



EARLY INTERVENTION AND PREVENTION

BUILDING A FOUNDATION FOR FAMILY AND COMMUNITY SUCCESS



*A Strategic Plan to Prevent and
Reduce Child Abuse, Neglect and
Delinquency in Marion County,
Indiana*

2010 - 2013

Vision

In Marion County, all children are safe and free from abuse or neglect receiving the care, support and resources they need to grow into healthy and fully contributing members of society. All caregivers have the necessary supports and resources to provide a safe and healthy environment for children, thus eliminating and preventing child abuse, neglect and delinquency.

Mission

The mission of the Early Intervention and Prevention (EIP) Initiative is to eliminate and prevent child abuse, neglect and delinquency through comprehensive community efforts that coordinate, build capacity and advocate for high-quality early intervention and prevention services in Marion County.

TABLE OF CONTENTS

Goals.....	2
Strategy Overview.....	3
Letter from Dr. Rozelle Boyd, Retired City-County Councillor.....	4
Letter from John Brandon, MCCOY President.....	6
Introduction.....	7
History of the Early Intervention & Prevention Initiative.....	8
Identification of the Problem.....	9
Plan Strategies.....	11
Implementation Plan.....	22
Appendices.....	23
Glossary of Terms.....	33

GOALS

Goal 1: Prevent or reduce the number of cases of child abuse, neglect and delinquency.

Goal 2: Coordinate available resources to improve efficiency and avoid duplication of programs and services.

Goal 3: Promote the welfare of children and self-sufficiency of families to reduce the risk of child abuse, neglect or delinquency.

Goal 4: Reduce or eliminate the need to remove children from their parents, guardians or custodians for out-of-home placement.

Goal 5: Reduce or minimize the public cost of providing services to children and families who are or may become involved in one of the public systems.

STRATEGY OVERVIEW

Strategy 1 – Assess the Problem: MCCOY will measure current rates of substantiated cases of child abuse, delinquency and neglect in Marion County to establish a baseline for reduction of those rates.

Strategy 2 – Measure the Cost: MCCOY will measure the current cost of providing public services to children and families to establish a baseline for reduction of those costs.

Strategy 3 – Accessible, Accurate Resources: Establish and maintain a centralized database to improve access to programs and services that serve children and families in Marion County.

Strategy 4 – Best Practices for Service Providers: MCCOY will establish best practices and service-delivery standards for early intervention and prevention to be adopted by organizations serving youth and families in Marion County.

Strategy 5 – Partner with School Systems: Organizations serving youth and families in Marion County will partner with school systems to reduce juvenile delinquency by keeping children in school, engaging youth and empowering families to address issues leading to delinquency.

Strategy 6 – Co-locate Services: Organizations serving youth and families in Marion County will partner with community organizations, such as neighborhood centers, schools and churches, to offer various supportive services at common access points.

Strategy 7 – Improve the Self-Sufficiency of Families: Organizations serving youth and families in Marion County will effectively address factors that negatively impact individuals' and families' abilities to achieve and maintain "self-sufficiency."

Strategy 8 – Advocate for Early Intervention and Prevention: Organizations serving youth and families in Marion County will engage and inform policy makers and community leaders on the importance of early intervention and prevention efforts to reduce and eliminate child abuse, neglect and delinquency.

Strategy 9 – Raise Community Awareness: Organizations serving youth and families in Marion County will launch a campaign to raise awareness of EIP services, promote asking for help sooner, remove the stigma of asking for help and educate and engage families to prevent and reduce child abuse, neglect and delinquency.

Ancillary Strategy to Support Families Already in Crisis – Explore an Earlier Response Approach: MCCOY, in partnership with organizations serving youth and families in Marion County, will explore an *earlier* intervention approach to respond to and support families in crisis.

LETTER FROM DR. ROZELLE BOYD, RETIRED CITY-COUNTY COUNCILLOR

The undersigned representatives of the Consolidated City of Indianapolis (“City”) and Indiana University-Purdue University Indianapolis (“IUPUI”) propose to establish a formal relationship (“Partnership”) for the purposes set out below. The City and IUPUI are executing this Memorandum of Understanding in order to describe and clarify their respective undertakings in furtherance of the creation of that Partnership.

Purpose. The Partnership is intended to facilitate, institutionalize, and expand a collaborative pilot relationship between the City and IUPUI.

Benefits. Those charged with making public policy for the City confront numerous complex issues, resolution of which will affect the wellbeing of citizens, the continued competitiveness of the business community, and the quality of life in central Indiana. Access to credible, in-depth analysis and research will deepen and inform that decision-making process. IUPUI, a major urban research university and obvious source of such information, wishes to expand student opportunities for civic engagement and service learning. It also wishes to facilitate the work of faculty members whose scholarship would be enriched by freer access to agencies of city and county government. The pilot Partnership will be a model for future collaborative ventures with other colleges and universities in the metropolitan area.

These are the opening thoughts in the 2004 Memorandum of Understanding jointly signed by the Mayor of the City of Indianapolis, the Chancellor of IUPUI and me as the then president of the Indianapolis City-County Council. The basic design concept was to facilitate a very functional relationship between the City and the University while minimizing duplicative efforts and maximizing the use of resources which are a part of the natural domains of each. As had been discussed and determined in several meetings involving the University, City and relevant community persons, the gathering of information and a research product should not be final goals. The search must be for real solutions that could be applied to real problems.

Any major urban area will always be confronted with major problems and continuing issues of general governance, finance and citizen interaction. The challenge presented to the City and IUPUI was how to muster the considerable research resources and personnel of the latter and bring those resources effectively to bear on city problems. We wanted to be reasonably ambitious without going beyond the “chewable bite.” Another value to be served was whether anything developed for the Indianapolis area would have export value; the Early Intervention Planning Council (EIPC) was to be a pilot operation of collaborative problem identification and problem solving. The effort to prioritize issues that seemed to demand the most immediate attention in the Indianapolis area and which would readily lend themselves to a shared work approach resulted in the decision to focus on early intervention in dealing with certain youth-related issues.

We also wanted to avoid merely identifying viable fund sources as the common denominator problem solver. Indeed, a paradigm shift was required in terms of moving away from searching for immediate solutions and immediate relief to looking for systemic change and long-range solutions. The fact that the City owed the state over \$70M for the care of Marion County juveniles placed in the public system (i.e. foster care, detention) provided added impetus for addressing possible long range solutions.

All of these concerns and circumstances found translation into City-County Proposal No. 756 which was introduced into the business of Council in December of 2004 and whose basic provisions established the EIPC. Guidance through the early defining stages of the Council was provided by the IUPUI Center on Urban Life and the Environment under the direction of John Krauss. John's considerable background with the University, his experience as past Deputy Mayor for the City of Indianapolis and the philosophy he shared with Chancellor Charles Bantz concerning the needs and benefits of university civic engagement, combined to make for a well grounded start. The work of the Council thus far would seem to be a true reflection of good progress toward the intent of goals.

Councillor Marilyn Pfisterer has been largely responsible for maintaining the momentum of the EIPC and the EIP Initiative, generally, and for ushering it through a change in City administrations and Council restructurings. I very much support her work. As an initial developer of the EIP Initiative, as a person fully committed to collaborative problem solving, as a current member of the IUPUI Chancellor's Advisory Committee and as a long time supporter of MCCOY, I am pleased to continue my association with the effort. I very much support and endorse the development and direction of the strategic plan and offer myself for whatever help I might be able to provide.

Respectfully,

Rozelle Boyd
Councillor (ret.)

LETTER FROM JOHN BRANDON, MCCOY PRESIDENT

The document you hold in your hands represents the vision of many who are determined to close the gap between what we know we should do to help children, youth and families who are in need and what currently exists.

