

Thursday, July 22, 2021: National Webinar

## **“Case Management: Survivor-Centered Practices for Crisis Intervention and Long-Term Support.”**

Suelen Yancor and Darcy Cardoza of StrengthUnited and Jennifer DeCarli of the New York City Mayor’s Office to End Domestic and Gender-Based Violence shared their first-hand experiences, including dos and don’ts, in providing survivor-centered case management at Family Justice/Multi-Agency Centers using a co-located service model. They discussed the importance of collaborating with and creating spaces for different disciplines at FJ/MA Centers in order to provide intensive case management that serves clients with an array of needs. They reviewed how to connect and collaborate with different agencies to seek training in providing services and learn from each other, focusing on partnering with culturally specific organizations, legal organizations, and mental health organizations.

### **About the Presenters**

Suelen Yancor serves as a therapist at StrengthUnited, where she provides bilingual services to adults and youth who have experienced violent crimes. Suelen blends the use of solution focused therapy, EMDR, trauma-focused cognitive behavioral therapy, narrative therapy and internal family systems with integrative approaches such as Seeking Safety, and case management services in the treatment of clients experiencing the after effects of trauma. She has used her years of experience to mentor those in her field when she served as an agency field instructor for students attending schools in the Los Angeles and Boston area.

Darcy Cardoza is a CaseManager at the StrengthUnited Family Justice Center serving the San Fernando and Santa Clarita Valleys. Recently, she has joined the Trauma Recovery Center program team at StrengthUnited working closely with survivors of violent crimes of all ages. She provides trauma informed care and direct support for families and individuals who are survivors of crimes.

Jennifer DeCarli is the Assistant Commissioner for Family Justice Centers and Outreach at the New York City Mayor’s Office to End Domestic and Gender-Based Violence (ENDGBV). In this role, she oversees the operations of the City’s five Family Justice Centers as well as the outreach efforts for the office. She has over 20 years’ experience working with survivors of domestic and gender-based violence. She has a Master’s Degree in Social Work from NYU and a law degree from University at Buffalo School of Law.



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# Case Management: Survivor-Centered Practices for Crisis Intervention and Long-Term Support

**Suelen Yancor, StrengthUnited**

**Darcy Cardoza, StrengthUnited**

**Jennifer DeCarli, New York City Mayor's Office to End Domestic and Gender-Based Violence**

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# Your Host

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## **Gael Strack**

CEO & Co-Founder

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# Thank You to the Office on Violence Against Women



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*Acting Director*



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# Your Presenters

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**Suelen Yancor**



**Clinical Social Worker  
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**Darcy Cardoza**



**Case Manager  
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**Jennifer DeCarli**



**Assistant Commissioner  
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# Serving Clients in Need of Intensive & Ongoing Case Management

Presented by Suelen Yancor, LCSW and  
Darcy Cardoza, BSW



# About Us

Strength United is a chartered center of California State University Northridge (CSUN) and serves the San Fernando and Santa Clarita Valleys. We support the most vulnerable members of our community by providing prevention, intervention, and education. Through a multidisciplinary approach, we serve thousands of children and adults annually at no cost to our clients. We provide 24/7 confidential support and response through our hotline and help survivors navigate services by bringing service partners together in one location.

*Strength United's mission is dedicated to ending abuse, empowering families and developing leaders.*



# Family Justice Center

- The Strength United Trauma Recovery Center is housed within the Family Justice Center
- Being housed within the FJC, makes it possible to provide a collaborative and multidisciplinary approach to case management
- Our onsite partners include: Our Strength United counseling & advocacy and volunteers.
- Los Angeles Police Department (LAPD) major assault crime detectives
- Dignity Health Northridge Hospital Center for Assault Treatment Services (CATS) forensic nurse examiners.
- Legal Services that supports with restraining orders, custody, & divorce

# Community Partnerships Outside of the FJC

The TRC closely works with community partners including:

- The Department of Children & Family Services-collaborate when serving clients with open cases to provide holistic services
- Domestic Abuse Response Team Advocates- accompany police when DV is reported and may go to court with clients
- San Fernando Community Mental Health Center- provides psychiatry services at no cost to clients referred by SU TRC. Also provide support with lab work, medical evaluations, medication and case management in connecting to insurance/Medical at no cost.

