

SERVICE PARTNERSHIP FOR CHILDREN OF HIGH CONFLICT FAMILIES

Meeting #1, February 27, 2007
Lawson E. Thomas Courthouse House Center
11th Floor Conference Room

REPORT OF PROCEEDINGS

WELCOME

Agenda: Exhibit A

David McGriff, PhD performed the Welcome ceremony. This included a history of the Service Partnership of High Conflict Families and introduction of staff members.

MEMBER INTRODUCTIONS

Attendees introduced themselves and the organization they represented.

SERVICE PARTNERSHIP GRANT AND STRUCTURE OVERVIEW

Project Director, Isabel Perez-Morina presented information about the Service Partnership grant awarded from The Children's Trust and the Structure Overview of the Service Partnership.

(Power Point-Exhibit B)

Included in the presentation were the roles and responsibilities of service partners.

BREAK

SYSTEMS OF CARE & COLLABORATIVE PHILOSOPHY

Belinda Paulicin, Assistant Project Director, presented "systems of care" (SOC) and collaborative values and principles to participants. (PowerPoint presentation-Exhibit C)

Participant Comments:

Participants interacted in the presentation and noted their experiences with "systems of care."

Participants noted the negative experiences as

- Waiting lists for services.
- Not enough access to services.
- Not enough collaboration or "people in our community do not collaborate."
- Inability to get people around the table, namely schools and hospitals.

Presenter noted that "systems of care" was not a *program* rather it was a *philosophy and approach to service delivery.* The guiding principles around systems of care are to address the concerns noted above.

Providers were asked whether they felt they engaged in the practice of individual service planning. The majority did not endorse this practice as one they engage in and/or understood. Presenter noted that one of the core activities of SOC is the practice of individualized service

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plans, which is possible through collaboration, building relationship with parents as partners, and care coordination. This process then assists the service provider in service delivery and program evaluation.

Q: How do we have the time to incorporate this?

A: The planning process is time-consuming, however staff will be here to do the majority of the work and will present to the collaborative for input. Additionally, systems of care provides cost-efficiency, non duplication of services, care coordination, etc., that saves time and money in the long run.

Q: What is flexible funding?

A: Flexible funding is the budgeting of funds to use at the discretion of the fiscal agent for services that was not budgeted for, as they are identified on an individual family need basis. The importance of flex funding was noted, and although not all funders approve such expenditures, it becomes important to find a source of income for flexible funding needs.

LUNCH

PLANNING: NEEDS ASSESSMENT/ SURVEY FINDINGS

(PowerPoint presentation- **Exhibit D**) give by Isabel Perez-Morina.

Q: Why isn't DCF at the table?

A: DCF was invited, however, the representative had since left the agency. DCF will be contacted in order to have an administrator from protective services serve in the Service Partnership.

Q: Why were the homeless shelters left out of the plan?

A: The homeless shelters were part of the initial plan, but were not included in the grant. However, part of our system of care will be to identify all key stakeholders. Many high conflict families utilize the homeless shelter system and as such collaboration with those providers are needed.

Q: Why was the school system left out of the plan?

A: The school system was not a part of the grant proposal in way of establishing a school based system of care. However, they are an important partner in providing services in a wrap around approach.

Q: In order to accomplish this there must be an open dialogue and trust must be established. How are we going to address the confidentiality restrictions that some agencies use as barriers for communication?

A: Several organizations have set up guidelines for exchanging communication. Part of what must be planned for are agreements and protocols between agencies in order to engage in care coordination and information exchange.

ISSUE GENERATION EXERCISE AND DISCUSSION

An Issue Generation exercise and initial categorization was explained by staff and performed by participants. This exercise divided the participants into five groups. In these groups, participants identified issues within the previously identified groupings of Shelters, First

Response, The Court system, and Parking lot (issues that can not be placed in previous categories). The results of the issue generation exercise and the discussion allowed by time are shown below:

SHELTER

- Include Homeless Shelters
- Screening – Residential Treatment Facilities
- Services for children with special needs - need
- Child on-site services - need
- Child advocates - need
- Immigration services - gap
- Legal service – gap
- On-site child/family clinical services (2x) - gap
- Medical Services - gap
- Coordination - need
- Child care - need
- Transportation - barrier
- Follow-up care (therapy, etc.) – continuum of care - need
- Length of stay at shelter - barrier
- Need more beds -
- Transitional housing - need
- Shelter as a positive experience
- Education on the culture of the shelter
- Stigma and Fear – Barrier
- Language Interpretation Services – Small problem

DISCUSSION ON SHELTERS

Participants noted the importance of including homeless shelters and youth shelters noting that some seeking shelter from domestic violence are sometimes served by homeless or youth shelters. They also noted that the Partnership may think about included substance abuse residential treatment facilities & crisis centers as a point of entry or referral source, noting the overlap of domestic violence and high conflict in these areas. *Our screening procedure must include screening for exposure to violence, mental health, substance abuse, etc., and relationships will be built with these areas. ?*

In discussing including services for children with disabilities in the shelter, the following was discussed:

- What are the current procedures for children with special needs?
- Provide **data** on the number of individuals/children with special needs?
- Definition of special needs, data would specify type
- If there is an established need, identify best practices

In discussing the limited capacity of the domestic violence shelters the following was discussed:

- How many beds do we have (total, accommodations for kids)?
- How many are relocated to hotels – costs?
- How many are relocated outside county?
- How many are relocated to homeless shelter?
- How many decline services because of relocation issue?

