Community Partnership Agreement - Narrative - 2022

Garrett County, Maryland is a rural community in the westernmost part of Maryland covering 656 geographic miles. With 46.5 persons per square mile (US Census, 2010), Garrett County ranks the third-least populous county in the State of Maryland. With over 98,276 acres of parks, lakes, and forestland, Garrett County offers both natural beauty and adventure.

According to the 2015-2019 American Community Survey 5-year Estimates, 29,014 residents call Garrett County home which is a decrease from the reported estimate in 2017 of 29,516. The median income for residents of Garrett County is $52,617 with 15,720 people creating the labor force of Garrett County, a low number compared to the total population, making economic concerns a priority among residents.

The COVID-19 pandemic has significantly impacted communities in Maryland and Garrett County is no exception. The rural composition of Garrett County provided a spotlight increasing economic and cultural disparities as a result of COVID-19. Some of the disparities include broadband internet connectivity issues, food insecurities, and family disconnection from both school and community services. As the county works to recover, building relationships and meeting folks "where they are" in the community are key components to economic growth and maintaining the connection going forward.

FY22 NOFA RESULTS FOR GARRETT COUNTY:

Healthy Children

1. Indicators: Obesity; Health Insurance Coverage; Electronic Vapor Product Use(6-8); Depressive Episode (6-8)

For FY 2022, the Garrett County Local Management Board (LMB) chose the indicators Obesity, Health Insurance Coverage, Electronic Vapor Product Use Grades (6-8), Depressive Episode (6-8), to address the Child Well-Being Result area of Healthy Children. These indicators were chosen based on State indicator data as well as local data provided by the Garrett County Community Health Assessment, The Department of Social Services Annual Report, mygarrettcounty.com and a variety of secondary data sources.

2. The Story Behind the Data

According to the Center for Disease Control and Prevention, "*Obesity during childhood can harm the body in a variety of ways.*" Children who are obese or overweight have a propensity for high blood pressure, cardiovascular disease, asthma, and impaired glucose tolerance among other conditions. There are many contributing factors to childhood obesity that are prevalent among Garrett County youth. Environment, lifestyle choices, and the culture all have roles to

play in determining health and the propensity for obesity within a community. Riding a bike or walking to school is not a option for most Garrett County youth because of the human geography and rural landscape. Low incomes and high poverty rates often dictate the available food choices for families living below the poverty level. Poverty rates for Garrett County typically outperform the State for consecutive years and serve as a contributing factor when making food choices.

Activity level is another factor closely linked to childhood obesity. The Garrett County Community Health Assessment, conducted from April 13th, 2019 to August 13th, 2019, ranked physical activity as the 8th most important concern among the 2,102 participants who took part in the survey. According to the Youth Risk Behavior Survey (YRBS), an on-site survey of Maryland high school and middle school students conducted every two years, Garrett County students exceed State rankings in Childhood Obesity in both the 95th and 85th percentile for body mass index from the 2000 CDC growth chart for consecutive years. For the 2018-2019 school year, the percentage of students who were obese in the >95th percentile for Garrett County was 18.3% compared to the State at 12.8%.

The Garrett County Local Management Board recognizes the importance of creating environments that support healthy food choices and the opportunity for physical activities for children. Active play, movement, physical activity and good nutrition are all essential for healthy growth and development and the LMB is dedicated to making an impact on these numbers through the Early Care Healthy Families, Partners After School, and Learning Beyond the Classroom programs.

Access to healthcare is important for children, their families, and the community as a whole. If care is not provided, preventable conditions are more likely to develop that can affect both the child and the family for many years to come. In 2018, the rate of uninsured children in the State of Maryland was 3.2%, while the rate of uninsured children in Garrett County was 4.1% (Kids Count Data Center, 2018). According to the Garrett County Community Health Assessment, health insurance concerns ranked 2nd among the 2,102 residents surveyed and access to healthcare ranked 9th. Consensus from the focus group studies indicate that workers with lower paying jobs could not afford the insurance plans offered by employers in the county, so they typically refused insurance. Those surveyed who had insurance indicated a concern with future costs later in life. Because of this, the Garrett County Local Management Board hopes to communicate the importance of health insurance coverage and help families access affordable health care through the Early Care Healthy Families program.

Electronic vaping products have become very popular among teenagers and Garrett County is no exception. The rate of Public School Students in grades 6-8 in the county reporting electronic vapor product use exceeds the State in every category for the years 2016-2019 according to the Youth Risk Behavior Survey. In 2018, the rate of vapor product use for grades 9-12 for Garrett County was 57.6% compared to the State rate of 39.7% (Youth Risk Behavior Survey, 2018)

Adult tobacco usage rates for the county exceed both the State and even the nation for consecutive years as reported by multiple data sources. According to Michael Blaha, M.D., M.P.H., a professor of medicine at John Hopkins, *"there's evidence that young people who vape*

are more likely to go on to use illicit drugs and tobacco products such as cigarettes."
(https://www.hopkinsmedicine.org/health/wellness-and-prevention/does-vaping-lead-to-smoking).
Typically rural areas like Garrett County have a higher rate of tobacco usage based on
socio-economic factors, culture, and lack of health care. Residents who took part in the
Community Health Assessment Survey ranked Substance Abuse, to include opioids, prescription
medication, tobacco, alcohol, and other drugs, as 3rd in importance for the county. Tobacco use
in Garrett County is a generational problem that continues to be addressed through outreach
groups such as Garrett County Regional Medical Center, Accident Community Planning Group,
Club 21550, Crellin Outreach Partnerships, Friendsville Community Watch, and the Garrett
County Health Department. Through the Partners After School program, the Local Management
Board is hoping to make an impact on vaping and school aged children in Garrett County.

Depression, described by psychologist Marin Seligman as the "common cold" of mental illness,
is the most frequently reported mental health problem among American school children
(American Psychological Association). Once a child has experienced a depressive episode, the
likelihood of recurrence in adulthood is high. Garrett County students rank just below the State
in the percent of public school students in grades 6-8 and 9-12 reporting a depressive episode
with one segment (6-8) exceeding the State percentage. The COVID-19 pandemic has created a
breeding ground for mental health issues, especially for those children who found themselves
disconnected from school and services due to circumstances beyond their control. In February of
2020, the Garrett County Health Department conducted an adolescent survey among Middle
School students eliciting 327 responses. The survey broached a variety of health topics with
students ranking Anxiety (54%), Depression (56%), and Stress (66%) as areas they would like
help with addressing. Considering the small population of Garrett County, and the close
alignment with State figures, the Garrett County Local Management Board decided to select the
aforementioned indicator as a priority for Garrett County programming in FY22.

3. Board Prioritization

The Garrett County Local Management Board held a series of three Community Partnership
Agreement FY 2022 NOFA planning meetings which were open to the public and took place on
March 1st, 2021, March 3rd, 2021 and March 8th, 2021. The meetings were held virtually per
COVID-19 directives. The NOFA planning meetings were well attended by members of the
community including Oakland Town Council members, State Representatives, Garrett County
Commission for Women, various educational, political, and charitable groups and interested
members of the community. All three meetings followed the same format which utilized the
Results Based Accountability method to determine the greatest needs of children and families of
Garrett County. The meetings began with an introduction and brief background information
regarding the Local Management Board and the Governor's Office of Crime Prevention, Youth,
and Victim Services and their combined mission. A PowerPoint presentation was developed to
clarify the intent of what the Board is tasked with as well as the Results Based Accountability
framework used to help with the decision making process. Attendees were provided with
indicator data collected for the Child Well-Being Result areas from both the State and Garrett
County as well as information related to the program/strategy priorities, and Children's Cabinet
overall Themes for FY22. Indicator data was provided by the Maryland's Child Well-Being
Scorecard Tracking Outcomes for Maryland's Children and Families and supplied valuable

insight for community members to consider.

The Garrett County Local Management Board met on March 11th, 2021 and again on March 16th, 2021 to study what was learned from the planning meetings and to decide on the Results, Indicators, and Program Priorities most important to Garrett County children and families. The recommendations and comments from community members who attended the planning meetings were discussed and considered in the decision process. Indicator data was discussed at length with considerations on how the turn the curve and how to make an impact on indicators lacking for Garrett County. According to community input and the indicator data collected and shared, a Result area chosen to prioritize by the Garrett County LMB for FY22 includes Healthy Children.

4. Programs/Strategies

- Learning Beyond the Classroom
- Partners After School
- Early Care Healthy Families

Children Enter School Ready to Learn

1. Indicator: Kindergarten Readiness Assessment

For FY 2022, the Garrett County Local Management Board (LMB) chose the indicator *Kindergarten Readiness Assessment: Students Demonstrating Readiness* to address the Child Well-Being Result area of Children Enter School Ready to Learn. This indicator was chosen based on local and State data as well as information gathered from the Garrett County Community Health Assessment, the Department of Social Services Annual Report, and mygarrettcounty.com. Although the numbers for Garrett County compared to the State are favorable, Kindergarten Readiness remains a high priority and a Result area Garrett County would like to maintain going forward.

2. The Story Behind the Data

From Universal Pre-School to Child-Tax Credits, Early Childhood Education is recognized as a vital component of childhood development which paves the way for future success. In the earliest years, children begin to develop socialization, communication, critical thinking, and self-control, all skills critical for school success. For children living in poverty, the constraints placed on the child including lack of language skills, materials, and mental health issues related to housing and environment, all play a negative role in that child's development.

The poverty rate for children in Garrett County under 18 years of age for 2019 was 17.7%

compared to the State at 12.3% (Kids Count Data Center). Child poverty rates in Garrett County are consistently higher than the State for consecutive years which raises a red flag for the LMB and the result area of Children Enter School Ready to Learn. According to the "Ready at Five" report, Garrett County has ranked above the State in Kindergarten Readiness for consecutive years because of the emphasis placed on early intervention in the county. The data for the current school year (2020-2021) is not available, but the data from 2019-2020 suggests a small decline from previous years in the areas of "Demonstrating" and "Approaching" readiness. The LMB closely monitors enrollment numbers in the Healthy Families and Head Start programs to confirm residents are taking advantage of these important initiatives. A recent drop in enrollment numbers and a disconnect due to the COVID-19 pandemic has encouraged the Garrett County Local Management Board to continue to support this important Child Well-Being Result.

3. Board Prioritization

The Garrett County Local Management Board held a series of three Community Partnership Agreement FY 2022 NOFA planning meetings which were open to the public and took place on March 1st, 2021, March 3rd, 2021 and March 8th, 2021. The meetings were held virtually per COVID-19 directives. The NOFA planning meetings were well attended by members of the community including Oakland Town Council members, State Representatives, Garrett County Commission for Women, various educational, political, and charitable groups and interested members of the community. All three meetings followed the same format which utilized the Results Based Accountability method to determine the greatest needs of children and families of Garrett County. The meetings began with an introduction and brief background information regarding the Local Management Board and the Governor's Office of Crime Prevention, Youth, and Victim Services and their combined mission. A PowerPoint presentation was developed to clarify the intent of what the Board is tasked with as well as the Results Based Accountability framework utilized to help with the decision making process. Attendees were provided with indicator data collected for the Child Well-Being Result areas for both the State and Garrett County as well as information related to the program/strategy priorities and the Children's Cabinet overall Themes for FY22. Indicator data was provided by the Maryland's Child Well-Being Scorecard Tracking Outcomes for Maryland's Children and Families and supplied valuable insight for both the Board and community members to consider.

The importance of this Result area coupled with the rural composition of the county put a spotlight on the Learning Beyond the Classroom (LBTC) program. The LBTC program became a vital resource for the community during the COVID-19 pandemic. The bus remained parked due to COVID-19 directives, however, the program continued to "meet people where they are" in the community delivering food and educational supplies to disadvantaged families with young children. Because of this, the LMB decided to add the Learning Beyond the Classroom program to the Result area of Children Enter School Ready to Learn.

The Garrett County Local Management Board met on March 11th, 2021 and again on March 16th, 2021 to study what was learned from the planning meetings and to decide on the Results,

Indicators, and Program Priorities most important to Garrett County children and families. The recommendations and comments from community members who attended the planning meetings were discussed and considered in the decision process. Indicator data was reviewed at length with considerations on how the turn the curve and how to make an impact on indicators lacking for Garrett County. According to community input and the indicator data collected and shared, a Result area chosen to prioritize by the Garrett County LMB for FY22 includes Children Enter School Ready to Learn.

4. Programs/Strategies

Learning Beyond the Classroom

Early Care Healthy Families

Families are Economically Stable

1. Indicators: Child Poverty, Homelessness

For FY 2022, the Garrett County Local Management Board (LMB) chose the indictors Child Poverty and Homelessness to address the Child Well-Being Result area of Families are Economically Stable. These indicators were chosen based on State indicator data as well as local data provided by the Garrett County Community Health Assessment, The Department of Social Services Annual Report, mygarrettcounty.com and secondary data sources.

2. The Story Behind the Data

Children in poverty is a generational problem for Garrett County. One way to affect generational poverty is to intervene early in the development of a child to help change the trajectory of their achievement potential. According to the Community Health Assessment, "Jobs, Wages, and Economic Development" ranked highest among Garrett County residents in a county-wide prioritization survey. Focus group participants cite a lack of affordable housing, school closures, and a lack of competitive job opportunities as contributing factors directly related to economic development and corresponding poverty rates. Some focus group members acknowledged a direct link between higher incomes and improved health outcomes for some Garrett County residents.

Garrett County consistently ranks below the State in the percentage of Children Under 18 Living in Poverty. For FY19, the rate of children living in poverty for the State was 12.3% while the

rate in Garrett County was 17.7%, a slight improvement from previous years where the rates were 18.4% and 18.7% respectively. Community Health Assessment participants expressed concern with "attracting and keeping" the next generation in the county. A lack of broadband internet access limits virtual employment options for residents and prevents larger corporations from coming to the area prohibiting growth and perpetuating generational poverty in the county.

Homelessness is described as the percent of children enrolled in the public school system who lack a fixed, regular, and adequate nighttime residence or who are awaiting foster-care placement. Because of the population size of Garrett County, homeless data is suppressed but Local Management Board members including the Superintendent of Schools and the Director of Community Action both agree that the numbers for the county are clearly on the rise. In 2019, for the months of January through December, the Garrett County Board of Education reported a range of 21-39 students identified as homeless throughout the year. In 2020, for the months of January through December, the Garrett County Board of Education reported a range of 32-52 students identified as homeless throughout the year, a noticeable increase from the previous year. Affordable housing is a vital social determinant of health and one that alludes many families in Garrett County. A Community Health Assessment focus group participant describes housing in the area as a *"Disparity of affordable housing – I'm not talking about subsidized housing, $900 a month for rent or more is not affordable."* With household income rates in the county well below the State, [$84,805 (State), and $52,617 (Garrett County); U.S. Census Bureau], a lack of affordable housing is easily attributed to homeless statistics for both children and families of Garrett County.

3. Board Prioritization

The Garrett County Local Management Board held a series of three Community Partnership Agreement FY 2022 NOFA planning meetings which were open to the public and took place on March 1st, 2021, March 3rd, 2021, and March 8th, 2021. The meetings were held virtually per COVID-19 directives. The NOFA planning meetings were well attended by members of the community including Oakland Town Council members, State Representatives, Garrett County Commission for Women, various educational, political, and charitable groups and interested members of the community. All three meetings followed the same format which utilized the Results Based Accountability method to determine the greatest needs of children and families of Garrett County. The meetings began with an introduction and brief background information regarding the Local Management Board and the Governor's Office of Crime Prevention, Youth, and Victim Services and their combined mission. A PowerPoint presentation was developed to clarify the intent of what the Board is tasked with as well as the Results Based Accountability framework utilized to help with the decision making process. Attendees were provided with indicator data collected for the Child Well-Being Result areas for both the State and Garrett County as well as information related to the program/strategy priorities and the Children's Cabinet overall Themes for FY22. Indicator data was provided by the Maryland's Child Well-Being Scorecard Tracking Outcomes for Maryland's Children and Families and supplied valuable insight for community members to consider.

4. Programs/Strategies

Early Care Healthy Families

Youth Have Opportunities for Employment or Career Readiness

1. Indicators: Youth Disconnection: Youth ages 16-24 Not Working and Not in School

For FY 2022, the Garrett County Local Management Board (LMB) chose the indictor Youth Disconnection: Youth ages 16-24 Not Working and Not in School to support the Child Well-Being Result area of Youth Have Opportunities for Employment or Career Readiness. This indicator was chosen based on State indicator data as well as local data provided by the Garrett County Community Health Assessment, The Department of Social Services Annual Report, mygarrettcounty.com and secondary data sources.

2. The Story Behind the Data

Youth Disconnection is an issue that Garrett County has taken a deep dive into over the span of the last two years. With youth disconnect numbers well below the State for consecutive years, identifying and creating a pathway to employment has become a priority for the Garrett County LMB. Working with an outside consultant, a workforce development group was formed to look at who makes up the disconnected population and what can be done to integrate Disconnected/Opportunity Youth back into the community. With jobs, wages and economic development ranked as top concerns among Garrett County residents per Community Assessment survey results, a pathway to jobs for youth in the community is a priority for the Local Management Board of Garrett County.

3. Board Prioritization

The Garrett County Local Management Board held a series of three Community Partnership Agreement FY 2022 NOFA planning meetings which were open to the public and took place on March 1st, 2021 March 3rd, 2021 and March 8th, 2021. The meetings were held virtually per COVID-19 directives. The NOFA planning meetings were well attended by members of the community including Oakland Town Council members, State Representatives, Garrett County Commission for Women, various educational, political, and charitable groups and interested members of the community. All three meetings followed the same format which utilized the Results Based Accountability method to determine the greatest needs of children and families of Garrett County. The meetings began with an introduction and brief background information regarding the Local Management Board and the Governor's Office of Crime Prevention, Youth, and Victim Services and their combined mission. A PowerPoint presentation was developed to clarify the intent of what the Board is tasked with as well as the Results Based Accountability

framework utilized to help with the decision making process. Attendees were provided with indicator data collected for the Child Well-Being Result areas for both the State and Garrett County as well as information related to the program/strategy priorities and the Children's Cabinet overall Themes for FY22. Indicator data was provided by the Maryland's Child Well-Being Scorecard Tracking Outcomes for Maryland's Children and Families and supplied valuable insight for community members to consider.

4. Programs/Strategies

Youth Employment Initiative

Garrett County Apprenticeship Program

Communities are Safe for Children, Youth, & Families

1. Indicators: Child Maltreatment; Out-of-Home Placement

For FY 2022, the Garrett County Local Management Board (LMB) chose the indictors Out-of-Home Placement and Child Maltreatment to support the Child Well-Being Result area of Youth Have Opportunities for Employment or Career Readiness. This indicator was chosen based on State indicator data as well as local data provided by the Garrett County Community Health Assessment, The Department of Social Services Annual Report, mygarrettcounty.com and secondary data sources.

2. The Story Behind the Data

The Garrett County Local Management Board engaged in lengthy discussion regarding the indicators of Out-of-Home Placement and Child Maltreatment and the corresponding rates for the county. Through the Community Health Assessment, residents ranked Child Maltreatment (abuse & neglect) as 7 out of 31 in importance identifying the indicator as an area of concern for the county. Child Maltreatment rates for the county compared to the State are disproportionate measuring more than double the rate per 1,000. According to SHIP data for the years 2016 and 2017, Child Maltreatment rates for Garrett County were 18.4 and 25.3 respectively, compared to the State at 6.6 and 7.1. Several secondary data sources report similar rate disparities prompting the Local Management Board to look deeper into the issue with a planning initiative.

According to the Department of Social Services Annual Report for Garrett County, "the number of youth in out-of-home placements remained at a rate of 55-60 youth in placement at any given time, with the majority residing in area local foster homes." This does not account for the number of children in kinship care or children being raised by grandparents in the county. A

Community Health Assessment focus group participant recognized the issue saying, "*Highest level of our society - grandparents are raising kids - affluent people.* " Out of Home Placement rates for the county are very similar to Child Maltreatment rates among several secondary data sources. For 2018 and 2019 respectively, the rate of Out-of-Home Placements per 1,000 children for the State was 7.1 and 7.8 while the Garrett County rate was 24.93 and 25.57 (OOHP Reports 2018 and 2019). Because of the large rate gap with regard to this indicator, the Local Management Board decided to further investigate the data through a planning initiative.

3. Board Prioritization

The Garrett County Local Management Board held a series of three Community Partnership Agreement FY 2022 NOFA planning meetings which were open to the public and took place on March 1st, 2021, March 3rd, 2021, and March 8th, 2021. The meetings were held virtually per COVID-19 directives. The NOFA planning meetings were well attended by members of the community and included Oakland Town Council members, State Representatives, Garrett County Commission for Women, various educational, political, and charitable groups and interested members of the community. All three meetings followed the same format which utilized the Results Based Accountability method to determine the greatest needs of children and families of Garrett County. The meetings began with an introduction with brief background information regarding the Local Management Board and the Governor's Office of Crime Prevention, Youth, and Victim Services and their combined mission. A PowerPoint presentation was developed to clarify the intent of what the Board is tasked with as well as the Results Based Accountability framework utilized to help with the decision making process. Attendees were provided with indicator data collected for the Child Well-Being Result areas for both the State and Garrett County as well as information related to the program/strategy priorities and the Children's Cabinet overall Themes for FY22. Indicator data was provided by the Maryland's Child Well-Being Scorecard Tracking Outcomes for Maryland's Children and Families and supplied valuable insight for both the LMB and community members to consider.

