to and capable of producing within a relatively short period of time a reasonable probability of resultant irreparable physical or mental harm or the cessation of life, or both, if such conditions are not removed or alleviated. However, the department is not required to assume responsibility for a person in imminent danger pursuant to this chapter except when, in the department's determination, sufficient resources exist for the implementation of this part;

(10) "Investigation" includes, but is not limited to, a personal interview with the individual reported to be abused, neglected, or exploited. When abuse or neglect is allegedly the cause of death, a coroner's or doctor's report shall be examined as part of the investigation;

(11) "Protective services" means services undertaken by the department with or on behalf of an adult in need of protective services who is being abused, neglected, or exploited. These services may include, but are not limited to, conducting investigations of complaints of possible abuse, neglect, or exploitation to ascertain whether or not the situation and condition of the adult in need of protective services warrants further action; social services aimed at preventing and remedying abuse, neglect, and exploitation; services directed toward seeking legal determination of whether the adult in need of protective services has been abused, neglected or exploited and procurement of suitable care in or out of the adult's home;

(12) "Relative" means spouse; child, including stepchild, adopted child or foster child; parents: including stepparents, adoptive parents or foster parents; siblings of the whole or half-blood; step-siblings, grandparents, grandchildren, of any degree, and aunts, uncles, nieces and nephews; and

(13) "Sexual abuse" occurs when an adult, as defined in this chapter, is forced, tricked, threatened or otherwise coerced by a person into sexual activity, involuntary exposure to sexually explicit material or language, or sexual contact against such adult's will. Sexual abuse also occurs when an "adult," as defined in this chapter, is unable to give consent to such sexual activities or contact and is engaged in such activities or contact with another person.

HISTORY: Acts 1978, ch. 899, **§ 1**; T.C.A., **§ 14-2602**; Acts 1980, ch. 513, **§ 2**; 1986, ch. 630, **§§ 2**, **3**; T.C.A., **§ 14-25-102**; Acts 1995, ch. 486, §§ 1, 2, 9, 17; 1996, ch. 1029, § 1; 2004, ch. 780, § 4; 2009, ch. 337, §§ 1, 2; 2010, ch. 898, § 1.

71-6-103. Rules and regulations -- Reports of abuse or neglect -- Investigation -- Providing protective services -- Consent of adult -- Duties of other agencies.

(a) The commissioner has the discretion to adopt such rules, regulations, procedures, guidelines, or any other expressions of policy necessary to effect the purpose of this part insofar as such action is reasonably calculated to serve the public interest.

(b) (1) Any person, including, but not limited to, a physician, nurse, social worker, department personnel, coroner, medical examiner, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause reports to be made in accordance with the provisions of this part. Death of the adult does not relieve one of the responsibility for reporting the circumstances surrounding the death. However, unless the report indicates that there are other adults in the same or similar situation and that an investigation and provision of protective services are necessary to prevent their possible abuse, neglect or exploitation, it shall not be necessary for the department to make an investigation of the circumstances surrounding the death; provided, that the appropriate law-enforcement agency is notified.

(2) If a hospital, clinic, school, or any other organization or agency responsible for the care of adults has a specific procedure, approved by the director of adult protective services for the department, or the director's designee, for the protection of adults who are victims of abuse, neglect, or exploitation, any member of its staff whose duty to report under the provisions of this part arises from the performance of the staff member's services as a member of the staff of the organization may, at the staff member's option, fulfill that duty by reporting instead to the person in charge of the organization or the organization head's designee who shall make the report in accordance with the provisions of this chapter.

(c) An oral or written report shall be made immediately to the department upon knowledge of the occurrence of suspected abuse, neglect, or exploitation of an adult. Any person making such a report shall provide the following information, if known: the name and address of the adult, or of any other person responsible for the adult's care; the age of the adult; the nature and extent of the abuse, neglect, or exploitation, including any evidence of previous abuse, neglect, or exploitation; the identity of the perpetrator, if known; the identity of the complainant, if possible; and any other information that the person believes might be helpful in establishing the cause of abuse, neglect, or exploitation. Each report of known or suspected abuse of an adult involving a sexual offense that is a violation of §§ 39-13-501 -- 39-13-506 that occurs in a facility licensed by the department of mental health as defined in § 33-5-402, or any hospital shall also be made to the local law enforcement agency in the jurisdiction where such offense occurred.

(d) Upon receipt of the report, the department shall take the following action as soon as practical:

(1) Notify the appropriate law enforcement agency in all cases in which the report involves abuse, neglect, or exploitation of the adult by another person or persons;

(2) Notify the appropriate licensing authority if the report concerns an adult who is a resident of, or at the time of any alleged harm is receiving services from, a facility that is required by law to be licensed or the person alleged to have caused or permitted the harm is licensed under title 63. The commissioner of health, upon becoming aware through personal knowledge, receipt of a report or otherwise, of confirmed exploitation, abuse, or neglect of a nursing home resident, shall report such instances to the Tennessee bureau of investigation for a determination by the bureau as to whether the circumstances reported constitute abuse of the medicaid program or other criminal violation;

(3) Initiate an investigation of the complaint;

(4) Make a written report of the initial findings together with a recommendation for further action, if indicated; and

(5) After completing the evaluation, the department shall notify the person making the report of its determination.

