

**VIOLENCE PREVENTION COLLABORATIVE  
LEADERSHIP COUNCIL MEETING**  
Thursday, February 13, 2014 at 1pm  
County Center  
601 East Kennedy Boulevard – 26<sup>th</sup> Floor  
Tampa, Florida 33601

**Leadership Council Members Present**

Kevin Beckner  
Frank Chillura  
Julianne Holt  
Michael Sinacore  
April Griffin  
Donna Luszczynski

**Leadership Alternates Present**

Holly East  
Alternate for Bill McDaniel  
Michael Bridenback  
Cindy Stuart  
Marie Marino  
John Newman

**Facilitators**

Dr. Herb Marlowe

**Collaborative Staff Present**

Robert Salmon

**Subcommittee Representatives Present**

Public Safety.....Daniel Jurman  
Faith Based.....Robert Blount  
Health Care.....Walter Niles  
Education.....Carlene Lemaster  
Community Based.....Dr. Carolyn Collins  
Communications.....Steve Hegarty  
Communications.....Nichole Hanscom  
Data.....Bob Sheehan  
Data.....John Chaffin

**Guests**

Glen Brown  
Mary Helen Farris

The Violence Prevention Collaborative Leadership Council Meeting was called to order by Commissioner Kevin Beckner at approximately 1:05 p.m. Commissioner Beckner welcomed attendees and led the group in the Pledge of Allegiance.

The January 9, 2014 Violence Prevention Collaborative Meeting Minutes were unanimously approved without any corrections, additions or deletions.

Commissioner Beckner explained that the collaborative was moving into the phase for implementation and creation of the strategic plan and it was time to “operationalize” the steering committee. He advised the Leadership Council is the group with authority to make and implement policy, while the subcommittee chairs represent the voice of the community; both groups are important for constructing the strategic plan. During this phase of the collaborative, the subcommittee will join the Leadership Council and together the groups will form a Steering Committee to discuss and refine portions of the strategic plan. The subcommittee chairs will have voting power on the Steering Committee; however, decisions and recommendations made at the Steering Committee level must still be approved by the Leadership Council. Once the plan is in place, the Leadership Council will be responsible for implementation of the plan. Starting at the next meeting, subcommittee chairs should remain for the entire meeting instead of leaving after subcommittee reports as has been the option for prior meetings.

Commissioner Beckner then explained that because the Collaborative has moved into a phase where decisions will be made, the County Attorney's office was present at today's meeting. Mary Helen Ferris, Hillsborough County Attorney's Office General Counsel, then gave an overview of "Sunshine Laws" regarding public meetings.

Herb Marlowe recapped the work completed between November and January, and discussed how future meetings will build on that work. Mr. Marlowe reviewed the topics for the upcoming meetings: other risk factors will be discussed in March and April; May will focus on prioritizing and refining strategies; the draft strategic plan will be released in June.

Mr. Marlowe presented an overview of the Mental Health Summit from the morning subcommittee meetings, which focused on risk factors of mental health and substance abuse. Two issues were discussed by subcommittees: improving mental health and substance abuse services, and coordination of resources among government sectors and schools. He advised of two issues for discussion by the Leadership Council: identify any local policies needed and discuss whether state or federal policies are needed.

Mr. Marlowe started the discussions by having subcommittee chairs present their reports from the morning meetings. Public Safety Subcommittee Chair Daniel Jurman explained that the Crisis Center and "211" are good resources that should be promoted, the technology should be expanded to make services more multilingual, and that service sites should be expanded to bring evidence-based practices to other areas of the county to help people who cannot get transportation to good sites. He also summarized the subcommittee members' discussions regarding the need to develop partnerships in order to provide long-term treatment and stabilization for families. There is a need to reduce wait times for treatment in order to speed up interactions. The subcommittee recognized a need for more adequate funding in this area.

Dr. Carolyn Collins, Community Based Subcommittee Chair, emphasized the need for early identification of mental health issues through education and a need for more education on resources available. She discussed the Pinellas model, where agencies have joint funding to provide certain services and encouraged the Collaborative to consider something similar.

Health Care Subcommittee Chair Walter Niles stressed the need to give attention to the case management system to be more "bottom up" and less "top down." There's a need to consider the individual you serve, not the agency from where you operate. Public health requires a full system, as opposed to "silos" of care. He gave an example of an Emergency Room doctor who makes a referral to a mental health center: the hospital and mental health center should coordinate services; in the current scheme, the hospital doctor never knows if there was actual follow up. He also discussed the need to globally improve the Baker Act system to increase the available placement options.

The representative for the Faith Based Subcommittee talked about the perception of "health care" versus "mental health care" within community; the community perception of those considered to have mental health issues means "crazy." This prevents people from taking advantage of services. There is a need to increase education and awareness of what mental health care is, and how it differs from "behavioral health." The subcommittee also discussed how faith-based services can invite the professional community inside to educate the faith community on mental health.

