

LIAISONS & CASE REVIEWS INFORMATION PACKET

Domestic Violence & Mental Health Collaboration Project

King County, WA
Revised February 2011



CONSEJO
Counseling & Referral Service



KING COUNTY
COALITION AGAINST
DOMESTIC VIOLENCE



New Beginnings
Ending domestic violence

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This information packet has been designed to prepare you to utilize the Domestic Violence and Mental Health Collaboration Project’s Liaison System and Cross-Disciplinary Case Review Process. The success of the case reviews depends on all participants having a shared understanding of the purpose of and the process for these meetings. Please carefully read this packet and direct any questions or concerns to the external liaison for your organization.

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Overview

In October of 2007 the Office on Violence Against Women, U.S. Department of Justice awarded a three year grant to the Domestic Violence and Mental Health Collaboration Project. The purpose of the grant is to create sustainable systems change for survivors of domestic violence who have disabilities and/or who are Deaf.

The Domestic Violence & Mental Health Collaboration Project is working to create that change for survivors with mental health concerns. There are currently five organizations working together on this project. They are:



Consejo Counseling and Referral Service which provides behavioral health, chemical dependency and domestic violence services to immigrants from Latin America who speak Spanish as their primary language. Consejo provides services across the state of Washington.



The King County Coalition Against Domestic Violence (KCCADV) which works to end domestic violence by facilitating collective action for social change. In county-wide public policy and education efforts, the Coalition provides leadership on behalf of community-based victim service agencies and their allies.



New Beginnings provides an array of services for battered women and their children including a 24-hour help line, advocacy-based counseling services, community-based support groups, emergency shelter, transitional housing and a social change program. New Beginnings also offers specialized services including a chemical dependency / domestic violence support group.



the first and oldest community mental health agency for lesbians, gay men, bisexuals, and transgender persons in the United States, which provides mental health care, chemical dependency treatment, domestic and sexual violence advocacy, and HIV/AIDS services. SCS also works with other King County providers to advocate on behalf of LGBT clients.



which provides a full continuum of recovery-oriented, community-based mental health and drug/alcohol treatment services including crisis intervention, rehabilitation, support, education, outpatient therapy, and residential programs. Approximately 15,000 clients throughout King County receive services each year.

As part of a comprehensive planning process, the DV/MH Collaboration Project conducted a needs and strengths assessment. The assessment revealed that our partner agencies are ready to create change and that they could benefit from better communication and more collaboration with each other. Each agency and each discipline has valuable expertise and strengths that could benefit the others.

The assessment informed our strategic planning process and we collectively agreed to implement four initiatives to create change. They are:

1. Integrate understanding of best practices in creating welcoming environments
2. Enhance knowledge of domestic violence, mental health and related issues among staff of partner agencies on an ongoing basis
3. Strengthen issue identification and response among partner agencies
4. Increase collaboration and communication among partner agencies

The inter-agency liaison system and the cross-disciplinary case reviews are important components of the 4th initiative. Since the case reviews are cross-disciplinary, they are not a standard mental health or domestic violence consultation format. Instead we have created a process to meet the needs of both disciplines.

Both the liaison system and the case reviews will be sustained beyond the grant period as part of a memorandum of understanding between the partner organizations.

About the Liaisons

The purpose of the liaison system is to increase access and understanding between partner organizations and to work together more effectively. Liaisons are able to provide information about their agency's services to other partner agencies and are able to find out information about the partner agencies for the co-workers at their own agency. The liaisons will either provide consultation themselves, or connect providers to the people who can best assist them at their organization.

Each agency selects its own liaison(s). While each agency has an external liaison, some of the agencies may also have internal liaisons to facilitate information sharing and communication throughout the organization. This will be particularly helpful for organizations with multiple locations and a large number of employees. The external liaison will be able to share information and requests with the internal liaisons who will then communicate with the staff at their location or in their department (depending on how the agency chooses to structure their liaison program.) Internal liaisons will also obtain information or requests from staff that they will pass on to the external liaison. Since the liaison roles will be filled by current staff and will not be new positions, having multiple liaisons will help distribute the workload.

Each agency also has one or more back up liaisons who are available to step in if the designated liaison is not available. This allows for a smoother transition if a liaison leaves the agency. Each agency will make their own determination as to who is responsible for making the selections.

