Open Door Initiative
Collaboration Charter

Introduction

The Open Door Initiative is a collaboration of five community-based agencies in Lancaster County, Nebraska: Friendship Home, Voices of Hope, Community Mental Health Center of Lancaster County, St Monica's Behavioral Health Services for Women, and CenterPointe. Each of the Open Door Initiative's collaborative organizations is committed to the principles underlying the Collaboration Charter.

Our collaboration is engaged in a three-year project which began in October 2008. The first phase focuses on building our collaboration, identifying needs, and developing strategies for addressing these needs. The second phase will focus on the implementation of identified changes. The project is funded through a grant from the US Department of Justice, Office on Violence Against Women.

Mission

The mission of the Open Door Initiative is to transform services in Lancaster County into a seamless, responsive, and sustainable system that fully meets the needs of women who are survivors of domestic violence with mental health concerns who may also experience substance use issues. Within and among our collaborating agencies, we will promote and foster:

- A culture that honors and empowers the women we serve.
- A nimble collaboration that is innovative, intentional, and ethical in its communication.
- Knowledge of these co-occurring issues that ensures integrated and individualized services.
- Environments that are physically and emotionally safe.
- Policies and practices that promote accessibility and safety.

Vision

The vision of the Open Door Initiative is that women in Lancaster County who are survivors of domestic violence with mental health concerns who may also experience substance use issues will be welcomed into an empowering, inclusive, respectful environment when they access our services. Regardless of which agency door they open, women will access a rich array of comprehensive, individualized, seamless services and will be safer as a result of our collaboration.

Member Organizations

Lead Agency

Friendship Home
PO Box 85358
Lincoln, NE 68508

Representatives: **Amy Evans**
Executive Director
Lee Heflebower
Project Director

Friendship Home helps women and children to rebuild their lives, free from fear and addresses the many complexities and barriers associated with domestic violence on an individual level as well as a community systems level.

Friendship Home provides a continuum of safe, confidential shelter and support options for women and children experiencing domestic violence. The rich array of services includes emergency and transitional shelter, crisis intervention, counseling, case management, support groups for women and children, education about domestic violence, information about community resources, advocacy, and ongoing support after women and children leave the shelter.

Partner Agencies

Voices of Hope
2545 N Street
Lincoln, NE 68510

Representative: **Nancy Bowen, Ph.D.**
Licensed Psychologist and Clinical Director

Victims and survivors of domestic violence and sexual abuse and their families receive culturally responsive and empowering services which meet their needs and which eliminate their revictimization.

Voices of Hope provides the following free and confidential services to victims of domestic violence, sexual assault, and incest: a confidential, 24-hour crisis line; 24-hour a day advocacy in response to calls from hospital emergency departments and law enforcement for assistance with a victim; crisis and short-term counseling, both by appointment and on a daily walk-in basis; support groups for adult victims of domestic violence, sexual assault, and incest; legal advocacy; and assistance with protection orders. Staff members also provide community awareness and professional training to individuals and groups who work with victims of these crimes.

Community Mental Health Center (CMHC) of Lancaster County
2201 S. 17th Street
Lincoln, NE 68502

Representative: **Brenda Rohren, M.A., MFS, LIMHP, LADC**
Mental Health and Substance Abuse Therapist

Community Mental Health Center (CMHC) of Lancaster County is dedicated to providing quality mental health care and rehabilitation services for adults who experience acute psychological distress or serious mental illness.

Services of CMHC include: medical services; outpatient therapy; partial hospitalization program; community support services; inpatient psychiatric evaluation; behavioral health jail diversion; 24 hour crisis intervention; day rehabilitation; homeless/special needs outreach; peer, volunteer, and student placement; and the Open Studio/Writer's Wordshop. CMHC is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

St. Monica's Behavioral Health Services for Women
120 Wedgewood Dr
Lincoln, NE 68510

Representatives: **Michelle Miller, PLCSW**
Primary Counselor for the Project Strong Families Program
Corrie Kielty-Wesely
Director of Operations

St. Monica's is committed to the sobriety of women of all ages through empowerment, stability, and self-fulfillment. St. Monica's provides gender-specific, trauma-informed substance abuse and mental health treatment to women and adolescent girls diagnosed with drug or alcohol dependence.

Services include the following: outpatient and intensive outpatient programming; short and long-term residential treatment, including residential treatment in which women are able to reside with their children; medical services including psychiatric assessment and medication management; community support; family therapy; and early childhood care. Therapeutic programming includes individual counseling and group therapy, Twelve-step groups and meeting, relapse prevention, trauma-focused therapy groups, psycho-educational groups, parenting education, and parent support. St Monica's is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

CenterPointe, Inc.
2633 P Street
Lincoln, NE 68503

Representative: **Michelle Nelson, LIMHP, LMHP, LADC, PC**
Clinical Director

The mission of CenterPointe, Inc. is to help people with mental health and substance use problems attain healthier, more productive lives. CenterPointe offers a continuum of care to persons with co-occurring mental health and substance use disorders using integrated and simultaneous treatment for both disorders.

