

1 **COMPREHENSIVE SYSTEM OF CARE IMPLEMENTATION PLAN**

2
3 **O: Overall document ranking**

5	4	3	2	1
3	10	0	0	0

4 **Consensus Achieved**

5
6 **I. Coordinated Acute Response**

- 7 A. First responders, defined by law enforcement, SAO-MOVES, DCF, & Fire Rescue, will
8 implement a coordinated response to children exposed to domestic violence & their
9 families. (FR4, FR6-11,G16)
- 10 B. First Responders will establish a taskforce comprised of law enforcement, SAO-Moves,
11 DCF, Fire Rescue, convened by identified liaison/s.
- 12 C. Develop a centralized intake family access network for the Court to enter family data,
13 provide assessment and triage cases, and provide case information. (C8-C14, G16-28,
14 C15)

15
16 **I. Ranking: CAR-Comp System**

5	4	3	2	1
3	7	3	0	0

17 **Consensus Achieved**

18
19 **II. Identification & Universal Screening**

- 20 D. Children, 0-17, and their families will be identified and screened in designated point of
21 entry. (S4, S5, S14, G1, G7, G12, G20, G21, G25, G28)
- 22 E. The number of children currently identified by the system of care will increase.
- 23 F. Children, 0-17, whether present at the scene of a domestic violence battery or not will
24 be able to access comprehensive screening.
- 25 G. Identified cases will be referred for a comprehensive assessment.

26
27 **II. Ranking: ID and Screening-Comp System**

5	4	3	2	1
3	8	2	0	0

28 **Consensus Achieved**

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30 **III. Comprehensive Assessment**

- 31 H. Identified children & families will have access to a comprehensive assessment which
32 will include the following domains: Legal, Medical, Mental Health, Substance Abuse,
33 Educational, and Psychosocial. (S4, S5, S14, G1, G7, G12, G20, G21, G25, G28)

34
35 **III. Ranking: Comp Assessment-Comp System**

5	4	3	2	1
7	6	0	0	0

36 **Consensus Achieved**

1 IV. Service Integration & Coordination

- 2 I. The System of Care will provide comprehensive, integrated services for children and
- 3 families with multiple needs. (S9, G23, G24, G26, G28)
- 4 J. A central body of community based care coordinators will be developed to coordinate
- 5 family plans, provide referrals and link families to needed services. (S9, G23, G24, G26,
- 6 G28, C1-C7).
- 7 K. A referral protocol utilizing a best practice model for outreach to families with children
- 8 exposed to domestic violence will be implemented. (G54-G58)

9
10 IV. Ranking: Service Integration and Coor-Comp System

5	4	3	2	1
8	5	0	0	0

11 **Consensus Achieved**

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13 V. Identified Service Needs

- 14 L. All children at the scene of a domestic violence or other traumatic event will have
- 15 access to emergency mental health services.
- 16 M. Mental health/developmental consultation will be provided to First Responders.
- 17 N. A network of victim advocates for high conflict families, including court
- 18 accompaniment will be developed. (C1-C7)
- 19 O. An affordable and accessible legal network of attorneys experienced in family law will
- 20 be developed to provide representation in high conflict family with children,
- 21 (Discussion: have an active attorney recruitment and engagement effort for this
- 22 network (incentives for attorneys to participate). (C1)
- 23 P. Families will be assigned an attorney and/or family advocate. (S3, S5, S6, S7, G6)
- 24 Q. Families will receive a physical within 72 hours of admission to the shelter. (S7, G7)
- 25 R. Families will be provided information and referral to mental health and substance
- 26 abuse services. (S14, S6, S9, G14)
- 27 S. Resources will be developed to expand services of best practice models such as
- 28 Homeless Trust, Sommerville and Inn Transition. (S11, S8, S19, G10, G16, G13)

29
30 V. Ranking: ID Service Needs-Comp System

5	4	3	2	1
4	8	1	0	0

31 **Consensus Achieved**

32
33 VI. Consumer Engagement

- 34 T. Support, resources, and services to the system of care providers will increase to address
- 35 the needs of children exposed to domestic violence and children of high conflict.
- 36 U. The quality of customer services will improve so that all are treated with respect.
- 37 V. A parent leadership training to provide parent to parent advocacy and build
- 38 community capacity to engage in systemic change will be developed. (C22-C23)

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1 VI. Ranking: Consumer Eng.- Comp System

5	4	3	2	1
5	8	0	0	0

2 **Consensus Achieved**

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4 VII. Professional Development

- 5 W. Coordination of services among domestic violence providers and the child welfare
6 system will improve.
- 7 X. Evidence based cross-discipline trainings for system of care providers will be identified
8 and implemented. (FR15, FR18, FR20, FR20, FR22)
- 9 Y. Develop a continuing standardized judicial education/ training on child welfare, family
10 violence, cultural sensitivity, and the impact of the judicial system on children,
11 including reflective component. (C15-C20)

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13 VII. Ranking: Prof Development-Comp System

5	4	3	2	1
3	7	3	0	0

14 **Consensus Achieved**

15

16 VIII. Outreach & Marketing

- 17 Z. High conflict, violence and abuse in families will be promoted as a public health
18 concern. (C18)
- 19 AA. A marketing and public awareness campaign regarding children of high conflict
20 families and children exposed to domestic violence and the developed system of care
21 will be developed.
- 22 BB. The number of families that are referred to shelter will increase.

23

24 VIII. Ranking: Outreach & Mktng-Comp System

5	4	3	2	1
4	7	2	0	0

25 **Consensus Achieved**

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27 IX. Cultural Competency

- 28 CC. Services will be available in multiple languages.
- 29 DD. Staff and program materials will be culturally sensitive.
- 30 EE. Service partners and referral network providers are culturally sensitive and multi-
31 linguistic. (C1-C7, C15)

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33 IX. Ranking: Cultural Comp-Comp System

5	4	3	2	1
9	4	0	0	0

34 **Consensus Achieved**

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36 X. Data and Evaluation

- 37 FF. Track service delivery and child and family outcomes.

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1 X. Ranking: Data and Eval-Comp System

5	4	3	2	1
8	4	1	0	0

2 Consensus Achieved