



# Community Violence Prevention Collaborative



## SUBCOMMITTEE AGENDA

February 13, 2014  
10:00 A.M.



### Summit #1: MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES



1. Status Review (Attached PowerPoint)

2. Discussion:

Mental Health and Substance Abuse

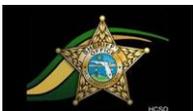
(Handouts #1, #2 and #3)

3. Large Group discussion (Handout #4)

4. Outreach (Handout #6)

5. Update: March and April Summits

6. Closing comments



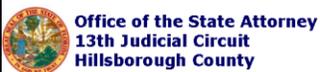
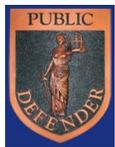


# Community Violence Prevention Collaborative



**AGENDA**  
February 13, 2014  
1:00 PM

## LEADERSHIP COUNCIL and STEERING COMMITTEE MEETING



1. Welcome: Kevin Beckner, Chair 5 mins
2. Pledge of Allegiance
3. Approve minutes of January 8, 2014
4. Operationalize Steering Committee 5 mins
5. Overview: Herb Marlowe 5 mins
6. New Business:
  - a. Subcommittee Reports re: Summit #1 30 mins
  - b. Discussion: Mental Health Policies and Laws (Handout #5) 20 mins
  - c. Prevention Institute Update: Annie Lyles 15 mins
    - i. Data (Handout #6)
    - ii. Timeline for work ahead
7. Old Business: 15 mins
  - a. Youth Outreach Survey
8. Review: Herb Marlowe 5 mins
9. Closing Questions and Comments 15 mins
10. ADJOURN

**HILLSBOROUGH COUNTY VIOLENCE PREVENTION COLLABORATIVE  
LEADERSHIP COUNCIL MEETING**

Thursday, January 9, 2014 at 1pm  
County Center  
601 East Kennedy Boulevard – 24<sup>th</sup> Floor  
Tampa, Florida 33601

**Leadership Council Members Present**

Kevin Beckner  
Frank Chillura  
Julianne Holt (via telephone)  
Michael Sinacore

**Facilitators**

Herb Marlowe  
Annie Lyles  
Benita Tsao

**Subcommittee Representatives Present**

Public Safety.....Daniel Jurman  
Faith Based.....Chakita Hargrove  
Health Care.....Walter Niles  
Education.....Dr. Kathleen Heide  
Education.....Karen Buckenheimer  
Community Based.....Kelley Parris  
Communications.....Steve Hegarty  
Data.....Bob Sheehan  
Data.....John Chaffin

**Leadership Alternates Present**

Holly East  
Bill McDaniel  
Gerald Seeber  
Cindy Stuart  
Michael Bridenback  
John Newman  
Marie Marino  
Bob Bullara

**Collaborative Staff Present**

Brandon Wagner  
Robert Salmon  
Michael LoBue (IT)  
Katelyn Leal

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

The minutes of the December 5, 2013, Violence Prevention Collaborative Meeting were unanimously approved without any corrections, additions or deletions.

Commissioner Beckner provided the background of the Collaborative and its historical context, referring to a PowerPoint presentation. He explained that the public health, or prevention, approach is the way to address the issue of violent crime. Commissioner Beckner then introduced Annie Lyles and Benita Tsao of Prevention Institute, expert consultants to the Collaborative.

Annie Lyles explained the strategic planning process, referring to a PowerPoint presentation. She explained that the Collaborative would be focusing on community members in the 12- to 24-year-old range who commit violence within the community. Mrs. Lyles described the difference between a reactive approach (law enforcement) to violent crime and the public health approach (prevention).

Mrs. Lyles then referred to the results from the morning subcommittee meetings, explaining 6 Community Risk and Resilience Factors (bold factors have been identified as Hillsborough County's prioritized factors):

- **Community Deterioration**
- Family Conflict/Poor Parent-Child Relationships
- **Alcohol/Drugs/Mental Health Issues**
- Low Educational Achievement
- Neighborhoods Lack Support and Cohesion
- Neighborhood Poverty

6 Community Resilience Factors:

- **Coordination of Resources**

- Community Design
- Employment and Economic Opportunities
- **Community Support and Connectedness**
- Access to Mental Health Services
- **Connection to a Caring Adult**

Annie Lyles provided a preview of what to expect for the upcoming VPC meetings, specifically addressing the three summits and the goal of finalizing the strategic plan in June. She explained that although data will guide the process, it will not be the process itself. Mrs. Lyles then requested reports from the subcommittee chairs on their experience during the morning session.