4. Programs/Strategies

Planning Initiative

FY22 NOFA Application Program/Strategy/Planning Page

Local Management Board: Garrett County
Prioritized Result for this Program/Strategy Children Enter School Ready to Learn; Families are Economically Stable; Youth Have Opportunities for Employment or Career Readiness; Healthy Children
Prioritized Indicator(s) for this Program/Strategy: Kindergarten Readiness Assessment; Child Poverty; Homelessness; Youth Disconnection; Obesity; Health Insurance Coverage
Program/Strategy/Planning Activity Name: Early Care Healthy Families
Children's Cabinet Priority: Reducing the impact of parental incarceration on children, youth, families, and communities; Reducing youth homelessness; Improving outcomes for disconnected/opportunity youth; Reducing childhood hunger
Vendor Name: Garrett County Health Department
Brief Summary (3-5 sentences) of the Program/Strategy: Early Care Healthy Families Garrett County provides ongoing home visits from registered nurses and trained paraprofessionals to low-income, at risk mothers and families. Through home visitation, these families receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become economically self-sufficient. The program provides and links an array of health, education, and support services to expectant mothers and families. Healthy Families Garrett County is an accredited program that implements evidence-based home visiting services according to Healthy Families America (HFA) Best Practice Standards.
Target Population: Include the following: • Description of how the population was identified as needing the intervention.   • Robust recruitment plan to ensure that the appropriate participants are identified and enrolled.   • Target # to be served.   • For a planning request, discuss the population on which the planning activity will focus.   Description of how population was identified: The Garrett County Local Management Board (LMB) held a series of FY22 NOFA Planning Meetings to determine the greatest needs in the county pertaining to children and families. These meetings took place on March 1st, 2021, March 3rd, 2021 and March 8th, 2021 and were held virtually per COVID-19 directives using the Google Meet platform. The meetings were publicized through mygarrettcounty.com and social media outlets with invitations issued to Oakland Town Council members, State representatives, Garrett County Commission for Women, various educational, political, and charitable groups as well as members of the community. All the meetings were well attended and included valuable feedback for the Garrett County LMB. Using the Results Based Accountability (RBA) method, priorities for the county were determined based on data discussions utilizing indicator data, and priority areas outlined by the Governor's Office of Crime Prevention, Youth, and Victim Services. A PowerPoint presentation assisted to demonstrate the indicator data compared to the State as well as details regarding Child Well-Being Results and Program/Strategy Priorities.

The Garrett County Community Health Assessment serves as the community plan used by the county with respect to the Community Partnership Agreement FY 2022 NOFA. The assessment was conducted from April 13th, 2019 to August 13th, 2019 and include surveys, focus groups, and secondary data significant to Garrett County. 2,102 community members participated in the assessment resulting in a statistically significant report for Garrett County to use for community planning going forward.

From Universal Pre-School to Child-Tax Credits, Early Childhood Education is nationally recognized as a vital component of childhood development to pave the way for future success. In the earliest years, children begin to develop socialization, communication, critical thinking, and self-control, all crucial components to development. The Early Care Healthy Families (ECHF) program serves the entire family in preparing the child for success. The program is two-generational, assisting both parents and children alike to reach their goals and obtain the education and services they require along the way. The program serves the Child Well-Being Result areas of *Children Enter School Ready to Learn, Families are Economically Stable, Youth Have Opportunities for Employment or Career Readiness, and Healthy Children* and addresses the indicators of *Kindergarten Readiness, Homelessness, Child Poverty, Youth Disconnection,* and *Health Insurance.*

One way to address generational poverty is to intervene early in the development of a child to influence the trajectory of their achievement potential. For children living in poverty, constraints placed upon the child from a lack of language skills, materials, and mental health issues related to housing and environment, all play a role in the child's development. In Garrett County, the poverty rate for children under 18 years of age is 17.7% compared to that of the State at 12.3% (Kids Count Data Center, 2019).
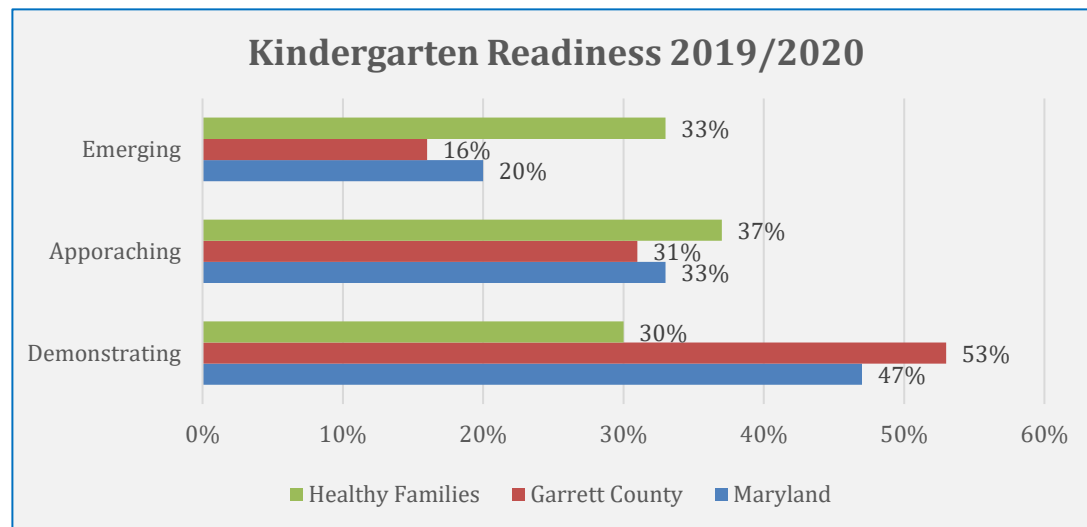
*Kids Count Data Center, 2017-2019

Child Poverty Rates

Year	Child Poverty Garrett County	Child Poverty Maryland
2019	17.7	12.3
2018	18.4	12.1
2017	18.7	12.4
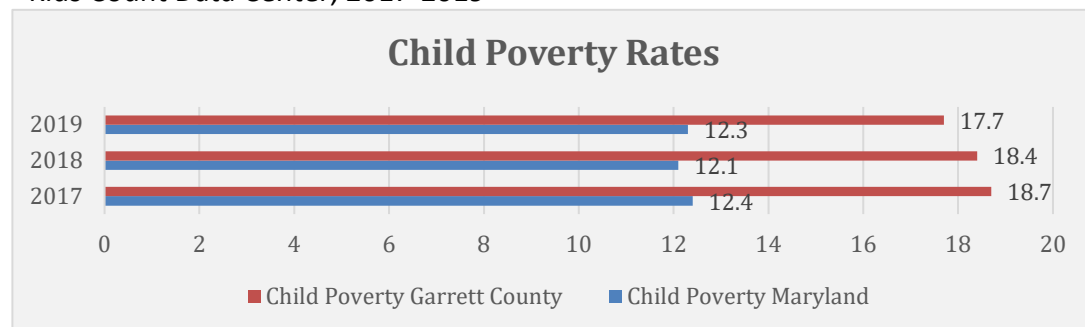
According to ChildFund.org, children from lower-income families are more likely than students from wealthier backgrounds to have lower test scores, and they are at higher risk of dropping out of school. Those who complete high school are less likely to attend college than students from higher-income families. For some children, the effects of poverty on education present challenges in breaking the cycle of generational poverty and reduce their chances of leading rewarding, productive lives. Intervening early in a child's life and preventing low kindergarten readiness scores is what the Local Management Board believes is the first step

to break the cycle of poverty for generations of Garrett County residents.

According to the "*Ready at Five*" Kindergarten Readiness Assessment Report, Garrett County has ranked above the State in Kindergarten Readiness for consecutive years due to the emphasis placed on early intervention in the county. The data for the current school year (2020-2021) is not available, however data from 2019-2020 suggests a decline from previous years in the areas of "Demonstrating" and "Approaching" readiness.

Kindergarten Readiness 2019/2020

Category	Healthy Families	Garrett County	Maryland
Emerging	33%	16%	20%
Approaching	37%	31%	33%
Demonstrating	30%	53%	47%

*Kindergarten Readiness Assessment, 2019/2020

The Result area *Families Are Economically Stable* is reliant upon a host of factors and for families struggling with poverty, homelessness is a prime concern. Homelessness is defined as *children enrolled in the public-school system who lack a fixed, regular, and adequate nighttime residence or who are awaiting foster-care placement.* In 2019, for the months of January through December, the Garrett County Board of Education reported a range of 21-39 students identified as homeless throughout the year. In 2020, for the months of January through December, the Garrett County Board of Education reported a range of 32-52 students identified as homeless throughout the year, a noticeable increase from the previous year. Affordable housing is a vital social determinant of health and one that alludes many families in Garrett County. A Community Health Assessment focus group participant describes housing in the area as a "*Disparity of affordable housing – I'm not talking about subsidized housing, $900 a month for rent or more is not affordable.*"   With household income rates in the county well below the State, [$84,805 (State), and $52,617 (Garrett County); U.S. Census Bureau], a lack of affordable housing is easily attributed to homeless statistics for both children and families of Garrett County.

Disconnected/Opportunity Youth is defined as *the percentage of youth ages 16-24 who are not enrolled in school and not working or not currently seeking employment.* According to OpportunityIndex.org, the percent of Youth not Working and Not in School is 11.1% (2019) for

Garrett County and 10.5% for the State. This number has been as high as 16% for Garrett County prompting the Garrett County Local Management Board to engage a consultant to decipher both the numbers and the population itself. The report revealed a significant number of the Disconnected/Opportunity Youth population (14) citing "Motherhood" as a reason for being out of the workforce, and not being able to afford child care. Creating a pathway to work became the mantra for the Workforce Development team and creating an Apprenticeship Program became the goal. The Early Care Healthy Families program currently serves 29 Disconnected/Opportunity Youth families who work directly with a Family Economic Self-Sufficiency worker to make connections to the programs and services needed for families to become financially independent.

According to the Center for Disease Control and Prevention, "*Obesity during childhood can harm the body in a variety of ways.*" Children who are obese or overweight have a propensity for high blood pressure, cardiovascular disease, asthma, and impaired glucose tolerance among other conditions. The Garrett County Community Health Assessment ranked physical activity as the 8th most important concern among the 2,102 participants of the survey. According to the Youth Risk Behavior Survey (YRBS), an on-site survey of Maryland high school and middle school students, Garrett County students exceed State rankings in Childhood Obesity in both the 95th and 85th percentile for body mass index from the 2000 CDC growth chart for consecutive years. For the 2018-2019 school year, the percentage of students who were obese in the >95th percentile for Garrett County was 18.3% compared to the State at 12.8% (YRBS, 2018-2019). The newly formed *Child and Adolescent Health Work Group* in Garrett County recently met to address the issue of childhood obesity. The group is composed of area physicians and representative from the various health entities to address health outcomes in the county. The group plans to address obesity in the school system through education and possible screenings at the primary and secondary level. Participating work group physicians agreed to participate in follow-up with regard to the screening results. The *Child and Adolescent Health Work Group* posts information and updates to their action group on mygarrettcounty.com.   Garrett County Local Management Board recognizes the importance of creating environments that support healthy food choices and the opportunity for physical activities for children. Active play, movement, physical activity and good nutrition are all essential for healthy growth and development and the LMB is dedicated to making an impact through community partnerships and with the Early Care Healthy Families program.

Access to healthcare is important for children, their families, and the community as a whole. If care is not provided, preventable conditions are more likely to develop that can affect both the child and the family for many years to come. In 2018, the rate of uninsured children in the State of Maryland was 3.2%, while the rate of uninsured children in Garrett County was 4.1% (Kids Count Data Center, 2018). According to the Garrett County Community Health Assessment, health insurance concerns ranked 2nd among the 2,102 residents surveyed and access to healthcare ranked 9th. Consensus from focus group studies indicate that workers with lower paying jobs could not afford the insurance plans offered by employers in the county, so they typically refused insurance. Those surveyed who had insurance indicated a concern with future costs later in life. Because of this, the Garrett County Local Management

Board plans to communicate the importance of health insurance coverage and help families access affordable health care through the Early Care Healthy Families program.

Robust recruitment plan:
The target population for the Early Care Healthy Families (ECHF) program is all at-risk pregnant women that reside in Garrett County or if not pregnant, have a newborn under the age of three (3) months, and yield a positive score on the initial screening process. The ECHF program determines families to be "at-risk" through a *Parent Survey* developed by the Hawaii Department of Maternal Health that identifies overburdened families through a series of health and risk behavior questions. Other factors that determine eligibility include 1) Mother is pregnant or has a child under three years old, 2) has a positive screen, 3) mother or father meets one of the Governor's Strategic Goals. If the family meets all three components of the referral/screen and scores a 25 or higher on the Parent Survey, then they qualify for Early Care Healthy Family home visiting services.

Families are identified for testing through an extensive referral system in place throughout Garrett County. Referrals come from a variety of sources to include, but not limited to; Physicians (through either the Maryland Prenatal Risk Assessment or the Consent for Referral), Maryland Children's Health Program (MCHP), Garrett County Health Department Family Planning, Self/Family/ Friends, Hospitals [Garrett Regional Medical Center, West Virginia University (WVU), Western Maryland Health System (WMHS), and Women's Infants and Children's (WIC) program]. There is an "Other" category for referrals which includes referrals from the Department of Social Services, Early Healthcare System, Childbirth Class, etc. The Early Care Program establishes and maintains informal agreements with all referring organizations. Referrals/county births are monitored at least annually. Any fluctuations are reviewed with the Healthy Families Garrett County Advisory Board and an Action Plan is implemented to increase referrals as needed.

The Program Director, Family Assessment Worker (FAW), Quality Assurance Staff, and Supervisor continuously monitor referrals, referral outreach, and new enrollments. During COVID-19, Quality Assurance staff enters the information on new referrals into the FamilyWise Datatude Home Visiting Data System, emails the appropriate staff the new referral FamilyWise number created for the family, and places a paper copy of the referral in the mailbox for the Outreach Nurse. The Outreach Nurse is able to obtain family information necessary to conduct outreach to the family via the FamilyWise Data System assigned if teleworking. The Outreach Nurse has a "softphone" assigned and the program's only cell phone that is used during telework to conduct outreach.

The Family Assessment Worker will contact a referral as early as possible upon receipt. The FAW completes face-to-face visits to Garrett Regional Medical Center, and when possible, meets with the new moms face-to-face at the hospital. The FAW also completes face-to-face visits to local Dr. offices to pick up new referrals on expectant women in the county.

Once referrals are identified, referring partners and/or an Early Care staff member will

complete the demographic information on the Early Care Programs Referral Record/Screen with as much information listed on the referral that is known. Early Care Healthy Families has a process in place to identify families most at risk for Child Maltreatment and/or other Adverse Childhood Experiences. The *Parent Survey* screening tool, developed by the Hawaii Department of Maternal Child Health, identifies "overburdened" families and determines them to be either "positive" or "negative". The Early Care Healthy Families assessment process continues with a trained Registered Nurse/Family Assessment Worker (FAW) reviewing the record/screens and reaching out to families through phone, text, email, mail, hospital visits, or other face to face interactions to gather more information. Supportive services which are identified through the record/screening process include health insurance, driver's license, WIC services, etc.

In the spring of FY18, the program began utilizing *mygarrettcounty.com,* a Performance Management Platform, to monitor for trends in the increase/decrease of data associated with families served in the program. The program continues to use this digital platform. Data is tracked on a monthly basis and includes the number of referrals received for program service, the number of assessments completed, and the number of home visits completed, etc.

Target # to be served:
The target rate of expected referrals for pregnant women and new births is 70% per fiscal year. During FY 2019, 82% of all county births were referred to the Early Care Program. The target number of families served per year for the Early Care Healthy Families program is 90 and the target number of home visits completed per year is 1,125.

Detailed Program/Planning Description:
Include the following:
- Where will services be provided? Responses may include zip codes, neighborhoods, school catchment areas, etc.
- Model, assessment, curriculum and how employed (as applicable)?
- Description of the routine intervention/service. What is the vendor going to do?
- If a model program is proposed, a discussion of how fidelity to the model will be ensured/maintained.
- For a planning request, discuss the specific planning activities proposed.

Where will services be provided:
The Early Care Healthy Families program is open to qualifying families throughout Garrett County and covers the entirety of the county to include: Accident (21520), Bittinger (21522), Bloomington (21523), Friendsville (21531), Grantsville (21536), Kitzmiller (21538), McHenry (21541), Oakland (21550), and Swanton (21561). The Early Care Healthy Family program uses *Family Wise* and a locally developed *Access* database to track and monitor referral numbers, locations, and "families served".

GARRETT COUNTY MAP
MARYLAND, USA
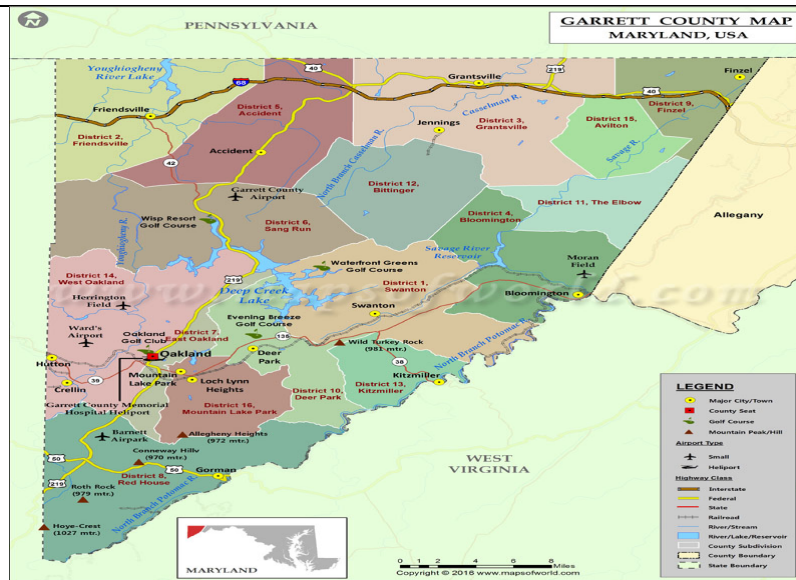
Model, assessment, curriculum, how employed:

Early Care Healthy Families (ECHF) is an accredited program that implements evidence-based home visiting services to young families and expectant mothers of Garrett County in accordance with Healthy Families America (HFA) Best Practice Standards (BPS). The national goals of the HFA foundation for successful service which ultimately aims to prevent child maltreatment through early intervention include:

- Promotion of healthy child growth and development;
- Strengthening the parent-child relationship; and
- Enhancing family functioning by teaching problem solving skills, building trusting relationships and improving family support systems

HFA is designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and other adverse child experiences; and current or previous issues related to substance abuse, mental health issues and/or domestic violence. HFA services include screenings and assessments to determine families at risk for child maltreatment or other adverse childhood experiences; home visiting services; and routine screening for child development and maternal depression (Source: *healthyfamiliesamerica.org*). The HFA central administrative entity provides training for staff at all sites, facilitates implementing the model, assists established sites with preparing for HFA accreditation, increases public awareness and advocacy, identifies potential funding streams, and evaluates services and outcomes. Sites implementing HFA commit to provide high quality home visiting services and demonstrate model fidelity through ongoing quality assurance (QA) and periodic Accreditation site visits. The *Standards* serve as the site's guide to model implementation and are used to evaluate the site's status toward achieving model fidelity. Coupled with each standard are rating indicators used to determine the site's current degree of implementation. The rating indicators are used to determine if the site is exceeding, meeting, or not yet meeting the expectation of the standard. Each rating indicator is represented by a numerical system (3-exceeds, 2-meets, 1-does not yet meet).

The Early Care Healthy Families program is also monitored for compliance through the Local Management Board once a year. The Healthy Families program has several Performance Management Groups on *MyGarrettCounty.com,* a digital performance management tool unique to Garrett County. The Healthy Family groups on the site include *Early Care Home Visit Management, Healthy Birth Weights, Early Care Immunizations, and Early Care Programs Systems of Care.* Various program data points are entered into the groups each month allowing the program manager to track data in one place and see trends in increase and decrease of measures. Tracking data is an essential management function to assist in the determination of patterns and trends that can identify the need to implement strategies to increase home visit completion and ultimately improve outcomes within the target population.

HFGC currently employs one (1) part-time Family Assessment Worker (FAW); two (2) full time FTE Home Visitors and has one vacancy for a full-time FTE Home Visitor; one (1) part-time FTE Home Visitor at 30 hours per week; and one (1) part-time FTE Home Visitor at 20 hours per week; and two (2) part-time FTE Supervisors. Additionally, the HFGC program employs two (2) part-time FTE staff that work as Quality Assurance and Administrative office staff and a Program Manager. As part of the programs enhancement services for families, the program funds also support a Coordinator of Special Projects that works with staff and families.

Under separate funding, Early Care Healthy Families also employs one (1) FTE Home Visitor under the FY 2019 Home Visiting Pilot Program designed to provide evidence-based home visiting services to high-risk Medicaid beneficiaries as an expansion to current home visiting services funded in FY20. In addition, the program receives support from Garrett County Health Department administrative/fiscal staff, IT staff, Director of Nursing, and the Health Officer.

Robert Stephens, MS, Health Officer
1025 Memorial Drive
Oakland, Maryland 21550

"Garrett County, a healthier place to live, work and play"
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FY 21 Early Care Healthy Families Contract Compliance

Attachment D

FY 2021 Educational Level / Credentials / Background Check for
Early Care and Family Support Services / MSDE Home Visiting Staff

Staff Name and Title	Education (Highest Level)	Date of Hire [date of *resignation]	Initial Background Check	Date of Child Protective Service Registry Check	Date of Fingerprint Background Check
Friend, Maria, PM	BSN	02/28/2001	03/01/2006	12/27/2006	03/01/2006
Jennifer VanPelt, RN SUP	BSN	7/18/2018 as FSW 5/10/19 as RN SUP	07/11/2018	06/22/2018	07/18/18
Keefer, Karen, Supervisor	BS	08/09/2000- FES Coordinator 3/10/2021- SUP	01/19/1999	12/27/2006 & 2/24/21	01/19/1999 & 2/25/21
Lacy Coffren, RN	AA	05/02/2018	01/17/2018	04/13/2018	01/17/2018
Tonya Beckman	BS	10/3/2018	09/27/2018	10/04/2018	09/27/2018
Emily Vincent	AA	12/23/20	12/23/20	8/16/19	1/13/21
Torey Moats	AA	1/8/202	12/26/19	12/31/19	12/26/19
Shannon Thomas	BS	4/27/20	Federal- 5/20/20 State- 4/29/20	5/1/20	Federal- 5/20/20 State- 4/29/20
Melissa Skiles	BS	5/27/20	5/7/20	5/1/20	5/7/20
Lindsay Doyle	BS	12/23/20	12/15/20	12/15/20	1/13/21
Sheila Lee	BS	3/17/21	3/4/21	3/10/21	3/10/21

Updated 3/15/2021

Early Care Programs

Healthy Families
Garrett County
Maria Friend, Director
(301) 334-7720

Toll Free Maryland Department of Health 1-877-463-3464
TDD for Disabled Maryland Relay Service 1-800-735-2258

Description of routine intervention/service. What is the vendor going to do?
"*A child's first relationships and earliest experiences lay the foundation for health and well-being throughout their entire lives. At scale, stronger childhoods lead to stronger families and more successful communities* (Healthyfamiliesamerica.org)."

