

# BLUEPRINT FOR PREVENTING COMMUNITY VIOLENCE

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Oakland Community  
Health Network

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*Developmental Disabilities • Mental Health • Substance Recovery*

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# Acknowledgments

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It is with great gratitude that we acknowledge all of the wise, steadfast partners who had a hand in this violence prevention assessment. Oakland County benefits by bringing together a group with diverse perspectives and backgrounds to help solve the pervasive and pressing issue of violence. To help prevent community violence in all forms, it is critical to hear both the voices of those who serve the community and those who have experienced violence within it. We want to extend special gratitude to the community members who shared their stories, and the Oakland County organizations who allowed our team to host a focus group conversation with their staff and clients. The perspectives these providers, youth, and community members brought forward have been invaluable to our thinking about the county's needs.

While we strive to directly thank everyone who had a hand in the creation of this report, we also appreciate anyone whose name may have been missed.

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The authors would also like to acknowledge the Advisory Committee's desire to define community for the purposes of this report. While Oakland County comprises many smaller units of community based on location, race, gender, sexuality, faith, workplace, and other factors, for the purposes of this report, community is the connection between all people who live, work, play, and pray in Oakland County.

# Our Blueprint Purpose & Process

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## PURPOSE

Oakland Community Health Network (OCHN) is pleased to present their Blueprint for Preventing Community Violence (Blueprint). The Blueprint is designed as a 3-to-5-year plan to address violence in Oakland County through both primary prevention and victim support services. This plan is focused around preventing and intervening in interpersonal violence in the lives of families and children. Many of the actions in this plan are targeted towards youth for this reason.

Professionals, service recipients, and community members from across the violence prevention and response space in Oakland County collaborated to help create this Blueprint. The group paid special attention to ensure that groups who are disproportionately impacted by violence had a say in what they felt were the system's greatest needs and strengths (a full list of community and participant types are listed in the "Blueprint Development" Appendix). Guiding questions were designed utilizing the CDC's Veto Violence framework of protective and risk factors for violence in the community. This framework is further discussed in the "Process" section.

## PROCESS

In May 2022, OCHN contracted with the Michigan Public Health Institute (MPHI) to facilitate the process for creating a violence prevention Blueprint for Oakland County. A six-person core team from OCHN and a community Advisory Committee (AC) guided Blueprint creation. Fifteen members representing government and community organizations including churches, schools, law enforcement, and victim services groups comprised the AC.



At the outset of the project, the OCHN team decided to focus this project on **preventing and responding to interpersonal violence in the lives of families and children**. Specifically, the project and this Blueprint are aimed at interventions addressing child abuse and neglect, bullying and school violence, domestic and teen dating violence, and youth and community violence, particularly gun violence.

Utilizing the CDC's Veto Violence framework provided the team with a framework for understanding that these different types of violence are not separate phenomena. They are interconnected and often share the same root causes. While many things increase or decrease the likelihood of violence, there is a growing evidence base of a set of "risk and protective factors" that tip the scale in one direction or another. These factors exist at the community level, making it more or less likely that entire communities will suffer from violence (e.g., neighborhood

connectedness, economic opportunities, social norms about violence). There are also factors in people's relationships and individual traits or past experiences that can increase their risk of experiencing violence or protect against violence (e.g., health of family and peer relationships, communication skills). It is especially critical to note that because of community- and societal-level risk factors, those who experience one form of violence are likely to experience other forms of violence, and those who have been violent in one context are likely to be violent in another context.

Knowing the importance of addressing violence prevention as a whole, rather than multiple discrete puzzle pieces, the AC developed the following as a vision and action statement:

## WE ENVISION A COMMUNITY WHERE ALL WHO LIVE, WORK, AND PLAY IN OAKLAND COUNTY FEEL SAFE AND SUPPORTED. AS AN ADVISORY COUNCIL, WE EMBRACE:



Using this statement as a guiding principle, MPHI conducted a series of ten focus groups with Oakland County residents and service providers, as well as a review of available secondary data related to risk and protective factors for community violence.

MPHI shared summary results with the AC, who used that information to develop four primary violence prevention goals for the county over the next 3-5 years:

### 1 STRENGTHEN

cultural norms and attitudes related to violence prevention

### 2 IMPROVE

youth connectedness to peers and trusted adults

### 3 REDUCE

stigma for accessing mental health services and communicate that these services are confidential

### 4 INCREASE

inter-organizational communication and use of available data to better target services and assess effectiveness in violence prevention and response efforts

Implementation of the Blueprint will be a responsibility shared between OCHN and other partner organizations who wish to continue in the work. The full Blueprint is shared on the following pages.

# BLUEPRINT FOR PREVENTING COMMUNITY VIOLENCE

The Blueprint below represents the goals and objectives determined by the AC. For each goal, CDC Violence Prevention risk factors addressed by the plan are shared in bold and denoted with this symbol , and protective factors are shared in bold and denoted with this symbol .

## GOAL 1

### STRENGTHEN CULTURAL NORMS AND ATTITUDES RELATED TO VIOLENCE PREVENTION



#### CDC RISK FACTOR ADDRESSED:

Cultural norms that support aggression towards others



#### CDC PROTECTIVE FACTORS ADDRESSED:

Skills in solving problems non-violently

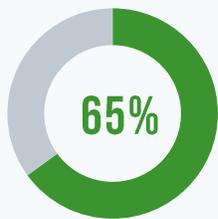
There are a number of reasons violence of any type occurs in a community. However, a key risk factor for violence is **cultural norms that support aggression**  as a method of problem-solving. By working on a number of initiatives to change the way community members think about violence, OCHN and their partners are working to create a county-wide shift in how conflict is handled, whether at home, school, or in the community at large.

In focus groups, changing norms and attitudes related to violence emerged as a priority across participant types – youth, community adults, and providers – indicating the community’s readiness to explore pathways to these changes. Specifically, young people suggested normalizing and destigmatizing talking about violence. Providers and other adults saw a shift in young people’s attitudes about violence as the key to improving the future and breaking cycles with a focus on teaching youth that violence does not need to be the solution to challenging situations and emotions.

The secondary data collected for the assessment showed that nearly 1 in 5 people in Oakland County grew up in a household where adults were physically violent toward each other. Nearly half of high school students who responded to the Michigan Profile for Healthy Youth (MIPHY) responded that their family members have serious arguments or witnessed physical violence at least once in the past year.

The MIPHY also asked a question about cultural norms that support aggression toward others, and slightly less than two-thirds of Oakland County high school student respondents reported their friends would feel it was “wrong or very wrong” to be in a physical fight. When asked about experiencing physical violence, just under one in five respondents noted they had been in a physical fight one or more times during the past year.

## CULTURAL NORMS THAT SUPPORT AGGRESSION



of H.S. students said that their friends would feel it was wrong or very wrong to be in a physical fight



of H.S. students were in a physical fight one or more times during the past year

By working to change norms and attitudes related to violence, the Oakland County community can help improve **skills in solving problems non-violently** ✓, both of which are shown to be protective factors against violence.

## GOAL 1 OBJECTIVES

OCHN and partners plan to take actions to achieve the following objectives to strengthen norms and attitudes related to violence prevention:



Conduct outreach to shift attitudes towards violence

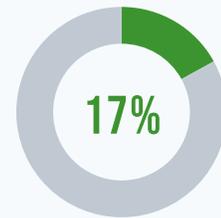


Implement violence prevention programs in schools

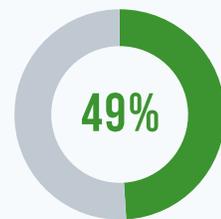


Use innovative, culturally relevant strategies to reach community members

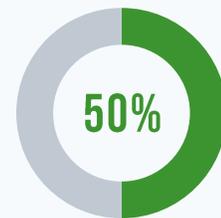
## WITNESSING VIOLENCE



of people in Oakland County grew up in a household where adults were physically violent towards each other



of H.S. students said family members have serious arguments



of H.S. students saw students get pushed, hit, or punched one or more times in the past year

## GOAL 2

# IMPROVE YOUTH CONNECTEDNESS TO PEERS AND TRUSTED ADULTS



### CDC RISK FACTOR ADDRESSED:

Poor neighborhood support and cohesion, social isolation/lack of social support, poor parent-child relationships



### CDC PROTECTIVE FACTORS ADDRESSED:

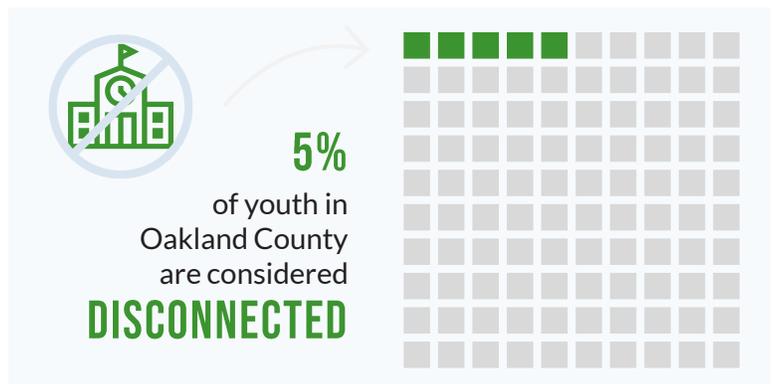
Community support and connectedness, Family support and connectedness, Connection to a caring adult, Association with pro-social peers

A lack of connection between youth and adults in a community has clear downsides: **poor neighborhood support and cohesion, social isolation and lack of social support, and poor parent-child relationships** ⚠️ are all known risk factors for violence within a community. By supporting community connection, Oakland County can both help prevent future instances of violence and support survivors of violence that has already occurred.

Existing research on this topic was supported by focus group data: connecting youth with supportive peers and adults emerged from focus groups as a recommendation for both violence prevention and survivor support. Youth and providers highlighted the need to build a network of connections between youth and adults who want them to succeed as a method of violence prevention. These adults can span a wide range of roles, including family members, coaches, mentors, teachers, and community leaders. Building trusting relationships between adults and students and increasing social support opportunities will in turn make it easier for young people to associate with pro-social peers. Peer supports for youth are especially critical for building community and connectedness among those belonging to frequently marginalized groups such as the LGBTQ+ or Disability Communities.

Youth, providers, and community adults also agreed that there is a need to expand trauma training for educators and all adults who interface with youth. This will allow trusted community adults to have supportive, trauma-informed conversations with youth who have experienced or witnessed violence. Given the community's recent experience of a school shooting, it is more vital than ever to ensure that school-age people are able to experience community and family support and connectedness, particularly through connection to a caring adult.

