



FJC Intake Part 1

April 23, 2015



FAMILY JUSTICE CENTER
ALLIANCE

Welcome!



Jennifer Anderson
Project Director, CFJI



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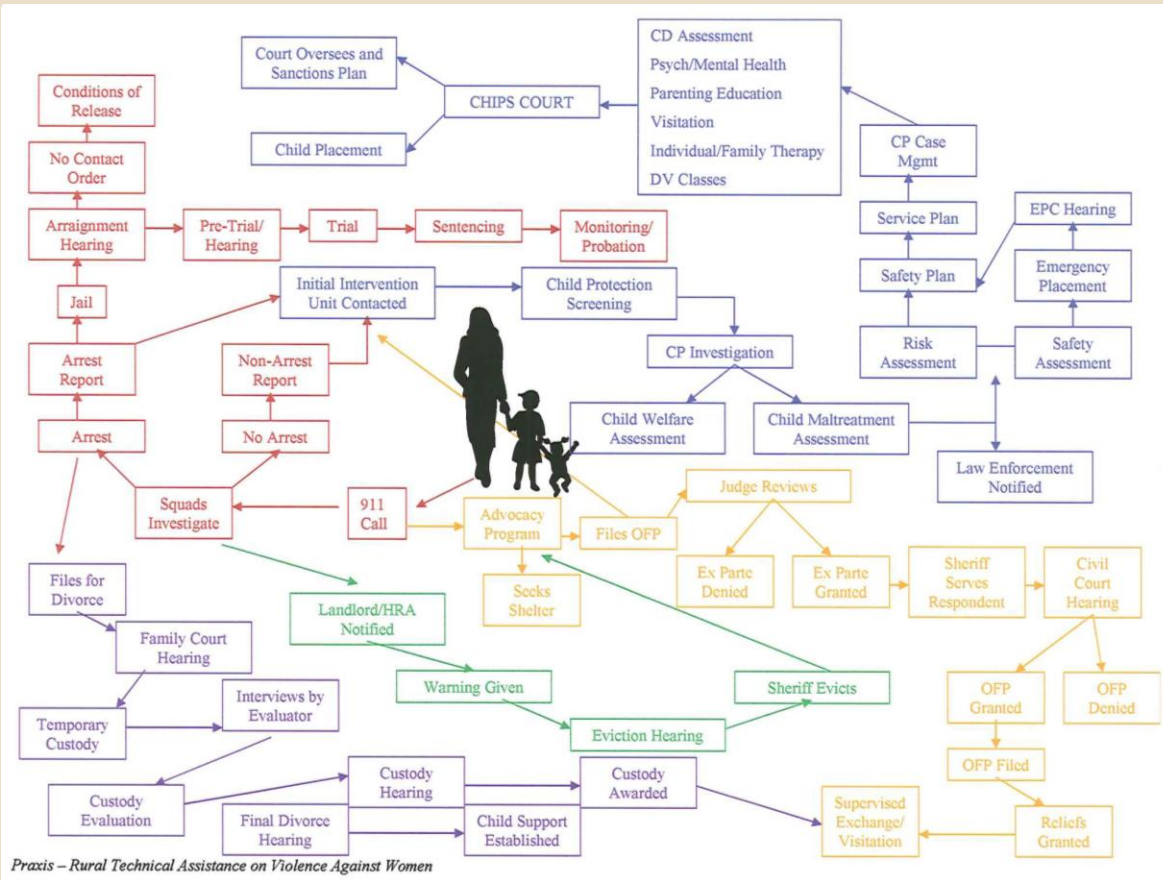


Agenda

- Welcome and Introductions
- FJC Model Overview
- Client Flow at the Alameda County FJC
- What Happens When Clients Arrive?
- Staffing
- Question and Answer



Before the FJC...



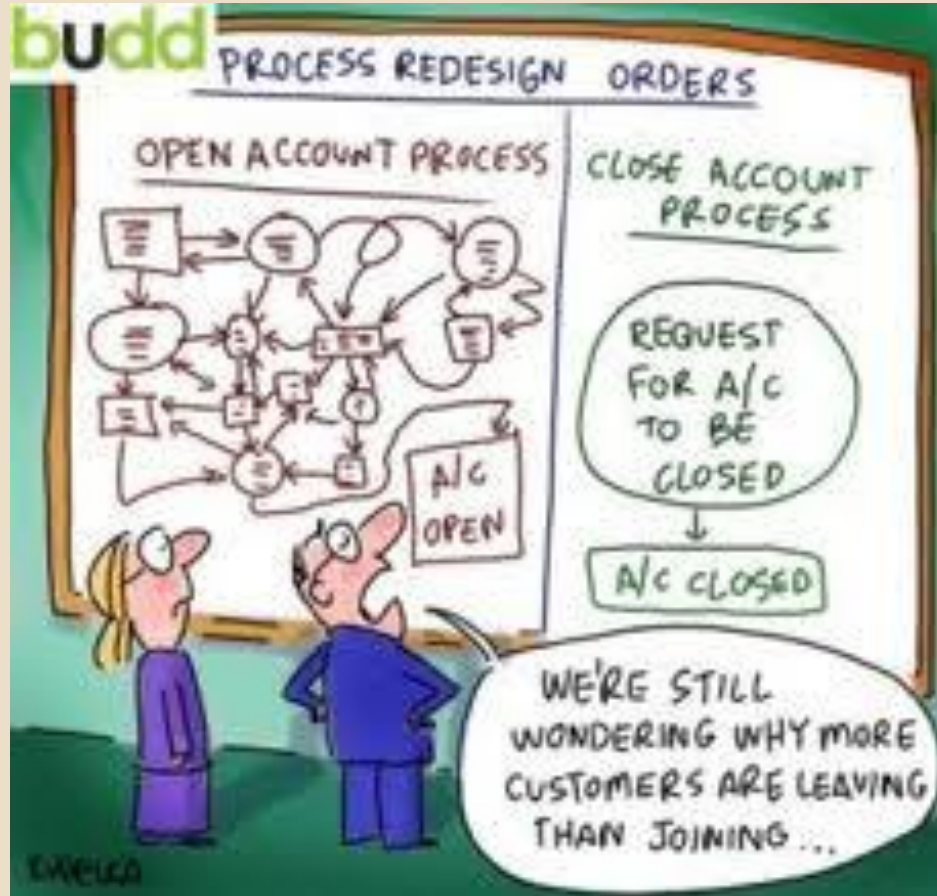
After FJC Opens...



