



# Triumph Omaha

WORKING TO END VIOLENCE IN OMAHA

## Collaboration Charter

Omaha, Nebraska



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## Table of Contents

Introduction .....	3
Vision Statement.....	4
Mission Statement .....	4
Values.....	4
Assumptions .....	6
Collaborative Members and their Organizations .....	7
Lead Organization: The Women’s Center for Advancement .....	7
Partner Organization: Community Alliance .....	8
Partner Organization: Catholic Charities .....	9
Collaboration Structure .....	10
Collaborative Partner Contributions and Commitments .....	10
Lead Organization: The Women’s Center for Advancement .....	10
Partner Organization: Community Alliance .....	12
Partner Organization: Catholic Charities .....	13
Decision Making Protocol	
Decision Making Process.....	15
Decision Making Authority .....	16
Conflict Resolution Protocol.....	16
Confidentiality and Mandatory Reporting .....	18
Communications Plan.....	19
Internal Communication .....	19
External Communication.....	20
Media Plan .....	21
Talking Points .....	22
Work Plan .....	23
Glossary of Key Terms .....	24

Commonly Used Abbreviations .....	31
Contact Information .....	32
Appendix A .....	33

## Introduction

In 2015, the Domestic Violence and Behavioral Health Collaboration Project was proposed in response to the Training and Services to End Violence Against Women with Disabilities Grant Program Solicitation by the U.S. Department of Justice, Office on Violence Against Women. The Triumph Omaha collaboration was established in order to create a well-coordinated systems approach to serving domestic violence victims with co-occurring behavioral health needs, specifically those with severe and persistent mental illness (SPMIs) and/or a substance use disorder (SUD). The individuals of whom the work of the collaboration is focused upon are located in Douglas County, Omaha, Nebraska.

The Triumph Omaha partnership includes three agencies: The Women's Center for Advancement, Community Alliance, and Catholic Charities. Each organization provides a unique perspective to the collaboration. The Women's Center for Advancement provides insight into the epidemic of domestic violence in Douglas County. Community Alliance brings expertise in the area of severe and persistent illness. Catholic Charities will advise the team on issues of substance use among individuals with severe and persistent mental illness in the Omaha area.

Individuals with a mental health or substance use disability are extremely vulnerable and at a significantly higher risk of becoming a victim of a violent crime. The Women's Center for Advancement estimates that around 50% of women who are currently seeking help for a mental health disorder in Douglas County have experienced or are experiencing domestic violence. Many of these individuals are suffering from a severe and persistent mental illness (SMPI), such as post-traumatic stress disorder, obsessive compulsive disorder, major depressive disorder, schizophrenia, schizoaffective disorder, and bipolar disorder. Using substances may be one way an individual self-medicates, or copes, with his or her disorder.

All agencies involved in this partnership believe that collaboration is key in addressing the needs of survivors of domestic violence who have a SMPI and/or SUD. The purpose of the collaboration charter is to provide information on the work of the Triumph Omaha collaboration. The charter

outlines the agreements, goals, background, and mission of the collaboration. The efforts of Triumph Omaha are funded through the Department of Justice, Office on Violence Against Women (OVW) (Award #: 2015-FW-AX-K010).

Triumph Omaha meets regularly and is dedicated to providing exceptional services to survivors of domestic violence with co-occurring behavioral health needs.

### **Vision Statement**

We envision that all individuals who are survivors of domestic violence and experience severe and persistent mental health issues and/or substance use concerns will be able to easily access our services and receive an intentional, well-planned response, which promotes safety and self-determination.

### **Mission Statement**

The mission of the collaboration is to create a system of person-centered, coordinated care for individuals who access mental health, substance use and domestic violence services. We understand that each individual served has diverse strengths and needs and commit to empower and advocate for survivors while taking into consideration their trauma. We hope to bridge the gap in services for domestic violence survivors with severe and persistent mental health and/or substance use issues by:

- Developing appropriate screening processes.
- Creating formalized, collaborative procedures when serving individuals with an SPMI and/or SUD.
- Increasing training and creating awareness of the link between mental health disorders, substance use, and domestic violence.
- Aiding in the elimination of stigma and discrimination associated with survivors of domestic violence who have mental health and/or substance use issues.

## Values

The collaboration's values and assumptions will guide our decision-making and efforts to create a compassionate and empowering environment for individuals who have disabilities.

**Stewardship-** The collaboration will manage the resources we have been given in a manner that provides maximum benefit to the people we serve. We strive for sustainable development in each organization represented and will continue to invest in the collaboration's vision and mission while maintaining our values.

**Dignity & Respect-** The collaboration respects the dignity of all individuals we serve. We value mutually respectful and healthy relationships which promote self-worth. We believe everyone is worthy of respect. The collaboration adheres to the highest of ethical standards and values honesty, integrity, and respect. We strive for fairness in the way we treat one another and encourage the development of a collaborative culture.

**Excellence-** The collaboration strives to provide an array of quality service delivery systems to ensure comprehensive services are obtainable for survivors. We are committed to utilizing best practices when working with survivors and making the collaboration a benchmark in our community by going above and beyond to serve individuals in a timely, trauma-informed manner.

**Trauma-Informed-** The collaboration is mindful of each person's journey. We embrace diversity and recognize the need for safety, peer support, empowerment, trustworthiness, and collaboration when providing trauma-informed care to individuals. We recognize that trauma is defined by the individual. Any decision we make must be trauma-informed.

**Empowerment-** We believe that all opinions matter and will ensure that every member in the collaboration has equal footing. It is our goal to empower each other throughout the collaborative process. Moreover, it is the collaboration's duty to strive to empower survivors and provide them with the tools they need to become their own advocate.

**Inclusive-** We believe that every individual, regardless of disability, should have equal access to services. We value equality and strive to provide those we serve with the tools they need to be safe and self-determined. The collaboration is committed to providing a safe environment for free expression by all individuals.

**Responsible-** The collaboration will take into account the individual, as well as their presenting issue, when considering the most effective and appropriate way to respond to their needs. We take seriously our role in fulfilling obligations to each person served and providing professional services. Each collaboration member will take initiative to address issues within his or her area of expertise by providing the group with additional perspective and knowledge on the topic. Finally, we strive to be mindful of the collaboration, our community, and each individual organization that is a part of the partnership when making decisions or assisting survivors of domestic violence who have mental health and/or substance use issues.

### **Assumptions**

1. An individual defines his or her trauma.
2. Everyone has the right to be respected and treated with fairness.
3. Survivors with mental health and/or substance use issues are at a higher risk of being victimized than individuals without such behavioral health concerns.
4. Awareness and education are lacking on the intersection between domestic violence, substance use, and mental health concerns.
5. Each survivors has diverse strengths and needs.

