

# No Wrong Door NJ: Collaboration Charter

## **Introduction**

New Jersey Coalition for Battered Women (NJCBW) has a longstanding commitment to addressing the needs of women who are deaf or have disabilities. Since 1997 NJCBW has worked with its member programs to build their capacity to more fully provide services to this group of women. This commitment led to initial meetings with the Arc of New Jersey (the Arc), Mental Health Association in New Jersey (MHANJ) and the New Jersey Coalition Against Sexual Assault (NJCASA) in 2005 to discuss ways of enhancing services to women with intellectual and developmental disabilities and mental illness and apply for funds to help. In 2007, the collaboration received a three-year grant from the Office of Violence Against Women (OVW) to assist in those efforts.

Grant funds provided have given the project team members time to develop stronger relationships; identify shared values and assumptions; document our work processes and agreements all of which are outlined in this charter. The overall process enabled the collaborative to incorporate our shared values into a vision that eventually led to the formal naming of the collaborative. We envision women with intellectual and developmental disabilities and women with mental illness receiving services related to domestic and sexual violence being able to access services whether they enter at victim services programs or disability programs. Access to resources will be available regardless of which door they enter. Thus our name became No Wrong Door New Jersey (referred to as No Wrong Door NJ)

## **Vision Statement**

We envision that survivors of domestic and sexual violence with disabilities will be treated with dignity and respect through a seamless integrated system where they will receive timely, appropriate and sufficient service regardless of the door they enter.

## **Mission Statement**

The mission of No Wrong Door NJ is to build the capacity of domestic and sexual violence organizations, intellectual and developmental disability organizations and mental health organizations, to provide an integrated continuum of services to survivors with disabilities. The collaboration will do so by:

- Fostering collaborative partnerships
- Developing and promoting promising practices and policies for service provision
- Encouraging the participation of survivors with disabilities in the development, delivery and evaluation of the initiative
- Encouraging accountability and responsibility as an integral part of the continuum of services
- Supporting continuous quality improvement

## **Values and Assumptions**

No Wrong Door NJ recognizes that violence against women in its various forms is a fundamental element in the oppression of women. Moreover, we believe that women with mental illness and/or intellectual and developmental disabilities are possibly the least understood and most feared of all women with disabilities. Fear and societal stigma create an invisibility cloak that keeps women with such disabilities hidden and underserved. Furthermore, mental illness and intellectual and developmental disabilities, while sometimes co-occurring, are often not distinguished by domestic and sexual violence service providers. Therefore, we use a set of specific values to frame the work of the collaboration. These values are an integral part of our commitment to cultivating strong community connections. The work of this collaboration will nurture the following values in ourselves and encourage them in the organizations we provide technical assistance to:

**Universality:** An abused person can be of any age, race, class, culture, religion, ability or occupation. She or he can be gay or straight. She or he can have mental illness or intellectual and developmental disabilities.

**Right to appropriate services:** Services that are of high quality will be timely, respectful and comprehensive.

**Right to personhood:** People should be empowered to make their own choices concerning their life circumstances.

**Consumer involvement:** When developing and evaluating services we should embody the motto of "Nothing about us, without us."

**Diversity:** True diversity relates to organizational leadership, policy and protocol. We must consider moving beyond diversity at lower levels only and begin to incorporate diversity within leadership roles.

**Survivor driven/client centered:** Policy and services focus on the needs of the people who we advocate with and for.

**Social justice:** All persons have an equal right to receive services and to fair treatment from service providers.

**Societal attitude change:** Attitudinal change is a component necessary for success. Significant change in services for people with disabilities will occur as societal attitudes towards people change. Moreover, society has a responsibility to make a shift with everyone contributing towards the end result.

**Stakeholders in the community:** True systems change will include a broader spectrum of community stakeholders. For instance, the inclusion of cross discipline working groups, modeled after No Wrong Door NJ, invited to contribute input related to domestic and sexual violence issues regarding people with disabilities will deepen the discussion and affect the outcomes.