Services include outpatient counseling, case management, and day rehabilitation along with housing programs. CenterPointe also provides adult and youth long term residential treatment for co-occurring disorders, as well as short term residential substance services for adults. The organization partners with two other organizations on an Assertive Community Treatment (ACT) team based on the national model and best practices. CenterPointe is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Member Roles and Contributions

Organizational Roles and Contributions

Our project partners are well-respected authorities in the fields of domestic violence, mental health, and substance use. Project partners will contribute the knowledge and expertise of their respective fields and agencies to the work of the collaboration.

Project partners have agreed to commit consistent, knowledgeable staff participation to project activities to ensure progress in our work. The partners recognize that the manner of participation may change as the project moves from the planning phase to the implementation phase and agree to provide agency support for additional activities as necessary.

Project group meetings will be scheduled on a weekly basis. The locations of the meetings will rotate among the partner agencies. As some agencies have more than one location or program, the rotation will provide opportunities for the other project members to see the variety of services and facilities available at each agency. The host agency for a meeting will provide a tour and overview of that program increasing knowledge and understanding among the partners.

Project partners are committed to the Open Door Initiative and will examine the knowledge, culture, and environment as well as policies and procedures in our respective agencies. We will make sustainable changes as needed within our agencies to support and advance the mission of our collaboration.

Friendship Home will act as the fiscal agent for the project providing financial oversight and compliance with the Office on Violence Against Women. Friendship Home will employ and supervise the Project Director.

Individual Roles and Contributions

Project partners will support and strengthen relationships within our collaboration. We will seek opportunities to deepen our understanding of our work by respecting the input and expertise of each partner.

Project partners will actively participate in the development, implementation, and evaluation of each phase of the project. Partners will communicate information regarding the collaboration to their respective agencies and regarding their agencies to the collaboration as needed to facilitate the work of the project.

The Project Director will coordinate the day-to-day activities of the Open Door Initiative and act as a liaison between the project partners, the Vera Institute of Justice and the OVW administrator.

Core Values

As part of our commitment to creating sustainable change in our agencies, the Open Door Initiative will operate under the following set of values in order to meet the complex needs of the women we serve:

Collaboration

We believe we have an ethical responsibility to the women we serve to enhance our services, transform systems, and change societal attitudes through ***collaboration***. We respect the expertise of our agencies and we commit to finding common ground to enhance our services.

Confidentiality

We believe that **confidentiality** is the cornerstone of our philosophy of service and is a necessary element in providing safe environments for victims of violence. Our primary concern is the safety of our clients. We believe that confidentiality protects them from being further victimized by abusers and service providers. Our collaborative is committed to maintaining the confidentiality of survivors' personal information that is entrusted to each partner agency. We recognize that each agency in our collaborative must follow mandated confidentiality and reporting protocols and that our agencies' protocols may differ. We commit to respecting the confidentiality requirements of our multiple systems while supporting each woman's right to manage and disclose her own information.

Continuity of Care

We believe that **continuity of care** is critical to meet the multiple needs of survivors. Our collaborative is committed to developing a seamless, comprehensive approach to our services to ensure that each woman is served competently regardless of which agency door she enters.

Elimination of barriers to accessing and providing services

We are accountable to the women we serve and have a responsibility to provide services that acknowledge and respect their individual and programmatic needs. We strive to understand accessibility barriers. We recognize that safety threats, mental health concerns, and substance use can be barriers to survivors in accessing services. We also recognize that misconceptions and ignorance as well as agency policies and procedures can create barriers to providing services. We pledge to examine and strive to ***eliminate barriers to accessing and providing services*** in our collaborative.

Person-centered

A ***person-centered*** approach will be adopted by the collaborative, making the survivor the focal point. We will ensure that the collaborative agencies will provide individualized services to each woman that acknowledge and respect her unique needs, abilities, goals, and strengths.

Safety

We believe that ***safety*** and freedom from domestic violence are fundamental rights for everyone. We will encourage our collaborative to maintain environments that are physically and emotionally safe for survivors. Safe, respectful, empowering environments provide opportunities for women to disclose abuse, mental health concerns, and substance use without blame or judgment.

Self-determination and Empowerment

We believe each woman is the authority on her own life. We promote ***self-determination*** by respecting and supporting the right of each woman to make meaningful decisions about her situation. We will ***empower*** women to acquire the skills, knowledge, and resources to make autonomous choices about their lives. Such choices include how to proceed and prioritize self-care in regards to domestic violence, mental health, and substance use. We will give voice to survivors' stories to advocate for their needs and encourage sustainable change within our agencies and our community.

Strengths-Based

We will use a ***strengths-based*** philosophy to discover and build on each woman's personal strengths. We will develop or further enhance a culture within our organizations that honors and supports this focus.

Transforming systems and attitudes

We recognize that the stigma surrounding women who experience domestic violence, mental health or substance use concerns is based on ignorance and oppression. We believe that eliminating the stigma and ending domestic violence requires **transforming systems and attitudes** in our agencies and our community. We see our work as a catalyst for transformation that will shape our community beyond the scope of our grant project. We will approach the transformation through changing policies and practices to promote accessibility and safety.