(e) Any representative of the department may enter any health facility or health service licensed by the state at any reasonable time to carry out its responsibilities under this part.

(f) Any representative of the department may, with consent of the adult or caretaker, enter any private premises where any adult alleged to be abused, neglected, or exploited is found in order to investigate the need for protective services for the purpose of carrying out the provisions of this part. If the adult or caretaker does not consent to the investigation, a search warrant may issue upon a showing of probable cause that an adult is being abused, neglected, or exploited, to enable a representative of the department to proceed with the investigation.

(g) If a determination has been made that protective services are necessary when indicated by the investigation, the department shall provide such services within budgetary limitations, except in such cases where an adult chooses to refuse such services.

(h) In the event the adult elects to accept the protective services to be provided by the department, the caretaker shall not interfere with the department when rendering such services.

(i) If the adult does not consent to the receipt of protective services, or if the adult withdraws consent, the services shall be terminated, unless the department determines that the adult lacks capacity to consent, in which case it may seek court authorization to provide protective services.

(j) (1) Any representative of the department actively involved in the conduct of an abuse,

neglect, or exploitation investigation under this part shall be allowed access to the mental and physical health records of the adult that are in the possession of any individual, hospital, or other facility if necessary to complete the investigation mandated by this chapter.

(2) To complete the investigation required by this part, any authorized representative of the department actively involved in the conduct of an investigation pursuant to this part shall be allowed access to any law enforcement records or personnel records, not otherwise specifically protected by statute, of any person who is:

(A) A caretaker of the adult, or

(B) The alleged perpetrator of abuse, neglect or exploitation of the adult, who is the subject of the investigation.

(3) (A) If refused any information pursuant to subdivisions (j)(1) and (2), any information from any records necessary for conducting investigations pursuant to this part may be obtained upon motion by the department to the circuit, chancery or general sessions court of the county where such records are located, or in the court in which any proceeding concerning the adult may have been initiated or in the court in the county in which the investigation is being conducted.

(B) The order on the department's motion may be entered ex parte upon a showing by the department of an immediate need for such information.

(C) The court may enter such orders as may be necessary to ensure that the information sought is maintained pending any hearing on the motion, and to protect the information obtained from further disclosure if the information is made available to the department pursuant to the court's order.

(4) (A) The department may be allowed access to financial records that are contained in any financial institution, as defined by § 45-10-102(3) regarding:

(i) The person who is the subject of the investigation;
(ii) Any caretaker of such person; and

(iii) Any alleged perpetrator of abuse, neglect or exploitation of such person;

(B) By the issuance of an administrative subpoena in the name of the commissioner or an authorized representative of the commissioner that is:

(i) Directed to the financial institution, and

(ii) Complies with the provisions of §§ 45-10-106 and 45-10-107; or

(C) By application, as otherwise required pursuant to § 45-10-117, to the circuit or

chancery court in the county in which the financial institution is located, or in the court in which any proceeding concerning the adult may have been initiated or in which the investigation is being conducted, for the issuance of a judicial subpoena that complies with the requirements of § 45-10-107; provided that the department shall not be required to post a bond pursuant to § 45-10-107(a)(4).

(D) Nothing in this subdivision (j)(4) shall be construed to supersede the provision of financial records pursuant to the permissible acts allowed pursuant to § 45-10-103.

(5) Any records received by the department, the confidentiality of which is protected by any other statute or regulation, shall be maintained as confidential pursuant to the provisions of such statutes or regulations, except for such use as may be necessary in the conduct of any proceedings pursuant to its authority pursuant to this part or title 33 or 34.

(k) (1) If, as a result of its investigation, the department determines that an adult who is a resident or patient of a facility owned or operated by an administrative department of the state is in need of protective services, and the facility is unable or unwilling to take action to protect the resident or patient, the department shall make a report of its investigation, along with any recommendations for needed services to the commissioner of the department having responsibility for the facility. It shall then be the responsibility of the commissioner for that department and not the department of human services to take such steps as may be necessary to protect the adult from abuse, neglect, or exploitation and, in such cases, the affected administrative department of the state shall have standing to petition the court.

(2) (A) Notwithstanding subdivision (k)(1) or any other provision of this part to the contrary, the department of human services shall not be required to investigate and the department of mental health or the department of intellectual and developmental disabilities, or their successor agencies, shall not be required to report to the department of human services any allegations of abuse, neglect or exploitation involving any person that arise from conduct occurring in any institutions operated directly by either the department of mental health or the department of intellectual and developmental disabilities.

(B) Allegations of abuse, neglect or exploitation of individuals occurring in the circumstances described in subdivision (k)(2)(A) shall be investigated, respectively, by investigators of the department of mental health and the department of intellectual and developmental disabilities, or their successor agencies, who have been assigned to investigate the allegations.