The Early Care Healthy Families (ECHF) program is a comprehensive primary prevention service delivery modality that was created to ensure all Garrett County children and families are healthy, economically stable, have employment opportunities, and enter school ready to learn. The program provides in-home services during the prenatal, postpartum, and infant/child periods that target families that are assessed to be the most at-risk for poor pregnancy and poor child outcomes. The vision of the Early Care Healthy Families program is that *All Garrett County parents will have available the support and assistance they need in order to foster health, learning, and development for children from birth to age five.* The ECHF program provides and links an array of health, education, and supportive services to expectant mothers and families. As such, the program is designed to help expectant and new parents get their children off to a healthy start. Home visitors assist families in meeting goals by building on identified strengths and addressing individual family needs through assessment, education, and linkage to resources. The HFGC mission is to *enhance family functioning and promote child health and development by creating for all prospective and new parents' home-visiting support at their level of need and/or desire.* Home visitors promote

family and child health through in-home activities and services that include providing child development information, family health and wellness education, parent-child activities to support the child's development, parent planning for themselves, family, and their child; tools to assess needs and outcomes, and linkage/referral to needed resources. ECHF home visits include ongoing assessment, nursing diagnosis, and development of a plan of care with families that considers their unique strengths and needs. Education and/or screening is provided on a variety of health and safety topics to include nutrition, stress management, family planning, substance use, tobacco use and cessation, substance free pregnancy, prevention of preterm labor, breastfeeding, well women and well child medical visits, immunizations, safe sleep, sudden infant death syndrome prevention, postpartum care, newborn care, establishment of a primary care provider, parenting skills, child development, home safety, intimate partner violence, and building confidence in parenting. In addition, home visitor's complete assessment of the family's strengths and needs and provide linkage to health care, education, employment, WIC, food stamps, food banks, etc. Appropriate referrals and linkages to service providers/agencies are provided to each family to meet their individual needs; and safety plans are implemented as necessary. During service delivery, the development of a caring professional relationship is established between the home visitor and the family, which provides the family a professional to listen to questions and concerns and allows the home visitor to provide the family with supportive education and feedback.

The ECHF program incorporates evidence-based curriculums including *Partners for a Healthy Baby, Creative Curriculum Activities, Learning Games Activities,* and new for FY21, *Just in Time* Parenting. Because of COVID-19 restrictions, most services with regard to the above-mentioned curriculums were virtual with door-step drop-offs of materials and supplies to accompany the online offerings. The *Healthy Baby* curriculum addresses child health and development including improving birth outcomes, reducing abuse rates, strengthening families, and promoting family stability and economic self-sufficiency. Research-based education materials and ASQ-SE Parent Newsletters are shared with families with children from prenatal to age 5 which supplement the *Partners for a Healthy Baby* curriculum. Each issue includes:
- Easy to use guides on how your child is developing
- Tips on raising a healthy, happy child
- Tools for solving common parenting problems
- Strategies for coping with the challenges of raising children

The *Creative Curriculum* focuses on four components of child development which include:
- Social Emotional – sense of fine motor skills
- Physical – gross and motor skills
- Cognitive – learning and problem solving, speaking/reading/writing
- Language – listening, speaking, reading, writing

To assist with relationship building for families affected by incarceration and ACEs, the ECHF program implements the *CHEERS Check-In,* a parent child interaction observation tool which is completed at least once annually in the first 3 years of the target child's life. The Home Visitor observes the parent-child interaction, completes the screen scoring and provides

immediate feedback regarding strengths, areas for growth, and the plan for follow-up. Screen scoring, observations, and the follow-up plan is reviewed during the Home Visitor's reflective supervision session. The supervisor works closely with the home visitor to monitor the plan and to modify the plan as needed to meet the needs of the family. For families that typically complete a telephonic visit during COVID-19, the home visitor requests a virtual or face-to-face home visit to complete this tool.

Help with obtaining medical insurance and establishing a medical home for Early Care Healthy Family program participants is a priority. As of mid-year, FY 2021, 58/58 (100%) of the children enrolled in the ECHF program had a medical home. This rate is consistent with previous years and a testament to the importance placed on the health of the families involved with the program.

To promote Kindergarten Readiness among families, virtual socializations were held using the Google Meets platform. Using prepared video from a selected field trip site, ECHF staff invite families to join the virtual session for school readiness activities, a video tour fieldtrip, a book share, and resource sharing. Virtual socialization door step drop-offs consist of school readiness education and activity materials. Virtual socializations have occurred at the following locations:
- June 26th – Chicken Farm
- July 24th – Cranesville Swamp
- August 20th – Alpaca Farm
- September – Camp Hickory

Each home visit and socialization include a parent-child activity which highlights a domain of school readiness. Staff try not to incorporate every domain at each visit or socialization so that the families do not feel overwhelmed. This is accomplished by examining the domain of school readiness at that particular visit along with the planned activity and asking "*how does this fit"* and "*what do we want to highlight?"* An example of this is "feelings" in relation to the book share that day, or "science" from the outdoor exploration activity. For the months of January, February, and March School Readiness Bags were distributed to provide families with additional materials (educational and hands-on) to promote school readiness during the pandemic. The school readiness bags focus on child social-emotional development and provide additional support to the home visitor, family, and child.

To address childhood hunger, obesity, and food insecurity within the service population, Early Care Healthy Families include a meal as part of the virtual socialization. Families that sign up for the scheduled socialization receive a box lunch for each participating family member that has graduated to table foods (includes adults and toddlers). A staff person delivers the meal on the day of the scheduled socialization. During the socialization, a "*Feeding is More Than Eating"* lesson is completed along with a short virtual meal break. Talking about the food that the families are eating during the virtual socializations, and encouraging healthy food choices assist in the fight against childhood obesity and help to promote a healthy, active lifestyle. Once socializations can return to an in-person format, pizza n play, cooking lessons, and

shopping projects with families will resume that highlight how to shop on a budget, and make healthy food choices.   The Early Care Healthy Families program has a partnership agreement with the University of Maryland Extension Food Supplement Nutrition Education (FSNE) Program to provide additional nutritional support to families and staff pending COVID-19 directives. Beginning January, 2021, socializations will include inviting families to face technical challenges (internet connectivity issues, data package limitations, equipment issues, - no camera, microphone, device, etc.) and may only join by phone. The program is implementing this new strategy to avoid excluding families from the interaction due to technology issues.

The Early Care Healthy Families program serves many of the program/strategy priority populations identified by the Governor's Office of Crime Prevention, Youth, and Victim Services.

Priority Program Data for Early Care Healthy Families:	
# Disconnected Youth (16-4 years old not in school and not working)	29 Families
# Incarceration (Current/Past Incarceration/DJJ)	13 Families
# Food Insecure (Positive Food Insecurity Screen)	50 Families
# Youth Homelessness (Under 25 years of age)	7 Families

Historically, the ECHF program has incorporated a 2-Generational approach to home visiting services to improve education, employment, and financial statuses of families. Since 2002, the program has staffed a Family Economic Self-Sufficiency (FES) worker to assist the program, families and staff in various capacities, including working individually with families and staff to meet goals of improved economic self-sufficiency. This initiative benefits the families enrolled in the program with an identified history of disconnection, incarceration, food insecurity, child poverty, and homelessness. The ECHF program participates in the Supplemental Nutrition and Assistance Education & Training (SNAP E&T) grant. The goal of SNAP E&T is to increase economic self-sufficiency in families through education and job readiness services. Early Care Programs' FES worker implements this project with families to provide education and job readiness to all families enrolled in ECHF program services. The FES worker collaborates with outside agencies to include Garrett College, training centers, and the unemployment office to stay current on education and employment opportunities in the community. In addition, the FES worker collaborates with home visitors to provide resources and availability of current job openings or employment opportunities, resume development, developing interviewing skills, assistance with getting a driver's license (including driver's education class, getting a learner permit, and taking the driving test), etc. based on each family's needs and strengths assessment. For families in need of intensive support to meet these goals, the coordinator works with families one on one, as needed in their homes or at an alternate location identified by the individual. The FES worker assists families to find suitable housing arrangements as they work to become more financially solvent. The FES worker is able to arrange for temporary housing through a partnership with Garrett County Community Action and other community organizations as they work towards a more permanent situation. As of mid-year, FY21, the ECHF FES worker has served 44

individuals, discharged 19, and has 25 individuals currently engaged in the program.

How fidelity to the model will be ensured/maintained?

Early Care Healthy Family fidelity to the Healthy Families America (HFA) model is maintained through a three-step accreditation process to maintain quality assurance. The three-step accreditation process includes 1) *The Self Study* 2) *The Site Visit* 3) *Response Period.* Sites implementing HFA commit to provide high quality home visiting services and demonstrate model fidelity through ongoing quality assurance and periodic Accreditation site visits.

Race Equity:

All programs/strategies must incorporate intentional efforts to address race equity issues.
Include the following:

- • Description of short and long term strategies that the applicant will incorporate to reduce/eliminate race equity issues within the target population(s).
- • Discussion on how the applicant's race/equity efforts will support and inform planning, assessment, implementation and evaluation of the program.
- • Include a discussion of the most recent local race equity data with citations.
- • For a planning request, discuss how race equity consideration will inform the process.

The vision of the Healthy Families America initiative regarding Race Equity is as follows:

*Our vision for __all__ is premised on a framework of social justice, defined as a way of seeing and acting aimed at resisting unfairness and inequity while enhancing freedom and possibility for all. Our vision must also have at its center, organizational commitments to achieve racial and social **equity.** This includes having the personnel, policies and practices that ensure **diverse** representation and **inclusive** actions, with particular focus on lifting the visibility and voice of groups that have been marginalized based on race, religion, gender, age, abilities, social-economic status, or any other characteristic. As responsible stewards working on behalf of all families and children, we will work diligently to help disrupt and dismantle institutionalized systems of oppression and injustice."*

The Early Care Healthy Families program plans to work on the following with relation to race-equity and their relationships with Healthy Families America, the families they serve, and each other both short and long term:

- • Put relationships first: As we are making connections with one another, work to build community and trust with colleagues both online and in person.
- • Observe the platinum rule: Treat people the way THEY want to be treated. Use their preferred names, their correct pronouns, and with the value, respect, and care we all deserve.
- • Remember why we are here: We are here because we want the best outcomes for the children and families in our HFA programs and for all of the communities where we are located. Let that purpose drive the way we communicate with families and with each other.
- • Assume the best: Everyone comes in with a different set of experiences and knowledge. Seek first to understand and assume best intentions in all interactions.

Apply curiosity to things we think we disagree with.

- Be accountable to each other & mindful of impact: Even with the best of intentions, it is possible to cause harm to our colleagues, families we serve, and friends. We will help to hold each other accountable for our words and actions, being mindful the impact those words and actions may have on others.
- Suspend certainty & keep an open mindset: Set aside assumptions about what we already know. Be curious about the things we hear and experience, and how those learnings make us feel. Learning can sometimes be uncomfortable, and that is okay. We all have things to learn and room to grow.
- Keep confidence: For those who decide to be brave, vulnerable, and share their stories with us, we will keep their stories in confidence.
- Make space, take space: Reflect on how we are engaging families, aware if you are taking up much more space than others. Are we holding others back from participating in the discussion? Are we holding back because we don't want to step on any toes? We all carry the responsibility of including everyone in the conversation, including ourselves.

According to the US Census, 2019, the population of Garrett County, MD is 97.3% White, 1.1% Black or African American, 0.2% American Indian or Alaska Native, 0.4% Asian, Z (greater than zero, less than half of measure shown) Native Hawaiian or Pacific Islander, 1.0% Two or more Races, 1.2% Hispanic or Latino, 96.2% White alone, not Hispanic or Latino.

Despite the traditionally white composition of the county, racial disparities are showing signs of concern. According to the US Census Bureau, Garrett County ranked the poorest among neighboring communities for Black or African American and Other races for No High School Diploma by Race Alone, Black or African American races for Uninsured Populations by Race Alone, and Black or African American races for Population in poverty by Race Alone (US Census Bureau, American Community Survey). While these populations in the county are small, from 2000 to 2010, the population of White residents has decreased, while the Black or African American population increased 135.16% (US Census Bureau, American Community Survey. 2013-2017).

Considering these statistics, it is vital that Local Management Board programming reach the members of the Garrett County Community that need them most. While generational poverty has traditionally been the social determinant most prevalent in our community, we must look deeper into the issue to include the marginalized members within the data. While the goal of the Early Care Healthy Families program is to improve outcomes for pregnant mothers and young families in Garrett County, efforts will be made to accommodate racial equity within the target population when considering enrollment and strategies within this program.

Adverse Childhood Experiences (ACEs) and Trauma-Informed Practices

All programs/strategies must incorporate intentional efforts to reduce ACEs and increase trauma-informed practices. Include a discussion of how the program/strategy will:

- Increase awareness of ACEs and trauma-informed practices among State- and community-level prevention professionals, emphasizing the relevance of ACEs and trauma-informed practices to behavioral health disciplines;
- Include ACEs and trauma-informed care among the primary risk and protective factors, if engaging in prevention planning efforts;
- Address ACEs and trauma, including efforts focusing on reducing intergenerational transmission of ACEs; and,
- Use ACEs and trauma research and local data to identify groups of people who may be at higher risk for behavioral health concerns and conduct targeted prevention efforts.

With regard to Adverse Childhood Experiences (ACES) and Trauma-Informed Practices, the Early Care Healthy Families program will implement the following:

- Healthy Families Garrett County will continue to administer the Adverse Childhood Experiences (ACE) screening on intake. The screening is a self-reporting tool designed to screen for ACEs and toxic stress.
- Following the screening, Healthy Families Garrett County will provide targeted evidence-based program services under the Healthy Families America National Model to improve efficacy and efficiency of health care; and provide individual support focused on family health and well-being to reduce long-term health consequences.
- Healthy Families Garrett County will receive training at hire and ongoing on ACEs, ACEs prevention, and building resiliency in families.
- Healthy Families will receive education ongoing on ACEs and prevention within the family unit.
- Families will be screened annually on understanding ACEs

Research-Based Practices - For the program/strategy proposed, please list the clinically researched practices (including promising practices, best practices, and evidence-based practices) to be employed that have some demonstrated success with youth.

- Healthy Families Garrett County will operate under the Healthy Families America Best Practice Standards (refer to manual to a complete list of standards).
- Healthy Families Garrett County is an accredited program of Healthy Families America. Healthy Families America Evidence based model.
- "In addition to meeting the criteria for federal funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, rigorous research demonstrates the effectiveness of Healthy Families America (HFA). HFA's most rigorous evidence comes from 19 publications of randomized control trials, comparing the positive changes for HFA families to randomized control group of families who did

not receive HFA services. HFA shown impacts in all eight domains examined by the Home Visiting Evidence of Effectiveness (HOMVEE) review for the MEICHV program." (https://www.healthyfamiliesamerica.org/our-impact/evidence-of-effectiveness/)

- Healthy Families Garrett County will utilize the research-based, practice-informed *Partners for a Healthy Baby* curriculum with families and children in the program.
- Healthy Families Garrett County will also utilize the *Creative Curriculum Learning Games,* which is a series of research validated early learning activities designed to assist families to engage in meaningful at-home learning that strengthens their relationships with their child(ren).

Evidence of Effectiveness (Not required for a planning request):
- For a new and/or early program/strategy for which there is less than three full years of data in the Scorecard, the published research (with full citations) that supports this as an appropriate intervention for the identified population;
- For an existing program, performance in the Scorecard (≥ three full years) will be reviewed. No additional information is needed for programs for which there is at least three full years of data in the Scorecard (this **MUST** include HFY1 2021 data for all approved performance measures). Please ensure that Scorecard data entry is accurate and complete at the time of submission.

Please see Scorecard Data for Garrett County

If the program/strategy proposed is a change from what was funded in FY21, please provide a justification or rationale for the proposed change (leave blank or mark "n/a" if no change):

N/A

Proposed Performance Measures (not required for a planning request):
- Using the chart below, provide two (2) headline performance measures each for the How Much, How Well, and Better Off sections. Define the NUM and DEN as indicated.
- In addition, in the chart below, include the standard performance measures noted in NOFA Section III E. as applicable for the priority. Add rows to the chart as needed.
- Identify with an "*" if the measure proposed is new for FY22.
- Performance measures are not required for planning requests.
- Do not revise or create Scorecards to add these measures for FY22.

Performance Measure	For Percentages, Indicate the Numerator and Denominator (NUM/DEM)
What/How Much We Do:	
# of families serviced through the Early Care Healthy Families Program (unduplicated count)	
# of targeted home visits through the Early Care Healthy Families Program (unduplicated count)	

How Well We Do It:	
#/% of mothers screened positive on the CESD (Center for Epidemiologic Studies Depression) referred for emotional wellness activities	NUM: # of mothers screened positive CESD
	DEN: # of mothers screened CESD
#/% of enrolled HFGC children screened for developmental delays with ASQ-SE (Ages & Stages Questionnaire) per scheduled, per FY	NUM: # of children screened ASQ-SE
	DEN: # of children enrolled in HFGC
Is Anyone Better Off?	
#/% of Early Care target children with 8+ home visits who are "Demonstrating Readiness" for Kindergarten as measures by the Kindergarten Readiness Assessment (KRA), per FY kindergarten cohort	NUM: # of target children with 8+ home visits who are "Demonstrating Readiness"
	DEN: # of target children with 8+ home visits
#/% of ECHF participants who report an increase in self-sufficiency	NUM: # of ECHF participants who report an increase in self-sufficiency
	DEN: #of ECHF participants who lack self-sufficiency

Definitions: The definition of "served" with regard to the Early Care Healthy Families program is the number of families (parents and children count as one family) that met the program qualifications and are currently receiving services.

Unduplicated: When reporting the number of parents, families, children, youth, etc. for the half year, a new count is started at the beginning of every fiscal year. The first Half Fiscal Year (HFY1) report will count all the parents, families, children, youth, etc. who have been served during the first six months of the fiscal year. The second Half Fiscal Year (HFY2) report will count only new parents, families, children, youth, etc. The Fiscal Year (FY) report will provide the total served for the whole year.
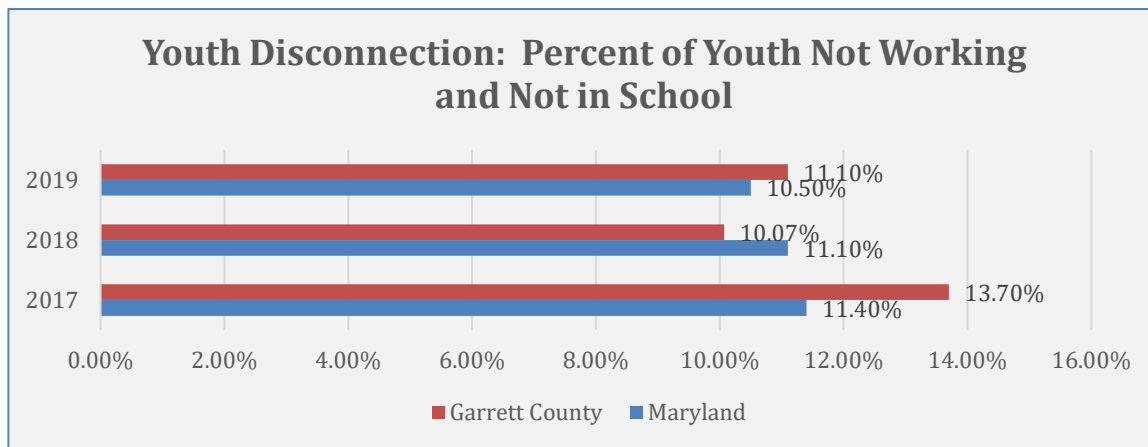
Served: A definition of "served" should be provided. This will probably vary by program. For evidenced-based programs, this may mean that the parent, family, child, youth, etc. has completed a set # of weeks of the program. For other programs it may mean that the parent, family, child, youth, etc. has completed an assessment and plan of care. Please be specific about who is counted.

FY22 NOFA Application Program/Strategy/Planning Page

Local Management Board: Garrett County
Prioritized Result for this Program/Strategy: Youth have Opportunities for Employment and Career Readiness
Prioritized Indicator(s) for this Program/Strategy: Youth Disconnection: Youth Ages 16-24 Not Working and Not in School
Program/Strategy/Planning Activity Name: Garrett County Apprenticeship Program
Children's Cabinet Priority: Improving outcomes for disconnected/opportunity youth
Vendor Name: LUMA, Consultants
Brief Summary (3-5 sentences) of the Program/Strategy: The Garrett County Apprenticeship Program for Garrett County is registered with the Maryland Department of Labor Licensing and Regulation (DLLR) as a Maryland Apprenticeship and Training Program (MATP) and serves Disconnected Youth in the county ages 18-24. Garrett County training is provided by Maryland Area Health Education Center *West (AHEC West)* with coursework for the educational component entitled *Dynamics in the Workplace Readiness* provided by Garrett College. The goal of the program is to increase employee sponsorships, identify additional career tracks, and increase Disconnected/Opportunity Youth recruitment with consideration of eventual expansion into the nearby counties of Allegany and Washington.
Target Population: Include the following: • Description of how the population was identified as needing the intervention.   • Robust recruitment plan to ensure that the appropriate participants are identified and enrolled.   • Target # to be served.   • For a planning request, discuss the population on which the planning activity will focus.   Description of how the population was identified: The target population of the Garrett County Apprenticeship program is Disconnected Youth ages 18-21. Addressing the youth population of 16-17-year olds required the participation of the Garrett County Public School system who did not have the means to participate at the time.   The Garrett County Local Management Board held a series of three FY22 NOFA Planning Meetings to determine the greatest needs in the county pertaining to children and families. Using the Results Based Accountability (RBA) Method, priorities for the county are determined based on local data discussions utilizing the indicator data, and priority areas outlined by the Governor's Office of Crime Prevention, Youth, and Victim Services. A Power Point presentation assisted to demonstrate the indicator data compared to the State as well as details regarding Child Well-Being Results and Program/Strategy Priorities. The Local Management Board acknowledge that local Garrett County data along with the Community Health Assessment information both identify jobs, wages, and economic development as top

concerns for Garrett County residents and have prioritized the result area of *Youth Have Opportunities for Employment or Career Readiness* for FY 2022.

