FY 2023 – FY 2025 Community Assessment

Carroll County, MD

for the Carroll County Local Management Board

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Introduction

The Carroll County Local Management Board and its Strategic Planning Committee enlisted the assistance of this Consultant, Carrie Freshour Consulting, LLC., to conduct a comprehensive community assessment for Carroll County to identify the needs, gaps, and opportunities related to services for children, youth, and families. The views and options expressed in this report are that of this Consultant and reflect only the author's views of the findings and assessment.

This Consultant determined areas in which to enhance Carroll County's historically resilient and collaborative partnerships, to improve consumers' experiences, and to reduce ACEs and trauma while increasing equity in the community. In addition, this Consultant gauged the community's awareness and subsequent readiness to move forward with authentic conversations and intentional action around sensitive topics such as diversity, equity, and inclusion.

This project included planning sessions with interagency teams and representatives (including the CCLMB Strategic Planning Committee), community discussions with stakeholders, development of a community-wide survey, individual interviews with community leaders and advocates, and researching and compiling available secondary data sets to further inform the Assessment.

Purpose of the Community Assessment

The Carroll County Local Management Board's previous community assessment was completed in FY 2019. Since then, the world suffered a global pandemic and the loss and isolation that accompanied it, and the United States experienced several instances of public conflict related to race and politics. These large-scale events have impacted the local community, shifting the needs and priorities in ways that had not yet been fully appraised. Recent assessments and plans such as the Partnership for a Healthier Carroll County's Community Health Needs Assessment and the Carroll County Health Department's Local Health Improvement Plan focus on factors relating mainly to individuals' health, leaving the general local service delivery system mostly unassessed. This made it an ideal time for the Carroll County Local Management Board (CCLMB) to complete a new community assessment. Through review of updated or new datasets, analysis of disaggregated data, and intentional communication with the community, the CCLMB objectively assessed Carroll County's needs, gaps, and opportunities for improvement through a lens that was trauma-informed and ACEs-aware.

Acknowledgments

The authors would like to thank the many individuals and organizations that provided input to and feedback on this Assessment's design, procedures, and drafts, including members of the Carroll County Local Management Board (CCLMB), staff of the Department of Citizen Services, and both public and private community members.

The authors would also like to thank those individuals who directly or indirectly assisted in the data collection process, including but not limited to those from Carroll County Public Schools, the Carroll County Youth Service Bureau, the Carroll County Health Department and Local Behavioral Health Authority, Together We Own It, the Local Care Team, and representatives of the general community.

Local Management Boards

> LMBs are neutral conveners, consensus builders, mediators, funders, planners, data collectors, capacity builders, partners, and the 'glue that holds us together' ([Rozansky, 2011](#)).

In 1978, the Governor issued an executive order that created a dedicated office for children's issues. By 1990, each jurisdiction of Maryland was required by statute to establish a local entity to address these issues. Now known as Local Management Boards (LMBs), they are recognized as a model of trusted community brokers blending and braiding funds for vulnerable children, youth, and their families.

As part of their responsibilities, LMBs are community builders who convene community policymakers and stakeholders to strengthen their decision-making capacity at the local level. To do this, LMBs must develop community plans that accurately represent the demographics within the community and address the collective needs and gaps, improving the well-being of the community and its residents.

This collective effort could include allocating and re-allocating funds and resources, ensuring the community's needs are being met adequately, removing barriers and silos to increase access to care, and preventing duplication of services.

Why Are LMBs Effective?

We have a statutory **mandate** to ensure local agencies coordinate

We are **neutral conveners** and **trusted brokers** bringing diverse voices together

We are guided by **dedicated volunteer members** who are committed to making their communities better for children & families

We are **accountable for results** through our statewide report card on child outcomes and performance measures for child-serving programs

LMBs

We provide **leadership** to coordinate child-serving agencies and partners to achieve collective impact

We have dedicated **staff support**

We work **locally** – where families and children live and where they receive services

We use a **collective impact model** that is supported by our 40+ years of experience and commitment to innovation

(Due East Partners, LLC., 2019)

CCLMB's Purpose, Mission, & Vision

Like all Local Management Boards, the CCLMB brings together local child-serving agencies, local child providers, clients of services, families, and other community representatives to empower local stakeholders in addressing the needs of and identifying priorities and resources for their communities. Simultaneously, the CCLMB also coordinates some child and family services.

Carroll County's Local Management Board is administered by the Carroll County Department of Citizen Services and run primarily by one staff member, the Manager of the CCLMB, who is responsible for leading the efforts within its purview. This includes providing fiscal and programmatic oversight of eight programs and coordinating four community-wide initiatives.

The CCLMB's mission is to lead community efforts that advance the well-being of children, youth, and families. Their vision statement is a community where all children, youth, and families thrive.

LEAD   COLLABORATE   ADVANCE

LMB Board Membership & Organizational Partnerships

Carroll County has a rich history of collaborative partnerships. The CCLMB represents those partnerships; its membership includes five mandated positions and nine other agency or organization representatives appointed by the Board of County Commissioners. For a full list of LMB Board Membership, please see Appendix D. A variety of other individuals and agency representatives who are not official Board members still participate in CCLMB meetings and share and receive community news and resources.

CCLMB PROGRAMS & INITIATIVES
(as of FY 2023)

Programs
1. Connecting Youth in Carroll County at the Carroll County Youth Service Bureau (CCYSB)
2. Suicide Intervention and Prevention Services at the CCYSB
3. Wraparound Family Services at Together We Own It
4. Promoting Safe and Stables Families at Human Services Programs of Carroll County, Inc.
5. Promoting Safe and Stables Families at the CCYSB
6. Interagency Family Preservation Services at the CCYSB
7. Youth and Family Engagement Diversion at the CCYSB
8. Afterschool Programming at the Boys and Girls Club of Westminster

Initiatives/Responsibilities
1. The Carroll County Local Management Board
2. The Carroll County Local Care Team
3. The Youth Homelessness Subcommittee of the Carroll County Continuum of Care
4. Youth REACH MD, Youth Count

Total Revenue Managed or Monitored:
over $1.45 million

CCLMB's Impact on Eight Results for Well-Being for Children, Youth, and Families

CCLMB Priority	Results	Program/Strategy Priorities	Funded Program or Strategy	Funding	CCLMB's Role
Prioritized in 2018	Youth will have Opportunities for Employment or Career Readiness	Improving Outcomes for Disconnected/ Opportunity Youth	**Connecting Youth in Carroll**	**GOCPYVS to CCLMB**	**CPA-funded program**
			Carroll County Workforce Development Youth Program	County, ARPA, WIOA	Community Collaboration
Prioritized in 2019	Healthy Children	Increasing Opportunities for Community-Based Programs and Services for Youth	**Suicide Intervention & Prevention Services**	**GOCPYVS to CCLMB**	**CPA-funded program**
			Together We Own It's programs	Various	Community Collaboration
			Head Start & Early Head Start	DHHS	
			PCIT – PSSF	DHHS	CCLMB fiscal & programmatic oversight
			Family Support Center	MFN & DHHS	
Prioritized in 2021	Families are Economically Stable	Increasing Opportunities for Community-Based Programs and Services for Youth	**Wraparound Family Services**	**GOCPYVS to CCLMB**	**CPA-funded program**
			Interagency Family Preservation Services	DHR/LDSS to CCLMB for CCYSB and HSP	CCLMB fiscal & programmatic oversight
			Preserving Safe and Stable Families		
			Youth Rapid Re-Housing	DHCD	Connecting Youth Program
	Babies Born Healthy		Pregnancy Support Ctr.	Donations	Community Collaboration
			Maternal Child Health	MDHMH	
	Children Enter School Ready to Learn		Head Start & Early Head Start	DHHS	Community Collaboration
			Judy Centers Parents as Teachers	MSDE	
	Children are Successful in School		CCPS	MSDE	Community collaboration
			After school programming	CCG to CCLMB to BGCW	CCLMB fiscal & programmatic oversight
	Youth will Complete School		CCPS	MSDE	Community collaboration
	Communities are Safe for Children, Youth & Families		Youth & Family Engagement Diversion	DJS to CCLMB for CCYSB	CCLMB fiscal & programmatic oversight

Executive Summary

Note Regarding the Covid-19 Pandemic's Effect on Data

While the full extent of the Covid-19 pandemic's impact is still being determined, the collection and provision of data throughout the pandemic has been irrefutably effected. Whether it is because of having to shift organizational priorities to address the pandemic, to compensate for staff shortages, or to acknowledge that data collected during the pandemic would not be comparable to other data, many organizations do not have data available for the years 2020-2021. Additionally, data collected during 2020-2021 may be inaccurate (i.e., under- or overrepresentations) due to the effects of the pandemic. As such, all data within this Assessment should be viewed and analyzed with these understandings and should be revisited in future years to view more recent results and identify any new trends or disparities that developed post-pandemic.

Definitions

- Result: the quality of life or condition of well-being desired for a person, family, community, or population. Maryland has Eight Results that cover the lifespan of each child (Clear Impact, 2022).
- Indicator: a data point to determine used to measure how well the Result is being met (Clear Impact, 2022). There are 34 Indicators within the Eight Results.

Project Overview

> Each of Maryland's 24 jurisdictions has a Local Management Board (LMB) that acts a neutral convener to "stimulate local action by State and local government, public and private providers, business and industry, and residents to create an effective system of services, supports, and opportunities that improve outcomes for children, youth, and families" (The Governor's Office of Crime Prevention, Youth, and Victim Services, 2021).

Local Management Boards (LMBs) are tasked with ensuring the provision of services for children, youth, and families within their jurisdictions. Funded and directed by the Maryland Children's Cabinet, LMBs strive to address Maryland's Eight Results for Childhood Well-Being and their associated Indicators. Since fiscal year 2021 (FY21), LMBs were also required by the Children's Cabinet to address Adverse Childhood Experiences (ACEs), encourage trauma-informed approaches, address racial and ethnic disparities, and promote research-informed practices.

The Carroll County Local Management Board (CCLMB) for children, youth, and families completed this Community Assessment between January 2022 and August 2022 to inform the FY23-FY24 CCLMB Community Plan. An array of datasets was utilized in this process to

facilitate a comprehensive assessment and to tell more of Carroll County's story behind the data.

In reviewing Carroll County's data related to the Eight Results, the majority of the Indicators utilized sources that had not collected or provided data during recent years and consequently offered no data during the Covid-19 pandemic. In other cases, the Indicator sources had no data publicly available. Further, while Carroll County generally has favorable trends related to the Eight Results for Child Well-Being, the data when disaggregated sometimes tells a different story. Certain trends for historically underserved populations are less favorable than the trends seen in aggregate and in comparison to certain populations, such as those identifying as White/Caucasian. This may suggest that the local services available for children, youth, and families are adequate for some but not for all (i.e., these historically underserved populations). These disparities are explored for each data point where the disaggregated data is available.