(l) In the event the department, in the course of its investigation, is unable to determine to its satisfaction that sufficient information is available to determine whether an adult is in imminent danger or lacks the capacity to consent to protective services, an order may be issued, upon a showing of probable cause that an adult lacks capacity to consent to protective services and is being abused, neglected, or exploited, to require the adult to be examined by a physician, a psychologist in consultation with a physician or a psychiatrist

in order that such determination can be made. An order for examination may be issued ex parte upon affidavit or sworn testimony if the court finds that there is cause to believe that the adult may be in imminent danger and that delay for a hearing would be likely to substantially increase the adult's likelihood of irreparable physical or mental harm, or both, and/or the cessation of life.

HISTORY: Acts 1978, ch. 899, § 1; T.C.A., § 14-2603; Acts 1980, ch. 513, §§ 3-5, 8; 1986, ch. 630, §§ 5-8; T.C.A., § 14-25-103; Acts 1993, ch. 439, § 3; 1995, ch. 486, §§ 2, 14; 1999, ch. 247, § 2; 2000, ch. 947, §§ 6, 8M; 2001, ch. 204, §§ 1, 2; 2003, ch. 169, § 7; 2009, ch. 212, §§ 1, 2; 2010, ch. 1100, §§ 141, 142.

Tenn. Code Ann. § 71-6-110 (2011)

71-6-110. Violation of duty to report.

Any person who knowingly fails to make a report required by this chapter commits a Class A misdemeanor.

HISTORY: Acts 1978, ch. 899, § 1; T.C.A., § 14-2610; Acts 1986, ch. 630, § 15; T.C.A., § 14-25-110; Acts 1989, ch. 591, § 111.

APPENDIX D-2.

T.C.A. 33-1-101

MENTAL HEALTH AND INTELLECTUAL AND

DEVELOPMENTAL DISABILITIES: DEFINITIONS

Title 33 Mental Health and Intellectual and Developmental Disabilities
Chapter 1 General Provisions
Part 1 Definitions

Tenn. Code Ann. § 33-1-101 (2011)

33-1-101. Title definitions.

As used in this title, unless the context otherwise requires:

(1) "Alcohol abuse" means a condition characterized by the continuous or episodic use of alcohol resulting in social impairment, vocational impairment, psychological dependence or pathological patterns of use;

(2) "Alcohol dependence" means alcohol abuse that results in the development of tolerance or manifestations of alcohol abstinence syndrome upon cessation of use;

(3) "Available suitable accommodations" or "suitable available accommodations" means that a state-owned or operated hospital or treatment resource has the capacity, as reasonably determined by the commissioner, and the medical capability, equipment and staffing to provide an appropriate level of care, treatment and physical security to an individual in an unoccupied and unassigned bed;

(4) "Chief officer" means the person with overall authority for a public or private hospital, developmental center, treatment resource, or developmental disabilities service or facility, or the person's designee;

(5) "Child" means a person who is under eighteen (18) years of age;

(6) "Commissioner" means the commissioner of mental health when the statute at issue

relates to mental illness or serious emotional disturbance and means the commissioner of intellectual and developmental disabilities when the statute at issue relates to intellectual and developmental disabilities;

(7) (A) "Community mental health center" means an entity that:

(i) Provides outpatient services, including specialized outpatient services for persons of all ages with a serious mental illness, and persons who have been discharged from inpatient treatment at a hospital or treatment resource;

(ii) Provides twenty-four hour a day emergency care services;

(iii) Provides day treatment or other partial hospitalization services, or psychosocial rehabilitation services;

(iv) Provides screening for persons being considered for admission to state mental health facilities to determine the appropriateness of the admission; and

(v) Has community participation in its planning, policy development, and evaluation of services;

(B) "Community mental health center" includes for profit corporations and private entities qualified as tax exempt organizations under Internal Revenue Code, § 501(c)(3), codified in 26 U.S.C. § 501(c)(3), or public entities created by private act of the general assembly that, prior to July 1, 1992, were approved providers in the state under the medicaid clinic option and grantees of the department and the successor or surviving corporation of any such entity that underwent a corporate name change or corporate restructuring after July 1, 1992;

(8) "Consent" means voluntary agreement to what is reasonably well understood regardless of how the agreement is expressed;

(9) "Department" means the department of mental health when the statute at issue deals with mental illness or serious emotional disturbance and means the department of intellectual and developmental disabilities when the statute at issue deals with intellectual and developmental disabilities;

(10) "Developmental center" means a department of intellectual and developmental disabilities facility or part of it that provides residential and habilitation services to persons with intellectual disabilities;

(11) (A) "Developmental disability" in a person over five (5) years of age means a condition that:

(i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;

(ii) Manifested before twenty-two (22) years of age;

(iii) Likely to continue indefinitely;

(iv) Results in substantial functional limitations in three (3) or more of the following major life activities:

(a) Self-care;

(b) Receptive and expressive language;

(c) Learning;

(d) Mobility;

(e) Self-direction;

(f) Capacity for independent living; or

(g) Economic self-sufficiency; and

(v) Reflects the person's need for a combination and sequence of special interdisciplinary or generic services, supports, or other assistance that is likely to continue indefinitely and need to be individually planned and coordinated;

(B) "Developmental disability" in a person up to five (5) years of age means a condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disability as defined for persons over five (5) years of age if services and supports are not provided;

(12) "Drug abuse" means a condition characterized by the continuous or episodic use of a drug or drugs resulting in social impairment, vocational impairment, psychological dependence or pathological patterns of use;

