

Community Violence Prevention Collaborative



SUBCOMMITTEE AGENDA

March 13, 2014

10:00 A.M.

Summit #2: POSITIVE ATTACHMENTS AND RELATIONSHIPS IN FAMILIES

1. Status Review (PowerPoint)
2. Discussion:

Positive Attachments & Family Relationships

(Handouts #1, #2 and #3)
3. Large Group discussion (Handout #4)
4. Outreach (Handout #6)
5. Update: April Summits
6. Closing comments

Community Violence Prevention Collaborative



AGENDA

March 13, 2014

1:00 PM

LEADERSHIP COUNCIL and STEERING COMMITTEE MEETING

1. Welcome: Commissioner Beckner, Chair
2. Pledge of Allegiance
3. Approve minutes of February 13, 2014
4. Overview: Herb Marlowe
5. Subcommittees:
 - a. Report re: Summit #2
 - b. Continued Discussion: Policies and Laws (Handouts #5 & #7)
6. Consultant Update: Prevention Institute
 - a. Data Report
 - b. Implementation
7. Review: Herb Marlowe
8. Closing Questions and Comments
9. Leadership Council:
 - a. New Business
10. ADJOURN

**VIOLENCE PREVENTION COLLABORATIVE
LEADERSHIP COUNCIL MEETING**
Thursday, February 13, 2014 at 1pm
County Center
601 East Kennedy Boulevard – 26th 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 22nd 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 – 26th 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.

Handout 1: Committee Discussion Questions

Today our focus is on the resilience factor of positive attachments and relationships in families. Our goal is to better understand how we can strengthen preventive resources and activities (best practices, programs, services, collaborative efforts, etc.) that would strengthen this resilience factor. Keep in mind the strategies selected in the January workshop:

- Economic development, employment and job opportunities
- Successful re-entry
- Quality education and positive school climate
- Trauma informed care
- Family support services
- Supports for mental health and substance abuse treatment

We will identify early stage or upfront resources or activities that increase or strengthen the resilience factor of positive attachments and family relationships.

Please address questions 1 and 2 below:.

1. How could we make an impact on strengthening positive attachments and family relationships? What programs exist that are working? What is missing?
2. How could the local governments and the school board enhance their services that address positive attachments and family relationships?

While there are many activities which could be preventative, we ask that you focus on the activity(s) that you think would be of greatest benefit to the community at this time and that is truly an upfront activity. This may be an existing activity that needs to be enhanced or expanded or a new activity that needs to be developed. [Handout 2 has been developed by Prevention Institute as a resource for your discussion.]

You will have approximately 30 minutes for this discussion in your committee, then a large group discussion of each question for approximately 45 minutes. As you report the resources or activity(s) you believe would be most important, we ask that you share the reason for your selection. We want to know both what you would do and why.

Please be succinct in your comments, have the recorder in your group complete Handouts 3-6 and **return to Robert Salmon.**

HANDOUT #2

Positive Attachments and Relationships in Families

Background on a prioritized resilience factor
Prepared for Hillsborough County

- The parental or caregiver relationship has been identified as an extremely important protective factor in preventing delinquency in high-risk youth.
- The word *attachment* is used in the field of child development to describe a specific aspect of the relationship between a caregiver and child through which the child is provided a ‘safe base’ from which to explore and, when necessary, to seek safety and protection.
- Positive attachment and healthy relationships don’t occur in a vacuum. Healthy institutional and community environments not only provide safe spaces, but also foster social and emotional learning and beneficial relationships among youth and adult role models.

ATTACHMENT AND EARLY CHILDHOOD DEVELOPMENT

- Children who are cared for by encouraging and affectionate adults who are able to attend to their needs are known to have significantly better cognitive and language skills, as well as positive social and emotional development, compared to their peer counterparts without such relationships. Research indicates that secure attachments early in life have a positive influence on healthy development as children grow older. Additionally, positive attachments have shown to impact young people’s experiences in social situations and support academic achievement.
- Research shows that for both infants and children, healthy attachment to a primary caregiver is a protective factor against social and emotional maladjustment.