Each of the subcommittee chairs explained the process utilized by his or her group for selecting strategies, leading ultimately to the final list above. Annie pointed out that equity was a very important theme of the morning discussion, specifically equitable outcomes.

Mrs. Lyles asked members of the Leadership Council to make comments about the lists of risk and resilience factors. John Newman stated that the Collaborative needs to identify best practices to follow, as well to identify small wins in order to build momentum. Mike Bridenback commented that he was hopeful that current problems, such as individuals with mental health/substance abuse issues who are already in the criminal justice system will be addressed by Collaborative policy, that future policy not merely focus on those who have yet to enter the system (primary prevention plus interventional approaches). Dan Jurman identified broad collaboration as a necessity to truly address the issues at hand, in order to approach violence prevention in a comprehensive, holistic manner.

Marie Marino identified mental health issues and substance abuse as two of the most important problems that the Collaborative needs to address. Mr. Bridenback reiterated that his concern was that the Collaborative did not ignore the people who are already in the system who need help beyond, and possibly excluding, the court system.

Kevin Beckner clarified that the issue being raised was the coordination of current needs versus those identified in the strategic plan and stated that his hope was that the leadership council would consider and resolve problems in the current system as well as developing new systemic approaches.

Michael Sinacore noted that it was easy to focus on the micro-level within the court system, but that this view was shortsighted. He surmised that economics and education were the main variables that determine the probability of an individual entering the criminal justice system. Mr. Sinacore suggested that the Collaborative focus on the issue of violence prevention on a macro level.

Mrs. Lyles stated that although economics are a major factor, it was removed from the factor list because it is a technical field in which all of the jurisdictions have experts.

Daniel Jurman mentioned that poverty is a major issue that must be understood and addressed, because people merely trying to survive poverty will not look ahead at the bigger picture, and are not focused on achieving goals that will break the cycle of poverty.

Mrs. Lyles defined the Adverse Child Experiences program and its history, and the fact that many negative, often criminal behaviors are the result of exposure to specific traumas as a child. She explained that the higher the incidence of exposure to adverse incidents, the higher the probability of negative behavior. Mrs. Lyles continued by discussing how perception, specifically perception of crime, is often based on incorrect information and perpetuated by media and community sharing.

Mr. Beckner pointed out that our society has become desensitized to violence due to the prevalence of violence reported in myriad formats. He also pointed out that individual perception of crime is influenced by an individual's surroundings.

Annie Lyles then transitioned to discussing infrastructure and implementation of the plan. She provided three models of transition:

*Coordinator Model:* Institutionalize a coordinator who serves as the backbone of the program as well as writing grants, often placed within the office of local government

*Departmental Model:* A single department runs the program, as is being done in Marin County, where the program resides within the health department

*Agency-wide Model:* The goals of the program are mapped into departments that were already providing similar services, essentially implementing the program through the pre-existing structures and funding

At approximately 2:28pm, Mr. Beckner advised the non-Leadership Council members that they could be excused if they needed to leave, and also welcomed them to stay for the entirety of the meeting.

Mrs. Lyles then asked the members of the Leadership Council to discuss their ideas on which implementation model would work for the Collaborative.

Mr. Beckner pointed out that accountability is a vital component of implementing any type of plan, and that a coordinator is a necessity to provide policy oversight. Michael Sinacore added that he supported the coordinator model, or that, regardless of the model selected, there must be a coordinator. Mr. Chillura said that there must be consistency in the delivery of the plan. Mr. Sinacore noted the dynamic nature of policy implementation, and that a board may be necessary to make adjustments and evaluations periodically to ensure that the plan is being implemented effectively. Mr. Beckner added that an oversight board could serve an effective purpose.

Mr. Bridenback noted that under the Agency-wide Model, a gap analysis is suggested, and that service recipients could be useful members of the process for their unique perspective.

Mr. Newman explained that by focusing on individuals identified as offenders, instead of focusing on a certain category of crime, they (the law enforcement community) had measurable success. He suggested that we must know who the offenders are in order to address the problem. Mrs. Lyles explained that when implementing a primary prevention program, individuals are not identified; the focus is on the condition of the environment. She used a water-monitoring metaphor, saying that instead of treating problem fish, the prevention model would go upstream to treat the water. Treat the environmental issues versus identification of problem individuals.

