

SERVICE PARTNERSHIP FOR CHILDREN OF HIGH CONFLICT FAMILIES

Meeting #7, October 2, 2007

REPORT OF PROCEEDINGS

ATTENDANCE

Representative	Organization	Present	Absent
Sharon Aarons	FIU/Victim Advocacy Center		X
Sharon Abrams	Eleventh Judicial Circuit		X
Vanja Abreu	American Therapeutic Corp	X	
Paula Bain	MDC Dept. of Human Services		X
David Battenfield	Miami Dade Fire Rescue		X
Robert Beneckson	Children's Home Society	X	
Michelle Benjamin	Victim Service Center		X
Emily Bennett	United Way		
Melissa Brail	Jewish Community Services	X	
Janna Bolinger -Heller	MDPD- Domestic Crimes Bureau	X	
Queen Brown	Human Service Coalition		X
Marcelo Castro	Research & Evaluation Network		
Teresa Descillo	Victim Service Center		X
Angela Diaz-Vidaillet	Victim Response, Inc. (The Lodge)		X
Delores Dunn	Center for Family and Child Enrichment		X
Maryellen Ebert	Institute for Child & Family Health		X
Joan Farr	Miami-Dade County/DHS/Family & Victim Services	X	
Juan Ferreiro	State Attorney's Office/MOVES	X	
Linda Fieldstone	Eleventh Judicial Circuit/Family Court Services	X	
Nadyne Floyd-Grubbs	Alliance for Human Services		
Susan Gold	UM Medical Mailman Center for Child Development		X
Normando Gregorisch	MDPD- Domestic Crimes Bureau	X	
Maria Harris	Eleventh Judicial Circuit/Domestic Violence Division	X	
Mary Horan	All Children Together		X
Robin Hunter	Dept. Of Juvenile Justice	X	
Cece Hurtwiz	YWCA of Greater Miami	X	
Christine Jean	Family Resource Center		X
Regina Johnson	State Attorney's Office		X
Judge Judith Kreeger	Eleventh Judicial Circuit Court	X	

Sandra Lawrence	State Attorney's Office/Victim Witness Services		X
Lauren Lazarus	Eleventh Judicial Circuit/UFC	X	
Fermin Leguen	Miami Dade Dept. of Health		X
Judith Lieber	Jewish Community Services		X
Sarah Lenett	Miami-Dade County/DHS	X	
Bonnie Levin	UM/Dept. of Neuropsychology		X
Sheldon Levy	The Melissa Institute for Violence and Prevention Treatment	X	
Vicki Lopez-Lukis	Miami Dade Reentry		X
Hebe Lubowitz	Jewish Community Services		X
Conchita Lundblad	Family Counseling Services		X
Sarah Magnes	The Village		X
Emily Marquez	Humane Society Miami-Dade		X
David McGriff	Advocate Program, Inc.		X
Ivon Mesa	DVIU		X
Dr. Robert Morgan	Heroes Program	X	
Barbie Ongay	Our Kids of Miami-Dade/Monroe, Inc.		X
Daniel Ore	MDPS-Division of Student Services		X
James Pann	Research & Evaluation Network	X	
Colleen Perdue	Our Kids of Miami-Dade/Monroe, Inc.		X
Vivian Perez Pollo	AOC Mediator		X
Cheryl Pestaina	Youth on the Move		X
Tom Pietrogallo	National Association of Social Workers		X
Jesus Pinero	Kids Hope United		X
Silvia Reyes	Barry University Counseling	X	
Susan Reyna	MUJER		X
Rose Marie Rodriguez	Miami Dade Fire Rescue		X
Rose Marie Rodriguez	UM/Dept. of Neurology		
Jim Rudes	Barry University	X	
Jennie Rundell	Eleventh Judicial Circuit	X	
Jackye Russell	DCF		X
Frank Sanabria	Switchboard of Miami	X	
Lisette Sanabria	Eleventh Judicial Circuit/Family Division	X	
Christine Sainvil	CHARLEE Program		X
Wayne Salter	Early Learning Coalition		X
Sabrina Salomon	Fl. Immigrant Advocacy Center		X
Stephanie Solovei	Miami Bridge Youth Services		X
Carrie Soubal	State Attorney's Office		X
Michele Sweeting	DCF/SAMH	X	
Bettina Toscano	Kids Hope United		X
Dawn Thompson	Kristi House		X
Heather Winters	Family Counseling Services	X	
Mary Grace Yale-Kaiser	UM/Linda Ray Center		X