ROLE OF FAMILY

- Families are a cornerstone in the community and the place in which many values, beliefs, and norms are learned and passed on. Families are expected to be safe and nurturing places, and family members need appropriate skills and support in order to achieve this.
- The Centers for Disease Control and Prevention’s list of family-level risk factors for youth violence includes: authoritarian child-rearing attitudes; harsh, lax or inconsistent disciplinary practices; low parental involvement; low emotional attachment to parents or caregivers; parental substance abuse or criminality; poor family functioning; and poor monitoring and supervision of children.
- Exposure to family violence perpetrated by a caregiver or trusted adult leaves young people with a sense of loss of trust, security and control, which can severely impact one’s ability to build trusting relationships in the future. Additionally, violence within the home has been noted as a risk factor for perpetrating violence in the future.

Family is a critical component in almost all ethnic groups and health behaviors are greatly impacted by family beliefs, values, and actions. And, if prevention is about starting early, it means starting young and that means family has to be the center.

-Mareasa R. Isaacs, Ph.D., Howard University

ENVIRONMENTS AND SYSTEMS IMPACT FAMILIES

Access to peers, skills-building, support, and community resources enhance the ability of all caregivers to establish nurturing relationships with their children and foster social-emotional development. A community-level approach can create a system designed to enable caregivers to dramatically increase their children’s self-esteem, self-discipline, social competency, and reduce a child’s propensity for violence in

later life. Raising children is hard work, and everyone stands to benefit from prevention strategies that support families.

SAMPLE ACTIVITIES

- *Parenting skills:* Integrate parenting skills and child development classes into pre- and post-natal healthcare and other settings for parents. Offer universal classes to parents and other caregivers on developmental milestones and culturally appropriate, effective parenting practices to support a nurturing, safe, structured environment for children and youth, including the ability to recognize risk factors and to know what to do and where to get help.
- *Peer support for parents:* Establish drop-in Parent Centers where parents who may be isolated during the day can connect with other parents and community services through service projects, literacy or other adult education classes and support groups. Foster community connectedness by sponsoring social activities in areas with the highest concentration of caseloads and community violence. Activities would foster trust, build skills, and bring residents together.
- *Celebrate role models:* Highlight the contributions of existing community role models and natural mentors to emphasize understanding in the community about the importance of adult relationships to youth and provide model relationships.
- *Nurture parent-school relationships:* Enhance adult involvement and presence on school campuses, through opportunities for parental/caregiver participation in school day activities.
- *Expand opportunities for economic stability:* Advocate for policies that ensure parents can earn a living wage and have access to employment. Support business development districts and other community-level efforts that increase economic growth and sustainability.
- *Employer practices:* Promote work-life balance for all employees and institute family-friendly policies such as flexible work hours, compressed work weeks, telecommuting, on-site childcare, paid parental and medical leave, and family health insurance in all workplaces.
- *Maternity and paternity leave:* Advocate for adequate post-partum maternity and paternity leave to allow for parent-infant bonding in the earliest stages of life.
- *Family support:* Provide case management, family support and coordinated service provisions to support families in highly-impacted neighborhoods. Expand support services for new parents and families, so parenting classes and home visitation programs become community-wide affairs, emphasizing community connections and support.
- *Trauma-informed services:* Provide trauma-informed services to both parents and children who may have been exposed to violence. For parents, such services should be provided to support their capacity to provide their children with emotional security and to support their healthy development. Ensure that all sectors understand the impact of trauma at the individual, family and community level, and help them to integrate this understanding into their own policies and practices.
- *School-based family support:* Develop school-based support systems including coordinated cross-sector diagnostic systems and practices for identifying and supporting families and youth at risk. Include home visitation, integrated, comprehensive case management, mental health and substance abuse services, and bilingual services.
- *Reentry:* Create more viable connections between communities and those inside detention facilities, provide incentives for hiring formerly incarcerated employees, and support transition from detention to the community through mental health services, substance abuse treatment, job training and employment services, and supports for family members.

SAMPLE ACTIVITIES FROM RECENT COMPREHENSIVE PLANS TO PREVENT COMMUNITY VIOLENCE

IN MINNEAPOLIS

In Minneapolis's *Blueprint for Action to Prevent Youth Violence* several strategies for achieving the objective of "Promoting the health and well-being of youth and their families" are outlined. These activities highlight promising approaches for supporting child-caregiver relationships within families.