We anticipate that implementing a liaison system will result in:

- Increased communication and better understanding between providers
- Increased understanding of and better services for domestic violence survivors with mental health concerns
- Stronger connections between partner organizations
- More accurate and timely sharing of information
- Service recipients being connected more quickly and consistently to appropriate services

Internal Liaison Description

Rewards:

- Opportunity to learn about other organizations, other services
- Opportunity for leadership and professional development
- Increase in knowledge

Responsibilities:

- Regularly communicate with organization's external liaison
- Disseminate information from external liaison to designated portion of own organization
- Collect questions, needs, and information from designated portion of own organization to give to external liaison to share/address
- Follow up with external liaison and with staff to ensure that they have received a response to their requests.
- Keep resources up to date on organization's intranet / central drive (if applicable)

Required Qualifications:

- Excellent organizational and communication skills
- Belief in the value of working collaboratively with other providers and across disciplines

Preferred Qualifications:

- Familiarity with domestic violence, mental health and chemical dependency

External Liaison Description

Rewards:

- Opportunity to receive specialized training, attend conferences, etc.
- Opportunity to network with colleagues from other organizations
- Opportunity to learn about other organizations, other services
- Opportunity for leadership and professional development
- Increase in knowledge

Internal Responsibilities:

- Regularly communicate with internal liaisons at own organization
- Disseminate information from other external liaisons to internal liaisons
- Follow up with internal liaison(s) to ensure that they have received a response to their requests
- Share information internally from trainings and conferences attended
- Serve as a resource for staff at own organization

External Responsibilities:

- Meet every other month with the other external liaisons
 - Discuss trends in requests
 - Discuss trends in case reviews
 - Troubleshoot problems that are arising within the collaborative
 - Access to services
 - Referral process
 - Placement (e.g., shelter)
 - Engagement

- Disseminate information to the other external liaisons
 - Provide programs and service updates
 - Keep information on basecamp up to date
- Respond to requests for information, assistance, or consultation from other external liaisons
 - Be a resource for the other external liaisons
 - Assist with navigating your organization and facilitate referrals
 - Provide consultation or connect service providers at partner organizations with someone at own organization who can provide consultation
 - Facilitate communication with other staff for external providers
- Participate in and assist with the organization of case reviews
- Document quantity and type of requests
- Regularly internally audit the liaison process

Required Qualifications:

- Excellent organizational and communication skills
- Belief in the value of working collaboratively with other providers and across disciplines

Preferred Qualifications:

- Expertise in domestic violence, mental health and chemical dependency

Goals of the Cross-Disciplinary Case Reviews

- To increase knowledge of the intersection of domestic violence and mental illness
- To increase comfort with serving survivors with mental health concerns
- To increase understanding of how to link people to services
- To decrease tension and to clear up misconceptions between the domestic violence and mental health fields
- To broaden thinking to a cross-system perspective
- To increase sensitivity to ethical and cultural issues
- To increase ability to give and receive constructive feedback
- To increase awareness of one's own thoughts, feelings, beliefs, and triggers and how they influence one's work
- To identify training needs

Anticipated Results

We anticipate that the cross-disciplinary case review process will result in:

1. Increased communication and better understanding between providers
2. Increased understanding of and better services for survivors with mental health concerns
3. Stronger connections between partner organizations

Facilitation / Participation

The partner agencies will rotate facilitating the case reviews. The facilitator will be responsible for:

- Introductions
- Reviewing the purpose of the case reviews and distributing the presenter forms
- Keeping the meeting on track
- Ensuring that the presenters get the assistance they need

- Identifying topics for discussion at future case reviews
- Wrapping up each meeting and shredding the presenter forms

The external liaisons from each of the partner organizations will attend each case review. They will assist in the organization and preparation for the case reviews as well. When it is their organization's turn to present at a case review, they will notify the appropriate people at their organization and will select a case to be presented. The case will be presented by the provider who is working with the service recipient. This could be the liaison or another staff person. In addition to the external liaisons and the presenters, one person from each partner organization will be welcome to attend. Organizations are welcome to rotate who they send.

Structure

Each case review meeting will last 90 minutes and will have the following five parts:

1. Welcome and introductions (5 minutes)
2. A case presentation by a DV provider, discussion & recommendations (30 minutes)
3. A case presentation by a MH provider, discussion & recommendations (30 minutes)
4. Time to discuss pressing issues or for topical discussions (15 minutes)
5. Wrap up (10 minutes)

The facilitator will ask people at the end of each discussion if they got what they needed from the process.

Location

The case reviews will be held at: Seattle Counseling Service on Capitol Hill
1216 Pine Street, Suite 300 (*not East Pine*)
At the corner of Pine and Melrose Avenue

Seattle Counseling Service is on the third floor of the building. Look up for their sign. There is a Pho restaurant on the ground floor. There is paid street parking, a pay lot adjacent to the building, and a pay lot across from the building on Melrose Avenue. The entrance is on the Melrose side of the building. Take the elevator to the third floor and check in with the receptionist. If you need assistance entering the building, press the intercom just outside of the main doors.

Evaluation

The external liaisons will check in with the presenters following each case review to ask them how they felt about the process and if they received the assistance they needed. Presenters will also be invited to provide additional feedback about the process, if they wish. The liaisons will discuss this feedback and their own impressions of the process at their regularly held meetings. They will make changes to the case review process, if needed.