Mr. Newman countered that although he understood Mrs. Lyles point, the Collaborative needs a starting point, which could be individuals who are already in the system. He added that knowing why people end up on his department's police reports would be very useful. Mr. Sinacore added that digging deeper into case files for root causes of the violence would be very useful.

Annie Lyles explained that in her experience with fatality review boards, they used a systems approach, specifically looking at what processes were in place that should have prevented the death, but did not. She noted that although there were systems in place (specific agencies and protocols), they did not complement each other effectively.

Marie Marino pointed out that focusing on crime only is a limited view, that mental health issues need to be addressed. In major incidents of violence, where were the appropriate interventions? What were the failures that led to the major, but preventable acts of violence? Mrs. Marino also noted that suicide is a major public health issue that needs to be addressed. John Newman responded by highlighting the coordinator model, that the policy implementation process needs a person with authority in a lifeguard-type role.

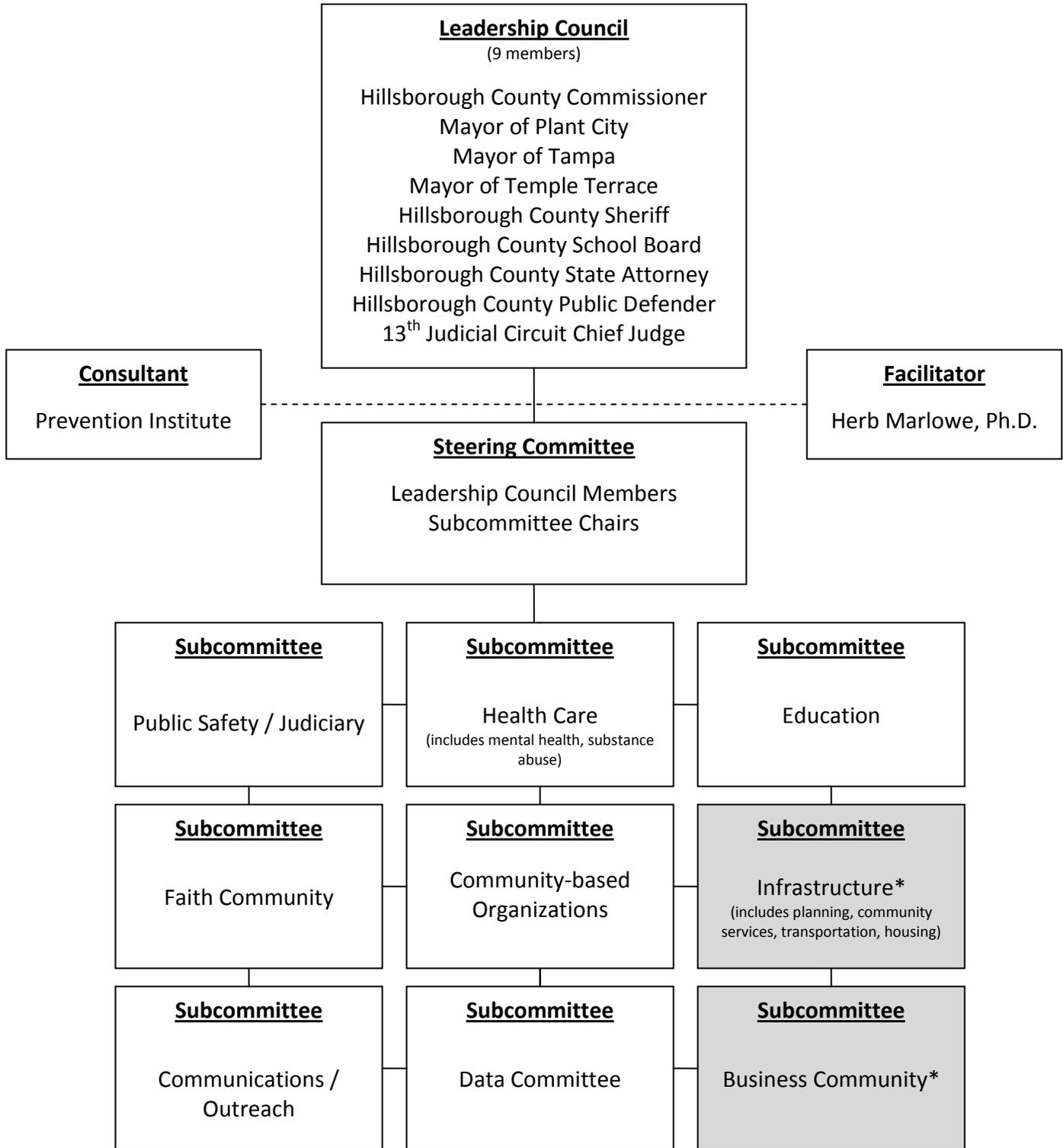
Kevin Beckner illustrated the need for members of the Leadership Council to truly collaborate in order to effect change, leading to the need for a coordinator who drives the policy and the implementation. Kathleen Heide followed up by stressing the need for law enforcement to continue their efforts in secondary prevention, that shifting to focusing on primary prevention does not eliminate the need to provide secondary prevention.

