



May 1, 2013 10:15 @CBC Service Center
Seminole Children's Cabinet Community Focus Subcommittee

Attendees: ***Felipe Sanchez, Muriel Jones, Rebekah Nussbaumer, Jennifer Sheffield, Nakisha Wynn, Crystal Lilly, Dana Giblock, Judy Creel, Norin Dollard, Marianne Mancone, Jose Reyes, Sharon Graham, Debbie Owens, Tracy Pellegrino, Coleen Heyligar, Shari Broderick, Tricia Teal***

Start: **10:15 am** End: **11:40 am**

Statewide Child Abuse Prevention Plan (CAPP) call:

-**Local Planning Team** Conference Calls: 2nd Tuesday of every month, 9:30 AM – 11:00 AM , 1-888-808-6959, Conference Call Code: 974-0746#

-family friendly activities can be listed on the Ounce of Prevention's website throughout the year at : http://www.ounce.org/CAP_local_event.html

Statewide Children's week call:

1-605-475-5950 Passcode: 90907#

Five Year Plan:

Resourcepoint: reconciliation project

April, Child Abuse Prevention Month:

-Debrief April Activities: what worked? What didn't? what should cabinet due to support better next year?

- ***Suggestion was made that next year Child Abuse Prevention Proclamations be made for the cities and county. Question whether or not there was any made by any one this year.***
- ***Felipe suggested that there be more publicity the month prior.***
- ***Rebekah suggested that we get schools involved and get the information out to all parents this way.***
- ***Debbie and others heard the KIA commercials stating April is child abuse prevention month and if they meet their goal they will donate \$10,000 to Kids House. Committee discussed getting other dealerships involved next year and make it a competition.***
- ***Keep website updated***
- ***Charge cabinet members to do an activity for Child abuse prevention month and report out***



-link to Ounce of Prevention site http://www.ounce.org/CAP_local_event.html

Five Protective Factors Trainings:

Adoption Promotion: ***Tracy reported that Seminole county met their adoption goal for July to June 2013 of 38 placements!***

Adoption Support:

Domestic Violence Awareness:

-Have confirmed Safehouse coming to speak at our August meeting. (Check on larger room)

Substance Abuse Awareness:

-any updates?

Debbie reported that the Pitch Your Pill Campaign has collected 858 pounds of medications as of April compared to the 601 pounds as of last September! There are locked drop off boxes all over the county. Only sworn law officers are allowed to collect the drugs. No sharpies are allowed. Dana Suggested that it could be advertised on NPR: Growing Bolder with Bill Schaffer.

System of Care Grant:

--Community Survey:

-updates? ***No Updates***

-Service Delivery/ Service Delivery Gaps:

-Status of contracts for Respite Care

Tracy Reported that FACT has a contract with Friends of Children and Families for respite care for families with children 6 years old and up. A team of 2 will go to the home for up to 3 hours at a time, max 10 hours a week, hours are 6 am to 10 pm. There is no cost to the family.

-Status of treatment for Juvenile Sex offenders

Have a contract out for Dr. Lott to do supervision.

-Case Review: analyze for wraparound principles

Shari Broderick reviewed one of her cases involving a referral in June 2012 from child welfare of a 17 year old who had been arrested, was misusing drugs and not attending school.



1. Family driven, youth guided: Family and youth are guiding the process. Services are based on family goals and concerns. Meetings are scheduled at convenience of the family as to when and where.

2. Team Based: Youth was living with mother and sister. Team does not just consist of those attending meetings, team members can contribute by telephone, email, etc. Team is based on family voice and choice and did consist of mother, youth and care coordinator but now mother has left area and set up son with a place to live, car and food for 3 months. Current team is youth and care coordinator and youth has agreed to add the therapist to the team. Also Considering a peer mentor.

3. Natural Supports: Youth has not invited any. He does have a girlfriend who he does not want on the team. Discussions continue about future supports available.

4. Collaboration: With probation officer and therapist. Therapist is charging a reduced rate and providing in-kind. Youth lost Medicaid when turned 18.

5. Community Based: Helped him with Seminole State College by providing bus passes so he could attend and get his High School Diploma. Connected him with a good and fair mechanic. Has pre-paid college plan from deceased father and is enrolling for college classes at SSC. DJJ sanctions included community service. Has applied for food stamps and Medicaid.

6. Cultural Competence: His age, needs and approach to life are respected. Texting is an important communication method for him. Coordinator is comfortable with conversations that are what 18 years old may want to share. Coordinator brings lunch sometimes to meetings as he is regularly hungry because he is an 18 year old male.

7. Individualized: Flexible on scheduling, everything is based on family needs and choices. Was given gas cards. In therapy. Given a lock box for prescribed medications when he lived with mom. Currently he is without medications but there is a plan in place to address this need and that he will meet with care coordinator and therapist for pill counts. Created budget with him and developed a new safety plan now that he is on his own. Meet with him at his convenience, care coordinator brings lunch and communicates often by texting.

8. Strength Based: Always work from a positive point of view. Points out youth's accomplishments and encourages him that he can continue to achieve his goals. Youth identifies himself as a hard worker, smart and charming and coordinator reinforces his self concept.

9. Persistence: Case began in 2012, and they have worked through arrest, sanctions, drug abuse, mother's hospitalization and moving out of state, multiple jobs and residences, and another arrest. Change takes time and there may be relapses. 1st phone call after arrest



was to care coordinator asking her to be with him at court appearance. As long as client stays engaged, we will continue to help. (6 to 18 months typical time frame for wrap around)

10. Outcome Based:

- **Completed high school and got diploma,**
- **Kept family together until child turned 18**
- **Not in residential**
- **Working on relationship with mother**
- **Completed probation sanctions**
- **Living independently with help from wrap around**
- **Realizes that he does need his medications**

-Community Youth Mapping:

-updates? **Norin stated that a summary report is going out for review.**

Technical Assistance Needs: Out of time to address

What are some ideas for training? Technical assistance? What are the needs?

Announcements/ Comments:

May 11th: Youth Move walk

May 9th: Alive after 5

10 Principles of Wraparound

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|---------------------------|--------------------------|
| 1.) Family Voice & Choice | 6.) Culturally Competent |
| 2.) Team- based | 7.) Individualized |
| 3.) Natural Supports | 8.) Strengths-based |
| 4.) Collaboration | 9.) Persistence |
| 5.) Community-based | 10.) Outcome-based |



-What have you/ your agency done this month to support the guiding principles?

Dana stated that she spoke with Heather about discussing ways to engage the cabinet. Committee suggested that it not be at the end of the meetings but before or during to possibly ask for members to complete a card about what they have done for (topic of choice for that month) and then post it.

Cabinet Values

To establish and insure values based on the belief that every child and family has the right to be safe, healthy, educated, and employable. Those values/responsibilities are, but are not limited to:

- a. Work and interact with integrity
- b. Be culturally aware and sensitive
- c. Promote family focused intervention options
- d. Encourage children and families to communicate their needs and desires in shaping policy and are heard
- e. Address child and family needs upon request
- f. Focus on evidenced based practices
- g. Integrate services
- h. Participate as a unified voice for children
- i. Be outcome driven
- j. Be prevention focused
- k. Engage in interagency and community collaboration
- l. Work in partnership to achieve goals
- m. Adopt a “no wrong door” policy that assures all agencies with representation on The Children’s Cabinet will take responsibility for linkage to other agencies for services they do not provide.
- n. Work effectively with community resources