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Meet Your Presenters

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Guest Speaker

Patrick Reynolds-Berry MA, MSW, LISW-S Chief Operations Officer, Catholic Charities Southwestern Ohio





Guest Speaker

 Alejandra Salinas, LCSW, Clinical Care Manager, Unaccompanied Children, Immigration and Refugee Services, Catholic Charities Archdiocese of New Orleans





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Guest Speaker

 Jennie Searcy, Managing Attorney, Catholic Charities Archdiocese of New Orleans



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Overview

- Why assess needs holistically?
- · Catholic Charities of New Orleans
- · Catholic Charities of Southwestern Ohio
- · Actionable next steps
- Resources
- Q & A



Poll Question

Does your agency conduct a broad needs assessment with clients?

Yes

No

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Why do a Holistic Assessment?

- Helps your organization better fulfill mission
- Makes legal work easier and more efficient
- · Greater client success
- Better understanding of challenges and needs of clients and community
- Raises profile of your organization



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Maslow's Hierarchy of Needs



Image Provided by SimplyPsychology at https://www.simplypsychology.org/maslow.html#gsc.tab=0



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Immigration and Refugee Services, Catholic Charities Archdiocese of New Orleans

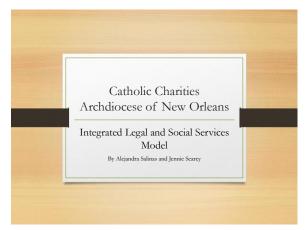
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Guest Speaker

• Jennie Searcy, Managing Attorney, Catholic Charities Archdiocese of New Orleans



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Background - 2014-2015 Influx of Unaccompanied Minors being released in Greater New Orleans and surrounding area due to a history of Honduran immigration. 10% of UACs nationwide were resettled in Greater New Orleans area. - Scarcity of resources and legal service providers for immigrants and non-English speakers in the tri-state area we serve (Louisiana, Mississippi, and Alabama)

Creating the Model Distinct teams to focus on respective areas of expertise but working together closely on cases: Legal Team Comprised of Managing Attorney, Supervising Attorneys, Staff Attorneys, and Legal Assistants Social Services Team comprised of Manager, Supervisors, Clinicians, and Case Managers Intake screenings conducted by social services and legal teams together Case manager/attorney pairings Internal referral process

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Creating the Model All staff were cross-trained for added support and understanding Legal Team trained on trauma-informed interviewing, suicide prevention, vicarious trauma, and providing representation through a trauma-lens. Social Services Team trained on basics of UAC legal relief, declaration-writing, and court interpretation

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Social Services Offered - Case Management - Goal Setting - Referrals for medical/educational/etc. - Support Navigating community systems - Document retrieval - Interpretation - Clinical Services - Mental Health Assessments - Individual and/or Family Counseling

Assessing Client Needs * All clients were screened by both legal and social (if they consented) upon intake * Legal Screening addresses client's life in home country (e.g. past harm, abuse, family dynamics), upcoming deadlines (e.g. SIPS age-out prinsidetion), and court dates * Social Screvices team conducts a Psychosocial Needs Assessment * Family Dynamics/Home Environment * Trauma caposure * Interests/Talent/Strengths * School/work history and needs * Health * Mental Health * Social Screvices may require on-going assessment and goal setting * Legal may refer to Social for counseling, clinical assessments, or additional referrals

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Creative Strategies for a Dual Legal/Social Services Model Focus on where the rapport is established in the community (through legal or social) to lead communication efforts Utilize interns to expand ability to serve clients Build in group training opportunities to maximize reach Find ways to incentivize KYR presentations Gift/food giveaways Legal screenings Outreach Coordinator role as integral in managing partner relationships, building platforms to reach many clients at once, and disseminate information to the community about services and events.

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Benefits of this Model for Clients - Holistic services allow the clients to continue with their case despite issues that arise with school enrollment, health concerns, family dynamics - Improves outcomes with families/schook/health/ legal status. - Provides access due community services in spite of barriers - More trust is built based on consistency of communication - either built from legal or social relationships and helping bridge between the two.

Reduces burnout for legal staff because they aren't focusing on non-legal issues. Social Services staff may establish better rapport and can help inform legal strategy through declaration writing or eliciting new information Cross training and development Each team is ware of each other's expertise (immigration laws and policies, trauma informed care, referral sources, boundary setting and self care, different clinical services available) Helps win a case with concrete evidence that helps the clients (mental health assessments, supportive documentation) More comprehensive social services with a clearer understanding of the legal strategy.

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Drawbacks of this Model * Attorney confidentiality prevents us from sharing the same database (mandatory reporting from social services, etc.) * Evaluation/ Success measurement wasn't established at the beginning * Success can be defined more broadly than just court outcomes: * Success with individual goals for clients (school, career, health, family) * A client's ability to process trauma alongside their legal journey

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Evaluation and Assessment Our funder requires us to report on numbers, but it leaves out so many other successes that we haven't been able to measure Evaluation needs to be part of successful program development-lesson learned. Separate goals for legal/social and separate evaluations due to differing timelines for closing of cases for legal and social.

Lessons Learned and Suggestions Unified database for client tracking and internal referrals Identify what success looks like and work backwards from there (implement evaluation planning from the beginning) Clarify professional mandates and ethics that may conflict with each other Utilize interns! Build up external partnerships Beralistic about what you can accomplish internally and what can be referred Build advocacy into job descriptions Collaborate and return to the drawing board as much as necessary Account for Vicarious Trauma and integrate trauma training, discussion, and team care into your program culture.

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Guest Speaker

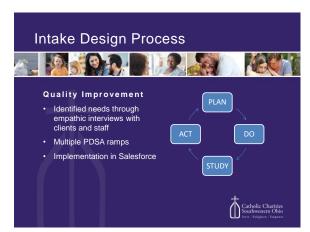
Patrick Reynolds-Berry MA, MSW, LISW-S Chief Operations Officer, Catholic Charities Southwestern Ohio



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Step Two

- Other agencies
- Public benefits (SNAP, WIC, TANF, Medicaid)
- Insurance
- · Service Assessment
 - Service-specific questions that indicate a need for additional internal services
 - If yes, referral through Salesforce completed



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Benefits

- Educate about additional services
- · Identify needs quickly
- · Enroll in benefits
- Foster interdepartmental collaboration



Challenges

- · Transition to Salesforce
- · Inconsistent data entry
- Reporting

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Collaboration with External Partners

Referrals

- Referral Tracking
- Referral Sources in Salesforce
- Resource Binder





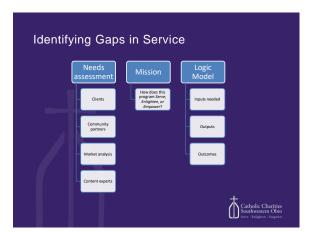
Fostering Relationships with Community Partners

- · Law enforcement
- Council on Unaccompanied Children





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Actionable Next Steps	
Evaluate your intake method	
Get to know other Service Providers/ Referral Partners	
Using data to understand community need	
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Actionable Next Steps	
 Consider Expanding Capacity Adjust Policies and Procedures	
Responding to policy changes and new clients	
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Resources	
• Integration Surveys https://cliniclegal.org/issues/immigrant-	
integration/Immigrant-Integration-Surveys	
Partnership Toolkit	
https://cliniclegal.org/toolkits/partnership	

Questions





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Thank You for Learning with Us!

- CLINIC envisions a country where every immigrant has access to affordable, quality immigration legal services.
- For the latest immigration happenings, CLINIC trainings, and newest resources, we invite you to sign up for e-news updates.



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