The secondary data also supported this priority. The County Health Rankings include a measure of disconnected youth defined as the percent of youth, ages 16-19 who were not in school or working. In Oakland County, approximately 5% of youth are considered disconnected.



The MIPHY data also contain several indicators of connectedness, including connections to parents and school. In Oakland County, approximately 12% of MIPHY respondents noted their parents would not know if they came home on time. Additionally, nearly half (45%) reported they “often” or “almost always” hated being at school during the past year.

While relationship level protective factors show a generally high level of connectedness, there are still areas for improvement in connecting youth to others and to adults. According to MIPHY data, students are more likely to be connected to one another than to their parents or other adults in their lives. Just under 90% reported they had at least one friend in school clubs or activities in which they participated. However, fewer reported they have opportunities to talk one-on-one with teachers (82%), that they could ask their mom or dad for help with personal problems (79%), and fewest reported their parents told them they’re proud of them (56%). Data on community-level protective factors showed that just over 50% reported they knew adults in their neighborhood they could talk to about something important and fewest (39%) reported they knew people in their neighborhood who encouraged them to do their best.

## CONNECTIONS TO PARENTS



of H.S. students said their parents would not know if they came home on time

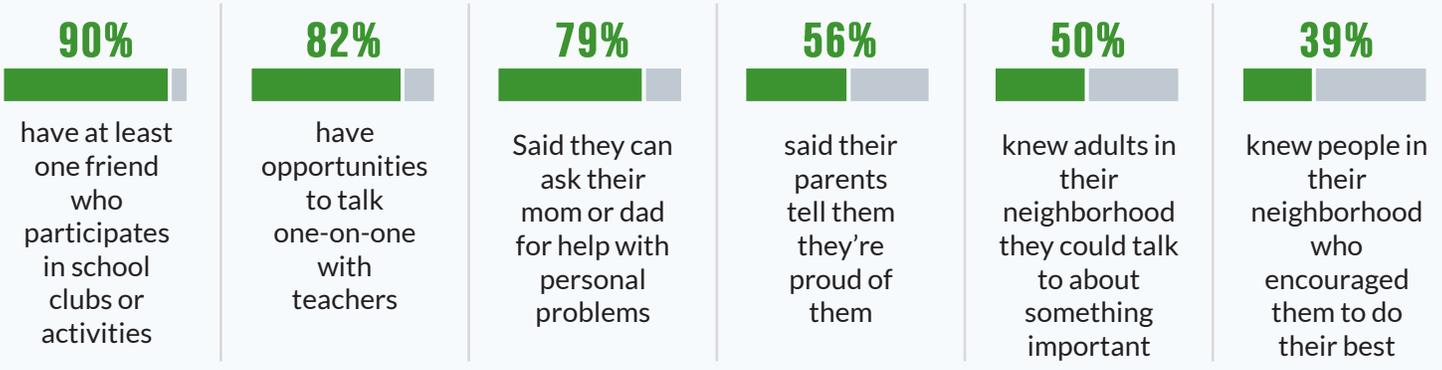
## CONNECTIONS TO SCHOOL



of H.S. students said they often or almost always hated being at school during the past year

## RELATIONSHIP LEVEL PROTECTIVE FACTORS

AMONG OAKLAND COUNTY HIGH SCHOOL STUDENTS



## GOAL 2 OBJECTIVES

OCHN and its school and community partners commit to implementing actions on the following objectives to strengthen adult-youth relationships:



Leverage and expand existing youth-focused community initiatives



Build adult capacity to foster trusted connections and support youth

## GOAL 3

# REDUCE STIGMA FOR ACCESSING MENTAL HEALTH SERVICES AND COMMUNICATE THAT THESE SERVICES ARE CONFIDENTIAL



### CDC RISK FACTOR ADDRESSED:

Psychological/mental health problems, substance use



### CDC PROTECTIVE FACTORS ADDRESSED:

Access to mental health and substance abuse services, skills in solving problems non-violently

While most people who experience **psychological or mental health problems** ⚠ are not violent, they are more likely to experience violence. This is a particular problem for school-aged people, whose mental health may have an outsized impact on other behaviors such as **substance use** ⚠, school performance, and other negative outcomes. This is not a problem that only impacts youth—people with mental disorders such as anxiety, depression, or post-traumatic stress disorder may choose to self-medicate with substances, continuing a cycle of behaviors that can lead to increased victimization.

The good news is that **access to mental health and substance abuse services** ✓ is a known protective factor against violence. This first requires expansion of access to affordable systems of care for community members with a wide range of income and insurance levels. However, it also requires a larger mindset shift among community members to destigmatize seeking mental health treatment so that mental health is seen as part of routine, comprehensive healthcare. Part of this shift in talking about mental health includes ensuring community members know that much like physical health, mental health services are confidential under HIPAA, and no one would be able to access their records beyond medical and billing personnel. Accessing this type of care can also help individuals **build skills to solve problems non-violently** ✓, which may contribute to breaking inter-generational cycles of violence.

Focus group data supported this goal—participants again highlighted mental health access and stigma reduction as priorities for both violence prevention and victim support. All group types felt that the United States has found itself in the midst of a mental health crisis. Participants noted that both increasing access to care and breaking down internal barriers to seeking health are needed to help solve it. The AC concurred with these ideas and added that as providers and educators, more should be done to improve the referral and handoff system so that when people do need help, they are not left with a phone tree of numbers that may or may not be able to help provide the help they need.

## GOAL 3 OBJECTIVES

To improve mental healthcare and reduce stigma in the community, OCHN and its partners commit to the following:



Change community norms surrounding mental healthcare



Increase access to comprehensive mental health supports for youth



Improve referrals and handoffs for mental health services



Integrate mental healthcare into traditional healthcare settings

## GOAL 4

# INCREASE INTER-ORGANIZATIONAL COMMUNICATION AND USE OF AVAILABLE DATA TO BETTER TARGET SERVICES AND ASSESS EFFECTIVENESS IN VIOLENCE PREVENTION AND RESPONSE EFFORTS



### CDC RISK FACTOR ADDRESSED:

N/A



### CDC PROTECTIVE FACTORS ADDRESSED:

Coordination of resources and services among community agencies

Oakland County is home to many service providers, including those who participated in our focus groups and AC. One frequently cited concern throughout focus groups was that, despite Oakland County's many resources, residents still find themselves without the support they need. Focus group participants shared that available resources are not well-coordinated, are difficult to navigate, and require substantial individual investment by service users to obtain.

AC members cited a different side of this same coin: there are a number of ongoing initiatives across the county to prevent violence and improve services for residents, but these initiatives do not always communicate with each other. Additionally, there is a tendency for groups to view assessment and strategic planning processes as an endpoint, rather than a beginning. This limits or omits the ability to collect feedback on the success of these plans. The lack of feedback data then leaves the next group beginning an assessment with a "blank slate" of what does or does not work. Taken together, these concerns point to a need to better **coordinate resources and services among community agencies** ✓, along with improve collection and utilization of data.

There are currently a number of workgroups coalescing to help prevent specific types of violence in Oakland County, including but not limited to the Suicide Prevention Task Force, Threat Assessment and Response Teams, and Commission to Address Gun Violence. Additionally, workgroups are forming to help prevent community violence in specific locations within Oakland County, such as the Pontiac Anti-Violence Task Force and its youth arm, the Ascend Foundation. These groups may help form the core of interconnected violence prevention work in the county, and efforts should be made to bring in other coalitions and task forces with similar goals to address the AC's concerns listed above.

## GOAL 4 OBJECTIVES

To achieve this goal, OCHN and its partners commit to working towards the following objectives:



Expand communications between organizations and community members



Ensure ongoing collaboration between organizations serving Oakland County



Improve data sharing between organizations serving Oakland County



Collect and share feedback on ongoing initiatives

# Blueprint Next Steps

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The Advisory Committee and community voices who contributed to this Blueprint have provided important insights and experiences to elevate and prioritize the goals that the community can address to decrease violence in Oakland County in the future. The work will continue as organizations and individuals coalesce to take action on these goals and identified objectives. The next steps to ensure implementation of this Blueprint include the following:

## 1 IDENTIFY AND ENGAGE NEEDED PARTNERS IN PLANNING AND FUTURE IMPLEMENTATION OF THE BLUEPRINT

While the many important individuals and organizations comprised the Advisory Committee for this work, additional partners will be needed to best identify assets, gaps, and activities, as well as to implement the activities planned to address goals and objectives. The Steering and/or Advisory Committee will identify a list of partners who currently work in each goal area and invite those new partners to participate. This will also include collaborating with existing taskforces or initiatives to reduce redundancy and increase reach of current activities beyond one organization or group to the wider system of those working to reduce community violence in Oakland County. Partners engaged in work on each goal may be different depending on areas of expertise and audience. Partners will be engaged in a regular cadence of meetings and collaboration to ensure ongoing work on the Blueprint. These groups and individuals are the experts in their fields and connections to the community and are necessary to successfully implement the Blueprint.

## 2 IDENTIFY COMMUNITY ASSETS AND NEEDS

After partners are engaged, an asset mapping activity will allow participants to identify what assets partners have, as well as what assets currently exist within the county, that can be leveraged to address goals and objectives. This will also assist the group in identifying where gaps exist that will need to be filled to more fully address goals and objectives. The group can utilize and/or modify existing asset mapping tools to conduct this activity. Examples can be found in the ACHI Community Health Assessment Toolkit, located here:

<https://www.healthycommunities.org/resources/toolkit/files/resources>

### **3 DEVELOP DETAILED ACTION PLANS**

Developing action plans will support turning the vision developed by the Blueprint Advisory Committee into reality, as well as define expectations and create responsibility and accountability. Action plans should consider assessment data and utilize evidence-based and/or promising practices to support goal achievement. Additionally, those engaging in action planning should consider the actions and programs brainstormed by the Advisory Committee, listed by goal in Appendix B.

Action plans will detail the specific steps needed to address each objective, which will ultimately lead to achievement of Blueprint goals. Additionally, action plans include a timeline for implementation, assign responsibility to individuals or organizations to ensure actions are completed, and determine performance measures so the group can know when they have achieved desired outcomes. A template and process for action planning can be found in Appendix D.