Mr. Marlowe asked the Leadership Council for comments on the matter of how “mental health” is defined. Commissioner Beckner discussed the stigma of mental health and how it keeps people from seeking help. On the topic of how to overcome stigma as barrier to seeking help, April Griffin suggested the Council look to corporate America and their use of Employee Assistance Programs to help employees with coping skills and conflict resolution; she suggested a need to come up with different phrasing to soften the stigma. Julianne Holt agreed there is a stigma and prejudice about seeking mental health services that needs to be overcome. Ms. Holt discussed that the cost of mental health treatment must be addressed. For the ordinary person, it is cost-prohibitive to seek treatment and maintain a medication cycle.

Regarding suggestions for early identification of mental health, Ms. Holt agreed that it is a laudable goal but urged that better analysis is needed. There is a corresponding negative side – labeling children early in life can also cause *criminogenic labeling*, where they are labeled as having criminal tendencies/traits/characteristics. If we then increase the amount and type of information that is shared as well as increase the size of the network with whom the information is shared, it becomes harder for the child to escape the “criminal label.” She urged that attention be paid to how issues are labeled before heading further in that direction. Annie Lyles agreed that criminalization of youth with mental health issues is a concern. She discussed the new trend toward “trauma-informed care” and explained how unresolved trauma can manifest to look like criminal behavior. There was group discussion of the need to talk in terms of prevention instead of intervention, address underlying issues instead of labels, and to increase positive interactions and labels as a way to affect outcomes. Commissioner Beckner discussed the shift in public thinking where the demands of public safety and public health must both be considered. Ms. Lyles advised that the public health approach has a best practice of “primary prevention,” which means teaching a caring approach for parents, avoiding school polices that worsen trauma, increasing social connections in neighborhoods, screening for childhood experiences, and adapting programs to ensure families can address adverse experiences.

Mr. Marlowe drew the discussion to the school board and any resources available there. Mr. Jurman suggested a need to empower school employees and parents to recognize signs for early intervention and the need for more global collaboration. There was discussion regarding a public relations campaign to de-stigmatize the issue for children and parents. There was also discussion of whether government agencies should pull out of being the direct provider of services and should instead consider funding private models that have been proven to work well. Neighborhood accountability boards and the faith community can be urged to get involved and can be used to promote the message.

Approaches need to be holistic – a system of coordinated care. There was discussion of a centralized system and electronic health record to ensure different agency systems could communicate and information could travel with a person; a centralized system would also help track the resources available and help match the right people with the right services. Ms. Griffin discussed the need to consider the Affordable Care Act (ACA) and the role it would play with the need for record keeping and data that would be available. It was suggested that the Leadership Council should consider the big picture strategy of identifying these types of needs, and then work with and support implementation by others who have more expertise in the area.

It was recommended that the group focus into thinking about primary prevention and the best ways to link to preventative services. Ms. Lyles discussed the concept that those most affected by violence are those most likely to not see a regular provider – many get emergency room or walk-in clinic care for injuries or illnesses; they don’t typically have regular primary care physicians. She also observed that

the primary provider of health care and mental health care for those most affected by violence is through the criminal justice system. Michael Bridenback explained how the lack of primary care and the provision of care through the criminal justice system reflects the need for a referral system. Law enforcement officers, teachers, and emergency room doctors are often a first point of contact, but those groups typically do not have the training or qualifications to treat and do not have an in-depth knowledge of the many resources available.

Ms. Holt said there is a need for the Leadership Council to identify the laws, rules, or regulations that need to be changed in order to allow us to have a central repository or traveling electronic health record and to *legally share* that information with the various players. There are big impediments to moving forward in this area. There was discussion of state statutes (Chapters 29, 393, 394, 397, and more) and federal laws (ACA, HIPPA, Medicaid) that concern funding sources, define powers, and provide limitations/barriers to information sharing. Ms. Lyles advised that there is a state that enacted a “Mental Health Services Act,” which dedicates funding for mental health and allows for information sharing of mental health data. Commissioner Beckner suggested creation of a policy group to identify laws that need to be changed or proposed, and a group to identify and suggest new funding streams to support the needed services. He asked each participating organization to come to the table with ideas for over-arching themes and long-term goals for success and also to identify laws, rules, and policies that are barriers to being successful in this area.