Mrs. Lyles wrapped up the meeting by advising the group that they were on track for developing the strategic plan, that the nuts and bolts were coming together.

Herb Marlowe previewed the upcoming meetings and provided an overview of the process for getting to the final version of the strategic plan.

The meeting adjourned at approximately 3:03pm

# COMMUNITY VIOLENCE PREVENTION COLLABORATIVE



\* = operationalized at time of implementation of strategic plan

# STATUS REVIEW

**Community Violence Prevention Collaborative**

**Summit #1:**  
**MENTAL HEALTH AND SUBSTANCE ABUSE**  
February 13, 2014



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**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

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**Today's Agenda Leads to Future Work**

- **March 2014 – Summit #2: Positive Attachment and Relationships in Families**
  - Explore ways to promote the resilience factor of positive attachment and relationships in families
  - Discussion of how resources can be better coordinated
- **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**

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# STATUS REVIEW

## Reducing the Risk of Mental Illness and Substance Abuse

- **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 reduce this risk**
- **Identify ways public institutions (local governments, school district, criminal justice agencies, CBHC) can work together to reduce this risk**

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## Today's Format: Subcommittees

- Subcommittee discussion:
- Improving Mental Health and Substance Abuse 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 enhance mental health and substance abuse services?
- Large group discussion:
- Coordination of Resources and Community Connectedness**
1. How can mental health and substance abuse services be better coordinated in the County?
  2. What connections can be established or improved among various stakeholders in the County?

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## Today's Format: Steering Committee

1. **Is there a local policy we need to add or amend that improves mental health and substance abuse services in Hillsborough County?**
2. **Is there a state or federal policy the Leadership Council could propose or amend that would strengthen mental health and substance abuse services?**

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# STATUS REVIEW

<p>QUESTIONS AND COMMENTS</p> 
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## **Handout #1: Committee Discussion Questions**

Today our focus is on the risk factor of mental illness and substance abuse, to better understand how we can strengthen preventive resources and activities (best practices, programs, services, collaborative efforts, etc.) that would reduce this risk. 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 prevent or increase risk of mental illness and/or substance abuse.

Each committee is asked to address questions 1 and 2 below.

1. How could we make an impact on improving mental health preventive services? What programs exist that are working? What is missing?
2. How could the local governments and the school board enhance their mental health and substance abuse services?

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 was developed by Prevention Institute as a resource for your discussion.]

You will have 30 minutes for this discussion in your committee, then a large group discussion of each question for approximately 45 minutes. As you report to the entire group, the resources or activity(s) you believe would be most important, we ask that you share with the group 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.**

## Mental Health Problems, Alcohol and Substance Use

Background on a prioritized risk factor

Prepared for Hillsborough County

- The U.S. Surgeon General report on youth violence found that the prevalence of mental illness among violent youth is significantly higher than the prevalence of mental illness among non-violent youth. According to this report, serious violent offenders were at least twice as likely to suffer from mental health problems as either non-violent offenders or non-offenders. Similar studies in the U.S. and New Zealand have demonstrated that for both young and middle aged adult populations, the greatest risk factor for violence stems from a combination of mental illness and substance abuse.
- Strong social networks and connections correspond with significant increases in mental health, academic achievement, and local economic development, as well as lower rates of homicide, suicide, and alcohol and drug abuse. Studies have shown that children were mentally and physically healthier in neighborhoods where adults talked to each other. Both individuals and families benefit through their social connections when networks are used to find a job, companionship, or support in times of need.

### Mental Health

- In order for youth to thrive, youth development strategies must be integrated into a holistic approach. Access to primary care and mental health services is instrumental in assisting youth in developing their capability to thrive into adulthood. Access to services is also critical for families that are trauma -

*"It is only the overwhelming accumulation of risk without a compensatory accumulation of assets that puts kids in jeopardy."*

*-Dr. James Garbarino, Cornell University*

afflicted or otherwise vulnerable. Traumatic stressors during childhood and adolescence represent a common pathway to long - term problems, and studies have shown a n association between crime and childhood exposure to various adverse family, economic , and community factors

- It is critical that mental health and case management services be provided in a timely manner to allow young people to deal with the trauma and to be able to move on. Such services are appropriate in all settings for young people from pre-school and school settings to detention facilities can include support with handling rage and dealing with shame and stigma.