(13) "Drug dependence" means drug abuse that results in the development of tolerance or manifestations of drug abstinence syndrome upon cessation of use;

(14) "Hospital" means a public or private hospital or facility or part of a hospital or facility equipped to provide inpatient care and treatment for persons with mental illness or serious emotional disturbance;

(15) "Indigent person" means a service recipient whose resources, including property, assets, and income, are insufficient, under chapter 2, part 11 of this title, to pay for the cost of providing services and supports and who does not have a responsible relative or other legally responsible person who is able to pay for the cost of providing the services and supports;

(16) (A) "Intellectual disability" means, for the purposes of the general functions of the department as set forth in § 4-3-2701(b), substantial limitations in functioning:

(i) As shown by significantly sub-average intellectual functioning that exists concurrently with related limitations in two (2) or more of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work; and

(ii) That are manifested before eighteen (18) years of age;

(B) "Mental retardation" means, until March 1, 2002, significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior that are manifested during the developmental period;

(C) References to "mental retardation" in this title shall be deemed to be references to "intellectual disability";

(17) "Licensed physician" means a graduate of an accredited medical school authorized to confer upon graduates the degree of doctor of medicine (M.D.) who is duly licensed in the state, or an osteopathic physician who is a graduate of a recognized osteopathic college authorized to confer the degree of doctor of osteopathy (D.O.) and who is licensed to practice osteopathic medicine in the state;

(18) "Medical capability" means that a state-owned or operated hospital or treatment resource has the ability to treat an individual's medical needs onsite or that the individual's medical needs do not exceed the onsite capability of the state-owned or operated hospital or treatment resource to treat;

(19) "Mental illness" means a psychiatric disorder, alcohol dependence, or drug dependence, but does not include intellectual disability or other developmental disabilities;

(20) "Qualified mental health professional" means a person who is licensed in the state, if required for the profession, and who is a psychiatrist; physician with expertise in psychiatry as determined by training, education, or experience; psychologist with health service provider designation; psychological examiner or senior psychological examiner; licensed master's social worker with two (2) years of mental health experience or licensed clinical social worker; marital and family therapist; nurse with a master's degree in nursing who functions as a psychiatric nurse; professional counselor; or if the person is providing service to service recipients who are children, any of the above educational credentials plus mental health experience with children;

(21) "Responsible relative" means the parent of an unemancipated child with mental illness, serious emotional disturbance, alcohol dependence, drug dependence, or developmental disabilities who is receiving service in programs of the department or any relative who accepts financial responsibility for the care and service of a service

recipient;

(22) "Serious emotional disturbance" means a condition in a child who currently or at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet psychiatric diagnostic criteria that results in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities and includes any mental disorder, regardless of whether it is of biological etiology;

(23) "Service recipient" means a person who is receiving service, has applied for service, or for whom someone has applied for or proposed service because the person has mental illness, serious emotional disturbance, or a developmental disability;

(24) [Deleted by 2011 amendment.]

(25) "Support" means any activity or resource that enables a service recipient to participate in a service for mental illness, serious emotional disturbance, or developmental disabilities or in community life; and

(26) "Treatment resource" means any public or private facility, service, or program providing treatment or rehabilitation services for mental illness or serious emotional disturbance, including, but not limited to, detoxification centers, hospitals, community mental health centers, clinics or programs, halfway houses, and rehabilitation centers.

HISTORY: Acts 2000, ch. 947, § 1; 2001, ch. 334, § 1; 2002, ch. 730, § 1; 2006, ch. 674, § 1; 2008, ch. 1016, § 3; 2009, ch. 531, §§ 31, 32; 2010, ch. 734, § 1; 2010, ch. 1100, §§ 25-27; 2011, ch. 158, §§ 10-12.

APPENDIX D-3.

T.C.A. 36-3-623

CONFIDENTIALITY OF RECORDS OF SHELTERS OR CENTERS

Title 36 Domestic Relations
Chapter 3 Marriage
Part 6 Domestic Abuse

Tenn. Code Ann. § 36-3-623 (2011)

36-3-623. Confidentiality of records of shelters or centers.

The records of domestic violence shelters and rape crisis centers shall be treated as confidential by the records custodian of such shelters or centers, unless:

(1) The individual to whom the records pertain authorizes their release; or

(2) A court approves a subpoena for the records, subject to such restrictions as the court may impose, including in camera review.

HISTORY: Acts 1999, ch. 344, § 5; 2005, ch. 226, § 1.

APPENDIX E.

TN DIDD PROVIDER MANUAL, CHAPTER 18,

PROTECTION FROM HARM

Introduction

Assuring the protection and safety of service recipients is a primary mission of the Department of Intellectual and Developmental Disabilities (DIDD) and all DIDD providers. This chapter identifies specific provider requirements intended to achieve the protection and safety of DIDD service recipients. Protection from harm is more than developing and implementing policies, plans and responses to incidents that have already occurred. Protection from harm is a legal and moral commitment to support, respect and value the dignity and worth of a person. It is an opportunity for all of us who have responsibility as partners in the service delivery system to strive toward achieving the goal of knowing that the people we support and serve feel safe enough to be able to enjoy their lives.