We know that it is better to provide coordinated services to families to prevent them from entering our child welfare and juvenile justice systems. We know it is less costly to intervene early when children and families are struggling than to allow them to get deeper into trouble. We know we can make a difference, and now we have a plan to make sure that happens!

This three-year strategic plan is the critical next step in a process MCCOY began in 2003 when we took on the task, working in partnership with many others, to craft a comprehensive plan for the well-being of children and families in Marion County. Because of the hard work of many partners, progress has been made; however, gaps still exist and there is still much work to do.

Our community is fortunate to have a wealth of committed individuals and agencies dedicated to helping families achieve stability and self-sufficiency. It is our belief that this plan can help them serve the more vulnerable members of our community even more effectively.

It is impossible for any single agency to accomplish what is outlined in this plan. MCCOY is actively looking for partners who are willing to take the lead on many of the strategies and implementation steps.


Please read the document thoughtfully and carefully. Find an area or a strategy that you can embrace. Then call us at 317-921-1233 and get involved with actions that will convert this plan into reality.

If each of us does our part, I believe we can be immensely successful in making our community a healthier, happier and more productive place for us all.

I look forward to joining with you in this effort.

Respectfully,

John Brandon
President, MCCOY Inc.



Remember that the biggest gap in the world is between “I should” and “I did.”
~H. Jackson Brown Jr.

In just three short years...

Marion County will be a model for its effectiveness in early intervention and prevention of child abuse, neglect and delinquency.

- A significant percentage of services in Marion County will be co-located, making it easier for children, youth and families to access the assistance they need.
- Families will feel more comfortable asking for assistance, as the stigma of doing so will be minimized.
- Service providers will operate by a rigorous set of standards, increasing accountability for program effectiveness and success.
- Information about the plethora of services available in Marion County will be housed in a centralized database that is easy to access by service providers and families.
- Our community will have a deeper understanding of the struggles thousands of children and families in Marion County face on a daily basis.

In just three short years, our community will be one where all children are safe and free from abuse or neglect.

MCCOY, in partnership with the EIPC and the Early Intervention and Prevention Steering Committee (EIPSC), has been leading the development of a three-year strategic plan. The ultimate goal of the plan is to reduce the number of children and youth entering the child welfare and juvenile justice systems in Marion County.

Serious risk factors such as poverty, unemployment of their parents or caregivers, drugs and/or alcohol abuse, homelessness, problems at school, unaddressed mental health issues and many more are facing our children every day. These risk factors create situations leaving many of our children at risk of abuse, neglect and/or delinquency. To eliminate these risk factors and decrease the percentage of children at risk, we must make it a priority to implement an aggressive, comprehensive plan.

The strategic plan is written, but its successful implementation rests with the dedicated individuals and agencies involved in the plan's development, along with the larger community. Every element of the plan will be assigned to various task forces, committees and individuals, including those who are currently or have previously utilized services.

MCCOY, as the designated coordinating agency for the EIP initiative, will continue to lead and oversee implementation of the plan. Throughout the coming three years, reports will be released to the community indicating progress and actual results of this coordinated effort.

This strategic plan represents the voices of consumers, service providers and policy makers. The plan and ambitious timeline represent the desire to achieve the ultimate vision for Marion County where all children are safe and free from abuse or neglect and receive the care, support and resources they need to grow into healthy and fully contributing members of society.

HISTORY OF THE EARLY INTERVENTION & PREVENTION INITIATIVE

The overarching goal of the EIP Initiative is to reduce the number of children entering the Marion County child welfare and juvenile justice systems by improving the coordination of and access to youth services in the county. Research shows that early intervention services, which help children and families to address problems before they become crises, can make the critical difference to young people and families at risk.

Since 2005, the Early Intervention Planning Council (EIPC) and its partners have been hard at work studying the complex issues that contribute to child and family involvement with Marion County's child welfare and juvenile justice systems. The research is driving the development of strategic, long-term solutions to:

- support our most vulnerable children and families
- reduce their need for public services
- help them to adapt and thrive

From 2006 to 2008, the EIPC engaged the Center for Health Policy at IUPUI to conduct research studies on best practices for early intervention and prevention systems, risk factor incidence rates and existing agencies and programs serving children and youth in Marion County. The Center for Health Policy concluded that a coordinating agency was needed to ensure that early intervention and prevention efforts would be as comprehensive, efficient and effective as possible.

Following a comprehensive analysis and survey of Marion County service providers, the EIPC selected MCCOY, through a competitive grant process, to coordinate strategic planning and service delivery for the EIP Initiative. As the intermediary organization for youth and youth services in Marion County, MCCOY has many years of expertise rallying the entire community around problems affecting children and families to find innovative and effective solutions.

MCCOY began work on the EIP Initiative in July 2009. Under the guidance of the EIPC and MCCOY's executive leadership, MCCOY'S EIP staff has convened a steering committee composed of expert community leaders to engage in strategic planning and determine an evidence-based strategy and approach for early intervention and prevention in Marion County to be implemented over the next three years.

The EIPSC and staff have forged strategic partnerships with local public and private agencies to provide children, youth and families in need with better service coordination and to share information and resources to increase Marion County providers' capacity to serve.

IDENTIFICATION OF THE PROBLEM

The issue of child abuse, neglect and delinquency is heartbreaking and affects every member of our community. Every day, young people in Marion County fall victim to devastating physical, sexual or emotional abuse—most often at the hands of their parents or loved ones. Many other children are failed by parents who can't or won't provide them with food, a safe place to live, medical care or supervision. And every day, past traumas and bad influences drive our youth to skip school or engage in other delinquent behaviors that may ruin their chances of a successful adult life and have serious negative impacts on our community.

We are all responsible for the healthy development of our children – as the saying goes, “It takes a village to raise a child.” But what happens when this charge is forgotten or ignored? An epidemic of abuse, neglect and delinquency occurs, as the following facts show:

- ✦ Prevent Child Abuse Indiana reports that there were 24,808 substantiated cases of child abuse and neglect in our state in 2008—the majority of which occurred in Marion County.
- ✦ The Indiana Department of Child Services recorded 3.72 substantiated cases of child sexual abuse for every 1,000 children in Marion County in 2006, higher than the statewide rate and more than double the national average for that year.
- ✦ In 2008, one out of every 500 children suffered physical abuse and nearly 12,000 children experienced neglect in Marion County.
- ✦ In the same year, juveniles in Marion County were charged with 5,186 felonies, 7,627 misdemeanors and 1,895 status offenses (such as truancy or underage drinking).

The statistics cited above are shocking enough on their own, but the tragic consequences of child abuse, neglect and delinquency are staggering.

Child abuse and neglect increase the risks of emotional and mental health issues, including substance abuse and addiction, the ability to trust others, cognitive dysfunction that lead to difficulties in school and work and high-risk or antisocial behaviors. These effects may appear at any time and may continue to affect the survivor for years after the abuse or neglect occurred.

All types of child abuse and neglect, if allowed to continue, are likely to result in increased financial and human costs. A recent study published by Prevent Child Abuse America conservatively estimated the annual cost of child abuse and neglect in the United States in 2007 at \$103.8 billion dollars. Many of the costs are indirect—pain, suffering and reduced quality-of-life for victims—but represent the lion's share of the cost and should not be ignored.

Failing to reduce and prevent child abuse and neglect in our community will undoubtedly allow the cycle to continue for generations to come. Though it is important to note that most parents who were abused or neglected do not mistreat their own sons and daughters, unfortunately up to one-third of them do.

A National Institute of Justice study found that children who were abused or neglected were 53 percent more likely to be arrested as juveniles and 38 percent more likely to be arrested as young adults. Many other researchers have confirmed these findings and also show that young people who have experienced abuse or neglect are at least 25 percent more likely to face problems like delinquency, teen pregnancy, mental illness, drug use and low academic achievement.

In Marion County, nearly half of all court interventions involving child abuse, neglect and delinquency result in the child being placed in foster care. Though it is imperative that children be removed from their homes when they are in danger, this action must be weighed against the harmful effects that out-of-home placements have on children.