## **Collaborative Members and Their Organizations**

### **Lead Agency: The Women's Center for Advancement**

222 South 29<sup>th</sup> Street, Omaha, NE 68131

<http://www.wcaomaha.org/>

Phone: (402) 345-6555

Fax: (402) 345-0635

Located in Omaha, Nebraska, The Women's Center for Advancement (WCA) is the largest service provider for survivors of domestic violence in Douglas County. The WCA's services consist of three major components: safety services, professional services, and self-sufficiency services. The WCA takes a trauma-informed approach to each of its services. The WCA is in compliance with all standards established by the Nebraska Domestic Violence and Sexual Assault Coalition.

#### **Amy Richardson, M.S. - President and CEO**

Amy Richardson has served as the WCA President and CEO for almost three years. She holds a Bachelor of Science in Criminal Justice and a Master of Science in Counseling and Psychology. In addition, she is a licensed social worker. Prior to her work at the WCA, Ms. Richardson was the Vice President of Programs at Lutheran Family Services of Nebraska, Director of Development at Richard H. Young Hospital (psychiatric hospital), and the Southwest Central Service Area Administrator and Central Service Area CEO for the Nebraska Department of Health and Human Services.

#### **Amy Holmes, J.D. - Program Administrator**

Amy Holmes joined the WCA in 2015 as the Program Administrator. Amy holds a Bachelor of Science degree from the University of Nebraska at Omaha and a law degree from Creighton University. Her career began as child protective services case worker for the State of Nebraska. She then taught at the University of Nebraska at Lincoln, providing classroom and field instruction for case workers. Amy has served as legislative aide to



Nebraska State Senator Amanda McGill and also provided outreach services for the Behavioral Health Education Center of Nebraska.

**Johanna Jones-** Project Director

Johanna Jones holds a Bachelor of Arts degree in Psychology and Criminology/Criminal Justice from the University of Nebraska at Omaha. Ms. Jones is currently pursuing a Master of Arts in Criminology/Criminal Justice.



**Partner Organization: Community Alliance**

4001 Leavenworth Street, Omaha, NE 68105

<http://www.community-alliance.org/>

Phone: (402) 341-5128

Community Alliance provides treatment, rehabilitation, and recovery support services in the Omaha area to individuals with severe and persistent mental illnesses. Some of these services include residential rehabilitation, assertive community treatment, day rehabilitation, community support, vocational, homeless, and community housing programs. Community Alliance is the only program in the Omaha metropolitan area with a sole focus on serving adults with serious mental illness. Community Alliance is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). The agency believes in the potential of recovery for all individuals who have a mental illness.

**Carole Boye-** President and CEO

Carole Boye has worked at Community Alliance since its founding in 1981. She has been a leading advocate for changes in public policy, the treatment of individuals with a mental illness, and ending the stigma that is associated with such illnesses. Ms. Boye holds a Bachelor's degree in

Sociology and Social Work, as well as a Master's degree in Public Administration. She has received numerous awards including the 'Distinguished Alumni Award' from UNO's Department of Public Affairs, the Omaha Jaycees 'Ten Outstanding Young Omahans' and 'Distinguished Service Award', the 'Professional of the Year' award from the Nebraska Association of Behavioral Health Organizations, and the YWCA 'Tribute to Women' award in Human Services.

**Dana Grisham, MS, MPA, CRC, PLMHP-** Director of Rehabilitation & Recovery Services

Dana Grisham oversees the operation of Community Alliance's programming, which serves individuals with serious mental illness, substance use disorders, past and current trauma, and co-morbid physical health conditions. Ms. Grisham is a Certified Rehabilitation Counselor and holds a Provisional Mental Health Practitioner license. Ms. Grisham has been involved in and led initiatives throughout Community Alliance in a variety of areas including trauma-informed care and co-occurring disorders. She has implemented evidence-based practices that directly impact client lives. She has provided trauma-informed care training to Community Alliance staff, as well as other provider staff in the community.



**Partner Organization: Catholic Charities**

3300 North 60<sup>th</sup> Street, Omaha, NE 68104

<http://www.ccomaha.org/>

Phone: (402) 554-0520

Catholic Charities has been providing human services programming to individuals since 1926. The organization provides the following services: addiction recovery, mental health services, adoption services, affordable housing, children's services, domestic violence services, family

strengthening, food assistance, immigration assistance, legal services, pregnancy counseling, senior services, and microbusiness training. In 2014, approximately 5,500 individuals in the Omaha community received services through Catholic Charities' behavioral health program. Catholic Charities is accredited nationally by the Council on Accreditation.

**John Griffith** – Catholic Charities Executive Director

Since 2009, John Griffith has served as Catholic Charities' Executive Director. Prior to his work at Catholic Charities, Mr. Griffith was the Director and Chief Administrative Officer of Access Bank and held senior leadership management positions at Commercial Federal Bank and Bank of the West. Throughout his twenty-five year career, Mr. Griffith has been actively involved with numerous community and not-for-profit organizations, with a focus on empowering and advocating for children, families and seniors. He has extensive experience working with organizations in the areas of affordable housing and economic development.

**Kevin Kaminski**- Director of Outpatient Behavioral Health Services, Sheehan Center

Kevin Kaminski joined Catholic Charities in November 2013 and brings a variety of areas of experience to his new position. Kevin has been the Director of Behavioral Health in a hospital setting prior to coming to Catholic Charities and prior to that was the co-founder of a private practice and residential facility. Kevin's experience also includes working in community mental health centers, hospitals, respite, and case management, along with being the Executive Director of the Nebraska Counseling Association, as well as their Public Policy and Legislation Chair. Kevin received his BA from Creighton University and his MS from the University of Nebraska at Omaha.



## Collaboration Structure

Triumph Omaha is made up of a collaborative team, core collaborative group, working groups, and a Project Director. Each member of this collaboration is essential to the overall success and function of the group.

The collaborative group is comprised of the Core Collaborative Team, working groups, Project Director, and Executive Directors from each respective agency represented in Triumph Omaha. As the lead agency for the collaboration, the Women's Center for Advancement will provide overall guidance and direction for the project and the collaborative team as a whole.

The Core Collaborative Team has been established to carry out activities outlined in the Planning and Development phase of the project. This team has four members, which includes the Project Director as well as a representative from each agency in the collaborative partnership.

Working groups may be formed during the planning stages to focus on a specific task the collaboration needs to accomplish. The individuals in the working groups may include members of the Core Collaborative Team, as well as other representatives from the Women's Center for Advancement, Catholic Charities, and Community Alliance.