> **MARYLAND'S EIGHT RESULTS FOR CHILD WELL-BEING**
>
> · Babies Born Healthy
> · Healthy Children
> · Children Enter School Ready to Learn
> · Children are Successful in School
> · Youth will Complete School
> · Communities are Safe for Children, Youth and Families
> · Youth have Opportunities for Employment or Career Readiness
> · Families are Economically Stable
>
> **8 Results, 34 Indicators**

To better explore this story and to further inform this Assessment and the Community Plan, the following secondary data sources were used (please note: this is not an exhaustive list):
  · Materials from the Youth Homelessness Summit held on June 27, 2022, with the Carroll County Continuum of Care Executive Committee and invited guests.
  · Data specific to local programs funded or overseen by the CCLMB
  · The Maryland Youth Risk Behavior Surveys
  · The KIDS COUNT Data Center
  · The Maryland State Department of Education's Maryland Public Schools Report Card
  · The Partnership for a Healthier Carroll County's data dashboard and Indexes
  · The National Equity Atlas
  · The U.S. Census Bureau

In addition to the sources above, this Consultant and the Manager of the CCLMB led focus group discussions, completed key informant interviews, and facilitated other community dialogues to capture the community's voice regarding services for children, youth, and families in Carroll County.

Positive Impacts
Thanks to this Assessment and its process, the Carroll County Local Management Board (CCLMB) not only learned about Carroll County but also enhanced its networking capacity:

Existing agency partnerships were strengthened and new relationships were forged. These new relationships include those established by connecting with community members who had never heard of the CCLMB before. Respondents to the CCLMB's assessment methods expressed their appreciation in being able to learn more about their community, share their opinions, and have their voices heard. Even among the participants who conveyed their complaints or grievances, some offered considerate suggestions to improve Carroll County and its residents' quality of life. Each of these positive outcomes speak to the commitment of Carroll's residents and professionals in upholding its rich collaboration and numerous partnerships.

Emerging Themes

Based on the analysis of the Eight Results for Child Well-Being, a review of secondary data, and through listening to local community members, four consistent areas of need emerged:

1 Accessible Mental Health Services

2 Community Inclusion, Outreach, and Communication

3 Supportive Services for Families (Non-clinical)

4 Economic Stability & Mobility

Access to Mental Health Services – The need for additional or enhanced mental health services was the most obvious theme. Results from the qualitative data collected from the community specifically indicated a need to improve accessibility to mental and behavioral health services by developing strategies to increase the capacity of current providers and to add new providers, to facilitate the certification of providers in evidenced-based and best practices, and to improve opportunities in marketing these services to the community.

Community Inclusion, Outreach and Communication – Participants in this assessment process emphasized that they were generally unaware of the programs and services offered in the community. They suggested making these services more visible in Carroll County by improving communication and education efforts to community members. In particular, improved communication and education regarding diversity, equity, and inclusion of historically underserved populations were frequently mentioned among some participant groups.

Supportive Services for Families (Non-clinical) – While clinical mental and behavioral services were one of the most frequently cited needs, participants also reported a lack of non-clinical supportive services. Suggestions included but were not limited to respite, parenting support, services encouraging social and emotional intelligence and wellness, and platforms from which community members (and specifically youth) could have productive conversations with community leaders and with one another.

Economic Stability and Mobility – Although a relatively wealthy community, participants reported experiencing an increasing financial burden, especially in the wake of the Covid-19 pandemic. This was especially true regarding costs associated with qualifying for general social services (making too much money to qualify or making too little to thrive economically); obtaining transportation (rising gas costs, no financial support for vehicle expenses, cost of local transportation services); and accessing needed services (choosing not to pursue or receive services due to lack of income, having to travel further for available or appropriate services). These four themes are interwoven and effect one another. For instance, one's access to mental health services can be entirely dependent on their insurance, the language they speak, and the specialty of care they require. Individuals may not even be aware of what services exist, how to access or use those services, or how to navigate barriers like waiting lists and co-payments. Other individuals may choose not to seek services due to stigma. There are clear areas of overlap between all four themes in improving accessing to care, facilitating inclusivity, providing sufficient communication, and addressing economic hardships.

These themes also correlate with the following Results for Child Well-Being and their associated Indicators which have been prioritized by the CCLMB in recent years (see below). This prioritization process consisted of a review of local data to identify the most significant needs within the community, a presentation of the data and needs to the Board members, and a vote by the Board members to formally recognize the Result and associated Indicator as priority of the CCLMB for funding and programming.

CCLMB PRIORITIES

Healthy Children	•**Youth Depression**: % of Students Reporting Depressive Episode •*Prioritized by the CCLMB in FY 2019*
Youth have Opportunities for Employment or Career Readiness	•**Youth Disconnection**: % of Youth Not Working and Not in School •*Prioritized by the CCLMB in FY 2018*
Families are Economically Stable	•**Child Poverty**: % of Children Under 18 Living in Poverty •*Prioritized by the CCLMB in FY 2021*

Given their continued relevance in Carroll County today, these three Results and Indicators shall remain priorities for the CCLMB through FY2025.

Issues Shared Locally and Nationally

Although the Covid-19 pandemic is still ongoing and its effect are not yet fully realized, some of the extent of its damage has been documented. Evidence supports a direct connection between the pandemic and mental health decline, especially among young people. Shen (2020) states that social isolation is associated with an increased risk for depression and anxiety

and that social isolation may have long-term effects on mental health problems as much as nine years later. Further, in December of 2021 the U.S. Surgeon General issued a new Surgeon General's Advisory, *Protecting Youth Mental Health*, urging communities and individuals to respond to the mental health challenges youth face which were already present before these national and international crises occurred (Office of the Surgeon General, 2021). Therefore, it is unsurprising that the local impacts of these historical events are highlighted throughout this Assessment.

Supplemental Documents
Copies of the following documents can be made available upon request by calling the Carroll County Department of Citizen Services at 410-386-3600:
- Focus Group Discussion details, consent form and information package
- Brief synopsis of or all Community Survey responses
- Cognitive Interviews summary

Background

Carroll County's Demographics
Carroll County is a 448-square-mile, mostly rural county in Maryland located within an hour's drive of the Baltimore/ Washington Metropolitan area. Comprised of hundreds of acres of farmland and eight municipalities, the county seat is in the city of Westminster where most commercial, and industrial businesses and health and human services are located.

Carroll County's % Population by Race, 2020

Asian 2%
2+ Races 5%
Black/AA 4%
White 89%

White
Black/AA
AI/AN
Asian
NH/OPI
2+ Races

AI/AN 0%
NH/OPI 0%
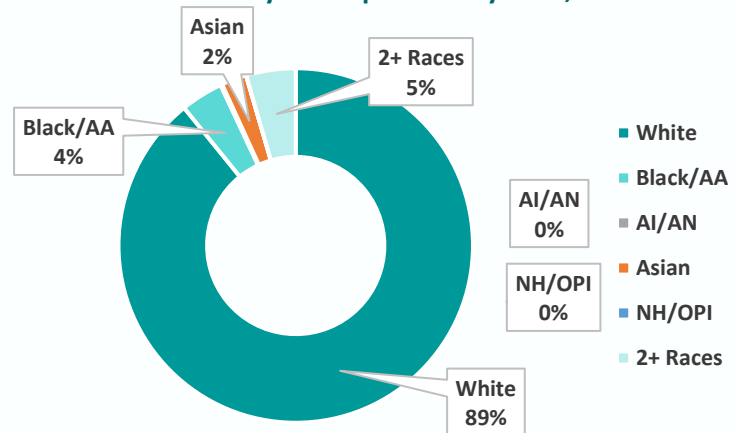
Data taken from table P2 of the U.S. Census Bureau

Population Change in Carroll County, MD
Whites & Total Population, 2000-2020

	2000	2010	2020
Total	150,897	167,134	172,891
White alone	144,399	152,428	146,701
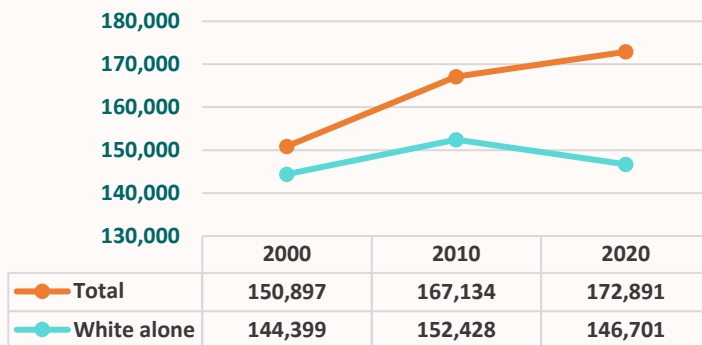
Carroll County is a majority-White community with a population that has grown more diverse in recent years. The number of residents identifying as anything but "White alone" in 2020 was about 15.1%, according to the table below.

← *Data taken from tables P1 and P2 of the U.S. Census Bureau and 2000 Census Summary File One (SF1)*

From 2000 to 2020, the Hispanic/Latino (H/L) population increased the most. Since 2010, those identifying as two or more races (2+) increased most dramatically. Native Hawaiians/Other Pacific Islanders (NH/OPI) did not change significantly. The American Indian/Alaska Native (AI/AN) population decreased slightly since 2000.

*Data taken from tables P1 and P2 of →
the U.S. Census Bureau and 2000 Census
Summary File One (SF1)*

Population Change in Carroll County, MD
Non-Whites, 2000-2020
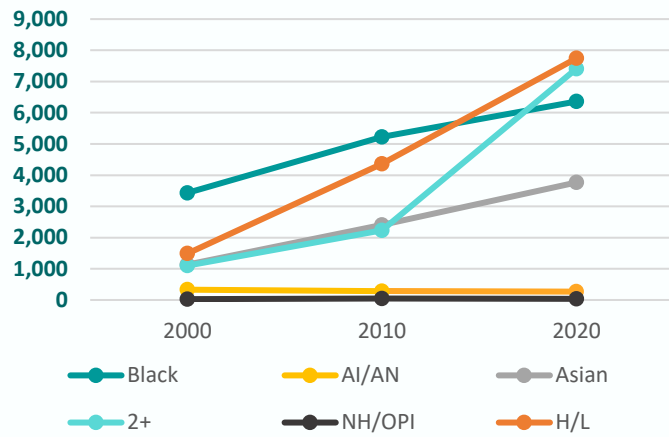
Carroll County, MD Demographics - 2021 Census Data
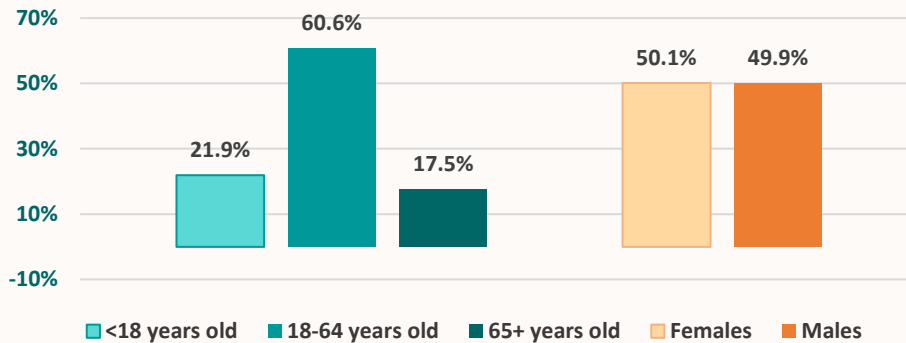
Almost a quarter of Carroll County's population is under 18 years old. Females and males are distributed almost equally in Carroll County.