Problem solved, right?



Keep it Simple



Put a Process in Place, But... Be Flexible

- K.I.S.S.
- Review and update protocols annually
- Impossible to predict every scenario
 - Some things are best handled case by case
- Hire the best staff
- Train and keep training
- Debrief and communicate

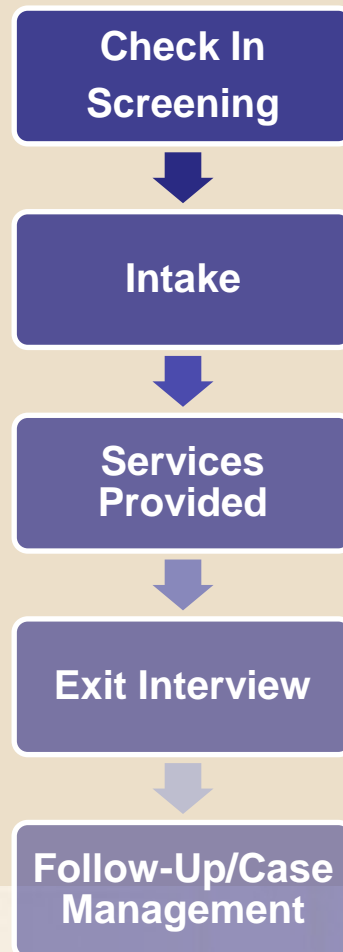


Defining FJC Jargon

- Navigator/Intake Specialist
- “Intake”
- Onsite/Community Partner
- Background Screening/Background Checks/Conflicts Checks



What is the general “client flow” within a FJC?





Client Flow and Intake Process at the Alameda County Family Justice Center

Raeanne Passantino, MA
Director of Programs
Alameda County Family Justice Center



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How does it work?

“Everyday is an adventure!”

“It’s such a quiet Friday.”

“Oh great, you just jinxed it!”

“Who’s covering intakes?”

“Too bad the tour didn’t happen yesterday when it was so crazy here!”



4 Easy Steps

- Check-in
- Intake
- Link to services
- Follow-up/Case Management



Check In

- Warm welcome
- Verify client is at right place
- Check client into database
- Prepare intake packet
- Notify navigator
- Client waits in lobby



Lobby

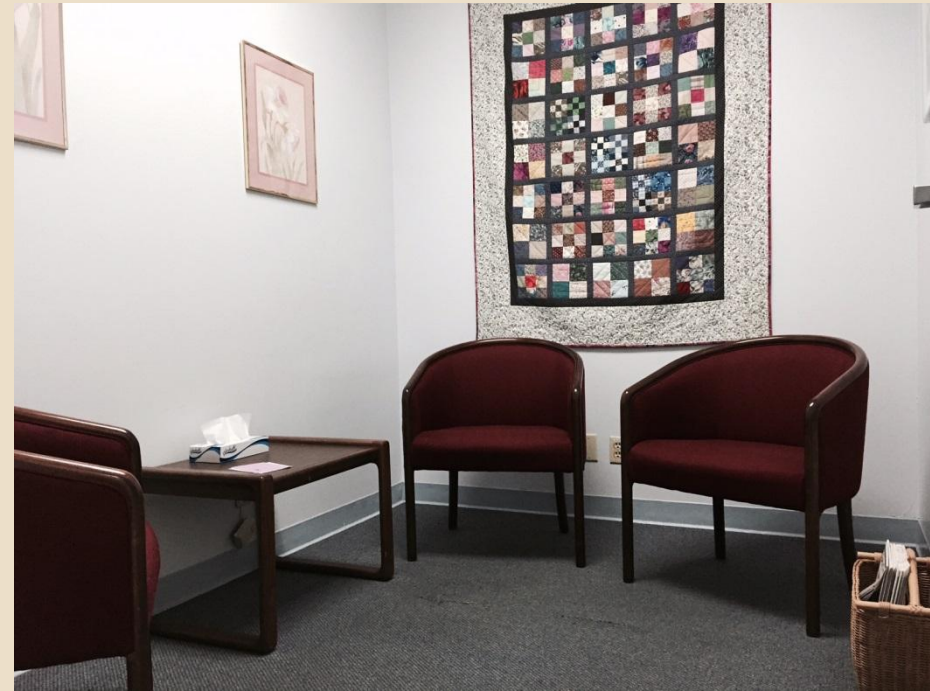


Intake

- Introductions and overview of intake process
- Intake packet: Demographics, contact information, ROI, needs assessment
- Ask: “What brought you here today?”
- Danger assessment/safety planning
- Develop initial service plan and follow-up plan



Interview Rooms



Who Performs Intakes?

- **Client Navigator Team**
- **Navigator Interns**
- **ACFJC Staff**
- **Community Partner**



Intake Goals

- **Warm hand-off**
- **Linking vs. Referring**
- **Honoring partner protocol**
- **Honoring client wishes**



Link to Services

- Client centered
- Warm hand-off



Follow-up/Case Management

- All clients are assigned a Client Navigator
- Client Navigator duties include:
 - Follow-up call
 - Case management based on client need/request
 - Continue to check in with client until they are ready for their case to be closed





ACFJC Services

Population served: Domestic violence, sexual assault and human trafficking, child, elder and dependent adult abuse, sexually exploited minors, and stalking

- Case management
- Individual counseling: Adults and children
- Group counseling
- Civil restraining orders
- Legal Advice Clinic
- Sexual assault crisis counseling



ACFJC Services, cont.