The Project Director is a staff member who leads the planning and development phase of the project, as well as oversees any implementation activities. In addition, this individual is responsible for drafting all deliverables from the project including progress reports. Finally, one of the primary goals of the Project Director is to maintain relationships with and between each partner agency and build a strong collaborative environment. The Project Director also serves as the primary contact for OVW and Vera.

## Contributions/Commitments

As the lead agency on the Domestic Violence and Behavioral Health Collaboration Project, the **Women's Center for Advancement** will:

- a) Lead efforts to create sustainable change within the WCA and between partner organizations that results in increased capacity to

respond to individuals with behavioral health disabilities who are victims of domestic violence;

- b) Work to establish and strengthen multidisciplinary collaborative relations; identify needs, gaps, and challenges within WCA; and together with Community Alliance and Catholic Charities develop a plan to address those identified needs and increase organizational capacity in order to build a strong foundation for future work.
- c) Work with OVW technical assistance and collaborative partners to evaluate and strategically create and/or modify policies, procedures, and best practices, both within each organization and among partner organizations to provide an improved continuum of services for victims of domestic violence with behavioral health disorders. This includes allowing for constructive criticism on current practices and processes in order to improve and move forward in making sustainable change in conjunction with partner agencies;
- d) Serve as the fiscal agent for the project;
- e) Provide a full-time Project Director to oversee the project who will lead the Core Collaborative Team and other ad hoc workgroups. The Project Director will serve as a neutral third party facilitator and as the communication point between the project, the Office on Violence Against Women (OVW), and the technical assistance provider for the grant.
- f) Initiate and lead multi-disciplinary collaborative team (MCT) and leadership meetings on a quarterly basis (Amy Richardson, WCA, CEO and President);
- g) Subcontract with MCT agencies and compensate them for the time and expertise of their staff as designated in the Budget Detail Worksheet and Narrative approved by the Office on Violence Against Women;
- h) Facilitate the creation of a: Collaboration Charter; Project Focus Memo; Needs Assessment Plan and Tools; Needs Assessment

Report; and Strategic Plan as described in the Planning and Development Phase;

- i) Facilitate agreed upon Implementation Phase activities and events;
- j) Provide one representative to the Core Collaborative Team besides the Project Director.
- k) Participate in OVW-Mandated Training and Technical Assistance events in and out-of-state as designated in the Budget Detail Worksheet and Narrative approved by the Office on Violence Against Women;
- l) Compile data and information for progress reports as required by OVW;
- m) Comply with grant requirements regarding all reporting and financial record keeping and funding requests;
- n) Provide overall coordination of project activities and events;
- o) Agree to respect individual organizations' confidentiality requirements and to collaboratively maintain confidentiality; and
- p) Review and update this agreement as needed.

As a member of the collaborative team, **Community Alliance** will:

- a) Collaborate on efforts with WCA to create sustainable change within respective organizations that results in increased capacity to respond to individuals with behavioral health disabilities who are victims of domestic violence;
- b) Work to establish and strengthen multidisciplinary collaborative relations; identify needs, gaps, and challenges within respective organizations; and together with WCA develop a plan to address those identified needs and increase organizational capacity in order to build a strong foundation for future work.
- c) Work with OVW technical assistance and collaborative partners to evaluate and strategically create and/or modify policies, procedures,

and best practices, both within each organization and among partner organizations to provide an improved continuum of services for victims of domestic violence with behavioral health disorders. This includes allowing for constructive criticism on current practices and processes in order to improve and move forward in making sustainable change in conjunction with partner agencies;

- d) Participate in quarterly MCT Leadership meetings (Carole Boye, Community Alliance President)
- e) Participate in the creation of a: Collaboration Charter; Project Focus Memo; Needs Assessment Plan and Tools; Needs Assessment Report; and Strategic Plan;
- f) Provide representatives to the Core Collaborative Team (Dana Grisham, Community Alliance);
- g) Participate in designated Implementation Phase activities and events;
- h) Regularly attend and participate in Core Collaborative Team meetings and ad hoc work group meetings;
- i) Provide additional staff and expertise to project ad hoc workgroups as needed, particularly during the implementation phase;
- j) Participate in OVW-Mandated Training and Technical Assistance events in and out-of-state as designated in the Budget Detail Worksheet and Narrative approved by the Office on Violence Against Women;
- k) Track and provide data and information for progress reports as required by OVW;
- l) Agree to respect individual organizations' confidentiality requirements and to collaboratively maintain confidentiality; and
- m) Review and update this agreement as needed.

As a member of the collaborative team, **Catholic Charities** will:

- a) Collaborate on efforts with WCA to create sustainable change within respective organizations that results in increased capacity to respond to individuals with behavioral health disabilities who are victims of domestic violence;
- b) Work to establish and strengthen multidisciplinary collaborative relations; identify needs, gaps, and challenges within respective organizations; and together with WCA develop a plan to address those identified needs and increase organizational capacity in order to build a strong foundation for future work.
- c) Work with OVW technical assistance and collaborative partners to evaluate and strategically create and/or modify policies, procedures, and best practices, both within each organization and among partner organizations to provide an improved continuum of services for victims of domestic violence with behavioral health disorders. This includes allowing for constructive criticism on current practices and processes in order to improve and move forward in making sustainable change in conjunction with partner agencies;
- d) Participate in quarterly MCT Leadership meetings (CEO and John Griffith, Catholic Charities Executive Director);
- e) Participate in the creation of a: Collaboration Charter; Project Focus Memo; Needs Assessment Plan and Tools; Needs Assessment Report; and Strategic Plan;
- f) Provide representatives to the Core Collaborative Team (Kevin Kaminski, Director of Behavioral Health Services, Catholic Charities);
- g) Participate in designated Implementation Phase activities and events;
- h) Regularly attend and participate in Core Collaborative Team meetings and ad hoc work group meetings;
- i) Provide additional staff and expertise to project ad hoc workgroups as needed, particularly during the implementation phase;
- j) Participate in OVW-Mandated Training and Technical Assistance events in and out-of-state as designated in the Budget Detail



Worksheet and Narrative approved by the Office on Violence Against Women;

- k) Track and provide data and information for progress reports as required by OVW;
- l) Agree to respect individual organizations' confidentiality requirements and to collaboratively maintain confidentiality; and
- m) Review and update this agreement as needed.

## **Decision Making Protocol**

### **Decision Making Process**

The collaboration acknowledges that a consensus decision-making protocol best promotes inclusivity and collaboration when making decisions. We recognize that our decisions should incorporate the voices of all parties involved and that we should seek to attain as much agreement as possible. To make decisions, the collaboration will utilize the following consensus decision-making protocol.