- School-based clinics will provide information and services for mental health. Mental health providers remind parents and students of available services at parent-teacher conferences and open houses and give presentations to ninth graders and in health classes.
- Provide home visiting, early childhood development, and parent education to families, including families that are at risk, isolated, trauma-afflicted, or otherwise vulnerable.
- Provide one-stop information and referrals for a wide array of services including: developmental disabilities and children's mental health; cash, food, and financial assistance; health care assistance; child protection services; and health screenings and preventive care.
- Support parents and families through whole-family wraparound, engagement and alignment with supportive family coaches. Supports include housing stabilization and health and behavioral wellness services.
- Provide Connecting Parents to Educational Opportunities, a seven-week curriculum-based program designed for parents that brings schools, parents and community together as equal partners in the education of students.
- The health department will contract with community-based organizations to develop and implement culturally specific parent education programs for parents/caretakers of teens.
- The health department will partner with Temporary Assistance to Needy Families (TANF) Teen Program to align resources and coordinate services by incorporating public health home visiting for adolescent parents enrolled in TANF.

IN OXNARD

Oxnard, California's violence prevention Blueprint identified meaningful one-on-one relationships between youth and adults and the capacity of families to provide supportive home environments for young people as two objectives for its violence prevention efforts. The Blueprint identified the following strategies for achieving these objectives:

- Foster understanding in the community about the importance of adult relationships to children and provide model relationships.
- Integrate parenting skills and child development classes into pre- and post-natal healthcare and other settings for parents.
- Encourage groups such as churches and local businesses to adopt a school or structured afterschool program.
- Infuse fatherhood and male responsibility programs into peer settings with men and boys.
- Foster an understanding of healthy childhood development, developmental stages, and child-rearing practices through establishing parenting skills training for parents in highly-impacted areas.
- Establish affordable community-based childcare options for working parents.
- Establish a support system for families, including multi-generational gang families, which allows for affordable activities for all family members and provides meaningful alternatives to gangs.

Citations available upon request

Handout #3

<p><i>Please write on back if you need to do so.</i></p>	<p>Your Committee Name: _____</p> <p>Recorder's Name and Contact Info: _____</p>
<p>Question</p>	<p>Committee Response (Please write legibly)</p>
<p>1. How could we make an impact on improving positive attachment and family relationships? What programs exist that are working? What is missing?</p>	
<p>2. How could the local governments and school board enhance their positive attachment and family relationship services?</p>	

RETURN TO: ROBERT SALMON

Handout #4
Coordination of Resources and Community Connectedness

Large Group Discussion:

1. How could positive attachment and family relationship efforts and services be better coordinated in the County?
2. What connections could be established or improved among various stakeholders in the County?

Recommendations & Rationale:

When presenting your idea(s) please explain the rationale for your choice(s).

Note Taker Name: _____

Note Taker Contact Info (phone or email): _____

RETURN TO ROBERT SALMON

Handout #5: STEERING COMMITTEE

<p><i>Please write on back if you need to do so.</i></p>	<p>Your Committee Name: STEERING COMMITTEE</p> <p>Recorder's Name and Contact Info:</p> <hr/>
<p align="center">Question</p>	<p align="center">Committee Response (Please write legibly)</p>
<p>1. Is there a local policy we need or should change that would improve positive attachment and family relationship building efforts in Hillsborough County?</p>	
<p>2. Is there a state or federal policy the Leadership Council should advocate for developing or changing that would strengthen positive attachment and family relationship building efforts?</p>	

RETURN TO: ROBERT SALMON

**Handout #6:
Email contact list**

In February we asked for email addresses of those persons you believe should be informed. We are providing a second opportunity to add names to that list.

1. Please list below the name and email address of those you would like to receive the summary and comment on it. (NOTE: We do not have the resources to research email addresses so there will be no follow up on those for whom only a name is given.)

Name	Email address

2. Within 5 days of submitting this information, please send an email from you with a message somewhat like the one provided below:

Dear

I have submitted your name and email address to the Violence Prevention Collaborative on which I serve.

We are developing a strategic plan to reduce community violence in Hillsborough County and because of your (community involvement/professional expertise/interest/....) I believe your perspective on our work would be helpful. You will receive a status document on a recent Summit that address strategies via email. You can provide written comments if you wish to the email address or call me to provide your perspective. Thank you for your contribution in advance to this important work.