- Youth Empowerment Program
- County Library
- STEP-UP: Empowerment program for adults
- Housing assistance
- Victim/Witness assistance and advocacy
- Victim Compensation Program
- Elder abuse services
- Child abduction support
- Camp Hope
- Immigration clinics



Onsite Partners/Agencies

- Alameda County District Attorney's Office
- Alameda County DA Victim/Witness Assistance-Advocacy & VCP Claims Division
- Alameda County Library Foundation
- Alameda County Probation Department
- Alameda County Public Health Department/Immunizations
- Alameda County Social Services Agency
- Alameda Health System – Highland Campus
- Bay Area Women Against Rape (BAWAR)
- Building Futures with Women & Children – Pathway Home
- Child Abuse, Listening, Interviewing and Coordination Center (CALICO)
- DeafHope
- Family Violence Law Center (FVLC)
- Healing Emotions and Loss Program (HEAL)



Onsite Partners/Agencies (cont'd)

- International Institute of the Bay Area (IIBA)
- Jewish Family & Children's Services of the East Bay (JFCS)
- Murphy, Vu, Thongsamouth & Chatterjee, LLP – ACFJC Legal Advice Clinic
- Oakland Police Department DV Unit
- Progressive Transition(s), Inc.
- Triumph Educational Center
- UCSF Benioff Children's Hospital Oakland – The D.O.V.E.S. Program
- USF School of Law
- Women's Center for Economic Empowerment (WCEE)





Designing the Intake Process

Jennifer Anderson

Project Director, California Family Justice Initiative

National Family Justice Center Alliance



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www.familyjusticecenter.org



FAMILY JUSTICE CENTER ALLIANCE

There's A BETTER WAY to give hope to hurting families.

We develop and support local Family Justice Centers that help victims and their children find all the services they need in ONE PLACE - police officers, prosecutors advocates, chaplains, counselors, medical professionals, and others.

Resources



Overview



Search Downloads



Up

Category: Intake Policies, Procedures & Forms for FJCs

Number of Subcategories: 5

Intake Policies, Procedures & Forms for FJCs

Client, Confidentiality, & Consent

Exit Surveys

Intake & Reception Forms

Policies & Procedures

Service Plans & Flow Charts

Intake Policies, Procedures, & Forms for FJCs - Webinar Recording - Overview of the Client Intake Process for a FJC - Lass & NFJCA 12-09

Download



Created by Sgt. Robert Keetch (Retired) and Dr. Diane Lass in December 2009, this Webinar provides an overview of the client intake process for a Family Justice Center. The presenters discuss the keys steps of intake which includes: checking in, screening, the clinical intake, providing services, the exit interview and follow up. Dr. Lass specially discusses the clinical intake, assessing risk, developing a service plan, safety planning

Resource Library

- Animal Abuse
- Batterers' Treatment
- Brochures, FJC
- Business Plans & Feasibility Studies
- Buy-In
- Child Abuse & Domestic Violence
- Civil Legal
- Communications
- Community Assessment
- Community Partners, FJC
- Confidentiality & Information Sharing
- Cost of Domestic Violence
- Domestic Violence 101
- Domestic Violence in the Workplace
- Elder Abuse
- Evaluation & Outcomes
- Facility, FJC
- Fatality Review Team
- Financial Empowerment



Intake System

Paper, Online, or Hybrid?



Intake Form/Service Plan
Template FJC Site

Header: This assessment is for all clients, to be taken each time they come to or contact the FJC.

Section A. *Intake Information*

A-1. Time Client Arrived at FJC

A-2. Type of Client Visit
 Walk-In Appointment Phone Call

A-3. Appointment with (Name of Provider):

A-4. Is this the client's first visit to the FJC this year?
 Yes No

A-5. Has client ever been to the FJC before?
 Yes No

A-6. How did the client hear about the FJC?

<input type="radio"/> Advocacy Organization	<input type="radio"/> Corrections (probation, parole, and correctional facility)	<input type="radio"/> Courthouse
<input type="radio"/> Domestic Violence Organization	<input type="radio"/> Faith-based Organization	<input type="radio"/> Government Agency (Social Security, TANF)
<input type="radio"/> Health/Mental Health Organization	<input type="radio"/> Law Enforcement Agency	<input type="radio"/> Prosecutor's Office
<input type="radio"/> Legal Organization (legal services, bar association, law school)	<input type="radio"/> Sexual Assault Organization	<input type="radio"/> Social Service Organization (non-governmental)
<input type="radio"/> Tribal government/Tribal government agency	<input type="radio"/> Brochure	<input type="radio"/> FJC Client
<input type="radio"/> Website	<input type="radio"/> Friend/Family Member	<input type="radio"/> Helpline
<input type="radio"/> Newspaper article	<input type="radio"/> Poster	<input type="radio"/> Radio advertisement
<input type="radio"/> Telephone book	<input type="radio"/> TV advertisement	<input type="radio"/> Other

A-7. Define other referral source:

A-8. Number of adult companions with client
 1 2 3
 4 or more

A-9. Companion relationship(s) to client
 Friend Family member Other

A-10. Define other companion relationship(s):

A-11. Any children under 18 with the client today?
 Yes No

Social Solutions March 12, 2010
Page 1 of 8

The screenshot shows a web-based intake form with the following fields and options:

- Client Info:** First Name, Middle Name, Last Name, DOB, Gender (Male/Female/Other), Marital Status, Ethnicity.
- Address:** Address Line 1, Address Line 2, City, State (California), Zip.
- Language & Accessibility:** Primary Language (English), Secondary Language (Spanish), Interpreter Needed (Yes/No), Sign Language (Under 18/AA), Hearing Affiliation (Yes/No/Unknown), Service Branch (All FJC Sites).
- Physical/Mental Limitations:** Yes/No.
- Emergency Contact:** Name, Relationship, Phone Number.
- Consent:** Consent Form Signed (Date signed: 07/30/2012), Refused By (San Diego Police Department).
- Navigation:** Home, Service Plan PDF, Update.