During discussion, a team member may propose an idea or that a decision be made that requires group approval. All members of the group will be polled and given an opportunity to express their opinion on the idea presented. The Project Director is responsible for initiating such polls. Once every team member has expressed his or her thoughts, each member will be asked to indicate their formal position on the issue through the use of a scale.

The collaboration will use a 5-point Likert scale, which measures positive and negative responses to a given statement. The scale allows each group member to provide feedback on the present topic through a standardized system.

1- I do not agree with this decision. I am strongly against it.

2- I am not comfortable with this decision. I have several concerns.

3- I have some concerns, but I am okay with this decision.

4- I support this decision.

5- I whole-heartedly support this decision.

In order for the group to move forward making a decision, all group members must be at the third level of agreement or higher. If any of the responses are a 1 or 2, we will continue discussing the topic at hand or propose a new idea. The Project Director will continue initiating polls as needed until a final decision is made.

All decisions made will be tracked by the Project Director in the minutes. If additional assistance is needed in making a decision, the collaboration will consult the technical assistant provided by OVW.

### **Decision Making Authority**

**Core Collaborative Team-** The Core Collaborative Team assists in the drafting of all deliverables, as well as provides input on needs that should be addressed by the collaboration. Each member of the team is able to provide his or her professional expertise on the topic or issue being considered.

**Project Director-** The Project Director has the authority to manage the day-to-day operations of the project and is in charge of organizing and coordinating all activities associated with the collaboration. The Project Director will also lead the drafting of deliverables and communicate any information provided by OVW to the other members of the collaboration.

**Executive Directors/CEOs-** The Core Collaboration Team and Project Director recognize that some decisions or ideas will need to be presented to each individual agency's leadership for review. Any decisions regarding policies, procedures, public statements, or the utilization of agency resources must be reviewed by each agency's leadership team. Any time a decision needs to be made, the collaboration will follow the decision-making protocol. If a decision is approved by the core collaborative team and requires further approval from leadership, it will be the Project Director's responsibility to present the decision to the Executive Directors/CEOs. Some decisions may need to be presented to the boards

of each organization. If such a presentation is needed, the Project Director will attend the board meeting to provide information to the board members.

## **Conflict Resolution**

The collaboration recognizes that conflict may arise during some of our discussions throughout the project. If conflict does occur, we will implement the plan we have set in place to move toward consensus. Through our conflict resolution process, we hope to restore process effectiveness, resource efficiency, fairness, and the satisfaction of all parties involved.

The collaboration has defined conflict as a disagreement between people or groups that may result in an argument. The goal of conflict resolution is consensus for our group. We have defined consensus as a general agreement about a topic or issue. Conflict resolution will be viewed as a process by which disputes or disagreements are resolved. In addition, we will maintain the human rights of all individuals involved in the conflict. We have adopted the following protocol if conflict arises in our collaboration.

First, our conflict resolution process involves acknowledging that there is an argument. We will seek to understand exactly what is being disputed and explore the reasons for conflict. Next, the individuals involved in the disagreement will engage in conflict negotiation. During this step, both parties are allowed to present their sides. We will discuss perceptions of the situation and try to see each person's point of view. The goal is to further clarify the issue and work towards resolution. Finally, we will discuss solutions to the problem and re-negotiate if there is conflict surrounding the solutions presented. In the event that an agreement is not reached, a neutral third party may be enlisted to assist in the resolution of the dispute.

The following are specific steps the collaboration has developed to resolve conflict:

1. Acknowledge that there is a conflict. If the conflict occurs outside of a collaborative meeting, team members will alert the Project Director. If the conflict can be handled before the meeting, the Project Director will attempt to arrange a conference call between the two parties involved to resolve the dispute. If the conflict can wait to be

addressed at the next meeting, the Project Director will add the item to the meeting agenda and it will be discussed at the next collaborative team meeting.

2. Determine the specific issue that is being disputed.
3. Both parties will then be able to give their sides. Each member of the collaboration will be respectful and allow each person a reasonable amount of time to present their position.
4. After both parties have given their position, the collaboration will work together to brainstorm a solution.
5. After one or more solutions are presented, the collaboration will vote to make a final decisions regarding the issue. No voting will occur unless all members of the collaboration are present.
6. If a decision or resolution cannot be reached, the collaboration will consult the Executive Directors/CEOs of each organization.
7. If there is further conflict, the Women's Center for Advancement, as the fiscal agent, will make the final decision after consulting with all parties involved.
8. OVW and Vera are also available to be consulted with as needed.

The collaboration commits to resolve any conflict as quickly as possible and move forward with the project. In addition, we will take preemptive strategies to prevent conflict by assigning work tasks based on skills or area of expertise, forecasting scheduling issues, and looking at the reasoning behind the importance of compromise and consensus. We understand that there may be disagreements within the collaboration at times, but commit to always keep the best interest of the collaboration in mind. We will maintain a high degree of respect for one another and remain professional at all times and in all situations.

### **Confidentiality and Mandatory Reporting**

The collaboration recognizes that it is imperative to maintain confidentiality in all aspects of the project. We commit to keep all information discussed during team meetings regarding survivors or agencies in the collaboration confidential. Any information discussed regarding a survivor will be handled carefully. Names or other personal, identifying information will not be used.

All information shared about survivors will be considered privileged information, and we will ensure that each survivor is aware of his or her rights concerning the information they provide to the collaboration during the planning and development phase of the project.

The collaboration will abide by reporting requirements mandated through Nebraska law (see Appendix A). Anytime a survivor is engaged during the project, he or she will be informed of the mandatory reporting requirements in Nebraska. In addition, confidentiality will be thoroughly discussed with each client. Each survivor will be asked to sign a confidentiality agreement before participating in any activity in the planning and development phase of the project.

If a survivor does disclose abuse or neglect at any time, the individual speaking with the survivor will consult with another core collaborative member on the situation before reporting to CPS or APS. If another core collaborative member is not available to speak with, the individual will consult with a staff member or supervisor at the site on which he or she is located. The individual who witnesses the disclosure of abuse or neglect will be responsible for reporting it.

The collaboration will abide by HIPAA requirements and protect client health information. We acknowledge that the agencies in the collaboration serve many of the same survivors. When discussing any topic related to survivors, we will use general terms to describe a case or situation. We will not disclose any information by which a survivor may be identified. The collaboration commits to hold one another accountable to this key tenant.