SERVICE PARTNERS

Organization	MOU signed
CCDH- All Children Together	X
American Therapeutic Corp.	X
Barry University	X
Center for Family & Child Enrichment	
Clerk of Courts	X
CHARLEE	X
Children's Home Society	X
DCF	X
Early Learning Coalition	X
Eleventh Judicial Circuit	X
Family Resource Center	X
FIU/Victim Advocacy Center	
Heroes Program(UM)	X
Human Service Coalition	X
Institute for Children and Family Health, Inc.	X
Jewish Community Services	X
Kids Hope United	X
Kristi House	X
Miami Bridge	X
MDC Dept. of Human Services	
MDC Dept. of Juvenile Justice	X
MDC Dept. of Health	X
MDC Office of County Manager	
MDC Public Schools	X
MDC/DHS/Family & Victim Services	
MDPD- Domestic Crimes Bureau	
MUJER	X
National Association of Social Workers(Miami Chapter)	
Our Kids, Inc.	
State Attorney's Office	X
Switchboard of Miami	X
The Journey Institute	X
The Melissa Institute for Violence Prevention and Treatment	X
The Village	X
United Way Miami	X
University of Miami Linda Ray Center	X
University of Miami Medical School Mailman Center for Child Development	X
Victim Response, Inc. (The Lodge)	
Victim Services Center	X
Young Women's Christian Association of Greater Miami	X

WELCOME/AGENDA REVIEW

Project Director, Isabel Perez-Morina welcomed everyone to the seventh meeting of the Service Partnership for Children of High Conflict Families. The meeting facilitator, Janice Fleischer, reviewed the Agenda for the day (Exhibit A). As there were new attendees, all members of the Service Partnership introduced themselves.

SYSTEM OF CARE OPERATIONAL PLAN: AN OVERVIEW

Ms. Perez-Morina delivered a presentation on the Operational Plan of the System of Care (Exhibit B). The purpose of this presentation was to review the screening and referral procedures for Access into the system of care from the identified entry points.

Following her presentation, the following questions and comments were made by members:

1. Will police officers be given a number to call?
 - a. Yes
2. Will there be feedback to the police about the referral to the program?
 - a. yes
3. What qualifications are you looking for in the Care Coordinator?
 - a. Usually at least BA with __; would be good to have training in Wrap Around system
4. Screeners will probably be the Care Coordinators
5. For purposes of the court, we will have a person stationed there
6. Will we be using motivational interviewing
 - a. We will be looking into that type of training
 - b. We should collaborate in that training

UNIVERSAL SCREENING TOOL AND PROCEDURE

Dr. James Pann, one of the Project's Evaluators, delivered a presentation on the Universal Screening Tool and the procedure to be used (Exhibit C). Dr. Pann made the distinction between "screening" and "assessment". He explained that they are different and should not be confused. Screening is the first step prior to assessment.

Member questions/comments:

1. How do you anticipate the screening for children who may not be exhibiting the behaviors/symptoms at that time?
 - a. The screening tool has a lower threshold to help with that challenge.
2. Can the children be re-screened at another time? Later in a case?
 - a. Yes, and if referred the children could be screened at a later time.
 - b. Remember we are looking at family with multiple needs; provides opportunity for screening at several different times
3. Is the screening tool available in other languages?
 - a. Right now in Spanish; will look into Creole
4. Have we considered folks who cannot read?
 - a. Opportunity for individual to administer to assist parents
5. Does family need to travel to courthouse to have the screening?
 - a. No, screening can be conducted home based if needed.
6. With the LEO First Responders there will be a pilot designated area.
 - a. Miami Gardens is the designated area; they are already being

BREAK

At this point in the meeting, Members took a short break.