# Delivery of Case Management Services within SU TRC: A Multi-tier Approach

- Tier I: Clients in crisis in need of immediate support
- Tier II: Clients decline or note not needing counseling and work solely with SU case manager for ongoing case management needs
- Tier III: Clients working with SU case manager and LCSW to meet ongoing needs
- Tier IV: Clients working with SU case manager, LCSW and/or MSW Intern to meet ongoing needs

# Tier I: Clients in Need of Immediate Support

- Crisis Line Advocates respond to immediate short-term needs and provide 1-2 follow up calls to support client needs
- Clients in need of additional follow up than what Advocates can provide, are referred to SU case manager and/or SU therapist as needed

## Tier II: Clients Decline Counseling and Work Solely with SU Case Manager

Many clients who decline counseling, do so because they feel they have other things going on in their lives that are a priority over counseling. This can include being homeless, needing food, safety, providing for children, etc. This is where case management can serve as a bridge for clients to have their needs met and getting to a place where they can eventually focus on their healing journey.

***The goal is to always meet the client where they are at.***

*Some folks may be ready for counseling and others are not. No matter where the client is at in their journey, we don't ever pressure them to receive any type of service.*

Letting the client decide that, is not only empowering them but helps us as case managers begin to build rapport and show the client that we are there to support them.

# Tier II: Clients Decline Counseling and Work Solely with SU Case Manager

**How do you, in your role as the case manager build a relationship with a client when they are not in a therapeutic relationship?**

Make the client feel welcome. Never judge them. Let the client lead and discuss what they need from you as a case manager. Communication is key in building rapport with clients. Explaining to them that they may ask you anything and if you don't have the resources or knowledge they need, you will help find someone who does and can help.

**How can you as a case manager get clients to talk and open up?**

Some clients have no problems vocalizing their needs. Others do. Every client is different and case management needs to be tailored to their needs. This is where "meeting the client where they are at" is important so they gain autonomy and are empowered to have a say in the services they receive.

\*Asking probing/ open ended questions helps to gather as much information from the client as possible to gain an understanding of where the client is at and what their needs are.

Some clients may not know there are resources for things they need and therefore don't ask for help or mention needs. Asking questions not only helps us to better serve the client but can help with getting a client to open up and build rapport and trust.

# Tier II: Clients Decline Counseling and Work Solely with SU Case Manager

**Client A:** Survivor of Sexual Assault and stalking (short-term CM)

This client is able to vocalize and understands their needs and requests information on restraining orders and legal services referral.

If client A is willing to initiate change and feels confident, they may prefer less support and guidance and have no problem connecting with agencies/services on their own. This client will likely need less follow ups and case management would be short term.

**Client B:** Survivor of Attempted Homicide (long-term CM)

This client is struggling to vocalize their needs and doesn't know what they need. They are looking for assistance and don't know where to start.

They may need more guidance and support (intensive case management). This can entail calling locations with the client, assisting the client directly in applying for CalVCB Compensation, restraining orders, police reports, etc. This client will need patience, more time, active listening, and more follow ups than Client A.

# Case Example: Tier II Long-term Case Management

Client was referred by LAPD major crimes unit. This client and their family were survivors of attempted murder. This client didn't really speak a lot and was very guarded in talking to anyone. This client was physically injured, homeless due to the crime, and unemployed. Client was not interested in counseling right away as they wanted to insure their immediate needs were being met first. This client was only Spanish speaking and was having trouble keeping up with appointments, receiving access to services, and advocating for themselves when going to doctors appointments. In general this client was understandably overwhelmed and did not know what to do next.



# Case Example: Tier II Long-term Case Management

What did Case management look like for this client?

CM met with client one on one and introduced themselves and their role as case manager. CM asked them if they were homeless. Client said no. When CM asked if client was currently employed they said yes but they're not working due to their injury. CM asked if they have connected with medical services already and client said yes. CM asked client if there were any resources they needed and client responded no, they couldn't think of anything. CM followed up a few times with client to make sure they were still connected to services. After a month of follow ups, this case manager terminated services.

What opportunities in this case management style were missed?

- gather cues and clues
- open ended questions vs closed
- asking about where client is living
- what is their financial situation look like, how are they supporting themselves
- ask how they're doing with food
- ask about their medical services
- how is their case going with the detective and/or court
- missed the chance to engage client in discussion and build trust and rapport

## Tier III: Clients Working with SU Case Manager & Therapist (Long-term Case Management)

- This may include clients who initially didn't identify case management as a need. Once they begin meeting with a therapist, the client and therapist agree that there's a need for additional support in connecting the client to services.
- The therapist refers the client to SU case manager primarily to support the client with referrals to: legal services, housing, employment, public benefits, restraining order paperwork and Cal-VCB applications
- The therapist supports the client in following through with referrals and/or appointments identified jointly with the client and SU case manager
- Additional case management needs are addressed by the therapist. This may include: making calls to providers to schedule appointments or ask questions with or without the client present, setting up a change of address, navigating different systems involved in a client's life, demonstrating to clients how to research needs

