

ISSUING DEPARTMENT INPUT DOCUMENT

CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

New
 OTR
 Sole Source
 Bid Waiver
 Emergency
 Previous Contract/Project No. N/A

Re-Bid
 Other – Access of Other Entity Contract
 LIVING WAGE APPLIES: YES NO

Requisition No./Project No.: RQID2100226
 TERM OF CONTRACT 1 YEAR(S) WITH 0 YEAR(S) OTR

Requisition /Project Title: Domestic Violence Study

Description: Consultant to prepare a comprehensive assessment of the Miami-Dade County community’s system wide response to domestic violence:

Issuing Department: ISD
 Contact Person: Prisca Tomasi
 Phone: 305-375-1075

Estimate Cost: \$50,000-\$100,000

Funding Source:
GENERAL
FEDERAL
OTHER

ANALYSIS

Commodity Codes:	918-32	952-43		
Contract/Project History of previous purchases three (3) years				
Check here <input checked="" type="checkbox"/> if this is a new contract/purchase with no previous history.				
	<u>EXISTING</u>	<u>2ND YEAR</u>	<u>3RD YEAR</u>	
Contractor:				
Small Business Enterprise:				
Contract Value:				
Comments:	We are moving with bid waiver			
Continued on another page (s): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

RECOMMENDATIONS

	Set-Aside	Subcontractor Goal	Bid Preference	Selection Factor
SBE				

Basis of Recommendation:

Signed: Pearl Bethel	Date sent to SBD: 08/25/2021
	Date returned to SPD:

SCOPE OF STUDY OF DOMESTIC VIOLENCE IN MIAMI-DADE COUNTY

Background

Over fifteen years ago, the Miami-Dade County Domestic Violence Oversight Board (DVOB) commissioned a comprehensive assessment of our community's response to the issues of domestic violence and sexual assault.¹ The original report reflected the collaborative efforts of stakeholders from law enforcement, the State Attorney's Office, Public Defender's Office, judiciary, and advocate programs to identify gaps and needs and provide recommendations.

In 2019, the DVOB created the Gaps & Needs Workgroup for the purposes of: 1) conducting an overview of the current domestic violence continuum of care; 2) assembling and reviewing readily available information, data and statistics from key stakeholders in the continuum; and 3) preparing a report of its findings and recommendations. In addition to the foregoing and addressing the most pressing, immediate gaps and needs, Workgroup was charged with helping to guide the scope and objectives of a new comprehensive assessment of our community's system wide response to domestic violence by third party consultants.

To that end, the Gaps and Needs Workgroup offers the following guidelines in regard to the scope and objectives of a new comprehensive assessment of our community's system wide response to domestic violence:

1. Review and follow up in regard to each of the eight (8) recommendations included in the Gaps and Needs Report.
2. Analyze the magnitude of domestic violence as a public health issue in our community of Miami-Dade County. Do our data systems capture information needed? What are the gaps and needs in regard to data collection, analysis and dissemination? Make recommendations to address gaps and needs, including a centralized data basis and information management system to provide ready access to stakeholders, reviewers and public policy makers.
3. Analyze the wide-ranging costs associated with domestic violence in our community and resources dedicated to that end.
4. Assess the adequacy of our community-wide system response to domestic violence, including law enforcement, prosecution, diversion, judiciary, legal aid, victims' services, domestic violence centers, emergency shelter, housing (permanent, transitional and subsidies), victims' compensation, and other resources, including barriers to and ease of

¹ Domestic violence is defined by the National Coalition Against Domestic Violence as "the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, and emotional abuse."¹ For purposes of this analysis, sexual assault and domestic violence related crimes, including intimate partner violence (a term often used interchangeably with domestic violence), will hereafter be collectively referred to as "domestic violence."

access by victims, coordination by and among the continuum of care, trauma informed, utilization of trauma informed, evidence-based best practices, and effectiveness in protecting victims and survivors and stopping perpetrators from committing further crimes while holding them accountable.