SERVICE DELIVERY PLAN: AN OVERVIEW

Upon returning from break, several presentations were made concerning the different aspects of the Service Delivery Plan.

Needs Assessment- Dr. Pann explained that interviews had been conducted at one of the domestic violence shelters with a sample of the women residing there. Dr. Pann gave a general oral summary of what the focus groups revealed:

- Wait lists long to get into a shelter
- Childcare needs are not always able to be met
- No psychological backup for kids
- Housing-there is a need for assistance for furnishings
- Life insurance availability is desired
- Challenge to find adequate paying jobs
- Transportation is needed to get to work, etc.

Member comments:

1. Surprised that legal services was not mentioned
 - a. It did come up, we just did not report on it at this meeting
2. With whom did you speak?
 - a. Women staying at the shelter; two focus groups conducted
 - b. Confidential meetings with women with children
3. Remember that this is their perception about the situation, not a judgment on the shelter itself.
4. This is a very small sample; only 10 women from one shelter; you need to go to other shelters and get a broader base.
 - a. Increasing sample and sites is not really viable right now
 - b. Maybe what we need is to concentrate on getting the surveys back
5. The primary issue seemed to be the parent's confusion and what they could/should do now.
6. The time element made it difficult to gather folks for the focus groups and this shelter was very helpful.

Resource Inventory/ Evidence based Models – Presented by Ms. Perez-Morina (**Exhibit D & E**)

Ms. Perez-Morina made the following comments:

1. This chart is based on service partners that returned the survey; if you are not on the chart it is only because the survey has not yet been returned
2. These domains will be enhanced but they are the ones included on the current providers survey.
3. We want to work with what already exists re: evidence based services. We will be collaborating to enhance provider capacity.
4. The agencies listed on the evidenced-based service chart were those that identified a program or service as such. Programs with best practices or emerging services were not included. Programs that noted they offer evidenced-based services but did not identify the service or program were also not listed.
5. Evidence based requires at least 2 articles by different people on the same subject and same criteria and is then peer reviewed.

6. Problem is that federal and local grants are focusing on funding evidence based services. Evaluation of programs and providing research is key. Some services/therapies will not get funding because, although there is anecdotal evidence that it is working and beneficial it doesn't meet the requirement of "evidence based" services.
7. Focus on integrating best practice principles into current service.
8. Wrap/around Care Coordination is an evidenced based service delivery model.
9. Motivational interviewing is evidence based.

Service Flow Diagram (Exhibit F). The Service Flow Diagram was presented to demonstrate the way families will be assessed and how services will be delivered.

Member comments/reactions to the Service Flow Diagram:

1. Will there be performance based measures?
 - i. Yes
2. If you find things that are consistently a problem will you use that to make changes?
 - i. yes
3. Goal is to teach the family how to navigate the system and how to help their family themselves; finding services, training, etc.
4. What assessment instrument will be used?
 - i. several instruments will be used
5. Is there money that will be following these families?
 - i. Yes, each family has flex funds assigned to them
 - ii. We want to make sure all barriers are addressed; traditional and non-traditional; \$1000.00 per family has been requested for flex funds
 - iii. Care coordinator would be working with the family to see if money requests are justified; must show this is the only source for funds
 - iv. The money does not go directly to family, it goes to the provider, service, etc.
6. Will you tap into the family existing insurance coverage so that you don't use money where they would have the coverage?
 - i. yes
7. Until discharge do you continue with 3 month follow ups? Or is there just one 3 month follow up?
 - i. At minimum every case must have a 3 month follow up; but this is a 6 month anticipated program/plan; the reality is that some families may be in longer
 - ii. The goal is to get the family able to work this on their own
8. Providers often mention that they must spend quite a bit of time on coordinating care instead of actually providing the services they can provide; this system will alleviate this problem for the families selected.
9. Concern regarding the pilot of families served that it not be only families in one particular city, but rather unincorporated Miami-Dade County.
10. Once the assessment is done, the family conference model will be used.
11. There still seems to be a front end problem with response between law enforcement and DCF
 - i. The protocol is for the first responders to refer to the SOC.
12. Law enforcement would provide on the referral how to get in touch with the family. This would then be followed by consent to the information exchange.
13. It is hoped that the family would be contacted within 48 hours of referral.
14. The engagement process with the family includes much flexibility to accommodate the family.
15. We want to members of this partnership to send staff any resources that they are aware of.

