

LCDA CBLC March 26, 2003 Meeting Notes

The meeting began at 3:20 pm.

I. Welcome – Cynthia welcomed and thanked participants for attending the meeting. This was followed by introductions.

II. Proposed PCM Intervention Methods

Cynthia made a PowerPoint presentation to CBLC on Prevention Case Management Intervention Methods. She asked the CBLC members to provide recommendations and to ask questions about her intervention method during her presentation. Following are the topics Cynthia discussed.

PARTICIPANT ELIGIBILITY

Question: Why does intake is limited to age 64?

Betty: This is because ages 65 and above are a protected class. Betty talked about protective classes and IRB. Those aged 65 and above will be referred out since this is a research project, not a service project.

Recommendation: Regarding eligibility, add emancipated persons.

Betty: That is fine as long as they have court documentation.

Question: Why number of clients to be serviced is at least 20?

Betty: This is due to practicality. It is not realistic to assign 25 cases per individual. It is a program issue. For primary level intervention, no more than 25 and no more then 15 cases for secondary level intervention. They have only 2 case managers on staff.

Recommendation: It should say “up to 20 people” on the proposal, not “at least 20 people.”

Question: Regarding perpetrators, it could be that he will press her to participate in the program otherwise he won't get services. Chances are that the perpetrator will be court ordered or they will come voluntarily to make her happy and use it against her. It then becomes a control mechanism

Ruth: We are not doing tertiary prevention.

Betty: Court mandated have to be referred out since LCDA does not have workers with clinical credentials. Primary level consists of individuals who self-identify as witnessing domestic violence or believe that they are at risk. Secondary level consists of individual

who may have experienced violence in the past but are not in crisis right now. CBLC may want to give suggestion about the window period of people in crisis in the past but are no longer in crisis. LCDA also can't serve perpetrators that require clinical type care. They have to be referred out to community.

Recommendation: Maybe we can facilitate this process by providing interpreters to places where these perpetrators need to go.

Recommendation: We can identify Spanish speaking clinicians and get them trained to work with perpetrators.

Recommendation: There is also the need to have working arrangement with DA's office because they won't come unless they have been court ordered.

Recommendation: In some relationships, battering may happen only once a year but emotional abuse goes on throughout the year. The last violent episode may have happened more than a year ago.

It was agreed that the time period for offering service for victims who have experienced abuse in the past should be one year. If the victims has not experienced domestic violence for one year, and their last episode was more than one year ago, then they would be eligible to receive services.

CASE MANAGEMENT SERVICES

Question: How will participant assessment be done?

Betty: The staff members will receive training prior to implementing CTSII and HSI.

Question: Has the CTS been validated for Hispanic population?

Saleem: Yes, it has.

Betty: All the outcomes are measured individually based, and there will be an overall assessment of findings.

Question: What sort of information will be collected on demographics?

Betty: There will be comprehensive demographics information obtained but that hasn't been finalized yet.

WEEKLY VISITS

Recommendation: You may want to include immigration services as referral out services.

SUPPORT GROUPS

Question: On psychological assessment, who is going to do this? Does this person has to be a doctor or MD?

Cynthia: This will be done by a case manager.

On a question regarding when does support groups start, Cynthia replied it actually starts on the 4th week.

Question: What about day care?

Ruth: That is something we are still checking into.

Question: Are the support groups going to consist of men, women, or mixed.

Betty: At the primary level they might be mixed.

Question: This is because there is a time period after receiving help when the risk is reduced, then will the couples will brought together in a support group?

Comment: in counseling, in regards to separation of couples in case of violence. Depending on the case and advancements in counseling, then the counselor will see the couple with both partners' agreement.

Cynthia: Can this recommendation be taken into consideration at next month's meeting?

Everybody agreed.

OUTREACH

No comments.

EDUCATION

Comment: About calendars, I would hesitate to give out anything large about DV to a woman in a DV situation.

Cynthia: It won't be overtly about IPV/SV.