DIDD and provider agencies exist solely for the purpose of enhancing the quality of life of service recipients. Leadership at all levels of the system must foster an internal culture that supports individual respect. Respect for others is the first step in ensuring their safety and well-being. A combination of fostering respect for service recipients, planning to ensure safety and protection and responding to incidents appropriately, including careful analysis of the incidents that do occur, will go far in achieving the mission of protection from harm.

Components of the Protection from Harm System

Complaint Resolution	**See Section 18.1.**
Incident Management System	**See Section 18.2.**
Response to Abuse, Neglect and Exploitation	**See Section 18.3.**
Policy Requirements	**See Section 18.4.**

18.1 Complaint Resolution System

Complaint resolution is an integral component of a system that protects and prevents harm. Providers are expected to establish a complaint resolution system to which a service recipient, a family/guardian and/or a legal representative has knowledge of and easy access when seeking assistance and answers for concerns and questions about the care being provided. When the complaint cannot be rectified by the Provider agency, DIDD provides assistance to help resolve outstanding issues.

Providers must record complaints, take action to appropriately resolve the complaints presented, and document complaint resolutions achieved.

All providers should establish a Complaint Resolution System which includes but is not limited to:

1.) Designation of a staff member as the complaint contact person;
2.) Maintenance of a complaint contact log; and
3.) Documentation/trending of complaint activity.

Upon admission and periodically, providers should notify each service recipient, family/guardian and/or legal representative of their Complaint Resolution System, its purpose and the steps involved to access it. Providers should attempt to resolve all complaints in a timely manner within 30 days of the date that the complaint was filed.

In the event that service recipients, families/guardians and/or legal representatives do not agree with a provider's proposed solution to a complaint, they may contact the DIDD Regional Complaint Resolution Coordinator for assistance. The DIDD Regional Complaint Resolution Coordinator will subsequently contact the provider(s) and/or other party(ies) involved to discuss potential resolutions to the complaint. These could include formal mediation or intervention meetings. All efforts are made to reach a satisfactory result for the complainant.

The provider's Complaint Resolution System will be reviewed for appropriateness during the provider's DIDD Quality Assurance survey.

18.2 Incident Management System

In collaboration with providers, families/guardians, legal representatives and other stakeholders, DIDD has defined events and incidents that must be reported. All providers must develop and implement a system that provides for appropriate and timely reporting of reportable incidents, as well as appropriate and timely response to these incidents. Incident reporting provides both the provider agency and DIDD information to make adjustments and improvements in the services and care of service recipients.

18.2a. Reportable Incidents: Defined incidents must be **submitted to DIDD** on the ***DIDD Reportable Incident Form*** (RIF). The following categories of incidents must be documented and submitted:

1) **Deaths of service recipients** regardless of the cause or the location where the death occurred;

2) **Allegations of abuse based on TCA 33-2-402 (1), neglect based on TCA 33-2-402 (9) and exploitation based on TCA 33-2-402 (8) (referred to as misappropriation of property in TCA)** in accordance with definitions below:

a) **Abuse:** the knowing infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.

DIDD considers the three specific subcategories of abuse:

1) **Emotional/Psychological Abuse:** Actions including, but not limited to:

- humiliation,
- harassment,
- threats of punishment or deprivation,
- intimidation towards service recipients, or
- the use of oral, written, or gestured language either directed to the service recipient or within eyesight or audible range of the service recipient that is demeaning or derogatory to persons with intellectual disabilities.

Emotional/psychological abuse may cause the service recipient physical harm, pain, or mental anguish (To determine mental anguish the following question should be considered, "Would a member of the general public react negatively to the alleged incident of emotional/psychological abuse?").

2) **Physical Abuse:** Actions including, but not limited to:

- any physical motion or action (e.g., hitting, slapping, punching, kicking, pinching,) by which physical harm, pain or mental anguish may occur to a service recipient;
- the sue of corporal punishment;
- the use of any restrictive, intrusive procedure to control challenging behavior or for purposes of punishment; or takedowns or prone restraint of any duration.

3) **Sexual Abuse:** Any type of sexual activity between a service recipient and a staff person or anyone affiliated through DIDD as a contracted entity or volunteer is prohibited. Prohibited sexual activity includes, but is not limited to actions whereby a service recipient:

- is forced, tricked, threatened, or otherwise coerced into sexual activity;
- is exposed to sexually explicit material or language unless otherwise specified in a plan;
- has any contact with sexual intent.

Sexual abuse occurs whether or not a service recipient is able to give consent to such activities.

(TCA 39-13-527 (a)(3)(A): Sexual battery by an authority figure is unlawful sexual contact with a victim by the defendant or the defendant by a victim accompanied by the following circumstances: the defendant was at the time of the offense in a postion of trust, or had supervisory or disciplinary power over the victim by virtue of the defendant's legal, professional or occupational status and used the postion of trust or power to accomplish the sexual contact. (b) Sexual battery by an authority figure is a Class C felony.

b) **Neglect:** Failure to provide goods or services necessary to avoid physical harm, mental anguish or mental illness, which results in injury or probable risk of serious harm.