Please keep an eye out for messages from the Collaborative and either Email or FAX your written comments to:

ROBERT SALMON, Special Projects Coordinator
FAX: 813- 276-8445
eMail: salmonr@hillsboroughcounty.org

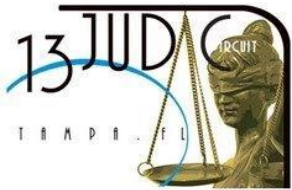
Handout #7: Continued development of policy options

In February the following policy topics were identified as options. We will discuss further and prioritize in May. Please add ideas to this list as your discussions unfold.

- Establishment of a task force to identify information sharing needs and policy issues that place barriers on that sharing.
- Experiment with program alternatives. One program mentioned illustrated how alternative programs could result in cost savings. The policy issue is whether there should be systematic exploration of such options.
- Mental illness stigma. The phenomenon of stigma was identified as a barrier to seeking services. The policy question is whether systematic and sustained proactive efforts to address this issue should be established in the community.
- Crime and mental illness. The policy issue is whether there should be a stronger balancing of “tough on crime” policies with policies that recognize that law enforcement solutions to mental illness are insufficient.
- Dedicated funding sources. The policy issue is whether dedicated local funding streams should be explored for mental health and substance abuse services.

Community Violence Prevention Collaborative

**Summit #2:
Positive Attachments and Family
Relationships
March 13, 2014**



**Office of the State Attorney
13th Judicial Circuit
Hillsborough County**



Today's Agenda Builds Upon Prior Work

November 2013 – Prioritized 5 Risk and Resilience factors

1. Mental Illness and Substance Abuse
2. Positive attachments and relationships in families
3. Neighborhood deterioration
4. Coordination of resources
5. Community Connectedness

January 2014 – Prioritized Strategies to Address Risk and Resilience factors

1. Economic development, employment and job opportunities
2. Successful re-entry
3. Quality education and positive school climate
4. Trauma informed care
5. Family support services
6. Supports for mental health and substance abuse treatment

Today's Agenda Builds Upon Prior Work

February 2014 – Mental Health and Substance Abuse Summit

Today's Agenda Leads to Future Work

- **April 2014– Summit #3:
Neighborhood Deterioration**
 - Explore ways to reduce the risk factor of neighborhood deterioration
 - Discussion of how resources can be better coordinated
- **May 2014 – Refine and Prioritize Strategies**
- **June 2014 – Draft Strategic Plan**

Strengthening Positive Attachments and Family Relationships

- **Identify resources (activities, programs, services, collaborative efforts, etc.) that support the strategies selected in the January meeting:**
 - ✓ Economic development, employment and job opportunities
 - ✓ Successful re-entry
 - ✓ Quality education and positive school climate
 - ✓ Trauma informed care
 - ✓ Family support services
 - ✓ Supports for mental health and substance abuse treatment
- **Identify ways to better coordinate service providers and community resources to strengthen this resiliency factor**
- **Identify ways public institutions (local governments, school district, criminal justice agencies, CBHC) can work together to strengthen this resiliency factor**

Today's Format: Subcommittees

Subcommittee discussion:

Improving Positive Attachment and Family Relationship Supports and Services

1. Keeping in mind prioritized strategies,
 - a. Identify existing programs that work
 - b. Identify programs we need to add
 - c. How can local governments and the school system provide supports and services that enhance positive attachments and family relationships?

Large group discussion:

Coordination of Resources and Community Connectedness

1. How can we better coordinate supports and services that enhance positive attachments and family relationships in the County?
2. What connections can be established or improved among various stakeholders in the County?

Today's Format: Steering Committee

- 1. Is there a local policy we need to add or amend to provide support and services that enhance positive attachments and family relationships in Hillsborough County?**
- 2. Is there a state or federal policy the Leadership Council could propose or amend to provide support and services that strengthen positive attachments and family relationships?**