### Alcohol & Substance Abuse

- Nationwide, alcohol is the drug most closely associated with violent incidents; some researchers estimate it is implicated in 50 to 66 percent of all homicides. The scientific literature strongly suggests that alcohol, like other drugs, acts as a "multiplier" of crime. The use of alcohol and drugs results in higher levels of aggression and crime. In neighborhoods with a concentration of liquor stores, that neighborhood often suffers from alcohol-related social problems.

- Zoning can also influence the availability of beneficial products such as books and school supplies, sports equipment, arts and crafts supplies, and other recreational items as well as limit availability or lack, of potentially harmful products such as tobacco, firearms, alcohol, and other drugs that can also have an impact on violence within a community. Low-income communities and communities of color have greater access to alcohol and tobacco products due to the high prevalence of local liquor stores.
- Employment and being able to support oneself and one's family fosters self-sufficiency and dignity while reducing the stresses associated with being unemployed. When adults and youth cannot find appropriate employment, they are more likely to turn to crime and violence and associated illicit activities, such as selling drugs.

### SAMPLE ACTIVITIES

- *Family support:* Provide case management, family support and coordinated service provisions to support families in highly impacted neighborhoods.
- Develop school-based family 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
- Reduce alcohol density in highly impacted neighborhoods and enhance the laws and punishments for those who sell liquor to minors
- Train 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.
- *Trauma reduction:* Provide appropriate mental health and case management services to children and youth who have been traumatized, particularly through witnessing or experiencing violence.
- *Reentry:* Create more viable connections between communities and inside detention facilities, provide incentives for hiring ex-felons, 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.
- *Drug Markets:* Shrink drug markets by simultaneously decreasing the demand side through appropriate economic development, health, and human service efforts and decreasing the supply side through targeted criminal justice approaches.
- Offer coordinated mental health services in schools

### SAMPLE ACTIVITIES FROM RECENT COMPREHENSIVE PLANS TO PREVENT COMMUNITY VIOLENCE

#### In New Orleans Schools

To gain an understanding of the capacity of schools to respond to trauma and violence, the New Orleans Health Department administered a survey to all schools in Orleans Parish to better understand at the individual school and the system level resources regarding mental health staff, partnerships with outside agencies, crisis planning and violence prevention programming. Following the analysis of these surveys, the New Orleans Health Department has undertaken an intensive effort with schools to create a pipeline that connects schools with resources that will empower them to apply trauma - informed approaches. In order to build trauma - informed approaches into the school system, the New Orleans Health Department has partnered with schools and community providers to engage in the following capacity and coordination building activities:

- Catalog School-Based Behavioral Health Resources

- Develop shared communication protocols between the City and School Districts following a student - involved homicide to channel applicable resources to a school affected by a student - involved homicide
- Provide trainings in evidence-based crisis management and trauma interventions
- Raise awareness about available behavioral health and human services resources for schools and students
- Conduct outreach to assist schools in forming vital partnerships to access mental health and human services resources that address risk and protective factors of youth violence

### **In New Orleans Communities**

- Health Department staff will explore the possibility of implementing parenting programs that support safe, stable and nurturing relationships in the City's WIC clinics as social and emotional wellness are essential components of public health.
- As numerous listening sessions made clear, access to youth behavioral health services is limited. The City is committed to improving coordination in the behavioral health system in order to increase access to mental health and substance abuse services for young people. Recommendations for coordinating services for youth include:
  - 1) Focusing on health promotion and prevention
  - 2) Addressing risk factors and promoting protective factors
  - 3) Supporting the Coordinated System of Care
  - 4) Increasing access to school-based mental health services
  - 5) Providing trauma-informed care
  - 6) Promoting family and youth participation in outreach efforts to schools.

### **In Minneapolis Schools**

The Plan Development Workgroup members recognized the need to address traumatic stress as Blueprint efforts move forward. Community dialogue participants expressed significant concern about the need for youth to have available and accessible mental health services.