Neglect towards a service recipient includes being on duty while impaired or under the influence of illegal substances or prescription drugs without a valid current prescription for the drug. If a staff person has a valid current prescription for a drug and is impaired while on duty from the prescription drug, this too shall be considered neglect.

c) **Exploitation:** Actions including but not limited to the deliberate misplacement, misappropriation or wrongful, temporary or permanent use of belongings or money with or without the recipient's consent.

DIDD will investigate allegations of exploitation involving an amount of $50 or more per indient, allegations of exploitation involving individual amounts totaling $50 or more within a sixty (60) calendar day period or exploitation involving significant risk or serious adverse consequences to a service recipient. (See the Reportable Staff Misconduct definition for further clarification.)

The provider is required to reimburse the service recipient regardless of the amount of money involved.

3) **Serious Injury:** Physical harm to a service recipient:
- whether the injury is self-inflicted or inflicted by another person,
- whether the injury is accidental or not, and
- whether the cause of the injury is known or unknown, and
- requiring assessment and treatment (beyond basic first aid that could be administered by a lay person):
  - in a hospital,
  - in a hospital emergency room,
  - in an urgent care center, or
  - from a physician, nurse practitioner or physician's assistant.

Serious injury includes, but is not limited to, one or more of the following:
- fracture,
- dislocation,
- traumatic brain injury (concussion),
- laceration requiring sutures (or Dermabond when used in place of sutures/staples),
- torn ligaments,
- second and third degree burns,
- loss of consciousness.

Other types of injuries such as bruises, abrasions, sprains and muscle strains can rise to the level of serious injury if they are diagnosed as serious or sever, or require treatment beyond first aid that could be administered by a lay person.

4) **Suspicious Injury:** Injury (whether minor or serious) to a service recipient possibly involving or resulting from abuse or neglect. This would also include an injury that does not coincide with the explanation given for the injury. Not knowing how an injury occurred is not reason enough to say the injury is suspicious. There must be further reason to believe the injury may have resulted from abuse or neglect.

5) **Reportable Behavioral Incident:** Any behavioral incident (physical aggression, self-injurious behavior, swallowing inedible substance, etc) resulting in one or more of the following:

- Serious injury to a service recipient or others;
- Use of mechanical or manual restraint for more than 59 seconds;
- Takedowns or prone restraint of any duration for any reason are reportable and prohibited;
- Administration of psychotropic medication as a response to the incident;
- Property destruction over $100;
- Assessment or treatment by emergency medical technicians/paramedics or in a hospital emergency room;
- In person involvement of law enforcement (police) or a Mental Health Mobile Crisis Team; or
- Psychiatric hospital admission.

6) **Reportable Medical Incident:** Any medical incident (illness, accident, etc.) resulting in one or more of the following:

- medical illness that results in emergency medical interventions; i.e; cardiopulmonary resuscitation (CPR) x-ray to rule out a fracture or the Heimlich Maneuver/abdominal thrust;
- assessment or treatment by emergency medical technicians or paramedics, or by personnel in a hospital emergency room;
- medical hospital admission.

7) **Service recipients missing for longer than fifteen (15) minutes,** unless the Individual Support Plan (ISP) specifies that unsupervised periods of time longer than 15 minutes does not present risk of harm to the service recipient or others;

8) **Acts of sexual aggression by a person receiving services toward another person supported, a staff person, or another community member;**

9) **Criminal Conduct or Probable Criminal Conduct** involving a service recipient including, but not limited to, arrest or incarceration of a service recipient;

10) **Reportable Staff Misconduct:** Actions or inactions contrary to sound judgment and/or training, related to the provision of services and/or the safeguarding of the service

recipient's health, safety, general welfare and/or individual rights. Staff misconduct does not rise to the level of abuse, neglect or exploitation, in that there is not resulting injury or adverse effect, and the risk for harm is minimal.

Exploitation involving amounts lesser than $50 per incident or less than $50 total in 60 calendar days that are not indicative of serious risk or adverse consequences will be addressed by the provider as reportable staff misconduct. The provider is required to reimburse the service recipient regardless of the amount of money involved.

APPENDIX F.

ELEMENTS OF ACTIVE LISTENING

(Mind Tools – www.mindtools.com)

Elements of Active Listening

1. **Pay attention.**
   Give the speaker your undivided attention, and acknowledge the message. Recognize that non-verbal communication also "speaks" loudly.

   - Look at the speaker directly.
   - Put aside distracting thoughts. Don't mentally prepare a rebuttal!
   - Avoid being distracted by environmental factors.
   - "Listen" to the speaker's body language.
   - Refrain from side conversations when listening in a group setting.

2. **Show that you are listening.**
   Use your own body language and gestures to convey your attention.

   - Nod occasionally.
   - Smile and use other facial expressions.
   - Note your posture and make sure it is open and inviting.
   - Encourage the speaker to continue with small verbal comments like “yes”.

3. **Provide feedback.**
   Our personal filters, assumptions, judgments, and beliefs can distort what we hear. As a listener, your role is to understand what is being said. This may require you to reflect what is being said and ask questions.

   - Reflect what has been said by paraphrasing. "What I'm hearing is" and "It sounds like you are saying" are great ways to reflect back.
   - Ask questions to clarify certain points. "What do you mean when you say" or "Is this what you mean?"
   - Summarize the speaker's comments periodically.