Angela: You need to also focus on target audience, messages, and marketing strategy.

Cynthia: We will let this to be decided by the Marketing IPV/SV Educational/Awareness Tools Committee.

Comment: This material might put women at risk.

Comment: If someone is being threatened and the perpetrator wants to keep it a secret. If it is made public, the potential aggressor might want to back off since it is now common knowledge. It is such evil to society that it shouldn't be considered taboo but everybody's problem and it would be shameful not to address this problem.

Cynthia: This is what we are trying to get out to the public. The calendar won't be specific about DV.

Comment: I rather that someone sees it in a public place and not in her possession where it can make him angry.

Comment: I don't think it is for individuals. It's for everybody in the community, for them to pick it up.

Comment: It is a lot to be done.

Cynthia: We also need the subcommittee to look at it to prioritize what needs to be done first.

TRAINING FOR PROFESSIONALS

No comments.

FAITH BASED TRAINING ON IPV/SV ISSUES

Comment: There are quite a few Hispanic churches.

COMMUNITY EVENTS

No comments.

PROPOSED METHODS TO COLLABORATION: MAINTAIN & INCREASE CBLC MEMBERSHIP

No Comments.

INCREASE/ESTABLISH ACCESS TO SERVICES BY THE HISPANIC/LATINO COMMUNITY

Question: I had a question on enhancement of infrastructure in the previous section.

Cynthia: We want to take what we have in the community, and make that work effectively with Hispanic community.

ESTABLISH MEMORANDUM OF AGREEMENT

No comments.

III. Concerns and Recommendations

Cynthia asked if there were any additional concerns and recommendations.

Question: How are you going to measure this?

Betty: We can't develop evaluation instruments because the plan hasn't been developed in detail yet.

Cynthia: We need to do this so we can come back and give it to OU to develop the tools.

Comment: Praise for hard work involved and the involvement of the qualified people on CBLC.

Cynthia thanked for the praise and extended the thanks to her staff.

All present applauded LCDA for the hard work that has been put into this effort.

IV. Endorsement

Cynthia asked the CBLC if they agree to endorse the PCM model that had been presented to them. She asked that everyone that agrees with the proposal to raise their hands. All present raised the hands. The proposal received unanimous endorsement.

Cynthia also asked the CBLC members their opinions about cultural characteristics that were included on page 6 of the proposal.

Comment: I want to know the complete reference for the book the characteristics are cited from.

Cynthia said she will provide the member with reference.

Comment: There is a counterpart to machismo. It is the opposite of patriarchy. It is where the man resorts to drinking and partying all the time. He is a provider and that's about it. He doesn't educate kids, etc and after about 3 generations of this, the mother becomes the authority. The macho thinks that he is in charge but all he is, is a provider. The person in charge actually is the grandmother. Not sure to what extent it is real in OKC. This is very common in many parts of Mexico and Baja California.

Ruth: We want to know if these apply to our own community.

Comment: There is also the concept of polychronism.

Ruth: If CBLC wants to look at it and come back in the next meeting to decide if we want to keep it in our proposal.

Dr. Klevens: The concept of allocentrism didn't apply to Columbian community in my experience.

Cynthia: It was true to me when I was growing up. I am not sure if it is true locally.

Leah: I agree with Dr. Klevens when it comes to the women's group that meets at LCDA.

Question: What is the purpose of this in the document?

Cynthia: It is to look at the strengths of Latino community.

Comment: I think the list that was generated by CBCL about the strength of Latino community of OKC is the one that we can use and put it in here.

Everyone agreed with that comment.

V. Announcements

Next CBLC meeting is on April 23, 2003.

There will be a separate letter for the Marketing IPV/SV Educational/Awareness Tools Sub-Committee to meet about some of the issues discussed here.

Bonnie Bella announced that on anyone who is interested in booth space on Saturday at the upcoming Health Fair April 26, from 9 am – 1 pm.

VI. Close

Cynthia thanked the participants for attending the meeting and their contribution.

4:40 pm: Meeting adjourned.