SERVICE PARTNERSHIP FOR CHILDREN OF HIGH CONFLICT FAMILIES

Meeting #5, June 26, 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	X	
Melissa Brail	Jewish Community Services	X	
Janna Bolinger -Heller	MDPD- Domestic Crimes Bureau	X	
Queen Brown	Human Service Coalition		X
Teresa Descillo	Victim Service Center		X
Angela Diaz-Vidaillet	Victim Response, Inc. (The Lodge)		X
Delores Dunn	Center for Family and Child Enrichment		X
German Dubois	Switchboard of Miami	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		X
Normando Gregorisch	MDPD- Domestic Crimes Bureau	X	
Susan Gold	UM Medical Mailman Center for Child Development		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
Sandra Lawrence	State Attorney's Office/Victim Witness Services	X	

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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	Institute for Children and Family Health, Inc.		X
Sarah Magnes	The Village		X
Emily Marquez	Humane Society Miami-Dade		X
David McGriff	Advocate Program, Inc.		X
Dr. Robert Morgan	Heroes Program	X	
Barbie Ongay	Our Kids of Miami-Dade/Monroe, Inc.		X
Bettina Toscano	Kids Hope United		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	
Susan Reyna	MUJER		X
Rose Marie Rodriguez	Miami Dade Fire Rescue	X	
Rose Marie Rodriguez	UM/Dept. of Neurology	X	
Jim Rudes	Barry University	X	
Jennie Rundell	Eleventh Judicial Circuit		X
Jackye Russell	DCF	X	
Lisette Sanabria	Eleventh Judicial Circuit/Family Division	X	
Christine Sainvil	CHARLEE Program		X
Wayne Salter	Early Learning Coalition		X
Stephanie Solovei	Miami Bridge Youth Services		X
Carrie Soubal	State Attorney's Office		X
Wilma Steiner	Miami Dade County Public chools		X
Michele Sweeting	DCF/SAMH		X
Paula Swope	Miami Dade County Public Schools		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	

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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	
Healthy Families	
Heroes Program(UM)	X
Human Service Coalition	
Humane Society	
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	
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 AND AGENDA REVIEW

Project Director, Isabel Perez-Morina welcomed everyone to the fifth meeting of the Service Partnership for Children of High Conflict Families.

The meeting facilitator, Janice Fleischer, reviewed the Agenda for the day (Exhibit A).

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ANNOUNCEMENTS, UPDATES AND NEW PROJECTS

Ms. Perez-Morina began the meeting with the following:

1. Announcement: at the last meeting a new grant opportunity had been announced and Ms. Perez-Morina had indicated that, if possible, she and Ms. Paulicin would submit an application for the grant on behalf of the Partnership. However, the application was due in a very short period. She announced that the Advocate Program, Inc. had been able to complete the application for this grant and thanked members for the letters of support they sent which allowed them to get the application in on time. This is a grant for identifying children needing intervention as early as possible in order to prevent juvenile delinquency. It is anticipated that the grant recipients will be announced by September 30th of this year.

2. Reminder: Belinda Paulicin spoke on the consumer engagement natural helper small group recruitment. The use of the Wraparound approach involves the utilization of a team based process involving the family, natural helpers and support, agencies, and community services working together to develop a, implement, and evaluate the individualized plans. A sign up sheet for those interested in taking part in this project was passed among the members.

Belinda Paulicin then went through the following items:

Partners were directed to their packets to find a Fact sheet. (Exhibit B) This fact sheet had information about the Partnership and its purpose and mission. This was developed to assist members in talking about the Partnership to outsiders not engaged in the process for the purpose of recruiting and sharing information.

1. The packets contained a Provider Survey (this will be sent to members by email as well). (Exhibit C) Members were asked to fill in the survey and return it to the Advocated Program office by July 13, 2007. Members were encouraged to pass the survey on to others they think should fill this in or give names of others they think should get the survey to the Advocate Program staff for forwarding. The importance of providers indicating if they have evidenced based services or programs was stressed. The survey can be returned by email or mail.