4. **Defer judgment.**
   Interrupting is a waste of time. It frustrates the speaker and limits full understanding of the message.

- Allow the speaker to finish.
- Don't interrupt with counter arguments.

5. **Respond Appropriately.**
   Active listening is a model for respect and understanding. You are gaining information and perspective. You add nothing by attacking the speaker or otherwise putting him or her down.

   - Be candid, open, and honest in your response.
   - Assert your opinions respectfully.
   - Treat the other person as he or she would want to be treated.

APPENDIX G.

POWER AND CONTROL & EQUALITY WHEELS

- Power and Control/Violence Wheel

- (Equality/Nonviolence Wheel)Equality/Nonviolence Wheel

- Abuse of People with Developmental Disabilities by a Caregiver (Power and Control/Violence Wheel)

- Abuse of People with Developmental Disabilities by a Caregiver

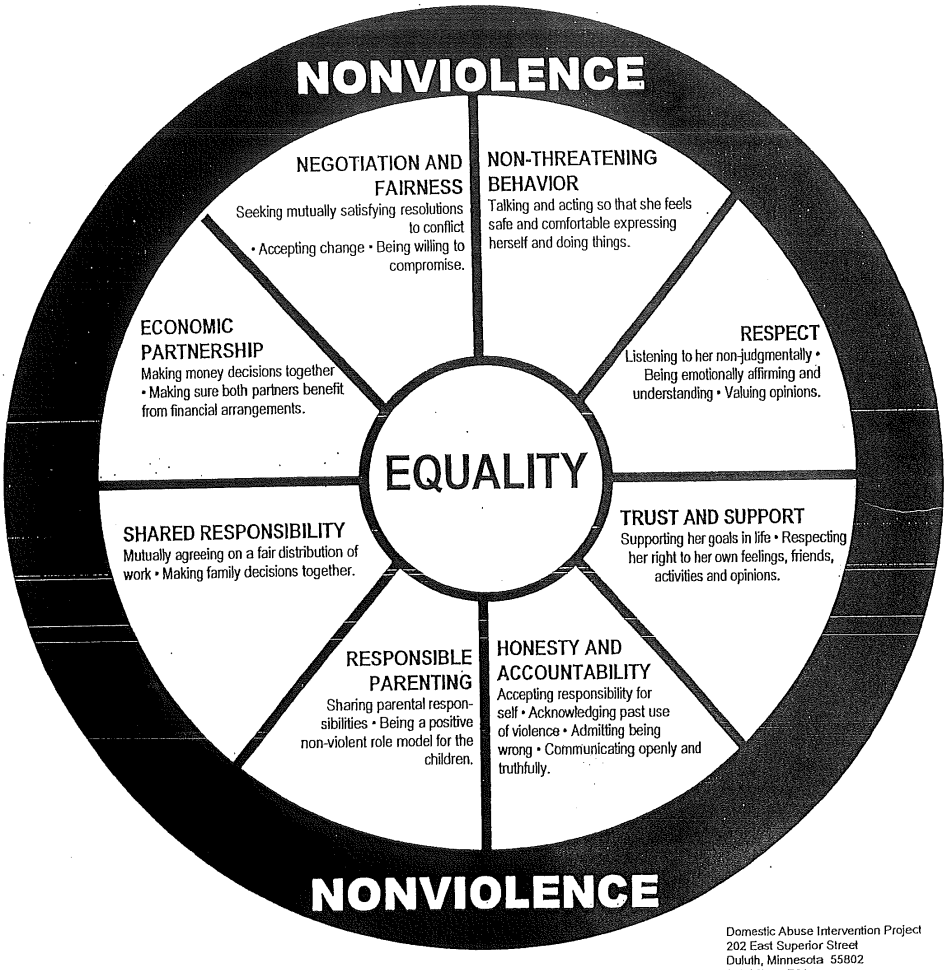
TENNESSEE coalition AGAINST DOMESTIC & SEXUAL VIOLENCE

Domestic Abuse Intervention Project
202 East Superior Street
Duluth, Minnesota 55802
(218) 722-2781