According to Garrett County Community Health Assessment data, "*jobs, wages, and economic development*" are the top concerns among the 2,102 local survey participants. Focus group participants expressed concern for the future economy of Garrett County saying, "*My concern is the next 5-20 years, do we have the next generation or two behind us to attract and keep?*" and "*We have nothing here to keep young people in the area.*" According to OpportunityIndex.org, the percentage of Youth Not Working and Not in School exceeds the State in two out of the three years as outlined below:

Youth Disconnection: Percent of Youth Not Working and Not in School

In recent years, similar data for the county has the differential between the county and the State as high as 7%. This prompted the Garrett County Local Management Board to take a deep dive into the statistics for Youth Disconnection. With the help of LUMA Consultants, who conducted several focus groups and Disconnected/Opportunity Youth interviews, the Disconnected/Opportunity Youth sub-group population for Garrett County is described as follows:

- Faith-based affiliation
- Disability
- Motherhood
- Limited education

Barriers identified for the county that contribute to Youth Disconnect include:

- Transportation
- Generational poverty
- Substance use

The Local Management Board of Garrett County is determined to reduce Disconnected/Opportunity Youth numbers for the county through education and employment opportunities that lead to full time employment and academic success through its participation in the Garrett County Apprenticeship Program.

A stipulation of the Maryland Apprenticeship Training Council is for the Maryland program applicant to form an Apprenticeship Committee to govern the administration and operation of the apprenticeship program. It is the responsibility of the Apprenticeship Committee to both recruit and select the applicants in accordance with the apprenticeship program's approved selection procedures and Affirmative Action Plan. The Apprenticeship Committee is comprised of the following members:

- Susan Stewart – Executive Director, AHEC-West
- Catie Brenneman – Program Coordinator, AHEC-West
- Mindy Bradshaw – CHW Trainer, AHEC West
- Kaitlyn Glotfelty – Workforce Development, Garrett College
- Allison Robinson – Maryland AHEC Program Office, University of Maryland School of Medicine
- Brian Bailey – Chief Executive Officer, Mountain Laurel Medical Center
- Jonathan Dayton – Community Relations & Population Health, Mountain Laurel Medical Center
- Kendra Thayer – Chief Nursing Officer, Garrett Regional Medical Center
- Fred Polce – Executive Director, Garrett County Local Management Board
- Julie Sanders – Garrett County Local Management Board
- Sandy Miller – Prevention Supervisor, Garrett County Local Health Department
- Maria Friend – Director Early Care Programs, Garrett County Local Health Department
- Mary Keller – Supervisor, Western Maryland Consortium

The minimum qualifications for enrollment in the Garrett County Apprenticeship program as set by the Maryland Apprenticeship and Training Council includes the following:

- Age 18
- High School Diploma/GED
- Reside within the Western Maryland Region, within 50 miles
- Physical Condition: Abilities to perform the job
- Reliable transportation to get to the job site
- Pass a drug test and background check

Referrals and enrollment pathways for Disconnected/Opportunity Youth are currently in the works and the Apprenticeship Committee plans to implement enrollment plans within the next few months. Promotional videos are in development featuring sponsor employers AHEC-West and Garrett College to be uploaded to www.gogarrettcounty.com. A primary focus of Go! Garrett County is to foster a county-wide initiative to highlight local resources and connect the Garrett County community.

The target number of Disconnected/Opportunity Youth to be served by the Garrett County Apprenticeship program is 5.

Detailed Program/Planning Description:
Include the following:
- Where will services be provided? Responses may include zip codes, neighborhoods, school catchment areas, etc.
- Model, assessment, curriculum and how employed (as applicable)?
- Description of the routine intervention/service. What is the vendor going to do?
- If a model program is proposed, a discussion of how fidelity to the model will be ensured/maintained.
- For a planning request, discuss the specific planning activities proposed.

Where will services be provided:
Currently, the two sponsor entities of the Garrett County Apprenticeship program include the Western Maryland Area Health Education Center (AHEC-West) and Garrett College. AHEC-West is located at 39 Baltimore Street, Suite 201, Cumberland, MD 21502. Garrett College is located at 687 Mosser Road, McHenry, MD 21541.

Model, Assessment, Curriculum
The Garrett County Community Health Worker Apprenticeship program is registered with the Maryland Apprenticeship and Training Council under the Maryland Department of Labor Licensing and Regulation. The Garrett County Apprenticeship program will operate under the *Standards of Apprenticeship* agreement between AHEC-West, Garrett College and the Maryland Apprenticeship and Training Council. Adherence to the agreement will be carried out by the local Garrett County – Western Maryland Apprenticeship Committee.

To maintain the integrity of the program to the *Standards of Apprenticeship* agreement, the Garrett County-Western Maryland Apprenticeship Committee is required to meet every two months and fulfill a list of duties required for licensing.

Description of Routine Service:
To continue with the continuity of the program, Jennifer Barnhart of LUMA, Consultants will serve on the MATP Apprenticeship Committee as well as the Garrett County – Western Maryland Apprenticeship Committee and assist with meeting the *Standards of Apprenticeship* requirements as stipulated in the Maryland Apprenticeship and Training Council agreement. Ms. Barnhart will also work to increase employer sponsors into the CHW MATP program, and identify additional career tracks. Other duties include:
- Partner alliance management
- Garrett County MATP Committee
- Financial support for employer sponsors
- Apprenticeship recruitment
- Provide briefings to the LMB

Compensation for her time with regard to this program/committee and its expansion is how this funding will be utilized.

Through the Garrett County Apprenticeship program, Disconnected/Opportunity Youth of Garrett County have a pathway to education and full-time employment in the health field. The Community Health Care Worker Training Course provides 140 hours of training with 100 hours of didactic classroom hours that include individual and group work, role play, and homework built into the training time. 40 hours are reserved for field placement or practicum towards the Community Health Worker (CHW) certificate of completion. Apprenticeship participants learn the basic 9 core competencies of a Community Health Worker, and application of the competencies in a classroom and/or a community environment. The Modules breakdown is as follows:

1. CHW Overview & Professionalism – 6 hours
2. Public Health & Health Disparities – 6 hours
3. Cultural Competency – 6 hours
4. Ethics & Confidentiality – 6 hours
5. Stress Management & Self-Care – 7 hours
6. Communication Skills – 6 hours
7. Medical Terminology & Health Literacy – 6 hours
8. U.S. Healthcare System & Health Insurance – 6 hours
9. Client Interviewing Skills & Home Visit – 6 hours
10. Healthy Behavior Change – 12 hours
11. Care Coordination – 12 hours
12. Chronic Disease Management – 4 hours
13. Advocacy & Community Capacity Building – 7 hours
14. Outreach Methods & Strategies – 6 hours
15. Substance Use Disorder, Opioid Misuse & Addiction – 4 hours
16. Field Practicum – 40 hours

The *Dynamics in Workplace Readiness* Course through Garrett College consists of 18 seat hours and is designed to enhance employment readiness skills in Students, job seekers, and incumbent workers by developing the skills and characteristics employers expect in successful employees. The course modules include:

1. Personal Qualities and Work Ethic
2. Problem Solving and other Cognitive Skills
3. Interpersonal and Teamwork Skills
4. Communication Skills
5. Interactive Job Readiness

Efforts will continue through the Garrett County Apprenticeship Committee to bring additional sponsor entities on board and recruit area Disconnected/Opportunity Youth with a possible expansion into the neighboring counties of Allegany and Washington.

Fidelity to the model
It is a requirement of the Apprenticeship Committee to ensure compliance to the *Standards of Apprenticeship.* For FY22, the CHW Apprenticeship Program will be operational and accepting applicants while the Apprenticeship Committee is in the process of determining

roles, supervisory positions, and adopting local regulations to guide the program going forward.

Race Equity:
All programs/strategies must incorporate intentional efforts to address race equity issues.
Include the following:
   • Description of short- and long-term strategies that the applicant will incorporate to reduce/eliminate race equity issues within the target population(s).
   • Discussion on how the applicant's race/equity efforts will support and inform planning, assessment, implementation and evaluation of the program.
   • Include a discussion of the most recent local race equity data with citations.
   • For a planning request, discuss how race equity consideration will inform the process.

Race Equity with regard to recruitment to the Garrett County Apprenticeship program consists of the following:

The recruitment, selection, employment and training of apprentices during their apprenticeship shall be without discrimination because of political or religious opinion or affiliation, marital status, race, color, national origin, sex, or age, unless sex or age constitutes a bona fide occupational qualification, or the physical or mental disability of a qualified individual with a disability. The Sponsor will take affirmative action to provide equal opportunity in apprenticeship and will conduct and operate the apprenticeship program as required under Title 29 of the Code of Federal Regulation, Part 30, as amended, and the Maryland State Plan for Equal Employment Opportunity in Apprenticeship and Training.

The Garrett County Apprenticeship Committee is in process of completing the following (5 apprentices have not been selected):
The Sponsor will, prior to the selection and concurrent employment of five (5) or more apprentices, submit to the Maryland Apprenticeship and Training Council an Affirmative Action Plan for formal approval in accordance with .05 and .06 of the Maryland State Plan for Equal Employment Opportunity in Apprenticeship and Training.

According to the US Census, 2019, the population of Garrett County, MD is 97.3% White, 1.1% Black or African American, 0.2% American Indian or Alaska Native, 0.4% Asian, Z (greater than zero, less than half of measure shown) Native Hawaiian or Pacific Islander, 1.0% Two or more Races, 1.2% Hispanic or Latino, 96.2% White alone, not Hispanic or Latino.

Despite the traditionally white composition of the county, racial disparities are showing signs of concern. According to the US Census Bureau, Garrett County ranked the poorest among neighboring communities for Black or African American and Other races for No High School Diploma by Race Alone, Black or African American races for Uninsured Populations by Race Alone, and Black or African American races for Population in poverty by Race Alone (US Census Bureau, American Community Survey). While these populations in the county are small, from 2000 to 2010, the population of White residents has decreased, while the Black or

African American population increased 135.16% (US Census Bureau, American Community Survey. 2013-2017).

Considering these statistics, it is vital that Local Management Board programming reach the members of the Garrett County Community that need them most. While generational poverty has traditionally been the social determinant most prevalent in our community, we must look deeper into the issue to include the marginalized members within the data. While the goal of the Garrett County Apprenticeship program is to create a pathway for Disconnected/Opportunity youth to education/employment, efforts will be made to accommodate racial equity within the target population when considering services available within this program.

Adverse Childhood Experiences (ACEs) and Trauma-Informed Practices
All programs/strategies must incorporate intentional efforts to reduce ACEs and increase trauma-informed practices. Include a discussion of how the program/strategy will:
- Increase awareness of ACEs and trauma-informed practices among State- and community-level prevention professionals, emphasizing the relevance of ACEs and trauma-informed practices to behavioral health disciplines;
- Include ACEs and trauma-informed care among the primary risk and protective factors, if engaging in prevention planning efforts;
- Address ACEs and trauma, including efforts focusing on reducing intergenerational transmission of ACEs; and,
- Use ACEs and trauma research and local data to identify groups of people who may be at higher risk for behavioral health concerns and conduct targeted prevention efforts.

Standards of practice are currently in development by the Garrett County Apprenticeship Committee with regard to the recruitment and enrollment of Disconnected Youth. The target population for this Apprenticeship program are Youth Disconnection: Youth ages 16-24 Not in School and Not Working. This demographic in Garrett County is comprised of the following sub-groups:
- Disability
- Motherhood
- Limited education

And have barriers to employment such as:
- Transportation
- Generational poverty
- Substance use

Many of the above-mentioned populations have multiple ACEs characteristics that may prevent them from connecting with employment opportunities in Garrett County. Connecting youth to the Garrett College course *Dynamics in the Workplace Readiness* can assist in establishing that connection and give them the basic skills necessary to gain full-time employment and raise their confidence level at the same time. By focusing on

personal qualities, work ethic, communication skills and job readiness the program helps to prepare the student for the workforce giving them the confidence needed to begin the process.

Research-Based Practices - For the program/strategy proposed, please list the clinically researched practices (including promising practices, best practices, and evidence-based practices) to be employed that have some demonstrated success with youth.

The Maryland Apprenticeship and Training Program

Evidence of Effectiveness (Not required for a planning request):
- For a new and/or early program/strategy for which there is less than three full years of data in the Scorecard, the published research (with full citations) that supports this as an appropriate intervention for the identified population;
- For an existing program, performance in the Scorecard (≥ three full years) will be reviewed. No additional information is needed for programs for which there is at least three full years of data in the Scorecard (this **MUST** include HFY1 2021 data for all approved performance measures). Please ensure that Scorecard data entry is accurate and complete at the time of submission.

Taken from *We Build Maryland, A Conversation Between Elected Officials, Contractors, and their Employees, "Apprenticeship Training: How Trades Can Rebuild Maryland's 'Disconnected' Youth"* by Mike Henderson

For many youth and young adults in Maryland, the future doesn't look bright. They lack the necessary education, work and life skills, and employment opportunities that could get them out of dire circumstances to build a better life.

Some call them "disconnected youth." Nearly 6.5 million teens and young adults (ages 16 to 24) in the United States are neither in school nor employed, according to the Annie E. Casey Foundation.

The 2015 economic data from the U.S. Department of Labor found national unemployment among youth at 10.5 percent. Among Hispanic and black youth, the statistics are even more sobering, nationwide at 12.4 percent and 19.2 percent unemployment, respectively. Maryland ranked 20th among states with the highest annual average unemployment among all youth, at 12.2 percent. Data for 2016 has yet to be released.

The economic outlook remains critical for Baltimore's youth, with those age 20 to 24 facing a 22 percent unemployment rate, according to the latest five-year U.S. Census Bureau American Community Survey. Among young black men in that age range, a staggering 37

percent remain unemployed, nearly four times the national average for young white men, at 10 percent.

For too long, traditional trades have been shuttered in Maryland's public-school system in favor of college-based programs. Unfortunately, the focus on college to the exclusion of other viable means of securing well-paying employment has particularly harmed our most vulnerable and struggling youth. Following the recession, the greatest increase in employment was in the retail and fast food sectors, according to the Annie E. Casey Foundation. These jobs don't pay enough and don't provide enough of an upwardly mobile career path for young adults to build a secure future.

Skilled trade jobs do. An apprentice today can be a master craftsman tomorrow can be a construction owner in the future. We've seen it happen. The construction trades help to build careers and lives.

Not surprisingly, there's a skilled trade worker shortage in construction nationwide. Why do away with educational programs where there's a demand for skilled workers? It doesn't make sense.

If Maryland wants to build its workforce and grow its economy, we can and should do better by our youth. That's where programs like Project JumpStart come in and make a difference. Now in its 11th year, the 89-hour pre-apprenticeship training and placement program continues to work with Baltimore residents, including young adults, who would otherwise be shut out of the industry.

If you talk to people about workforce development, most programs, sadly, don't get people jobs. The only people benefitting are those that get the training dollars. And when you ask other organizations, what about jobs, they say 'Well, that's not our role.' Project JumpStart takes its mandate to help everyone who wants a job, get one, very seriously.

Since the program began, **650 Baltimore residents have enrolled, 80 percent have graduated, and 75 percent have been placed into high-wage construction careers.** ABC provides the training and a dedicated job placement director. The program expanded to Prince George's County in 2015.

The bleak employment outlook for Maryland youth, and a nationwide shortage of skilled construction workers, remains a call to action for JumpStart. We can and should do better. And we hope you'll join us.

FOX45 News interviewed Mike Henderson, president/CEO of ABC Baltimore about Project JumpStart. Watch the video here http://foxbaltimore.com/morning/project-jumpstart

If the program/strategy proposed is a change from what was funded in FY21, please provide a justification or rationale for the proposed change (leave blank or mark "n/a" if no change):

N/A

Proposed Performance Measures (not required for a planning request): Using the chart below, provide two (2) headline performance measures each for the How Much, How Well, and Better Off sections. Define the NUM and DEN as indicated.
- • In addition, in the chart below, include the standard performance measures noted in NOFA Section III E. as applicable for the priority. Add rows to the chart as needed.
- • Identify with an "*" if the measure proposed is new for FY22.
- • Performance measures are not required for planning requests.
- • Do not revise or create Scorecards to add these measures for FY22.

Performance Measure	For Percentages, Indicate the Numerator and Denominator (NUM/DEM)
What/How Much We Do:	
# of new Employer Sponsors for the Apprenticeship program	
# of disconnected/opportunity youth who enroll in the program	
How Well We Do It:	
#/% of youth who attend all scheduled program days	NUM: # of youth who attend all program days
	DEN: # of youth enrolled in the program
#/% of youth removed from the program due to disciplinary issues	NUM: # of youth removed for disciplinary issues
	DEN: # of youth enrolled in the program
Is Anyone Better Off?	
#/% of disconnected/opportunity youth who obtained full-time employment upon completion of the Garrett County Apprenticeship program	NUM: # of youth who obtained full-time employment
	DEN: # of youth who completed the program
#/% of participants who report an increase in soft-skills knowledge as a result of enrollment in the Garrett College program	NUM: # of youth who report an increase in soft-skills knowledge
	DEN: # of youth enrolled in Garrett College program

Definitions:

Unduplicated: When reporting the number of parents, families, children, youth, etc. for the half year, a new count is started at the beginning of every fiscal year. The first Half Fiscal Year (HFY1) report will count all the parents, families, children, youth, etc. who have been served during the first six months of the fiscal year. The second Half Fiscal Year (HFY2) report will count only new parents, families, children, youth, etc. The Fiscal Year (FY) report will provide the total served for the whole year.

Served: A definition of "served" should be provided. This will probably vary by program. For evidenced-based programs, this may mean that the parent, family, child, youth, etc. has completed a set # of weeks of the program. For other programs it may mean that the parent, family, child, youth, etc. has completed an assessment and plan of care. Please be specific about who is counted.

FY22 NOFA Application Program/Strategy/Planning Page

Local Management Board: Garrett County	
Prioritized Result for this Program/Strategy: Children Enter School Ready to Learn; Healthy Children	
Prioritized Indicator(s) for this Program/Strategy: Kindergarten Readiness Assessment; Obesity	
Program/Strategy/Planning Activity Name: Learning Beyond the Classroom	
Children's Cabinet Priority: Reducing Childhood Hunger	
Vendor Name (if known): Garrett County Public Schools	

Brief Summary (3-5 sentences) of the Program/Strategy: Through collaboration and cooperation, a retired school bus has been converted into a classroom fitted with everything necessary to function as a classroom, lending library, and food bank. The goals of the Learning Beyond the Classroom program are driven by the needs of the population of Garrett County, and include improving school readiness for children ages 0-5, implementing physical well-being and motor development into every encounter, and providing hunger strategies for families in need. At each site, there are school readiness lessons, nutrition and cooking activities, literature and art experiences as well as valuable play interaction time for children.

Target Population:
Include the following:
- Description of how the population was identified as needing the intervention.
- Robust recruitment plan to ensure that the appropriate participants are identified and enrolled.
- Target # to be served.
- For a planning request, discuss the population on which the planning activity will focus.

Description of how the population was identified as needing the intervention:
Garrett County is a rural community situated in the westernmost corner of Maryland. It is a large county with a geographic base of 656 square miles with 46.5 persons per square mile (US Census, 2010). The low population density of the area ranks Garrett County as the third least populous county in the State. The challenge for Garrett County, is to reach the members of our community who lack the means to connect whether electronically or physically to the support and services they require.

The COVID-19 pandemic has significantly impacted communities in Maryland and Garrett County is no exception. The rural composition of the county provided a spotlight on increasing economic and cultural disparities as a result of the pandemic. Some of the disparities include broadband internet connectivity issues, food insecurities, and family disconnect from both school and community services. As the county works to recover, the Learning Beyond the Classroom bus will play a major role in building relationships, and meeting folks "where they are" in the community to foster growth and recovery.

According to the Community Health Assessment for Garrett County, education was ranked 4th out of 31 possible priority areas of concern to local residents. According to "Ready at Five" Kindergarten Readiness Assessment Report, Garrett County has ranked above the State in Kindergarten Readiness but has experienced a noticeable decline from previous years' assessments. Educational concerns in the county are closely linked to poverty rates which negatively affect a child's achievement potential. According to Pediatrics, June 2019, *Poverty and Early Childhood Outcomes, "Poverty is associated with various factors leading to poor academic achievement, including atypical structural brain development, limited language development, and a greater likelihood of experiencing food insecurity."* The child poverty rate in Garrett County in 2019 was 17.7% compared to the State at 12.3%. This differential is evident for several years as illustrated below.

*Kids Count Data Center

Child Poverty Rates

Year	Child Poverty Garrett County	Child Poverty Maryland
2019	17.7	12.3
2018	18.4	12.1
2017	18.7	12.4
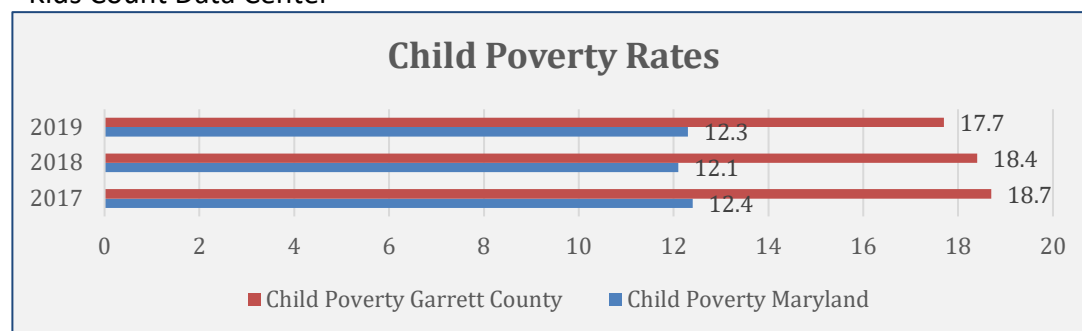
According to The Hunger Project.org, *"Poverty, food prices, and hunger are inextricably linked. Poverty causes hunger…millions live with hunger and malnourishment because they simply cannot afford to buy enough food, cannot afford nutritious foods, or cannot afford the farming supplies to grow enough food of their own."*   Those who struggle to put food on the table will often resort to cheaper, less nutritious foods which are readily available, and within budget to feed their families. Hunger data for Garrett County is based on Free and Reduced Meal Statistics (FARMS) and outperforms the State for consecutive years.