5. Make recommendations for prevention strategies and public education as an integral component of our community response to prevent and end domestic violence, utilizing a public health model. A “public health model can be used to identify opportunities for domestic violence prevention along a continuum of possible harm, including: (1) primary prevention to reduce the incidence of the problem before it occurs; (2) secondary prevention to decrease the prevalence after early signs of the problem; and (3) tertiary prevention to intervene once the problems is already clearly evident and causing harm.”² Provide recommendations for evidence based and promising prevention and public education strategies. Include recommendations for effective, evidence based, primary prevention programs in schools, for all ages. For adults, primary prevention may be found in public education campaigns, such as public services announcements and advertisements, to increase awareness of the harms of domestic violence and of services available to victims; provide recommendations for adult prevention strategies as well.
6. Review individual components of the DV continuum of care and suggest directions for future improvement, reforms, collaboration, integration, and coordination to create a more responsive, consistent, and coordinated effort to support DV victims and survivors. The more granular components of the study should include:
 - a. Describing and analyzing service interventions and responses provided by the domestic violence system and their efficacy; identify outcomes and benefits of services and interventions. Are programs client centered?
 - b. Assessing children’s access to programming and services that include needs assessment, counseling, therapeutic interventions, health care, education; level of coordination between MDCPS and shelters, service providers, and other components of the CCR, and evaluate specific impacts and efficacy of children’s programs.
 - c. Identifying how consumers/victims/survivors are involved in contributing to and evaluating programs. What is the feedback from survivors, and how is feedback addressed and used to improve the services and experiences for survivors? What are the survey instruments? Do clients understand their rights and what options for assistance are available?
 - d. Assessing trends in demographics of those serviced by the domestic violence continuum of care, both system wide and in individual programs and analyze for trends and barriers for accessing services. Assessing the cultural competency/sensitivity of existing programs, specifically for women, women of

² Wolfe, D., Jaffe, P. (1999). The Future of Children, Domestic Violence and Children, Emerging Strategies in the Prevention of Domestic Violence, Vol.9, No.3., p.133.

color, immigrants, and the LGBTQ population and other marginalized individuals; how can their cultural competence/sensitivity be improved?

- e. Performing a quantitative and qualitative assessment of the need for domestic violence centers and emergency shelters and services serving victims and survivors, to include projections over the next two decades. Assessing the victims' level of access to shelter and services; if there is no shelter available, what is offered to victims? Are these cases tracked/followed up? If so, how, and what does the tracking reveal? If not, why not?
- f. Providing recommendations for establishing a utilization analysis of all DV shelters and transitional programs that includes the number of victims turned away due to lack of space. The utilization analysis will help identify need for future construction of additional shelters and whether aging shelters should be retrofitted or replaced with a new shelter.
- g. Recommending a pathway for implementing a centralized database and management information system for domestic violence that provides regular reporting on the incidence of domestic violence and service outcomes to help quantify the extent of domestic violence, quantify the efficacy of domestic violence services, and guide policy and funding decisions.
- h. Identifying intersectional issues and collaborative strategies and opportunities between systems designed to enhance shelter services and strengthen our community wide response.
- i. Conduct an evaluation to assess the strengths, weaknesses, and opportunities for growth and enhancing the Family Justice Center Model of the Coordinated Victims Assistance Center.
- j. Examining the efficacy of the community's current efforts to hold abusers accountable and efficacy in helping abusers stop their violent behavior; to what degree is the community involved in public accountability and reducing cultural supports for battering. Determine whether those completing batterers' intervention programs have been involved in subsequent domestic violence incidents.
- k. Identifying pro-arrest or mandatory arrest policies; what is the follow up support and advocacy for victims; aggressive and prompt prosecution; is there active monitoring of offender compliance with probation conditions; how do law enforcement jurisdictions coordinate and share a vision for consistent appropriate law enforcement response to domestic violence.
- l. Determining the victim's level of access and ease in obtaining orders of protection and improving their enforcement.