## **Partner Organizations of the Collaboration**

### The Arc of New Jersey

- Ann M. Wilson, Director, New Jersey Coalition for Prevention of Developmental Disabilities
- Juan Santiago, Director, Developmentally Disabled Offenders Program

### Mental Health Association in New Jersey

- Robert Kley, Vice President and Chief Operating Officer
- Jennifer L. Miller, LCSW, Director of Marketing

### New Jersey Coalition Against Sexual Assault

- Andrea Spencer-Linzie, Executive Director
- Jennifer Nix, Director of Government and Policy Affairs
- Stephen Oreski, Program Development Coordinator

### New Jersey Coalition for Battered Women

- Barbara Price, Executive Director
- Rose A. Williams, Community Outreach Administrator
- Sara Coracero, Disability Project Coordinator

## **Roles and Responsibilities**

No Wrong Door NJ is committed to creating a systems change in the area of domestic and sexual violence services for women with disabilities. As a collaboration the partner organizations and individual project partners have agreed to a number of commitments and contributions in order for this initiative to succeed.

### **Organizational Commitments and Contributions**

All of the project partners are statewide non-profit organizations with a successful history of grant administration, advocacy and program development as well as expertise in their field. The four partners will contribute their wealth of knowledge in specific areas of expertise to provide technical assistance and training as needed.

All of the project partners are fully vested in the project and look to themselves as the change they want to see. Thus, each will evaluate their respective policies and procedures and make necessary changes.

All of the partner partners have agreed to allocate a number of resources to the project. Each project partner organization has agreed to commit knowledgeable staff to attend and actively participate in scheduled collaboration meetings in order to move the project forward. Additionally, team meetings will rotate locations based on availability of space at respective locations.

The New Jersey Coalition for Battered Women will act as the grant administrator for the project with Barbara Price, the Executive Director, being primarily responsible for all budget implications and financial reporting to OVW.

## **Individual Commitments and Contributions**

Individual members of the collaboration commit to a number of responsibilities in order to move the project forward.

All individuals will participate fully in team meetings and have authority to represent their member organization during the entire grant process. They will also be responsible for quarterly financial reporting to the fiscal agent and for updating their respective member organizations regarding the progress of the initiative. Individual team members will reach out to sites selected for the pilot in conjunction with the project coordinator.

All of the project partners are committed to contributing to the development, implementation and evaluation of each phase of the grant process. Although individual project partners may take the lead on certain deliverables, all partners will provide input and expertise.

The Project Director, Rose A. Williams and Project Coordinator, Sara Coracero, are staff of NJCBW. The Project Director and Project Coordinator will function as a team to coordinate all major project activities and to manage the ongoing day-to-day operation for the project and other programmatic tasks as needed. They will also act as the project liaison between the project partners, the Vera Institute of Justice and the OVW administrator.

## **Additional Stakeholders**

Following the needs assessment, No Wrong Door NJ will establish a Statewide Disability Advisory Committee. The committee that will make recommendations to the project partners concerning existing services and the gaps in services related to women with disabilities. This Advisory Committee will meet quarterly in a central location to discuss possible solutions to the gaps in services. The Committee will include consumers with disabilities and, if possible, consumers with disabilities who have survived domestic or sexual violence. The Arc of New Jersey and Mental Health Association in NJ will take primary responsibility for identifying consumers with disabilities to volunteer on the Committee.

## **Decision Making Process**

The team will use a consensus model of decision making process that will utilize the following strategies: We will...

- Allow time for clarification and exploration at a decision point.
- Shift from specifics to a more general concept and identify common ground and values.
- Agree to table items for later discussion. (Put them in the Parking Lot.)
- Adopt a willingness to modify individual views that will move towards differing views.
- Make use of gradient decision making process to get to consensus, as needed.
- Maintain the option for all project partners to “block” in the process as part of their professional integrity. When an issue is “blocked” the team will start over with the decision making process.

The collaboration has created an environment that supports reaching consensus using the following values:

- Recognize that not everything will fit into this particular plan or project.
- Respect the diverse opinions and expertise of each member of the group.
- Listen with reflection to what is being said.
- Be mindful of the equal partnership the group has established.
- Emphasize the change that can happen.
- Stop and check in with all individuals of the group. Are you with us? Do we have the same understanding?

### **Dimensions of Decision Making**

Internal and external conversations between project organizations and among project team members are acceptable. The collaboration will use a multi-level decision making process which will use various players to inform the decision making process.

