

**C**hild **A**dvocacy **N**etwork



of **Monroe County, Inc.**

P. O. Box 501 ■ Monroe, Michigan 48161

Local Children's Trust Fund Child Abuse & Neglect Council for the State of Michigan

# STRATEGIC PLAN

## 2016-2018

**CHILD ADVOCACY NETWORK**

# **TABLE OF CONTENTS**

---

**Mission & Vision Statement**

**Core Values**

**Trends of Well Being for Children**

**Analysis of Data**

**Kids Count Profile 2015**

**Community Health Assessment Data**

**Strategic Planning Process**

**Objectives and Activities**

**Action Agenda**

**CHILD ADVOCACY NETWORK**

---

## **MISSION STATEMENT**

*To promote community awareness through programs, initiatives and general education, concerning the physical, social, and emotional well being of children and families in Monroe County.*

## **VISION**

*Monroe County will be a collaborative community supporting the health, safety and the well-being of its children.*

**CHILD ADVOCACY NETWORK**

---

**Core Values**

*C*ollaboration

*E*ducation

*P*revention

*C*ompassion

*A*dvocacy

**CHILD ADVOCACY NETWORK  
TRENDS OF WELL BEING FOR CHILDREN**

---

Indicator: (Source: <i>Kids Count in Michigan, Data Book 2015</i> )	Base Year 2006		Recent Year 2013		State Rate
	Number	Rate	Number	Rate	
<b>Economic</b>					
Children ages 0-17 living in poverty	3,796	10.4%	5,636	16.3%	24.7%
Students receiving free/reduced lunch	6,342	24.7%	8,572	37.7%	48.6%
Children in subsidized child care			399	1.7%	2.3%
Children receiving FIP cash assistance			619	1.7%	2.8%
Children receiving food stamps	5,189	12.9%	7,581	20.4%	27.8%
Children with support owed			7,627	19.6%	20.6%
Unemployment				8.1%	8.8%
Average cost of full-time child care/month (2014)			\$584		\$545
<b>Health Care</b>					
Children with health insurance			35,161	96.3%	95.7%
Children, ages 0-18, insured by Medicaid	9,604	23.9%	11,804	31.7%	40.8%
MICChild	384	1.0%	483	1.3%	1.6%
Children receiving SSI (per 1,000)	398	10.5	473	13.4	20.5
Fully immunized toddlers (19-35 months) (series:4:3:1:3:3:1:4)			1,455	73.0%	74.0%
Children tested for lead poisoning, ages 1-6 % lead poisoned	1,100 6	10.0% 0.5%	1,252 27	36.2% 2.2%	37.4% 4.0%
Children, age 1-4 hospitalized for asthma (rate per 10,000)			40	15.2	15.2
Less than adequate prenatal care	428	24.7%	496	31.6%	29.4%
Low birth-weight babies	138	7.9%	120	7.6%	8.4%
Infant mortality (per 1,000)	13	7.4	7	4.5	6.9
Child deaths, ages 1-19 (per 100,000)	12	29.0	11	28.0	27.5
Infants with birth defects	84	4.9%	73	4.7%	8.7%
<b>Child Safety</b>					
Children in investigated families (per 1,000)	1,383	36.3	2,403	68.2	88.0
Confirmed victims of abuse or neglect (per 1,000)	233	6.1	392	11.1	14.9
Children in out-of-home care (per 1,000)	143	3.8	146	4.1	4.4
Births to teens, ages 15-19 (per 1,000)	143	25.7	130	24.9	28.1
<b>Education</b>					
Students not graduating on time	458	21.5%	331	17.9%	23.0%
Students receiving special education services	4,470	18.2%	3,654	16.5%	13.7%
Students not meeting proficiency standards in reading (MEAP) Fourth Graders	593	35.6%	397	25.9%	30.0%
Students not meeting proficiency standards in math (MEAP) Eighth Graders	1,258	70.5%	1,212	70.7%	65.5%
<b>Child population</b>					
Child population	37,498		35,251		