*← Data taken from the
U.S. Census Bureau*

When compared to Maryland, Carroll County has a higher median household income, a higher median value of owner-occupied housing units, and lower rate of people in poverty:

	Median Household Income	Median Value of Owner-Occupied Housing Units	Persons in Poverty
Carroll County	$99,569	$343,400	5.2%
Maryland	$87,063	$325,400	9.0%

2020 U.S. Census Bureau

Poverty in Carroll County is concentrated in areas of Westminster and Taneytown; specifically, in one area of Westminster, 15-20% of its population had incomes that were below the poverty level ([My Community Explorer](#)).

2015-2019 Population Below Poverty Map – Carroll County

Population Below Poverty -Tracts (ACS 2015-2019)

Percentage of people whose income in the past 12 months is below the poverty level - All people

- > 30 – 100
- > 20 – 30
- > 15 – 20
- > 10 – 15
- 0 – 10
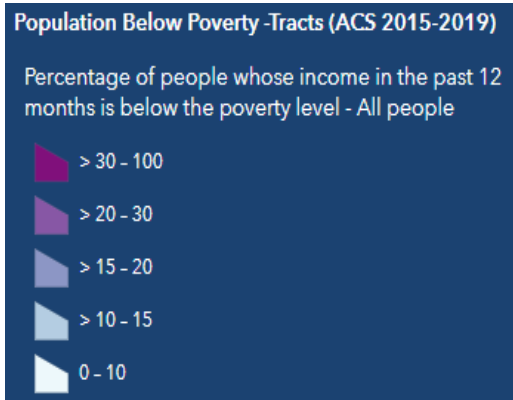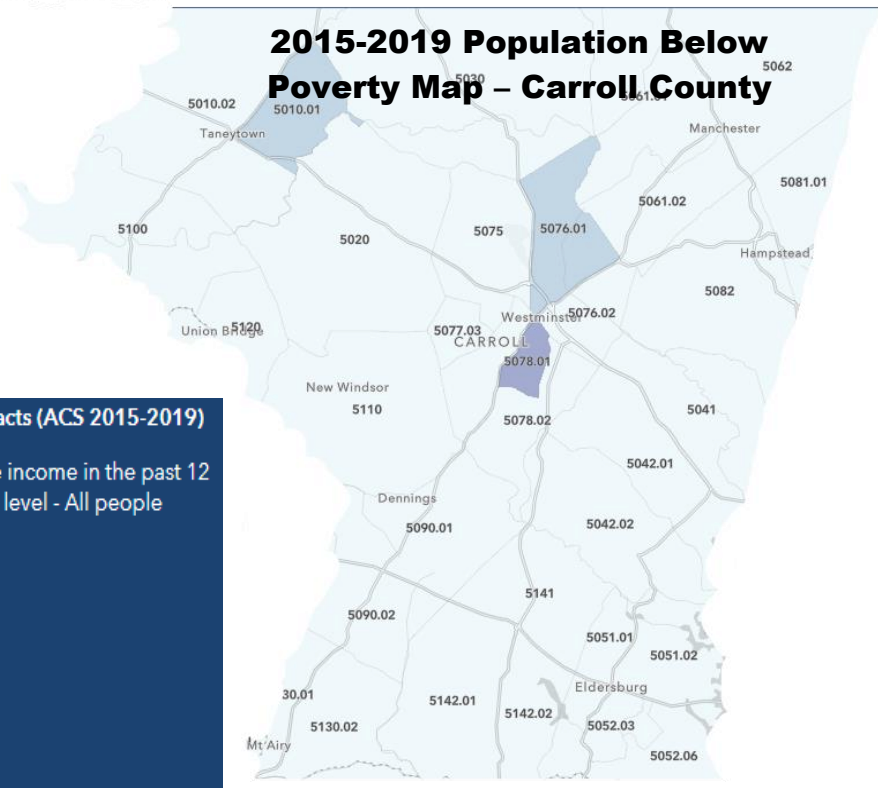
These areas also have lower rates of educational attainment ([My Community Explorer](#)):

2015-2019 Educational Attainment Map – Carroll County

Educational Attainment - Tracts (ACS 2015-2019)

Population 25 years and over - High school graduate or higher (%)

- > 91 – 100
- > 88 – 91
- > 83 – 88
- > 78 – 83
- 0 – 78
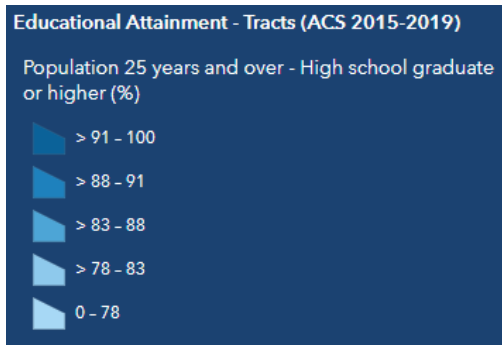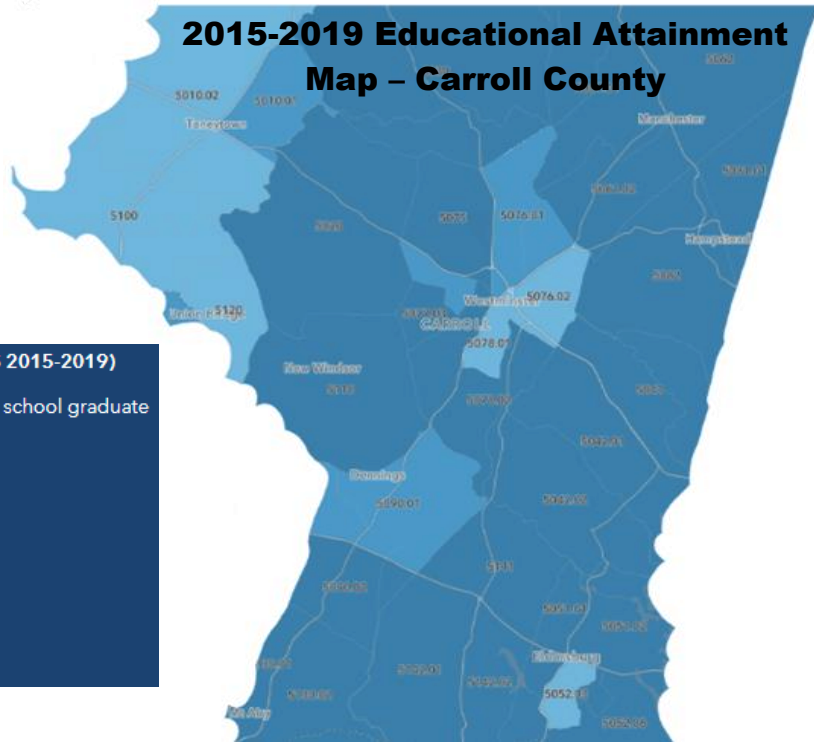
Higher rates of inequity are also witnessed in these same areas; the Health Equity Index, Mental Health Equity Index, and the Gini Index all indicate higher inequity rates in areas around Westminster and Taneytown.

2021 Health Equity Index Map – Carroll County

MAP LEGEND
greater need →
1 2 3 4 5
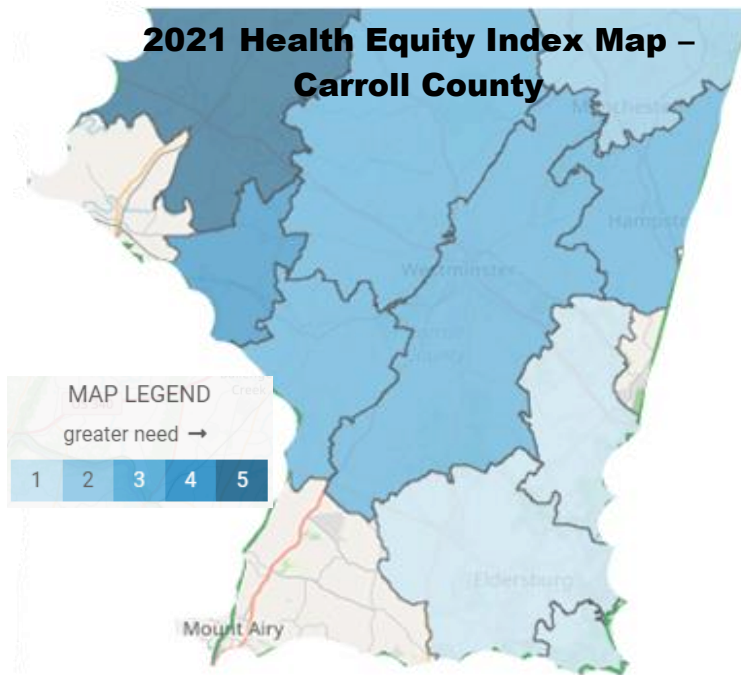
The 2021 Health Equity Index (formerly SocioNeeds Index) is a measure of socioeconomic need that is correlated with poor health outcomes.

The 2021 Mental Health Index is a measure of socioeconomic and health factors correlated with self-reported poor mental health.

These indices are part of the Conduent's SocioNeeds Index® Suite, which provides analytics around social determinants of health to advance equitable outcomes for a range of topics. Both are created by Conduent Healthy Communities Institute. (My Community Explorer).

Carroll County also has a shortage of mental health care providers. Health and Human Resource Service Administration determines Health Provider Shortage Areas (HPSAs) with a HPSA Score (developed by the National Health Service Corps) to determine priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority. Dental was 14, Primary Care was 15, and Mental Health was 16. This implies that Carroll County is underserved in all three disciplines, but the priority is greatest for mental health.