- **Project Director and Project Coordinator** will make decisions with input from the team to help maintain the overall coordination of the initiative, set priorities and deadlines.
- **Fiscal Agent** will hold primary responsibility for the budget and maintaining finances. Decisions concerning the budget will be made in conjunction with members of the collaboration.
- **Pilot Sites** will be involved in the areas of the strategic planning process related to their specific local initiatives and evolving and emerging needs as the initiative moves forward.
- **Partner Organizations** will be involved in the decision making process related to the Collaboration Charter, pilot site selection, the needs assessment and the strategic plan. Additionally, these organizations will be informed of any position statements and any proposed policy/practice that is in opposition with organizations' values and beliefs. Finally, the organizations will be an integral part of any decision that exceeds the original commitment.
- **Project Team Members** will make decisions using a consensus model on all substantive issues and all product development.

## **Conflict Resolution**

No Wrong Door NJ acknowledges the natural dynamic of groups which sometimes creates a level of conflict while making important decisions. In an effort to resolve conflicts and reduce any related tension that may emerge between project team members the team will use the following strategies:

- Recognize when there is an issue and name it.
- Take a break. Return to the issue after a time of reflection on the issue.
- Understand the conflict: let people express themselves and really listen. Use 'I' statements, reflect or paraphrasing to assure understanding.
- Question whether the issue/point is crucial to the project.
- Explore all options while looking for a solution.
- Clarify what the project partner(s) needs to feel that the issue is resolved.
- Stay objective; avoid personalizing the issues; and using blaming language.
- Use small group exercises and report back to the larger group as a means of diffusing and depersonalizing the discussion.
- When possible, value "sitting with disagreement". We recognize that we won't always agree. However, we will discourage using this as a strategy to avoid resolving conflict
- Place the issue on hold as needed (place in Parking Lot) to be revisited at a later time.
- Call in outside facilitation when needed (Vera).

## **Communication Plan**

The levels of communication will address internal and external relationships as well as the media plan.

### **Internal Communications:**

The collaboration will meet face to face a minimum of twice each month for the purposes of planning the details of the initiative. Meetings will be a maximum of five hours and the team will rotate hosting the meetings at their respective locations. The team will also participate in two day site visits from Vera Institute of Justice to gain technical assistance on pressing issues. Communications between meetings will occur via email and teleconference. Team project partners will receive meeting topics prior to scheduled dates and will be expected to come prepared for meetings. Information will be shared equally based on roles and responsibilities of members of the collaboration. Project Team Members will be responsible for providing regular updates regarding No Wrong Door NJ to their respective organizations. Additionally, they will report to the collaboration any pertinent issues their organizations are focusing on. Internally, we base our communication culture on principals from both our shared values and our conflict resolution plan. Aspects of our internal communication are guided by the following principals:

- Grant everyone the right to speak.
- Avoid personalizing issues and the use of blaming language.
- Allow ample time for reflection and clarification when necessary.
- Value the diversity of the team and what different members bring.
- Discourage side-bar conversations.

### **External Communications:**

The members will establish varied levels of communications with external entities during the course of this collaboration. The levels of communication will differ based on relationships with the collaboration and the role of that entity. Interaction or contacts may be related, but not limited to conveying information concerning the project status, obtaining technical assistance and clarification on issues related to how the project will proceed.

**Office of Violence Against Women (OVW):** In an effort to streamline contact and maintain a level of coordination the Program Director will be the primary liaison for general communication with Amy Loder and OVW. This plan is not intended to *forbid* any partner organization from contact with OVW directly. However, considerations will be made to maintain continuity by keeping the Program Director in the loop. When contact with OVW is warranted the group will determine who will make the contact and proceed accordingly based on the need for very specific information relevant to one organization and whether the question could best be presented using the expertise of that organization.

**Vera Institute of Justice:** Similar to the way contact is addressed with OVW, communication with Vera will be used to maintain ongoing contact to technical advisors and assist the collaboration in maintaining a high level of coordination. The Disability Project Coordinator will maintain primary ongoing contact with the assigned Accessing Safety Initiative staff person via email and telephone.

**External Community Stakeholders:** The partners will communicate with community stakeholders for the purpose of maintaining community buy-in at varying levels. Methods of communication may include, but will not be limited to email, press releases and list serves. Examples of community stakeholders include County Mental Health Boards, Developmental Disabilities Council (DD Council), New Jersey Protection and Advocacy, Inc., Governor's Advisory Council Against Sexual Violence, Advisory Council on Domestic Violence, state government such as Department of Children and Families (DCF), consumers/survivors.