Decision Making Process

The Open Door Initiative recognizes that the decisions we make regarding our project can significantly affect the women we serve. In order to approach important and difficult issues in a manner that acknowledges the potential impact of our decisions, we have developed a decision-making process.

Our collaboration will use a consensus model of decision-making that respects the unique opinions and perspectives of each group member. We will be mindful of our mission, vision, and values and the partnership that we have developed when making decisions.

If we are not able to reach an immediate consensus through discussion, then we will utilize the following decision making process:

We will name and agree upon the issue and solicit input from all group members through discussion. We will check-in to determine if each member has sufficient information to make a decision and will continue the discussion until all feel prepared. Each member will be asked to indicate their position on the issue based on the following five-point scale:

1 - Strongly agree
2 - Agree with reservations
3 - Undecided
4 - Disagree, but open to discussion
5 - Strongly disagree, don't move forward

We will move forward with the decision if all of the responses are a 1 or a 2. If all responses are a 1, a 2 or a 3, we will consider the decision to be tentative and will revisit it at our next meeting. If any of the responses are a 4 or a 5, we will continue our discussion and repeat the check-in process or table the decision.

If consensus cannot be achieved, we will request additional assistance from the Vera Institute of Justice or other services to continue the discussion internally.

Decision Making Authority

Collaboration Authority: The Collaboration will be involved in decisions that change the meaning or direction of the project and has the authority to provide input into budget revisions and the OVW bi-annual report. The Collaboration will engage appropriate staff from partner agencies for final approval of the collaboration charter, needs assessment plan and report, and strategic plan. The Collaboration will involve the partner agencies' Boards of Directors or other governing authorities for final approval of the strategic plan.

***Fiscal Agent Authority*:** Friendship Home, acting as the Fiscal Agent, has the authority to employ and supervise the Project Director, implement the budget, and submit budget and financial reports to OVW. The Fiscal Agent will consult with collaborating partners on budget issues. The Fiscal Agent will submit bi-annual reports to OVW and provide copies of the reports to the partners.

Project Director Authority: The Project Director has the authority to manage the day-to-day operational decisions of the grant project including setting timelines, recommending meeting agendas, and coordinating project logistics. Working in a collaborative manner, the Project Director will communicate and disseminate information to the collaboration partners. The Project Director will be the point of contact for OVW and the primary contact for the Vera Institute.

Conflict resolution

Our collaboration respects the unique perspective that each partner brings to the Open Door Initiative. We will strive to use our differences to gain a richer, deeper understanding of the work we do. If conflicts do arise within our group, we will not allow them to deter or sabotage our commitment to the project. We will instead look at conflict through the lens of opportunity to grow and change as we strive to find common ground.

We expect that we will be able to resolve most conflicts through respectful discussion. Our guidelines for positive conflict resolution include the following:

- We will openly discuss issues that affect our collaboration and empower each project partner to voice their opinion, be listened to, and feel that they are a critical part of the solution.

- We will frequently check-in with group members to proactively identify areas of potential disagreement or discomfort and clarify misunderstandings.

- We will take steps to understand any conflicts that arise by defining the problem, agreeing that it is the problem, and identifying the source of the problem.

- We will explore a variety of options while seeking a solution. Our goal is satisfaction for all partners but we will accept a “workable compromise”.

- We value our relationships with our project partners and will engage in processes and solutions that support and build those relationships.

If we are unable to resolve a conflict within our group, we will request additional assistance from the Vera Institute of Justice.

Communications Plan

The Open Door Initiative recognizes the importance of effective communication in building and sustaining our collaboration. Our communications plan outlines communications processes among members of our collaboration, between members and their respective agencies, and with external stakeholders including media contacts.

A. Internal Communications within the Collaborative

1. **Guidelines:** All project partners will use open, ethical communications in interactions, discussions, and sharing of information with other members of the collaborative. We will respect the various perspectives that each member brings to our work and we will each seek to understand perspectives that differ from our own. Information will be presented without any hidden agendas. In an effort to provide transparency, partners will try to understand how a statement might be perceived and address it proactively. Issues that affect the group should be discussed as a group. We will avoid "parking lot" conversations. If a group member has a conflict or issue specifically with another member, the discussion about the issues will be directly between the two individuals.
2. **Confidentiality:** We will conduct discussions with an expectation that the information is open and not to be considered confidential. Partners are responsible for notifying the other group members when sensitive information is presented that needs to be considered confidential. As a group, we will decide the parameters for the handling of sensitive information. Each member agrees to use discretion when communicating within their own organizations as well as among the partner agencies.
3. **Meetings:** Partners will meet once a week for two hours during the planning phase of the project. The Project Director will facilitate each meeting. Meeting locations will rotate among the partner agencies and at the various program sites of each agency. The meeting schedule for subsequent phases will be determined during strategic planning.
4. **Mode of communication:** The primary communication between the collaboration members will be via e-mail. Alternate communication methods may be used as appropriate. The Project Director will be primarily responsible for disseminating routine meeting minutes, agendas, documents, and other relevant information regarding the project to the group members via e-mail. When requested information is received, the receiver will send a confirmation e-mail to the sender. Group members will "reply to all" individuals who received the original e-mail as appropriate and explicitly noting to the sender if this was not done.