Mr. Marlowe advised that data would also be important in setting goals and developing a strategic plan. Ms. Lyles updated the group on work done by the Data Subcommittee. Eighteen data indicators have been identified based on the prior decisions regarding the most important pieces of data that will move the plan forward, data credibility, and information that is already available and in the public realm. In reviewing the data indicators presented by the subcommittee, Ms. Holt asked if the element of “child abuse” will include sexual abuse. Bob Sheehan explained that the subcommittee is still working on finding the definitions for all of the data and will have the definitions ready to share in March. Ms. Holt asked whether the wording of the indicators will need to change when Florida moves from FCAT testing to the new system of testing. The group discussed the issues related to how specific data elements may change overtime and the need to avoid comparing data that is no longer valid or comparable to new reporting. Commissioner Beckner agreed that as elements change, the group will have to revisit data points. Dr. Collins asked about definitions of high school graduation rates. There are twelve different types of diplomas, so it will be useful to know which ones were counted towards “graduation.” Mr. Sheehan explained the school information was provided by school system using the definitions they provided. He will have to look at the definitions and documentation that the schools provided with the data. Ms. Lyles explained the need to be overarching in the initial data scan at this point, and then ask the right questions and drill-down when it comes time to fine-tune the strategies.

Ms. Lyles recapped the phases completed thus far and provided a timeline for the work ahead. She advised that February’s summit was dedicated to mental health because it came up twice in different categories; it is obviously a big issue and concern for this area and is a priority for the Collaborative’s strategic plan. March and April will also be summits and brainstorming dedicated to risk and resilience factors. In May, the Steering Committee should start prioritizing issues, data and maps should be ready, and the results of the youth survey should be final. In June, the group will draft the plan and should be ready to adopt it in July. It was explained that all future agendas will have room for deep conversations about plan implementation and ownership.

Commissioner Beckner discussed the youth surveys and how they will be used to help focus strategies and recommendations for youth in the community. Holly East explained how the draft survey was developed and the steps taken to ensure the reliability of the survey instrument and the validity of the answers: questions came from a Harvard Risk & Resilience survey, a California Healthy Kids Survey, and a CDC Youth Risk Behavior Survey. There are no anticipated issues with reliability because the questions are based on surveys with credibility, and the sampling of students in grades 9-12 (or age 14-19) is sufficient. Responding to the survey on colored Scantron paper and using other identifiers will provide unique identifiers without compromising the survey instrument or anonymity. Ms. East advised that the survey cover letter was in-keeping with best practices for surveying children. Ms. East advised Ms. Holt, Mr. Bridenback, and Michael Sinacore have discussed how to get the survey to “at risk” kids. Ms. Holt explained assistant public defenders would give the survey to all clients aged 14-19 during the initial attorney interview. Ms. East also advised that the high schools would administer the survey, which will be given to all government/social studies classes: 1 class per grade; randomly selected. A telephone conference with April Griffin, Mary Ellen Elia, and other school representatives will be scheduled to allow Ms. Lyles and a colleague from the CDC to discuss school board concerns with the survey instrument (questions 53-58) as well as best practices for administering the survey. The group agreed to move forward with the survey based on the decisions made on the conference call.

Mr. Marlowe reminded the group that the March meeting would be held at the University Area Community Development Center on 22<sup>nd</sup> Street.

Ms. Holt advised she would be traveling extensively in March and April due to legislative session, and asked for conference call ability.

The meeting was adjourned at 3:15 p.m.

**VIOLENCE PREVENTION COLLABORATIVE  
SUBCOMMITTEE MEETING**

Thursday, February 13, 2014 at 10 a.m.  
County Center  
601 East Kennedy Boulevard – 26<sup>th</sup> Floor  
Tampa, Florida 33601

**Public Safety Subcommittee Members**

Judge Lisa Campbell  
Cpt. Susan Pruett  
Stephen Koch  
Cpt. Tracy Mishler  
Marvin Knight  
Daniel Jurman  
Joan Boles  
Patricia Waterman  
Douglas Covington

**Education Subcommittee Members**

Dr. Martha Coulter  
Ron Gale  
Carol Dell  
Sgt. Laura Regan  
Mark Hutek  
Dr. Kathleen Heide  
Yvette Boatwright

**Community Based Subcommittee Members**

Mindy Murphy  
Andrea Layne  
Ronald Govin  
Maj. Sankar Montoute  
Kelley Parris  
David Braughton  
Margaret Laing  
Dr. Carolyn Collins  
Lance Lansrud

**Faith Based Subcommittee Members**

Tonya Muhammad  
Maxine Woodside  
Robert Blount  
Maj. Curtis Flowers  
Rita Peters  
Pastor Ted Fielland  
Djamile Abdel-Jaleen

**Health Care Subcommittee Members**

Walter Niles  
Dr. Jason Wilson  
Joe Rutherford  
Frank Strom  
Joan Montagno  
Dr. Nichole Shiber  
Dr. Maria Russ  
Marie Marino  
Judge Espinosa  
Dr. Bryanna Fox

**Data Subcommittee Members**

Sally Sanders  
John Chaffin  
Angie Smith  
Kelly Kelly  
Jamie Robe  
Bob Sheehan  
Mark Hudson  
Jeff Eakins