2021 Mental Health Equity Index Map – Carroll County

MAP LEGEND
greater need →
1 2 3 4 5

2021 Gini Index of Income Inequality Map – Carroll County

Gini Index - Tracts

Gini Index of Income Inequality

- > 0.5 – 1
- > 0.465 – 0.5
- > 0.435 – 0.465
- > 0.4 – 0.435
- 0 – 0.4
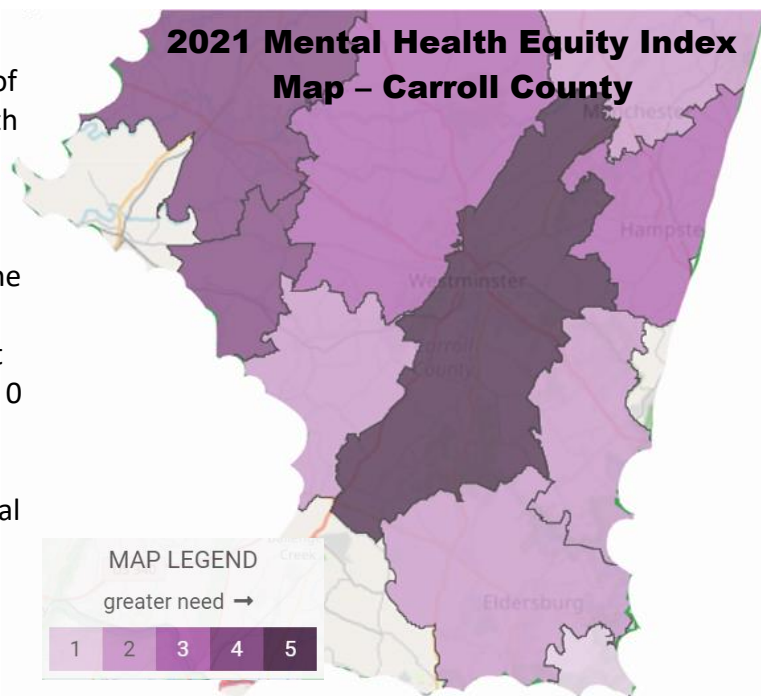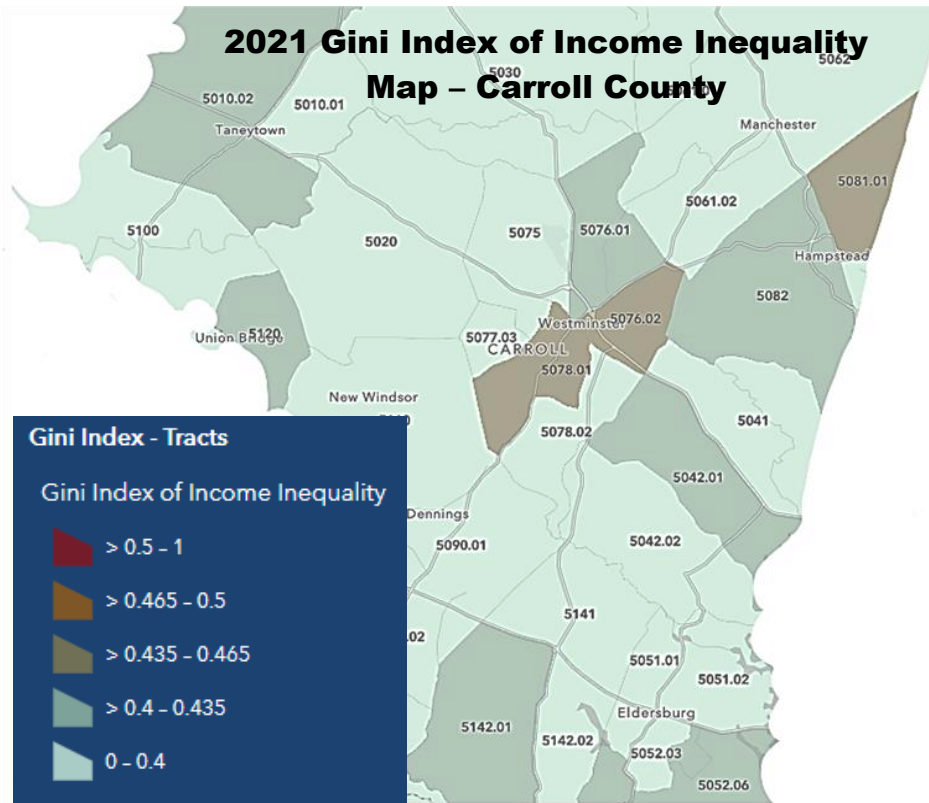
According to the Gini Index, regions scoring a 0 have perfect income equality, meaning the people in that region receive "an equal share" of income. Regions scoring a 1 indicate that only one recipient or group of recipients in that area receives "all the income." Carroll County's score is 0.4003, which is leaning slightly more toward income equality than inequality (My Community Explorer).

Race & Ethnicity – Carroll County

Race and Ethnicity - Tracts (ACS 2015-2019)

Predominant category

- Percentage of Population - Hispanic or Latino (of any race)
- Percentage of Population - White alone
- Percentage of Population - Black or African American alone
- Percentage of Population - Asian alone
- Percentage of Population - American Indian and Alaska Native alone
- Percentage of Population - Native Hawaiian and Other Pacific Islander alone
- Percentage of Population - Two or more races
- Percentage of Population - Some other race alone
- No Prevalence

Many of these same areas have lower rates of White-alone residents living there, implying that areas with more non-White individuals are the same ones experiencing higher rates of inequality.

Methodology

What follows is a summary of each technique used to collect data for the Carroll County Community Assessment. These techniques include following best practices from the Centers for Disease Control and Prevention (CDC) and other schools of research and public health. This assessment process consisted of three key informant interviews, several focus group discussions, a large-scale community survey, and various reviews and analyses of available data.

Planning Sessions

The CCLMB assembled a Strategic Planning Committee to provide general guidance and oversight of the entire assessment process; the CCLMB Manager led the Committee in collaboration with this Consultant. Planning sessions took place between the CCLMB's Strategic Planning Committee and this Consultant to discuss the design and implementation of the assessment process. The Committee and this Consultant agreed that the following would be utilized in the Assessment process: data from the Child Well-Being Scorecards, community convening, focus group discussions, targeted interviews, reviews of secondary data; and a community-wide survey.

Special consideration by the CCLMB Strategic Planning Committee and this Consultant went into the language used in the questions asked and responses provided. In aligning with best practices of community assessment, care was taken to account for not only different perspectives and points of view but also potentially triggering words or invasive questions. Disclaimers were provided in person, verbally, and in writing throughout the assessment process. The Strategic Planning Committee was involved in confirming the final drafts of the Community Survey questions and the questions asked during focus group discussions and other community conversations.

Community Survey

The CCLMB's Community Survey consisted of 48 questions, 10 of which were specific to youth (anyone under age 25) and 14 of which were specific toward community service providers. It was available online through SurveyMonkey and in hardcopy by special request between April 11, 2022 and June 30, 2022. Anyone living or working in Carroll County was encouraged to complete the Survey to assess the community's needs, the adequacy of its current services to meet those needs, and the ease consumers experienced in accessing those services. This Survey data complements the other qualitative data methods used throughout this Assessment.

Accessible Mental Health Services	Community Inclusion, Outreach & Communication	Support Services for Families (Non-clinical)	Economic Stability & Mobility
Concerns about mental health and therapeutic services were identified **in 32.4%** of short answer responses on the Survey.	Service outreach, communication, and inclusionwere identified **in 14.0%** of short answer responses on the Survey.	Supportive services like support groups and respite care were identified **in 10.0%** of short answer responses on the Survey.	Barriers to accessing services, like insurance and transportation, were identified **in 12.2%** of short answer responses to the Survey.

The Strategic Planning Team was intentional in creating the Community Survey questions to yield responses with the most utility. In addition, cognitive interviewing was used to revise the questions based on feedback from four separate reviewers. Community members were encouraged to complete this Survey via email blasts; promotions within email signatures; social media and physical flyer posting; attending community meetings and events; utilizing QR codes on marketing materials; and utilizing established partnerships (such as Carroll County Public Schools) for crucial marketing and data collection strategies. In addition, a paper version of the survey was available by request, and additional efforts were made to engage with Hispanic and Latino community members.

The CCLMB's Community Survey yielded 450 responses. Of the survey respondents who completed the demographic questions (322, or 71.65%):

76.4% identified as females.

96.7% were 25+ years old

3.3% were 24 years old or younger.

87.3% identified as not Hispanic/ Latino/Latina/ Latinx.

84.5% identified as White.

38.9% lived in Westminster.

73.9% had at least a bachelor's degree.

82.3% had at least a part-time job.

2.2% identified as Black or African American.
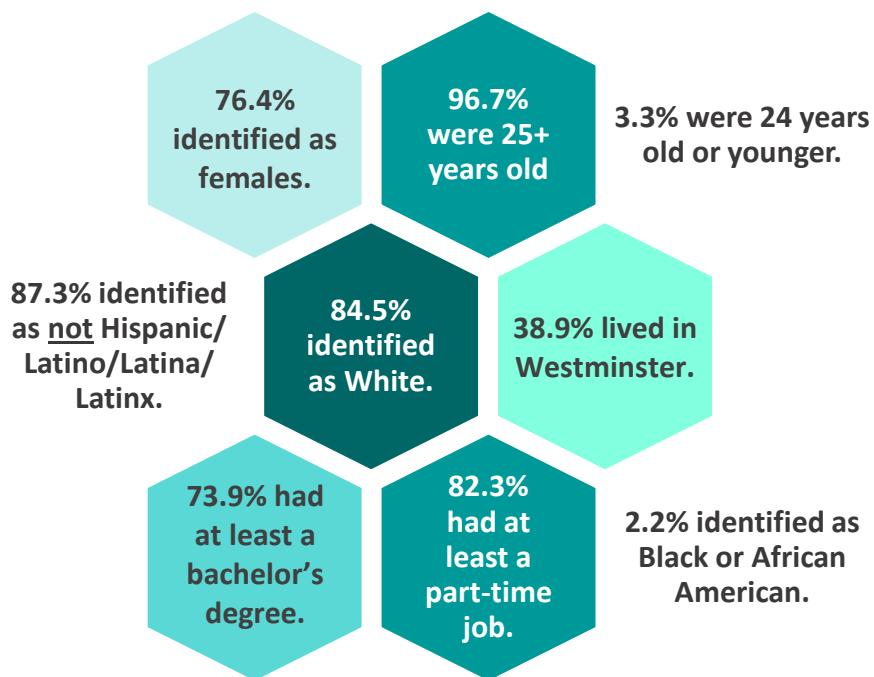
When comparing the Community Survey data to that of the 2020 Census, the Survey respondents were disproportionately adult females, were well-educated, and/or had at least part-time employment. The respondents' races aligned with the races of the general population.

Demographics	2020 Census	2022 Community Survey (CCLMB)
Females	50.5%	76.4%
Under 18 years old	21.9%	N/A
White alone	84.9%	84.5%
Black or African American alone	3.7%	2.2%
American Indian and Alaska Native alone	0.2%	0.3%
Asian alone	2.2%	1.2%
Native Hawaiian/Other Pacific Islander alone	0.1%	0.3%
Two or more races	4.3%	N/A
Hispanic/Latino of any race	4.5%	12.7%
Bachelor's degree or higher	37.0%	73.9%
In civilian labor force	67.0%	82.3%
Live in Westminster	11.5%	38.9%

Cognitive Interviews

A cognitive interview is a method for testing or improving the development of different assessment tools. According to Ashok and Myers (2020), cognitive interviewing before a survey launch can help assess the respondents' understanding or interpretation of the questions and reveal if the information is what we intend to capture. Once the Strategic Planning Committee approved the Survey questions, four community members participated in Cognitive Interviewing. Two participants were adult female community members and providers working in Carroll County Government. The other two participants were male youth, one 15 years old and the other 21 years old. Each participant offered feedback on areas that could benefit from additional clarification. The feedback was positive with one participant responding, "This was very thorough." Another stated, "…I feel like it covers all the areas."