### **Media Plan:**

Rose Williams, Project Director, will be the designated media spokesperson for No Wrong Door NJ. The project team will use a feedback loop that agrees to pass all media requests through the media spokesperson. Requests for a media response will be processed using these criteria:

1. When the Project Director receives an inquiry that is primarily related to a crisis situation in a specific area of expertise (domestic or sexual violence or intellectual and developmental disability or mental illness) and not primarily related to the initiative then the Project Director will refer media representative to the appropriate partner organization.
2. In addition to crisis specific responses, all media responses will be referred to the media spokesperson for comments regarding No Wrong Door NJ.

The team will create a set of talking points to be used for all media calls. These talking points will serve as a starting point for conversations regarding No Wrong Door NJ and will not include extensive details regarding the project. The spokesperson will decline immediate response to inquiries until she has evaluated the purpose of the contact and gathered any additional relevant information from project partners. Spokesperson will respond to media requests after the team has agreed upon an appropriate response. When the inquiry is related to No Wrong Door NJ specifically, then the media spokesperson will respond using the agreed upon talking points. No Wrong Door NJ will develop and issue a press release to clarify the purpose and goals of the initiative. Finally, the partners have agreed to develop solid relationships with the New Jersey media, particularly in the areas where pilot sites will be selected.

## **Confidentiality Protocol**

Standards of confidentiality will mirror the partners' shared values of respect and dignity, accountability and integrity.

All partner organizations are bound by certain statutes and rules which govern the confidentiality of survivors and consumers that we serve. Accordingly the partners will address the sharing of information based on those rules of confidentiality that we have identified. Information types or categories will provide the basis for determining how information will be shared and with whom.

- Survivor/Consumer level information:
  - No personally identifying information concerning survivors, their experiences and/or issues involving their personal health will be shared.
  
- Shared program information will be held as confidential within the collaboration. Therefore, no politically sensitive information concerning the following will be shared outside of the meetings. Examples of sensitive information include but are not limited to:
  - Challenges with accessibility or buy-in
  - Issues of capacity (personnel, organizational)
  - Funding/financial information
  - Competing political interests
  
- Partner organization information will be held as confidential within the collaboration. This information will include but is not limited to:
  - Politically sensitive information about departments and funding bodies with whom partner organizations have a direct relationship. Competing political interests
  - Challenges with accessibility or buy-in
  - Issues of capacity (personnel, organizational)
  - Funding/financial information
  
- The needs assessment survey and report will contain no individual level of identifying information. The report will contain only aggregate data, qualitative and quantitative information and some participant quotations. When participant quotations are used the "speaker" will remain anonymous and no raw data will be available for public consumption. Prior to their participation, participants will receive full disclosure in writing of how information will be used. The report will be available for any participant who wishes to have a copy and will be sent to the Office of Violence Against Women (OVW), Vera Institute, and the partner organizations. Should any participant of the needs assessment process subsequently seek or receive victim services that information shall remain strictly confidential.

## **Mandatory Reporting**

New Jersey law requires that anyone suspecting abuse of a child report that abuse to the Department of Children and Families. Additionally, The Arc of New Jersey and all other agencies funded by the Division of Developmental Disabilities are bound by Danielle's Law which details specific reporting requirements related to abuse of vulnerable or at risk adults. See Glossary of Terms for further explanation of Danielle's Law. All commitments to confidentiality are constrained by mandatory reporting requirements. Anyone who participates in our collaboration will be made aware of which team partners and pilot site organizations are mandatory reporters. In order to protect information shared the mandated reports will be transparent about their responsibility under New Jersey law.

## **Accountability**

The team resolves to hold the collaboration charter as a living document which each organization and individual project team members will value highly. This document will serve as the measurement of expectations for all members of the collaboration, including all future members who may enter the group at a later point. It is the expectation of the group that newer members working with the team will be oriented on the Charter and the expectations therein. Each member agrees to hold fellow members responsible for meeting this level of accountability.