B. Collaborative Member and Partner Agency Communication

Each partner will be responsible for communicating pertinent information about the project to her or his own agency and for communicating pertinent information about her or his agency to the collaborative. The communications may take place through a variety of avenues as appropriate for each agency. Such avenues may include meetings with staff members, board members, and other internal stakeholders, interagency informational systems such as internal newsletters or other agency communications methods.

C. External Communications

1. **Vera Institute:** The Project Director will be the key contact person for the Vera Institute and will communicate on regular basis with our Vera program associate. Other project partners can also initiate communication with her as needed. On occasion, our Vera program associate will participate in collaborative meetings to ensure that all project partners have opportunities for contact with her.
2. **Office on Violence Against Women:** The Project Director and the Executive Director of Friendship Home (the Fiscal Agent) will be the primary contacts with OVW.
3. **Other stakeholders:** Our project partners will communicate with additional stakeholders in the community as needed to maintain positive relationships and support for the work of the collaboration. Project partners will use the Open Door Initiative's Talking Points in communicating information about the project.

D. Media Plan

1. **Talking Points:** Talking Points have been developed by the collaboration to allow partner agency representatives to respond to requests for information on the Open Door Initiative. Talking Points will be used by the partner agencies following each agency's individual media protocol. If a situation arises where the set of Talking Points does not apply, the project partners will convene to determine the media response. If a response cannot be agreed upon, the collaboration will forgo the media opportunity.
2. **Media Contacts:** Each agency will use its own method of filtering media requests. Any individual designated as a media contact by a partner agency may speak to the media regarding the Open Door Initiative following that agency's media protocol. The speaker's comments should be based on the agreed upon Talking Points and the mission, vision, and values of the collaboration.
3. **Contact Tracking:** When media contact is made by a partner agency, information regarding the contact and copies of any resulting articles should be sent to the Project Director. Any noted issues about the contact, such as unknown information or misquotes, should be included as well.

Open Door Initiative Talking Points

Who: The Open Door Initiative is a collaboration of five agencies: Friendship Home, Voices of Hope, Community Mental Health Center of Lancaster County, St Monica's Behavioral Health Services for Women, and CenterPointe.

What: Our collaboration is in the planning phase of a project to transform services into a seamless, responsive, and sustainable system that fully meets the needs of women who are survivors of domestic violence with mental health concerns who may also experience substance use issues. The project is funded through a grant from the US Department of Justice, Office on Violence Against Women.

When: The Open Door Initiative three-year project began in October 2008. The planning phase will focus on building our collaboration, identifying needs, and developing strategies for addressing these needs. The second phase will focus on the implementation of identified changes.

Where: Our project is focused on Lancaster County, Nebraska.

Why: Women who are facing domestic violence, mental health, and substance use issues can encounter multiple barriers to accessing services. Organizations that serve women facing these concerns must strive to understand and challenge these barriers. Safe, responsive, comprehensive services should be available regardless of which agency door a woman enters first.

How: Our project partners will examine the knowledge, culture and environment as well as policies and procedures of each individual partner agency and the service delivery system as a whole to promote accessibility and safety.

Confidentiality Protocol

The Open Door Initiative considers confidentiality to be a key principle underlying our work. We believe that respecting the confidentiality of women experiencing domestic violence, mental health issues, and substance use concerns is paramount to ensuring safe, accessible services.

We recognize that our individual agencies operate under different requirements for honoring confidential information from local, state or federal regulations and governing entities. Agencies providing mental health services are bound by HIPAA regulations and agencies providing substance use services are also bound by 42 CFR Part 2 regulations. The laws of Nebraska further impact confidentiality requirements for agencies providing domestic violence services *(Nebraska statutes 29-4301 to 29-4304)*. Project partners will respect the boundaries and requirements of the other partner agencies. Within their own agencies, partners will continue to follow their respective agencies' protocols.

When working within the collaboration, partners will follow the confidentiality guidelines of this Charter which reflect the parameters set forth by these laws.

Confidentiality of Client Information

Personal, identifying information about individuals served at any of the partner agencies is considered confidential and may only be shared within the collaboration as needed and as permitted under the policy and/or law governing the process under which the information was obtained. Any information shared will be for the purpose of advancing the work of the collaboration in creating systems change. Information discussed under these guidelines will not be shared outside of the collaboration without express, written permission by the individual.

The needs assessment survey and report will contain only aggregate data, qualitative and quantitative information, and non-identifying participant quotations. Identifying information gathered during the needs assessment process will not be disseminated outside of the collaboration in any form. Participants will be fully informed of procedures and confidentiality protocols surrounding the needs assessment prior to participation. An individual's participation will not impact her ability to receive future services from partner agencies.

Confidentiality of Partner Agency Information

Our work as a collaboration is focused on ensuring a safe, responsive service delivery system for survivors at our partner agencies. Throughout this process, we will gather and examine a range of information regarding each agency including policies, procedures, and service delivery protocols as a means of enhancing services, safety, and accessibility. Information that could be politically sensitive or reveals challenges within a partner agency will be considered confidential and not shared outside of the collaboration.