### **4 IMPLEMENT BLUEPRINT**

Implementation of the Blueprint will follow the action plans developed by partners. As a variety of individuals and organizations comprise the system that prevents and addresses violence in Oakland County, it will take collective action by the system to successfully implement this Blueprint. Ongoing engagement will support full implementation.

### **5 EVALUATE AND IMPROVE**

The group assigned responsibility for each goal area will also track data related to identified performance measures in the Blueprint action plan. Ongoing measurement and examination of measure data will allow the group to identify where adequate progress is being made, as well as where course correction or new actions may be needed to make progress. The group engaged in each goal will set a process for data collection and analysis aligned with each measure, as well as a regular reporting cycle to ensure data are being monitored over time.

# Appendix A: Blueprint Development

Oakland County Health Network (OCHN) engaged staff from the Michigan Public Health Institute (MPHI) to facilitate the process of developing the Blueprint. MPHI staff designed a collaborative, participatory, data-driven process to guide Blueprint development. This process built on the expertise of victim support providers and incorporated the perspectives of those who experienced violence.

## VISIONING

At the outset of the Blueprint process, the AC participated in visioning to develop a statement describing the desired future state that will result from implementation of the Blueprint. First, MPHI facilitators asked Advisory Committee members what three words came to mind when they envisioned a safe Oakland County. Next, facilitators asked AC members to envision Oakland County five years in the future with a fully implemented Blueprint and describe what it looked like, felt like, and how the system of organizations working to prevent and respond to violence had changed.

Participants shared their responses using the online polling program Mentimeter. Following the visioning session, MPHI facilitators analyzed responses looking for main themes, as well as words or phrases that were most prevalent, then developed a set of draft vision statements utilizing the group's shared input. Next, the AC reviewed the draft vision statements and edited these into one final draft vision statement. Facilitators shared the draft vision statement with AC members and asked for opinions on what they liked about the statement and what might be missing. After incorporating feedback, the final vision statement reflected the AC's desire to marry vision and action together:

## WE ENVISION A COMMUNITY WHERE ALL WHO LIVE, WORK, AND PLAY IN OAKLAND COUNTY FEEL SAFE AND SUPPORTED. AS AN ADVISORY COUNCIL, WE EMBRACE:



Participants in the planning process kept this vision statement centered throughout the next stages of data collection and analysis.

## PRIMARY DATA COLLECTION

Following Visioning, MPHI facilitators engaged in primary data collection, conducting focus groups in September and October 2022. Focus groups were comprised of individuals invested in violence prevention, individuals who had accessed services from violence prevention, and service providers in Oakland County. MPHI developed a focus group protocol designed to learn more about experiences with violence response and violence prevention risk and protective factors in Oakland County, including:

- Which types of violence impacting children and families were of greatest concern within the community;
- Victim supports existing in the community, services offered, and missing resources;
- Whether victim supports are equitable (i.e., do different groups have better or easier access than other or are there barriers for some people);
- Support factors existing or missing in the community; and
- What it would take to end different types of violence in the community.

### FOCUS GROUP PARTICIPANT DEMOGRAPHICS

In addition to their differential experiences with violence prevention and survivor services, participants represented a range of demographic identities within Oakland County:



#### AGE

High School  
through  
Community  
Elder



#### RACE

Black/African American,  
Hispanic/Latino/Latine,  
White



#### PRIMARY LANGUAGE

English, Spanish



#### SEXUAL ORIENTATION & GENDER IDENTITY

Participants spanned a range of gender and orientation  
identities



#### EDUCATION LEVEL

High School Diploma  
through Post-Secondary  
Degree

MPHI facilitated ten focus groups in total and offered incentives to participants to thank them for their time and for sharing their experiences. A total of 62 individuals participated in focus groups. After analyzing notes to identify common themes and important ideas, MPHI developed a summary of focus group findings to share with the Advisory Committee to guide data-driven decision-making. These data are shared in Appendix C.

## SECONDARY DATA

In addition to primary data, MPHI gathered secondary quantitative data for three topic areas – demographics, violence prevalence or incidence, and violence risk and protective factor indicators. The AC provided input on available data sources aligning with these categories. Online publicly available data sources were identified for each topic area. The Oakland County Sheriff's Office, Technology, Information, and Innovation Division also provided data. MPHI used the most recent data available, with information at the county and state level being accessed wherever available.

## SYSTEM ASSESSMENT: SOAR ANALYSIS

MPHI guided the AC members through a SOAR (Strengths, Opportunities, Aspirations, and Results) Analysis activity. During the session, MPHI asked AC members to consider the following questions:

1. What can we build on in Oakland County to prevent violence and support children and families experiencing violence?
2. What partnerships, trends, and needs can we leverage to reach our vision for this work?
3. What do we want to achieve through this work? How can we make a difference?
4. What will let us know we are on track to achieve our vision? How will we measure success?

Information generated during the SOAR analysis contributed to better understanding of resources and gaps in Oakland County and supported development of priorities.

## STRATEGIC PRIORITIES

The final element of the Blueprint Development was to reconvene with the AC to discuss assessment findings and decide on the strategic priorities for violence prevention based on the data that was collected and shared.

AC members were presented with focus group and secondary data and discussed what needs mentioned were not being addressed, what could be addressed by services and programs currently available, and what was most surprising about the results. At this point, the AC voted on which actions should be lifted up as priorities for ending violence in Oakland County. These became the four primary goals for the Blueprint.

Finally, the committee brainstormed actionable steps for achieving each priority. The MPHI team asked them to categorize the actions into groups based on the similar themes they saw in the actions. Groupings of actions were given names that then became possible objectives. The action groups for each goal are as follows (next page):

# STRATEGIC PRIORITIES

## GOAL 1: STRENGTHEN CULTURAL NORMS AND ATTITUDES RELATED TO VIOLENCE PREVENTION



Conduct outreach to shift attitudes towards violence



Implement violence prevention programs in schools



Use innovative, culturally relevant strategies to reach community members

## GOAL 2: IMPROVE YOUTH CONNECTEDNESS TO PEERS AND TRUSTED ADULTS



Leverage and expand existing youth-focused community initiatives



Build adult capacity to foster trusted connections and support youth

## GOAL 3. REDUCE STIGMA FOR ACCESSING MENTAL HEALTH SERVICES AND COMMUNICATE THAT THESE SERVICES ARE CONFIDENTIAL



Change community norms surrounding mental healthcare



Increase access to comprehensive mental health supports for youth



Improve referrals and handoffs for mental health services



Integrate mental healthcare into traditional healthcare settings

## GOAL 4: INCREASE INTER-ORGANIZATIONAL COMMUNICATION AND USE OF AVAILABLE DATA TO BETTER TARGET SERVICES AND ASSESS EFFECTIVENESS IN VIOLENCE PREVENTION AND RESPONSE EFFORTS



Expand Communications between organizations and community members



Ensure ongoing collaboration between organizations serving Oakland County



Improve data sharing between organizations serving Oakland County



Collect and share feedback on ongoing initiatives

# Appendix B: Goals & Objectives

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Throughout focus groups and Advisory Council meetings, participants developed a number of recommended actions for each goal and objective. Many of these actions are cross-cutting across goals and objectives, speaking to the holistic nature of violence prevention. However, they are reported in tables as grouped by the AC and MPHI team. These actions/programs listed below were brainstormed by participants, but not agreed on by the full group as the actions that the group will take moving forward, and this is not a comprehensive list of activities to achieve objectives. Instead, **this should be seen as an initial brainstorm of activities the group may use and/or that may work to achieve each objective.**

## GOAL 1

### STRENGTHEN CULTURAL NORMS AND ATTITUDES RELATED TO VIOLENCE PREVENTION



#### OBJECTIVE 1.1: CONDUCT OUTREACH TO SHIFT ATTITUDES TOWARD VIOLENCE

- Help people identify Domestic Violence in their homes
- Violence prevention PSAs in movie theaters
- Community education programs
- Make people aware of OK2Say
- Explore implementation of intervention projects (e.g. Project Ceasefire)
- Build relationships with news media to report on violence in ways that reduce stigma
- Teen/young adult/married folks talk sessions



#### OBJECTIVE 1.2: IMPLEMENT VIOLENCE PREVENTION PROGRAMS IN SCHOOLS

- Anti-bullying programs
- Notice-Talk-Act Program
- Conflict resolution programs that teach, foster, and encourage a sense of empathy, especially among children
- Educate providers in the community on culturally competent supports to address and prevent violence

- Identify resources that already exist in the community
- Program for youth (perhaps with law enforcement) on the impact and consequences of violence
- Implement Michigan Model for Health with fidelity in elementary as well as middle and high schools
- Create a tiered training approach to ensure the people responsible for implementing training for youth or others are well-equipped
- Examine funding structures for school and community programs (such as Michigan Model) to support meaningful implementation



### **OBJECTIVE 1.3: USE INNOVATIVE, CULTURALLY RELEVANT STRATEGIES TO REACH COMMUNITY MEMBERS**

- Identify norms and attitudes that exist to better design violence prevention activities
- Utilize PAL to engage youth at a young age and learn cultural and community norms through a team approach
- Use culturally specific approaches to change norms and attitudes
- Understand that preventing different types of violence (such as DV and street violence) may require unique approaches
- Get teens in the door through low-barrier activities such as music and basketball to build trusting relationships
- Find credible messengers that youth can connect with
- Use social media and other methods of engagement to share violence prevention messaging
- Build on youth-led mental health workgroups
- Ensure youth can share input on major community actions
- Understand and utilize the language teens use to share messaging

## GOAL 2

# IMPROVE YOUTH CONNECTEDNESS TO PEERS AND TRUSTED ADULTS



### OBJECTIVE 2.1: LEVERAGE AND EXPAND EXISTING YOUTH-FOCUSED COMMUNITY INITIATIVES

- Expand and better utilize existing opportunities for peer/near peer mentorship programs
- Leverage and expand opportunities for adult/youth mentor programs
- Show up in and for community and school events
- Encourage neighborhood relationships
- Build skills with education support professionals already connected to youth
- Build non-violence skills among coaches and other adults already connected to youth
- Offer fun, safe, engaging programs for youth
- Offer culturally aware programming



### OBJECTIVE 2.2: BUILD ADULT CAPACITY TO FOSTER TRUSTED CONNECTIONS AND SUPPORT YOUTH

- Model behaviors for other adults to follow (see below)
- Don't assume that your peers know how to engage with youth
- Ensure programs have trusted adults who represent the community and its experiences
- Notice-Talk-Act program
- Implement mental health first aid training for teachers, school staff, coaches, and other natural adult supports
- Identify training and support for adults to become empowered in these conversations
- Expand implementation and reach of programs designed to help coach and develop needed skills for trusted adults, including: be approachable; show sensitivity; build credibility through consistent, timely follow-up; actively listen (don't just show up to talk); recognize when a young person needs to talk