The serious consequences of out-of-home placements become apparent as foster youth “age out” of the system. Each year, an estimated 25,000 youth age out of America’s foster care systems, often unprepared for the challenges of independent living. One study found that among those who aged out, 52 percent were unemployed, 43 percent had no health insurance, 37 percent had been homeless, 24 percent did not have a high school diploma or GED certificate, and only three percent had earned a bachelor’s degree or higher. Youth aging out of foster care in Marion County are no exception.

These issues may seem overwhelming, but together we can—we MUST—make a change for the sake of our children and community. We can change the culture so that child abuse and neglect are no longer discounted and everyone plays a part in prevention. We can improve access and coordination so that mental health care, parenting education, positive youth programs, services to help families become stronger and more self-reliant and other essential resources are available to everyone who needs them before the courts have to get involved. We can create a system based on accountability and best practices to make our quality services for children and families even better. We can involve schools, churches, community centers and other organizations so that young people and parents get the support they need in familiar and accessible locations. We can inform policy makers and community leaders about the issues so that they can help us make a lasting change.

Collectively, we can level the playing field for all children and families in Marion County. The many dedicated and talented individuals involved in EIP planning and implementation believe that the goals and strategies outlined in this document provide a practical roadmap to prevent and eliminate child abuse, neglect and delinquency in Marion County. Let’s get started!

PLAN STRATEGIES

STRATEGY 1: ASSESS THE PROBLEM

MCCOY will measure current rates of substantiated cases of child abuse, delinquency and neglect in Marion County to establish a baseline for reduction of those rates.

Justification

To effectively evaluate the EIP Initiative and adjust our strategies, a baseline measurement must be established and ongoing measurement and analysis must occur regularly.

Implementation Steps

1. MCCOY will determine the types and frequency of data to collect and processes for collection and dissemination.
2. MCCOY will develop an RFI (Request for Information) and gather data from public agencies, including the Department of Child Services (DCS) and Marion County Superior Court Juvenile Division (Juvenile Court). These data may include raw numbers, reasons for substantiations, number of CHINS cases, rates of recidivism and other measures as appropriate.
3. MCCOY will analyze key indicators to measure the success of the EIP Initiative in reducing the cases of child abuse, neglect and delinquency.
4. MCCOY will publish and distribute a short, easily understandable report annually.

Progress Indicators

Year One: July 2010 – June 2011

- Data set to collect is determined and process is established.
- Data is collected.
- Report establishing baseline is published.

Year Two: July 2011 – June 2012

- Data is collected.
- Report is published.

Year Three: July 2012 – June 2013

- Data is collected.
- Report is published.

STRATEGY 2: *MEASURE THE COST*

MCCOY will measure the current cost of providing public services to children and families to establish a baseline for reduction of those costs.

Justification

Public policy makers are concerned with the overall financial strain facing taxpayers. It is hoped that successful implementation of the plan will reduce the number of children and families requiring services and, in turn, decrease the demand on public dollars. (It is not the intent of this plan to reduce the cost to serve an individual child or family at the increased risk of harm to that child or family.)

Implementation Steps

1. Research established cost-measuring models in other geographic areas to determine the data set needed locally.
2. MCCOY will develop an RFI (Request for Information) and gather data from public agencies, including the Department of Child Services (DCS) and Marion County Superior Court Juvenile Division (Juvenile Court).
3. MCCOY will analyze key indicators to measure the success of the EIP Initiative in reducing the public cost of providing services to children and families.
4. MCCOY will publish and distribute a short, easily understandable report annually.

Progress Indicators

Year One: July 2010 – June 2011

- Data set to collect is determined and process is established.
- Data is collected.
- Report establishing baseline is published.

Year Two: July 2011 – June 2012

- Data is collected.
- Report is published.

Year Three: July 2012 – June 2013

- Data is collected.
- Report is published.

STRATEGY 3: ACCESSIBLE, ACCURATE RESOURCES

Establish and maintain a centralized database to improve access to programs and services that serve children and families in Marion County.

Justification

Currently, several databases exist that provide valuable information to families and referring agencies. Though it can be beneficial to have multiple databases, there is a disconnect when it comes to keeping the resource information updated, providing consistent information, easily accessing the information, and ensuring that the information is culturally and linguistically appropriate. Since there are currently multiple databases, conventional wisdom suggests not creating another one but investigating what capacity is required to establish an integrated system.

Implementation Steps

1. Form a task force to lead the project.
2. Convene local funders and database providers in Marion County to discuss the concerns shared during the community assessment process and determine appropriate next steps.
3. Identify funding streams to assist in the capacity building of an integrated system.
4. Develop a comprehensive plan resulting in the coordination, in some manner, of currently existing databases to ensure that the most comprehensive information is accessible for families and professionals.
5. Promote the usage of the resource database to professionals, service organizations and to the community at-large.

Progress Indicators

Year One: July 2010 – June 2011

- The task force is formed and meets quarterly.
- Comprehensive plans are developed for funding, marketing, data-gathering and database maintenance.

Year Two: July 2011 – June 2012

- A coordinated database is developed.

Year Three: July 2012 – June 2013

- The coordinated database is implemented electronically and via other methods of effective distribution.
- One to two trainings are hosted to educate local service providers on how to use the database.
- Marketing and awareness messages promoting the usage of the resource database are included in overall marketing efforts.
- Service providers and consumers are surveyed to elicit feedback on database usage, satisfaction and suggestions for improvement.

STRATEGY 4: *BEST PRACTICES FOR SERVICE PROVIDERS*

MCCOY will establish best practices and service-delivery standards for early intervention and prevention to be adopted by organizations serving youth and families in Marion County.

Justification

Marion County has the potential to establish itself as a model for early intervention and prevention service delivery. To accomplish this goal, service providers and consumers identified best practices that produce positive outcomes for children and families. Through the planning and assessment phases, the EIP Steering Committee reached consensus that a set of best practice service-delivery standards should address:

- ✦ Initial and ongoing training for program staff
- ✦ Adequate culturally and linguistically appropriate services
- ✦ Demonstrated cultural competence for those working with youth and families
- ✦ Professionally accepted outcomes and evaluation measures
- ✦ Successfully engaging parents, foster parents and guardians in program and training development, service delivery and awareness-raising efforts
- ✦ Methods of collaborating and partnering to share resources and increase capacity

Implementation Steps

1. Research and compile local and national best practices and evidence-based approaches to early intervention and prevention service delivery.
2. Evaluate the impact of adopting service-delivery standards through stakeholder and consumer assessments and share the results publicly.
3. Host networking opportunities to share the EIP recommended standards of service delivery with the goal of identifying partner agencies.
4. Provide support to agencies wishing to align programming to early intervention and prevention recommended standards.
5. Evaluate the results of program standard implementation and share publicly.

Progress Indicators

Year One: July 2010 – June 2011

- ✦ Research is completed.
- ✦ Best practices and service-delivery standards are established.
- ✦ Community assessment is completed.

Year Two: July 2011 – June 2012

- ✦ A list of partner agencies willing to adopt the best practices standards is created and published.
- ✦ Partner agencies begin implementing service-delivery standards.
- ✦ An evaluation tool and system for monitoring service delivery effectiveness is implemented.

Year Three: July 2012 – June 2013

- ✦ Report is published on the evaluation findings.

STRATEGY 5: PARTNER WITH SCHOOL SYSTEMS

Organizations serving youth and families in Marion County will partner with school systems to reduce juvenile delinquency by keeping children in school, engaging youth and empowering families to address issues leading to delinquency.