Mandatory Reporting

Under Nebraska state law, all persons are required to report cases of suspected child abuse and neglect. Health, mental health, and other human services providers are also mandated to report observed or suspected abuse of a vulnerable adult. (A vulnerable adult is any person 18 years of age or older who has a substantial mental or functional impairment or for whom a guardian has been appointed.) Some project partners have other mandatory reporting requirements for their specific agencies or fields. Project partners will follow their respective agencies' protocols regarding any mandatory reporting requirements.

Prior to discussing issues of domestic violence with an individual, collaboration partners will inform the survivor of any mandatory reporting requirements and potential implications in a manner in which the survivor is best able to understand the law and decide whether to continue the conversation.

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 the Accessing Safety Initiative and each product will be submitted for approval to OVW.

November 2008	Begin development of collaboration charter
February 2009	Submit completed charter to directors of partner agencies for approval
February 2009	Submit collaboration charter to OVW
March 2009	Begin development of needs assessment proposal
May 2009	Submit needs assessment proposal to OVW
June 2009	Begin conducting needs assessment
August 2009	Begin development of needs assessment findings report
September 2009	Submit needs assessment to directors of partner agencies for approval
September 2009	Submit needs assessment findings report to OVW
October 2009	Begin development of strategic plan
December 2009	Submit strategic plan to directors of partner agencies for approval
December 2009	Submit strategic plan to OVW

After the successful conclusion of our planning phase and with the approval of OVW, the collaborative will begin the implementation phase. The goal is to begin implementation in January 2010.

Glossary

Abuse

1. Sexual Abuse is any form of non-consensual sexualized exposure.
2. Domestic Abuse/Domestic Violence occurs when a family member, partner, or ex-partner attempts to physically or psychologically dominate another. *See Appendix for Nebraska Statutes.*

Abuser/Batterer/Perpetrator/Offender

1. Abuser is a general term for one who mistreats one's partner or family member either physically or psychologically.
2. Batterer is an abuser who is physically violent.
3. Perpetrator is a person who has committed a criminal offense.
4. Offender is a perpetrator who has been convicted of domestic assault.

Accessibility
Survivors can promptly obtain domestic violence, mental health, and/or substance abuse services when these services are needed. Service providers are approachable and able to effectively address domestic violence, mental health concerns, and substance use through information, referrals or direct service in a way that is neither shaming nor judgmental. Services will be offered in a location that can be approached and entered by survivors with any level of physical ability and will provide service materials that can be obtained and utilized by survivors regardless of their physical or cognitive ability. Providers assess needs of survivors and, when necessary, make reasonable accommodations so that those needs can be met and services can be obtained.

Addiction
Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the structure of the brain and how it functions.

Advocate
Advocates are volunteers or employees of an agency whose primary purpose is assisting victims. Advocates use a non-judgmental, empowering approach to assist survivors with safety-planning, problem-solving, accessing resources, and self-care. Through advocacy-based crisis counseling, survivors are encouraged to make meaningful decisions about their situation. Advocates assist survivors in developing strategies and addressing barriers to meet their personal goals. Advocates also work within the community to improve systems responses and remove barriers for survivors.

Barrier
A tangible or intangible obstacle that impedes progress or achievement of an objective. There are four categories of barriers: physical, communication, attitudinal, and systemic. Physical barriers interfere or impede a person from accessing the particular location or service. Communication barriers deter a person from accessing information in a usable format. Attitudinal barriers are inaccurate beliefs or perceptions about a person's ability. Systemic barriers occur when practices of an organization discriminate individuals by "screening them out" from participation.

Case Management
The method of providing services whereby a professional assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs. When providing case management services, it is important to develop and maintain a therapeutic relationship with the client, which may include linking the client with systems that provide her with needed services, resources, and opportunities. The primary goal of case management is to optimize client functioning by providing quality services in the most efficient and effective manner to individuals with multiple complex needs. This also involves enhancing developmental, problem-solving, and coping capacities of clients.

Collaboration / Collaborative
A working partnership between two or more organizations for the purpose of accomplishing common goals. As a collaboration, the partners are able to achieve more together then they would alone. "This relationship includes several factors: 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. As a result of a successful collaboration, services are coordinated and improved, and each individual agency is able to respond more effectively with new expertise developed through the process." (Accessing Safety Initiative website: www.accessingsafety.org)

Competence
A standardized requirement for an individual to properly perform a specific job. It encompasses a combination of knowledge, skills, and behavior utilized to measure performance. More generally, competence is the state or quality of being adequately qualified and having the ability to perform a specific role. Competency also means knowing one's limitations and how to obtain consultation when needed, knowing when it is necessary to refer someone elsewhere for assistance and when it is most helpful to provide the assistance yourself or in collaboration with someone else. Experience and advanced training can lead to providers having more sophisticated levels of competency. Multicultural competency is an essential component of basic competency. This is described as the ability to interact effectively with people of different cultures and provide culturally appropriate services. The four components of multicultural competency are awareness of one's own cultural worldview, attitude towards cultural differences, knowledge of different cultural practices and worldviews, and cross-cultural skills.