## GOAL 3

# REDUCE STIGMA FOR ACCESSING MENTAL HEALTH SERVICES AND COMMUNICATE THAT THESE SERVICES ARE CONFIDENTIAL



### OBJECTIVE 3.1: CHANGE COMMUNITY NORMS SURROUNDING MENTAL HEALTHCARE

- Recognize and openly discuss mental health issues to reduce stigma
- Reduce shame around mental health challenges
- Bring conversations about mental health into the open
- Increase public understanding of available mental health services
- Increase understanding of what therapy is and the difference between therapists, counselors, psychologists, and psychiatrists
- Challenge prideful attitudes around asking for help (e.g., “real men don’t need help”)
- Change existing attitudes around the necessity of mental healthcare for all people
- Educate community about confidentiality of mental health services and availability of remote services
- Normalize seeking mental health treatment



### OBJECTIVE 3.2: INCREASE ACCESS TO COMPREHENSIVE MENTAL HEALTH SUPPORTS FOR YOUTH

- Let youth lead on what they need
- Use schools to promote holistic mental health care, including regular check-ins with students to help meet them where they are
- Find ambassadors that reflect youth and train them to share their stories in a safe, trauma-informed way
- Utilize technology to connect youth with services such as QR codes with mental health contacts
- Ensure juvenile offenders have a chance for treatment of mental health and other concerns
- Teach about mental health and related skills in school
- Have schools create and provide youth-friendly lists of mental health resources. Ensure these providers are currently accepting clients and share which insurances they accept.
- Create and expand school mental health navigators



## **OBJECTIVE 3.3: IMPROVE REFERRALS AND HANDOFFS FOR MENTAL HEALTH SERVICES**

- Improve warm handoffs in the county to minimize re-traumatization through repetition of the story
- Train those doing handoffs in trauma-informed practices and ensure they know how to properly handle referrals
- Expand “no wrong door” opportunities
- Provide support in finding appropriate healthcare rather than a list of numbers with dead ends
- Create pathways for youth to access therapists without parental consent, and work to eliminate parental stigma about treatment
- Utilize and expand the Youth and Family Care Connection program
- Embed universal mental health screening into clinics treating other concerns
- Provide additional mental health training for hospital and ER staff
- Employ mental health providers that are representative of the community in terms of race/ethnicity, immigration status, gender, and sexuality

## **GOAL 4**

# **INCREASE INTER-ORGANIZATIONAL COMMUNICATION AND USE OF AVAILABLE DATA TO BETTER TARGET SERVICES AND ASSESS EFFECTIVENESS IN VIOLENCE**



## **OBJECTIVE 4.1: ENSURE ONGOING COLLABORATION BETWEEN ORGANIZATIONS SERVING OAKLAND COUNTY**

- Continue relationships within and beyond the Advisory Committee for Blueprint implementation
- Create a map of Oakland County initiatives and their representatives
- Hold regular conversations among representatives from ongoing initiatives to prevent duplication and further Blueprint implementation
- Create a map of which OCHN staff sit on what initiatives and committees to ensure regular feedback and connection



## **OBJECTIVE 4.2: IMPROVE DATA SHARING BETWEEN ORGANIZATIONS SERVING OAKLAND COUNTY**

- Work on jail diversion data sharing between OCHN and Community Corrections
- Develop documents that can be shared among organizations and OCHN describing data processes and requirements
- Create data-sharing agreements and MOUs between organizations where full reports of sensitive data is needed to implement programs



## **OBJECTIVE 4.3: COLLECT AND SHARE FEEDBACK ON ONGOING INITIATIVES**

- Gather feedback on whether initiative implementation is successful
- Work to define successful implementation for each initiative
- Hold regular, timely community evaluations
- Explore building community evaluations into annual OCHN assessments



## **OBJECTIVE 4.4: EXPAND COMMUNICATIONS BETWEEN ORGANIZATIONS AND COMMUNITY MEMBERS**

- Expand BHWorks in Schools
- Use word of mouth and physical information materials to share information about available services to the community
- Improve accessibility and efficiency of crisis management services for victims
- Improve agency communications around qualifying for and accessing services
- Better coordinate wraparound services for interrelated needs such as education, healthcare, housing, and transportation
- Address cumbersome referral process, especially for people in crisis

# Appendix C: Data Summary

## Which areas of the county were represented?

<b>Geographic Area</b>	<b>Youth</b> <small>(Out of 2 groups)</small>	<b>Providers</b> <small>(Out of 3 groups)</small>	<b>Adult Community Members</b> <small>(Out of 5 groups)</small>	<b>% of Groups Participating</b> <small>(Out of 10 groups)</small>
<b>Pontiac-focused</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>50%</b>
<b>County-wide</b>		<b>1</b>	<b>2</b>	<b>30%</b>
<b>Other locations</b>	<b>1</b>		<b>1</b>	<b>20%</b>

### Focus Groups represented:

- Self-identifying girls and boys of high school age to young adults through existing youth councils
- Victim/survivor groups impacted by domestic violence
- Survivors of school violence/community members impacted by bullying
- People in the criminal justice system
- Black/African American community
- Hispanic/Latino/Latine community
- LGBTQ+ community
- Geographic areas in Oakland County related to community violence and gun violence
- Law enforcement officials

<b>Primary Prevention Recommendations By Protective Factor</b>	<b>Youth</b> (2 groups)	<b>Provider</b> (3 groups)	<b>Adult Com Members</b> (5 groups)
<b>Healthy Relationships &amp; Community Connectedness</b>			
Build Family Social-Emotional Skills	X	X	
Early childhood interventions (parenting, preschool)		X	
More effectively engage parents in opportunities to promote child & youth well-being		X	
Connect youth with supportive adults	X	X	
Increase social support opportunities			X
<b>School Connectedness</b>			
Offer recreational programming for youth		X	X
Improve schools	X	X	
Improve threat reporting & response systems	X		
<b>Attitudes Toward Violence</b>			
Change norms & attitudes about violence	X	X	X
Change norms around gender roles			X
Educate on LGBTQ+ cultural competency (related to attitudes)			X
<b>Access to Healthcare, Mental Healthcare, &amp; Substance Use Services</b>			
Increase access to mental health resources & destigmatize seeking help	X	X	X
Increase use of existing programming		X	X
<b>Employment &amp; Financial Security</b>			
Systems interventions on poverty, racism & SDOH		X	X
Improve built environment	X	X	
<b>Other Recommendations</b>			
Engage in gun control measures	X	X	
Listen to the voices of youth	X		

<b>Primary Prevention Recommendations By Intervention Focus Level</b>	<b>Youth (2 groups)</b>	<b>Providers (3 groups)</b>	<b>Adult Community Members (5 groups)</b>
<b>Youth</b>			
Offer recreational programming for youth		X	X
Connect youth with supportive adults	X	X	
<b>Parents/Supportive Adults</b>			
Build Family Social-Emotional Skills	X	X	
Invest in early childhood interventions (parenting, preschool)		X	
More effectively engage parents in opportunities to promote child & youth well-being		X	
<b>Peers</b>			
Increase social support opportunities			X
<b>School</b>			
Improve schools	X	X	
Improve threat reporting & response systems	X		
<b>Service System</b>			
Increase access to mental health resources & destigmatize seeking help	X	X	X
Increase use of existing programming		X	X
Educate on LGBTQ+ cultural competency (related to attitudes)			X
<b>Community/Societal Level</b>			
Implement systems interventions on poverty, racism & SDOH		X	X
Improve built environment	X	X	
Change norms & attitudes about violence	X	X	X
Change norms around gender roles			X
Engage in gun control measures	X	X	
Listen to the voices of youth	X		

<b>Victim Support Recommendations By Intervention Focus Level</b>	<b>Youth (2 groups)</b>	<b>Providers (3 groups)</b>	<b>Adult Community Members (5 groups)</b>
<b>Youth Victims</b>			
<b>Connect youth with supportive adults</b>	<b>X</b>	<b>X</b>	<b>X</b>
Provide supports to children with parents who are DV victims			X
<b>Groups of Victims</b>			
Connect to peer mentors		X	X
<b>School</b>			
Improve school's response to youth experiences of violence and resulting trauma	X		
<b>Service System</b>			
<b>Increase access to mental health resources &amp; destigmatize seeking help</b>	<b>X</b>	<b>X</b>	<b>X</b>
Expand shelter and supported housing options for victims		X	X
Expand DV programming (outside of housing)			X
Cultural competency training (Latinx, LGBTQ)		X	X
Offer alternatives to Police/ Supports for interacting with police		X	X
Create victim supports for victims of police violence			X
Increase use of existing programming		X	X
<b>Community/Society</b>			
Increase awareness of unhealthy relationships/DV		X	X
Educate professionals & public on how to support victims			X
<b>Perpetrators of Violence</b>			
Treat perpetrators of violence to stop the cycle		X	

Noted Disparities in Victim Supports	Youth	Providers	Adult Com. Members
Geography (location within the county)	X	X	
Insurance Coverage	X		X
Gender		X	X
Family Composition		X	X
Race/Ethnicity		X	X
Language		X	
Immigration Status (real or perceived)		X	
Internet Access			X
LGBTQ+			X
Victimization Type			X
Age			X
SES	X		

<b>Recommendations that Cut across Victim Supports and Primary Prevention</b>	<b>Youth</b> (2 groups)	<b>Providers</b> (3 groups)	<b>Adult Com. Members</b> (5 groups)
Increase access to mental health resources & destigmatize seeking help	X	X	X
Connect youth with supportive adults	X	X	X
Cultural competency training (Latinx, LGBTQ)		X	X
Increase use of existing programming		X	X