Focus Group Discussions

Focus group discussions (FGDs) are frequently used, semi-structured interviews with small groups to obtain qualitative data around specific issues to gain insight into the nature of problems and their potential solutions according to a group of preselected individuals; this is also called conversational analysis or research (Bloor & Wood, 2006). These purpose of these FGDs was to hear from community members with diverse backgrounds, to ask in-depth questions, to discuss sensitive topics, and to get respondents' candid views on those topics.

The FGD questions and related documents were written by this Consultant from recommendations made by the CCLMB Strategic Planning Committee; the Committee then reviewed these materials. Participant Information and Consent Forms were administered before commencing each FGD. Potential participants were offered in-person or virtual opportunities and accommodations related to the Americans with Disabilities Act upon request. Focus group discussions lasted approximately 60-90 minutes and were intended to host six to twelve participants. Each group consisted of individuals of similar backgrounds (i.e., a group of youth between the ages of 14 and 24, or a group of parents and providers, or members of the same community group).

FGD participants were selected based on the purpose and needs of this Assessment. Potential participants were recruited via the Community Survey, through outreach by the CCLMB Manager, and through outreach and marketing by local agency partners. Based upon the responses to the Community Survey, this Consultant and the Strategic Planning Community utilized the FGDs to hear from youth and individuals identifying as members of historically underserved populations. Intentional efforts were made to reach these targeted groups, including but not limited to direct outreach to the Carroll County Branch for the National Association for the Advancement of Colored People (NAACP); to the Hispanic and Latino community through a local advocate; to the Westminster Carroll County chapter for Parents, Families, and Friends of Lesbians and Gays (PFLAG); and other local subpopulations and groups (see Appendix E for a complete list).

Ultimately, the following subpopulations were contacted for participation in FGDs:
- Community members who completed the Survey and provided contact information.
- Historically underserved populations through targeted outreach, especially those who were not represented in the Survey.
- Youth through Carroll County Public Schools (CCPS), parents who provided consent for their child to participate, and youth organizations.
- Parents and community members through CCPS communications.
- Providers through routine community meetings and announcements.

Accessible Mental Health Services	Community Inclusion, Outreach & Communication	Support Services for Families (Non-clinical)	Economic Stability & Mobility
Popular topics of concern were the regression in youths' behavior, development, accademic performance, and overall well-being, all of which are interwoven.	Unrest among adults and the conflict between parents' and youths' views. Inclusion related to race, ethnicity, sexual orientation, and gender identity.	Parents need more support, including respite services, how to parent through intense conflicts with youth and understanding others' perspectives.	Increased costs for healthcare. (copayments/out of pocket costs) *13.3% of survey respondents said healthcare was the first necessity to go when money was tight.*

This Consultant and the Strategic Planning Community were grateful to have a native Spanish-speaker and advocate of the Hispanic and Latino community who offered to translate the FGD questions from English into Spanish. This advocate facilitated participation by Spanish-speaking community members by recording their responses and then translating them back to English to be included in this Assessment. Only three Spanish responses were completed and several quotes are highlighted in speech bubbles on this page; each of the 3 responses mentioned these top three issues:

"I do not feel accepted or like I belong."

"Rent is expensive. Low-income jobs are available...there is not transportation ...around the county."

"We are together but separate."

1. Language barriers related to accessing services
2. Lack of financial support (rent, childcare, transportation, livable wages)
3. Lack of opportunities for youth to engage with other children

"Limitations with language, a lack of integration with our children in their age groups."

"Parents with no documents are limited... [There are] limited information and resources in Spanish."

Multiple attempts were made to schedule FGDs with members of Carroll Citizens for Racial Equity and the Student Government Association; however, given the time constraints and other commitments of these organization members, these GDs were ultimately not held.

Key Informant Interviews

Key Informant interviews (KIIs) are with community members who are uniquely in tune with the community and have firsthand insight into local problems and potential solutions (Carroll, Perez, & Toy, 2004). The purposes of the KIIs were similar to those of the focus group discussions: to seek additional data from community members with diverse backgrounds, to ask in-depth questions, to discuss sensitive topics, and to get respondents' candid opinions on those topics. The KII questions followed the same structure as the FGD questions; however, they proceeded like a conversation due to their one-on-one nature. This Consultant guided the KIIs and wrote all related documents with recommendations made by the CCLMB Strategic Planning Committee.

The CCLMB Manager recruited KII Interviewees, and potential participants were offered in-person or virtual opportunities and accommodations related to the Americans with Disabilities Act upon request. Interviews lasted approximately 60 minutes and were recorded with verbal permission from each interviewee for later reference. Google translate was used to transcribe the recordings, and this Consultant listened to each recording during the reporting process.

Upon review of the initial demographics of Carroll County's Community Survey respondents, the majority of respondents were White (84.4%), female (76.4%), and/or between the ages of 45-64 (45.7%). It was important to the CCLMB Strategic Planning Committee to use the KIIs to target individuals of different demographic backgrounds. As such, individuals of historically underserved populations or advocates of those communities were specifically invited to participate in a KII. Ultimately, three community leaders and advocates were chosen for the KIIs due to their experiences working with youth, interacting with the community, and/or their experience working with members of or being part of historically underserved subpopulations:

1. A Caucasian woman who helps run several youth programs (referred to as a "Youth Program Leader" from here on).
2. A Latino man who provides case management for at-risk individuals in the community, especially those who speak Spanish (referred to as "Case Manager" from here on).
3. An African American man who coordinates community events and programs for youth (referred to as a "Community and Youth Program Coordinator" from here on).

Accessible Mental Health Services	**Community Inclusion, Outreach & Communication**	**Support Services for Families (Non-clinical)**	**Economic Stability & Mobility**
Increased anxiety, isolation and depression. Barriers include insurance, copayments, and knowledge on available services.	Knowledge on how to access services, stigma around access, and language barriers. Lacking youth voice and conflict resolution.	Crisis and respite services, parenting education and supports, and peer suport training.	Transportation to services/pick up food at pantry. Financial support for those living paycheck to paycheck; or for single-parent households.

Results and Findings

In addition to the assessment methods listed above, a thorough analysis of the current Child Well-Being Scorecard for Carroll County and other local data was completed. Findings from this Assessment are framed around Maryland's Eight Results of Child Well-Being and their associated Indicators; they are supplemented with the secondary data sources and methods used in this process.

Regarding Secondary Data Research & Review

As stated in the Introduction above, after reviewing Carroll County's data related to the Eight Results the majority of the Indicators utilized sources that had not collected or provided data during recent years and consequently offered no data during the Covid-19 pandemic. In other cases, the Indicator sources had no data publicly available. Further, while Carroll County generally has favorable trends related to the Eight Results for Child Well-Being, the data when disaggregated sometimes tells a different story. Certain trends for historically underserved populations are less favorable than the trends seen in aggregate and in comparison to certain populations, such as those identifying as White/Caucasian. This suggests that the local services available for children, youth, and families may be adequate for some but not for all (i.e., these historically underserved populations). These disparities are explored for each data point where the disaggregated data is available.

To better explore this story and to further inform this Assessment and the Community Plan, the following secondary data sources were used (please note: this is not an exhaustive list):
- Providers through routine community meetings and announcements.
- Materials from the Youth Homelessness Summit held on June 27, 2022, with the Carroll County Continuum of Care Executive Committee and invited guests.
- Data specific to local programs funded or overseen by the CCLMB.
- The Maryland Youth Risk Behavior Surveys.
- The KIDS COUNT Data Center
- The Maryland State Department of Education's Maryland Public Schools Report Card
- The Partnership for a Healthier Carroll County's data dashboard and Indexes
- The National Equity Atlas
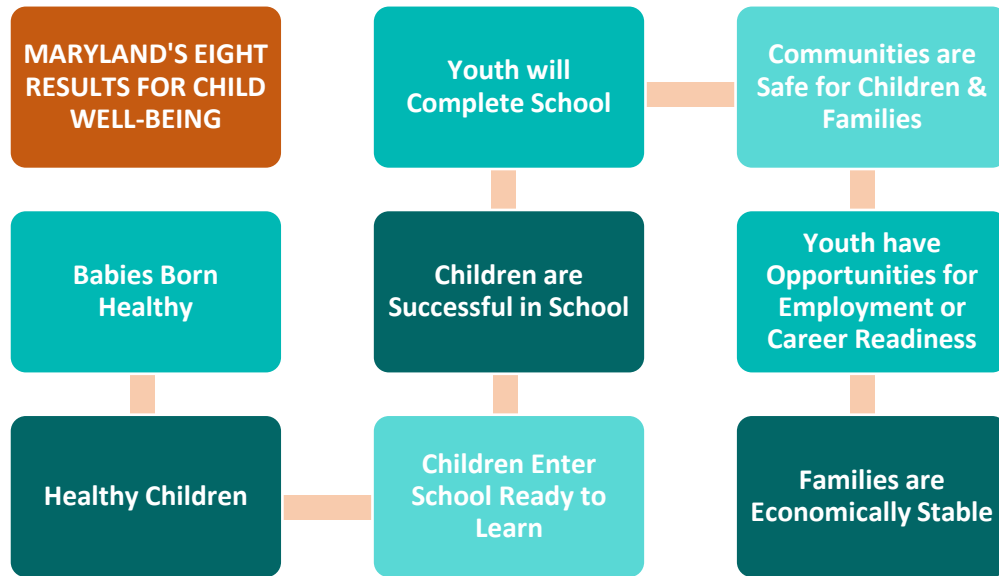- The U.S. Census Bureau

DEFINITIONS

Result – the quality of life or condition of well-being desired for a person, family, community, or population. Maryland has Eight Results that cover the lifespan of each child.

Indicator – a data point to determine used to measure how well the Result is being met. There are 34 Indicators within the Eight Results.

(Clear Impact, 2022)

MARYLAND'S EIGHT RESULTS FOR CHILD WELL-BEING	Youth will Complete School	Communities are Safe for Children & Families
Babies Born Healthy	Children are Successful in School	Youth have Opportunities for Employment or Career Readiness
Healthy Children	Children Enter School Ready to Learn	Families are Economically Stable

Historically, Carroll County has performed well on many of the Indicators related to child well-being, implying that the services and supports currently available are adequate for the needs of the community. This remains true as of this Assessment in that the Results and Indicators that were prioritized by the Carroll County Local Management Board (CCLMB) in previous years are still valid.