Confidentiality
Advocates and counselors avoid illegal and unwarranted disclosure of client information including the person's status as a client. This right to privacy may be waived by the client or her legal representative by signing an authorization form, or Release of Information statement. Confidentiality may be suspended in cases when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. The limitations to confidentiality are explained to clients at the beginning of any intervention.

Continuum of Care
Comprehensive services are available to address survivors' multiple needs related to domestic violence, mental health, and substance use. Community providers pool resources and link services so that services are available from start to finish. These services range from least to most intensive and are available to assist survivors throughout the many phases of her healing.

Co-occurring disorders
This term refers to individuals having one or more disorders relating to the use of alcohol and/or drugs of abuse as well as one or more mental disorders (TIP 42, 2005).

Counseling
The application of mental health, psychological, or human development principles through cognitive, behavioral or systematic intervention strategies that address wellness, personal growth, or career development as well as pathology.

Crisis Intervention
Focuses treatment on a single issue by targeting affective, behavioral, and cognitive reactions that result from an experience that overwhelms people's ability to cope by the use of customary methods of problem-solving. A key element of crisis intervention is a quick focusing on the problem and an action-oriented approach that rapidly engages clients. Emphasis is placed on the client's perception of an experience or event as an intolerable difficulty as well as safety and least restrictive alternatives.

Disability
"According to the newest definition developed by the World Health Organization, disability is not something that a person has but, instead, something that occurs outside of the person – the person has a functional limitation. Disability occurs in the interaction between a person, his or her functional ability, and the environment. A person's environment can be the physical environment, communication environment, information environment, and social and policy environment.

This new definition helps us to understand that disability is a matter of degree. One is more or less disabled based on the intersection between herself, her functional abilities, and the many types of environments with which she interacts. Moreover, the experience of disability can be minimized by designing environments to accommodate varying functional abilities and providing individualized solutions when needed." (Accessing Safety Initiative website: www.accessingsafety.org)

Domestic Violence
Domestic violence is a pattern of assaultive and coercive behaviors used by a person to gain and maintain power and control over an intimate partner. Types of control may include physical, emotional, psychological, verbal, and economic abuse and may manifest through multiple actions including stalking or cyberstalking. *See Appendix for Nebraska Statutes.*

Empowerment
The process by which people, organizations, or groups who are powerless or marginalized: (a) become aware of the power dynamics at work in their life context, (b) develop the skills and capacity for gaining some reasonable control over their lives, (c) which they exercise, (d) without infringing on the rights of others, and (e) which coincides with actively supporting the empowerment of others in their community.

Ethical Communication
A form of communication in which the parties share information in an open, honest, and respectful manner. It includes listening fully to others as they speak, seeking to understand their perspectives, and encouraging diverse opinions. Ethical communication fosters trust, mutual understanding, and a shared sense of cooperation between the parties.

Ethics
A set of moral principles or values. In the behavioral health field, this means that service providers make decisions about interventions based on the following foci: quality care, person-centered services, non-malfeasance, least restrictive environment, informed consent, and client involvement.

Feminism
The belief that women are to be treated equally by women and men in terms of legal, political, economic, social, educational, and relationship power. The belief that women are systematically oppressed and excluded from full participation in society by male privilege such as control of legal rights, better income, political power, and cultural power in the family.

Feminist Therapy
Based on the core principle that the "personal is political," that personal issues women bring to therapy originated in sociopolitical oppression. Clients' responses to an oppressive environment are not viewed as dysfunctional. Beliefs include:

1. Work to change unhealthy sociocultural practices rather than adapt to them,
2. Value women's experiences, perspectives, and values,
3. Empower clients to acquire the full range of life skills,
4. Trust and value self and other women, engage in self-care, reject definitions of womanhood that are based on androcentric norms.

Harm Reduction Model
An approach to looking at and responding to drug or alcohol use that does not require a participant to make a commitment to abstain from substances prior to her receiving help. The objective is to provide services that help persons manage their addictions and health without abstinence being the only measurement of success.

Inclusion
The right of all people to have opportunities to use their abilities to participate and contribute as a member of society. Inclusion recognizes and values the diversity within our community.

Least Restrictive Environment
The treatment or service environment which affords the maximum amount of personal choice and freedom. This concept recognizes that all clients of public behavioral health services should be treated in an environment and manner that respects each client's individual worth, dignity, privacy, and enhances her personal autonomy. Restrictions on the liberty of persons must be the minimum necessary to enable effective treatment to occur, and to ensure protection of members of the public. Levels of treatment from least restrictive to most restrictive are as follows: outpatient, intensive outpatient, partial hospitalization (also known as day treatment), and inpatient treatment. In the substance abuse field, inpatient treatment is no longer common; the most restrictive environments would be short-term residential treatment followed by long-term residential treatment.

Mental Health
A state of well-being in which the individual realizes her own abilities, can cope with the normal stresses of life, can function productively, and is able to make a contribution to her community. Mental health is also the capacity of an individual to interact with other people and with the person's environment in ways that promote the person's sense of well being, enhance her personal development, and allow the person to achieve her life goals. Optimum health includes the six dimensions of wellness: physical, occupational, social, emotional, intellectual, and spiritual.