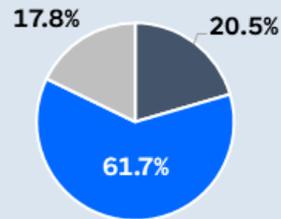
# Demographics

## Total Population

Oakland County 2021  
**1,270,107**

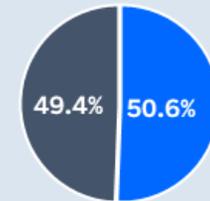


## Population by Age



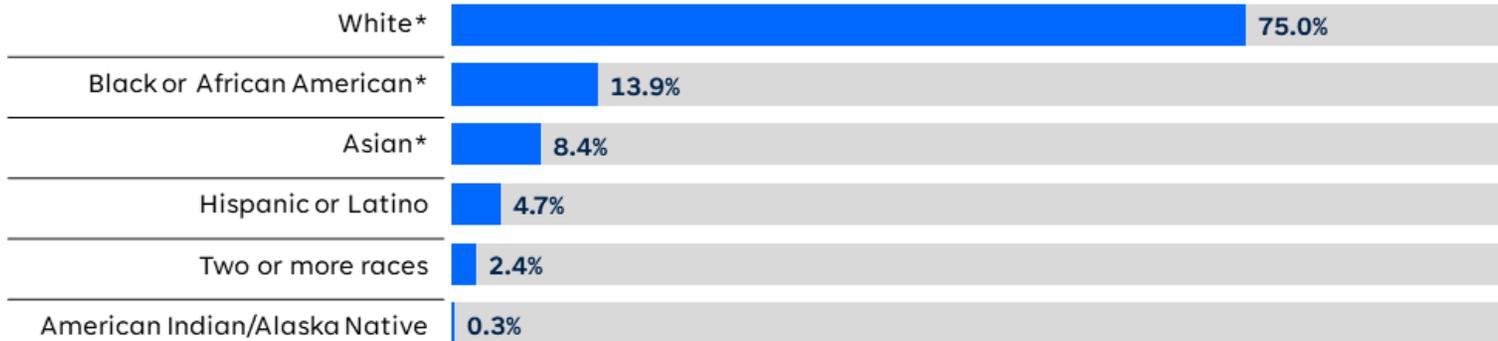
■ under 18 ■ 18 to 64 ■ over 65

## Population by Sex



■ Female ■ Male

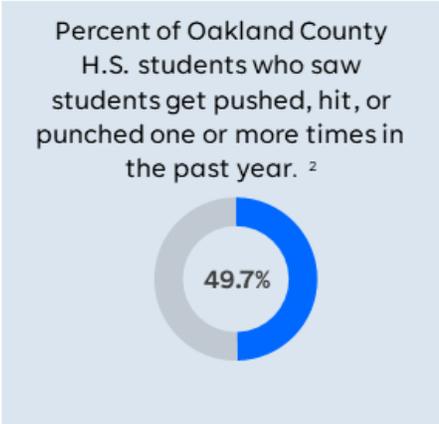
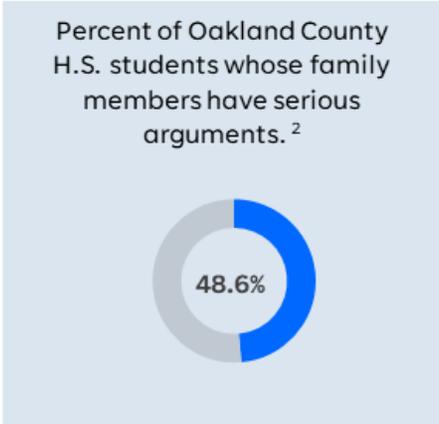
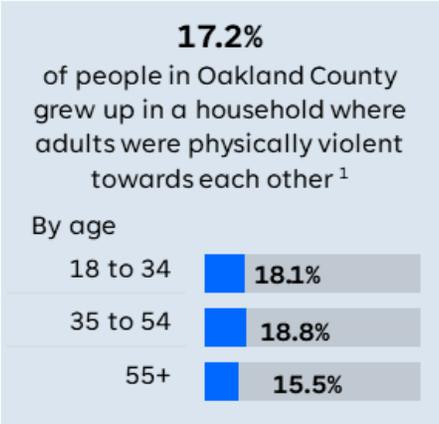
## Population by Race & Ethnicity



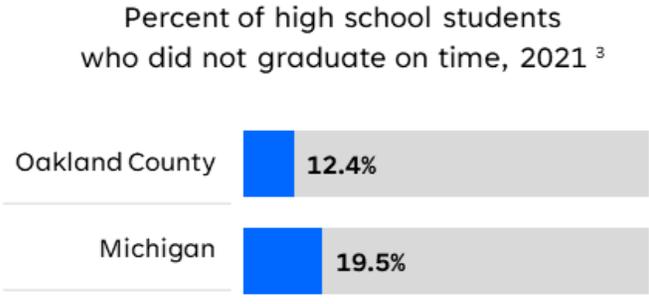
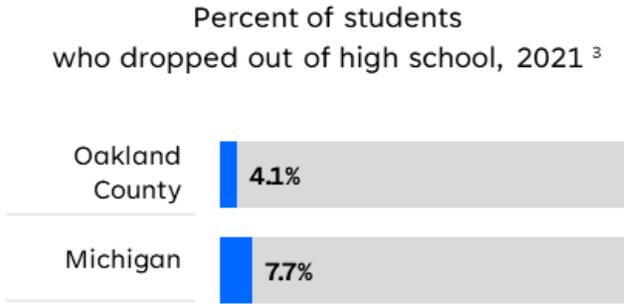
Source: U.S. Census Bureau, 2021. \*Persons reporting only one race

# Individual Level Risk Factors

## Witnessing Violence



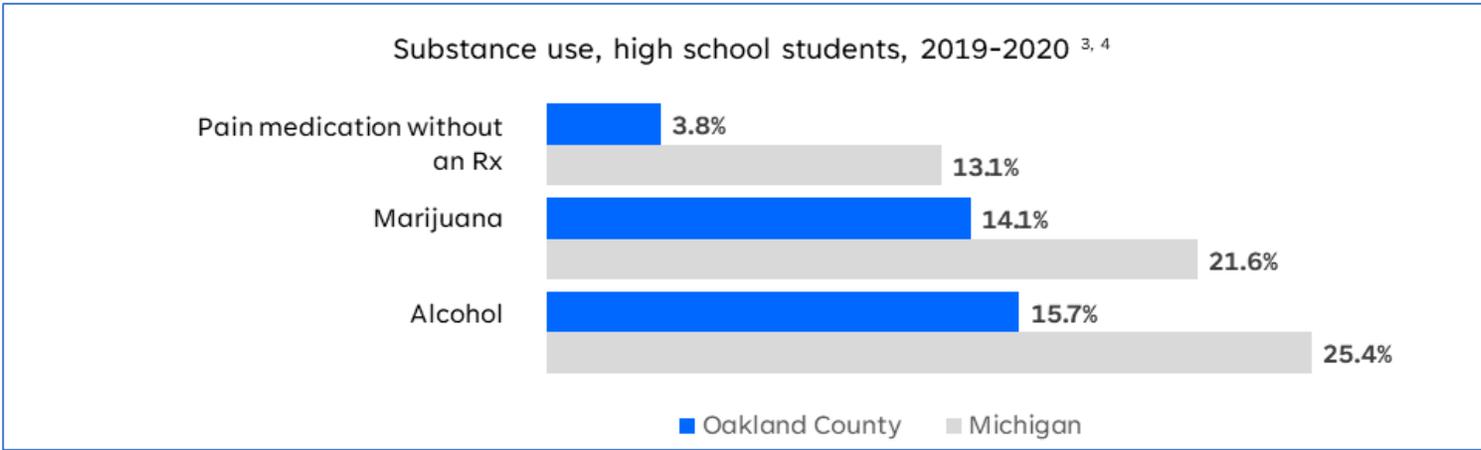
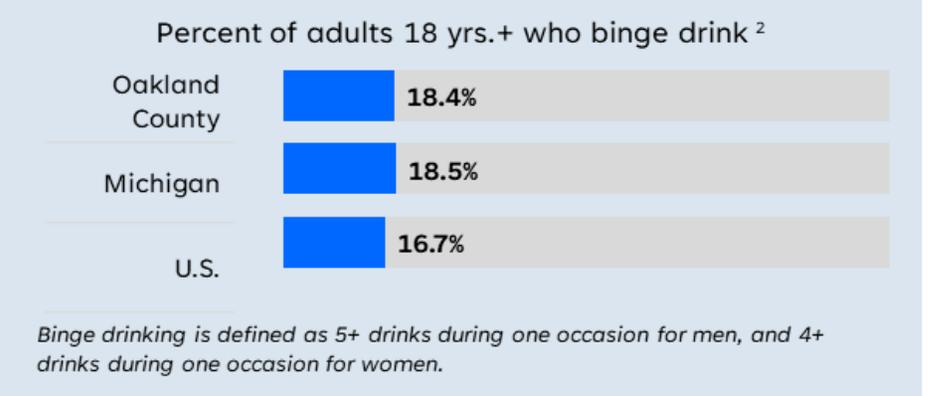
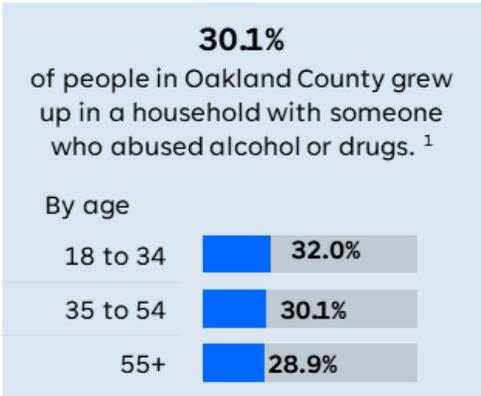
## Low Educational Attainment



Sources: 1. MI BRFSS, 2019. 2. MIPHY, 2021-22. Grades 9 & 11. 3. Kids Count Data Center, 2021

# Individual Level Risk Factors

## Substance Use or Abuse



Sources: 1. MI BRFSS, 2019. 2. CARES, 2019. 3. MIPHY, 2019-2020. Grades 9 & 11. 4. YRBS, 2019.