CCLMB Priorities for FY 2023-FY 2025

Healthy Children	•Youth Depression: % of Students Reporting Depressive Episode •Prioritized by the CCLMB in FY 2019
Youth have Opportunities for Employment or Career Readiness	•Youth Disconnection: % of Youth Not Working and Not in School •Prioritized by the CCLMB in FY 2018
Families are Economically Stable	•Child Poverty: % of Children Under 18 Living in Poverty •Prioritized by the CCLMB in FY 2021

CCLMB Prioritized Results & Indicators

Because of their continued significance, the CCLMB's three prioritized Results and their associated Indicators will be explored first. Data sources outside of the Eight Results were consulted in order to tell as much of the story behind the data as possible to accurately portray Carroll County's strengths, needs, and areas of improvement.

Healthy Children — #3: Youth Depression
% of public school students (grades 6-8 & 9-12) reporting depressive episode
prioritized by the CCLMB in FY 2019

Depressive episodes can impact the way individuals think, feel, act, and engage. Left untreated, depression and other mental health disorders can impact social, emotional, academic, and physical functioning. In speaking with community members, it was easy to identify the local impacts caused by the pandemic, racial and ethnic disparities, and economic hardships. However, these recent events only exacerbated the existing crises surrounding youth mental health. In a time of greater need for mental health treatment, the local capacity and ability to access such care has not increased; people are struggling or having to do more to access care or locate services. There are not enough providers with openings, providers who accept certain insurance policies, or providers offering certified or research-based treatment methods.

Community Survey

During the Community Survey (CS), respondents shared these additional barriers and needs to accessing mental health treatment:

- Inconvenient **location** of services.
- **Mental health therapists** and/or certified licensed clinical social workers (LCSW-C) in the schools separate from and **in addition to school counselors**.
- **Trauma sensitivity/trauma-informed care training** for all staff of community service providers, especially in youth-serving organizations.
- **Access to therapy during school** to support families with barriers related to transportation and free time.
- Services for those with private insurance and for those with Medical Assistance, as well as **financial support for copayments and out-of-pocket costs**.
- Options and support for **youth at the age of consent** to access mental health treatment without assistance from their parents or caregivers.

When asked about the barriers to accessing services (CS, Question 9), waitlists for services were the most frequent response (31.31%). The inability to access mental health care can impact the community through increased costs due to using emergency services, and by limiting youth's social and emotional development which can affect their future health and wellness.

Respondents were also asked, "What community services are needed in Carroll County, MD but are unavailable?" The responses mainly focused on therapy and counseling services:

- **87 responses** involved the need for **therapy or counseling** services.
- **31 responses** involved the need for **transportation** services.
- **27 responses** discussed the need for elderly or **disability services** for families.
- **16 responses** were related to **housing and homelessness**.
- **15 responses** mentioned **recreation or community activity options** for all youth.

Focus Group Discussions

In the Focus Group Discussions (FGDs), adults and youth shared similar experiences regarding access to mental health treatment. Youth pointed out that although the laws have changed to allow younger youth to consent for mental health treatment (thereby eliminating the need to obtain parent or guardian consent for such treatment), these youth still needed their caregivers to transport them to treatment and to help pay for those services.

Adult and youth participants reported various reasons behind the lack of access to mental health care, including but not limited to long waitlists for individual therapy and residential or inpatient care, lack of available time or transportation to make appointments, and lack of knowledgeable and appropriately trained therapists. Among all FGDs, participants emphasized a need to increase mental health supports in schools, in addition to the existing school counselors. In one of the youth focus group discussions, a participant said youth "depression is really bad," that they know many peers who were self-harming, and that social media has contributed to increases in both youth depression and self-harming habits. Three youth participants in the other session noted stigma as a factor in whether they sought mental health assistance; they reported experiencing shame, judgment and a minimalizing of symptoms or issues when approaching adults for support. It was their suggestion, which was echoed by adult participants, that additional mental health staff be added to each school to provide therapeutic services to students experiencing mental or behavioral health crises, which school counselors may not be equipped to handle.

In asking the Carroll County Public Schools Community Advisory Council (CAC) about the biggest stressors facing youth today, parents, educators, and other community members responded with concerns about increased isolation and depression in youth, as well as declines in appropriate social behaviors and academic performance. Conversely, when youth answered this question, they listed a lack of trust in adults, the use of vaping among peers, and increased fights and violence in schools as some of the biggest stressors for youth.

> "We are seeing so many issues with trauma right now."

> **"…which trauma are we talking about?** We have all been through this [trauma] together. [As a parent, as a teacher] what am I excusing, what am I giving extra leeway for, and do you have to be suicidal for me to give you an excuse or to excuse everything that every parent asks? I'm sympathetic, but I must make hundreds of daily decisions. **…Trauma-informed before and after the pandemic is different."**

This discordance between adult and youth responses was common across the FGDs and was highlighted by the youth emphasizing repeatedly that they do not feel heard by adults and do not trust most, if any, adults. Youth in both FGDs reported confiding in their peers first before approaching adults in their lives. This is a crucial concern as access to a trusted or caring adult is a protective factor for youth health (Sieving et al., 2017), and these youth participants may not have had any trusted or caring adults in their lives during this Assessment.

Key Informant Interviews

The Key Informant Interviews (KIIs) ran like conversations due to their one-to-one format. Each Interviewee (all of whom were adults) mentioned the significant and increasing gap to accessing mental health services, the need for financial support for families who have been or are just now living paycheck to paycheck, and transportation services for children, youth, and families in Carroll County.

Other specific needs during the KIIs included crisis support, respite care, and education on responding to the concerns of today's youth and how to have hard conversations. These services become especially critical in situations where both the parents and the youth are facing mental or behavioral health challenges. Caregivers experiencing depression or other mental health symptoms may feel despair which causes inappropriate or lacking parental responses. This could then lead to deepened conflicts between the youth and caregiver, or further worsen the negative mental health symptoms each are experiencing.

> "If a parent is having dark thoughts, they cannot express that in front of their children; if you have a therapist, you do not have a place for the children to go, and [to] talk with the children sitting right outside the door is not ideal."

Local Care Team Trends

The Carroll County Local Care Team (CCLCT) is an inter-agency workgroup that meets with referred families of children with intensive needs that no single agency can address. The group is led by the Local Care Team Coordinator who is housed within the CCLMB; together the CCLCT member agencies plan and strategize directly with families, connecting them to resources and

services within the community. Below is a snapshot of CCLCT services provided in FY 2022; 28% of families were referred more than once during the fiscal year, suggesting that local services or delivery methods may be insufficient in meeting the needs of the youth and their families.

- 37 referrals were reviewed and 36 meetings were held
- 29 unique families and 31 unique youth were served
- 8 families (28%) were referred two or more times to the CCLCT this fiscal year.

Data Review

As stated previously, many of the Eight Results and their Indicators did not have recent data. Further, while Carroll County generally has favorable trends related to the Eight Results for Child Well-Being, the data when disaggregated sometimes tells a different story. It is for these reasons that secondary data sets were used to support the continued prioritization of this result and Indicator and provide a comprehensive analysis of each data point.

Indicator Data – The [Center for Disease Control and Prevention's (2013-2018) Maryland Youth Risk Behavior Surveys](#) show an overall increase in students reporting depressive episodes, which is defined as feeling "so sad or hopeless almost every day for two weeks or more in a row that [they] stopped doing some usual activities" during the preceding 12 months.

Percent of Carroll County High School Students (Grades 9-12) Reporting Depressive Episode

Year	Total	Male	Female	≤15 yrs. old	Avg of 16-17	Hispanic/ Latino	White	Multiple Races
2013	24.6%	16.5%	32.7%	24.2%	23.4%	42.4%	23.5%	
2014	25.8%	16.7%	35.4%	25.0%	26.0%	29.1%	25.5%	
2016	28.2%	18.8%	38.0%	26.0%	30.6%	35.9%	27.1%	37.0%
2018	28.6%	19.4%	37.6%	26.3%	30.7%	41.6%	27.6%	
AVG	26.8%	17.9%	35.9%	25.4%	27.7%	37.3%	25.9%	N/A

There were <100 students in the "Black/African American" and "All Other Races" subgroups so they are not included. There was only enough data for the "Multiple Races" population in 2016.

Overall, a quarter of Carroll County's high school student population report experiencing depressive episodes. At least 10% more of the Hispanic/Latino student and Multiple Race student populations experience depressive episodes when compared to their White counterparts. Females experience depression at twice the rate of their male counterparts.

Percent of Carroll County Middle School Students (Grades 6-8) Reporting Depressive Episode

Year	Total	Male	Female	≤11 yrs. old	Avg of 12-14+	Hispanic/Latino	White
2013	21.6%	16.9%	26.7%	13.1%	23.3%		20.8%
2014	18.6%	14.2%	22.8%	15.5%	19.1%		18.2%
2016	23.4%	15.7%	31.5%	21.4%	24.0%	**25.5%**	21.5%
2018	23.4%	17.6%	29.2%	26.3%	16.0%		21.8%
AVG	21.75%	16.1%	**27.6%**	19.1%	20.6%	N/A	20.6%

There were <100 students in the "Black/African American", "Multiple Races", and "All Other Races" subgroups and so they are not included. There was only enough data for the "Hispanic/Latino" population in 2016.

Overall, almost a quarter of Carroll County's middle school student population report experiencing depressive episodes. Nearly 5% more of the Hispanic/Latino student population experiences depressive episodes when compared to their White counterparts. Female middle school students report experiencing depression at over 1.5 times the rate of their male peers.

Other Sources – Carroll County Public Schools (CCPS) staff provided data for the number of interventions made by CCPS staff for students exhibiting suicidal ideation. The rates were highest in the 2018-2019 school year, but because of the Covid-19 pandemic many students were not accessible to CCPS staff during the latter half of the 2019-2020 and some of the 2020-2021 school years. Since it was not possible for CCPS staff to intervene as often for students exhibiting suicidal ideation, data for these years are likely underrepresented.

Number of Interventions by CCPS Staff for Students' Suicidal Ideation (Duplicated)

Race	2017-2018	2018-2019	*2019-2020	**2020-2021	2021-2022 (thru 3/4/22)
African American	74 (9%)	62 (6%)	48 (6%)	24 (6%)	58 (8%)
American Indian	18 (2%)	21 (2%)	11 (1%)	5 (1%)	7 (1%)
Asian	17 (2%)	21 (2%)	25 (3%)	11 (3%)	27 (4%)
White	710 (87%)	855 (89%)	704 (89%)	340 (90%)	625 (87%)
Hawaiian/Pacific Islander	0 (0%)	4 (1%)	4 (1%)	0 (0%)	1 (<1%)
TOTAL INTERVENTIONS	819	963	792	380	718

*2019-2020 school year in-person instruction ended March 16, 2020, and virtual instruction ran from March 30th until the end of the school year.
**2020-2021 school year included various stages of virtual instruction and hybrid instruction.
Note: This is not an unduplicated count, i.e., one student could have received multiple interventions.
CCPS' current data collection system does not collect Hispanic/Latino or Multiple Races data.