In discussing the stigma and fear of those served by the domestic violence shelters it was discussed that professionals must conduct outreach and advocate for the shelter as a positive experience. .

Issues about how to work collaborative across disciplines, such as domestic violence and child welfare and confidentiality issues with respect to the shelters was discussed.

It was noted that for those providers that currently conduct groups at the shelters, they have had the experience that the youth have difficulty terminating group.

COURT

- Legal Representation - gap
- Funding - need
- Language/ interpretation and cultural sensitivity - need
- Lack of coordination of COC in some court divisions - barrier
- Psychological/ psychiatric evaluations and services - need
- Triage - need
- Liaisons - need
- Reduce length of time to process court cases
- Geography - barrier
- Traveling judges
- Judicial to be trained on different services and disciplines their scopes and limitations in service provision
- Clear delineation of roles
- Judicial rotations - barrier
- Community awareness for court services
- Reduce stigma
- Family friendly court
- FCEC training for Judges
- Transportation
- Language, culture
- Location and cost
- Health point of view vs criminal... need to look DV as a global issues/ mandated reporting
- Lack of data coordination
- Length court process

DISCUSSION ON COURTS

Participants discussed the need for judges and service providers to have training to better understand the individual roles of each. Judicial rotations were discussed as barriers. There were points made regarding the need for training on issues versus the need for training on how to better understand the scope of work of the different disciplines so that there is an increase in collaboration and cooperation. The concept of traveling judges was discussed and it was suggested that models be looked at, as several issues, such as judicial security, staff, records, etc., be discussed. The option of video conferencing was also noted. Additionally, the need to assist on the collection of child support may also help in obtaining financial assistance, however, it was noted that collections were being made readily.

FIRST RESPONSE

- Funding- need
- State support - need
- Geography - barrier
- Prevention education - need
- Training specific to immigration issues - need
- Cultural competence - need
- Referral should be made at the first response level
- Specialized trained clinicians to work in-home with families
- Supervision and training for specialized clinicians
- Training for responders/cross disciplined
- Integrated child and adult services
- Advocacy
- Care coordination
- Triage
- Crisis intervention
- Time for training – barrier
- Transportation
- Fear of stigma – barrier
- Legal obstacles
- Lack of calls and reports
- Transient populations
- Child abuse reporting

GENERAL ISSUES

- Increase frequency of mandatory reporting laws and rules training
- Mandatory training for all non-licensed mental health professionals and advocates
- Uniformed curriculum to address mental health
- More uniforms curriculums addressing emotional health issues
- Prevention work to address violence among peers
- System to support data entry, retrieval and evaluation
- Lack of funding within agencies to update data systems
- Stigma associated with seeking help/resources
- Lack of Creole speaking service providers
- Need culturally competent/linguistic services
- Transportation/geography
- Immigration Education, Advocacy and Legal Representation
- Public education/awareness needed regarding issues
- Expand service capacity and access to service
- Cross training need across disciplines
- Parent to Parent Advocacy
- Financial Assessment and Cost to Clients accessing services/unrealistic sliding scale
- Multiple point of entry, need hub agency to coordinate
- Access to Recovery Model – voucher system
- Inconsistent data system – intra-agency information sharing
- Multidisciplinary team meetings
- Comprehensive behavioral health assessment by Agency for Health Care Administration
- Education about referral services for everyone (staff and community)
- Comprehensive directory of services (211 online)
- Community based services

- Home based services
- Systemic outcomes & standards
- Preventative care/support system
- Early Universal Uniform DV screening
- Parenting classes/education
- Better knowledge base of what is already out there – research
- Prevention/Education for families
- Training of school personnel on issues relating to dv and family violence (identification)
- Accountability/ reinforcement for failing to recognize/report abuse
- Updated education and awareness for service providers community-wide
- Uniform screening process for identification of DV issues
- Advocacy
- Care Coordinate/Triage
- Expand of existing mini-systems
- Best Practice models
- Hospital collaboration
- Definition of roles
- One DV hotline number
- Continuum of Care – follow up after case is closed
- Training needs across spectrum to include willingness to be proactive, training for providers 0-5, teachers, intake people at points of access
- Need to review and identify all that need training/professional development
- Identify those who will conduct the early identification screening
- Children are not the subject of courts cases, need case managers
- Availability of data(numbers) of children in high conflict families
- Centralized intake process
- Need a Children’s Resource Center (see Tallahasee)
- Staff Social Workers
- Training on how to identify domestic violence for all those who serve children and families
- Lack of standardized tools and best practice models
- Need sustainability plan
- Need media and political involvement (lobbying/advocacy voice)
- Fragmented funding
- No flexible funding
- Transportation – county geography
- Transient populations
- Immigration status of families
- Resistance/ Family Engagement
- Stigmas & Fears
- Conflicting philosophies and view
- System tends to be punitive of victims
- Lack of coordination between child and adult system and community providers
- Lack of access to affordable services
- Lack of free and targeted evaluations and assessments
- Housing issues – lack of affordable housing
- Little community resources, little coordination of existing resources
- High poverty levels in community
- Waiting lists, service capacity of providers
- Medicaid, HMO’s issues

CLOSING REMARKS/EVALUATIONS

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The March Full Service Partnership Meeting will take place on March 27, 2007 from 9am- 12pm in the 11th Floor conference room located inside the Lawson E. Thomas Courthouse Center.

ADJOURN

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Report of Proceedings
Prepared by Partnership Staff