2. There is a Family Needs Survey (Exhibit D) in the meeting packet which will also be sent by email to members. Again, members were asked to administer the surveys to families that are consumers of their agency. A letter to families explaining the use of the data from the survey and that the Partnership is not requesting any identifying information will be forwarded with the surveys to be handed out to the families.

A member asked if the families to be surveyed should be those involved in domestic violence (DV) and high conflict. Ms. Paulicin responded by saying that it is just a survey to help with planning of this System of Care and families involved in high conflict and or domestic violence would be appropriate to participate in the survey. Members were asked to keep names out, make sure the information is anonymous. She informed members that the Advocate Program was just trying to get general information not specifics about names/identifying characteristics, etc.

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SYSTEM OF CARE: COMPONENTS, CLARIFICATIONS AND ROLES

Ms. Perez-Morina opened this section of the meeting noting clarification between terms used throughout the project. Ms. Paulicin distinguished between the general term of a "collaborative" and the service "partnership". She indicated that there will be the Service Partnership, but others who are not members of the Partnership may also be part of the overall "collaborative" effort.

Ms. Paulicin reviewed the concept of system of car e as a philosophy/approach in delivering services to children. The key concepts within this approach are that services are coordinated, family-driven, and culturally competent. Every system of care has a lead agency (the Hub), which provides administrative oversight, coordination of services, data management, and fiscal oversight. It was agreed that the project's lead agency, Advocate Program Inc., would serve as the Hub for the implementation phase.

Each entry point of the system will have a system liaison. The system of care will use the wrap around model as the evidenced-based model for service delivery. As noted in the first collaborative meeting, wraparound uses a strength based, team based approach involving families, children natural support, agencies, schools, and all other systems working with families to identify, support and develop individualized culturally appropriate plans. Wraparound balances formal in informal community and family supports and plans are based on interagency, community-based collaborative process.

There was also a review of best practice model versus promising practices. The system of care will provide services deemed best or promising practices for our population. Rather than bring new models into the community, the hub agency would evaluate services already existing in the community. Training on new models would also be available during implementation for those services the Partnership feels would benefit our community and families.

Member Questions:

1. Does the Hub provide administrative oversight?
    a. Yes
2. Can the Hub provide services as well?
    a. Depends on resources; sometimes it is done that way
    b. There would only be one Hub; the collaborative model being used enhances the services of courts, shelters and first responders

Models:

Evidence based

-you need to tell them what the evidence based is

Evidence based is objective criteria; you must give examples so the program really understands what needs to be done

Not subjective evaluation (for example asking parents for answers about kids-not evidence based)

Some programs have very strong evidence based programs; independent evaluator, etc.

Part of the evaluation done would be done by Service Partnership

Best Practices and Promising Practices are other models being used in other communities

Comments by members:

1. Use the term "measurable" outcome
2. Make sure that the person administering the test is really qualified

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a. We may look at pre and post test evaluations
3. Will Partnership impose its outcome evaluations on members?
    a. Important to have families and consumers as part of the collaborative model
    b. Information is collected in other ways as well
    c. Part of system of care is to inform the needs, barriers, etc. so the partnership can work on eliminating the conflicts, barriers, etc.

SMALL GROUP INSTRUCTIONS: POLICY DEVELOPMENT

At this point in the meeting, members were asked to break into small groups to answer specific questions in four areas that will help staff develop policies for the System of Care being developed by the Partnership. Ms. Perez-Morina assured members that all the previous work they have done is being used to complete the grant deliverable. She told members that at this point their input was needed on matters.

The four groups for small work and the goal of the questions posed were:

1. Screening: ultimately developing a screening policy
    i. The focus is for DV and high conflict exposure

2. Best/Promising Practices: what are services once families are identified and in program

3. Information sharing: guidelines for information sharing
    i. Confidentiality is a big issue

4. Coordinator response: how do we do a coordinated effort

Members were allowed to self select the group with which they would work, but were asked to keep the groups approximately the same size.

SMALL GROUP WORK: POLICY DEVELOPMENT

Small group work continued for a little over two hours. At the end of the work time, each small group delivered a short report and members not in that group were given an opportunity to comment on the work of each group.