In addition, any information disclosed about each agency's policies and procedures will be kept confidential. We will be mindful about what is discussed about the collaboration outside the team meetings. This will be discussed further in our Communications Plan.

## **Communications Plan**

The collaboration will abide by the principles outlined in our values and assumptions statement regarding confidentiality when considering internal and external communication.

## **Internal Communication**

There are many modes by which members in the collaboration will communicate with one another. Some of these include core collaborative team meetings, leadership team meetings, and email conversations, phone calls, meeting agendas, and meeting minutes. The collaboration strives to keep lines of communication open between all agencies involved in the project.

One of the primary ways the collaboration communicates and works together is through core collaborative team meetings. One representative from each agency participates in the meetings, as well as the Project Director. The Project Director organizes and facilitates each collaborative team meeting. OVW technical assistants are available to participate in meetings as needed. The core collaborative group meets the first and third Wednesday of the month for up to one and a half hours. The frequency of the meetings is subject to change.

Leadership from each agency meets quarterly to provide oversight and direction on the collaboration's activities. The Project Director will organize and facilitate these meetings, along with the CEO of the Women's Center for Advancement, who will provide overall guidance on the project.

Between collaborative meetings, the Project Director will use email as the primary way in which team members will be contacted. As a general rule, if an email is sent, and a reply is not received within 48 hours, a follow-up email may be sent.

Phone calls may be also necessary to communicate with team members. In the case of a crisis situation, each member of the collaboration has provided an emergency number by which he or she may be reached after regular business hours.

Meeting agendas will be sent out the day before each collaborative meeting, as well as a reminder of the time and place of the meeting. Any member of the collaboration may ask that an item be added to the agenda.

Meeting minutes are utilized as a way to communicate and summarize information discussed in team meetings. The Project Director will take

notes during the meetings and send out minutes to each member of the collaboration within 48 business hours of the end of the meeting. The leadership team from each agency represented in the collaboration will be sent the minutes from the core collaborative team meeting as well.

It is the Project Director's responsibility to ensure that everyone in the collaboration is communicated to and all perspectives/views expressed are acknowledged. The collaboration understands that communication is an essential component of success, and strong communication skills are needed to ensure cohesiveness in the team environment.

### **External Communication**

The collaboration will have contact with external entities, such as Vera and OVW. In addition, requests from the media may occur regarding matters associated with the collaboration. There may also be presentations given to several community agencies on the work of the collaboration.

The collaboration will consult with Vera as needed, or OVW. Consistent communication will be maintained with technical assistants provided by Vera. The Project Director will be the primary point of contact for OVW and Vera. OVW and Vera may be reached by phone or through email. Vera will be the first entity that is contacted when there is a question. OVW may also be consulted as needed. The Project Director will have a weekly phone conversation with a Vera technical assistant to inform him or her of the progress of the collaboration and receive advice on different aspects of the project.

Any presentations given to the community will follow the format of the talking points plan. The Project Director will develop a standardized presentation that will be given to any agency interested in learning about the mission of the collaboration.

### **Media Plan**

All requests from the media will be communicated to agencies in the collaboration, and specifically, the CEOs of each agency. The Women's Center for Advancement will take the lead on all communication with the media, unless the topic is controversial. In emergency situations involving

the media, the collaboration will communicate with one another, and the CEOs from each agency, to determine the correct way to handle the media request. All media relations personnel at Catholic Charities, Community Alliance, and the Women's Center for Advancement will be given talking points to utilize when speaking with the media.



## Talking Points

1. There are three agencies involved in the collaboration: The Women's Center for Advancement, Catholic Charities, and Community Alliance.
2. Triumph Omaha's work started in September of 2015 and will be completed in September of 2018. The mission of the collaboration is to create a system of person-centered, coordinated care for survivors of domestic violence who have a severe and persistent mental illness and/or substance use disorder.
3. There are two primary phases of the project: planning and development and implementation. The planning and development phases lasts around one year, and implementation will take roughly two years. The project is funded through a grant from the Department of Justice, Office on Violence Against Women.
4. We hope to bridge the gap in services for domestic violence survivors with mental health or substance use issues by developing **appropriate screening processes**, creating **formalized, collaborative procedures** when serving individuals with disabilities, increasing **training** and creating **awareness** of the link between domestic violence, mental health concerns, and/or substance use issues, and aiding in the **elimination of stigma and discrimination** associated with survivors of domestic violence who have a severe and persistent mental illness and/or substance use disorder.
5. We understand that each individual served has diverse strengths and needs and commit to empower and advocate for survivors while taking into consideration their trauma.
6. We envision that all individuals who are survivors of domestic violence and experience mental health or substance use issues will be able to easily access our services and receive an intentional, well-planned response, which promotes safety and self-determination.

## Work Plan

<b>Activity</b>	<b>Timeframe</b>
OVW Grant Awarded	September 2015
Attend New Grantee Orientation	December 2015
Conduct Baseline Indicators	April 2016
Collaboration Building and Charter Development	April–July 2016
Submit Collaboration Charter to OVW	July 2016
Develop Narrowing the Focus Memo	August 2016
Submit Memo to OVW	August 2016
Conduct Indicators	October 2016
Develop Needs Assessment Plan	September 2016 – October 2016
Submit Needs Assessment Plan to OVW	October 2016
Conduct Focus Groups with people served	November – December 2016
Compile Findings and Analyze Data	January 2017 – February 2017
Conduct Indicators	March 2017
Submit Needs Assessment Report to OVW	March 2017
Create Strategic Plan	March 2017 – May 2017
Submit Strategic Plan to OVW	May 2017
Implement Strategic Plan	June 2017– September 2018
Conduct Indicators	October 2018
Conduct Indicators	April 2018
Conduct Final Indicators	September 2018

## Glossary of Key Terms

**Abuse:** To be abusive is to use something or someone improperly. Abuse occurs when power and control is exerted over an individual. In the case of domestic violence, abuse can be defined as a repetitive pattern of behaviors that is used to maintain power and control over an intimate partner. <sup>1</sup>

**Accessibility:** Something may considered accessible if it is easy for everyone to use or understand. Triumph Omaha is committed to making domestic services accessible for individuals who have a mental health or substance use issue.

**Advocate:** To support or defend someone or a particular cause.

**Awareness:** To be knowledgeable or conscious about a topic or issue. Triumph Omaha seeks to increase awareness of the intersection between domestic violence and mental health and/or substance use issues while decreasing the stigmas associated with being a survivor of domestic violence, a mental health disorder, or a substance use issue.

**Benchmark:** Something that serves as a standard by others which may be measured or judged. The collaboration hopes to become an example other agencies may look to when assisting an individual who is a survivor of domestic violence who has a SPMI and SUD.