## Tier III: Clients Working with SU Case Manager & Therapist

- Case management meetings take place over the course of therapy treatment
- The therapist is aware that there's a need to support clients not just with therapy, but also case management and is monitoring these needs on an ongoing basis
- In order to balance therapy and case management needs, the therapist will schedule a second meeting (15-20 minute check-in) with the client during the week.
- During these case management meetings, the therapist will role play with the client on what to say in making calls and/or advocating for needs
- During the scheduled therapy session, the therapist will set aside 5-10 minutes for case management needs
- *Clients who need this service are often those that have a hard time asking for additional help from providers.*
  - *It's the relationship with the therapist that provides an entry point for clients to open up to being helped with needs that may otherwise not be noticed and discussed*

## Tier IV: Clients Working with SU Case Manager, Therapist and MSW Intern

- Everything in Tier III applies in Tier IV with one difference, a client's case management needs exceeds what can be provided by the ongoing support of the therapist within the 15-20 minute additional weekly check-in meetings
- During these cases, the therapist will seek the support of a BSW/MSW intern to provide extended case management meetings
  - Meetings may be 30-60 minutes in length held on a weekly or biweekly basis
  - Meetings with a BSW/MSW will continue until case management needs have been addressed in providing stabilization and connection to needed services
- The BSW/MSW, works closely with the therapist by updating them and keeping notes

# What is Needed in Order to Provide Ongoing Case Management?

## **Key team members**

- A case manager with a background in serving clients who have experienced trauma and is aware of resources available to clients
  - In SU this person is a BSW
  - Is certified as a sexual assault advocate (60 hour training)
- A therapist with a person-in-environment lens, meaning that clients in treatment are assessed for both therapy and case management needs on an ongoing basis
  - In SU this person is a LCSW
  - This person also has a background in treating clients with a history of trauma
- An LCSW that can supervise BSWs or MSWs
- BSWs and/or MSWs
  - Are trained as a sexual assault advocate
  - Can provide ongoing support without increasing costs

# What's Needed in Order to Provide Ongoing Case Management?

## **Key skills**

- A case manager and therapist who are bilingual in Spanish and English
  - SU primarily serves Spanish and English speaking community members
- Knowledge of local community resources the population you work with may need
- Relationships with your community resources

## **Other needs**

- Flexibility in schedule to add on extra client meetings, meaning the therapist providing case management meetings isn't overloaded with cases
- If a BSW or MSW is not bilingual, then referring English speaking clients to the BSW/MSW for the extra case management check-ins (15-20 minutes), while the bilingual therapist focuses on the Spanish speaking clients

# Case Example: Tier III

A Story of Hope and Endurance

Case Management:  
Survivor-Centered Practices for  
Crisis Intervention  
and Long-Term Support

**Presentation by:**

**Jennifer DeCarli, Esq., LMSW**

**Assistant Commissioner**

**Mayor's Office to End Domestic and Gender-Based Violence  
(ENDGBV)**



# Agenda

- ENDGBV and the New York City FJC Model
- Importance of Case Management at the FJC's
- Lessons Learned from NYC FJC's

Mayor's Office to End Domestic and  
Gender-Based Violence (ENDGBV) &  
the  
New York City  
Family Justice Center Model

# Mayor's Office to End Domestic and Gender-Based Violence

- The Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV) develops policies and programs, provides training and prevention education, conducts research and evaluation, performs community outreach, and **operates the NYC Family Justice Centers**
- ENDGBV collaborates with City agencies, and community stakeholders to ensure access to inclusive services for survivors of domestic and gender-based violence
- ENDGBV includes a number of different units/teams including Family Justice Centers, Outreach, Early Victim Engagement (EVE), Research/Evaluation, Communications, Training, Policy, and the Healthy Relationship Academy



# NYC Family Justice Centers



Mayor's Office to  
End Domestic and  
Gender-Based Violence

# NYC Family Justice Centers

- The NYC Family Justice Centers (FJC) connect survivors of domestic and gender-based violence, and their children to services
- The FJC are “walk-in” centers that provide a safe, caring environment - FJC’s during COVID- we were fully remote and have now embraced a hybrid model
- All services are voluntary, free, confidential and provided regardless of:
  - Immigration status
  - Income
  - Sexual orientation
  - Previous systems involvement
  - Language spoken
  - Gender identity
  - Age
  - Disability



# Goals of the NYC Family Justice Centers

## COLLABORATION

- Work collaboratively with survivors to increase their safety – must be client centered/survivor Centered
- Increase collaboration between criminal justice, social services, and civil legal service providers when client wants this collaboration.