# Relationship Level Risk Factors

## Disconnected Youth

Percent of youth ages 16-19 not in school or working <sup>1</sup>



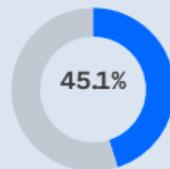
## Poor Parent-Child Relationships

Percent of Oakland County H.S. students whose parents would not know if they came home on time <sup>2</sup>



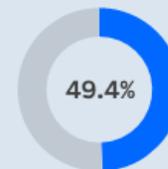
## Weak Connection to School

Percent of Oakland County H.S. students who often or almost always hated being at school during the past year <sup>2</sup>



## Weak Connection to School

Percent of Oakland County H.S. students who think learning in school is slightly or not at all important for later life <sup>2</sup>

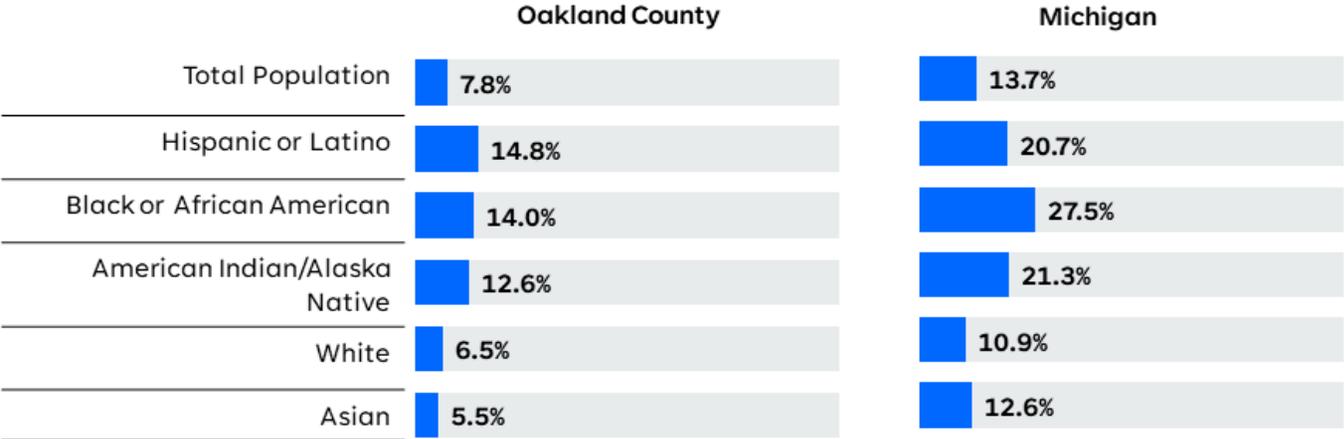


Sources: 1. CHR&R, 2020. 2. MIPHY, 2021-22. Grades 9 & 11.

# Community Level Risk Factors

## Poverty

Percent below poverty level, 2020 <sup>1</sup>



## Children in Poverty

Percent of children under 18 years below the poverty level, 2020 <sup>1</sup>

Oakland County	Michigan
9.1%	18.8%

Source: 1. American Community Survey, 2020 5-year estimates

# Community Level Risk Factors

## Unemployment

Unemployment rate, ages 16+, 2020<sup>1</sup>

	Oakland County	Michigan
Total population	4.7%	6.0%
Black or African American	8.1%	12.9%
Hispanic or Latino	7.1%	7.2%
American Indian/Alaska Native	6.9%	8.0%
White	4.0%	4.8%
Asian	3.3%	4.3%

Unemployment Rate, Youth and Young Adults, 2020<sup>1</sup>

	Oakland County	Michigan
16 to 19	13.4%	17.9%
20 to 24	10.0%	10.2%
25 to 29	5.3%	7.2%

## Alcohol Outlet Density

Retail Liquor Stores, rate per 100,000 people<sup>2</sup>

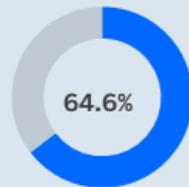


Sources: 1. American Community Survey, 2020 5-year estimates 2. CARES, 2020.

# Societal Level Risk Factors

## Cultural norms that support aggression toward others

Percent of Oakland County H.S. students who reported that their friends would feel it was wrong or very wrong to be in a physical fight. <sup>1</sup>



## Societal Income Inequality

GINI Index of Income Inequality, 2020 <sup>2</sup>



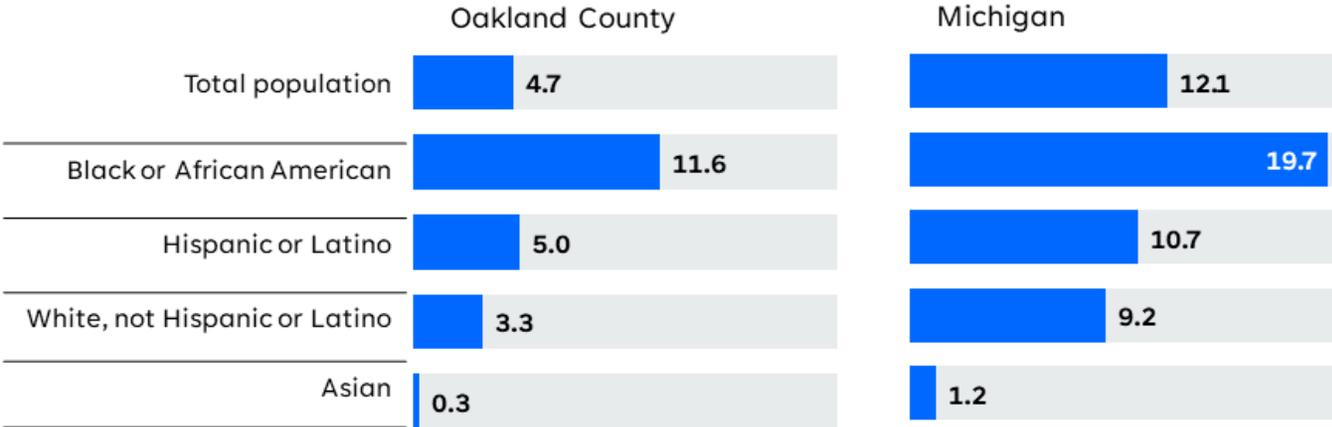
A value of 1 indicates perfect inequality. A value of 0 indicates perfect equality, where all households have equal income.

Sources: 1. MIPHY 2021-22. Grades 9 & 11. 2. CARES, 2020

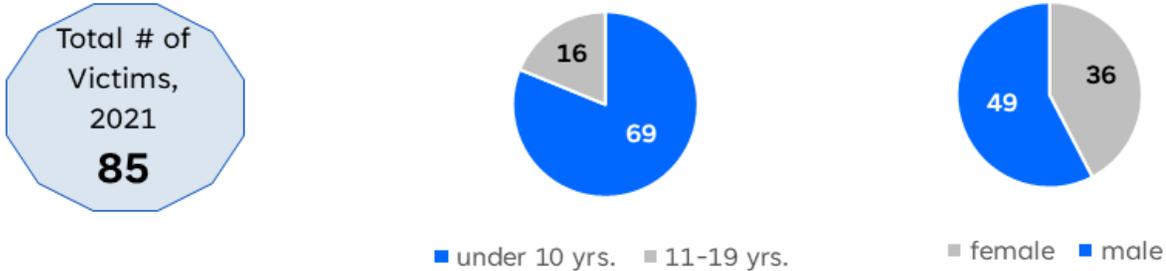
# Violence Statistics

## Child Abuse and Neglect

Confirmed victims of abuse and/or neglect, ages 0-17, rate per 1,000, 2021<sup>1</sup>



Number of child abuse/neglect victims, Oakland County Sheriff's Jurisdiction, 2021<sup>2</sup>

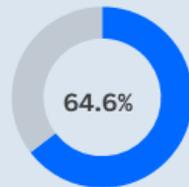


Sources: 1. Kids Count Data Center, 2021 2. Oakland County Sheriff's Office

# Societal Level Risk Factors

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Percent of Oakland County H.S. students who reported that their friends would feel it was wrong or very wrong to be in a physical fight. <sup>1</sup>



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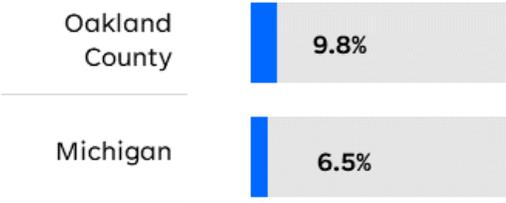
A value of 1 indicates perfect inequality. A value of 0 indicates perfect equality, where all households have equal income.

Sources: 1. MIPHY 2021-22. Grades 9 & 11. 2. CARES, 2020

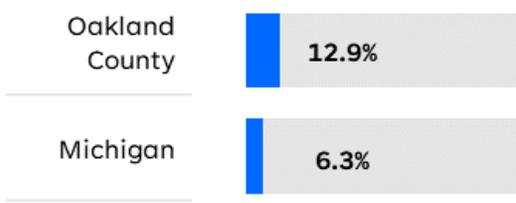
# Violence Statistics

## Teen Dating Violence

Percent of H.S. students experienced physical dating violence in the past year <sup>1, 2</sup>



Percent of H.S. students who experienced sexual dating violence in the past year <sup>1, 2</sup>

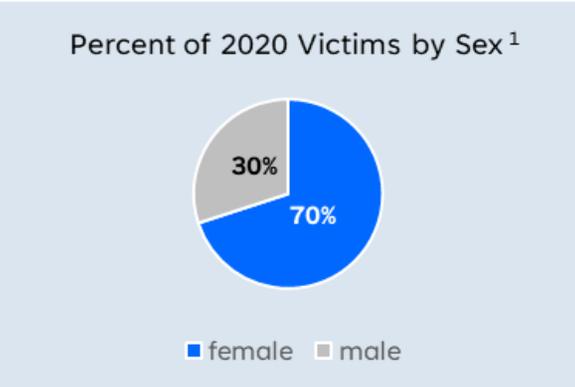
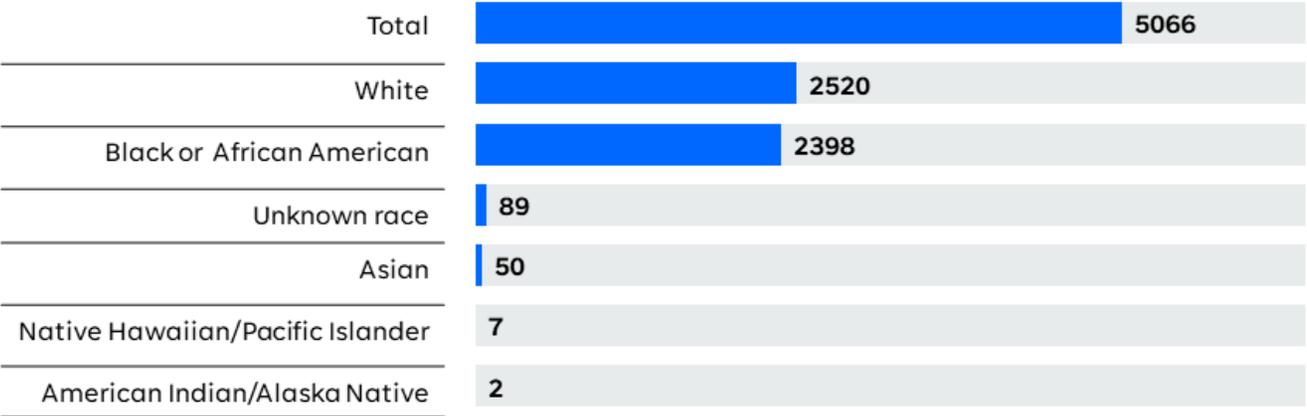


Sources: 1. MIPHY 2019-20. Grades 9 & 11. 2. YRBS, 2019.