Tracking Service Delivery

Referred Today	Saw Today	Follow Up Needed	Onsite Partner Agency	Phone Number
			Center for Community Solutions - Hope Team	
			Center for Hope and Strength (adult counseling)	
			Chaplain's Office	
			Children's Hospital (counseling & advocacy)	
			City Attorney's Office	
			Deaf Community Services	
			District Attorney's Office	
			Dress for Success	
			Forensic Medical Unit	
			Legal Network (Restraining Order Clinic)	
			Military Liaison	
			San Diego Police Department – DV, SVU	
			San Diego Psych Services (kids counseling)	
			Victim Witness	



Statistics – Who's keeping track?

- # of new clients
- # of returning clients (visits for service)
- # of children (accompanying vs served)
- # of companions/support
- # of site visitors/tours
- # of services received per client
- # of services received by service type (daily, monthly, weekly)
- Referral sources
- Stats from partner agencies
- Volunteer hours



FJC Staffing

- Does the lead agency employ FJC staff?
 - If so, what positions?
 - Receptionist
 - Client Services Manager
 - Intake Specialist/Navigator*
 - Operations Manager
- Define staff roles in the intake process



FJC Staffing (cont'd)

- To whom do staff report? Supervision?
- What is each staff profession? License?
 - Mandated reporting requirements
 - Privilege/confidentiality



Safety Concerns

- Where do intakes take place?
- Where should staff sit relative to exit?
- Leaving clients alone
- Bags, luggage, etc
- Suicide/Tarasoff
- Escorting clients around the FJC
- ID badges, access cards
- Panic buttons
- Code words (i.e. code purple)



Questions?



Thank you!

Family Justice Center Alliance

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San Diego, CA 92101

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www.familyjusticecenter.org

Alameda County Family Justice Center

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Oakland, CA 94612

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www.acfjc.org



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FJC Intake Part 2

April 23, 2015



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Welcome!



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Project Director, CFJI



Raeanne Passantino
Director of Programs, ACFJC



Agenda

- Welcome and Introductions
- Integration vs. Collaboration
- Child Advocacy Centers at FJC
- Meaningful Interactions with Law Enforcement
- What Does “Intake” *Really* Mean?
- Best Practices



Integration vs. Collaboration: What's the difference?

- Integration of partners
- Collaboration between partners



How to Integrate and Collaborate



Organizational Culture



Family Justice Center
Upholds the FJC Guiding Principles

*** Survivor Centered ***

Processes



Implement policies and procedures that:

- Remove barriers
- Increase access to services
- Promote autonomy and empowerment
- Support survivor and staff needs
- Foster health and wellness

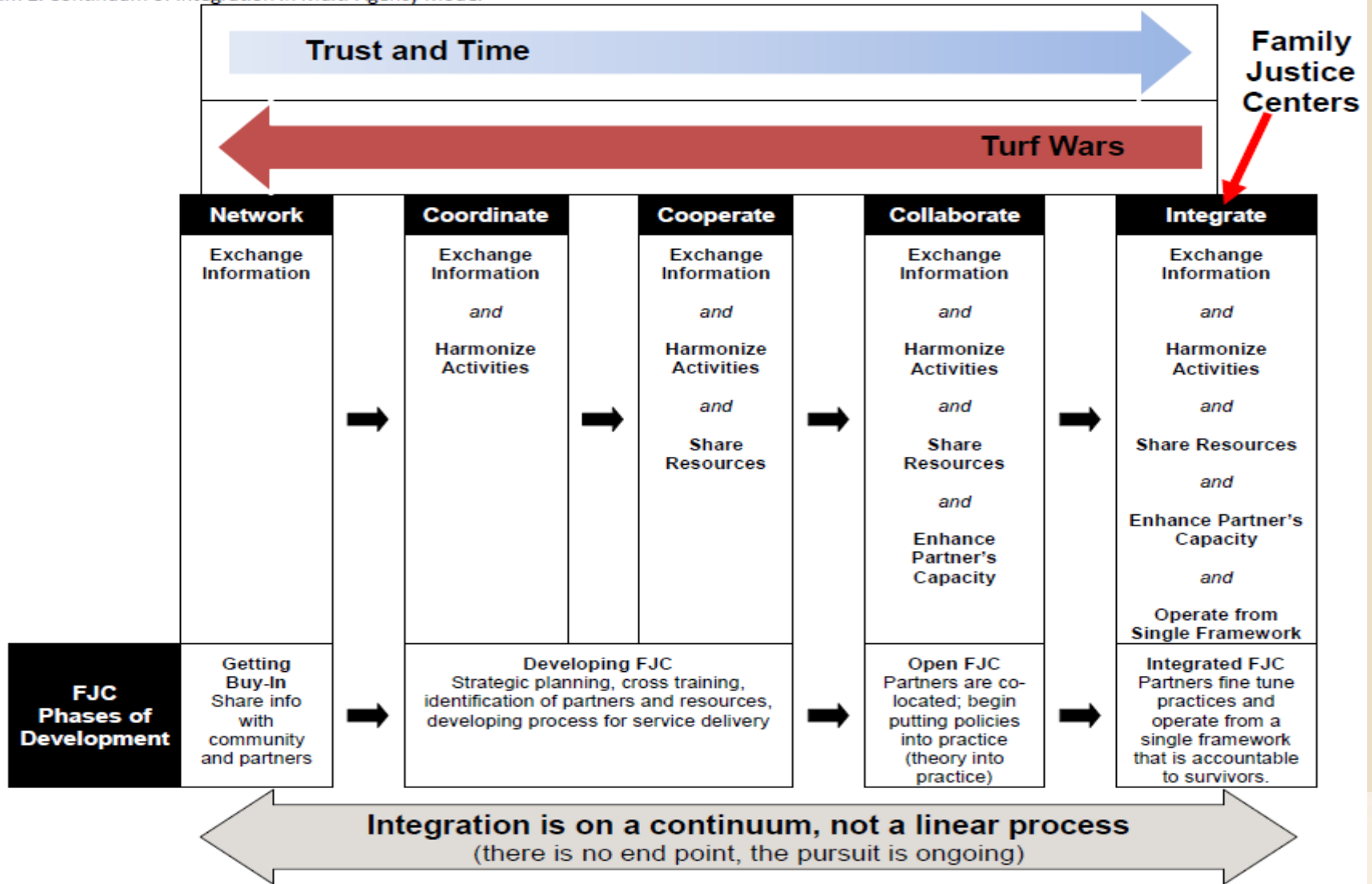
Policies operationalize organizational culture.