SMALL GROUP REPORTS

Screening:

Small group answers to questions posed:

Question 1: ***What are the essential components/domains of a universal screening instrument for our system of care?***

1. clear language/simple questions
    1.1. example: are you afraid of a partner/parent?
2. number of questions
3. simple risk assessment (culture sensitive)
4. checkbox/one pager (specific of domestic violence- did child witness?)

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5. questions tha6t identify high risk (any weapons in home? Are you allowed to see the other parent?)
6. minimum requirement for checklist (too narrow might miss something)
7. conflict resolution within family
8. need to capture history of family (prior events)
    8.1. criminal or domestic violence history
    8.2. any restraining orders in the past two years?
9. capture/identify relationships of people involved
10. academic status/ago of children (in school or not?
11. are children in system?
    11.1. court, DCF, foster care, etc.
12. screening tool administered to both partners involved (needs to be done separately/kids should also be asked)
13. how many ties have you been to the hospital in the past 3 years? Ask everyone involved.
14. interstate access of information (can we get information about past residences
    14.1. more for service partners not initial screening
15. weigh in the number of risk factors (an easy way to scale responses of checklist)
    15.1. example: too many yeses or no's should be a flag
16. Socioeconomic status Should be one factor but should not be a completely determining factor
17. level of control (do you feel safe?)
18. level of support (do you have someone to turn to?)

Question 2: ***What are the common and uncommon areas for screening among the entry points?***

1. uncommon
    1.1. ask about moving; how many times have you moved?
    1.2. losing cases that come to quick resolution because no flags were raised
    1.3. DCF going to home because of abuse and screening for high conflict
    1.4. school police (truant officer)
2. common
    2.1. domestic violence
    2.2. substance abuse
    2.3. high conflict

Question 3: ***Where should the screening occur for each entry point?***

1. family court systems
2. shelter (over the phone and in person)
3. mobile crisis unit

Question 4: ***How many questions should a screening instrument have*****?**

1. 12 max; less if possible

Question 5: ***Should the instrument be self-administered or given in interview?***

1. should be able to be used either way depending on venue.
2. given in interview form not self report.
    2.1. people need to be trained on how to ask questions

Question 6. ***How do we collect the instruments?***

1. first responder should provide the information to the HUB.

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2. should be done within 72 hours.
3. HUB would have case management to assign services asap.

Question 7: ***Should there be identified liaisons at each entry point? If yes, how are they identified and what would be their roles?***

1. HUB needs to create an office where all of these cases are maintained and controlled in a database (linked up database at HUB).
2. need liaisons at every entry point
3. should be someone within each agency
4. collect all information from screeners; be point person, make sure its done correctly.
5. what else should we screen for?
   5.1. developmental screening for children involved

Member comments following small group report:

1. How did you arrive at 12 questions or less?
   a. Court or Shelter, this could be administered as a "yes" or "no" so you could quickly determine if family should go into system
2. Did you identify what agencies and who will be screened
   a. Looked at the 3 groups: court, shelter and first responders, but added some others (example: truancy-intervention person)
   b. Possibly add pediatrician's offices, emergency rooms, doctor's offices
   c. Key is make screening simple and easy to fill in
3. Protective investigator should administers the screening tool

Best/Promising Practices:

Small group answers to questions posed:

Question 1: ***What are the service domains needed for this population?***

1. Children (group noted this as "1A")
   1.1. childcare service
   1.2. transportation
   1.3. mental health
      1.3.1. therapy:
         1.3.1.1. individual
         1.3.1.2. group
         1.3.1.3. family
      1.3.2. support groups
         1.3.2.1. domestic violence
         1.3.2.2. anger management
         1.3.2.3. sexual abuse
         1.3.2.4. conflict resolution
      1.3.3. assessments
      1.3.4. evaluations
         1.3.4.1. psychological
         1.3.4.2. psychiatric
   1.4. education
      1.4.1. after school care
      1.4.2. tutoring
      1.4.3. mentoring