## Work Plan

| <b>Task</b>                                            | <b>Timeframe</b>                | <b>Responsible Partner</b>       |
|--------------------------------------------------------|---------------------------------|----------------------------------|
| Submit final collaboration charter to OVW              | Mid June 2008                   | R. Williams, Project Director    |
| Anticipated approval of charter                        | Late July 2008                  |                                  |
| Develop criteria for pilot sites                       | Late June 2008                  | Team                             |
| Compile list of potential pilot sites                  | Late June 2008                  | Team                             |
| Submit identifying focus memo to OVW                   | Late July 2008                  | S. Coracero, Project Coordinator |
| Anticipated approval of focus memo                     | Late August 2008                |                                  |
| Develop needs assessment                               | Late July 2008                  | Team                             |
| Outreach to potential pilot sites                      | Late August 2008                | S. Coracero and Team             |
| Submit needs assessment plan to OVW                    | Early September 2008            | S. Coracero, Project Coordinator |
| Implement needs assessment                             | Mid October – Mid December 2008 | Team                             |
| Compile data from needs assessment and create a report | December 2008<br>- January 2009 | S. Coracero, Project Coordinator |
| Submit needs assessment report to OVW                  | January 2009                    | R. Williams, Project Director    |
| Develop strategic plan                                 | February -March 2009            | Team                             |
| Submit strategic plan to OVW                           | March 2009                      | R. Williams, Project Director    |

## Glossary of Terms

**Abuse:** Can include but is not limited to an act that causes serious bodily harm; sexual assault or sexual violence; child abuse or vulnerable adult abuse.

**Examples of abuse:**

- **Physical Abuse:** Grabbing, pinching, shoving, slapping, hitting, hair pulling, biting, etc. Denying medical care or forcing alcohol and/drug use.
- **Sexual Abuse:** Coercing or attempting to coerce any sexual contact without consent, e.g., marital rape, forcing sex after physical beating, attacks on sexual parts of the body or treating another in a sexually demeaning manner.
- **Economic Abuse:** Making or attempting to make a person financially dependent, e.g., maintaining total control over financial resources, withholding access to money, forbidding attendance at school or employment.
- **Emotional and Verbal Abuse:** Undermining a person's sense of self-worth, e.g., constant criticism, belittling one's abilities, name calling, damaging a partner's relationship with the children.
- **Psychological Abuse:** Causing fear by intimidation, threatening physical harm to self, partner or children, destruction of pets and property, mind games or forcing isolation from friends, family, school and/or work.
- **Systems Abuse:** Policies and procedures that limit access to existing services and knowledge.
- **Institutional Abuse:** May include any or all of the above occurring within an institution when a provider, fellow consumer or framework structure limits the rights of an individual.

**Accessibility:** The "ability to access" the functionality, and possible benefit, of some system or entity. No Wrong Door NJ will address accessibility in the areas of physical environment, systems, services and attitudes.

**Activities of Daily Living (ADL):** The instructional area that addresses the daily tasks required to get along in life. They encompass a broad range of activities including personal hygiene, preparing meals, household chores, time management, and money management.

**ADA:** The Americans with Disabilities Act is a 1990 federal law that protects the civil rights of people with disabilities in the areas of housing, employment, education, public transportation and public accommodations.

**Advocacy:** Includes individual advocacy, which occurs by representing a survivor or consumer in accessing services such as housing or financial assistance; systems advocacy, which occurs by changing policies to be more inclusive; legal advocacy which can occur on individual or systems wide basis; and legislative advocacy, which occurs by working towards changes in law.

**Types of Advocates:**

- Confidential Sexual Violence Advocate – an individual who has completed a minimum of 40 hours of rape care advocacy training and who is currently under the auspices of a direct service supervisor of a NJCASA Sexual Violence Program member agency.
- Confidential Domestic Violence Advocate – an individual who has completed 40 hours of specialized training and must receive direct service supervision of a NJCBW Domestic Violence member program.
- Peer Advocate (Peer Providers) - mental health service providers who have also been consumers of mental health services. Using their unique perspective, they help other professionals and the general public to deal more humanely and effectively with the challenges of mental illness and the treatment system and provide role models for mental health consumers seeking recovery. Peer Providers work as full time and part time employees, as well as volunteers, in all parts of the mental health system.
- Self advocacy – consumers with disabilities organizing to advocate to create positive changes in their lives and the quality of life of all people with disabilities. Grass-roots effort often organized on both county and statewide level.
- Woman-defined policy advocacy - strategic efforts to improve systematic responses to battered women, with the needs and perspectives of battered women directing those efforts

**Batterer’s Program:** Program designed to promote victim safety by holding batterers accountable for their behavior in order to eliminate violent and coercive acts against an intimate partner. Often court ordered 26 week program using group format to teach alternatives to power and control. These programs are also called Batterer’s Intervention Program (BIP).

**Behavioral Healthcare:** A continuum of services for individuals at risk of or suffering from mental, addictive or other behavioral health disorders.