*MSDE
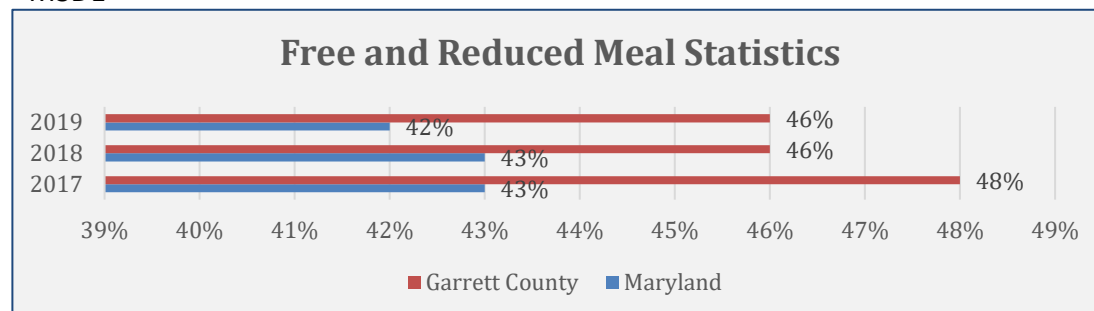
Free and Reduced Meal Statistics

Year	Garrett County	Maryland
2019	46%	42%
2018	46%	43%
2017	48%	43%

Garrett County Community Health Assessment participants ranked physical activity as 8th out of 31 priority areas of concern among residents. There are many contributing factors to a lack of physical activity that are prevalent among Garrett County youth. Environment, lifestyle

choices, and the culture all have roles to play in determining the health and propensity for obesity within a community. Riding a bike or walking to school is not an option for most Garrett County youth because of the human geography and rural landscape. Low incomes and high poverty rates often dictate the available food choices for families living below the poverty level which contributes to high obesity rates. According to the Youth Risk Behavior Survey, 2018, Garrett County youth exceed State rankings for Childhood Obesity in both the 85th and 95th percentile for body mass index according to the 2000 CDC growth chart for consecutive years. For the 2018-2019 school year, the percentage of students who were obese in the > 95th percentile for Garrett County was 18.3% compared to the State at 12.8%.

The Garrett County Local Management Board recognizes the importance of creating environments that support school readiness, healthy food choices and the opportunity for physical activity among youth. Active play, movement, and connections to nutritious foods are all essential for healthy growth, development, and school readiness. The LMB is dedicated to improving these numbers for our county by engaging families in remote locations through the Learning Beyond the Classroom bus.

Robust Recruitment Plan:
Participants in the Learning Beyond the Classroom program are referred by community agencies including Garrett County Public Schools, Garrett County Community Action, Department of Social Services, Garrett County Health Department, The Ruth Enlow Library, The Judy Center, and the WGW Community Youth Cup Foundation. Up-to-date information is provided through the LBTC action group on the mygarrettcounty.com site. The Garrett County Health Department and Garrett County Public School system promote the program through their websites and the program maintains a Facebook account with videos and up-to-date information. Primarily, families learn about the program through word of mouth. All families with small children are welcome to participate in the activities and the adult services available through the LBTC program. Monthly flyers with information regarding LBTC bus stop locations, times, and giveaways are distributed to each of the community agencies mentioned above. Program participation consistently exceeds the targeted goal.

Target # to be served:
The target number of participating families for the Learning Beyond the Classroom program is 40.

Detailed Program/Planning Description:
Include the following:
- Where will services be provided? Responses may include zip codes, neighborhoods, school catchment areas, etc.
- Model, assessment, curriculum and how employed (as applicable)?
- Description of the routine intervention/service. What is the vendor going to do?
- If a model program is proposed, a discussion of how fidelity to the model will be ensured/maintained.
- For a planning request, discuss the specific planning activities proposed.

The Learning Beyond the Classroom bus travels to ten (10) sites in Garrett County during the third week of the month. The bus is operational 10 months of the year with the exception of the winter months of January and February. During the summer months of June, July, and August, the bus visits all ten sites during the week. The school year schedule is implemented beginning in September and concludes in May. During these months, the bus spends a morning at each of the five sites where the largest population is impacted. These sites include Kitzmiller School Building, Loch Lynn Church of God, Swan Meadow School, Grantsville Senior Center, and Friendsville Park.

All sites visited are determined to have a high percentage of children ages 0-5 that are not currently enrolled in an early care program. The sites are based on the population of young children in the home and low-income housing environments. Most of the participants live ten miles or more from the nearest grocery store and have limited transportation options. The ten (10) sites visited by the Learning Beyond the Classroom bus include the following:

- Bloomington Fire Department (21523)
- Kitzmiller School Building (21539)
- Lions Club Pavilion/Glades Park (21550)
- Loch Lynn Church of God (21550)
- Swan Meadow School (21550)
- Crellin United Brethren Church (21550)
- Grantsville Senior Center (21536)
- Finzel Park (21532)
- Friendsville Park (21531)
- Accident Town Park West (21520)

Model, assessment, curriculum and how employed:
The bus is staffed by certified teachers and early care professionals as well as two (2) trained family service coordinators that work with families to provide outreach for special programming and community support.

Description of the routine intervention/service. What is the vendor going to do?
As a collaborative, county-wide initiative, the Learning Beyond the Classroom mobile unit is in its sixth year of providing outreach through education and services to children and families. The renovated bus is fitted with everything necessary to function as a classroom, lending library, mobile hotspot, and food bank. The goals of the Learning Beyond the Classroom program are driven by the needs of the population of Garrett County and include increasing school readiness for children 0-5, healthy physical movement, and feeding initiatives for families in need. At each site, there are school readiness lessons, nutrition and cooking activities, literature and art experiences as well as valuable play interaction time for children.

The Learning Beyond the Classroom staff strive to promote literacy through the use of its lending library, interactive read-alouds and free book giveaways at every stop. Guest authors are invited to join the LBTC program providing children and their families with an enriched literature experience based on engaging children's books.

The Learning Beyond the Classroom program is a two-generational initiative that serves the family as a whole. The LBTC program provides fresh fruit and vegetables and basic hygiene necessities to each family at each stop. Hygiene items such as sunscreen, ChapStick and soap are donated through Garrett Technologies and distributed to the families when available. Dental hygiene items such as toothbrushes, floss, toothpaste and flossers are distributed to all children courtesy of the Garrett County Dental Health Department. Dental health instruction and resources are also shared during these visits. Fresh food is provided by the program through the local food bank and other participating bulk food programs and distributed every month at each stop. The LBTC staff encourage healthy eating habits through food giveaways, cooking demonstrations and nutritious recipes. A partnership with the Maryland Extension Office allows each family the opportunity to prepare a healthy snack at each stop with all the ingredients on hand. At the conclusion of the cooking activity, each family receives a copy of the recipe to recreate the snack at home with their families. Families also receive a cookbook to assist them when preparing fresh food at home. Family service coordinators communicate with participating families throughout the year to ensure needs are met as well as to develop pathway plans, where necessary.

Learning Beyond the Classroom continues to collaborate with various agencies including Garrett County Judy Center, Garrett County Health Department, Maryland University Extension Office, The Ruth Enlow Library, Dr. Porter Welch and with the Oakland Lion's Club and other community agencies. The newest partner for 2021 is Mt. Laurel Medical Center who will provide health education services utilizing their mobile health van.

Daily activities for the Learning Beyond the Classroom bus at each scheduled stop consist of the following:

Social Emotional Learning Time/Free Play	30 Minutes
Story time: Lending Library & Family Wellness Station (Cooking Demonstration)	15 Minutes
Thematic Lesson	15 Minutes
Gross Motor Activity	15 Minutes
Wrap Up (Food & Book Giveaway)	15 Minutes
Total Time at Each Stop	90 Minutes

Children engage in activities on the bus to help prepare them to enter school ready to learn. These activities are closely tied to the Pre-Kindergarten and Kindergarten curriculum standards measured on the Kindergarten Readiness Assessment (KRA). Some of the activities and manipulatives used to build these foundational skills include:

1. Physical Well Being & Motor Development: cutting, play-doh, gluing, drawing, painting, crafts, centers specific to fine motor development, dancing, ride-on toys, active play, movement centers, lessons that include movement, parachute, developmentally appropriate manipulatives such as standard and jumbo size crayons, water play
2. Social Foundations: dramatic play spaces, centers, small groups, journaling, cooperative play, sharing, following a routine, rotating stations, puppets, drawing, pointing, snack
3. Mathematics: counting, on-to-one correspondence, patterns, numeral recognition, number/numeral matching, shapes
4. Language & Literacy: read-alouds and responses, lending library, literature activities, drawing in response to literature, rhyming, letter recognition, letter/sound correspondence

The Learning Beyond the Classroom bus is also a mobile hotspot and contains several electronic devices (i.e. I-Pads/computers). Parents are able to use the services to complete a job application, college application, or pay bills online while the children learn. LBTC staff are also able to support families by creating pathway plans for adults which include: adult education literacy instruction, job search & placement, financial education, career and college awareness instruction, and support services.

Race Equity:
All programs/strategies must incorporate intentional efforts to address race equity issues. Include the following:
- Description of short- and long-term strategies that the applicant will incorporate to reduce/eliminate race equity issues within the target population(s).
- Discussion on how the applicant's race/equity efforts will support and inform planning, assessment, implementation and evaluation of the program.
- Include a discussion of the most recent local race equity data with citations.
- For a planning request, discuss how race equity consideration will inform the process.

The Garrett County Board of Education is committed to fostering the success of each student enrolled in our schools as well as for children ages 0-5 within our community. For that success to occur for each child in lifelong learning and the world of work, the district prioritizes educational equity within all educational programming opportunities by recognizing and removing institutional barriers and ensuring that social identifiers are not obstacles to accessing educational opportunities and supports that benefit each student. Achieving equity means implicit biases and students' identities will neither predict nor predetermine their success in school. Educational equity is a lens which all policies, procedures, and practices are viewed and decided. Additionally, equity is based on the principles of fairness and justice in allocating resources, opportunity, and treatment. It involves creating success for each student and striving to eliminate achievement and opportunity gaps. Educational Equity promotes maximizing the academic success and social/emotional well-being of each student as well as between diverse groups of students.

Accordingly, Garrett County Public Schools strives towards providing educational equity within all programs including Learning Beyond the Classroom program.

In order to achieve the educational equity described above within the Learning Beyond the Classroom Program, GCPS, and Partner Organizations will:

- Base actions on the goal of providing educational equity for each child no matter their social identifiers.
- Direct the use of resources to provide equitable access to educational opportunities and services, even when this means differentiating resource allocation.
- Require that an equity lens be used in reviews of staff, administrators, teacher leader candidates, curriculum, pedagogy, professional learning, instructional materials, and assessment design.
- Ensure equitable access to highly qualified teachers.
- Create a welcoming environment, inclusive of culture and environment that reflect and support the diversity of the student population, their families, and their community.
- Include partners who have demonstrated culturally specific expertise in meeting our high goals of educational outcomes.
- Provide multiple pathways to success in order to meet the needs of the diverse student body and actively encourage, support and expect high academic achievement for each child.
- Provide materials and assessments that reflect the diversity of students and staff and that are geared towards the understanding and appreciation of culture, class, language, ethnicity, poverty, ability, and other differences that contribute to the uniqueness of each student and staff member.
- Value racial/ethnic cultures, views, and experiences and incorporate them into teaching and learning; and, to strengthen and enrich the school system and the community at large with the presence and contributions of many cultures.
- Ensure each child/family has access to rigorous well-rounded academic programs and experiences that enrich their educational career.
- Review promotion materials to ensure an equity lens and eliminate barriers to participation.

Currently, the Learning Beyond the Classroom Program is providing the following aligned with the above equity lens:

- Highly qualified & certificated teaching staff and highly qualified family support staff.
- Providing a welcoming and pleasant environment for all students inclusive of culture and background.
- Partnering with high quality culturally responsive organizations: Garrett County Community Action/Judy Center, Maryland Extension Office, Garrett Health Department, Medical Organizations, etc.
- Incorporating Universal Design for Learning (UDL) within instruction to provide multiple/diverse pathways for accessing learning.

- Valuing racial/ethnic cultures/views and experiences by intentionally selecting books that promote diversity and cultural understanding, providing culturally diverse centers and play stations that include diverse music, cloths, toys, multicultural crayons/paper, food, and menus from different cultures aligned with the Maryland Program Accreditation Standards for High Quality Early Childhood Programs.
- Ensuring all participating students have equitable access to all materials, activities, and instruction.
- Offering professional development w/ Steve Garner focused on supporting children who have experienced trauma.
- Providing well rounded academic programs by incorporating literacy, math, social-emotional learning, music, movement, play, exploration, etc. for all students to support and enrich kindergarten readiness.

Moving into next year the program is considering:
- Review of promotion materials and advertising w/equity lens.
- A parent toolkit or resource table of resources for talking about diversity, setting an example, navigating curiosity, making it relatable, addressing mistakes, and being an advocate for racial equity.

According to the US Census, 2019, the population of Garrett County, MD is 97.3% White, 1.1% Black or African American, 0.2% American Indian or Alaska Native, 0.4% Asian, Z (greater than zero, less than half of measure shown) Native Hawaiian or Pacific Islander, 1.0% Two or more Races, 1.2% Hispanic or Latino, 96.2% White alone, not Hispanic or Latino.

Despite the traditionally white composition of the county, racial disparities are showing signs of concern. According to the US Census Bureau, Garrett County ranked the poorest among neighboring communities for Black or African American and Other races for No High School Diploma by Race Alone, Black or African American races for Uninsured Populations by Race Alone, and Black or African American races for Population in poverty by Race Alone (US Census Bureau, American Community Survey). While these populations in the county are small, from 2000 to 2010, the population of White residents has decreased, while the Black or African American population increased 135.16% (US Census Bureau, American Community Survey. 2013-2017).

Considering these statistics, it is vital that Local Management Board programming reach the members of the Garrett County Community that need them most. While generational poverty has traditionally been the social determinant most prevalent in our community, we must look deeper into the issue to include the marginalized members within the data. While the goal of the Learning Beyond the Classroom program is to engage young families" where they are", efforts will be made to accommodate racial equity within the target population when considering services available within this program.

Adverse Childhood Experiences (ACEs) and Trauma-Informed Practices
All programs/strategies must incorporate intentional efforts to reduce ACEs and increase

trauma-informed practices. Include a discussion of how the program/strategy will:

- Increase awareness of ACEs and trauma-informed practices among State- and community-level prevention professionals, emphasizing the relevance of ACEs and trauma-informed practices to behavioral health disciplines;
- Include ACEs and trauma-informed care among the primary risk and protective factors, if engaging in prevention planning efforts;
- Address ACEs and trauma, including efforts focusing on reducing intergenerational transmission of ACEs; and,
- Use ACEs and trauma research and local data to identify groups of people who may be at higher risk for behavioral health concerns and conduct targeted prevention efforts.

GCPS, the LBTC program, and Partner Organizations are committed to preventing adverse childhood experiences as well as intervening early to support children who have experienced adverse experiences. In order to achieve this goal, the LBTC program will:

- Ensure a strong start for children by providing preschool enrichment and family engagement opportunities that support kindergarten readiness (CDC, 2019).
- Teach and provide opportunities for the development of social-emotional learning (CDC, 2019). Specific skills may include: communication, problem solving, conflict management, empathy, coping, emotional awareness, & self-awareness, self-regulation, teaching positive interactions, & social foundation skills etc.
- Advocate and encourage families to participate in parenting classes offered through the Judy Center (CDC, 2019).
- Provide opportunities for increased primary care by offering dental hygiene supplies and vision screenings. (CDC, 2019).
- Inform and connect parents of mentoring and after-school programs as appropriate (CDC, 2019).
- Reduce food insecurities through the distribution of food including fresh fruits and vegetables as well as providing nutritious recipes.
- Aid Early Identification Programs to improve the development of a child with developmental delays, special needs or other concerns.

The above (CDC) references are based on and aligned with the publication by the Division of Violence Prevention National Center for Injury Prevention and Control/Center for Disease Control and Prevention: Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence (2019). Can be located here:
https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf
Moving into next year:

- Working towards partnering with Mountain Laurel Medical Mobile Van to provide additional screenings/service connection for families.
- Providing information for parents regarding the effects of and prevention of vaping and drug/alcohol use in youth.

Research-Based Practices - For the program/strategy proposed, please list the clinically researched practices (including promising practices, best practices, and evidence-based practices) to be employed that have some demonstrated success with youth.

1. Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence (2019) Can be located here: https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf
2. Maryland Program Accreditation Standards for High Quality Early Childhood Programs (2016).
   a) The Learning environment demonstrates respect for all, promotes authenticity in materials, and recognizes physical, cognitive, social and emotional differences as diversity. The materials, books, pictures, posters, artifacts, music, art, etc. are authentic and reflect diverse cultures.
   b) The learning environment demonstrates differentiated instruction valuing and respecting diversity in all forms. Educators will adapt practices, routines, and teaching strategies to build upon the unique contributions of each child. Educators help children work together across gender, cultural, religious, and economic bounds to work collaboratively with each other.
   c) Educators will meet MSDE certification requirements.
3. Supporting Every Young Learner: Maryland's Guide to Early Childhood Pedagogy Birth to Age 8 (October, 2015).
   a) Universal Design for Learning
      i. Providing multiple & flexible means of presenting content. Examples:
         1. Variety of books/print rich/songs/tangible objects
         2. Combinations of cuing (visual, hand gesture, verbal, sign language, nonverbal).
         3. Link new learning to prior knowledge
         4. Use examples/Prompts
      ii. Providing multiple & flexible means of action and expression so that children can demonstrate what they learned. Examples:
         1. Provide additional time
         2. Provide a variety of opportunities for children to write, speak, demonstrate, act etc.
         3. Prompts/Questions to guide reflection
      iii. Providing multiple & flexible means of engaging the learner in content (tap into learners' interests, content challenges the student appropriately etc.). Examples:
         1. Provide choice
         2. Make lessons relevant to culture
         3. Varying the degree of difficulty
   b) Social Foundations (Supporting the Whole Child)
      i. Teaching skills including: self-regulation, healthy relationships with children and adults, and developing a sense of positive identity. Ability to follow routines, expectations, stay on task etc.

ii. Social Foundation Skills: identifying feelings, understanding non-verbal cues, communicates emotions, responds to prompts.
iii. Teach positive social interactions (Examples)
    1. Sharing
    2. How to get a friend's attention
    3. Providing praise to a friend	

Evidence of Effectiveness (Not required for a planning request):
- For a new and/or early program/strategy for which there is less than three full years of data in the Scorecard, the published research (with full citations) that supports this as an appropriate intervention for the identified population;
- For an existing program, performance in the Scorecard (≥ three full years) will be reviewed. No additional information is needed for programs for which there is at least three full years of data in the Scorecard (this **MUST** include HFY1 2021 data for all approved performance measures). Please ensure that Scorecard data entry is accurate and complete at the time of submission.

Please see the Scorecard for Garrett County.

If the program/strategy proposed is a change from what was funded in FY21, please provide a justification or rationale for the proposed change (leave blank or mark "n/a" if no change):

N/A

Proposed Performance Measures (not required for a planning request):
- Using the chart below, provide two (2) headline performance measures each for the How Much, How Well, and Better Off sections. Define the NUM and DEN as indicated.
- In addition, in the chart below, include the standard performance measures noted in NOFA Section III E. as applicable for the priority. Add rows to the chart as needed.
- Identify with an "*" if the measure proposed is new for FY22.
- Performance measures are not required for planning requests.
- Do not revise or create Scorecards to add these measures for FY22.

Performance Measure	For Percentages, Indicate the Numerator and Denominator (NUM/DEM)
What/How Much We Do:	
# of parents/guardians, with or without children, attending a mobile outreach education event, who receive a backpack containing fresh food and educational supplies	
# of LBTC events completed in underserved, low-income areas addressing preparation of healthy meals and snacks	
How Well We Do It:	

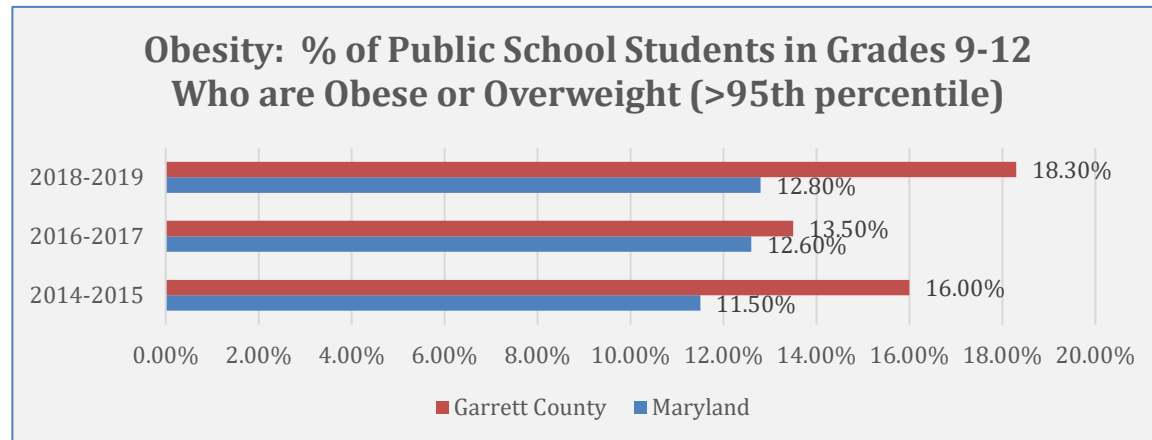|	
#/% of parents/guardians referred to Pathway Planning and/or other community resources, demonstrating progress toward achieving education and career goals measured by the Crisis to Thrive Scale	NUM: # of parents/guardians referred to Pathway Planning demonstrating progress toward achieving education and career goals
	DEN: # of parents/guardians referred to pathway planning
#/% of children and individuals/families who are satisfied with services received by the LBTC staff measured by CSQ-8 surveys	NUM: # of children and individual/families who are satisfied with services by the LBTC staff
	DEN: # of children and individual/families who participate in the CSQ-8 survey
Is Anyone Better Off?	
#/% of Learning Beyond the Classroom participants engaging in two or more wellness activities	NUM: # of LBTC participants engaging in two or more wellness activities
	DEN: # of LBTC participants
#/% of Learning Beyond the Classroom participants who report an increase in self-sufficiency	NUM: # of LBTC participants who report an increase in self-sufficiency
	DEN: # of LBTC participants who lack self-sufficiency

Definitions:

Unduplicated: When reporting the number of parents, families, children, youth, etc. for the half year, a new count is started at the beginning of every fiscal year. The first Half Fiscal Year (HFY1) report will count all the parents, families, children, youth, etc. who have been served during the first six months of the fiscal year. The second Half Fiscal Year (HFY2) report will count only new parents, families, children, youth, etc. The Fiscal Year (FY) report will provide the total served for the whole year.