Note Taking / Sharing Lessons Learned

The external liaisons will take turns taking notes during the case reviews.

The notes will include:

- The date
- The facilitator's name
- The note taker's name
- Participants
- Main themes discussed

For each case:

- The presenter's name & organization
- The main issues addressed
- Recommendations
- Follow up needed, if any

The notes will be distributed to the case review participants and will be posted on our basecamp site. Once a year, at a minimum, the notes and evaluations from the case reviews will be summarized and shared with the collaborative partners.

Guidelines for Participants

When offering feedback, please do so from a strengths-based perspective (for both the service recipient and the service provider.) Keep in mind that the purpose of the case review process is not to develop a treatment plan or a roadmap for the service recipient. Our focus is on developing our own skills and increasing our own knowledge. Out of respect for the service recipient, please speak as if the service recipient were present.

While all types of feedback may be helpful depending on the context, we have determined that there are types of feedback that are constructive for this cross-disciplinary case review process and types that are not. Both types are described below.

We ask participants to limit themselves to offering only feedback that is constructive and that pertains to the questions being asked.

Constructive Types of Feedback

Supportive	<ul style="list-style-type: none">• Offering comfort & approval• Affirming personal value
Informative	<ul style="list-style-type: none">• Imparting new knowledge• Instructing or interpreting
Challenging	<ul style="list-style-type: none">• Challenging a restrictive attitude or behavior• Giving direct feedback within a caring context

Non-Constructive Types of Feedback

Prescriptive	<ul style="list-style-type: none">• Giving advice or instructions• Being directive
Cathartic	<ul style="list-style-type: none">• Seeking to release emotion
Catalytic	<ul style="list-style-type: none">• Encouraging the presenter to discover and explore his/her own latent thoughts and feelings

Language

Try not to use lingo or acronyms that are specific to your field. Use descriptors that everyone will understand.

Identifying Information

Unless the service recipient has signed a release of information form specifying that their identifying information may be disclosed during the case review, do not disclose identifying information. What constitutes identifying information may vary depending on the circumstances of the particular situation. For example, if an incident has been in the news or if the service recipient is from a minority community, then specific details about their situation may be identifying even if their name is withheld.

Documentation

Each presenter will submit a Presenter Form (see page 14) to the external liaison for their organization. The external liaison will make copies of the form for each case review participant. Presenter forms will be collected by the facilitator and shredded following the completion of each case review. Organizations are welcome to document information regarding their own service recipients, but may not document information regarding the service recipients of other organizations.

Timing

Please be mindful of keeping each case review presentation (including feedback) to 30 minutes.

Some of the information for the case review process was adapted from “Conceptualizing Case Consultation” by Angie L. Hoffpauir, PhD and Jerry Saltzman, MA of Antioch University.

Cross-Disciplinary Case Reviews – Presenter Form

Please complete & give this form to your organization’s external liaison at least two days prior to the case review. The liaison will bring copies for all the participants at the case review so that they can read the information and prepare to discuss the situation.

Date of Case Review: _____

Presenter’s Name: _____

Organization: _____

Job Title: _____

Describe the main issue you would like addressed during the case review:

Describe the case you are presenting without using any identifying information.

What questions do you have for the case review participants?

Confidentiality and Privilege - Differences and Similarities for Community-Based Domestic Violence and Mental Health Providers

Please note that this information is not intended to constitute legal advice. It is for informational purposes only.

Area	Community-Based DV Service Providers	Community-Based MH Service Providers
Background	Both fields are concerned about the best interest of the service recipient. Both fields educate service recipients about how information is used and about their rights.	
	Honoring service recipients' confidentiality is seen as critical to reinforcing autonomy and self-determination. Survivors should ideally determine how their own info is shared. Confidentiality & safety are highly related. Abusers often seek out info about their partners in hopes of using it to further their control.	The service recipient's role in making decisions about sharing info is emphasized. Fundors require info (e.g., diagnosis and treatment plan) from providers. Liability concerns influence documentation practices.
Documentation Practices	There is a strong contrast in documentation practices.	
	The emphasis is on documenting as little as possible in order to protect the service recipient.	The emphasis is on documenting thoroughly in order to provide an accurate clinical picture, to meet the expectations of funders/gov't, and to protect the organization from liability.
Consultation	The use of external consultation and the specificity of info shared during consultation differ significantly.	
	External consultation is not routinely sought, but if sought, would not include identifying information. Info might be altered or made quite general in order to safeguard the identity of the service recipient.	Consultation is required for "special populations" and is routinely sought regarding best practices, risk to self and others, coordination of care and medication. Providing detailed information is considered the best way to obtain useful advice. In some cases, service recipient names may be shared.