**Confidentiality:** Any communication between a survivor and a survivor counselor will not be disclosed to a third party without the permission of the survivor or as required by mandatory reporting law. Permission by a survivor may be governed by HIPPA.

**Confidential Domestic Violence Advocate:** An individual who has completed 40 hours of domestic violence advocacy training and who is under the auspices of a direct service supervision of a NJCBW Domestic Violence member program.

**Confidential Sexual Violence Advocate:** An individual who has completed a minimum of 40 hours of rape care advocacy training and who is currently under the auspices of a direct service supervisor of a NJCASA Sexual Violence Program member agency.

**Consumer:** Person utilizing services. This may also be referred to as client, participant, customer or survivor.

**Crisis Intervention:** A helping process that focuses on the resolution of the immediate crisis through the use of personal, social, and environmental resources.

**Danielle's Law:** Refers to the requirement of staff at a facility for persons with developmental disabilities or a facility for persons with traumatic brain injury, who works directly with person with developmental disabilities or traumatic brain injury, to call the 911 emergency telephone service for assistance in the event of a life threatening emergency at the facility. Life threatening emergency means a situation in which a prudent person could reasonably believe that immediate intervention is necessary to protect the life of the service recipient, or to protect the lives of other persons at the facility or agency, from an immediate threat or actual occurrence of a potentially fatal injury, impairment to bodily functions or dysfunction of a bodily organ or part.

**Disability:** A mismatch of a person's abilities and what the environment requires of them. No Wrong Door NJ uses the term disability to describe a group of people who may have special set of needs but will remain sensitive to how people self identify.

**Domestic violence:** A pattern of intimidation, coercion and violence; the sum of all past acts and the promise of future acts that achieve power and control over a partner. This pattern often increases in frequency and severity over time. Types of abuse/control include:

- **Physical Abuse:** Grabbing, pinching, shoving, slapping, hitting, hair pulling, biting, etc. Denying medical care or forcing alcohol and/or drug use.
- **Sexual Abuse:** Coercing or attempting to coerce any sexual contact without consent, e.g., marital rape, forcing sex after physical beating, attacks on sexual parts of the body or treating another in a sexually demeaning manner.
- **Economic Abuse:** Making or attempting to make a person financially dependent, e.g., maintaining total control over financial resources, withholding access to money, forbidding attendance at school or employment.
- **Emotional and Verbal Abuse:** Undermining a person's sense of self-worth, e.g., constant criticism, belittling one's abilities, name calling, damaging a partner's relationship with the children.
- **Psychological Abuse:** Causing fear by intimidation, threatening physical harm to self, partner or children, destruction of pets and property, mind games or forcing isolation from friends, family, school and/or work.

**Domestic Violence Services:** Programs offering assistance to victims of domestic violence and their families. Core services include a 24 hour hotline, 24 hour entry in a shelter, advocacy, community networking, community education, children services and counseling.

**Dual Diagnosis:** Term applied to the co-existence of the symptoms of both intellectual or developmental disabilities and mental health problems.

**Dual Programs:** Programs that house both sexual and domestic violence services.

**DVRT (Domestic Violence Response Team):** Volunteers from the community who are able to speak with victims of domestic violence when police call on them to do so. They complete 40 hours of training and are on call 24/7.

**Emergency response services:** Services provided by domestic violence service providers and sexual violence programs includes life safety and emergency response capabilities.

- **Hotline:** 24/7 service to individuals seeking information related to domestic or sexual violence.
- **Shelter:** Temporary housing to provide safety to women and children at an undisclosed location for a period of 30-90 days.

**Helpline:** 24/7 information and referral related to mental health.

### **Housing Types:**

- **Domestic Violence Shelter** - temporary housing to provide safety to women and children at an undisclosed location for a period of 30-90 days.
- **Transitional Housing** - residency program that includes some support services. Usually provided after shelter, transitional housing is designed as a bridge to self-sufficiency and permanent housing. Residents usually remain from six months to two years and are typically required to establish goals to work towards economic stability.
- **Supported Housing** – agreement for housing in the consumer’s name; the consumer is the lease-holder and housing is not tied to services. Services may include but is not limited to vocational rehabilitation, case management and healthcare. The majority of this type of housing is subsidized.
- **Residential Program** – housing that is funded and run by an agency. It may have different levels of supervision and the housing is linked with specific services.
- **Residential Healthcare Facility** – licensed facility that provides some services such as medication management.
- **Independent Living** – services are based on the request of the individual and typically come from an outside agency. This type of housing is managed by the people with disabilities themselves and is typically market rate rent or mortgage.