QUESTIONS AND COMMENTS



DATA INDICATORS

INDICATOR	YEAR	SOURCE	DATA	DATA2	DATA3	QUESTIONS/COMMENTS:
1. Gang Related Crime	2012	HCSO	643 arrests (+37.98%)			Data drawn from HCSO arrests marking gang activity and TPD incident reports indicating gang activity. PI recommends that this data be reported separately.
		TPD	930 incidents (-7.96%)			
2. Violent Crime	2012	FDLE	4570 (-1.3%)			FBI Part 1 Index Crimes
3. Child Abuse (total reports)	2012	SO	2434 verified	3837 indicated	4008 No Indication	Includes all 20 factors from the DCF Maltreatment Index and is drawn from HCSO Child Protective Investigation Division Sheltered Children for physical abuse cases, including sexual battery. PI recommends using both verified and indicated cases.
			2713 Verified Cases			Summary data from Child Protective Services reflects initial removal of child from home due to evidence of abuse.
4. Domestic Violence	2010-13	HCSO SAO	14,230 (verified arrest data)			DV Statistics were drawn from the "charge books (codes)" maintained by SAO and HCSO, and reflect arrests for crimes with DV component.
5. High School State Assessment Score	2013	HCSB	Grade 9: 51% FCAT Reading Grade10: 52% FCAT Reading	High School: FCAT 70% Writing		FCAT Scores are not averaged. Grade 11, 12 do not take state assessments. Both FCAT and end-of-course scores affect school grade. PI recommends that we utilize all: FCAT, SAT and EOC
	2012	HCSB	Grade 9: 62 nd Percentile - SAT Reading Grade 10: 66 th Percentile - SAT Reading	EOC Math: 66% EOC Science: 65%		
6. High School Truancy	2012-13	HCSB	3.7%			Definition of Truancy: At least 30 days unexcused in a 180 day period.
7. Middle School State Assessment Score	2013	HCSB	Grade 6: 55% FCAT Reading Grade 7: 51% FCAT Reading Grade 8: 51% FCAT Reading	Grade 6: 51% FCAT Math Grade 7: 54% FCAT Math Grade 8: 53% FCAT Math	Middle School FCAT Writing: 66.5%	FCAT Scores are not averaged. Both FCAT and end-of-course scores affect school grade.
8. Middle School Truancy	2012-13	HCSB	1.6%			Definition of Truancy: At least 30 days unexcused in 180 day period.
9. High School Grad Rate	2011-12	HCSB	72.6%	Standard Diploma		Special diplomas and GED's do not count in the graduation rate.
	2010-11	HCSB	84.3% National Governors Assoc.	Includes special diplomas and GED		Special diplomas and GED's do count in the graduation rate. PI recommends using the "overarching" definition of graduation.
10. Government Allocations to Non- Profits		Hills. County	Pending			
		Municipalities	Pending			
		Constitutionals	Pending			

DATA INDICATORS

11. % High School Teachers Fully Credentialed	2012-13	HCSB	93.47% teaching in subject area on certificate = highly qualified	100% have <i>educator's certificate</i> , but sign agreement to take coursework necessary to become highly qualified		Fully credentialed indicates a valid Florida Teaching Certificate.
12. % Middle School Teachers Fully Credentialed	2012-13	HCSB	96.77% teaching in subject area on certificate = highly qualified	100% have <i>educator's certificate</i> , but sign agreement to take coursework necessary to become highly qualified.		Fully credentialed indicates a valid Florida Teaching Certificate.
13. % Active Voting Population	2012	Supervisor of Elections	73% of <u>registered</u> voters participated in 2012 election	58% of <u>eligible</u> voters participated in 2012 election		Active Voting Population is defined by Data Committee as registered voters that participated in 2012 election. Both active and eligible voters are reported for purposes of discussion.
14. % of Families in Poverty	2011	US Census	12.4% Family income below poverty level in the past 12 months			Based on 2012 American Community Survey 5 year estimate: http://factfinder2.census.gov/bkmk/table/1.0/en/ACS/12_5YR/B17010/0500000US12057
15. % Unemployment	2013	Bureau of Labor Statistics	8.5%			Based on 2012 American Community Survey 5 year estimate: http://factfinder2.census.gov/bkmk/table/1.0/en/ACS/12_5YR/S2301/0500000US12057
	2012	US Census	10.7%	32.9% of civilian labor force not participating in employment. Civilian Labor Force = age 16 or older.	28.9% 16-19 years of age	
16. % Single Parent Families	2013	US Census	17% Single householder with own children under 18	3.8% male head of household	13.2% female head of household	Based on 2012 American Community Survey 5 year estimate http://factfinder2.census.gov/bkmk/table/1.0/en/ACS/12_5YR/B11003/0500000US12057
17. % High School Students scoring below Level III on FCAT reading scale	2012-13	HCSB	9 th Grade: 49% 10 th Grade: 48%			11th/ 12th grade do not take assessments. May also be reported with grade levels combined.
18. % Middle School Students scoring below Level III on FCAT reading scale	2012-13	HCSB	6 th Grade: 45% 7 th Grade: 49% 8 th Grade: 49%			May also be reported with grade levels combined.