**Bipolar Disorder:** Characterized by dramatic mood swings, manic and depressive episodes; periods of irritability, impulsivity, and feelings of being intensely happy or periods of sadness or hopelessness <sup>2</sup>

**Catholic Charities Archdiocese of Omaha:** Catholic Charities is an agency located in Omaha, NE. <sup>3</sup> It provides advocacy, outreach, and

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<sup>1</sup> <https://www.justice.gov/ovw/domestic-violence>

<sup>2</sup> <http://www.samhsa.gov/disorders/mental>

<sup>3</sup> <http://www.ccomaha.org/>

education services to those who are in need. This organization is a part of Triumph Omaha and will be providing expertise in the area of substance use.

**Chronic:** Constantly recurring or persistent.

**Cohesiveness:** To combine well to form a strong and well-organized unit.

**Collaboration:** To work with another person or group in order to achieve or do something. The Triumph Omaha collaboration was formed in order to provide a well-coordinated systems approach to serving domestic violence victims with co-occurring behavioral health needs.

**Community Alliance:** Community Alliance is an agency located in the Omaha area which provides services to individuals who have a severe and persistent mental illness.<sup>4</sup> This organization is a part of the Triumph Omaha collaboration and will be providing expertise in the area of SMPs.

**Compromise:** A way of reaching agreement in which each person or group gives up something that was wanted in order to end an argument or dispute.

**Compulsion:** Repetitive acts that relieve stress or anxiety for an individual.

**Confidentiality:** To keep information private, confidential, privileged, or restricted.

**Confidentiality Agreement:** An agreement between two or more parties that outlines information that is to be kept private.

**Conflict:** Friction or opposition resulting from actual or perceived differences or incompatibilities.

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<sup>4</sup> <http://www.community-alliance.org/>

**Conflict Resolution:** A process by which disputes or disagreements are resolved.

**Consensus:** A general agreement about a topic or issue.

**Co-occurring:** Individuals who have both a substance use disorder and a mental health disorder.

**Coordinated:** To bring the different elements of a complex activity or organization into a relationship that will ensure efficiency or harmony.

**Core Collaborative Team:** The Core Collaborative Team assists in the drafting of all deliverables, as well as provides input on needs that should be addressed by the collaboration. Each member of the team is able to provide his or her professional expertise on the topic or issue being considered.

**Deliverables:** A series of documents that provide direction to the planning and development and implementation phases. Key deliverables for the DVBHC Project include: collaboration charter, statement of focus, needs assessment, findings report, and strategic plan.

**Delusion:** Strong beliefs that are usually not true; usually seem strange to others<sup>5</sup>.

**Department of Justice (DOJ):** The mission of the DOJ is to enforce the law and defend the interests of the United States according to the law; to ensure public safety against threats foreign and domestic; to provide federal leadership in preventing and controlling crime; to seek just punishment for those guilty of unlawful behavior; and to ensure fair and impartial administration of justice for all Americans.<sup>6</sup>

**Depressive:** Sad, anxious, depressed, decreased energy, high fatigue<sup>7</sup>.

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<sup>5</sup> <https://www.nami.org>

<sup>6</sup> <https://www.justice.gov/about>

<sup>7</sup> <https://www.nimh.nih.gov/health/topics/depression/index.shtml>

**Dignity:** The quality or state of being worthy, honored, or esteemed. The importance and value that a person has that makes other people respect them or makes them respect themselves.

**Disability:** A person who has a physical or mental impairment that substantially limits one or more major life activities. A person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. <sup>8</sup>

**Discrimination:** To discriminate against an individual is to treat someone differently, usually in a negative way, due to a given characteristic. This may also be defined by the individual experiencing impairment, physical or mental. <sup>9</sup>

**Domestic violence:** Willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse.<sup>10</sup> Domestic violence may be known by other terms, including intimate partner violence or relationship abuse.

**Empower:** To give someone more control over their life or more power to do something.

**Ethical Standards:** Standard principles that encourage the greater values of trust, fairness and, benevolence.

**External Communication:** The exchange of information outside of the collaboration.

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<sup>8</sup> <https://www.ada.gov/cguide.htm>

<sup>9</sup> Ahmedani, B. K. (2011). Mental Health Stigma: Society, Individuals, and the Profession. *Journal of Social Work Values and Ethics*, 8(2), 4–14–16.

<sup>10</sup> <http://www.ncadv.org/need-help/what-is-domestic-violence>

**Formalized:** To make something official; to arrange something into a fixed structure.

**Free Expression:** Communicating without restraint; expressing ideas and opinions freely without causing harm to another person.

**Gap in Services:** An unmet need of a population.

**Hallucination:** Hearing, seeing, or physically seeing things that are not there. <sup>11</sup>

**Health Insurance Portability and Accountability Act (HIPAA):** A United States law which provides confidentiality standards regarding health information to service providers. <sup>12</sup>

**Human Rights:** Rights which are inherent to all human beings. Everyone is equally entitled to these rights.

**Hypersomnia:** Sleeping too much or having trouble staying awake during the day. These individuals can fall asleep at anytime and anywhere. <sup>13</sup>

**Inclusivity:** To be inclusive is to include everyone and everything. Services, resources, or activities are not limited or restricted to certain people.

**Insomnia:** Problems associated with falling asleep or staying asleep. <sup>14</sup>

**Internal Communication:** The exchange of information inside the collaboration.

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<sup>11</sup> <https://www.nami.org>

<sup>12</sup> <http://www.hhs.gov/hipaa/>

<sup>13</sup> <https://www.sleepassociation.org/patients-general-public/hypersomnia/>

<sup>14</sup> <http://umm.edu/health/medical/reports/articles/insomnia>

**Major Depressive Disorder (MDD):** Characterized by a loss of interest in pleasurable activities, feelings of hopelessness and sadness, restlessness, hypersomnia, insomnia, worthlessness, or depressed mood. <sup>15</sup>

**Mandatory Reporting:** Mandatory reporting is required by law and must occur when abuse is observed or suspected. Mandatory reporting laws vary by state. In Nebraska, everyone is a mandatory reporter.