**Inclusion:** Recognition of the right to equal opportunity for all; an attitudinal shift that addresses the need for providing open and accessible spaces; and the invitation to join the dominant group.

**Intellectual and Developmental Disabilities:** Characterized by a limited ability to learn because of a cognitive impairment that is permanent; most often present at birth, which significantly affects IQ levels and limits activities of daily living. An intellectual disability is not an illness; however, it can be ameliorated through education and habilitation services.

**Mental Health:** The way a person thinks, feels, behaves and interacts; the way a person adjusts to self, others and their community and environment. Optimum health includes the six dimensions of wellness; physical, occupational, social, emotional, intellectual, 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, such as infection or head trauma. Also called *emotional illness*, *mental disease*, *mental disorder*. Another way of defining mental illness is based on whether a person's behaviors are maladaptive—that is, whether they cause a person to experience problems in coping with common life demands.

**Prevention of Domestic Violence Act:** New Jersey law that applies to a person 18 years of age or older or a person who is an emancipated minor\* that has been subjected to domestic violence by a spouse, former spouse, or any other person who is a present or former household member. A “victim of domestic violence” also includes any person regardless of age, who has been subjected to domestic violence by a person with whom the victim has a child, or with whom the victim anticipates having a child, if one of the parties is pregnant. The abuser can be a spouse, boyfriend/girlfriend, gay/lesbian partner, a roommate, a caretaker or any other adult who lives in the same household or has lived there.

\*Emancipated minor is a person who is under 18 years of age but who has been married, has entered military service, has a child or is pregnant or has been previously declared by a court or an administrative agency to be emancipated.

**POST (Peer Outreach Support Team):** MHANJ services provided by consumers of mental health services to other mental health consumers. These services are generally focused on assisting consumers to become reintegrated into their communities.

**Safety Plan/implementation strategy:** It is a detailed approach to maintaining safety for a woman and/or her children while living in, leaving or after a domestic violence situation.

**SART (Sexual Assault Response Team):** A multi-disciplinary team with the purpose of providing a coordinated response to a sexual assault. A SART typically consists of a Confidential Sexual Violence Advocate, a medical examiner and a law enforcement officer.

**Sexual Harassment:** Unwanted and unwelcome sexual behavior that interferes with your life, work or education. This behavior can include verbal and physical acts as well as acts that create a hostile environment.

**Sexual Violence:** Any time an individual is forced, threatened, coerced, and/or manipulated into unwanted sexual activity. Sexual violence is motivated by the need to control, dominate, humiliate and harm another individual. On a continuum, acts of sexual violence include:

- non-contact behaviors such as voyeurism or exhibitionism;
- non-consensual touching; sexual assault; and murder.

Sexual violence exists in many forms:

- child sexual abuse
- drug-facilitated sexual assault
- elder sexual abuse
- hate crimes
- incest
- intimate partner
- sexual harassment
- stalking (including on the Internet)
- trafficking
- sexual exploitation

**Sexual Violence Program:** NJCASA program member agencies that provide 24-hour confidential sexual violence hotlines, 24-hour crisis response of a Confidential Sexual Violence Advocate, short-term crisis counseling, SART team participation, legal, medical and systems advocacy, information and referral to survivors of sexual violence and their loved one, as well as sexual violence prevention programming, and community outreach. Each NJCASA Sexual Violence Program uses a slightly different way of identifying themselves. For instance, some are Rape Crisis/Care Centers/Programs; others are Sexual Assault Centers or Sexual Assault Support Services programs within a larger agency. However, the term that includes all programs and which is also most descriptive of the work that programs do, is Sexual Violence Program, or SVP.

**Stalking:** A form of violence in which the perpetrator repeatedly follows or pursues the survivor. There may be an implicit or explicit threat of violence or other pattern of behavior that has the purpose or effect of making the survivor feel unsafe or uncomfortable.

**Survivor:** Referring to an individual who has come out of an experience with sexual violence or domestic violence. They may still be dealing with the effects of violence but are not currently being victimized.

**Victim:** Person dealing with ongoing sexual or domestic violence or a person who has suffered a fatality from that violence. For the purposes of No Wrong Door NJ we will only use the term victim when talking about one of these circumstances. An exception will be made for a person who self identifies as a victim.