- Operations Manuals
- Communications Plan
- MOUs, Contracts, and Agreements
- Job Descriptions and Evaluations
- Staff Meetings



Integration and Systems Change

Diagram 1. Continuum of Integration in Multi-Agency Model



STRATEGIES FOR CREATING A CULTURE OF INTEGRATION

How do you create a “safe” zone for agencies to integrate?



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Successful Strategies

Staff commits to and works towards a shared vision and mission. Egos are set aside.

- Strategic planning
- Partner oath
- Post mission/vision publicly
- Post FJC Guiding Principles publicly

Regularly change and adapt processes to better serve clients.

- Appoint staff to review/update policies with eye for wellness
- Hold focus groups
- Walk in each others' shoes – job shadow

Staff work and “play” together. Create trust.

- Strengths Finders
- Potluck, retreats, staff appreciation, happy hour
- Awards, perks, professional development opportunities

Maintain shared decision making process among partners and leadership.

- Change meeting facilitators regularly (rotate staff/partners)
- Partners chair committees/taskforces to address specific issues
- Collaborative grant writing

Create opportunities for ample communication.

- Hold partner agency meetings (daily, monthly, quarterly)
- Hold individual [FJC & partner] staff meetings
- Emails, newsletters, etc

What are other examples?



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HOW DO WE CREATE PROCESSES THAT INTEGRATE SYSTEMS?

The system should work for the survivor, not the survivor working for the system.



Identify the Gaps

- What's not working?
- What could work better?
- What's working well that we should do more?
 - Hold focus groups with survivors
 - Interview your partner agencies
 - Ask the advocates*
 - Observe systems



Integrative Processes in FJCs that are Survivor Centered

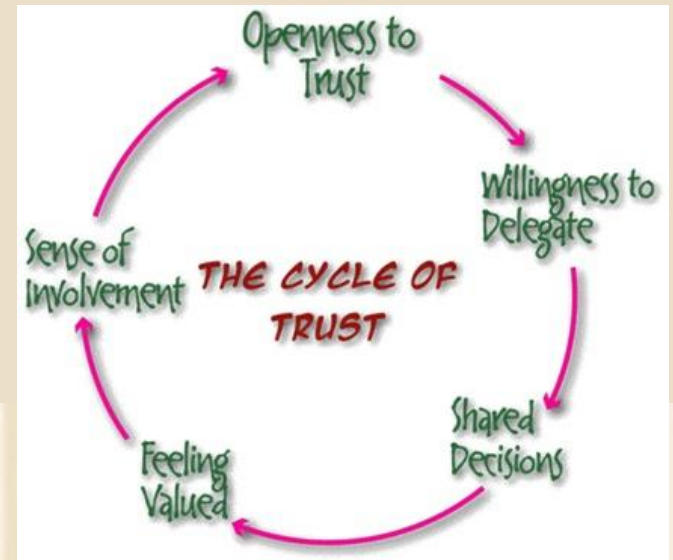
- Centralized intake system
- Reduce the # of times a client tells their story
 - Combined meeting with detective, civil attorney, advocate, etc.
- All partners trained in Danger Assessment tool
 - Common language for understanding lethality
 - With permission, share DA scoring with partners
- Print police reports for clients at the FJC
- Fax file or e-file restraining orders w/ court
- Mechanism to transport client from scene to FJC
- FJC is an opportunity for “built-in” high risk team
- Create a truly collaborative environment
 - Trust, safety, egos aside, comradery, communication



Communicate! Communicate! Communicate!

“Going from a vision to implementation will be fraught with frustrations, challenges, and barriers. The key to success is communication!”

- What is your internal communication plan?
 - 15 minute morning meetings
 - Weekly site committee meetings
 - Monthly community partner agency meetings



Child Advocacy Centers Onsite

To have or have not?

What is their role?



Meaningful Interactions with Law Enforcement

- What does this look like?
- Challenges
- Benefits
- Outcomes



What Does Intake Really Mean?

Components of a Client Intake

Informed Consent

Confidentiality

Mandatory Reporting Issues

Jackie Campbell's Danger Assessment

Strangulation Assessment

Suicidality

Mental Health

Clients Under the Influence

Assessing for Unmet Health Needs

Culturally Informed Services



Informed Client Consent Policy

Do

- Designate a Privacy Officer to monitor FJC confidentiality policies and compliance
- Clearly advise victims about potential disclosure of personal information to third parties *before* they sign an authorization to share demographic information or other information
- Obtain written client acknowledgement of informed consent

Don't

- Interview victims on extensive details of their abuse during the intake process. Depending on who is conducting the intake, information disclosed may be discoverable and there may be no confidentiality privilege to protect such disclosures
- Require clients to sign a release of information form in order to receive FJC services



Informed Consent

How to administer?