P.O. Box 120972 • Nashville, TN 37212 • 615/386-9406 • Fax: 615/383-2967

A Community Shares Agency

TENNESSEE coalition AGAINST DOMESTIC & SEXUAL VIOLENCE



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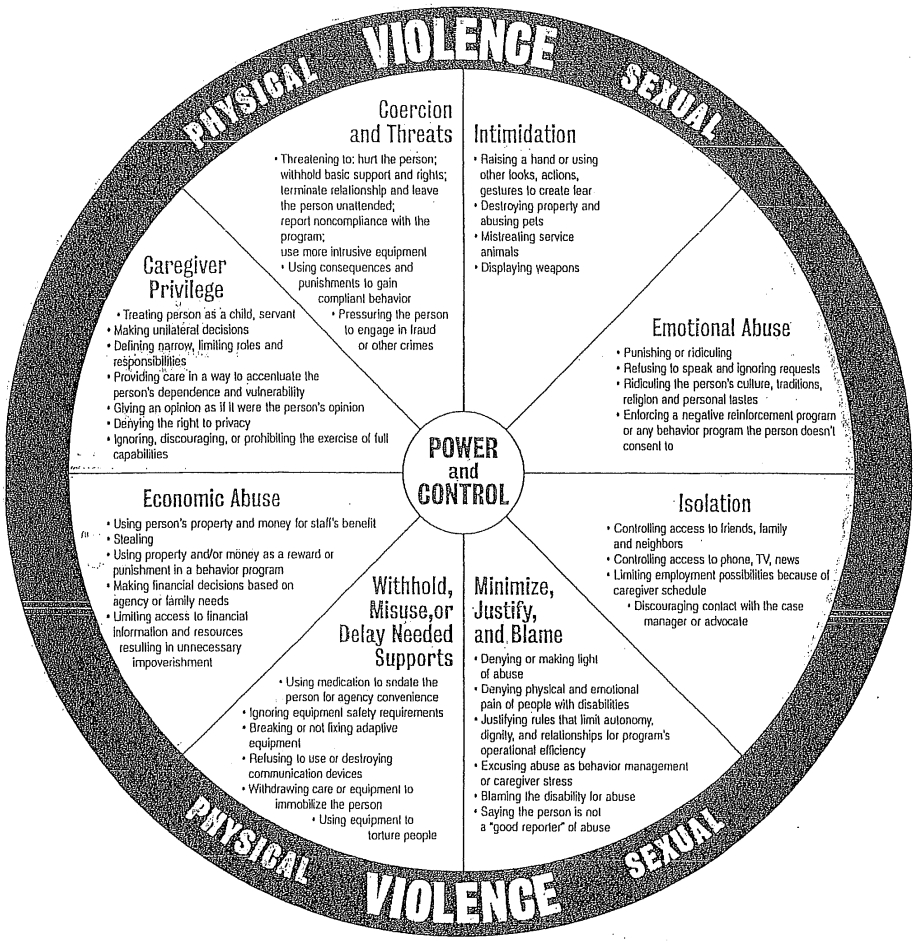
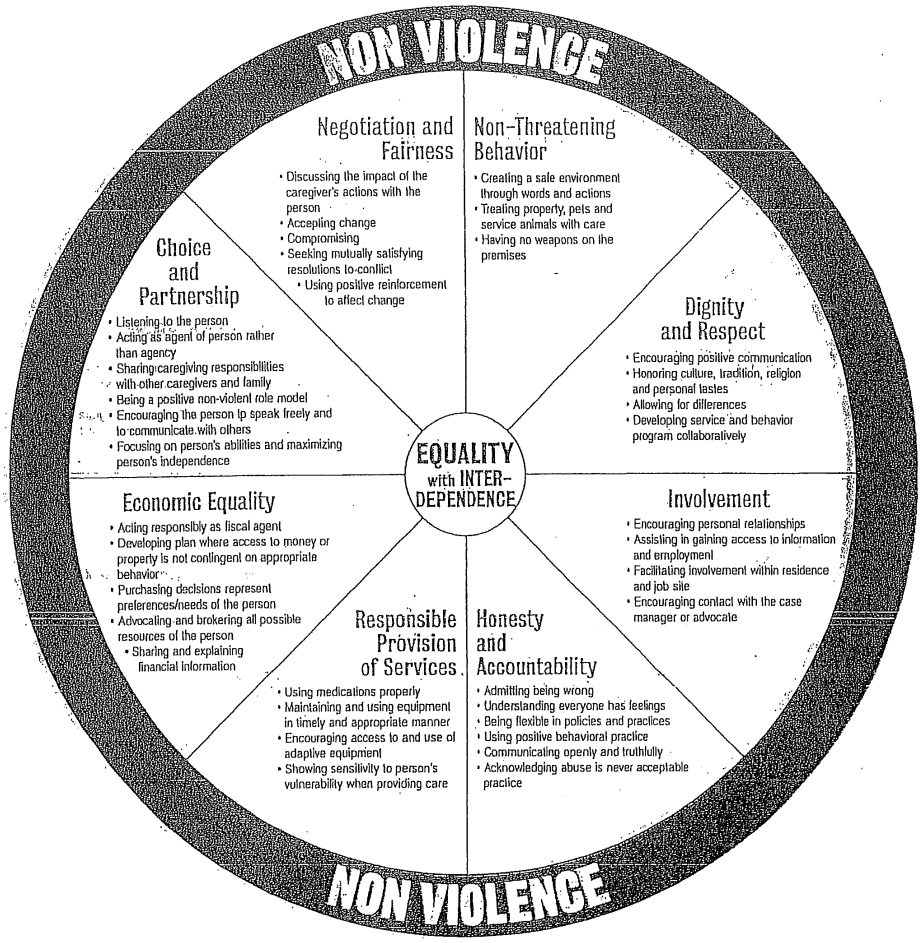
Abuse of People with Developmental Disabilities by a Caregiver



Wisconsin Coalition Against Domestic Violence
307 S. Paterson St., Suite 2, Madison, WI 53703
(608) 255-0539 / FAX: (608) 255-3560

This diagram is based on the Power and Control/Equality wheels developed by the Domestic Violence Intervention Project, Duluth, MN

Abuse of People with Developmental Disabilities by Caregivers



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