DEFINITIONS

Active Voting Population – Hillsborough County Supervisor of Elections

Registered voters participating in an election during time period.

Census Bureau Data

US Census from the 2008-2012 American Community Survey 5-Year Estimates, released December 17, 2013.

Child Abuse (Statute Definition)

F.S. 827.03 Abuse, aggravated abuse, and neglect of a child; penalties.—

(1) DEFINITIONS.—As used in this section, the term:

(a) “Aggravated child abuse” occurs when a person:

1. Commits aggravated battery on a child;
2. Willfully tortures, maliciously punishes, or willfully and unlawfully cages a child; or
3. Knowingly or willfully abuses a child and in so doing causes great bodily harm, permanent disability, or permanent disfigurement to the child.

(b) “Child abuse” means:

1. Intentional infliction of physical or mental injury upon a child;
2. An intentional act that could reasonably be expected to result in physical or mental injury to a child; or
3. Active encouragement of any person to commit an act that results or could reasonably be expected to result in physical or mental injury to a child.

Domestic Violence (Statute Definition)

F.S.741.28 Domestic violence; definitions.—As used in ss. 741.28-741.31:

(1) “Department” means the Florida Department of Law Enforcement.

(2) “Domestic violence” means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.

(3) “Family or household member” means spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and persons who are parents of a child in common regardless of whether they have been married. With the exception of persons who have a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.

(4) “Law enforcement officer” means any person who is elected, appointed, or employed by any municipality or the state or any political subdivision thereof who meets the minimum qualifications established in s. 943.13 and is certified as a law enforcement officer under s. 943.1395.

DEFINITIONS

End of Class (EOC) Assessments – Florida Department of Education

The Florida EOC Assessments are part of Florida's Next Generation Strategic Plan for the purpose of increasing student achievement and improving college and career readiness. EOC assessments are computer-based, criterion-referenced assessments that measure the Next Generation Sunshine State Standards for specific courses, as outlined in their course descriptions. The first assessment to begin the transition to end-of-course testing in Florida was the 2011 Algebra 1 EOC Assessment. Biology 1 and Geometry EOC Assessments were administered for the first time in spring 2012, and the U.S. History EOC Assessment was administered for the first time in spring 2013. The Civics EOC Assessment will be administered for the first time in spring 2014. Achievement Levels for the Algebra 1, Biology 1, and Geometry EOC Assessments were established through a standard-setting process. This process will be followed again for the U.S. History and Civics EOC Assessments.

FCAT Assessment - Florida Department of Education

The FCAT 2.0 measures student achievement of the Next Generation Sunshine State Standards in reading, mathematics, science, and writing. New Achievement Levels for FCAT 2.0 Reading and Mathematics were approved in 2011 and for FCAT 2.0 Science in 2012 through a standard-setting process.

Fully Credentialed Teacher – Hillsborough County School System

Valid Florida Teaching Certificate

Gang Activity (Statute Definition)

F.S. 874.03 Definitions.-As used in this chapter:

- (1) "Criminal gang" means a formal or informal ongoing organization, association, or group that has as one of its primary activities the commission of criminal or delinquent acts, and that consists of three or more persons who have a common name or common identifying signs, colors, or symbols, including, but not limited to, terrorist organizations and hate groups.
 - a) As used in this subsection, "ongoing" means that the organization was in existence during the time period charged in a petition, information, indictment, or action for civil injunctive relief.
 - b) As used in this subsection, "primary activities" means that a criminal gang spends a substantial amount of time engaged in such activity, although such activity need not be the only, or even the most important, activity in which the criminal gang engages.
- (2) "Criminal gang associate" means a person who:
 - a) Admits to criminal gang association; or
 - b) Meets any single defining criterion for criminal gang membership described in subsection.
- (3) "Criminal gang member" is a person who meets two or more of the following criteria:
 - a) Admits to criminal gang membership.