	<p>Differences: It is permissible for MH providers to share info without ROI's with other professionals. It is not acceptable for DV advocates to do so. MH providers are required to report communicable diseases that pose a public health risk. DV providers are not.</p> <p>Similarities: Both fields inform service recipients about their confidentiality policies and the limits to confidentiality. Both fields report child abuse, vulnerable adult abuse, and danger to self or others. Both fields typically share only the information necessary when making mandatory reports. Sharing info inappropriately violates state and federal laws and could have financial consequences for both fields.</p>	
<p>Limits to Confidentiality</p>	<p>Info would only be shared internally on a "need to know" basis, for mandated reporting, or in response to a court order (although court orders would typically be fought via legal means.)</p> <p>Service recipients are often encouraged to make child abuse reports themselves with the assistance of their advocate.</p>	<p>Limited info is shared without a Release Of Information form for the following reasons:</p> <ol style="list-style-type: none"> 1. For payment 2. To assess operational quality (audits) 3. For mandated reporting 4. Consulting with another MH professional (some orgs may require ROI for this) 5. Health & welfare (e.g., if client is in ER) 6. To a coroner or medical examiner for investigation of homicide or suicide 7. If the service recipient is involuntarily detained for treatment, then urgent clinical info can be shared, next of kin may be notified. 8. After death, permission to access records goes to next of kin or a legal representative. MH providers limit access as much as possible, but records can be obtained with a court order.

Info Shared with Authorization	While both fields typically seek to limit the info that is shared with a ROI, the differences in documentation practice mean that MH providers have much more info that they may potentially share.	
	Info shared is typically very narrowly defined and pertinent to a particular situation. Even with a broad ROI, info shared would be limited.	Info shared is typically narrowly defined. Even with a broad ROI, info shared would typically be less than the whole file. Professional standard is "minimum necessary."
Release of Information (ROI) Forms	Both fields have the following minimum standards for ROI's: Who info is being released to, what info is being released, when it expires, and option to revoke at any time. The ROI must be voluntary and written (not verbal.) If no end date is given, it is valid for 90 days.	
	Advocates explain the importance of being clear about what info can be shared and the potential risks of sharing info. Advocates sometimes give service recipients the option of signing a release to share info, if they are murdered.	MH providers are medical providers and adhere to HIPAA regulations. However, Washington State laws regarding ROI's for Mental Health & Chemical Dependency service providers are stricter than the federal HIPAA standards. Many MH agencies have policies that are even stricter than state law requires.
Accepting ROI's from Other Agencies	There is a strong contrast in ROI acceptance practices.	
	Typically, service recipients must sign DV program's ROI even if ROI is received from another provider. This is to ensure that service recipient received info about the risks and benefits of sharing info.	Will accept ROI from another agency if it meets the requirements of WA State law & HIPAA and appears to be valid.

Records Access	<p>MH funders (including the government) have access to service recipient records while DV funders do not. Neither field encourages service recipient review of records.</p>	
	<p>People with access to a service recipient's record:</p> <ul style="list-style-type: none"> ▪ Staff on a "need to know" basis ▪ Service Recipient (in the presence of a staff person) <p>DV funders may have access to random individual records, and generally have access to aggregate data.</p>	<p>People with access to a service recipient's record (varies depending on funding source for their services):</p> <ul style="list-style-type: none"> ▪ Staff on a "need to know basis" ▪ Service Recipient (parts of the record may be marked out, if the therapist deems that the info is harmful to the service recipient) ▪ The County MH Division for people they fund ▪ Insurance Companies ▪ Crisis Team has access to service recipient's Crisis Plan
Privilege	<p>Both fields have privilege. Privilege includes info that is confidential, but not all confidential info is privileged. Privilege protects DV Advocates and MH Professionals from having to testify about conversations with service recipients and helps protect their records. In order for communication to be privileged, it must occur between the provider and the service recipient only, with no one else present.</p> <p>There is an exception for interpreters who are present solely to facilitate communication. Because privilege is relatively new for both fields, the application of privilege is not yet well defined.</p>	
	<p>Privilege for DV Advocates in WA State began in June 2006.</p>	<p>Privilege for MH Professionals in WA State began in October 2009.</p>
Situations that Invalidate Privilege	<p>For both fields, the service recipient can choose to waive privilege.</p>	
	<ul style="list-style-type: none"> ▪ Service recipient waives privilege ▪ Others are present for the communication (e.g., happens during support group or while friends or family are present) ▪ Mandatory reporting ▪ The info is shared later with another party 	<ul style="list-style-type: none"> ▪ Written ROI ▪ Service recipient waives privilege by suing the provider ▪ A subpoena from the Secretary of Health in response to a complaint about the provider ▪ Mandatory reporting