<p>Justification</p>	<p>Keeping children and youth in school is paramount in avoiding delinquency.</p>
<p>Implementation Steps</p>	<ol style="list-style-type: none"> 1. Establish a baseline measure of delinquency in Marion County. 2. Research model and/or evidence-based programs aimed at reducing juvenile delinquency and identify existing delinquency prevention programs to be replicated throughout school systems in Marion County. 3. Ensure the continuance of the EIP School Representative group. 4. Develop partnership opportunities between schools and organizations serving youth and families to enhance efforts to reduce delinquency, establish measurements for program effectiveness and promote awareness of existing services aimed at reducing delinquency. 5. Engage school systems in efforts to reduce truancy and other school-related issues that may lead to delinquency. 6. Establish mechanisms for youth to be included in solution-based efforts to reduce juvenile delinquency. 7. Provide educational and resource awareness opportunities for parents and families to better enable them to address factors that contribute to delinquency.
<p>Progress Indicators</p>	<p>Year One: July 2010 – June 2011</p> <ul style="list-style-type: none"> ♦ Baseline measurement for delinquency in Marion County is established. ♦ Research on evidence-based models is completed. ♦ One to three workshops on establishing measurements for program effectiveness and identifying sustainable sources of revenue are held by MCCOY with representatives from the schools and organizations serving youth and families. ♦ EIP School Representative group meetings are held quarterly years one through three. ♦ The EIP annual progress report is published and includes a measure of delinquency and a summary of schools' successes and challenges. <p>Year Two: July 2011 – June 2012</p> <ul style="list-style-type: none"> ♦ Youth are included in the development and implementation of solution-based efforts to reduce delinquency in the Marion County public school systems. ♦ School systems have implemented or are engaged in an effort to reduce truancy. ♦ Education and resource awareness opportunities are provided for parents and families in at least 50% of the Marion County public school systems. ♦ The EIP annual progress report is published and includes a measure of delinquency and a summary of schools' successes and challenges. <p>Year Three: July 2012 – June 2013</p> <ul style="list-style-type: none"> ♦ An increased number of Marion County school systems (including private, charter and alternative schools) are actively engaged in the EIP School Representative group. ♦ Youth are included in the development and implementation of solution-based efforts to reduce delinquency at an increased number of school systems. ♦ Education and resource awareness opportunities are provided for parents and families at an increased number of the Marion County public schools. ♦ An increased number of school systems have implemented or are engaged in an effort to reduce truancy. ♦ The EIP annual progress report includes a measure of delinquency and a summary of school's successes and challenges.

STRATEGY 6: CO-LOCATE SERVICES

Organizations serving youth and families in Marion County will partner with community organizations such as neighborhood centers, schools and churches to offer various supportive services at common access points.

Justification

While there are many organizations providing services that could potentially prevent child abuse, neglect or delinquency, families often face many barriers to accessing these services. These barriers include limited access to transportation, limited access to childcare, limited employment opportunities, limited knowledge of services, low literacy levels, mental health issues, rigid eligibility requirements for services and cultural and linguistic differences. Co-location of supportive services at established and commonly frequented sites will increase the awareness and utilization of these services by families who need them.

Implementation Steps

1. Form a task force to lead the project.
2. Identify existing co-location sites in Marion County (community asset mapping), gaps in current service provision sites, and areas in the community that could benefit from co-located services.
3. Identify ideal services to be provided at co-located sites.
4. Analyze the costs and benefits of co-located services.
5. Discuss feasibility and viability of co-location with identified and potential partners.
6. Identify sites for co-location or enhancement of existing co-located services.
7. Develop funding sources to establish and sustain co-located services.
8. Establish co-located services in targeted locations.

Progress Indicators

Year One: July 2010 – June 2011

- ✦ The task force is formed and meets quarterly.
- ✦ Asset mapping and gap analysis is completed.
- ✦ Ideal list of services to provide at co-location sites is completed.
- ✦ Cost analysis is completed.

Year Two: July 2011 – June 2012

- ✦ A comprehensive plan is developed for funding.
- ✦ Two to three training forums or surveys on the feasibility and viability of co-located services are completed.
- ✦ One to two workshops on sustainability and program enhancement are provided for potential co-location partners.
- ✦ Targeted sites for co-location are identified.

Year Three: July 2012 – June 2013

- ✦ One to two workshops on sustainability and program enhancement are provided for potential co-location partners.
- ✦ Co-location sites are created or enhanced, as identified by the task force and co-location partners.

STRATEGY 7: IMPROVE THE SELF-SUFFICIENCY OF FAMILIES

Organizations serving youth and families in Marion County will effectively address factors that negatively impact individuals' and families' abilities to achieve and maintain self-sufficiency.

Justification

The concept of self-sufficiency encompasses more than just earning at a certain income level or existing without reliance on public assistance. Families experience a host of factors that impact their ability to achieve or sustain self-sufficiency.

The EIP community assessment process determined that "self-sufficiency" is: *A family's, or an individual's, ability to meet the basic needs of the members (including social, emotional, financial, medical, educational, transportation, housing, etc.) and /or the ability to identify unmet needs and to identify and access resources to address those unmet needs.*

Risk factors to self-sufficiency in Marion County include:

- ✦ Limited or lack of awareness and/or access to services
- ✦ Unemployment or underemployment
- ✦ Poverty
- ✦ Lack of transportation
- ✦ Lack of educational attainment and/or illiteracy
- ✦ Lack of culturally and linguistically appropriate services
- ✦ Inadequate access to child care
- ✦ Inadequate access to health and prenatal care
- ✦ Lack of healthy parenting skills
- ✦ Unaddressed mental health and substance abuse issues
- ✦ Domestic abuse
- ✦ Homelessness
- ✦ Lack of post incarceration support
- ✦ Lack of transitional services for foster youth who age out of foster care

Implementation Steps

1. Identify and define all risk factors to self-sufficiency in Marion County.
2. Identify programs and services that assist individuals and families in achieving and maintaining self-sufficiency (asset mapping).
3. Identify gaps in services that address self-sufficiency risk factors.
4. Enhance existing self-sufficiency programs or develop new efforts to address gaps in services.
5. Create networking opportunities to foster collaboration and partnerships between identified organizations and EIP partners.
6. Increase community awareness and usage of these programs and services through collaborative marketing and communication efforts.

Progress Indicators

Year One: July 2010 – June 2011

- ✦ A comprehensive list of risk factors is compiled.
- ✦ Asset mapping and gap-analysis is completed.

Year Two: July 2011 – June 2012

- ✦ A plan is developed to enhance current programs or create new initiatives that address gaps in services.
- ✦ A marketing and awareness campaign is developed.
- ✦ Three to five networking opportunities to foster collaboration and partnerships are hosted.

Year Three: July 2012 – June 2013

- ✦ The plan is implemented to address gaps in services.
- ✦ Three to five networking opportunities to foster collaboration and partnerships are hosted.
- ✦ The public marketing campaign is launched to promote awareness of services.

STRATEGY 8: ADVOCATE FOR EARLY INTERVENTION & PREVENTION

Organizations serving youth and families in Marion County will engage and inform policy makers and community leaders on the importance of early intervention and prevention efforts to reduce and eliminate child abuse, delinquency and neglect.