Mental Illness
Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning and caused by social, psychological, biochemical, genetic, or other factors (e.g., infection or head trauma). Mental illness interferes with a person's ability to think, communicate or behave appropriately. The person becomes so impaired that the illness interferes with the person's ability to deal with ordinary demands of life. A person is described as having a mental illness when her thoughts, feelings, and behavior cause her or others distress, and are not in keeping with her cultural background. Without effective treatment and support, the outcome for the person may be significant impairment, disability and/or disadvantage.

Neglect
Neglect is when someone is harmed because of another's lack of appropriate action. It includes any act of omission in which a person endangers or causes foreseeable and avoidable injury or impairment to emotional, physical, or sexual health, or contributes to the unreasonable prolongation or worsening of an existing injury or impairment.

Oppression/Discrimination/Stigma
1. Oppression is the unjust or cruel exercise of authority or power that functions to crush or burden by abuse of power, privilege, or authority.
2. Discrimination is unfair treatment or slight of a person or group on the basis of prejudice or difference.
3. Stigma is an attribute, behavior, or reputation which is socially discrediting and causes an individual to be classified by others in an undesirable stereotypical way.

Person-Centered Services
There are five principle dimensions of person-centeredness. Taken together they place an emphasis on the quality and dynamic in the relationship between the provider and the person served. Principles include:
1. Understanding needs from a broad biopsychosocial perspective rather than a deficit or symptom-driven perspective.
2. The ability to see the "consumer-as-person" and not diminished or dehumanized in any way by her help-seeking.
3. The sharing of power and responsibility in decision making.
4. The recognition of a therapeutic alliance and partnership between the provider and the consumer.
5. The ability to view the provider-as-person and not cast him/her into a position of power or undue authority.

Post-Traumatic Stress Disorder (PTSD)
A syndrome of reactions to trauma or an event that terrifies, horrifies, or renders one helpless. PTSD is diagnosed when a major trauma has occurred and is relived, despite strenuous attempts to avoid the memory. Reactions include:
1. Recurring intrusive recollections (e.g. flashbacks and nightmares).
2. Emotional numbing and constriction of life activity.
3. A physiological shift in the fear threshold, affecting sleep, concentration, and sense of security.

Psychotherapy. Psychotherapy (or therapy) traditionally focuses on mental disorders and serious problems associated with intrapsychic personal issues and conflicts. It is insight-oriented and focused on past and present circumstances. Psychotherapy usually involves a long-term relationship and focuses on reconstructive change.

Rape/Sexual Assault
1. Rape is any nonconsensual sexual intercourse achieved through the use or threat of force. Forced contact for the sexual gratification of the perpetrator.
2. Sexual assault is any unwanted, unwelcome, and nonconsensual sexual contact including the intentional touching of private or intimate parts over or under clothes, or forcing the victim to touch the perpetrator or another person in private or intimate areas.

Rape Trauma Syndrome
This syndrome is a form of PTSD experienced by a rape victim. The term is used to characterize a group of symptoms and reactions to rape. This stage model of victim recovery includes acute stage, outward adjustment, and renormalization.

Recovery
A self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices, and opportunities that promote people reaching their full potential as individuals and community members (Shelley Bishop's presentation *Supporting Recovery in Trauma Survivors*). This is a paradigm supporting that it is possible to recover from mental illness and/or substance abuse and the experience of such occurs on a continuum, where the woman travels through different stages of this process. In other words, the woman is always at some phase of her recovery.

Safety
Protection against physical, emotional, or psychological harm or other events which threaten the well-being of an individual. Each survivor will have her own perspective on what safety means for her in her situation.

Safety Plan
A detailed strategy to address safety concerns and reduce the risks of harm or relapse.

Secondary Traumatization
This term is also known as compassion fatigue or vicarious trauma and involves a lessening of compassion over time that is common among individuals who work directly with victims of trauma. The person can exhibit several symptoms including hopelessness, a decrease in experiences of pleasure, constant stress and anxiety, and a pervasive negative attitude. This can have detrimental effects on individuals, both professionally and personally, including a decrease in productivity, the inability to focus, and the development of new feelings of incompetency and self doubt. This condition generally contributes to staff turnover and low morale.

Self-Determination
The freedom to make decisions about one's own acts without external compulsion (to include the degree of control desired over those aspects of life that are important to the person). Self-determination involves empowering victims to develop and make their own choices. Every individual has the inherent human right to direct her own destiny, make choices, and to define her own experiences.

Self-Sufficiency
The ability to autonomously sustain oneself financially, manage one's own personal affairs, carry out activities of daily living, and live on one's own outside of a residential setting.

Social Change
Change in social structure, change in the nature of social institutions, or change in popular opinion or belief.

Socioeconomic Status (SES)
SES is a combined indicator of social position that is measured by occupation, income, and education relative to others.

Strength-Based Practice
This practice is a combination of strength-building and solution-focused approaches. It begins with the belief that clients have personal strengths and past successes that can be mustered to change current behaviors and resolve problems. The goal is change rather than insight. This practice assumes that small changes can ripple out to bring resolution to large problems.