**Communications Subcommittee Members**

Jeff Stidham  
Steve Hegarty  
Michael Dunn  
Mark Cox  
JD Calloway  
Nichole Hanscom

**Subcommittee Alternates Present**

Albert Selke (Public Safety)  
Glen Brown (Community Based)  
Glenn Sanchez (Communications)  
Crystal Pruitt (Communications)  
Eva P. (Health Care)  
Evangeline Best (Faith)  
Carlene Lemaster (Education)  
Tammy B. (Education)  
Laura E. (Education)  
Evangeline Best (Faith)

**VPC Staff Present**

Robert Salmon  
Holly East  
Herb Marlowe, Analytica

The Violence Prevention Collaborative Subcommittee Meeting was called to order at approximately 10:10 a.m. Herb Marlowe welcomed the members and then presented Public Defender Julianne Holt who also welcomed the members and thanked them for their engagement and participation.

There was a brief presentation regarding the “Sunshine Laws” and the considerations for public meetings.

Mr. Marlowe reviewed the agenda, explaining the subcommittee meetings would focus around the topics of mental health and substance abuse services:

1. How can local governments and school board enhance their mental health and substance abuse services?
2. How could we make an impact on improving mental health and substance abuse services?
3. What connections could be established or improved among various stakeholders in the County?

Mr. Marlowe advised the subcommittees would discuss these questions within each of the committees and each chairperson would share his/her respective committee’s thoughts and contribute to the larger group discussions. He advised the chairpersons or a designee would also attend the Leadership Council to share the subcommittee discussions with the Council.

The meeting was held in recess for subcommittee breakout sessions. The meeting reconvened to share the major points from their breakout discussions. The discussions are summarized below by question:

1. How can local governments and school board enhance their mental health and substance abuse services?
  - Education Subcommittee: Evaluate programs and provide feedback to programs regarding effectiveness; reallocate resources to programs that are effective.
  - Faith-Based Subcommittee: Recognize value of faith organizations to do this work.
  - Health Care Subcommittee: Use recommendations of Mental Health Task Force created by Commissioner Sandra Murman.
  - Public Safety/Judiciary Subcommittee: Reduce length of time to wait for services; consider whether government should outsource services to qualified providers rather than trying to provide the services itself.
2. How could we make an impact on improving mental health and substance abuse services?
  - Health Care Subcommittee: Address the lack of a dedicated funding stream, which can result in an incomplete continuum of care; focus on early identification, case management, and treatment; initiate prevention interventions in families to reduce adverse childhood experiences and exposure to violence by youth.
  - Public Safety/Judiciary Subcommittee: Promote the availability of “211”; consider whether the Tampa Bay Crisis Center models could be expanded with funding; address the inconsistencies between availability of health care for defendants in felony, misdemeanor, and juvenile courts; divert resources to the school system to assist with early identification and referral; use public relations and education to remove the stigma and branding of mental health issues.
  - Community Based Subcommittee: Empower teachers and other community partners to recognize mental health needs/issues; expand critical intervention training to improve management of issues; create an informational packet for families.
  - Education Subcommittee: Increase public awareness with respect to services that already exist for potential clients and service providers; develop an online system for available services; coordinate services for students that need help; consider including misdemeanor marijuana possession in Hillsborough County’s Civil Citation program.
  - Faith Based Subcommittee: Address funding issues; address legislation that would reduce liability issues and other legal limitations for faith-based organizations; define “mental health” so that it is easier for the layperson to identify, rather than reacting after an event occurs.
3. What connections could be established or improved among various stakeholders in the County?
  - Health Care Subcommittee: The “system” looks at individuals from the top-down based on available services; create an alternative model based on individual needs; remove the “silos” that prevent collaboration; create a “Case Navigator” that works with all stakeholders to find appropriate services and maximize limited community resources. (Comment: UACDC has pilot program in place.)
  - Public Safety/Judiciary Subcommittee: Consider the need for a coordinator; the 211 Resource Center could hire a specialist to coordinate mental health care countywide; educate providers about best ways to use services and providers.

- Faith Based Subcommittee: Collaborate to work through mental health issues and use faith traditions; improve education to identify mental health issues and bring in mental health experts to educate faith community; consider using unmarked cars so that law enforcement interaction with mental health issues reflect support, rather than crime.
- Community Based Subcommittee: All of the service providers collaborate to share resources; do a 211 “test drive” education campaign to demonstrate how it works and get teens “aging out” of care to experience how it works.
- Education Subcommittee: Collaborate to create a plan for the child’s release from detention, welfare system, Department of Juvenile Justice, etc. to solidify relationships and information sharing amongst stakeholders; use this collaborative model for other major life events.

The meeting adjourned at 12:00 p.m.