Served: A definition of "served" should be provided. This will probably vary by program. For evidenced-based programs, this may mean that the parent, family, child, youth, etc. has completed a set # of weeks of the program. For other programs it may mean that the parent, family, child, youth, etc. has completed an assessment and plan of care. Please be specific about who is counted.

FY22 NOFA Application Program/Strategy/Planning Page

Local Management Board: Garrett County
Prioritized Result for this Program/Strategy: Healthy Children
Prioritized Indicator(s) for this Program/Strategy: Obesity; Electronic Vapor Product Use (6-8); Depressive Episode (6-8)
Program/Strategy/Planning Activity Name: Partners After School Program
Children's Cabinet Priority: Reducing Childhood Hunger
Vendor Name (if known): Garrett County Health Department
Brief Summary (3-5 sentences) of the Program/Strategy: The Partners After School @ Oakland program serves students in grades 3-8 from Southern Middle School, Broad Ford Elementary School, and Yough Glades Elementary school in the Southern school district of Garrett County. The Partners After School (PAS) program engages students in a variety of activities that encourage positive mental, social, and physical growth. The PAS program is a two-generational program that focuses on the Governor's Office of Crime Prevention, Youth, and Victim Services Result Area of Healthy Children with a focus on the Strategic Priority of Reducing Childhood Hunger.
Target Population: Include the following: - Description of how the population was identified as needing the intervention.   - Robust recruitment plan to ensure that the appropriate participants are identified and enrolled.   - Target # to be served.   - For a planning request, discuss the population on which the planning activity will focus.   Description of how the population was identified as needing the intervention: The Garrett County Local Management Board held a series of three FY22 NOFA Planning Meetings to determine the greatest needs in the county pertaining to children and families. Using the Results Based Accountability (RBA) Method, priorities for the county were determined based on local data discussions utilizing the indicator data, and priority areas outlined by the Governor's Office of Crime Prevention, Youth, and Victim Services. A Power Point presentation assisted to illustrate the indicator data compared to the State as well as details regarding Child Well-Being Results and Program/Strategy Priorities. The planning meetings revealed alarming data with regard to Obesity, Vapor Product Use, and Depressive Episodes among Garrett County school-aged children. The Garrett County Community Health Assessment serves as the community plan utilized by the county with respect to the Community Partnership Agreement FY 2022 NOFA. 2,102 community members participated in the assessment resulting in a statistically significant report for Garrett County to use for community planning going forward. According to the Center for Disease Control and Prevention, "*Obesity during childhood can*

harm the body in a variety of ways." Children who are obese or overweight have a propensity for high blood pressure, cardiovascular disease, asthma, and impaired glucose tolerance among other conditions. According to the Youth Risk Behavior Survey, an on-site survey of Maryland high school and middle school students, Garrett County students exceed State rankings in Childhood Obesity in both the 95th and 85th percentile for body mass index from the 2000 CDC growth chart for consecutive years. For the 2018-2019 school year, the percentage of students who were obese in the >95th percentile for Garrett County was 18.3% compared to the State at 12.8% (YRBS, 2014-2019).

Obesity: % of Public School Students in Grades 9-12 Who are Obese or Overweight (>95th percentile)

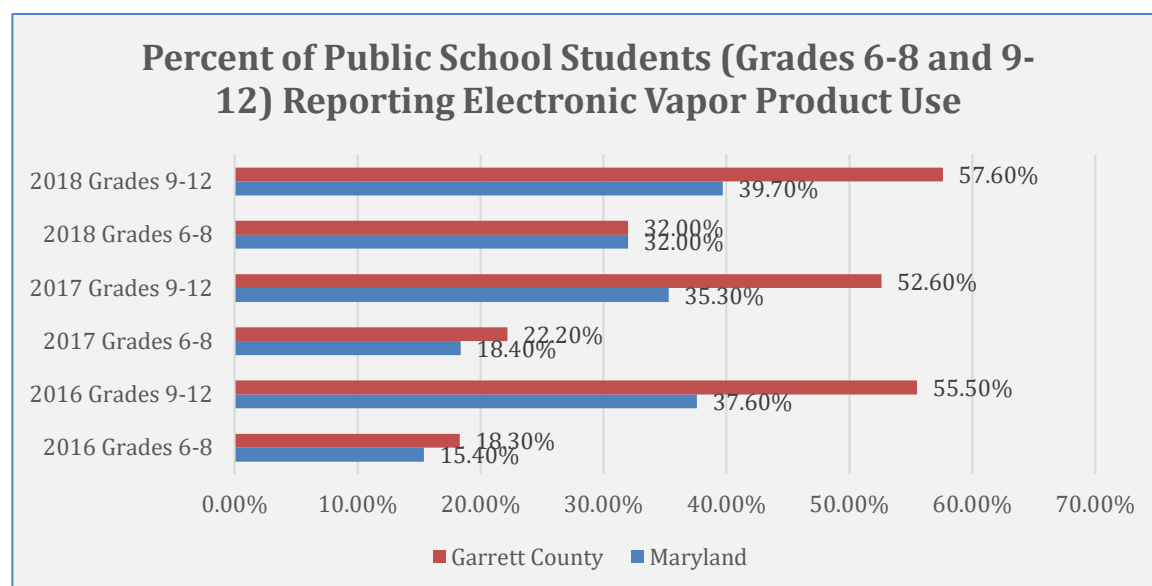| Year	Garrett County	Maryland
2018-2019	18.30%	12.80%
2016-2017	13.50%	12.60%
2014-2015	16.00%	11.50%

■ Garrett County   ■ Maryland

Garrett County Community Health Assessment participants ranked physical activity as 8th out of 31 priority areas of concern among residents. There are many contributing factors to a lack of physical activity that are prevalent among Garrett County youth. Environment, lifestyle choices, and the culture all have roles to play in determining the health and propensity for obesity within a community. Riding a bike or walking to school is not an option for most Garrett County youth because of the human geography and rural landscape. Low incomes and high poverty rates often dictate the available food choices for families living below the poverty level which contribute to high obesity rates.

The newly formed *Child and Adolescent Health Work Group* in Garrett County recently met to address the issue of childhood obesity. The group is composed of area physicians and representatives from the various health entities to address health outcomes in the county. The group plans to address obesity in the school system through education and possible screenings at the primary and secondary level. Participating work group physicians agreed to follow-up with regard to the screening results. The *Child and Adolescent Health Work Group* posts information and updates to their action group on mygarrettcounty.com.

The Garrett County Local Management Board recognizes the importance of creating environments that support healthy food choices and the opportunity for physical activities for children. Active play, movement, physical activity and good nutrition are all essential for healthy growth and development and the LMB is dedicated to making an impact on obesity through community partnerships and with the Partners After School Program.

Electronic Vapor Product Use has become very popular among school-aged youth and Garrett County is no exception. According to Michael Blaha, M.D., M.P.H., a Professor of Medicine at John Hopkins, "*there's evidence that young people who vape are more likely to go on to use illicit drugs and tobacco products such as cigarettes.*" (*https://www.hopkinsmedicine.org/health/wellness-and-prevention/does-vaping-lead-to-smoking*). Typically, rural areas like Garrett County have a higher rate of tobacco usage based on socio-economic factors, culture, and lack of health care. The rate of Public-School Students in Grades 6-8 and 9-12 in the county reporting Electronic Vapor Product Use exceeds the State in nearly every category according to the Youth Risk Behavior Survey, 2016-2018.

Percent of Public School Students (Grades 6-8 and 9-12) Reporting Electronic Vapor Product Use

Category	Maryland	Garrett County
2018 Grades 9-12	39.70%	57.60%
2018 Grades 6-8	32.00%	32.00%
2017 Grades 9-12	35.30%	52.60%
2017 Grades 6-8	18.40%	22.20%
2016 Grades 9-12	37.60%	55.50%
2016 Grades 6-8	15.40%	18.30%

■ Garrett County ■ Maryland

Residents who took part in the Community Health Assessment Survey ranked Substance Abuse to include opioids, prescription medication, tobacco, alcohol, and other drugs, as 3rd in importance for the county. Tobacco use in Garrett County is a generational problem that continues to be addressed through outreach groups such as Garrett County Regional Medical Center, Accident Community Planning Group, Club 21550, Crellin Outreach Partnerships, Friendsville Community Watch, and the Garrett County Health Department. Through the Partners After School program, the Local Management Board is hoping to make an impact on vaping and school aged children in Garrett County.

Depression, described by Marin Seligman as the "common cold" of mental illness, is the most frequently reported mental health problem among American school children (American Psychological Association). Once a child has experienced a depressive episode, the likelihood of recurrence in adulthood is high. Garrett County students rank just below the State in the percentage of public-school students in grades (6-8) and (9-12) reporting a depressive episode with one segment (6-8) exceeding the State percentage. The COVID-19 pandemic has created a breeding ground for mental health issues especially for those children who found themselves disconnected from school and services due to circumstances beyond their control.

In February of 2020, the Garrett County Health Department conducted an adolescent survey among Middle School students eliciting 260 responses. The survey broached a variety of health topics with students ranking Anxiety (95), Stress (116), and How Much Sleep I Need (107) as the top areas they would like help with addressing. Considering the small population of Garrett County, and the close alignment with State figures with regard to Depressive Episodes among school-aged children, the Garrett County Local Management Board decided to prioritize the indicator *Depressive Episode (6-8)* for the Partners After School program for FY22.

Robust Recruitment Plan:
The Partners After School (PAS) program works closely with area agencies, educators, and counselors to recruit students who demonstrate a need based on hunger, educational struggles, home circumstances, and resulting behaviors. The Director of the PAS program meets quarterly with the Principals of the feeder schools which include Broad Ford Elementary, Yough Glades Elementary, and Southern Middle School to discuss program planning, needs and potential referrals to the program. The Principals collect referrals from teachers, Guidance Counselors, school therapists, and social workers for admittance to the program. The PAS Director also meets with Social Workers from the Department of Social Services for referrals directly or by phone. Other referrals to the program come from parents, staff members, and from groups such as the Mental Health Education Task Force, or Health Education and Outreach.

Once a child is identified for the program, an application form must be completed by the parent/guardian with a questionnaire that helps to identify the needs of the family. The application and the family questionnaire both focus on issues specific to the family dynamics and the GOC priority area of Hunger to make certain the program recruits the targeted population. Most of the participating students experience multiple areas of need to include both ACEs and Hunger. A number of PAS participants are living with grandparents and have a need for homework assistance as well as linkages to service entities in the community.

The target number of students to be served by the Partners After School program is 30.

Detailed Program/Planning Description:
Include the following:
- Where will services be provided? Responses may include zip codes, neighborhoods, school catchment areas, etc.
- Model, assessment, curriculum and how employed (as applicable)?
- Description of the routine intervention/service. What is the vendor going to do?
- If a model program is proposed, a discussion of how fidelity to the model will be ensured/maintained.
- For a planning request, discuss the specific planning activities proposed.

Where will services be provided?
The Partners After School program @ Oakland serves students in grades 3-8 from Southern

Middle School, Broad Ford Elementary School, and Yough Glades Elementary School in the Southern School District of Garrett County. The program is currently housed at Southern Middle School, 605 Harvey Winters Drive, Oakland, MD 21550 is operated by the Garrett County Health Department, and is operational 3-5 days a week dependent upon availability of space and COVID-19 directives.

Model, assessment, curriculum and how employed
The Partners After School program employs one Director, four (4) assistants, one (1) AmeriCorps volunteer, and one (1) 3rd party contract assistant-tutor. Please see qualifications below:

Direct Care Staff and Tutor (First Name, Initial)	Position	'Hire Date' (or 'Last date employed ') for AS Program	Education / Credential (Education degree, Child Care Class, etc.)	First Aid (Expiration Date)	CPR (Expiration Date)	Background Check Verification[1]
James Michaels	Director	2-24-2010	A.A. in Secondary Education A.A. in Performing Arts 11 years' experience in After School 90-hour child care	Yes 1/23	Yes 10/2021	2-16-2010
Kristen Walker	Assistant	7-5-2006	High School Diploma 45-hour school age child care Certified Prevention Specialist (2-2018)	Yes 1/23	Yes 1/23	12-06-2006 No-Federal
Derek Silbaugh	Assistant	8/09/17	H.S. Diploma 8 years' experience	Yes	Yes	9/8/2017

			in after school (Ameri-Corp 4 years GCHD) A.A. Degree in General Studies	1/23	1/23	9/13/20 17
Candace Jones	Assistant	8/09/2017	H.S. Diploma Indiana University South Bend IN (Degree not earned) 4 years afterschool experience 23 years prior experience-daycare-YMCA youth programs	Yes 1/23	Yes 1/23	7-20-17
Cassandra Baker	Assistant	6/29/2019	HS Diploma 2019-Concentration-Education: School to Career Garrett College-Elementary Education Major-Ag. And Vet Science	Yes 1/23	Yes 1/23	9/13/20 19
Landon Custer	AmeriCorps	9/20	HS Diploma 2020 Garrett College Seeking Degree in Cyber Security	Yes 1/23	Yes 1/23	8/14/20
Madison Prudnick	3rd Party Contract Assistant-Tutor	12/20	HS Diploma 2020 Mount Saint Mary's University seeking degree in Computer Science	No	NO	

Program Model/Assessment/Curriculum

The Partners After School @ Oakland staff utilize the model curriculum of *"The 9 Essential Skills of the Love & Logic Classroom"* when interfacing with students. *"The primary goal of the Love and Logic program is to give parents, educators, and others working with children practical strategies for reducing behavior problems, increasing motivation, and building assets which contribute to life-long responsibility and resiliency (Charles Fay, PH, D)."* The Love and Logic Classroom teaches that success for children of all ages depends on a balance of unconditional compassion, firm behavior limits, and logical consequences. All staff involved in the PAS program completed the Love and Logic Classroom training and participated in a hands-on workshop. The program Director ensures that PAS staff use the Love & Logic skills within the program to maintain classroom integrity and set firm, compassionate limits.

Another model curriculum that the Partners After School @ Oakland program puts into use is *Playworks; Six Simple Principals of Play.* The staff of the PAS program use this curriculum as a guide during recreational play to ensure everyone is included and has fun being healthy and active. The six principals enacted through the program include:

1. Every child has the opportunity to play everyday
2. Kids get to choose to play and to choose games that make them happy
3. Kids have the right tools to resolve playground conflicts on their own
4. Adults play alongside kids, modeling and supporting a culture of trust, positivity and inclusion
5. Play is not treated as a reward to be revoked
6. Everyone is welcome to join in the game, because playing together is a great way to build community

By applying these six principals daily, recreation time is less stressful for the group and staff participation encourages the most joyful and inclusive experience for everyone involved.

The Partners After School staff also completed a Staff Development Learning Series entitled *"21st Century Math"* presented by Rebecca Wetherbee. Mrs. Wetherbee is a mathematics teacher in Pittsburgh, PA with a Masters of Technology and Instruction from Western Governors University. The purpose of this "Capstone Project" was to research, plan, create, and fully develop a Professional Development Unit specifically for the PAS program. The units focus on increasing tutor/staff comfort through mathematical engagement and discussion around best practices and techniques.

In addition to the "Capstone Project", PAS staff attended several trauma informed care/skills

and ACEs trainings and webinars during the COVID teleworking period. These trainings include:

- HSP 609 Implementing Trauma – Informed Approaches to an Agency Setting
- SHW 607 Trauma Informed Care and Why It Matters
- HSP611 Understanding Intergenerational Trauma
- HSP610 Self-Care is Essential for Trauma-Informed Advocacy
- Youth: Mental Health First Aid (James Michaels, Director Certification)

The Partners After School program is monitored for compliance by the Local Management Board through quarterly performance measure reporting and Scorecard entry. The PAS program also maintains a group on the mygarrettcounty.com site which provides updates and tracks performance measure data for the program.

Description of Routine Service

The Partners After School @ Oakland program experienced extensive disruption to services due to the COVID-19 pandemic for FY21. Program space was lost in the school building due to school closures and the program was plunged into a virtual format. The goal was to not lose the integrity of the program while engaging with students in a virtual environment. Using "Google Meets" as the virtual platform, students are able to join the PAS program Monday – Wednesday to engage with PAS staff and participate in a variety of activities that support positive mental, social, and physical growth. Below is an example of a "virtual day" with the PAS program:

Virtual Program Day:

4:45 – 5:00 – Welcome and Hang out

5:00 – 5:10 – Group check-in – Mindfulness and warm up activity

5:10 – 6:00 – Main event activity as planned

In-Person CARC Fridays:

5:30 – Sign-in students/parents

5:40 – Students go to pool deck area to swim and parents report to the classroom for education activities

 A weeks' worth of food, provided by Garrett County Public Schools, is delivered to the families every Wednesday where staff are able to "check-in" on the student and deliver educational supplies for the week. Fridays are designated "make-up" days where students have the opportunity to view/take part in any activity or lesson they may have missed during the week. Homework assistance is by appointment with the PAS tutor assistant and available upon student request.

The school-based Partners After School program includes 30 minutes of homework assistance daily (with additional tutoring services available upon request) along with recreational time either in the gym or outdoors. A hot meal is provided for the students by the Southern Middle School cafeteria staff daily. Enrichment activities take place in partnership with the Garrett County Extension Office and Garrett College AdventureSports and occur monthly. Below is an example of an in-person PAS program day:

In-Person PAS Program Day:
3:15-3:25 – Sign-in
3:20-3:45 – Meal/Snack
3:45-4:45 – Physical Activity – Recreation Time/Mindfulness/Play Hard Live Clean
4:45-5:30 – Enrichment/Prevention/Planned Activities
5:30-6:00 – Mentoring/Tutoring
Lessons that are built into the PAS schedule weekly include:

- Prevention Lessons: Tobacco (to include Vape products), drugs, prescription drugs, alcohol and nutrition.
- Art Lessons
- Agricultural Lessons and Food Sustainability
- Parent-Child Activities
- ACEs Lessons with Monthly Newsletter ACEs Facts
- Enrichment Lessons
- Family Dinners
- Community Service Projects

In conjunction with the weekly activities of the PAS program, a two-generational strategy is built into the program that benefits both the parent/caregiver and the student. Below is a list of activities incorporated by the Partners After School program:

Health Rocks!	Health Rocks! The curriculum is a **healthy lifestyle choice program for youth ages 10 to 16** sponsored by the National 4-H Council. It helps youth learn skills such as decision-making, critical thinking, and stress management with an emphasis on the prevention of tobacco (to include vape products), drug, and alcohol use. This program helps youth take control of their choices and addresses the impact of peer pressure, stress, and other emotional factors. This program also includes a video "mentoring" series for the parents/guardians.
"Just Like You" Campaign	A campaign about the importance of adults as positive role models. After school participants and parents complete an interactive activity being "copy cats" then take selfies promoting healthy behaviors to post on Health Department social media outlets.
Financial Literacy	Education lessons from the University of Maryland Extension Office
Mindfulness	The first and last 15 minutes of each program day is devoted to "Mindfulness" practice. This practice helps to settle the mind of the students before they transition to after school and their home environments. Parents/Caregivers are encouraged to participate
Stress Management	Education/lessons from the Garrett County Health Department
Nutrition	Food Education/lessons Garrett County Health Department and the University of Maryland Extension Office

Parenting Skills – ACEs Education	Garrett County Health Department
AdventureSports – Physical Activity	Walking Club – Garrett County Health Department - AmeriCorps
Swimming Activity	Students swim at Garrett Community College CARC complex while parents take part in a "Parent Bootcamp" (new 2nd half FY21)

The Partners After School program focuses on the Governor's Office of Crime Prevention, Youth, and Victim Services Child Well-Being Result area of Healthy Children. Many of the students enrolled in the program have been displaced or are living with grandparents, other family members, adopted, or are in the Foster Care system and struggle with ACEs related issues and behaviors. A recent survey conducted by the Garrett County Health Department among middle school students asked *"What would you like to talk to your health care provider about?"* Of the 260 students who participated, the areas with the most responses included:

- Stress
- Anxiety
- How much sleep I need

The survey shows that Garrett County students are clearly experiencing issues with stress, anxiety, and depression and are looking for methods and ways to deal with those feelings. The Partners After School staff have been trained on ACEs and Trauma Informed Practices and utilize the Mindfulness method to ease daily transitions and periods of stress. Mindfulness activities include meditation, guided imagery, yoga and exercise, biofeedback, self-expression in words, drawings, and movement along with small group support techniques for emotional well-being and nutritional health. The trained PAS staff member provides activities with a focus on stress relief and resilience building skills within the context of small, supportive groups. These practices are known to support healing properties that address heart disease, immune disorders, and pain syndromes, as well as depression, posttraumatic stress disorder, alcoholism and drug addiction.

To assist parents/caregivers to make the connections they need, the PAS program holds two family dinners each year. The dinners are traditionally well attended and provide an opportunity for families to make connections to support agencies in the community. This year, the family dinner was a little different. Because of COVID restrictions, dinner was provided by UNOs restaurant and delivered by PAS staff to each family that participated. A total of 53 PAS family members participated in the virtual family meal. The meal was accompanied with a virtual presentation from Ms. Emily Bauer from the Department of Social Services. Ms. Bauer shared with the families her role at the Department of Social Services and shared information on the following:

- Pandemic SNAP benefits (PEBT school age children who qualify for free/reduced lunch
- Supplemental Nutrition Supplement Program SNAP
- Temporary Cash Assistance (TCA)
- Emergency Assistance Grant
- Temporary Disability Assistance Program (TDAP)

A second family meal is in the works for later this year.

To help students and families struggling with hunger and nutrition, the PAS program offers "Parent Training" events where parents/caregivers learn about nutrition, financial literacy, and parenting skills. This occurs in coordination with the University of Maryland Extension Office over a three-week period. Parents/caregivers and students are bused 10 at a time to the University of Maryland Extension to participate in a meal that they prepare together. Parents are given guidelines before the event on how to shop for the ingredients needed for the meal while keeping an eye on the budget. This is done so the meal can be easily duplicated for the family at home. The parent/caregiver and the student prepare the meal together with guidance, set the table, and enjoy the meal they shopped for and prepared together. A guided discussion with a University of Maryland staff member during the meal, helps to highlight the importance of being a positive role model for the parent and the child.