<p>Justification</p>	<p>Well informed and engaged public policy makers and community leaders will be better able to enact effective policies and legislation to reduce and prevent child abuse, neglect and delinquency.</p>
<p>Implementation Steps</p>	<ol style="list-style-type: none"> 1. Form a task force to lead the project. 2. Partner with advocacy groups to determine whether EIP efforts align with existing agendas. 3. Identify policy makers to target, including representatives of legislative, executive and judicial branches of government, key community leaders, businesses, corporations, foundations, faith community and schools. 4. MCCOY will conduct an annual survey of consumers and providers for feedback on current gaps and trends that could be addressed through public policy. 5. MCCOY will keep the City-County Council informed through the EIP community report which will include survey results. 6. Plan an annual “off-session” reception/gathering for policy makers and community leaders highlighting EIP issues, efforts and progress. 7. MCCOY and the EIP Steering Committee will host training opportunities designed to empower the provider community to advocate for improved EIP services.
<p>Progress Indicators</p>	<p>Year One: July 2010 – June 2011</p> <ul style="list-style-type: none"> ✦ The task force is formed and meets quarterly. ✦ One or two gatherings for current advocacy groups are hosted by MCCOY. ✦ Policy makers and community leaders to target are identified. ✦ The task force has partnered with three to five policy makers and community leaders. ✦ A survey is created and issued. ✦ A report to policy makers and key community leaders, including a summary of the survey results, is developed and released. <p>Year Two: July 2011 – June 2012</p> <ul style="list-style-type: none"> ✦ Task force meetings held quarterly. ✦ The task force has partnered with three to five additional policy makers and community leaders. ✦ A survey is created and issued. ✦ MCCOY hosts one workshop on engaging in advocacy for service providers. ✦ A report to policy makers and key community leaders, including a summary of the survey results, is developed and released. <p>Year Three: July 2012 – June 2013</p> <ul style="list-style-type: none"> ✦ Task force meetings held quarterly. ✦ The task force has partnered with three to five additional policy makers and community leaders. ✦ A survey is created and issued. ✦ MCCOY hosts one workshop on engaging in advocacy for service providers. ✦ A report to policy makers and key community leaders, including a summary of the survey results, is developed and released.

STRATEGY 9: RAISE COMMUNITY AWARENESS

Organizations serving youth and families in Marion County will launch a campaign to increase awareness of EIP services, promote asking for help sooner, remove the stigma of asking for help and educate and engage families to prevent and reduce child abuse, neglect and delinquency.

Justification

Marketing and promoting the knowledge and awareness of services to all families is the only way to ensure the message is received by those who need it. Creating a common language and understanding of child abuse and neglect will create a sense of responsibility and accountability within our community of the importance of protecting our children. Marketing to the community at large also helps reduce the stigma attached to asking for help with these issues before intervention takes place. Marketing to service providers will increase communications among the helping community and increase empathy and professionalism of those helpers. Publicly acknowledging risk factors that contribute to child abuse and neglect will empower parents, guardians and caregivers to respond in a healthy way to their children.

Implementation Steps

1. Develop funding sources to support marketing campaigns and training programs.
2. Identify staffing needs to develop and implement marketing campaign.
3. Identify audiences and develop targeted messages and methods of communication for the campaign based on intentional strategies of the EIP plan.
4. Hold focus group meetings with consumers of services, including youth, to inform the development of the campaign.
5. Develop and implement training curriculums for parents and other caregivers regarding the prevention of child abuse and neglect.

Progress Indicators

Year One: July 2010 – June 2011

- ✦ Funding plan is developed and funding secured.
- ✦ Staff or outside agency is hired to facilitate marketing campaign.
- ✦ Marketing plan is developed, including budget.
- ✦ Audience is identified, focus groups conducted, and three to five messages focusing on education and engagement are developed.
- ✦ Curriculums to utilize for parent training are identified.

Year Two: July 2011 – June 2012

- ✦ Marketing campaign is launched.
- ✦ Three to five messages focusing on promoting the usage of services are developed.
- ✦ Parent trainings are implemented.

Year Three: July 2012 – June 2013

- ✦ Marketing campaign is evaluated, adjusted and continued.
- ✦ Parent trainings continue to be implemented and are evaluated for effectiveness.

ANCILLARY STRATEGY TO SUPPORT FAMILIES ALREADY IN CRISIS: EXPLORE AN EARLIER RESPONSE APPROACH

MCCOY, in partnership with organizations serving youth and families in Marion County, will explore an earlier intervention approach to respond to and support families in crisis.

Justification

Professionals and consumers indicate that the current system is quick to respond to a crisis at the outset, but follow-up and supportive services are often delayed until months later. Behavior change is most likely to occur at crisis. Creating a service system that bridges that gap is key for a family to make positive changes.

Through implementation of the EIP Initiative, we hope to reduce the number of crisis incidents, subsequently reducing the toll on the system and increasing the systems' ability to respond more quickly and effectively.

Implementation Steps

1. Form a task force to lead the project.
2. Research best practices and model program approaches that might be replicated in Marion County.
3. Establish the feasibility (including costs) of implementing an *earlier* intervention and wrap-around response approach in Marion County.
4. Develop funding sources.
5. Develop a process to identify current wait time for families between initial crisis response (e.g. DCS or law enforcement) and receipt of follow-up/supportive services.
6. Determine whether wait time is a result of a lack of available resources or a lack of service capacity of currently responding programs.
7. Include findings in reports to the community and explore next steps.

Progress Indicators

Year One: July 2010 – June 2011

- Task force is established.
- Current wait times are established.
- Reasons for wait time are determined.

Year Two: July 2011 – June 2012

- Model programs are identified for replication.
- Feasibility of implementation is established.
- Funding plan is developed and funding secured.

Year Three: July 2012 – June 2013

- Report is published and next steps are identified.

IMPLEMENTATION PLAN

This ambitious plan aims to accomplish a great deal in three short years. Each of the strategies and implementation steps is equally important. Though strategies #1 and #2 represent the natural and necessary first steps to quantify the community problem and measure the plan's effectiveness, the community will take action on all 9 strategies and the ancillary strategy simultaneously.

MCCOY will continue as the lead coordinating agency and will be accountable for facilitating the plan's successful implementation. Currently, three MCCOY staff members are dedicated to the EIP Initiative in the following roles:

- Early Intervention Community Coordinator
- Early Intervention Resource Development Officer
- Early Intervention Program Assistant

MCCOY will continue reporting regularly to the EIPC, which oversees the EIP Initiative and provides progress updates to the City-County Council. MCCOY will meet with the EIPC monthly through year one of implementation and then quarterly thereafter, with additional meetings as needed.

The EIPSC will convene quarterly during year one and then at least semi-annually thereafter. Each Steering Committee member has committed to serving an initial two-year or three-year term.

Three Implementation Teams are being formed to implement the 9 strategies and the ancillary strategy of this plan. Implementation Teams will be composed of EIPSC members, EIPC members and other volunteers from the community.

The Implementation Teams are:

- Data-Collection and Dissemination: focusing on strategies #1 and #2
- Advocacy and Awareness: focusing on strategies #3, #8 and #9
- Prevention and Intervention Services: focusing on strategies #4, #5, #6, #7 and the ancillary strategy.

To join an Implementation Team or task force, contact Early Intervention Community Coordinator Shanna Malott at shanna.malott@mccoyouth.org or 317-921-1233.

In addition, several task forces will work under the guidance of the Implementation Teams. Task forces will be formed for strategies #3, #5, #6, #8 and the ancillary strategy and will be responsible for ensuring that the implementation steps for each strategy are completed as outlined in the plan.

Early Intervention and Prevention: Building a Foundation for Family and Community Success was launched at the first annual EIP Provider Fair on June 15, 2010. At that time the 300 service providers, key community leaders and youth serving professionals in attendance were asked to serve on an Implementation Team or task force. Stakeholders will continue to receive invitations to assist in implementing the plan throughout June 2010. Implementation work will begin July 2010.

Early Intervention and Prevention: Building a Foundation for Family and Community Success will be active, flexible and adaptable to the changing needs of our community. The many stakeholders involved in the planning and assessment process will be invited to attend an annual community roundtable to evaluate implementation of the plan, share successes and challenges and to make recommendations for improvements. Additionally, those same stakeholders and the community at large will be able to access quarterly progress reports from the MCCOY website (www.mccoyouth.org).