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1.4.4. psychoeducational evaluation
1.5. medical/dental/visual
1.5.1. pediatric physical evaluation and treatment
1.5.1.1. speech
1.5.1.2. physical
1.5.1.3. occupational
1.5.1.4. therapy
1.5.2. immunization
1.5.3. nutrition
1.5.4. hospitalization
1.6. substance abuse
1.6.1. assessment
1.6.2. treatment
1.6.3. education/prevention
1.6.4. random urinalysis
1.7. medical insurance
1.8. housing/shelter
1.9. disability

2. Parent/Caregiver/Family (group noted this as "1B")
2.1. transportation
2.2. mental health
2.2.1. co-parenting counseling
2.2.2. individual/family/group evaluations (psychological, psychiatric)
2.2.3. marriage/divorce counseling
2.3. substance abuse
2.3.1. evaluation
2.3.2. treatment
2.3.3. random testing
2.3.4. education/prevention
2.4. financial aid
2.5. alternate dispute resolution (ADR)
2.5.1. mediation (not domestic violence)
2.5.2. parenting coordination (not DV)
2.5.3. custody evaluation/home study
2.5.4. family court services unit
2.6. visitation/child access
2.6.1. supervised
2.6.2. therapeutic
2.6.3. monitored exchange
2.7. medical
2.7.1. physical assessment
2.7.2. treatment
2.7.3. rape counseling
2.8. Psychoeducational
2.8.1. education (GED, occupational training)
2.8.2. parenting
2.8.3. domestic violence (victims & offenders)
2.8.4. anger management (not DV)
2.8.5. evaluation
2.8.6. vocational rehabilitation
2.9. Legal services and Advocacy
2.9.1. self help program

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2.9.2. immigration
2.10. housing/shelter
2.11. medical insurance
2.12. disability

3. Community (group noted this as "1C"
   3.1. public awareness/outreach
      3.1.1. medical
      3.1.2. educational
      3.1.3. workplace
      3.1.4. church/religious affiliation
      3.1.5. hotlines
   3.2. emergency relief
   3.3. how to access system of care
      3.3.1. CCDH, for families with disabilities
      3.3.2. 211, the Children's Trust Hotline for referral of services

Question 2: ***What are the common services families are referred to from point of entry systems?***

See answers to question 1

Question 3: ***What components must model programs have? (Home-based, Evidence/Program Evaluation, Family Centered, Cultural Competency etc,)?***

1. (Research/Evidence Based) Program evaluation
   1.1. assessment
   1.2. family/child centered
   1.3. security
   1.4. home/school based
   1.5. competency
      1.5.1. cultural
      1.5.2. professional
   1.6. developmentally specific services (age-appropriate)

Question 4: ***What are some model programs the SOC should consider?***

1. Functional family therapy
2. Diadic therapy (mother/father/child)
3. Infant mental health
4. Reflective Team
5. Developmentally Appropriate Practices (DAP) Children's Group Curriculum
   5.1. based on Duluth Model
   5.2. See AFCC exemplary court services book
6. National Association for the education of young children (0-5)
7. Children Exposed To Violence Program
   7.1. Dr. Joy Osofsky-Louisiana
8. Boston (Betsy Groves)
9. Florida Supervised Visitation Network
10. Trauma Recovery and Empowerment Model (TREM)
11. Programs run by Hubbard House (Jacksonville) and The Spring (Tampa)
    11.1. these are DV centers
12. Safe Start Initiative
    12.1. Dr. Lynn Katz

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Question 5:*What are services/programs available through Service Partners?*

See website for Partnership

Question 6: *What programs in the community are evidence based and proven effectiveness with this population?*

1. FIU Victim Advocacy Center
2. Debbie School (University of Miami)
3. Kristie House
4. UM Heroes Program (Mailman Center)
5. Melissa Institute
6. Nurturing Parenting Program (dependency)
7. MUJER
8. Children's Psychiatric Center (CPC) (Functional Family Therapy)
9. Victim Service Center- trauma services
10. Note: evidence based programs should be identified and promoted by the Children's Trust

Question 7: *What services in the community are effective however4 need support and capacity to become evidence based?*