DEFINITIONS

- b) Is identified as a criminal gang member by a parent or guardian.
 - c) Is identified as a criminal gang member by a documented reliable informant.
 - d) Adopts the style of dress of a criminal gang.
 - e) Adopts the use of a hand sign identified as used by a criminal gang.
 - f) Has a tattoo identified as used by a criminal gang.
 - g) Associates with one or more known criminal gang members.
 - h) Is identified as a criminal gang member by an informant of previously untested reliability and such identification is corroborated by independent information.
 - i) Is identified as a criminal gang member by physical evidence.
 - j) Has been observed in the company of one or more known criminal gang members four or more times. Observation in a custodial setting requires a willful association. It is the intent of the Legislature to allow this criterion to be used to identify gang members who recruit and organize in jails, prisons, and other detention settings.
 - k) Has authored any communication indicating responsibility for the commission of any crime by the criminal gang.
- (4) "Criminal gang-related activity" means:
- a) An activity committed with the intent to benefit, promote, or further the interests of a criminal gang, or for the purposes of increasing a person's own standing or position within a criminal gang;
 - b) An activity in which the participants are identified as criminal gang members or criminal gang associates acting individually or collectively to further any criminal purpose of a criminal gang;
 - c) An activity that is identified as criminal gang activity by a documented reliable informant; or
 - d) An activity that is identified as criminal gang activity by an informant of previously untested reliability and such identification is corroborated by independent information.

Graduation Rates – Hillsborough County School System

Does not include GED or special diplomas.

Graduation Rates – National Governors Association

Includes GED and special diplomas

School Truancy – Hillsborough County School System

Thirty (30) unexcused absences in a One Hundred Eighty (180) day period.

Violent Crime

The FBI Uniform Crime Reporting (UCR) Program collects data about **Part I** offenses in order to measure the level and scope of crime occurring throughout the Nation. The Program's founders chose these offenses because they are serious crimes, they occur with regularity in all areas of the country, and they are likely to be reported to police. The **Part I** offenses are:

DEFINITIONS

Criminal homicide -

a.) Murder and non-negligent manslaughter: the willful (non-negligent) killing of one human being by another. Deaths caused by negligence, attempts to kill, assaults to kill, suicides, and accidental deaths are excluded. The Program classifies justifiable homicides separately and limits the definition to:

- (1) the killing of a felon by a law enforcement officer in the line of duty; or
- (2) the killing of a felon, during the commission of a felony, by a private citizen.

b.) Manslaughter by negligence: the killing of another person through gross negligence. Traffic fatalities are excluded.

Forcible rape - The carnal knowledge of a female forcibly and against her will. Rapes by force and attempts or assaults to rape, regardless of the age of the victim, are included. Statutory offenses (no force used —victim under age of consent) are excluded.

Robbery - The taking or attempted taking of anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear.

Aggravated assault - An unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. This type of assault usually is accompanied by the use of a weapon or by means likely to produce death or great bodily harm. Simple assaults are excluded.

Burglary (breaking or entering) - The unlawful entry of a structure to commit a felony or a theft. Attempted forcible entry is included.

Larceny-theft (except motor vehicle theft) - The unlawful taking, carrying, leading, or riding away of property from the possession or constructive possession of another. Examples are thefts of bicycles or automobile accessories, shoplifting, pocket-picking, or the stealing of any property or article that is not taken by force and violence or by fraud. Attempted larcenies are included. Embezzlement, confidence games, forgery, worthless checks, etc., are excluded.

Motor vehicle theft - The theft or attempted theft of a motor vehicle. A motor vehicle is self-propelled and runs on land surface and not on rails. Motorboats, construction equipment, airplanes, and farming equipment are specifically excluded from this category.

Arson - Any willful or malicious burning or attempt to burn, with or without intent to defraud, a dwelling house, public building, motor vehicle or aircraft, personal property of another, etc.



18 DATA INDICATORS

SAFETY

- Gang Related Crime
- Violent Crime
- Child Abuse

SCHOOL

- High School State Assessment Score*
- High School Truancy
- Middle School State Assessment Score*
- Middle School Truancy
- High School Graduation Rate

PROTECTIVE FACTORS

- Govt Allocations to Non-Profits for Youth Violence Prevention
- % High School Teachers Fully Credentialed
- % Middle School Teachers Fully Credentialed
- % Active Voting Population

RISK FACTORS

- % Families in Poverty
- % Unemployment
- % Single Parent Families
- % High School Students scoring below Level III on Florida Comprehensive Assessment Test (FCAT) reading scale
- % Middle School Students Scoring below Level III on FCAT reading scale

***State assessment scores include FCAT, FCAT 2.0, end-of-course assessments (EOCs), and Florida Alternate Assessment (FAA) scores**