APPENDIX A: CONTRIBUTORS TO THE PLAN

Individuals representing various sectors of the community have given of their time, expertise and resources through several months of collaborative planning and assessment to develop this strategic plan. Listed below are those individuals who contributed in some way to this process, either by serving on the Early Intervention Planning Council or the Early Intervention and Prevention Steering Committee, or by participating in the assessment or community roundtable processes. To protect the privacy and confidentiality of those individuals who shared insight and feedback as consumers of services, individual names are not listed here. However, without their honest and courageous input, this plan would not be as relevant or authentic in its proposed approaches to preventing and reducing child abuse, neglect and delinquency in Marion County. Whole-hearted appreciation is extended to all those who contributed. Such broad collaboration can only mean that implementation of this plan is sure to be a success and have a wonderful impact on our community!

MCCOY Staff

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Emily Chew Peláez, Early Intervention Program Assistant
Shanna Malott, Early Intervention Community Coordinator
.....
Shaunette Byers, Community Initiatives Coordinator
John Brandon, President
Christopher Collins, Community Initiatives Coordinator
Natalie Mazanowski, Communications Director
Jim Wark, Executive Vice President
Juli Van Wyk, Staff Assistant

Early Intervention Planning Council (appointed by City-County Council)

Christina Ball, Marion Superior Court Probation Department, Juvenile Services
Jose Evans, City-County Council of Indianapolis and Marion County
Pastor Bruce Farr, Overcoming Church
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Margie Payne, Midtown Community Mental Health Center

Marilyn Pfisterer, City-County Council of Indianapolis and Marion County
Brant Ping, Marion Superior Court, Juvenile Division
Michael Richardson, Central Indiana Community Foundation
Rebecca Swope, Office of Finance & Management Grants Division, City of Indianapolis
Rev. Olgen Williams, Deputy Mayor of Neighborhoods, Office of the Mayor of Indianapolis

Early Intervention and Prevention Steering Committee

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David Allender, Indianapolis Metropolitan Police Department, Juvenile Branch
Donna Augenberg, Midtown Community Mental Health Center
Stephen Barnes, Auntie Mame's Child Development Center, Inc.
Julie Benson, Community Representative
Willis Bright, Lilly Endowment
James Bush, Midtown Community Mental Health Center
Chris Davis, Save the Youth
Brian Ellis, Mentors of America
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Janice Klein, Children's Bureau, Inc.
Linda Major, Marion County Prosecutor's Office
Timothy Owens, Choices, Inc.
Margie Payne, Midtown Community Mental Health Center

Paula Richter-Hayes, Concord Neighborhood Center
Eddie Rivers, Kids' Voice
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Maria Wilson, Department of Child Services
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Georgiana Reynal, the Indianapolis Senate Office of U.S.
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Community Organizations and Representatives

Donna Bookout, Community Representative
Rozelle Boyd, City-County Council of Indianapolis and
Marion County (retired)
Anthony Bridgeman, Children's Museum of Indianapolis
Mark Bryson, Community Representative
Rose Butler, Community Representative
Pearl Carter, Hillside Neighborhood Association
Tim Davidson, Project SEED
Murvin Enders, 100 Black Men
Clifton Ervin Enders, 100 Black Men
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Terri Garcia, Southeast Community Services
Isis Garner, Fay Biccard Glick Neighborhood Center at
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Andrew Green, Shepherd Community Center
Jim Grim, George Washington Community High School/
Mary Rigg Neighborhood Center
Regina Marsh, Forest Manor Multi-Service Center
Myron Richardson, Flanner House of Indianapolis, Inc.
Judy Sosin, Jewish Community Center of Indianapolis (JCC)
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Corporate

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Karen Grau, Calamari Productions
Ray Hoskins, Ray Hoskins and Associates
Sara Laycock, MIBOR
Robert Scott, Clark Quinn Moses Scott & Grahn, LLP
David Walter, Anderson Woods
David Weinschrott, Prodev Associates, Ltd.

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Deby Crislip, Department of Workforce Development
Sue Honcharuk, Indiana Department of Workforce
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Dora Chestine, The Little Disciples of Christ Youth Center
Bwana Clements, Urban Ministry
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Kenneth Holyoak, East 10th United Methodist
David Lannan, Speedway General Baptist Church
June Manley-Davis, Praise Jesus Work Ministries
Daniel Strobel, St. Andrew's Lutheran Church
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Renatta White, New Day Church

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Kelly Bremer, Clarian Health
Gvido Burgis, Visiting Nurse Service, Inc.
Erika Corbin, Gallahue Community Mental Health Center
Doug Davis, Aspire Indiana Behavioral Health System
Laura Davis, Healthy Families
Sheila Day, Peyton Manning Children's Hospital at St. Vincent
Susie DeMunbrun, Clarian Health
John Drake, Ember Wood Center
Vince Failla, Ember Wood Center
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Kim Walton, Gallahue Community Mental Health Center

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Frieda Matthews, Family Development Services
Brian Meyer, Neighborhood Alliance for Child Safety (NACS)
Carleen Miller, Exodus Refugee Immigration
Sarah Miller, Family Development Services
Sandra Noe, The Julian Center
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Heather Rardon, Family Development Services
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LuWanna Jennings, Project IMPACT
James Todd, Indianapolis Metropolitan Police Department

Philanthropy

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Ted Maple, Ph.D, United Way of Central Indiana
Amelia Miller, Kiwanis International
Tina Smith, Lumina Foundation for Education

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Clara Anderson, Children's Bureau, Inc.
Cynthia Anderson, PassWord Community Mentoring
Kristin Baxter, Dyslexia Institute of Indiana
Elaine Benson, Indianapolis Healthy Start
Mary Boggs, Children's Coalition of Indiana
Mary Byrne, Indiana Youth Group
Ron Carpenter, Children's Bureau, Inc.
Pamela Carrington-Rotto, PassWord Mentoring Services
Chris Chappell, Happy Hollow Children's Camp
Ratasha Colbert, Girl Scouts of Central Indiana
Kristin Cunningham, PassWord Community Mentoring
Rachel Curtis, Peace Learning Center
Carolyn Dederer, Day Nursery Association of Indianapolis
Carmen DeRusha, Purdue Cooperative Extension
Suzanne Eller, Promising Futures of Central Indiana
Indra Frank, Improving Kids' Environment
Ann Galloway, PassWord Community Mentoring
Sondra Gentry, Mount Zion Day Care Center, Inc.
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Cheryl Hall-Russell, Indiana Youth Services Association (IYSA)
Leslie Hankins, At Your School (AYS)
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Laraine Hudson, Nurture the Child through Kindermusik, Inc.
Collette Huffman, Dyslexia Institute of Indiana
Demetrees Hutchins, Youth as Resources of Central Indiana
Michael Jaffe, Peace Learning Center
Jamie Johnson, PassWord Mentoring Services
John Kennedy, Choices, Inc.

Rebecca Linehan, Boys & Girls Clubs of Indianapolis
George Long, Indianapolis Police Athletic League
Elizabeth Malone, Stopover, Inc.
Brent Matthews, Choices, Inc.
Felicia Maxwell, YouthBuild Indy
Janet McIntyre, Choices, Inc.
Luke Mertes, Outreach, Inc.
Jennifer Morningstar, Reach for Youth, Inc.
Seana Murphy, Twenty-first Century Scholars Program
GEAR UP
Tim Nation, Peace Learning Center
Laura Neidig, Indianapolis Children's Choir
Diane Palma, Safe Families for Children
Sharon Pierce, The Villages of Indiana
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Lars Rascoe III, Boys II Men Inc.
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Cynthia Schafer, Camptown
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Connie Sherman, St. Mary's Child Center
Rhonda Shipley, Choices, Inc.
Alfreda Singleton-Smith, Villages of Indiana, Inc.
Damon Spight, National FFA Organization
Danielle Tate, Twenty-first Century Scholars
Teresa Thomas, Peace Learning Center
Jim Vento, Easter Seals Crossroads
Tracy Williams, AUS
Betty Wright, Fox Hill Dance Academy Inc
Six students from Shortridge Magnet High School for Law & Public Policy