Substance Abuse
A maladaptive pattern of substance use leading to clinically significant impairment or distress and continued use despite recurrent consequences such as: failure to fulfill major role responsibilities; repeated use in hazardous situations; legal problems; interpersonal conflicts; and social problems. When this pattern involves increased tolerance, withdrawal symptoms, and/or a pattern of compulsive use, the person has developed a dependence on the substance (i.e., addiction).

Substance Dependence.
A disease with genetic, psycho-social, and environmental factors influencing its development and manifestations. This disease is progressive and can be fatal. It is characterized by continuous or periodic impaired control over drinking alcohol or other drugs, preoccupation with drugs or alcohol, use of drugs or alcohol despite adverse consequences, and distortions in thinking, most notably denial. Also referred to as addiction, substance dependence is a treatable disease and long-term recovery is possible. Psychological dependence occurs when the user needs the substance to feel good, normal, or to function. Physical dependence occurs when the body adapts to the substance and needs increasing amounts to achieve the same effect or to function.

Substance Use
The taking of any substance whether alcohol, drugs, and/or tobacco and includes both legal and illegal substances. This term also refers to the consumption of low and/or infrequent doses of alcohol and other drugs, sometimes called "experimental," "casual," or "social" use, such that damaging consequences may be rare or minor.

Survivor
Person who has lived through an episode or series of episodes of violence. She may experience the world differently than those who have never been victimized – more dangerous and less predictable. The term “survivor,” rather than “victim,” is considered an empowering term and is preferred by the violence against women movement.

Systems Change
A process of altering social systems and institutions in significant and sustainable ways through changes in infrastructure or culture, in an effort to correct deficits, barriers, or gaps in service.

Treatment
The process of medical and/or psychotherapeutic intervention by trained professionals. The general intent is to reduce symptoms in order to avoid the psychological, legal, financial, social, and physical consequences of domestic violence, mental disorders, and/or substance use.

Trauma
Trauma occurs when an individual experiences or perceives an enormous sense of helplessness and physical threat that leads to the interruption of normal development. People also experience psychological trauma due to episodic events that occur over extended periods of time. Traumatic experiences continue to intrude into people's lives well beyond the time usually required for restabilization after a crisis event. The general goal of treatment for trauma is to overcome the trauma by coping with the memories in a way that does not force clients to repeatedly re-experience the trauma.

Trauma-Informed Care
This approach to mental health and substance abuse treatment is grounded in and directed by a thorough understanding of the neurological, biological, psychological, and social effects of trauma and violence on humans and the prevalence of these experiences in persons who receive mental health and substance abuse services.

Victim Blaming
The act of holding the victim of any type of maltreatment to be entirely or partially responsible for the abuse that has occurred in her life. When victim blaming occurs, the perpetrators or the overarching social system are not held accountable for their actions. Instead the victim is blamed for her personal distress or social difficulties.

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Appendix

42-903 Terms, defined.
For purposes of the Protection from Domestic Abuse Act, unless the context otherwise requires:

(1) Abuse means the occurrence of one or more of the following acts between household members:

(a) Attempting to cause or intentionally and knowingly causing bodily injury with or without a dangerous instrument;

(b) Placing, by physical menace, another person in fear of imminent bodily injury; or

(c) Engaging in sexual contact or sexual penetration without consent as defined in section 28-318;

43-2922 Terms, defined.
For Purposes of the Parenting Act:

(8) Domestic intimate partner abuse means:

(a) An act of abuse, as defined in section 42-903, and the existence of a pattern or history of such an act without any recency or frequency requirement, including, but not limited to, one or more of the following: Physical assault or sexual assault, threats of physical assault or sexual assault, stalking, harassment, mental cruelty, emotional abuse, intimidation, isolation, economic abuse, or coercion against any current or past intimate partner or an abuser using a child to establish or maintain power and control over any current or past intimate partner. The following acts shall be included within the definition of domestic intimate partner abuse if the acts contributed to coercion or intimidation of the intimate partner:

(i) An act of child abuse or neglect or a threat of such act. A finding by a child protection agency shall not be considered res judicata or collateral estoppel regarding such issue and shall not be considered by the court unless each parent is afforded the opportunity to challenge any such determination;

(ii) Cruel mistreatment or cruel neglect of an animal, as defined in section 28-1008, or a threat of such act; or

(iii) Other acts of abuse, assault, or harassment, or threats of such acts, against other family or household members; or

(b) One act of physical violence resulting in serious bodily injury against any current or past intimate partner, excluding any act of self-defense;

(9) Economic abuse means causing or attempting to cause an individual to be financially dependent by maintaining total control over the individual's financial resources, including, but not limited to, withholding access to money or credit cards, forbidding attendance at school or employment, stealing from or defrauding of money or assets, exploiting the victim's resources for personal gain of the abuser, or withholding physical resources such as food, clothing, necessary medications, or shelter;

(10) Emotional abuse means a pattern of acts, threats of acts, or coercive tactics, including, but not limited to, threatening or intimidating to gain compliance, destruction of the victim's personal property or threats to do so, violence to an animal or object in the presence of the victim as a way to instill fear, yelling, screaming, name-calling, shaming, mocking, or criticizing the victim, possessiveness, or isolation from friends and family. Emotional abuse can be verbal or nonverbal.