FROM PARTNERSHIP TO FULL COLLABORATIVE: SUGGESTIONS

Partnership Facilitator, Janice Fleischer, delivered a short explanation of the alternatives available as the Service Partnership evolves into a full Collaborative. (Exhibit G) She explained there are always limitations on what can be done and what Collaborative members would like to do; these limitations/restrictions must be considered as decisions are made. Ms. Fleischer went on to explain that the current Partnership would evolve into the new Collaborative and would incorporate Partnership members along with representatives from the larger community. These changes could bring about the need to add to or modify the current organizational structure.

The Project Directors and members made the following comments, had questions or suggestions:

1. The Partnership will amend the existing documents to accommodate a full collaborative; a real community collaborative.
2. Model suggested would have a more formal model; chair, steering committee, parents and consumers should be part of the leadership.
3. Want materials to be parent sensitive.
4. You may have standing task forces to handle specific areas of need of the collaborative. Some examples could be task forces to focus on the following areas:
 - a. Advocacy
 - b. Resource and funding raising
 - c. Parent and Youth
 - d. Quality Assurance
 - e. Promotion and Knowledge
5. There would also be ad-hoc groups that are formed as needed

Ms. Paulicin and Ms. Perez-Morina pointed out that the new work will be in implementation; up to now we have been working on planning this system. The Children's Trust wants to see a much more consumer based model.

Member reactions to moving from current system to collaborative model:

1. Change is difficult and we need to be aware that there will be a transition time.
2. What would this group be doing differently than what we are doing now.
 - a. Probably shorter meetings; service partnership evolve into the collaborative, which can include more members, particularly in the community.
3. You need to define the "authority" issue
4. What happens if there is a disconnect between the consumers and the providers
 - i. Training is in place and collaborative is the resource to bring those differences into a larger group. We need to hear from each other to better plan and develop the system of care.
5. What happens with gaps in resources; what about accountability for public money; system of governance is absolutely needed
 - i. The collaborative works together to sustain the partnership, and to develop more projects. Steering committee is governing body of the collaborative.
 - ii. Each chair of the workgroup/task force is on the steering committee and must report to the steering committee and the larger group
6. There would be an ongoing accountability
7. The Steering Committee is accountable for making sure the process is followed; grievances are heard by them, data management, etc.

8. Fiduciary duties must be considered.
 - i. Advocate Program will be the fiscal agent and will draft memorandums of agreements with partners.
9. This is very new for us, this is a huge change
 - a. There must be a training component for all elements of the collaborative and the members
 - b. Includes religious leaders and non-traditional helpers
10. How much staff will we continue to have?
 - i. Program staff will staff the collaborative
11. There is really a huge time commitment involved.
12. There is a payoff for all of us; we will all benefit from this.
13. Our collaborative could become a model for other counties/states,etc.
14. Can we get data as to whether collaboratives such as this reduce elements of conflict in the areas they serve?
15. A built in assessment process is necessary to show success.

CARE COORDINATION: FAMILY TEAM EXERCISE

This exercise was postponed as the discussion concerning the transition to the full Collaborative took the remaining meeting time.

EVALUATIONS/ADJOURN

Members were asked to complete their evaluations as the meeting was adjourned.