Consider:

- Reading literacy
- Language literacy
- Comprehension level

ALAMEDA COUNTY FAMILY JUSTICE CENTER (ACFJC) Confidentiality and Release of Information Agreement

I, _____ (name), understand that the Alameda County Family Justice Center (ACFJC) is made up of many partners/agencies that work together. **I understand that I am not required to sign this Confidentiality and Release of Information Agreement in order to access services.** Agreeing to this does not waive my confidentiality rights pursuant to state and federal law.

_____ I understand that it is helpful for ACFJC staff to share some confidential information with ACFJC partners/agencies to coordinate services received by myself and/or my children. A list of partners/agencies is available upon request.

_____ I understand that by signing this form I am authorizing information regarding the services that I may receive at the ACFJC to be released to ACFJC staff and partners/agencies. I understand that this information may also be released by telephone, fax, mail or email.

_____ I understand that the information I share with the ACFJC will be kept confidential among ACFJC staff and partners/agencies to the extent the law allows, unless I consent otherwise.

_____ I understand that ACFJC staff and its partners/agencies may be required by law to report suspected child abuse and/or neglect of an elderly or dependent adult.

_____ I understand that ACFJC staff is required to make a report if I am planning to do harm to myself or others, or if I am planning to commit a crime.

_____ I understand that the ACFJC staff and its partners/agencies may be required to share information with the Court about the services I receive if ordered by a judge.

_____ I understand that this Confidentiality and Release of Information Agreement is valid for one (1) year from the signed date. I also understand that I can revoke this release verbally or in writing at any time, except to the extent that the information has already been released.

_____ I give permission for my non-identifiable data to be used for the purposes of research and education, including statistics for reporting to funders.

I have read, or have had someone read to me, and understand this Confidentiality and Release of Information Agreement. I have been given an opportunity to have all of my questions answered. I am able to sign this form being fully informed of all my rights regarding my confidential information.

I have read, or have had someone read to me, and understand this Confidentiality and Release of Information Agreement. I do not consent to release my information to the ACFJC and its specific partner agencies.

Client Signature

Date

ACFJC Staff Signature

Date

2/20/15 S/FJC Docs/Intake Packets-Navigators/Current Intake Packet Forms/
Confidentiality and Release of Information Agreement

 Approved



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Confidentiality & Mandated Reporting

- Is a report really needed? Are we judging?
- Communication within the intake session is protected by confidentiality, to the extent the law allows
- No information is shared with any community partner without the client's written consent, to the extent the law allows



Confidentiality & Mandated Reporting (cont'd)

- By law, who in your center is required to report:
 - Any suspicion of child abuse or neglect
 - Any suspicion of dependant adult or elder abuse or neglect
 - If the client is a danger to themselves or others
 - Medical mandated reporting



Confidentiality & Mandated Reporting (cont'd)

- How do we relay this information to the clients?
 - Before the session begins, disclose mandates to the client
 - Ask them if they understand and if they have any questions
 - If a report is needed
 - Discuss it with the client before
 - Ask them if they would like to make the report themselves or if they would like to be a part of making the report



Do Your Homework: Know State and Federal Laws

- Learn your state's mandated reporting laws
 - Child abuse, elder abuse, medical (DV), animal
- Who is a mandated reporter in your state?
- Who has confidential communication?
 - Attorneys, DV advocate, rape crisis counselor, therapist
- VAWA: Confidentiality and Info Sharing
 - Grantee?



Brady v Maryland

- The Prosecution must turn over to the defense any and all evidence that is material and potentially exculpatory to the defendant
- The Rule applies to all members of the “prosecution team”
 - Prosecution
 - Law enforcement
 - Victim-witness who work for LE or Prosecution



Risk Assessments

- Danger Assessments are only as effective as the people conducting them
- The quality of information that victims will provide about the danger they face depends a great deal upon how much they trust those asking the questions.



Risk Assessments (cont'd)

- Conducting more comprehensive assessments can be a deterrent to homicides
- Ask additional questions
- Look at patterns in order to predict the future



Risk Assessments (cont'd)

- Go over the results of the Danger Assessment
- Use the Danger Assessment in your safety planning
- Remember the victim has a good read on their abuser



Red Flags

- Frequency of violent incidents
- Severity of injuries
- History of violence
- Threats to kill victim
- Threats of suicide
- Use of drugs, alcohol or weapons
- Forced sex
- Pet abuse



Dr. Jackie Campbell's Danger Assessment Tool

www.DangerAssessment.org

• Who is trained on danger assessment

• What to do with the score

DANGER ASSESSMENT
 Jacquelyn C. Campbell, PhD, RN, FAAN
 Copyright 2004 Johns Hopkins University, School of Nursing
www.dangerassessment.org

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones, miscarriage
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following.
 ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

Yes	No	
_____	_____	1. Has the physical violence increased in severity or frequency over the past year?
_____	_____	2. Does he own a gun?
_____	_____	3. Have you left him after living together during the past year?
_____	_____	3a. (If have never lived with him, check here _____)
_____	_____	4. Is he unemployed?
_____	_____	5. Has he ever used a weapon against you or threatened you with a lethal weapon?
_____	_____	5a. (If yes, was the weapon a gun? _____)
_____	_____	6. Does he threaten to kill you?
_____	_____	7. Has he avoided being arrested for domestic violence?
_____	_____	8. Do you have a child that is not his?
_____	_____	9. Has he ever forced you to have sex when you did not wish to do so?
_____	_____	10. Does he ever try to choke you?
_____	_____	11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures.
_____	_____	12. Is he an alcoholic or problem drinker?
_____	_____	13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?)
_____	_____	(If he tries, but you do not let him, check here: _____)
_____	_____	14. Is he violently and constantly jealous of you?
_____	_____	(For instance, does he say "If I can't have you, no one can.")
_____	_____	15. Have you ever been beaten by him while you were pregnant?
_____	_____	(If you have never been pregnant by him, check here: _____)
_____	_____	16. Has he ever threatened or tried to commit suicide?
_____	_____	17. Does he threaten to harm your children?
_____	_____	18. Do you believe he is capable of killing you?
_____	_____	19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?
_____	_____	20. Have you ever threatened or tried to commit suicide?
_____		Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.