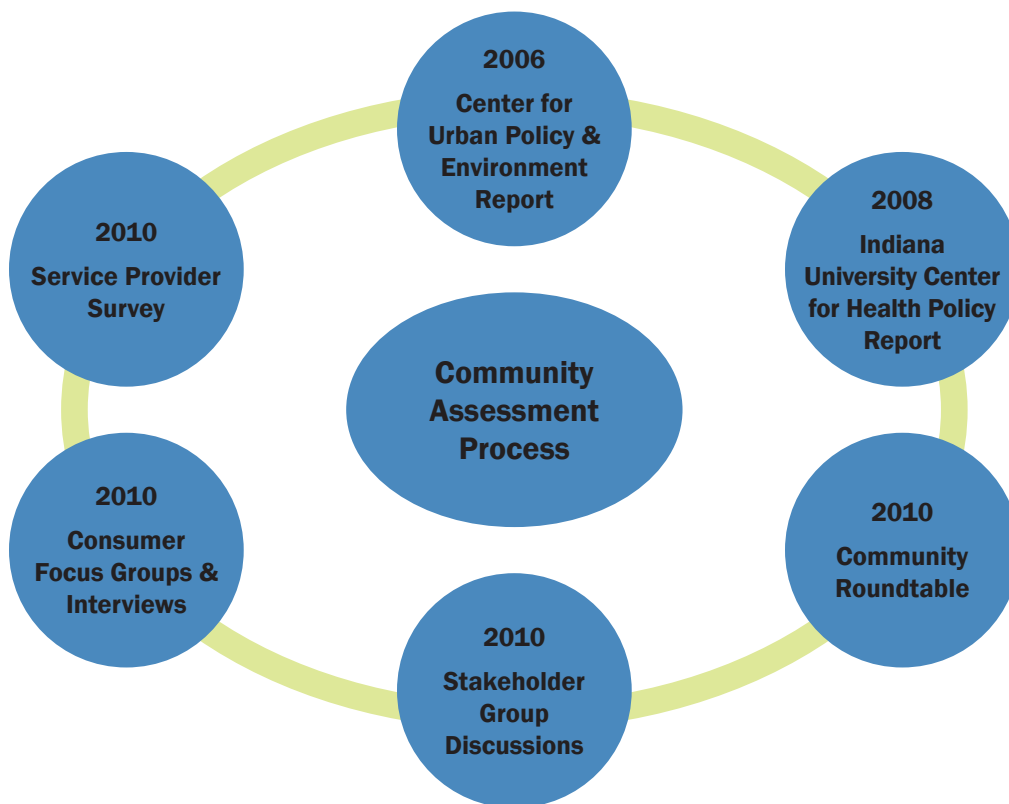
Strategic Plan Consultants

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APPENDIX B: EARLY INTERVENTION AND PREVENTION

COMMUNITY ASSESSMENT PROCESS AND KEY FINDINGS

MCCOY has built upon existing assessment findings from the Center for Health Policy while initiating an appraisal of strengths and weaknesses in preventing and responding to child abuse, neglect and delinquency on a local level in Marion County. These key findings and recommendations have informed the collaborative development of the strategies and implementation steps included in this plan. For a more complete overview of each of these assessment tools' results or to access the full reports from the Center for Urban Policy and the Environment and the Indiana University Center for Health Policy, please contact MCCOY or visit the Center for Health Policy website at <http://www.policyinstitute.iu.edu/health>.



During this community assessment process, MCCOY engaged stakeholders by:

- Leading a community roundtable focused on developing collaborative solutions with over 80 participants including youth, concerned citizens, direct service providers, and representatives from schools, government agencies, faith-based programs and community initiatives
- Conducting stakeholder discussion groups with school representatives and mental health providers
- Hosting consumer interviews and focus groups with those who are or have accessed mental health, foster care and school-based services
- Conducting a survey garnering feedback from 184 service providers representing a variety of service sectors

Key findings and recommendations from the strategic planning community assessment process are shared here at the aggregate level to show consensus and to protect the anonymity of those individuals who courageously shared their honest thoughts and opinions.

Consensus among stakeholders that early intervention and prevention efforts should:

<p>Improve access to services</p>	<ul style="list-style-type: none"> ✦ Reduce the stigma of accessing services and asking for help. ✦ Improve accessibility and availability of culturally and linguistically appropriate programs and resources. ✦ Increase youth and parental awareness of existing services, including information on how to access those services.
<p>Expand services</p>	<ul style="list-style-type: none"> ✦ Co-locate services at schools, primary care facilities, community centers, and other appropriate sites to share resources, increase accessibility, provide wrap-around services, reduce the stigma of utilizing services and increase awareness of services. ✦ Prioritize addressing the mental health issues of children, utilizing a System of Care model in which services are provided to the whole family. ✦ Improve transitional support services for foster youth aging out of the system.
<p>Increase parent and youth involvement</p>	<ul style="list-style-type: none"> ✦ Implement effective mechanisms to increase parent/ caregiver involvement in protective factor development. ✦ Engage youth in developing and implementing anti-delinquency programs. ✦ Involve more youth in school-based sports, arts and club programs, as youth involved in these types of activities have a better chance of having risk factors identified earlier. As only 25% of youths are involved in these types of programs, efforts should be made to increase student involvement to engage kids who are at risk of abuse, neglect and delinquency.

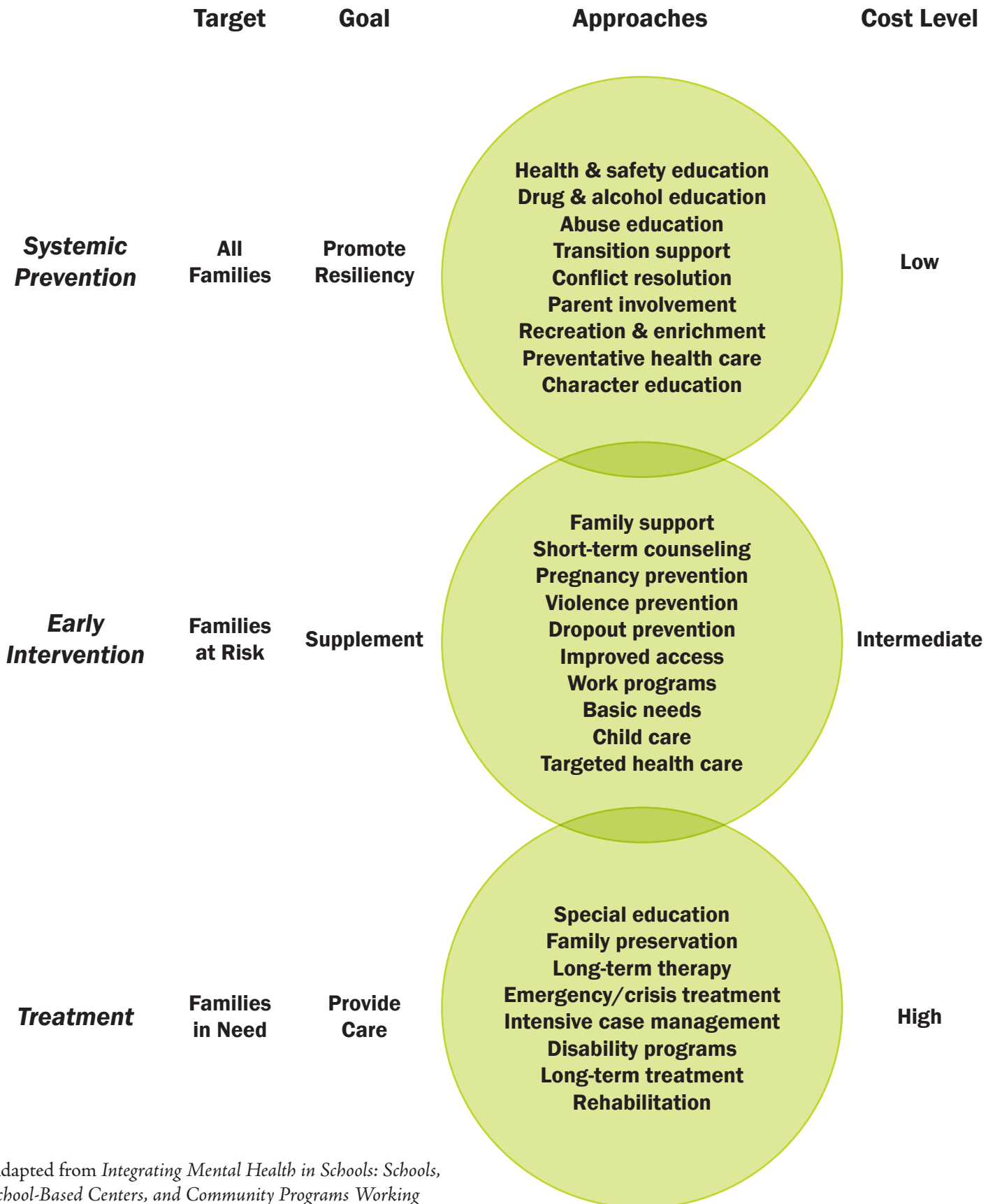
Consensus among stakeholders that coordination efforts should:

<p>Improve effectiveness</p>	<ul style="list-style-type: none"> ✦ Alleviate the challenge of measuring and improving program effectiveness. ✦ Train all providers that work with children and youth on how to identify and respond to child abuse and neglect. ✦ Reduce the ratio of school social workers to students, which will improve delivery of service. ✦ Intervene earlier, before the family or individual is in crisis.
<p>Involve consumers</p>	<ul style="list-style-type: none"> ✦ Build relationships and engage consumers as valued partners at all levels of service development and implementation.
<p>Respond consistently</p>	<ul style="list-style-type: none"> ✦ Develop a county-wide protocol under which all public school systems address delinquency, abuse and neglect in the same manner.
<p>Change paradigms</p>	<ul style="list-style-type: none"> ✦ Shift the paradigm in schools so that addressing barriers to basic needs is considered necessary to provide an environment where children can learn, grow and thrive.
<p>Ensure sustainability</p>	<ul style="list-style-type: none"> ✦ Alleviate the challenge of locating, obtaining and retaining sustainable funding for programs. The unpredictability of funding for even high impact programs is a key concern voiced by consumers and providers alike.

Consensus among stakeholders that system improvement efforts should:

Respond to risk factors	<ul style="list-style-type: none"> ✦ Address financial and emotional stressors often experienced by single parents. ✦ Recognize the impact that domestic violence plays in increasing the likelihood of children being abused, neglected or involved in delinquent acts.
Engage parents, caregivers and other adults	<ul style="list-style-type: none"> ✦ Educate parents that positive parenting is about being supportive and encouraging, focusing on education and making the child(ren) a priority. ✦ Educate parents and caregivers (in a culturally appropriate way) about what legally constitutes child abuse and neglect and what are the characteristics of healthy parenting. ✦ Engage fathers and adult male role models in creative ways that are likely to draw their attention. ✦ Provide opportunities for parents to engage and learn from one another.
Engage youth	<ul style="list-style-type: none"> ✦ Address administrative barriers in schools that inhibit active youth engagement in issues and processes that affect them. ✦ Encourage youth to volunteer. Many youth only think of “community service” as a punishment.
Eliminate barriers	<ul style="list-style-type: none"> ✦ Address key reasons for slow access to mental health services, including a lack of diagnosis and a lack of medical insurance. ✦ Acknowledge and address the fact that parents in the racial minority often feel judged for needing assistance, causing them to feel stigmatized and in turn making them less likely to ask for help. ✦ Respond to consumer concerns that some programs are hard to access, are slow to respond to requests for help, have eligibility guidelines that are too stringent or lack culturally competent staff.
Expand options	<ul style="list-style-type: none"> ✦ Address key reasons for slow access to mental health services, including a lack of diagnosis and a lack of medical insurance. ✦ Offer services that parents have indicated would be helpful to them, including respite care, free or discounted daycare, free or discounted activities for children, fun workshops for parents on time management and more information about community activities. ✦ Create a safe and healthy community for children by providing access to community services, places for youth to go when not in school, more information about activities and services for children and parents, easier opportunities to volunteer and information and support for parents to help them become better parents. ✦ Create more safe sites for youth and families in the community.
Respond appropriately	<ul style="list-style-type: none"> ✦ Ensure that the Department of Child Services workers get to know families better before making a decision about removing their children.
Fix the system	<ul style="list-style-type: none"> ✦ Build a community-based early intervention and prevention system that is: <ul style="list-style-type: none"> ✦ More coordinated ✦ Comprehensive without duplicating services ✦ More efficient ✦ More effective ✦ Better at co-locating services at common access points

APPENDIX C: LEVELS OF INTERVENTION



Adapted from *Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together. A Center Brief.* (2000). Health Resources and Services Administration: Washington, DC.

GLOSSARY OF KEY TERMS

Aging-out: A term used to refer to youths leaving the foster care system due to reaching the age of 18. Youth aging-out often do not have the skills or support they need to live successfully as independent citizens.

Child abuse: Occurs when a child has been subjected to one or more of the following by a parent, guardian or custodian: serious impairment or endangerment of his/her physical or mental condition or health; perpetration of certain sexual offenses; and exposure to illegal drugs or other substances that could harm the child's development, either in the home or during pregnancy. (Indiana Code Title 31, Article 34: Family Law and Juvenile Law, Child in Need of Services (<http://www.in.gov/legislative/ic/code/title31/>))

Child neglect: Occurs when a child's physical or mental condition is seriously impaired or endangered by the failure of a parent, guardian, or custodian to provide necessary food, clothing, shelter, medical care, education, or supervision, or if the child's physical or psychological development is threatened by exposure to alcohol and other harmful substances during pregnancy. (Indiana Code Title 31, Article 34: Family Law and Juvenile Law, Child in Need of Services (<http://www.in.gov/legislative/ic/code/title31/>))

Co-located services: Places where an individual or family can receive a variety of services at once. For example, a neighborhood center might offer unemployment services, job readiness services and GED classes, but at the same time provide primary health care and mental health services and employ case managers to enroll consumers in subsidized health care plans and help them get public assistance vouchers.

Cultural/Linguistic Competency: The ability of service agencies to understand the world view of clients of different cultures and languages and adapt practices to ensure their effectiveness. (<http://www.jjab.gov/terms.htm>)

Delinquency: When a child has committed an act that would be a crime if committed by an adult, or has run away from home, is truant, habitually disobeys his/her parents' reasonable and lawful commands or violates curfew or laws concerning alcohol or fireworks. (Indiana Code Title 31, Article 37: Juvenile Delinquency (<http://www.in.gov/legislative/ic/code/title31/>))

Early intervention and prevention: For the purpose of this plan and the EIP Initiative, early intervention and prevention is not focused on a particular age range or limited to one issue. The purpose is to improve the overall system in Marion County so that the many factors that lead to child abuse, neglect and delinquency are addressed no matter the age of the child or situation of the family. See Levels of Intervention diagram – Appendix C.

Risk Factors and Protective Factors: A risk factor is any characteristic of a person (such as age), a situation (such as the severity of a traumatic event), or a person's environment (such as family life) that increases the likelihood that that person will eventually develop a disorder. A protective factor is anything that prevents or reduces vulnerability for the development of a disorder. Common protective factors include the availability of social support and the use of healthy coping strategies in response to stress. (<http://ptsd.about.com>)

Wrap-around services: Services provided to the entire family unit to meet all of the family's needs in a comprehensive way, not just to address the most urgent problem in isolation.

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