# Violence Statistics

## Domestic Violence

Number of domestic violence victims in Oakland County, 2020 <sup>1</sup>



Source: 1. MICR Annual Reports, 2020.

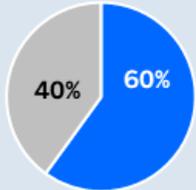
# Violence Statistics

## Domestic Violence

Number of domestic violence victims, Oakland County Sheriff's Jurisdiction, 2021 <sup>1</sup>

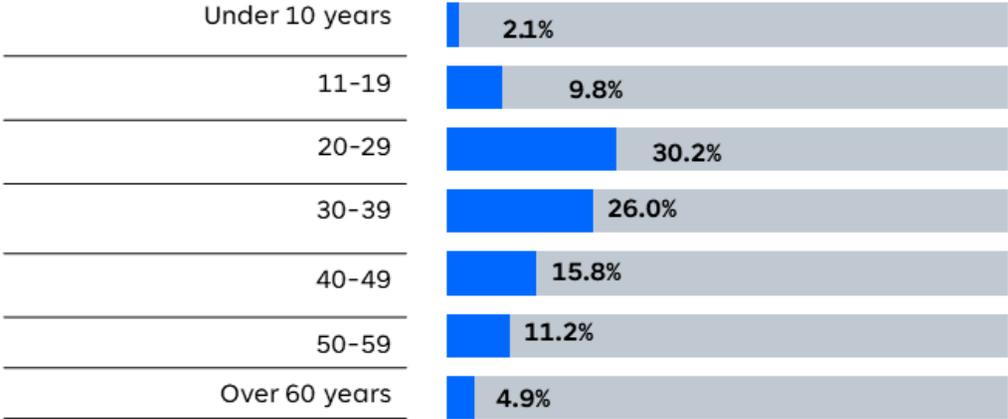
**285**

Percent of 2021 Victims by Sex <sup>1</sup>



■ female ■ male

Percent of 2021 victims by age <sup>1</sup>



Sources: 1. Oakland County Sheriff's Office, 2021. Aggravated/felony assault DV

# Violence Statistics

## Youth Violence

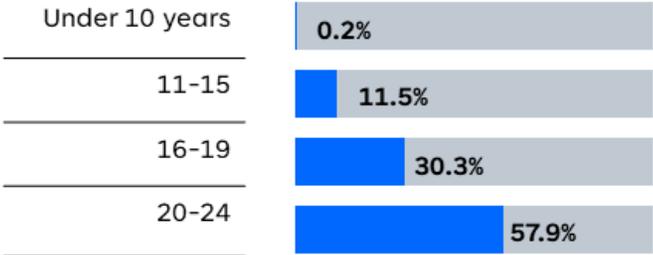
Number of arrests (under 25 yrs. old) for **non-aggravated assault** in Oakland County, 2019. <sup>1</sup>

**877**

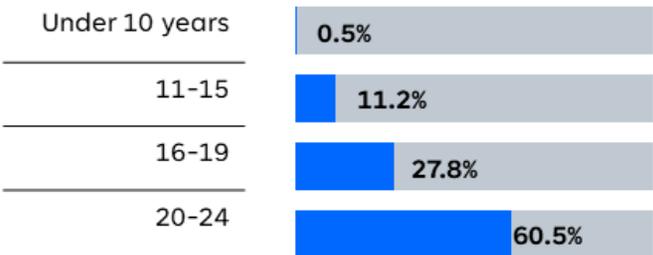
Number of arrests (under 25 yrs. old) for **aggravated assault** in Oakland County, 2019. <sup>1</sup>

**205**

Percent by Age



Percent by Age



Percent of H.S. students who were in a physical fight one or more times during the past year <sup>2, 3</sup>

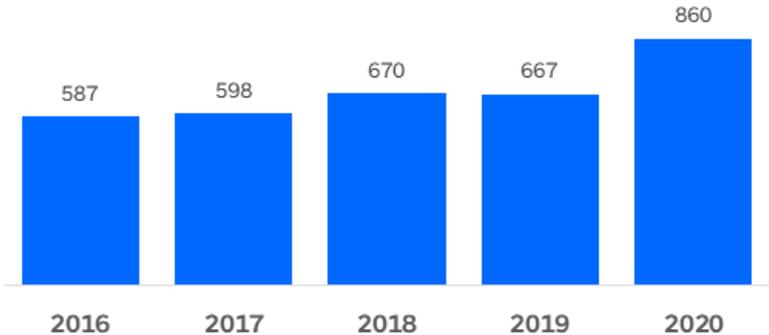


Sources: 1. MICR Annual Reports, 2019. 2. MIPHY 2019-2020. Grades 9 & 11. 3. YRBS, 2019

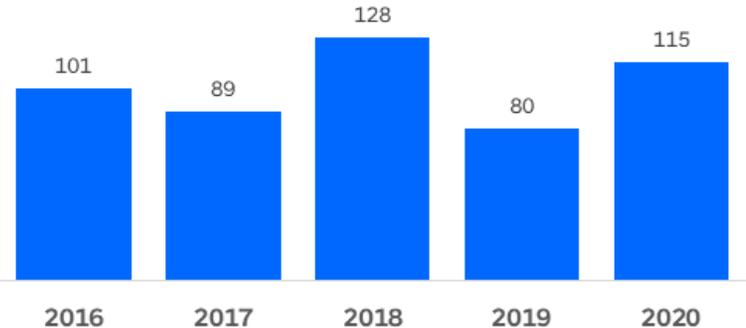
# Violence Statistics

## Community Violence

Number of aggravated assault arrests (all ages) by year, Oakland County <sup>1</sup>



Number of firearm fatalities by year, Oakland County <sup>2</sup>



Firearm fatalities,  
Rate per 100,000,  
Oakland County 2020 <sup>2</sup>

**9.1**

Firearm fatalities,  
Rate per 100,000,  
Michigan 2020 <sup>2</sup>

**14.4**

Sources: 1. MICR Annual Reports, 2016-20. 2. WISQARS, NCHS Vital Statistics, 2016-2020

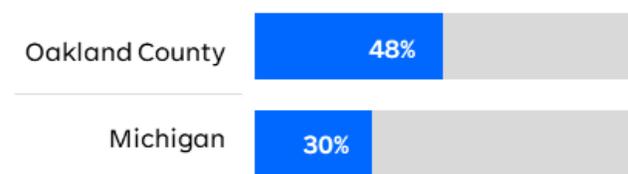
# Individual Level Protective Factors

## Academic Achievement

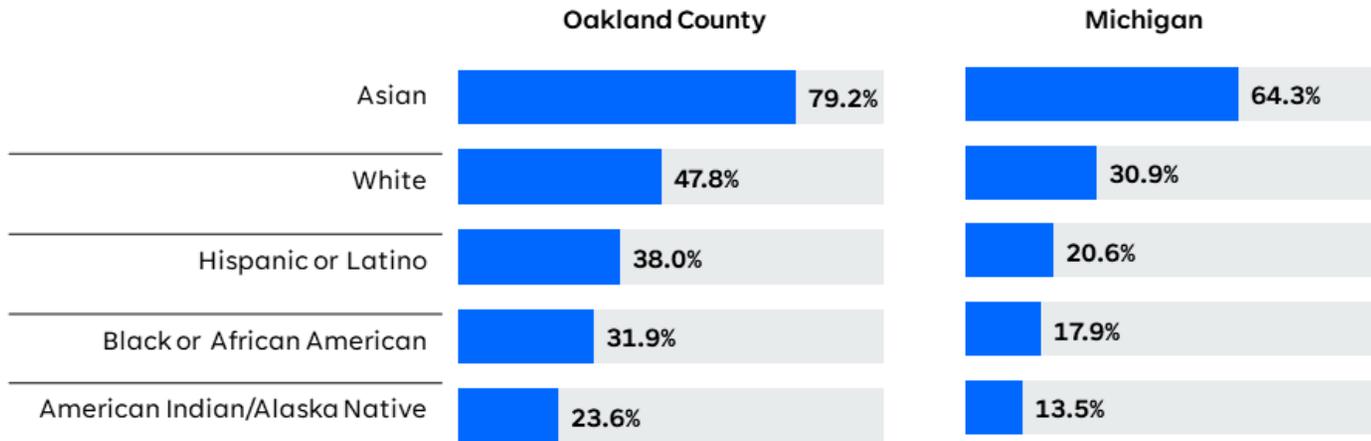
Percent of adults 25 yrs.+ with education of **H.S. graduate** or higher<sup>1</sup>



Percent of adults 25 yrs.+ with education of a **bachelor's degree** or higher<sup>1</sup>



Percent of population by race/ethnicity with a bachelor's degree or higher <sup>1</sup>

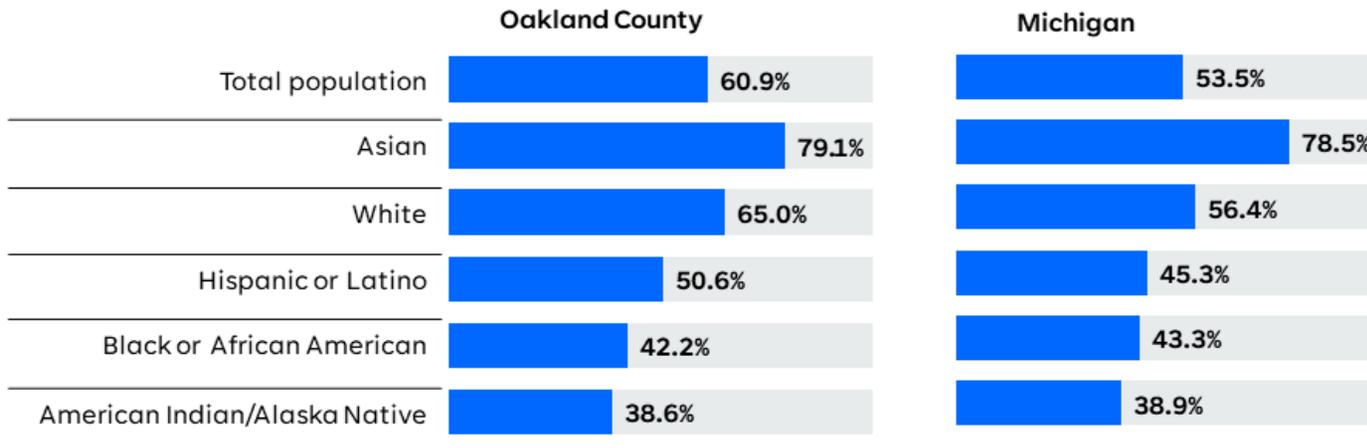


Source: 1. American Community Survey, 2020 5-year estimates.