www.dangerassessment.org

- English, Spanish, French, Portuguese
- Use with calendar
- Weighted scoring
- Online training

DANGER ASSESSMENT

Jacquelyn C. Campbell, PhD, RN, FAAN

Copyright 2004 Johns Hopkins University, School of Nursing

www.dangerassessment.org

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

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(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following.

("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- | Yes | No | |
|-------|-------|---|
| _____ | _____ | 1. Has the physical violence increased in severity or frequency over the past year? |
| _____ | _____ | 2. Does he own a gun? |
| _____ | _____ | 3. Have you left him after living together during the past year?
3a. (If have <i>never</i> lived with him, check here: _____) |
| _____ | _____ | 4. Is he unemployed? |
| _____ | _____ | 5. Has he ever used a weapon against you or threatened you with a lethal weapon?
5a. (If yes, was the weapon a gun? _____) |
| _____ | _____ | 6. Does he threaten to kill you? |
| _____ | _____ | 7. Has he avoided being arrested for domestic violence? |
| _____ | _____ | 8. Do you have a child that is not his? |
| _____ | _____ | 9. Has he ever forced you to have sex when you did not wish to do so? |
| _____ | _____ | 10. Does he ever try to choke you? |
| _____ | _____ | 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures. |
| _____ | _____ | 12. Is he an alcoholic or problem drinker? |
| _____ | _____ | 13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?)
(If he tries, but you do not let him, check here: _____) |
| _____ | _____ | 14. Is he violently and constantly jealous of you?
(For instance, does he say "If I can't have you, no one can.") |
| _____ | _____ | 15. Have you ever been beaten by him while you were pregnant?
(If you have never been pregnant by him, check here: _____) |
| _____ | _____ | 16. Has he ever threatened or tried to commit suicide? |
| _____ | _____ | 17. Does he threaten to harm your children? |
| _____ | _____ | 18. Do you believe he is capable of killing you? |
| _____ | _____ | 19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to? |
| _____ | _____ | 20. Have you ever threatened or tried to commit suicide? |

Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.



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Strangulation Assessment

MONITOR YOUR SIGNS AND/OR SYMPTOMS			
Date and Time:	Journal Your Signs	Journal Your Symptoms	Journal Any Other Sensation

SIGNS OF STRANGULATION	SYMPTOMS OF STRANGULATION
<ul style="list-style-type: none"> ● Face- red or flushed, pinpoint red spots (petichiae), scratch marks ● Eyes and eyelids- petichiae to the left or right eyeball, blood shot eyes ● Nose – bloody nose, broken nose, petichiae ● Finger tips- bruises are circular and oval and often faint ● Ear- petichiae (external and/or ear canal), bleeding from ear canal ● Mouth- bruising, swollen tongue, swollen lips, cuts/ abrasions ● Under the chin- redness, scratch marks, bruise(s), abrasions ● Chest- redness, scratch marks, bruise(s), abrasions ● Shoulders- redness, scratch marks, bruise(s), abrasions ● Neck- redness, scratch marks, finger nail impressions, bruise(s), swelling, ligature mark ● Head- petichiae (on the scalp) ● Other- hair pulled, bump(s), skull fracture, concussion 	<ul style="list-style-type: none"> ● Voice changes <ul style="list-style-type: none"> ● Raspy voice ● Hoarse voice ● Coughing ● Unable to speak ● Complete loss of voice ● Swallowing changes <ul style="list-style-type: none"> ● Trouble swallowing ● Painful to swallow ● Neck pain ● Nausea/ Vomiting ● Drooling ● Breathing Changes <ul style="list-style-type: none"> ● Difficulty breathing ● Hyperventilation ● Unable to breath ● Behavioral changes <ul style="list-style-type: none"> ● Restlessness or combativeness ● Problems concentrating, amnesia ● Agitation ● Post-traumatic Stress Syndrome ● Hallucinations ● Memory Loss ● Unconsciousness ● Dizziness/ headaches ● Involuntary urination or defecation

SAN DIEGO FAMILY JUSTICE CENTER
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FJC LEGAL NETWORK
SEEKING HOPE AND JUSTICE FOR ALL OUR CLIENTS

FACTS VICTIMS OF CHOKING (STRANGULATION) NEED TO KNOW!

Suicidality

- Is there a quiet space for client
- Is there a community partner or staff person trained in suicide assessments?
- Who makes the call for assistance?
- What to do with the children?



Mental Health

Okay to ask about mental health during intake:

- Has client ever been diagnosed?
- Have medications ever been prescribed?
- Is client supposed to be taking meds now?
- Does client think she/he is depressed, etc.?



Clients Under the Influence

- Can clients under the influence be properly served?
- What's your policy?
- Is client safe? Is staff safe?



Assessing for Unmet Health Needs

- Ask during intake
- Help client access medical insurance if needed or applicable
- Link clients to free clinics



Culturally Informed Services

- Language capacity
 - Signage
 - Forms/flyers
 - Staff
- Does client want to be linked to same-culture service provider? Maybe not.



Special Needs

- Use of translators/interpreters
- Mobility challenges
- Deaf/Hard of hearing
- Blind/eyesight impairment
- Under the influence
- Mental health/psychiatric concerns
- Children – separation anxiety
- ...