New for this year, the Partners After School program participated in a "Healthy Eating Challenge." PAS staff and students participated in the MyPlate Fruit and Vegetable Challenge https://ChooseMyPlate.gov. which promotes eating/trying healthy fruits and vegetables with coinciding serving sizes to meet health requirements. Healthy recipes were shared with the students as well as a video with additional nutritional information https://youtu.be/-bUwIAXdO9A provided by the University of Maryland Extension Office. This lesson was accompanied with a box of fresh fruits and vegetables which was delivered to each family and purchased by the Partners After School staff. The boxes included green leafy vegetables and fresh berries for the families to try and enjoy.

Also new this year, the PAS program has partnered with Ashley Bodkins, Senior Agent Associate from Environmental and Natural Resources; Master Gardener Coordinator to introduce gardening to the students of the PAS program. Ms. Bodkins is planning to teach the students about using recycled items such as cardboard boxes to plant short-term leafy greens, and how to start a container garden if planting a garden is not an option. A field trip is currently in the works to purchase supplies to plant a "salad box". With the help of Ms. Bodkins, each family will learn how to plant a "salad box" and go home with everything needed to maintain it and watch it grow. Families will also receive information on how to plant small root crops like baby beets, carrots, green onions and also lettuce and strawberries. Families will go home with a planting chart and soil sample bags for testing their garden soil. This will take place during a PAS "family night" which is currently being planned.

To keep Partners After School Students active and healthy, participation in the *Play Hard Live Clean* (PHLC) initiative through Garrett County Public Schools is encouraged and supported through the program. The premise of the program is that is a young person arrives at age 21 without smoking, abusing alcohol, or using drugs, they are virtually certain never to do so. PHLC encourages youth to make good choices by recognizing and rewarding them for certain positive lifestyle accomplishments from Kindergarten through graduation. Partners After School participants engage in challenges that consist of 10 days with 60 minutes of physical activity, 5 days of eating 5 fruits or vegetables per day, and 3 days with no television or

movies. Students who meet challenges are eligible for a bronze, silver or gold metal.

Assessment

To measure success and identify barriers of the Partners After School program, student test scores, disciplinary issues, attendance and social behaviors are monitored for improvement or lapses. This data is recorded in the Scorecard and also on the mygarrettcounty.com platform under the Partners After School group. Both the Scorecard and the mygarrettcounty.com site are updated quarterly. Fidelity to the Love & Logic program is monitored through group participation in training sessions held at the Garrett County Health Department lead by a certified Love & Logic facilitator.

Race Equity:

All programs/strategies must incorporate intentional efforts to address race equity issues. Include the following:

- Description of short and long term strategies that the applicant will incorporate to reduce/eliminate race equity issues within the target population(s).
- Discussion on how the applicant's race/equity efforts will support and inform planning, assessment, implementation and evaluation of the program.
- Include a discussion of the most recent local race equity data with citations.
- For a planning request, discuss how race equity consideration will inform the process.

The Partners After School program operates under the same guidelines as Garrett County Public School System. With regard to race equity, the following applies:

In order to achieve the educational equity described above within the Partners After School program, GCPS, and Partner Organizations will:

- Base actions on the goal of providing educational equity for each child no matter their social identifiers.
- Direct the use of resources to provide equitable access to educational opportunities and services, even when this means differentiating resource allocation.
- Require that an equity lens be used in reviews of staff, administrators, teacher leader candidates, curriculum, pedagogy, professional learning, instructional materials, and assessment design.
- Ensure equitable access to highly qualified teachers.
- Create a welcoming environment, inclusive of culture and environment that reflect and support the diversity of the student population, their families, and their community.
- Include partners who have demonstrated culturally specific expertise in meeting our high goals of educational outcomes.

In addition to embracing racial equity through recruitment and general program implementation, the after-school staff will coordinate two race equity lessons and activities during the school year that will include family participation. One lesson will be from the Teaching Tolerance/Learning for Justice toolkit and is called "Mix It Up." The second lesson

will incorporate art therapy and race equity. After school participants will take part in a workshop about race equity, after which they will create either a visual or performance piece that will be showcased at a family event.

According to the US Census, 2019, the population of Garrett County, MD is 97.3% White, 1.1% Black or African American, 0.2% American Indian or Alaska Native, 0.4% Asian, Z (greater than zero, less than half of measure shown) Native Hawaiian or Pacific Islander, 1.0% Two or more Races, 1.2% Hispanic or Latino, 96.2% White alone, not Hispanic or Latino.

Despite the traditionally white composition of the county, racial disparities are showing signs of concern. According to the US Census Bureau, Garrett County ranked the poorest among neighboring communities for Black or African American and Other races for No High School Diploma by Race Alone, Black or African American races for Uninsured Populations by Race Alone, and Black or African American races for Population in poverty by Race Alone (US Census Bureau, American Community Survey). While these populations in the county are small, from 2000 to 2010, the population of White residents has decreased, while the Black or African American population increased 135.16% (US Census Bureau, American Community Survey. 2013-2017).

Considering these statistics, it is vital that Local Management Board programming reach the members of the Garrett County Community that need them most. While generational poverty has traditionally been the social determinant most prevalent in our community, we must look deeper into the issue to include the marginalized members within the data. While the goal of the Partners After School program is to engage students in grades 3-8 in a variety of activities that encourage positive mental, social, and physical growth, efforts will be made to accommodate racial equity within the target population when considering services available within this program.

Adverse Childhood Experiences (ACEs) and Trauma-Informed Practices
All programs/strategies must incorporate intentional efforts to reduce ACEs and increase trauma-informed practices. Include a discussion of how the program/strategy will:
- Increase awareness of ACEs and trauma-informed practices among State- and community-level prevention professionals, emphasizing the relevance of ACEs and trauma-informed practices to behavioral health disciplines;
- Include ACEs and trauma-informed care among the primary risk and protective factors, if engaging in prevention planning efforts;
- Address ACEs and trauma, including efforts focusing on reducing intergenerational transmission of ACEs; and,
- Use ACEs and trauma research and local data to identify groups of people who may be at higher risk for behavioral health concerns and conduct targeted prevention efforts.

Adverse Childhood Experiences (ACEs) and Trauma-Informed Practices; PAS @ Oakland plans to address this theme in the following way:

- Mindfulness Activities
- Health Rocks – Mentoring
- Ongoing Staff Training
- Ongoing Parent Education in Newsletters and Workshops
- Creating a "Safe Space" guided by Love and Logic practices – breaking things down into steps and keeping a neutral tone and posture!
- Offering brain breaks, hands-on, and physical activities that allow students to find their passions, strengths, talents, and interests and building on them.
- Incorporate music into the program
- Prevention Lessons
- Parent/Child Activity
- AdventureSports
- Referrals to Services

Research-Based Practices - For the program/strategy proposed, please list the clinically researched practices (including promising practices, best practices, and evidence-based practices) to be employed that have some demonstrated success with youth.

- Sexual Risk Avoidance Education (SRAE)
- The 9 Essential Skills of the Love and Logic Classroom
- SPARK
- Playworks
- Mindfulness – Mind Body Medicine

Evidence of Effectiveness (Not required for a planning request):
- For a new and/or early program/strategy for which there is less than three full years of data in the Scorecard, the published research (with full citations) that supports this as an appropriate intervention for the identified population;
- For an existing program, performance in the Scorecard (≥ three full years) will be reviewed. No additional information is needed for programs for which there is at least three full years of data in the Scorecard (this **MUST** include HFY1 2021 data for all approved performance measures). Please ensure that Scorecard data entry is accurate and complete at the time of submission.

Please see Scorecard data

If the program/strategy proposed is a change from what was funded in FY21, please provide a justification or rationale for the proposed change (leave blank or mark "n/a" if no change):

N/A

Proposed Performance Measures (not required for a planning request):

- Using the chart below, provide two (2) headline performance measures each for the How Much, How Well, and Better Off sections. Define the NUM and DEN as indicated.
- In addition, in the chart below, include the standard performance measures noted in NOFA Section III E. as applicable for the priority. Add rows to the chart as needed.
- Identify with an "*" if the measure proposed is new for FY22.
- Performance measures are not required for planning requests.
- Do not revise or create Scorecards to add these measures for FY22.

Performance Measure	For Percentages, Indicate the Numerator and Denominator (NUM/DEM)
What/How Much We Do:	
# of students served 30 or more days per school year in the Partners After School program	
# of parent/other adult volunteer hours per school year in the Partners After School program	
How Well We Do It:	
#/% of students attending 30+ days with at least one parent attending two or more PAS activities	NUM: # of students attending 30+ days with 1 parent attending two or more PAS activities
	DEN: # of students attending 30+ days
#/% of students attending PAS 30+ days with satisfactory school attendance (>days absent, school year)	NUM: # of students attending PAS 30+ days with satisfactory school attendance
	DEN: # of students attending 30+ days
Is Anyone Better Off?	
#/% of participants who report a reduction of food insecurity	NUM: # of participants who report a reduction of food insecurity
	DEN: # of participants who are food insecure
#/% of participants who report an increased awareness of ACEs	NUM: # of participants who report an increase in ACEs awareness
	DEN: # of participants

Definitions: The definition of "served" with regard to the Partners After School program is the number of students enrolled in the program.

The definition of "participants" is the number of families with regard to the "Better Off" measures.

Unduplicated: When reporting the number of parents, families, children, youth, etc. for the half year, a new count is started at the beginning of every fiscal year. The first Half Fiscal Year (HFY1) report will count all the parents, families, children, youth, etc. who have been served during the first six months of the fiscal year. The second Half Fiscal Year (HFY2) report will count only new parents, families, children, youth, etc. The Fiscal Year (FY) report will provide the total served for the whole year.
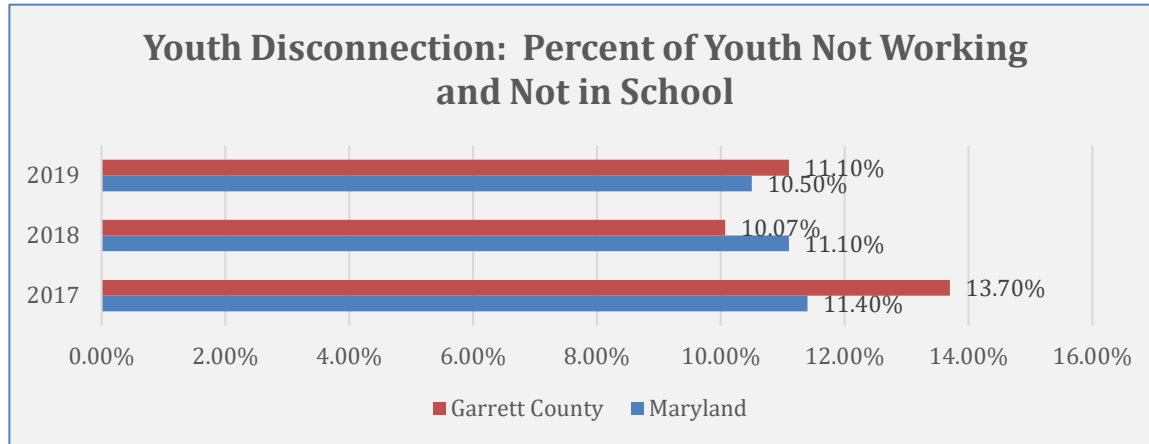
Served: A definition of "served" should be provided. This will probably vary by program. For evidenced-based programs, this may mean that the parent, family, child, youth, etc. has completed a

set # of weeks of the program. For other programs it may mean that the parent, family, child, youth, etc. has completed an assessment and plan of care. Please be specific about who is counted.

FY22 NOFA Application Program/Strategy/Planning Page

Local Management Board: Garrett County	
Prioritized Result for this Program/Strategy: Youth Have Opportunities for Employment or Career Readiness	
Prioritized Indicator(s) for this Program/Strategy: Youth Disconnection: Youth Ages 16-24 Not Working and Not in School	
Program/Strategy/Planning Activity Name: Youth Employment Initiative	
Children's Cabinet Priority: Improving Outcomes for Disconnected/Opportunity Youth	
Vendor Name (if known): Western Maryland Consortium	
Brief Summary (3-5 sentences) of the Program/Strategy: The Garrett County Local Management Board provides funding for Garrett County youth through the Youth Employment Initiative (YEI) program. The Western Maryland Consortium (WMC) is a partner in this program and works to identify youth in Garrett County who are economically disadvantaged and have a barrier to overcome for employment. The Western MD Consortium staff equip Disconnected/Opportunity Youth with structured, quality, year-round work experiences, including opportunities to assist with meeting educational goals, GED programs, math and remediation classes, and mentoring which provide youth with the soft-skills needed to succeed in the workforce.	

Target Population:
Include the following:
- Description of how the population was identified as needing the intervention.
- Robust recruitment plan to ensure that the appropriate participants are identified and enrolled.
- Target # to be served.
- For a planning request, discuss the population on which the planning activity will focus.

Description of how the population was identified as needing the intervention:
The Garrett County Local Management Board held a series of three FY22 NOFA Planning Meetings to determine the greatest needs in the county pertaining to children and families. Using the Results Based Accountability (RBA) Method, priorities for the county are determined based on local data discussions utilizing the indicator data, and priority areas outlined by the Governor's Office of Crime Prevention, Youth, and Victim Services. A Power Point presentation assisted to demonstrate the indicator data compared to the State as well as details regarding Child Well-Being Results and Program/Strategy Priorities. The Local Management Board acknowledge that local Garrett County data along with the Community Health Assessment information both identify jobs, wages, and economic development as the top concern for Garrett County residents and have prioritized the result area of *Youth Have Opportunities for Employment or Career Readiness* for FY 2022.

According to Garrett County Community Health Assessment data, "*jobs, wages, and economic development*" are the top concerns among the 2,102 local survey participants. Focus group participants expressed concern for the future economy of Garrett County saying, "*My concern*

is the next 5-20 years, do we have the next generation or two behind us to attract and keep?" and *"We have nothing here to keep young people in the area."* According to OpportunityIndex.org, the percentage of Youth Not Working and Not in School exceeds the State in two out of the three years as outlined below:

Youth Disconnection: Percent of Youth Not Working and Not in School

Year	Garrett County	Maryland
2019	11.10%	10.50%
2018	10.07%	11.10%
2017	13.70%	11.40%

In recent years, similar data for the county has the differential between the county and the State as high as 7%. This prompted the Garrett County Local Management Board to take a deep dive into the statistics for Youth Disconnection. With the help of LUMA Consultants, who conducted several focus groups and Disconnected/Opportunity Youth interviews, the Disconnected/Opportunity Youth sub-group population for Garrett County is described as follows:

- Faith-based affiliation
- Disability
- Motherhood
- Limited education

Barriers identified for the county that contribute to Youth Disconnect include:

- Transportation
- Generational poverty
- Substance use

The Local Management Board of Garrett County is determined to improve Disconnected/Opportunity Youth numbers for the county through education and employment opportunities that lead to full time employment and academic success through its participation in the Youth Employment Initiative program.

Robust Recruitment Plan:

The Garrett County Local Management Board provides supplemental funding for the Youth Employment Initiative program which operates through the Western Maryland Consortium (WMC). The Western Maryland Consortium is a regional workforce development agency with offices in Garrett, Allegany, and Washington counties. The WMC works to identify youth in Garrett County that are economically disadvantaged and have a barrier to overcome for employment. Youth are referred to WMC for enrollment through the Department of Juvenile

Services, Adult Education, Garrett County Public Schools, Garrett County Health Department, Department of Social Services, and Garrett County Community Action. Enrollment in the Youth Employment Initiative program is based on youth ages 16-24 who meet one or more of the following criteria:

- School dropout
- Basic skills deficient
- Low income
- Offender (any stage)
- Homeless or Foster Care youth
- Parenting or pregnant youth

Priority is given to out of school; unemployed youth ages 16-24. Community outreach is conducted in the county through job fairs and public broadcasting to promote awareness of the program.

Target # to be served:

The target enrollment goal for the Youth Employment Initiative program based on FY22 funding is two (2) Disconnected/Opportunity Youth.

Detailed Program/Planning Description:

Include the following:

- Where will services be provided? Responses may include zip codes, neighborhoods, school catchment areas, etc.
- Model, assessment, curriculum and how employed (as applicable)?
- Description of the routine intervention/service. What is the vendor going to do?
- If a model program is proposed, a discussion of how fidelity to the model will be ensured/maintained.
- For a planning request, discuss the specific planning activities proposed.

Where will services be provided?

The Youth Employment Initiative program is housed within the Western Maryland Consortium, 14 North 8th Street, Oakland, MD 21550-4516. The WMC staff work throughout the year to build a business resource network all over Garrett County to provide a pathway to employment for disadvantaged youth. This is accomplished through ongoing business outreach to include job fairs, attending agency meetings, community involvement, and Chamber of Commerce events. Program participants may be placed anywhere throughout the county dependent upon transportation needs and employment interest. Below is a list of employers in Garrett County who currently participate in the Youth Employment Initiative program by zip code:

21550	21536	21520	21541
Brenda's Pizzeria ACEs Run Town of Oakland Lakeside Creamery	Town of Grantsville	Hart for Animals Firefly Farms Autoland of Accident Fratz Hardware	Garrett College Wisp Resort

Subway – Deep Creek			
The Alley			
Heidi's Restaurant			
Patriot Motors			
Garrett County Community Action			
Simon Pearce			
Gregg's Pharmacy			
Little Rascal's Daycare			
Team One Auto			
Ari's Pizza			
Dairy Queen			
Naylors Hardware			

The Garrett County Local Management Board provides funding for the Youth Employment Initiative program to operate year-round. LMB funds help to supplement the program outside of the summer employment program to supplement youth with employment or educational opportunities. During the summer months, LMB funds are used to support youth employment and educational opportunities once other funding streams are exhausted.

Description of the Routine Intervention/Service
In order to set up the Opportunity Youth of Garrett County for success, both structural and supportive features need to be in place. They include, full-time work, easily accessible via transportation, availability of affordable childcare, and having an interest in a particular area of work. The Youth Employment Initiative program helps area youth with a strategic effort towards full-time employment to improve their circumstances, and overcome barriers to reach the goal of full-time employment. Partnerships within the community are essential to linking Disconnected Youth with employment opportunities that foster growth and meet their particular area of interest.

Once a youth has been identified for the program, Western Maryland Consortium staff work to match the youth with work experience based on the youth's interest and life experiences. WMC staff work on a case by case basis to assess the needs and goals of the youth and to provide; work skills and job placement, transportation or other supportive services, career counseling, remedial class opportunities in math and reading, and soft skills coaching. For those who choose the employment track, youth are provided an orientation presentation prior to the first day at the worksite. Rules and objectives of the employment program are discussed as well as worksite expectations. Safety procedures are discussed and equipment is given as required to program participants.

The participating youth and the worksite are monitored by WMC staff on a regular basis and timecards are collected every two weeks. WMC processes payroll so the youth get paid on

time, twice per month. Upon the completion of the work assignment, WMC compiles and reports data on the completion and success rates of both the youth and the employer. Some of the work experience positions that youth participated in include; Day Care Assistant, Maintenance, Mechanic's Assistant, and Veterinary Assistant. At the completion of the youth's work experience, the employer may offer permanent employment, but is not a requirement of the program.

In the interest of keeping youth in the area, Local Management Board funds are used to attract the Governor's priority population of 16-24-year-old who are not in school and not working to the Youth Employment Initiative program. The program currently has one youth participant who has recently aged out of the foster care system and is living with distant family members. The youth was enrolled in the Youth Employment Initiative program and placed part-time at an auto-dealer in town. He did so well during his association with the program, that the employer moved the youth to the Body Shop department while still enrolled in the Youth Initiative program. The program has enough available funding to enroll one more youth into the program for the remainder of FY21.

Race Equity:
All programs/strategies must incorporate intentional efforts to address race equity issues.
Include the following:
- Description of short- and long-term strategies that the applicant will incorporate to reduce/eliminate race equity issues within the target population(s).
- Discussion on how the applicant's race/equity efforts will support and inform planning, assessment, implementation and evaluation of the program.
- Include a discussion of the most recent local race equity data with citations.
- For a planning request, discuss how race equity consideration will inform the process.

The Youth Employment Initiative program follows the guidelines set forth by the Western Maryland Consortium Workforce Innovation and Opportunity Act Strategic Plan. The Strategic Plan places an emphasis on working with individuals that have significant barriers to employment, dislocated workers, and trade-impacted workers. In accordance with the Strategic Plan for the Maryland Consortium Workforce Innovation and Opportunity Act, the following must be applied:
- Will provide reasonable accommodations or reasonable modifications of policies, practices, and procedures for individuals with disabilities
- Use the same processes for all customers, including individuals with disabilities for selecting participants for the programs, including training programs, Individual Training Accounts (ITAs), and auxiliary projects (e.g., grants, limited community resources)
- Administer programs in the most integrated setting appropriate
- Ensure effective communication, including by providing auxiliary aids and devices where necessary
- Provide program and architectural accessibility and access to information and

communication technology
- Maintain a list of agencies and other local resources designed to help individuals with disabilities (e.g., agencies providing interpreters for individuals who are deaf, financial capability services; information on applying to the State Medicaid Buy-in program; and how to access housing and transportation services), and makes that information available to both staff and customers
- Work with the local Work Incentives Planning and Assistance (WIPA) for individuals with disabilities to consider on how getting a job will affect any disability benefits they may receive
- Advises customers that information on Ticket to Work (TTW) and Employment Network (EN) services authorized under Social Security Act, including benefits planning, are available to customers who are SSI and SSDI beneficiaries
- Staff uses a variety of assessment tools, approaches, and strategies for assessment, discovery, and exploration of individual strengths and abilities, and selects those that are most appropriate for the specific job seeker
- Modification to an application/registration process with a disability to be considered for the aid, benefits, services, training or employment that the qualified applicant desires

Youth of color face some of the biggest barriers to success. The Youth Employment Initiative (YEI) program staff pay close attention to how to help those most in need of overcoming those difficulties by:
- Training YEI staff to spot racial barriers. Staff are becoming well-versed in identifying cultural norms that can be exclusionary as well as structural hurdles and prejudices – including their own – that may hold back people of color.
- Comparing outcomes of the program across race and gender to determine whether the program recruits for and develops youth success equally.