Community dialogue participants also noted that in many cases, the process of restoring youth who have gone down the wrong path necessitates addressing and providing support for any physical and mental health needs that may have contributed to their actions, including opportunities to develop emotional coping skills. The Minneapolis School Based Clinic Program will continue to improve service delivery through youth engagement and peer education in addition to the following:

- Silver Ribbon Campaigns, student directed organizations aimed at erasing and raising awareness of mental health issues, exist in two schools; other schools collaborate with the National Alliance on Mental Illness (NAMI)
- Minneapolis School Based Clinic Program mental health providers will be trained in Interpersonal Therapy for Depressed Adolescents (IPT - A), an evidence-based practice. School-based clinics and MPS 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
- The Massachusetts Youth Screening Instrument (MAYSI) assessment tool is used in the Hennepin County Juvenile Detention Center and by Hennepin County Juvenile Probation to screen for and identify potential mental health issues in need of immediate attention.

### 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>
<b>Question</b>	<b>Committee Response (Please write legibly)</b>
<ol style="list-style-type: none"><li>1. How could we make an impact on improving mental health and substance abuse services? What programs exist that are working?</li><li>2. What is missing?</li></ol>	
<ol style="list-style-type: none"><li>3. How could the local governments and school board enhance their mental health and substance abuse services?</li></ol>	

**RETURN TO: ROBERT SALMON**

**Handout #4**  
**Coordination of Resources and Community Connectedness**

Large Group Discussion:

1. How could mental health prevention 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: <b>STEERING COMMITTEE</b></p> <p>Recorder's Name and Contact Info:</p> <hr/>
<b>Question</b>	<b>Committee Response (Please write legibly)</b>
<p>1. Is there a local policy we need or should change that would improve mental health prevention services 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 mental health prevention services?</p>	

**RETURN TO: ROBERT SALMON**

**Handout #6:  
Email contact list**

At an earlier meeting, you identified the importance of reaching out to the community about this project. One way to do this is through a targeted email distribution to persons you believe should be informed. We are proposing to distribute a summary of this Summit to those people and ask them to comment on it.

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 Mental Health/Substance Abuse Summit 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](mailto:salmonr@hillsboroughcounty.org)

## HANDOUT #6

TO: Leadership Council  
Hillsborough County Violence Prevention Collaborative

FROM: Data Subcommittee

DATE: February 13, 2014

SUBJECT: Status Update

This summary report includes information deferred from the January agenda due to Prevention Institute's (PI) previously scheduled site visit and presentation.

PI and members of the Data Subcommittee met immediately following the January Violence Prevention Collaborative Meetings.

1. The Data Subcommittee's adopted value is "data credibility," and for our purpose, this consists of data generally available in the public realm and consistent with the underlying analysis of scientific credibility as determined by Prevention Institute by prior research.
2. The Data Subcommittee continues to utilize the data points provided by Prevention Institute and previously circulated to the Leadership Council (attached). After consultation with PI, the committee has made one substitution, Government Allocations to Non-Profits for Non-Profit Revenues (Data Point #15).
3. For data collection purposes, "violent crime" is defined as FBI Part 1 Index Crimes excluding simple assault. The Subcommittee is researching sources of credible domestic violence data for addition to an existing or new data point, as recommended by PI. Work is ongoing.
4. PI has asked that the use of graphical representations (maps, pie charts) be limited to no more than six (6). Work is ongoing to update with new U.S. Census Data made available in December 2013. Updated maps will be presented at the March meeting.
5. The Data Subcommittee reviewed requests from the subcommittees for additional data. Some of the data requested duplicates items from the list of 18 data indicators, while others are outside the scope of current data collection and research. The Data Subcommittee will propose that some of the remaining items be incorporated at the implementation phase of the strategic plan.
6. PI has consistently expressed confidence in the data collection process and timely progress. The Data Subcommittee will provide a progress report at the March meeting.

## Data Indicators

### Safety

1. Gang Related Crime Rate
2. Violent Crime Rate
3. Child Abuse Rate

### School

4. High School API
5. High School Truancy
6. Middle School API
7. Middle School Truancy
8. Graduation Rate

### Risk Factors

9. Percent Families in Poverty
10. Percent Unemployment
11. Percent Single Parent Families
12. Percent High School Students Below Basic in English
13. Percent Middle School Students Below Basic in English

### Protective Factors

14. Violence Prevention Service Rate
15. *Youth Violence Prevention Non-Profit Revenue\**
16. Percent High School Teachers with Full Credentials
17. Percent Middle School Teachers with Full Credentials
18. Percent Active Voting Population

\*To be substituted by Government Allocations to Non-Profits