The rate of student self-injuries is likely another good indicator of student depression (see *#6 Other Sources* below).

Youth have Opportunities for Employment or Career Readiness — #3: Youth Disconnection
% of youth not working and not in school
prioritized by the CCLMB in FY 2018

The effects of youth disconnection linger and adversely impact not only those youth socially and emotionally but also their communities economically. The longer the disconnection experienced, the greater the negative impacts. Disconnected youth are more likely to experience poverty and although the impacts of the Covid-19 pandemic have yet to be fully realized, the isolation caused by quarantining and social distancing exacerbated disconnectedness for all community members.

Community Survey

The Community Survey results not only provided relevant data but also suggest that adults place unfair judgments on youth, which fuel adult-youth divisiveness and likely prevents youth engagement. Question eleven (11) on the Survey specifically addresses this topic, asking for short answer responses related to "the extent to which youth experience difficulty in getting or keeping a job." Of 16 responses, six involved statements about a lack of effort and commitment by youth wanting to work; these responses specifically mentioned laziness, a lack of respect, and a general unwillingness as factors contributing to youth employment. These are entirely internal and personal factors that do not reflect the other barriers that are present for youth in the community such as lacking transportation, having few or no trusted adults, experiencing housing instability or homelessness, or suffering from mental health symptoms which impede their ability to obtain and maintain employment.

Focus Group Discussions

It was in the focus group discussions that these barriers of youth employment were mentioned. In addition to housing instability, transportation, and mental health challenges, FGD participants also stated that stigma and judgment impact youth employment. One provider reported that youth are judged for how they dress and for loitering when they are simply without resources or safe spaces in which to exist. Disconnected youth are hardened because of their circumstances and are either judged for the consequences of being disconnected or lauded for their resiliency; in either case, they are still expected to be rise above their situation despite having little to no access to supportive resources.

RECOMMENDATIONS FROM THE COMMUNITY

- **Build relationships** between young people and adults
- **Repair relationships** and restore trust between adults and youth
- **Educate adults** on the stages of adolescent behavior and brain development
- **Enhance promising practices**, such as *Navigating Difficult Waters* provided by Carroll County Public Schools

Key Informant Interviews

Two of the three Interviewees stated that there has been a growing need for youth to have opportunities to explore recreational activities and learn skills that could improve future career opportunities. Barriers to these opportunities include the lack of transportation and a general lack of recreational offerings throughout the county (aside from athletics). The Interviewees had these recommendations for connecting youth to employment:

One interviewee suggested programs to teach youth skills like community event planning, studio recording, and podcasting.

- **Connect with businesses** – have youth mentors or allow job shadowing.
- **Help youth experience typical social and business situations** – for example, bring youth to a formal dining experience and teach youth how to order, to pay, and interact with others.
- **Financial and budget management lessons and resources**
- **Drivers' education and instructors –** cover class costs and provide instructors for youth to obtain their learner's permits.

"These are skills that may cause [adults] to judge someone if they lack them. These youth do not have anyone in their lives teaching them things like [restaurant] etiquette."

Data Review

As stated previously, many of the Eight Results and their Indicators did not have recent data. Further, while Carroll County generally has favorable trends related to the Eight Results for Child Well-Being, the data when disaggregated sometimes tells a different story. It is for these reasons that secondary data sets were used to support the continued prioritization of this result and Indicator and provide a comprehensive analysis of each data point.

Indicator Data – From 2011 to 2019, the rate of disconnected youth fell 1.4%; the 2019 rate for Carroll County was 7.4%. In total, an estimated 1,510 Carroll County youth experienced disconnection in 2019 (Child Trends & the Forum for Youth Investments Opportunity Nation Campaign, 2019).

Other Sources – The National Equity Atlas provides disaggregated data for Carroll County's youth disconnection rate: while only about 8% of all Carroll County youth were disconnected, about 9% of Carroll's youth of color experienced disconnection.

According to Lewis (2020), researchers warned that past gains by disconnected youth nationwide could be wiped out due to the pandemic. The most recent report by Lewis (2022) details how prior to the pandemic youth disconnection rates had decreased 27% from 2010 to 2019 and were the lowest they had been in a decade. This report stated that Maryland's overall youth disconnection rate in 2020 was 10.5%, but the rates were higher for youth of

color: in 2020, 15.6% of Black youth and 11.0% of Latino youth were disconnected in Maryland. The authors acknowledged data in this report were likely underrepresented given the challenges and barriers caused by the pandemic in relation to data gathering. Because the Opportunity Index has not updated their data since 2019, other sources have been used to try determining the recent youth disconnection rates. Estimates for Carroll's disconnected youth rates are below:

Data Source (from Lewis (2022))	% Youth Disconnected
County data – 2015-2019	8.1%
Neighborhood Cluster/Public Use Microdata Area (PUMA) – 2016-2020	7.3%
MD Congressional District 2 (all of Carroll except SW region) – no date	9.3%
AVERAGE	**8.2%**

Disconnected youth face a number of barriers that lead to and are outcomes of their disconnection. In 2018, Carroll County youth reported the following most frequent barriers upon enrolling into the Connecting Youth program at the Carroll County Youth Service Bureau:

Transportation

95% reported transportation as a barrier.

Carroll's public transportation operates during business hours, typically runs on a set schedule, is sparse in areas outside Westminster, and requires additional time or money for on-demand trips.

Mental Health

78% reported mental illness as a barrier.

Some youth had a current diagnosis but did not participate in treatment regularly or at all. Others had no formal diagnosis but exhibited signs and symptoms of mental illness. The pandemic increased risk factors such as isolation and telehealth is not easily accessible to many disconnected youth.

Lack of Resources & Poverty

57% had housing instability or were homeless, and 54% lacked resources or were in poverty.

In 2019 Carroll's youth aged 18-24 experienced poverty most, and youth of color experienced poverty more often than their White peers (1). Growing up poor may contribute to youth disconnection from adolescence to adulthood. Being disconnected may contribute to youth being poor, especially if they do not live with people who can support them (2). *See Indicator: Homelessness below.*

1 – National Equity Atlas
2 – (Fernandes-Alcantara, 2015)

Although transportation and mental health are listed as the most frequent barriers or needs of Carroll County's disconnected youth, each is impacted greatly by the youths' access to resources and poverty status. Those living in poverty, or with a lack of resources, may

experience difficulties connecting to work or school as they are forced to focus on meeting the necessities of daily living. Poverty reinforces disconnection as youth may struggle to attain necessities such as shelter and food, having to consider relying on couch surfing and food pantries or soup kitchens. These circumstances then limit youths' ability to focus on and obtain transportation, employment, and/or mental health treatment.

Youth mental health is a key factor of youth disconnection and it has been negatively affected by the Covid-19 pandemic. Carroll County Public Schools staff have reported seeing trends in increased overall student anxiety, stress, and depression that may prevent students from engaging at the same level as pre-pandemic. These factors alone can put all students, not just those within the disconnected population, at risk of future disconnection. When compounded together these factors are detrimental to students' success in school and subsequently in the working world. Even now, though in-person classes have returned, students missed school due to Covid-19 outbreaks, class cancellations due to teacher absence, and being exposed to COVID-19 themselves.

Some racial disparities are present in local data, as well: Black/African American youth are significantly overrepresented in the number of youths served in the FY22 Connecting Youth Program:

FY22 Connecting Youth Program Data	#	%
All youth served	80	100%
White youth	57	71.3%
Black/African American youth	17	21.3%
Asian youth	1	1.3%
American Indian/Alaska American	0	0%
Native Hawaiian/Other Pacific Islander	0	0%
Hispanic/Latino	2	2.5%
Multi-Racial	3	3.8%

Families are Economically Stable — #1: Child Poverty
% of children under 18 living in poverty
prioritized by the CCLMB in FY 2021

Community Survey

In the Community Survey, questions four through twelve related to economic stability and assessing its barriers. As a generally wealthy county, it is unsurprising that the majority of respondents (93.3%) reported not experiencing hunger or food insecurity. There was additional feedback from respondents that indicated food resources are abundant in Carroll County; however, some respondents reported having no way to transport the food to their home.

Of particular concern were the responses received when asked what necessities were of least priority when money was tight. 13.3% of respondents reported that health care (medical, dental, mental health, co-payments, or medication costs) was the first necessity they chose not to utilize in times of financial restriction. Basic needs (hygiene products, food, clothes, etc.) came in second at 11.11%.

Regarding the impact of financial restriction and instability on community members' access to services, respondents indicated that eligibility based on insurance policy, out-of-pocket costs for private insurance carriers, and lack of convenient appointment times (i.e., being unable to take off from work) were contributing factors in accessing services. There were several mentions of worsened inaccessibility for families living in poverty who are also raising children with disabilities. Respondents noted that disability services and specialty care are more available outside of the county; one appointment becomes a costly trip between the cost of gas or public transportation, the time spent traveling to and from the appointment, and a potential lack of income due to taking off work. These families also expressed frustration in lacking choice in their services by being limited to whoever they could afford, and fear of judgment in not making these appointments and the inability to access treatment *of choice*, based on income.

> "…many people lost their jobs and savings during COVID. …I struggle to fill my gas tank. $75.00 per week to get to work adds up. Copays or paying for mental health services are the first to go…"

Focus Group Discussions

Focus group participants spoke to the shrinking gap between the poverty line and middle-class families, where an increasing number of families are experiencing a paycheck-to-paycheck living. This was echoed slightly in the Survey responses where respondents indicated they went without mental health and other health care treatments due to economic burden.

Key Informant Interviews

> "How do I show [proof of] income if I am paid in cash? Psychiatric care, primary care physician - if you have no documentation then you cannot get those services. If you do not have the basic requirements, you are in trouble."

Each of the three Interviewees was able to provide examples of the effects of poverty on youth and families. One spoke about the added impacts on Hispanic and Latino community members, stating that undocumented workers are limited to the jobs that do not ask for their documents and so are economically strained by way of pay rate and proof of wages: These same undocumented workers struggle to obtain and receive supportive services because they are unable to provide proof of their income. This is a crippling barrier to have as an undocumented migrant as this population is already underserved and isolated within their own community. This Interviewee shared the following examples of barriers experienced by the Hispanic and Latino community in Carroll County:

- **Lack of insurance or lack of covered services due to insurance**. The Interviewee struggled to find mental health services in Spanish for their own family:
  "I...cannot find local coverage [based on] my insurance, so I am limited to telehealth or out of the county."
- **Lack of documentation** (proof of income, immigration status, citizenship documents) and a lack of understanding the need for these documents to access services.

Another Interviewee shared his experience working with single mothers or fathers in the community, specifically regarding the impact of feeling like they never have enough or never make or contribute enough to the wellbeing of their families. This compounds the already heightened mental health symptoms they might be experiencing and creates a cycle that is difficult to break even with without assistance or support.

> "The impact emotionally, it really messes people up. ... How am I a good role model? If I work, I cannot afford the [child] care, and if I am not working, [what am I] showing my child?"