Include a discussion of the most recent local race equity data with citations.
According to the US Census, 2019, the population of Garrett County, MD is 97.3% White, 1.1% Black or African American, 0.2% American Indian or Alaska Native, 0.4% Asian, Z (greater than zero, less than half of measure shown) Native Hawaiian or Pacific Islander, 1.0% Two or more Races, 1.2% Hispanic or Latino, 96.2% White alone, not Hispanic or Latino.

Despite the traditionally white composition of the county, racial disparities are showing signs of concern. According to the US Census Bureau, Garrett County ranked the poorest among neighboring communities for Black or African American and Other races for No High School Diploma by Race Alone, Black or African American races for Uninsured Populations by Race Alone, and Black or African American races for Population in poverty by Race Alone (US Census Bureau, American Community Survey). While these populations in the county are small, from 2000 to 2010, the population of White residents has decreased, while the Black or African American population increased 135.16% (US Census Bureau, American Community Survey. 2013-2017).

Considering these statistics, it is vital that Local Management Board programming reach the members of the Garrett County Community that need them most. While generational poverty has traditionally been the social determinant most prevalent in our community, we must look deeper into the issue to include the marginalized members within the data. While the goal of the Youth Employment Initiative program is to assist youth struggling as a result of not being in school and not working, efforts will be made to accommodate racial equity within the target population when considering enrollment in this program.

Adverse Childhood Experiences (ACEs) and Trauma-Informed Practices
All programs/strategies must incorporate intentional efforts to reduce ACEs and increase trauma-informed practices. Include a discussion of how the program/strategy will:
- Increase awareness of ACEs and trauma-informed practices among State- and community-level prevention professionals, emphasizing the relevance of ACEs and trauma-informed practices to behavioral health disciplines;
- Include ACEs and trauma-informed care among the primary risk and protective factors, if engaging in prevention planning efforts;
- Address ACEs and trauma, including efforts focusing on reducing intergenerational transmission of ACEs; and,
- Use ACEs and trauma research and local data to identify groups of people who may be at higher risk for behavioral health concerns and conduct targeted prevention efforts.

The Youth Employment Initiative program works with Garrett County youth that are economically disadvantaged and have a barrier to overcome for employment. Youth are referred to the Western Maryland Consortium for enrollment in the Youth Employment Initiative program through the Department of Juvenile Services, Garrett County Public Schools, Department of Social Services and Garrett County Community Action. Enrollment in the program is based on youth ages 16-24 who meet one or more of the following criteria:
- School dropout
- Basic skills deficient
- Low income
- Offender (any stage)
- Homeless or Foster Care Youth
- Parenting or pregnant youth

Most of the youth enrolled in the Youth Employment Initiative program have been touched by ACEs in some way. The program is guided by the Western Maryland Consortium and the Strategic Plan which requires them to "*use a variety of assessment tools, approaches, and strategies for assessment, discovery, and exploration of individual strengths and abilities, and selects those that are most appropriate for the specific job seeker.*" They are also required to "*Maintain a list of agencies and other local resources designed to help individuals with disabilities (e.g., agencies providing interpreters for individuals who are deaf, financial capability services; information on applying to the State Medicaid Buy-in program; and how to*

access housing and transportation services), and makes that information available to both staff and customers." The Youth Employment Initiative program has the ability to provide enrolled youth with a history of ACEs and trauma with links to community service agencies that can educate and provide support to break the cycle of trauma. Through assisting area youth to become financially independent, the Youth Employment Initiative program helps to break the cycle and place Garrett County youth on the road to recovery.

The YEI staff implement multiple ways to build and strengthen youth's resilience and help reduce the consequences of ACEs. This support includes providing the opportunity to complete education, workforce training, and on-the-job experience.

A Work Readiness Training Workshop is in the early stages of development in conjunction with Garrett College which will address and instruct youth on how to interact with supervisors and co-workers, social and interpersonal skills, the importance of manners and timeliness, as well as other soft skills young people need to be successful both in the workplace and in life. This training will be available summer of 2021.

When engaging with disconnected or traumatized youth, the priority of staff is to make them feel safe so they may eventually have trust in their counselor and the program. This is accomplished through building an authentic relationship and understanding that resistance, anger, or a negative attitude is not personal or related to the services being provided. All staff at Western Maryland Consortium have been trained (or in the process of being trained) as a Certified Career Services Provider and a Global Career Development Facilitator which addresses working with Disconnected/Opportunity Youth and how to properly relate to those affected by ACES and those who have experienced childhood trauma.

Research-Based Practices - For the program/strategy proposed, please list the clinically researched practices (including promising practices, best practices, and evidence-based practices) to be employed that have some demonstrated success with youth.

The Western Maryland Consortium is part of Maryland Jobs Now (MJN) a network of high-performing, results-oriented workforce organizations that invest in employment and training strategies, services, and initiatives to help Marylanders secure good-paying jobs in a thriving economy. Services available include:
- Job Search Assistance
- Resume Development
- Internet Job Search
- Career Information
- Interest Testing and Evaluation
- Case Management
- Workshops
- Skill Training

Evidence of Effectiveness (Not required for a planning request):
- For a new and/or early program/strategy for which there is less than three full years of data in the Scorecard, the published research (with full citations) that supports this as an appropriate intervention for the identified population;
- For an existing program, performance in the Scorecard (≥ three full years) will be reviewed. No additional information is needed for programs for which there is at least three full years of data in the Scorecard (this **MUST** include HFY1 2021 data for all approved performance measures). Please ensure that Scorecard data entry is accurate and complete at the time of submission.

Please see Scorecard data for this program

If the program/strategy proposed is a change from what was funded in FY21, please provide a justification or rationale for the proposed change (leave blank or mark "n/a" if no change):

N/A

Proposed Performance Measures (not required for a planning request):
- Using the chart below, provide two (2) headline performance measures each for the How Much, How Well, and Better Off sections. Define the NUM and DEN as indicated.
- In addition, in the chart below, include the standard performance measures noted in NOFA Section III E. as applicable for the priority. Add rows to the chart as needed.
- Identify with an "*" if the measure proposed is new for FY22.
- Performance measures are not required for planning requests.
- Do not revise or create Scorecards to add these measures for FY22.

Performance Measure	For Percentages, Indicate the Numerator and Denominator (NUM/DEM)
What/How Much We Do:	
# of youth enrolled in the Youth Employment Initiative Supplement program annually	
# of eligible youth who complete the Youth Employment Initiative Supplement application annually	
How Well We Do It:	
#/% of youth who report satisfaction with the Youth Employment Initiative program via the CSQ-8	NUM: # of youth satisfied with YEI per CSQ-8
	DEN: # of youth who participate in CSQ-8
#/% of youth who attend all scheduled program days annually	NUM: # of youth who attend all program days
	DEN: # of youth in the YEI program
Is Anyone Better Off?	
#/% of disconnected youth that obtained permanent employment following completion of the Youth	NUM: # of youth who obtained permanent employment

| Employment Initiative program	DEN: # of youth enrolled in the YEI program
#/% of participants who show improvement in job skills and attitudes as measured by the SCANS evaluation	NUM: # of youth who show improvement in jobs skill and attitudes as measured by SCANS
	DEN: # of youth who participate in the SCANS

Definitions:

Unduplicated: When reporting the number of parents, families, children, youth, etc. for the half year, a new count is started at the beginning of every fiscal year. The first Half Fiscal Year (HFY1) report will count all the parents, families, children, youth, etc. who have been served during the first six months of the fiscal year. The second Half Fiscal Year (HFY2) report will count only new parents, families, children, youth, etc. The Fiscal Year (FY) report will provide the total served for the whole year.

Served: A definition of "served" should be provided. This will probably vary by program. For evidenced-based programs, this may mean that the parent, family, child, youth, etc. has completed a set # of weeks of the program. For other programs it may mean that the parent, family, child, youth, etc. has completed an assessment and plan of care. Please be specific about who is counted.

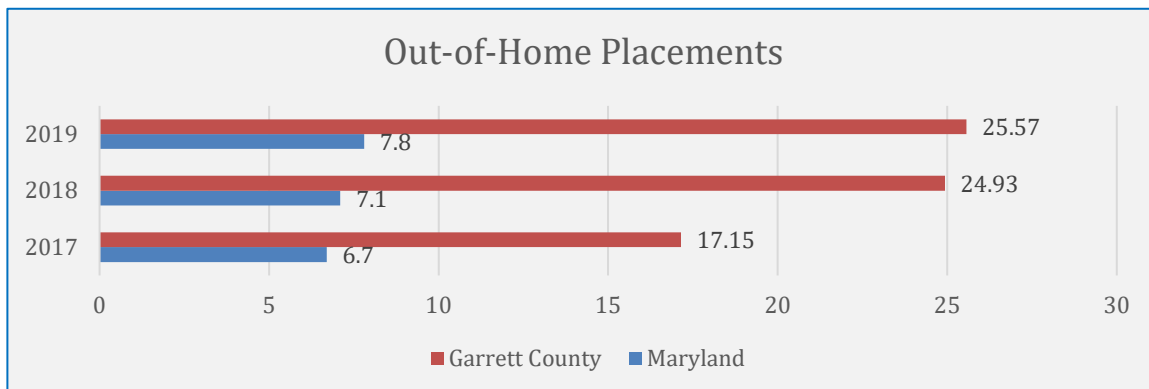# FY22 NOFA Application Program/Strategy/Planning Page

Local Management Board: Garrett County
Prioritized Result for this Program/Strategy: Communities are Safe for Children, Youth, and Families
Prioritized Indicator(s) for this Program/Strategy: Out of Home Placements; Child Maltreatment
Program/Strategy/Planning Activity Name: In-depth data analysis related to Out-of-Home Placements and Child Maltreatment in Garrett County
Children's Cabinet Priority: Reducing Youth Homelessness; Preventing Out-of-State Placements
Vendor Name (if known): N/A
Brief Summary (3-5 sentences) of the Program/Strategy: The Garrett County Local Management Board has requested a root cause data analysis for the indicators of Out-of-Home Placements and Child Maltreatment. Data for both indicators are ranked significantly above the State for consecutive years. A study of data sources, which record measures differently based on definition and population variants, is requested by the LMB to help clarify the data sets. The LMB would like to investigate all of the variables that contribute to these indicators to better collaborate with existing services, or develop new services, to impact the identified indicators of Out-of-Home Placements and Child Maltreatment.
Target Population: Include the following: • Description of how the population was identified as needing the intervention.   • Robust recruitment plan to ensure that the appropriate participants are identified and enrolled.   • Target # to be served.   • For a planning request, discuss the population on which the planning activity will focus.   The Garrett County Local Management Board held a series of three FY22 NOFA Planning Meetings to determine the greatest needs in the county pertaining to children and families. Using the Results Based Accountability (RBA) Method, priorities for the county are determined based on local data discussions utilizing the indicator data, and priority areas outlined by the Governor's Office of Crime Prevention, Youth, and Victim Services. A Power Point presentation assisted to demonstrate the indicator data compared to the State as well as details regarding Child Well-Being Results and Program/Strategy Priorities. The Local Management Board is concerned with the data collected for the indicators of Child Maltreatment and Out-of-Home Placements and is requesting that an RFP be issued to find the true numbers for Garrett County.   According to the Community Health Assessment for Garrett County, Child Maltreatment, to include Abuse & Neglect, ranked 7th out of 31 possible priority areas of concern for residents. When balancing areas of concern within the Assessment with secondary data sources, Child

Maltreatment was second as an area of concern. According to the Department of Human Services, Child Maltreatment is defined as the rate of unduplicated children (Ages 0-17) with indicated/unsubstantiated child abuse/neglect findings (per 1,000). Data for the county compared to the State is below:

Child Maltreatment

Year	Garrett County	Maryland
2017	25.3	7.1
2016	18.4	6.6

■ Garrett County ■ Maryland
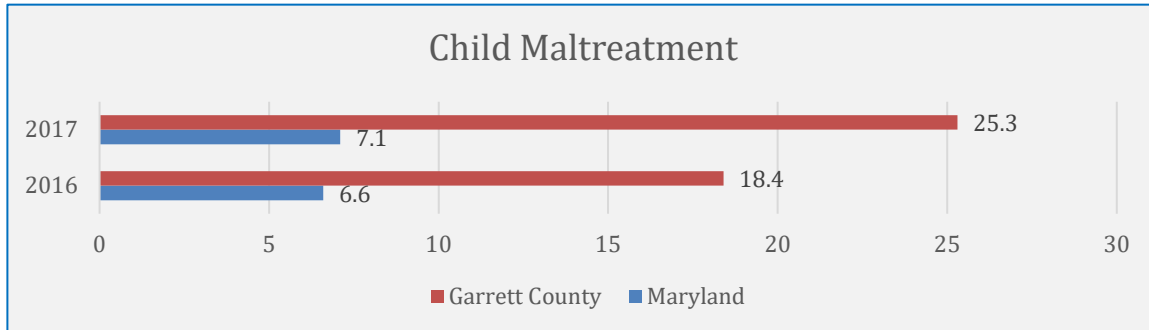
Because sources record Child Maltreatment data differently, it is important to know what the sources are measuring. Child Maltreatment is defined by the World Health Organization to include *"all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the **child's** health, survival, development or dignity in the context of a relationship of responsibility, trust or power.* Child Maltreatment is also commonly defined as physical injury (not necessarily visible) of a child under circumstances that indicate a child's health or welfare is harmed or at risk. Having a clear definition of what sources are measuring is important when considering child welfare and the intent of this planning initiative with regard to this measure.

Out-of-Home placements is defined by the Governor's Office of Crime Prevention, Youth and Victim Services as the *Number of Children (ages 0-18) per 1,000 (aged 0-18) in the population who are placed in Out-of-Home Placements.* According to the State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, data for the State and county are as follows:

Out-of-Home Placements

Year	Garrett County	Maryland
2019	25.57	7.8
2018	24.93	7.1
2017	17.15	6.7

■ Garrett County ■ Maryland

According to the FY19 State of Maryland Out-of-Home Placement and Family Preservation Resource plan, Out-of-Home placement populations include the following:

Family Home	Non-Community-Based
Adoptive Care	Diagnostic Evaluation Treatment Programs
Foster Care	Juvenile Commitment Programs
Formal Relative (Kinship – Non-Paid) Care	Secure Juvenile Commitment
Restricted Relative (Kinship - Paid) Care	Residential Educational Facilities
Treatment Foster Care	Residential Treatment Centers
Living-Arrangement – Family Home	Substance Use and Addiction Programs
	Living Arrangement – Non-Community-Based
Community-Based	**Hospitalization**
Independent Living Programs	In-Patient Private
Residential Child Care Programs	Psychiatric Hospitalization
Personal Supports	
Living Arrangement – Community-Based	

Discovering which populations in the county contribute most to the Out-of-Home Placement numbers, and how the population numbers in the county affect the data, is what the Garrett County Local Management Board would like to explore through this planning initiative.

Detailed Program/Planning Description:

Include the following:

- Where will services be provided? Responses may include zip codes, neighborhoods, school catchment areas, etc.
- Model, assessment, curriculum and how employed (as applicable)?
- Description of the routine intervention/service. What is the vendor going to do?
- If a model program is proposed, a discussion of how fidelity to the model will be ensured/maintained.
- For a planning request, discuss the specific planning activities proposed.

The Garrett County Local Management Board would like to issue a Request for Proposals (RFP) to investigate data for the county in relation to the indicators of Child Maltreatment and Out-of-Home Placements. Data for both indicators in the County outperform the State in excess of 10-18 percent and more information is needed regarding this data to make informed decisions for the county.

The RFP will ask for the data regarding the two indicators to be broken down by population sub-sets when applicable. Identifying the factors that contribute to the high data numbers will help the LMB understand the root cause of the high data numbers and the priority populations involved. The data must also be differentiated by population rates and compared to similar county data within the State to gain perspective.

Race Equity:

All programs/strategies must incorporate intentional efforts to address race equity issues.
Include the following:

- Description of short- and long-term strategies that the applicant will incorporate to reduce/eliminate race equity issues within the target population(s).

- Discussion on how the applicant's race/equity efforts will support and inform planning, assessment, implementation and evaluation of the program.
- Include a discussion of the most recent local race equity data with citations.
- For a planning request, discuss how race equity consideration will inform the process.

Race Equity will be a requirement to be considered within the indicator populations with regard to the Garrett County Local Management Board's Request for Proposals. Population sub-sets within the indicator data will be examined to determine needs specific to all residents of Garrett County.

Adverse Childhood Experiences (ACEs) and Trauma-Informed Practices
All programs/strategies must incorporate intentional efforts to reduce ACEs and increase trauma-informed practices. Include a discussion of how the program/strategy will:
- Increase awareness of ACEs and trauma-informed practices among State- and community-level prevention professionals, emphasizing the relevance of ACEs and trauma-informed practices to behavioral health disciplines;
- Include ACEs and trauma-informed care among the primary risk and protective factors, if engaging in prevention planning efforts;
- Address ACEs and trauma, including efforts focusing on reducing intergenerational transmission of ACEs; and,
- Use ACEs and trauma research and local data to identify groups of people who may be at higher risk for behavioral health concerns and conduct targeted prevention efforts.

Out-of-Home Placements and Child Maltreatment both fall within the realm of Adverse Childhood Experiences and Trauma-Informed Practices. The Garrett County Local Management Board is aware of the negative affects ACEs can have on childhood development. By taking a deep-dive into the data for Out-of-home Placements and Child Maltreatment, the LMB is hoping to gain information on the prevalence of these indicators in order to make informed programming decisions for the county.

Research-Based Practices - For the program/strategy proposed, please list the clinically researched practices (including promising practices, best practices, and evidence-based practices) to be employed that have some demonstrated success with youth.

None to list at this time.

Evidence of Effectiveness <mark>(Not required for a planning request):</mark>
- For a new and/or early program/strategy for which there is less than three full years of data in the Scorecard, the published research (with full citations) that supports this as an appropriate intervention for the identified population;
- For an existing program, performance in the Scorecard (≥ three full years) will be reviewed. No additional information is needed for programs for which there is at least three full years of data in the Scorecard (this **MUST** include HFY1 2021 data for all

approved performance measures). Please ensure that Scorecard data entry is accurate and complete at the time of submission.
If the program/strategy proposed is a change from what was funded in FY21, please provide a justification or rationale for the proposed change (leave blank or mark "n/a" if no change):

Proposed Performance Measures <mark>(not required for a planning request):</mark>
- Using the chart below, provide two (2) headline performance measures each for the How Much, How Well, and Better Off sections. Define the NUM and DEN as indicated.
- In addition, in the chart below, include the standard performance measures noted in NOFA Section III E. as applicable for the priority. Add rows to the chart as needed.
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Performance Measure	For Percentages, Indicate the Numerator and Denominator (NUM/DEM)
What/How Much We Do:	
How Well We Do It:	
	NUM:
	DEN:
	NUM:
	DEN:
Is Anyone Better Off?	
	NUM:
	DEN:
	NUM:
	DEN:

Definitions:

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set # of weeks of the program. For other programs it may mean that the parent, family, child, youth, etc. has completed an assessment and plan of care. Please be specific about who is counted.

FY22 NOFA Application Local Care Team Coordinator Page

Local Management Board: Garrett County
Local Care Team Coordinator Name: Fred Polce, Jr.
Is the Local Management Board Requesting Funding for a Local Care Team Coordinator for FY22? If yes, how much: Total: <u>$65,000</u> Of the total above, what is the salary expense: $ <u>$65,000</u> Of the total above, what is the administrative expense: $ <u>0.00</u> Administrative expense proposed should not exceed 5% of salary expense. Exceptions will be considered on a case by case basis. **If the administrative expense requested above exceeds 5% of the salary expense, please explain below:**
If funding for FY22 is not requested, explain how the Local Care Team coordinator functions will be covered (e.g. sharing a coordinator with another jurisdiction, using existing county resources, etc.).
Describe how the Local Care Team has worked in FY21 to integrate with local child-serving systems to contribute to the decline in the number of children placed out-of-State: The Garrett County Local Care Team through relationships with local child-serving agencies, has worked to provide area youth and families with local community support services in lieu of possible out-of-State placements. Support services have been utilized through the Local Care Team to accommodate families struggling with mental health and behavior issues. Families are referred to intensive in-home services which are available locally through the HomeBuilders program. Through HomeBuilders, assistance is available to the family 24 hours a day for a period of up to three weeks to help both the child and the family heal. Counseling services are also available through Maryland Coalition of Families per Family Peer Support Specialists, and the Department of Social Services when the needs of the child and family do not meet an elevated threshold. Having the in-home services available to youth and families of Garrett County has assisted the Local Care Team with keeping families together and meeting the needs of our families within the community.
Training and Technical Assistance Describe the training and/or technical assistance opportunities the Local Care Team/members has/have provided to local stakeholders: A Garrett County Local Care Team training took place during the month of November through LCT member Mary VanSickle, Mental Health Coordinator for Garrett County Public Schools. Ms. VanSickle distributed promotional materials to include Local Care Team referral packets,

brochures and promotional bookmarks to Garrett County school counselors and guidance counselors for utilization and distribution. This event was to take place in person through Local Care Team staff but due to COVID-19 restrictions, entrance to area school building were restricted to personnel only. Ms. VanSickle described the Local Care Team to the counselors detailing the agencies involved and the services provided to families with youth struggling with emotional, educational, mental and/or legal issues. She also mentioned the Local Care Team could help with attendance/truancy issues resulting from the COVID-19 pandemic with parental involvement.

Another Garrett County Local Care Team training took place virtually on December 17th, at the virtual Mental Health Education Task Force Meeting. Local Care Team staff member Juliet Sanders described the Garrett County Local Care Team to the group detailing the agencies involved and the services provided to the families with youth struggling with emotional, educational, mental and/or legal issues. Juliet also shared that the Local Care Team was able to address truancy/attendance issues which are prevalent as a result of COVID-19 restrictions and virtual learning.

Dr. Phil Lauver, Director of Pupil Services for Garrett County Public Schools, requested referral forms and brochures to be sent to his office which was done immediately following the meeting. Local Care Team referral forms and brochures were included as an attachment to the Mental Health and Education Task Force meeting minutes.

Evidence of Effectiveness
Performance in the Scorecard will be reviewed. Please ensure that Scorecard data entry is accurate and complete (this must include HFY1 2021 data for all performance measures). There is no need to provide information in this section.