## CHILD ADVOCACY NETWORK ANALYSIS OF DATA

## *Kids Count Data Profile 2015*

### Trending positive

- Fewer children are receiving FIP (Family Independence Program) cash assistance in 2015 with 619 compared to 2012 with 814 (Good or Bad?)
- Decrease in infant mortality 13 deaths over the years of 2004/2006 and 7 deaths over the years of 2010/2012
- 96.3% of children are covered by health insurance for a total of 35,161 in 2013
- In 2013 Monroe had a rate of 15.2 (per 1,000) children hospitalized for asthma compared to 2012 with a rate of 16.1
- Slightly fewer pregnant women are receiving less than adequate prenatal care in 2010-2012 at 496 compared to 2009-2011 at 521
- Slightly fewer children are living in investigated families in 2013 at 2,403 compared to 2012 at 2,460
- There are slightly less confirmed victims of abuse or neglect in 2013 at 392 compared to 2012 at 439
- Fewer students are not graduating on time in 2013 at 331 compared to 458 in 2007
- Fewer student in special education in 2013 at 3,654 compared to 2004 at 4,470 (Good or bad, depending on if they are getting the appropriate education)
- Fewer students are not meeting the educational proficiency standards from 2008 – 2012 in reading and math (see graph) grades 4<sup>th</sup>, 8<sup>th</sup> and High school

### Trending Negative

- More children are living in poverty in 2012 reported 5,636 compared to 2006 at 3,796
- More students receiving free/reduced lunch 2006 had 6,342 and 2013 reports 8,572
- Increase in children receiving SNAP (formally food stamps) 2006 had 1,906 and 2013 we had 2,705
- Slight increase in low birth-weight babies born in 2010/2012 at 120 compared to 2009/2011 with 119 low birth-weight babies
- Slightly more babies born with birth defects in 2010/2012 at 73 compared to 2009/2011 with 70 infants with birth defects
- The rate of children in out of home care increased slightly from 3.8 (143) in 2006 to 4.1 (146) in 2013
- 2015 had more children with court ordered child support at 7,627 compared to 2012 at 7,591 (Again, good or bad?)
- Of the children with court ordered support in 2013 at 7,627, 52.5% of these children are receiving less than 70% of amount owed and 25.4% are receiving no support
- Fewer children are covered by Medicaid/MiChild in 2013 at 12,287 from 2012 at 12,671 (good or bad)
- Of the 1,252 children tested for lead poisoning 27 were positive compared to 26 in 2012 when 1,358 were tested

# **CHILD ADVOCACY NETWORK ANALYSIS OF DATA**

---

## **Parenting**

### **Safe Sleep (Parent reported)**

- 81% in crib/bassinet (no bumper pads)
- 55% pack n play
- 51% in bed with them or another adult
- 42% in car seat
- 40% crib/bassinet (with bumper pads)
- 38% in swing
- 21% couch or chair
- 6% on the floor

### **Youth Weight Status**

- 70% of Monroe youth classified as normal weight, 17% obese and 12% overweight
- 30% of youth described themselves as overweight
- 46% of all youth report trying to lose weight
- 11% report eating 5 or more servings of fruits and vegetables
- 5% report going to bed hungry d/t family lack of money
- 68% participated in at least 60 minutes of activity

### **Youth Mental Health**

- 11% of 6-12<sup>th</sup> graders reported seriously considering attempting suicide in past year
- 6% admitted actually attempting suicide in past year
- 1% of attempted suicides resulted in an injury, poisoning or overdose that had to be treated by a doctor or nurse
- 23% reported feeling so sad or hopeless almost every day for 2 or more weeks in a row that they stopped a usual activity

### **Youth Substance Use**

- 24% of Monroe youth tried smoking cigarettes, 7% are current smokers
- 48% of 6-12<sup>th</sup> graders drank at least one drink of alcohol in their life, 11% defined as binge drinking
- 10% of youth drivers had driven a car after drinking in the past month
- 12% of 6-12<sup>th</sup> graders used marijuana in the past 30 days, 6% used medication not prescribed for them

# **CHILD ADVOCACY NETWORK ANALYSIS OF DATA**

---

*Community Health Assessment Data (cont.)*

### **Youth Sexual Behavior**

- 26% of Monroe youth have had sexual intercourse
- 30% had participated in oral sex and 5% in anal sex
- 23% of Monroe youth participated in sexting
- 58% of those sexually active reported multiple partners
- 37% of youth who participated in any sexual activity reported always using protection

### **Youth Safety**

- 19% of Monroe youth had ridden in a car with someone who had been drinking alcohol in the past month
- 10% of youth had driven after drinking alcohol
- 32% of youth reported texting while driving
- 92% of youth had a social network account (Twitter, Facebook, Instagram, etc.)
- 8% of youth reported using an indoor tanning device (sunlamp, sunbed or tanning booth)