**Manic:** Energetic, elevated arousal; heightened mood, usually irritable or euphoric; individuals who are manic usually have trouble thinking, sleeping, have increased activity levels, and become agitated or irritable easily. <sup>16</sup>

**Mental Health Disorder:** Involves a change in thinking, mood, or behavior. Mental health disorders can affect an individual's ability to function. <sup>17</sup>

**Mission:** Outlines the methods the collaboration will use to attain its goals and vision.

**Obsession:** To become fixated on something; to be thinking frequently of something, someone, an event, or situation.

**Obsessive Compulsive Disorder (OCD):** Persistent thoughts or obsessions; repetitive behaviors that a person may use to control his or her obsessions; compulsive behavior may also be used to reduce feelings of anxiety <sup>18</sup>

**Office on Violence Against Women (OVW):** Provides federal leadership in developing the national capacity to reduce violence against women and administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault, and stalking <sup>19</sup>

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<sup>15</sup> <http://www.samhsa.gov/disorders/mental>

<sup>16</sup> <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>

<sup>17</sup> <http://www.samhsa.gov/disorders>

<sup>18</sup> <http://www.samhsa.gov/disorders/mental>

<sup>19</sup> <https://www.justice.gov/ovw>



**Peer Support:** A system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.

**Perceptions:** To become aware of something; to interpret or make a mental impression of something through the senses.

**Person-centered:** Survivors should have control of the services they receive. To be person-centered is to be respectful of one's cultural, linguistic, and other social or environmental needs that the survivor may have. <sup>20</sup>

**Post-Traumatic Stress Disorder:** Follows a traumatic experience in an individual's life; must be preceded by actual or perceived threat; individuals with this disorder may exhibit avoidance symptoms, become hyper-aroused making it difficult to complete daily tasks, or have flashbacks or nightmares <sup>21</sup>

**Presenting:** The initial reason an individual is seeking help or treatment.

**Project Director:** The Project Director serves as a neutral facilitator for the project. He or she coordinates the day-to-day operations and works to identify best practices within the collaboration's area of interest.

**Protocol:** A formal procedure or set of rules that govern or explain the correct conduct to be used in a situation.

**Resource Efficiency:** To reduce environmental impact of the production and consumption of goods and services. <sup>22</sup>

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<sup>20</sup> <http://www.samhsa.gov/section-223/care-coordination/person-family-centered>

<sup>21</sup> <http://www.samhsa.gov/disorders/mental>

<sup>22</sup> [http://www.unep.org/pdf/UNEP\\_Profile/Resource\\_efficiency.pdf](http://www.unep.org/pdf/UNEP_Profile/Resource_efficiency.pdf)

**Safe Environment:** An environment in which all are respected; to be free from an environment in which abuse or fear is present.

**Safety:** To be safe physically, emotionally, sexually, financially, and psychologically.

**Schizoaffective Disorder:** Characterized by symptoms of schizophrenia, combine with symptoms of a mood disorder; symptoms of this disorder include disorganized thinking, manic episodes, depressive episodes, delusional thinking, and hallucinations.<sup>23</sup>

**Schizophrenia:** A thought disorder characterized by delusional thinking; can include delusions, hallucinations, disturbances in emotional expressions, abnormal motor behavior; often severe and chronic.<sup>24</sup>

**Self-determination:** To be able to empower one's self; to be able to advocate for your own needs.

**Severe and Persistent Mental Illness (SPMI):** A mental illness which impacts daily functioning; diminishes functional capacity in many areas of an individual's life such as work, school, family, social, and self-care; chronic and severe; long-term limitations usually exist for the individual.

**Stigma:** Stigmas are created when a characteristic or attribute about someone or something is perceived as negative. This perceived negative attribute can cause others to view that person or thing as having less of a value. The collaboration recognizes that those who have mental health and substance use disorders are often subject to stigma.

**Substance Use Disorder:** The recurrent use of alcohol/drugs that causes clinically and functionally significant impairment.<sup>25</sup> An individual does not

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<sup>23</sup> <https://www.nami.org/Learn-More/Mental-Health-Conditions/Schizoaffective-Disorder>

<sup>24</sup> <http://www.samhsa.gov/disorders/mental>

<sup>25</sup> <http://www.samhsa.gov/disorders/substance-use>

have to be dependent upon a substance to have a substance use disorder. Often times, substance use disorders and SPIMs will co-occur.

**Survivor:** A term for the individual who is being targeted by an abuser. This term may be used interchangeably to describe someone who has overcome a domestic violence situation, mental health, or substance use issue.

**Sustainable:** Able to use over an extended period of time; has the capacity to endure.

**Technical Assistant:** The Office on Violence Against Women provides direct technical assistance (through Vera) for grantee and sub-grantees. Each week, the Project Director of Triumph Omaha meets with a technical assistant from Vera for advice or assistance on different aspects of the project.<sup>26</sup>

**Trauma:** SAMHSA outlines the three “E’s” of trauma: events, experience, and effect. First, a significant *event* or circumstance occurs that contains actual or extreme threat of physical or psychological harm. The way that the individual *experiences* or interprets that event affects the *effect* of the event on him or her.<sup>27</sup> Trauma may also be defined by the individual experiencing it. Some people are predisposed to trauma.

**Trauma-informed:** There are six principles that encompass a trauma-informed approach to providing care, or in the case of the collaboration, making decisions regarding survivor care. Trauma informed practices value the safety of the survivor, are trustworthy and transparent, provide peer support, value collaboration and mutuality, empower survivors, and take into consideration cultural, historical, and gender issues.<sup>28</sup>

**Values:** To hold something in high regard.

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<sup>26</sup> <https://www.justice.gov/ovw/training-and-technical-assistance#technical>

<sup>27</sup> <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

<sup>28</sup> <http://www.samhsa.gov/nctic/trauma-interventions>

**Vera:** The Vera Institute of Justice addresses the needs of people with disabilities who have become victims of crime(s). Vera specializes in sexual violence, disability, domestic violence, non-profit management, and research.<sup>29</sup>

**Vision:** Aspirations of what the collaboration would like to accomplish; briefly examines what the collaboration hopes will be different in the future.