1. Supervised visitation program
2. parenting coordination
3. child care services
4. victims services
5. batterer's intervention
6. substance abuse treatment
7. shelters
   - 7.1. homeless
   - 7.2. domestic violence
8. self help program

Member Comments following report of small group:

1. We really need to find out more about existing programs to see if they are evidenced based.
2. Possible through partnership that agencies with evidence based programs couldn't they be shared so more people could be serviced?
   a. This is why we did the provider survey
3. We should find ways so we aren't competing with one another, but rather helping one another.
4. Shelters do have evidenced based practices and there was an evaluation done of this and we can make that available.
5. Partnership needs to define "evidence based"
   a. An objective evaluation was done to determine value of interventions, etc.
   b. Maybe published in peer review journals (this is a strict way of determining "evidence based".
   c. Show positive outcome from using the tools
6. If a partner has a "promising" practice, they want that too so it can be evaluated more

Coordinated Response:

Small group answers to questions posed:

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This group took initial notes during their discussions, these are reflected below. Then one member of the group synthesized the discussion, see synthesis below these initial notes.

1. Initial assessment
    1.1. police
    1.2. stabilize
    1.3. assess injuries
    1.4. assess other
        1.4.1. officer may request domestic violence deeper assessment
    1.5. victims service coordination
    1.6. note of children injuries
2. Gap: don't evaluate psychological state of child
3. should contact team that can come in
4. DCF will back up victims services
5. if child is present, need to "call one agency"
6. Fire Rescue
    6.1. medically assess and treat and transport
    6.2. elder links in transition
        6.2.1. referral
        6.2.2. DCF may get called by both
    6.3. State Attorney gets called if arrest assess victims needs
    6.4. verbal level psychological abuse
        6.4.1. talk to kid!
        6.4.2. say the right things
    6.5. follow up in shelter
        6.5.1. fire rescue
            6.5.1.1. what to put in place, contact other
            6.5.1.2. police victims' advocate in shelter
            6.5.1.3. mutual calls between first responders
            6.5.1.4. call school
            6.5.1.5. domestic crimes clearing house
        6.5.2. courts
            6.5.2.1. same
            6.5.2.2. cross training
    6.6. protocols
        6.6.1. reciprocity in agencies
        6.6.2. set up program
        6.6.3. school needs ___ to have better
        6.6.4. keep DCR in the loop
        6.6.5. hotline
        6.6.6. shelter policy
            6.6.6.1. should contact police, fire rescue
    6.7. courts
        6.7.1. mandate counseling
        6.7.2. restraining order civil
        6.7.3. stay away order
            6.7.3.1. permanent or victim says
        6.7.4. notify DCF
        6.7.5. referral
    6.8. team
        6.8.1. fire
        6.8.2. police

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6.8.3. DCF
6.8.4. State Attorney
6.8.5. mental health

The following are the answers to the questions posed as synthesized by a member of this small group:

Question 1: ***What are the components that make up best practice models for coordinated response?***

1. components of best practice
   1.1. stabilize situation
      1.1.1. police
   1.2. assess injuries
      1.2.1. physical
      1.2.2. psychological
   1.3. refer to triage center for
      1.3.1. further investigation
      1.3.2. assessment
      1.3.3. contact all agencies with possible involvement
      1.3.4. post-event follow up
      1.3.5. services

Question 2: ***What are the data and training needs to establish this team? For each partner?***

1. cross agency training
2. first responder appropriate response
3. triage procedure

Question 3: ***What protocols and guidelines should be established for implementation of this team? For each partner?***

1. children present
2. lethality
3. numbers to call

Question 4: ***What will be the referral process?***

1. to dispatcher at individual agencies
2. Hub

Question 5: ***Who should be the primary partners in our community for this team?***

1. fire rescue
2. police
3. DCF
4. State Attorney
5. mental health

Question 6: ***In reviewing models what were the barriers faced and how do they compare to this group?***

1. lack of information about other agencies response

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2. too many steps to get services

Member comments following small group report:

1. This is more of an enhancement of what is already going on.
2. Regarding who to call: law enforcement is required to give a brochure to families where they have responded;
    a. One number provided for police or fire to call to notify that a family is in need of services
    b. This cuts down on barriers as well
    c. Try to give fire and rescue some feedback so they know their intervention had a positive effect
3. Would dispatcher then be given the names of the officers so they could be told later about the effects of what they did with this family
4. Would this run into a confidentiality issue?
    a. Probably not, you are only reporting status, not outcome, services, etc.
5. Do first responders go out to other than just DV? Can it be something more subtle?
    a. It is possible that they are called for high conflict
    b. So don't look at it like it is an extreme
    c. It would be good to go out for more than just DV

Information sharing:

Small group answers to questions posed:

Question 1: ***What information needs to be shared?***

1. Information to be shared
    1.1. point of entry-system point of entry
        1.1.1. first responders
        1.1.2. courts
        1.1.3. shelters
    1.2. identifiers to numbering system
        1.2.1. corresponding to point of entry?
    1.3. consent to information sharing (informed consent)
        1.3.1. HIPPA
2. Information
    2.1. demographics: all can be shared
    2.2. Family needs, including:
        2.2.1. mental health
        2.2.2. substance abuse
        2.2.3. transportation
        2.2.4. housing immigration services
        2.2.5. government services
    2.3. history of conflict
        2.3.1. examples
            2.3.1.1. Intensive family preservation
            2.3.1.2. police reports
    2.4. history of services
        2.4.1. recommendations for service
3. any consent of information procedure must be culturally competent and developmentally appropriate
4. information sharing guidelines should be part of MOU
5. Office of Juvenile Justice & Delinquency Prevention (OJJDP) Guideline 8 (page 9)

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6. informed consent
    6.1. Baker Act
    6.2. threat of bodily harm (exceptions)
    6.3. self incrimination
7. guidelines must include how to keep records/case notes
    7.1. case notes: vague, to protect families in litigation
8. information sharing guidelines must include security / data management

Question 2: ***Among what agencies?***

1. using the universal screening tool, the care coordinator will determine the needs of the family and the agencies that will need information
2. only agencies with MOU

Question 3: ***What information should be kept confidential*****?**

1. HIPPA-mental health
2. location of shelters
3. HIV/AIDS status
4. mental health
5. process of work
6. child abuse history
7. *get Our Kids information sharing guidelines
8. *need guidelines for mandated child abuse reporting
9. information remains privilege of provider who obtained
    9.1. get privilege guidelines/legal requirements

Question 4: ***Who should have access to information and at what levels?***

See above response

Question 5: ***What confidentiality laws govern these agencies and release of information?***

1. confidentiality laws
2. Chapter 960(?): Victims Rights Statute
3. shelter certification guidelines
    3.1. release of information
    3.2. core competency training
    3.3. MyFlorida.com
4. HIPPA
5. privilege
6. Priests/Rabbis
7. public records-requires release (Chapter 112?)

Member comments in response to small group report:

1. Sharing of information is a real challenge due to confidentiality issues
2. This is a real issue in many groups; if all the grants are trying to resolve this issue, the Children's Trust should be asked to provide assistance with this issue
3. You may need legislation to assist with this issue
4. Have person sign a release with specific information that would be released.
5. How did Belinda's former program get around this?
    a. It seems to work itself out once you implement the wrap around system

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    b. Family conferencing helps in making the family understand exactly what is going to be released and why
    c. Your family is your partner in the assistance you will be providing
6. In family group conferencing do you have people at the table who have injunctions against them?
    a. Not if it is an active full injunction (Connecticut model is different)
    b. In Florida it won't happen this way
7. In trainings you learn that whatever you write down could end up in court; so you need to be very careful what you put down
8. We need to be aware with regard to families who are already in court and suing each other

MEMBER ANNOUNCEMENTS

1. Special Olympics announcement
2. Members can send any announcements they wish to circulate to Althea Birch and she will send it out to other members of the Partnership.
3. Melissa Institute will have a September 28 conference on Battering, DV, there will be continuing education units available.

EVALUATIONS

Members were asked to complete their evaluations prior to departing. Everyone was thanked.

ADJOURN

The meeting was then adjourned.

COMMENT CARDS RECEIVED

No comment cards were received.

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