## SERVICES

- Provide multiple services in one location; reduce burden on survivor to locate services.
- Provide culturally & linguistically appropriate services.

## ENHANCEMENT

- Identify and address system gaps.
- Offer training and professional development opportunities and programming for clients and staff.



# What is the NYC Family Justice Center Model?

- **FJC clients can access:**
  - Crisis Support- shelter advocacy, filing for remote orders of protection
  - Intensive and on-going Case Management
  - Individual and group counseling for adults, teens and children
  - Civil legal assistance- daily legal consultations available in the areas of family, matrimonial, housing and immigration law
  - Criminal justice advocacy
  - Help with public benefits
  - Help addressing technology safety needs – privacy check ups for clients
  - Practical assistance including phones, food, metrocards
  - Economic empowerment programs including connections to rapid rehousing programs, financial literacy programs, and work readiness programs
  - Wellness programming
- **FJC onsite partner staff can:**
  - Collaborate with professionals from various disciplines
  - Maintain autonomy and confidentiality while collaborating
  - Receive on-going training and professional development



# Collaborative Practice at the NYC FJC's





# Case Managers are the Glue to the Success of the Collaborative Practice!

- Case Managers – Need to provide case management across the whole spectrum of client need- crisis case managers, high risk case managers and intensive case managers
- They are the guide to the FJC model and the point person for the client to access long term services beyond their immediate crisis
- At each NYC FJC, we have case managers from city contracted agencies and in-kind agencies that are available to meet with clients daily referred from our front-line staff
- Must set forth clear expectations on the role of the case manager with partner agency- do this in our partnership agreements:
  - Need a survivor centered approach focused on engaging clients in discussions about risk assessment and safety planning that recognizes the survivor's own expertise
  - Manage client expectations from a trauma informed approach
  - Importance of regular follow-up and navigation support when needed
  - Clear communication to clients regarding mandatory reporting



# Importance of Supporting the Case Manager

## **-Provide on going training and introduce training on hot topics as needed**

- Orientation Training Series – must be taken by all new partner staff – offered over two weeks virtually
- On going Core Training provided by partners in over 15-20 different professional topics

## **-Provide mentorship opportunities and create on going learning exchanges between professional disciplines**

- Case management/civil legal meetings to enhance collaboration- provide opportunities to observe court proceedings
- Monthly Team Meetings
- Case Manager Resource groups to brainstorm hard cases & share resources with each other
- Pair new case managers with more experienced case managers

## **-Provide on going feedback to case managers**

- Share positive comments from satisfaction surveys
- Send thank you emails
- Always have an open door



# Lessons Learned at the NYC FJC's

- 1) Case management staff must be prioritized at the FJC's and go beyond the crisis work – need intensive case managers & high-risk case managers
- 2) Acknowledge and recognize how hard case management can be:
  - Offer wellness programming to staff- yoga, meditation
  - Offer training and support to combat vicarious trauma and compassion fatigue: staff support groups have been offered during COVID
  - Positive feedback is essential
- 3) Create meaningful learning exchanges between professions at your FJC's to allow for different perspectives to be shared and learned from
- 4) Commit to ongoing training to ensure case managers have the knowledge base they need to do this work and that they are working from a survivor centered, best practices approach
- 5) Build partnerships with culturally specific organizations (on-site and off- site) to ensure clients have a choice to work with staff that understand their community



# CONTACT INFORMATION

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## **ENDGBV website-**

<https://www1.nyc.gov/site/ocdv/index.page>

## **NYC Hope – our DV/GBV portal**

<https://www1.nyc.gov/nychope/site/page/home>

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### **Webinar Training**

### **Case Management: Survivor-Centered Practices for Crisis Intervention and Long-Term Support**

*Presenters: Suelen Yancor, Darcy Cardoza & Jennifer DeCarli*

**1.5 Hours**

**July 22, 2021**

A handwritten signature in black ink, appearing to read "Casey Gwinn".

**Casey Gwinn, J.D.**  
Co-Founder and President  
Alliance for HOPE International

A handwritten signature in black ink, appearing to read "Gael Strack".

**Gael Strack, J.D.**  
Co-Founder and CEO  
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