### **Youth Violence**

- 21% of Monroe youth reported being in a physical fight in the past year
- 5% had been threatened or injured with a weapon on school property in past year
- 44% had been bullied in the past year
- 28% report being bullied on school property
- 12% of youth reported carrying a weapon (gun, knife or club) in past 30 days
- 3% of youth reported carrying a weapon on school property in past 30 days

## **CHILD ADVOCACY NETWORK STRATEGIC PLANNING PROCESS**

---

In 2015, the CAN Council underwent a strategic planning process. A Strategic Planning Ad Hoc Committee was formed and included Crystal Martin (Family Counseling and Shelter Services), Doug Redding (retired- Community Foundation) and Kim Comerzan (Health Department). The committee met to pull all data for analysis by the full membership. A formal strategic planning session was conducted on November 10, 2015. A review of the current strategic plan was conducted and it was determined that the



Council was in need of a vision statement. The group decided on the vision that best fit what the Council wants to be. It was also determined that the establishment of core values would better support the mission and vision of the Council. 5 core values were agreed upon by the group and include:

Collaboration  
Education  
Prevention  
Compassion  
Advocacy

Three priority categories were determined and are as follows:

1. Safe Sleep.
2. Child Abuse and Neglect Prevention
3. Community Collaboration

Goals and Objectives for each of the priority areas were set and will be reviewed and evaluated at regular board meetings throughout the next three years. The Strategic Plan was updated based on this information and presented to the Executive Board and to the Council members at large for their approval. The CAN Council formally adopted the updated plan at its December, 2015 regularly scheduled Board of Directors meeting.

## **CHILD ADVOCACY NETWORK OBJECTIVES AND ACTIVITIES**

---

Based on the strategic planning process, the CAN Council adopted the following objectives and activities.

### ***Priority Area 1 – Safe Sleep***

1) Goal: Increase community coordination to address identified needs.

**Objective # 1:** Parents will understand safe sleep practices; thus reducing infant death rates.

**Activity and Performance Measure:**

- Safe sleep instruction will be provided at birthing hospital to parents by nurses using personal instruction, video, and instructional materials. New parents will receive written informational and other materials (e.g. safe sleep sack) to take home after hospital discharge.
  - # and % of parents who receive instruction
  - # and % of parents who demonstrate knowledge of safe sleep practices upon hospital discharge

**Objective #2:** Parents will implement safe sleep practices with their infants; thus reducing infant death rates.

**Activity and Performance Measure s:**

- Collaborative partner agency home visitors will receive safe sleep practices training.
  - # of safe sleep practices training sessions conducted
  - # and % of staff who successfully complete safe sleep practices training
  - # of non-duplicated agencies represented in training sessions
- Parents safe sleep practices with newborns will be assessed.
  - # of newborns assessed and % of children sleeping in safe environment

---

## **CHILD ADVOCACY NETWORK OBJECTIVES AND ACTIVITIES**

***Priority Area 2: Child Abuse  
and Neglect Prevention***

**Objective #3:** Monroe CAN will increase awareness and educate the public about the council and its prevention efforts.

**Activity and Performance Measures:**

- Mandatory reporting training instruction will be provided to human service and educational staff
  - # of training sessions provided
  - % of staff reporting increased knowledge on mandatory reporting
- Public awareness of child abuse and neglect will be provided through the planting of pinwheel gardens
  - # of pinwheel events conducted
- A parenting and child development educational fair will be conducted
  - # of educational fairs conducted
  - # of human service or educational agencies involved
- To support Children’s Trust Fund (CTF) in its child abuse prevention efforts, the local council will place CTF logos on all materials purchased with CTF dollars, and written acknowledgement of CTF support will be included at all events
  - # of events where CTF logo is placed on written materials and signage
- To enhance the council’s service delivery system, CAN will provide educational articles on its sponsored programs and activities on a local web site and social media outlets
  - # of articles posted on the web site

---

## **CHILD ADVOCACY NETWORK OBJECTIVES AND ACTIVITIES**

***Priority Area 3: Community***

**Objective #4:** Monroe CAN Council will sustain its capacity to meet and carry out its objectives and goals.

**Activity and Performance Measures:**

- CAN's level of collaboration on key factors will be measured annually by the administration of the Collaboration Progress Checklist
  - Results of level of collaboration measured by the Collaboration Progress Checklist
- Increase awareness of youth/family mental health resources in the community
  - Children's Yellow Pages and the Youth Mental Health Resources Guide will be distributed through community partners
- Increase participation from local mental health agencies on the CAN Council Board of Directors