# Relationship Level Protective Factors

## Connection and Commitment to School

Percent of H.S. graduates enrolled in college within 6 months of graduation<sup>1</sup>



Percent of students graduating H.S. on time, 2021<sup>2</sup>



Sources: 1. MI School Data, 2020-2021. 2. Kids Count Data Center, 2021.

# Relationship Level Protective Factors

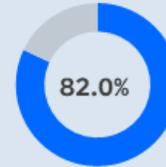
## Pro-social Peers

Percent of Oakland County H.S. students with at least friend who participates in school clubs or activities. <sup>1</sup>



## Connection to Teachers

Percent of Oakland County H.S. students who have opportunities to talk 1 to 1 with teachers. <sup>1</sup>

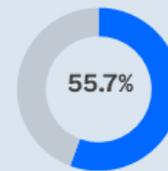


## Family Connectedness & Support

Percent of Oakland County H.S. students who said they can ask their mom or dad for help with personal problems. <sup>1</sup>



Percent of Oakland County H.S. students whose parents tell them they're proud of them. <sup>1</sup>



Source: 1. MIPHY, 2021-22. Grades 9 & 11.

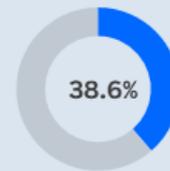
# Community Level Protective Factors

## Community Connectedness

Percent of Oakland County H.S. students who know adults in the neighborhood they could talk to about something important .<sup>1</sup>

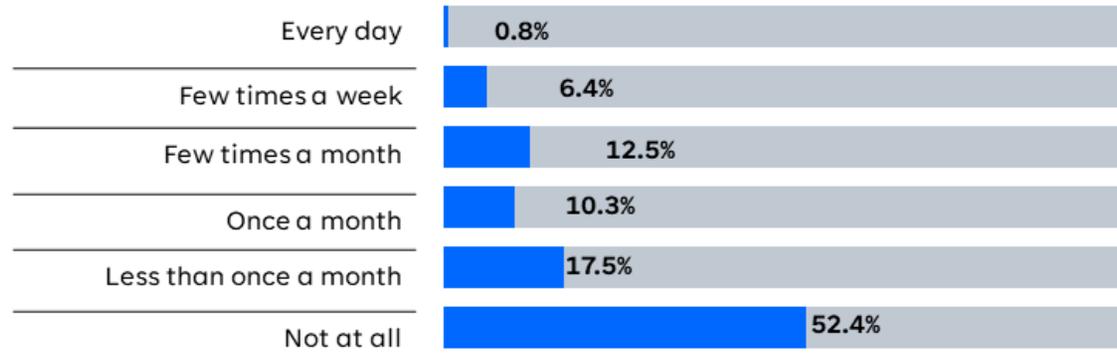


Percent of Oakland County H.S. students who know people in their neighborhood who encourage them to do their best.<sup>1</sup>



## Residents Who Help One Another

How often Oakland County residents report that they do favors for their neighbors, 2019<sup>2</sup>

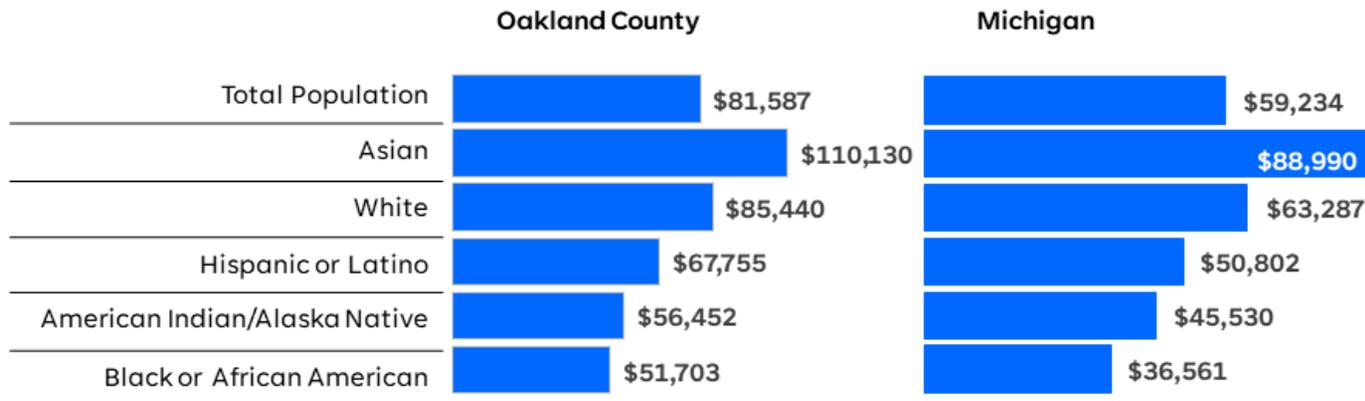


Source: 1. MIPHY 2021-2022. Grades 9 & 11. 2. US Census, Current Population Survey, 2019.

# Community Level Protective Factors

## Household Financial Security

### Median Household Income, 2020<sup>1</sup>



## Access to Mental Health & Substance Abuse Services

### Ratio of mental health providers to population, 2021<sup>2</sup>

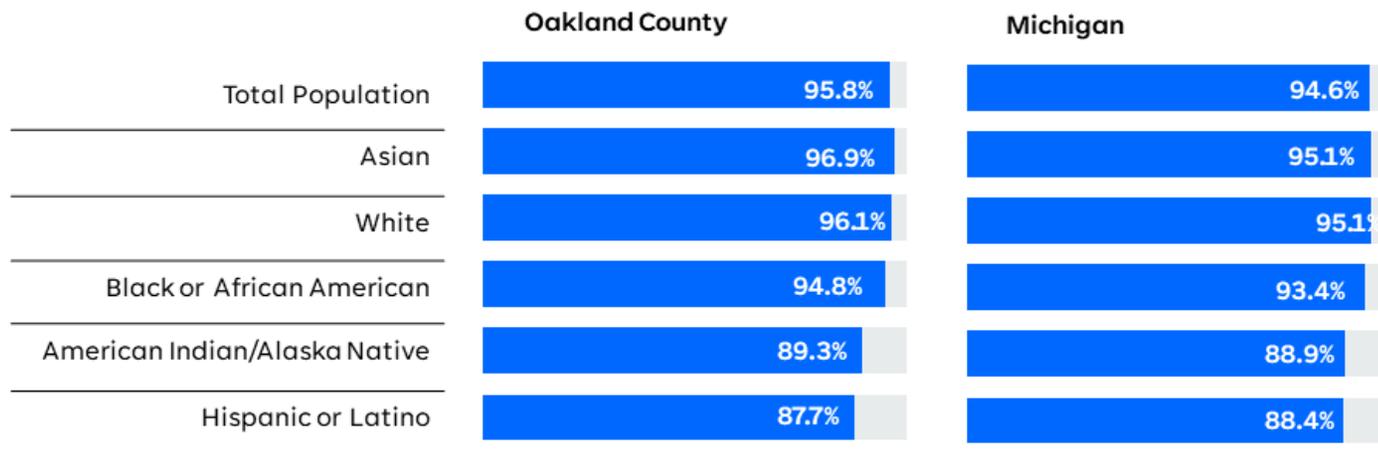


Sources: 1. American Community Survey, 2020 5-year estimates. 2. CHR&R, 2021.

# Community Level Protective Factors

## Access to Health Care

Percent of Population with Health Insurance, 2020<sup>1</sup>



Sources: 1. American Community Survey, 2020 5-year estimates.

# Appendix D: Action Planning Worksheet Guidance Document

Priority Area 1:						
Goal:						
Objectives <i>List a SMART Objective for each of the strategies the team is using to work on the priority area (if group has more than 4, add additional rows). Be sure to include both short term (1-2 years) and intermediate (3-5 years) objectives.</i>  <i>Example: By [DATE], [increase/decrease/maintain] the [number/percent/rate/proportion] of ___# to ___#.</i>	Data Source/s Frequency of collection/review <i>What data source will you look to for this objective to measure whether or not you are making progress? How frequently are the data collected? Reviewed?</i>	Baseline <i>List the current status (measure) for each objective</i>	Target <i>List the desired status (measure) for each objective</i>	Intervention Level/s* <i>Using the "What Impacts Michigan's Health handout", indicate which level/s of intervention are included in each objective.</i>	Lead Person/Responsible <i>List the lead person responsible for ensuring that work on this objective occurs.</i>	Key Stakeholders** <i>Using the "Key Stakeholder Definition" handout, indicate which group/s are most relevant to each objective.</i>
1.						
2.						
3.						
4.						

**OBJECTIVE #\_:**  
*Each objective listed in the table above will be repeated in this section of the action plan.*

**How does this objective align with National Priorities?**  
*Consider and show alignment between your objective and those at the national level.*

<b>WORKPLAN</b>					
<b>Action steps</b> <i>List each action step the team will implement in order to meet the above objective. It is best to order these chronologically.</i>	<b>Target Date</b> <i>State the projected implementation date for each action step.</i>	<b>Resources Required</b> <i>List all resources required for each action step.</i>	<b>Lead Person/ Organization</b> <i>Identify the key person who will initiate the activity, provide direction for the work, and monitor progress.</i>	<b>Anticipated Product or Result</b> <i>Describe the direct tangible results of the activity (ex. Product, document, policy, agreement, number of participants, etc.)</i>	<b>Progress Notes</b> <i>This space is for the team to track progress made toward the action step. Nothing will be noted here until teams start working on their action steps after the in-person meeting.</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					