**Women's Center for Advancement (WCA):** The WCA is an organization located in the Omaha metro area which provides services to individuals who are survivors of domestic violence, sexual assault, harassment, human trafficking, and stalking. This organization is a part of the Triumph Omaha collaboration.<sup>30</sup>

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<sup>29</sup> <http://www.endabusepwd.org/about-us/>

<sup>30</sup> <http://www.wcaomaha.org/>

## **Commonly Used Abbreviations**

ADA - Americans with Disabilities Act

DOJ- Department of Justice

DV- Domestic Violence

DVBHC- Domestic Violence and Behavioral Health Collaboration

HIPAA- Health Insurance Portability and Accountability Act

MDD- Major Depressive Disorder

NCADV- National Coalition Against Domestic Violence

OCD- Obsessive Compulsive Disorder

OVW- Office on Violence Against Women

PTSD- Post Traumatic Stress Disorder

SPMI- Severe and Persistent Mental Illness

SUD – Substance Use Disorder

WCA- Women's Center for Advancement

## Contact Information

<b>Name</b>	<b>Organization</b>	<b>Role</b>	<b>Phone Number</b>	<b>Email Address</b>
Amy Richardson	Women's Center for Advancement	President and CEO	402-345-6555 x223	AmyR@wcaomaha.org
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Johanna Jones	Women's Center for Advancement	Project Director	402-345-6555 x290	johannaj@wcaomaha.org
Carole Boye	Community Alliance	President and CEO	402-341-5128	cboye@commall.org
Dana Grisham	Community Alliance	Director of Rehabilitation & Recovery Services	402-341-5128	dgrisham@commall.org
John Griffith	Catholic Charities	Executive Director	402-554-0520	JohnG@ccomaha.org
Kevin Kaminski	Catholic Charities	Director of Behavioral Health Services, Sheehan Center	402-554-0520	KevinK@ccomaha.org
Esther Carrillo	Women's Center for Advancement	Administrative Assistant	402-345-6555 x235	EstherC@wcaomaha.org

## **Appendix A**

### **Nebraska Statutes**

#### **38-3132**

Duty to warn; limitation; immunity.

(1) No monetary liability and no cause of action shall arise against any psychologist for failing to warn of and protect from a client's or patient's threatened violent behavior or failing to predict and warn of and protect from a client's or patient's violent behavior except when the client or patient has communicated to the psychologist a serious threat of physical violence against a reasonably identifiable victim or victims.

(2) The duty to warn of or to take reasonable precautions to provide protection from violent behavior shall arise only under the limited circumstances specified in subsection (1) of this section. The duty shall be discharged by the psychologist if reasonable efforts are made to communicate the threat to the victim or victims and to a law enforcement agency.

(3) No monetary liability and no cause of action shall arise against any person who is a psychologist for a confidence disclosed to third parties in an effort to discharge a duty arising under subsection (1) of this section in accordance with subsection (2) of this section.

#### **28-711**

Child subjected to abuse or neglect; report; contents; toll-free number.

(1) When any physician, any medical institution, any nurse, any school employee, any social worker, the Inspector General appointed under section 43-4317, or any other person has reasonable cause to believe that a child has been subjected to child abuse or neglect or observes such child being subjected to conditions or circumstances which reasonably would result in child abuse or neglect, he or she shall report such incident or cause a report of child abuse or neglect to be made to the proper law enforcement agency or to the department on the toll-free number established by subsection (2) of this section. Such report may be made

orally by telephone with the caller giving his or her name and address, shall be followed by a written report, and to the extent available shall contain the address and age of the abused or neglected child, the address of the person or persons having custody of the abused or neglected child, the nature and extent of the child abuse or neglect or the conditions and circumstances which would reasonably result in such child abuse or neglect, any evidence of previous child abuse or neglect including the nature and extent, and any other information which in the opinion of the person may be helpful in establishing the cause of such child abuse or neglect and the identity of the perpetrator or perpetrators. Law enforcement agencies receiving any reports of child abuse or neglect under this subsection shall notify the department pursuant to section 28-718 on the next working day by telephone or mail.

(2) The department shall establish a statewide toll-free number to be used by any person any hour of the day or night, any day of the week, to make reports of child abuse or neglect. Reports of child abuse or neglect not previously made to or by a law enforcement agency shall be made immediately to such agency by the department.

## **28-710**

(1) Sections 28-710 to 28-727 shall be known and may be cited as the Child Protection Act.

(2) For purposes of the Child Protection Act:

(a) Child abuse or neglect means knowingly, intentionally, or negligently causing or permitting a minor child to be:

(i) Placed in a situation that endangers his or her life or physical or mental health;

(ii) Cruelly confined or cruelly punished;

(iii) Deprived of necessary food, clothing, shelter, or care;

(iv) Left unattended in a motor vehicle if such minor child is six years of age or younger;

(v) Sexually abused; or



- (vi) Sexually exploited by allowing, encouraging, or forcing such person to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic photography, films, or depictions;
- (b) Department means the Department of Health and Human Services;
- (c) Law enforcement agency means the police department or town marshal in incorporated municipalities, the office of the sheriff in unincorporated areas, and the Nebraska State Patrol;
- (d) Out-of-home child abuse or neglect means child abuse or neglect occurring in day care homes, foster homes, day care centers, group homes, and other child care facilities or institutions; and
- (e) Subject of the report of child abuse or neglect means the person or persons identified in the report as responsible for the child abuse or neglect.

## **28-372**

Report of abuse; required; contents; notification; toll-free number established

(1) When any physician, psychologist, physician assistant, nurse, nursing assistant, other medical, developmental disability, or mental health professional, law enforcement personnel, caregiver or employee of a caregiver, operator or employee of a sheltered workshop, owner, operator, or employee of any facility licensed by the department, or human services professional or paraprofessional not including a member of the clergy has reasonable cause to believe that a vulnerable adult has been subjected to abuse, neglect, or exploitation or observes such adult being subjected to conditions or circumstances which reasonably would result in abuse, neglect, or exploitation, he or she shall report the incident or cause a report to be made to the appropriate law enforcement agency or to the department. Any other person may report abuse, neglect, or exploitation if such person has reasonable cause to believe that a vulnerable adult has been subjected to abuse, neglect, or exploitation or observes such adult being subjected to conditions or circumstances which reasonably would result in abuse, neglect, or exploitation.

(2) Such report may be made by telephone, with the caller giving his or her name and address, and, if requested by the department, shall be followed by a written report within forty-eight hours. To the extent available the report shall contain: (a) The name, address, and age of the vulnerable adult; (b) the address of the caregiver or caregivers of the vulnerable adult; (c) the nature and extent of the alleged abuse, neglect, or exploitation or the conditions and circumstances which would reasonably be expected to result in such abuse, neglect, or exploitation; (d) any evidence of previous abuse, neglect, or exploitation, including the nature and extent of the abuse, neglect, or exploitation; and (e) any other information which in the opinion of the person making the report may be helpful in establishing the cause of the alleged abuse, neglect, or exploitation and the identity of the perpetrator or perpetrators.

(3) Any law enforcement agency receiving a report of abuse, neglect, or exploitation shall notify the department no later than the next working day by telephone or mail.

(4) A report of abuse, neglect, or exploitation made to the department which was not previously made to or by a law enforcement agency shall be communicated to the appropriate law enforcement agency by the department no later than the next working day by telephone or mail.

(5) The department shall establish a statewide toll-free number to be used by any person any hour of the day or night and any day of the week to make reports of abuse, neglect, or exploitation.