Safety Concerns

- Where do intakes take place?
- Where should staff sit relative to exit?
- Leaving clients alone
- Bags, luggage, etc
- Suicide/Tarasoff
- Escorting clients around the FJC
- ID badges, access cards
- Panic buttons
- Code words (i.e. code purple)

What other concerns?



Best Practices

- Don't require criminal justice system participation in order to receive services
- Don't deny services to victims of crime based on their criminal history
- Have an informed client consent policy
 - Obtain written consent prior to background screening
 - Obtain informed written consent when sharing info
 - Convey any mandated reporting requirements
- Require and provide ongoing training to staff



Best Practices (cont'd)

Criminal Justice Participation

Do

- Offer victims services based on *their* needs.
- Offer victims support if *they* choose to report to law enforcement.
- Inform victims of their confidentiality rights.

Don't

- Require victims to meet with law enforcement or have/file a police report.
- Utilize non-confidential staff (law enforcement, victim witness, etc) for client intakes without notifying clients of implications.



Best Practices (cont'd)

Client Criminal History

Do

- Implement screening protocols at reception.
- Inform potential clients if a criminal history search is part of the FJC's screening protocol.
- Obtain potential client's *written consent* before conducting a criminal history search as part of screening protocol.
- Screen for offenders that should be denied onsite FJC services and referred to appropriate offsite services.

Don't

- Deny services to a victim because of their criminal history.



Best Practices (cont'd)

Training in FJCs

Do

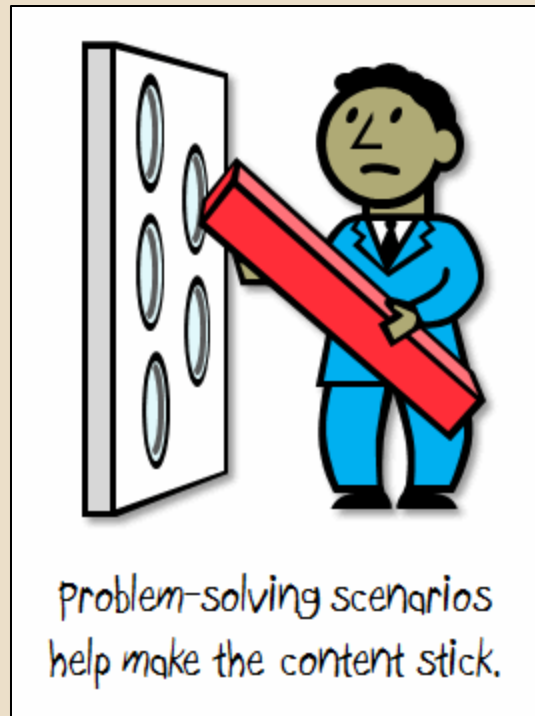
- Have formal ongoing education/training program for all staff members, partners, volunteers, etc. that addresses confidentiality, risk assessment, safety planning, victim advocacy, and high risk case response.
- Make the program a minimum of 8 hours/year and mandatory for EVERYONE working in an FJC.

Don't

- Assume staff & partner agencies “know” all the nuts and bolts
- Lower your training standards...be informed by best practices



Scenarios



Fires, Floods, and Subterranean Termites... Oh My!



FAMILY JUSTICE CENTER
ALLIANCE

When a client comes to you...

- Alone
- With Friends
- With Family
- With Children
- With Abuser
- With Pets
- With Luggage
- Calm or in Crisis
- Other?

How can you immediately help a client feel comfortable?



Scenarios

Example

It's a very busy day at the FJC and there are tons of clients to serve. The intake specialist called in sick.

Who should be approached to help conduct client intakes and why?

- Victim Witness Advocate?
- Detective?
- CBO Partner?
- Other?



Client Criminal History

Scenario Example

Your FJC protocol involves conducting a criminal history search on a potential client prior to offering services. You find there is a recent incident with a police report listing the potential client as a victim of DV. The potential client also has an active DUI case.

Should the potential client be offered FJC services?

- What if the potential client had a warrant?
- Does it depend on the type of warrant?
- Does it matter who is conducting the criminal history search?



Collaborative Policy Development w/ Feedback from Survivors & CBOs

Scenario Example

An annual review of the FJC operations manual finds there is no written policy for soliciting feedback from clients and CBOs.

- What methods for soliciting feedback could be included?
 - Daily, weekly, monthly partner agency meetings
 - Open door policy
 - Annual partner agency survey, partner agency focus group
 - Client call backs, client focus groups, client exit surveys
 - Independent evaluation studies (universities, etc)



Informed Client Consent Policy

Scenario Example

The FJC uses a software intake system. A new potential client comes to the FJC and does not want to share her information with onsite partner agencies. She wants to see 3 onsite CBO partners.

- Can she receive FJC services if she doesn't want her info shared?
- Do you enter the client into the software intake system?
 - What information is entered and how is access protected?
- How do you manage the onsite referral to the CBO partners?



Forensic Documentation

Scenario Example

During the intake meeting, the client reveals they were strangled the night before. The Intake Specialist doesn't notice any outward marks/injuries.

How should the intake specialist proceed?

- Is the intake specialist trained on strangulation signs/symptoms?
- Is there a Forensic Medical Unit onsite?
- Is the client rapidly deteriorating? Call 911? Consequences?
- Does your state have medical mandated reporting requirements?
- Does the client want to meet with a detective?
- Is there an active case? Does the police report include the strangulation?



Training in FJCs

Scenario Example

There's new staff at the FJC tomorrow. The next scheduled orientation training is in two months.

- Can staff begin working?
- Does it matter if they are staff of the FJC or partner agency?
- Can a partner agency cover some of the training topics?
- Should training be completed in one comprehensive training or be spread out throughout the year?



Questions?



Thank you!

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