Data Review

As stated previously, many of the Indicators did not have recent data. Further, while Carroll County generally has favorable trends related to the Eight Results for Child Well-Being, the data when disaggregated sometimes tells a different story. It is for these reasons that secondary data sets were used to support the continued prioritization of this result and Indicator and provide a comprehensive analysis of each data point.

Indicator Data – According to the [KIDS COUNT Data Center](#), the overall rates of children living in poverty declined from 7.3% in 2011 to 5.6% in 2020. When disaggregated by the severity of
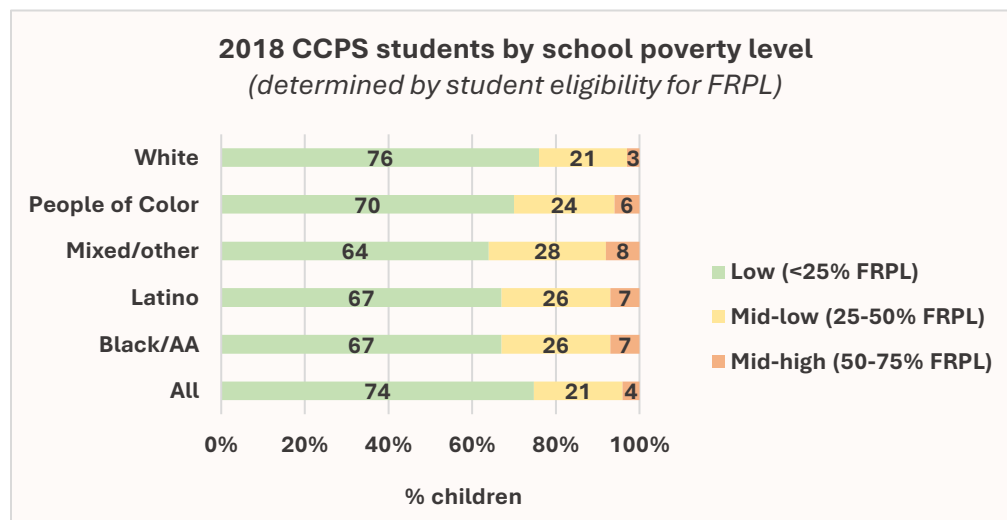
poverty experienced, rates also declined slightly for children living below 50% of poverty and children living below 100% of poverty. However, the rate for children living below 200% of poverty increased slightly since 2011.

Other Sources – The U.S. Census Bureau reports that Carroll County's overall poverty is 5.2%, meaning Carroll County's children experience poverty more frequently than the general population. Local Free and Reduced Meals (FaRMs) data indicates that the number of children receiving FaRMs increased 2.0% from 2015 to 2021 (KIDS COUNT Data Center and Maryland State Department of Education Report Card). When explored further, a 2.88% increase occurred from the 2017-2018 school year to the 2021-2022 school year (Maryland State Department of Education, 2017-2022).

Disparities exist in these rates; according to the National Equity Atlas, in 2019 52% of youth of color between age 5 and 17 experienced poverty. Youth of color aged 5-17 also experienced more intense poverty than their peers of other age ranges and races/ethnicities. The second population most often experiencing child poverty is all youth aged 18-24:

Carroll County's 2019 Poverty Rates by Race/Ethnicity and Age

Demographic Group	Below 100% Poverty	Below 150% Poverty	Below 200% Poverty	Total
<5 years old – WHITE	5%	11%	14%	30%
<5 years old – ALL	5%	10%	16%	31%
5-17 years old – WHITE	5%	8%	13%	26%
5-17 years old – YOUTH OF COLOR	12%	17%	23%	52%
5-17 years old – ALL	6%	10%	15%	31%
18-24 years old – WHITE	6%	9%	13%	28%
18-24 years old – ALL	8%	11%	15%	34%

2018 CCPS students by school poverty level
(determined by student eligibility for FRPL)

	Low (<25% FRPL)	Mid-low (25-50% FRPL)	Mid-high (50-75% FRPL)
White	76	21	3
People of Color	70	24	6
Mixed/other	64	28	8
Latino	67	26	7
Black/AA	67	26	7
All	74	21	4

The National Equity Atlas' data on student poverty based upon student attendance in low, middle, or high poverty schools shows additional evidence of racial and ethnic disparities in child poverty, as determined by student eligibility for free-and-reduced-price lunches (FRPLs). 8% of Mixed/

Other Race students attended mid-high poverty schools most often, followed closely by Latino and then Black/African American students. These rates were over twice that of White students (3%).

The above disparities also exist for adults, as demonstrated by the National Equity Atlas' data on Carroll County's working poor in 2019. Individuals with full-time jobs would ideally not be in poverty; however, the following rates of "working poor" indicate in 2019 which demographic subpopulations of Carroll County had full-time employment and still experienced poverty. Males of color and then all People of Color most often qualified as "working poor." This data supports the responses collected from the KIIs, FGDs, and the Community Survey.

Carroll County's 2019 "Working Poor" Rates by Race/Ethnicity and Gender

Demographic Group	Below 100% Poverty	Below 150% Poverty	Below 200% Poverty	Total
White Females	0%	1%	2%	3%
Females of Color	0%	2%	3%	5%
All females	0%	1%	2%	3%
White Males	1%	1%	4%	6%
Males of Color	0%	2%	11%	13%
All Males	1%	1%	4%	6%
All Whites	1%	2%	3%	6%
All People of Color	0%	1%	7%	8%
Overall Total	1%	1%	3%	5%

Families are Economically Stable — #3: Homelessness
% of public-school children who are homeless

Community Survey

In the Community Survey, there were six short answer questions where housing or homelessness were mentioned in the responses. Of 321 total responses to those short answer questions, 6.85% mentioned housing or homelessness as a need or problem in Carroll County. A youth-specific question asked what they would change in Carroll County; one of the nine youth respondents answered, "the drug/homeless problem." The Survey also asked community service providers how many of their clients were experiencing housing instability or homelessness.

Of 83 providers, 83.1% (or 69) reported at least a small portion of their clients experiencing this issue. When breaking this down:

- **51.8%** (or 43) said at least **a small portion of their clients** experienced this issue.
- **20.5%** (or 17) said **about half of their clients** experienced this issue.
- **12.0%** (or 10) said **over half of their clients** experienced this issue.

Focus Group Discussions

Of the four focus group discussions that were held, housing and homelessness were mentioned only among the youth sessions. In the session with Carroll County Kids for Equity (CCKE), when asked "What did we miss?" one youth responded:

> "I heard people talking about how CC didn't have youth runaway shelter or shelter for people who needed to get out but [a service] didn't help or was taking too long."

In the session with youth from Together We Own It, several participants mentioned the need for housing and shelters, specifically for youth. Some of them spoke to youth experiencing homelessness having "no place to go" and that they were staying on the streets and in their cars. When the night-by-night shelter was mentioned as a potential resource, participants stated it was only for individuals over the age of 18 and so younger youth were still left with no assistance. At least one of the youths in attendance mentioned recently struggling with homelessness themselves.

Key Informant Interviews

During the Key Informant Interviews, the Case Manager asserted that Hispanic and Latino families in Carroll County experience homelessness.

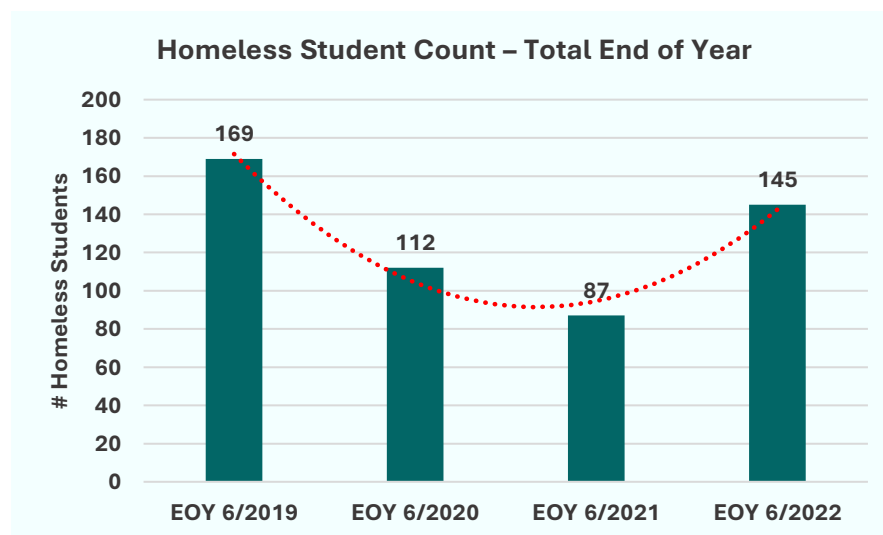> "People are sleeping in closets because they cannot afford an apartment…"

Data Review

Carroll County Housing and Community Development and City of Westminster Housing Office are the local Public Housing Authorities (PHAs) and providers of the Department of Housing and Urban Development's (HUD's) Housing Choice Voucher (HCV) program. In order to be eligible for these vouchers, residents must income qualify, i.e., in general they must make less than 50% of the area median income (AMI). However, all PHAs must provide 75% of their vouchers to residents who make less than 30% of the AMI (Department of Housing and Urban Development, n.d.-b). In April 2022, the AMI for Carroll County was $116,100 for a family of four (Department of Housing and Urban Development, n.d.-c). According to these numbers, the majority of Carroll County's housing voucher recipients receive just $34,830 per year for a family of four.

As of May 2022, Carroll County Housing and Community Development possessed 781 vouchers, 86.7% (or 677) of which were actively being used at that time. In addition, the City of Westminster Housing office possessed 293 vouchers, 95% (or 279) of which were actively being used (HUD Housing Choice Voucher Data Dashboard). This means 956 individual households in Carroll County received housing assistance in May of 2022.

Indicator Data – The CCLMB Strategic Planning Committee was unable to verify the data on the Carroll County Well-Being Scorecard for this Indicator as the data was not publicly available.

Other Sources – Carroll County Public Schools (CCPS) provided homeless student data for the Youth Homelessness Summit for the Carroll County Continuum of Care on June 27, 2022. There was a decline in the number of homeless CCPS students during the Covid-19 pandemic. Reasons for this include an increase in homeschooled children, the eviction moratoriums throughout most of the pandemic, and the influx of Covid-related funding that supported and kept people housed. Now that CCPS are back to in-person learning, the rate of homeless CCPS students is nearly the same as pre-pandemic.

Homeless Student Count – Total End of Year

EOY 6/2019	EOY 6/2020	EOY 6/2021	EOY 6/2022
169	112	87	145

(# Homeless Students)

Homeless Student Count by Grade Level - Total End of Year

Grade Level	EOY 2019	EOY 2020	EOY 2021	EOY 2022
Elementary	86	52	35	71
Middle	41	19	41	40
High	34	41	28	34

Homeless Students
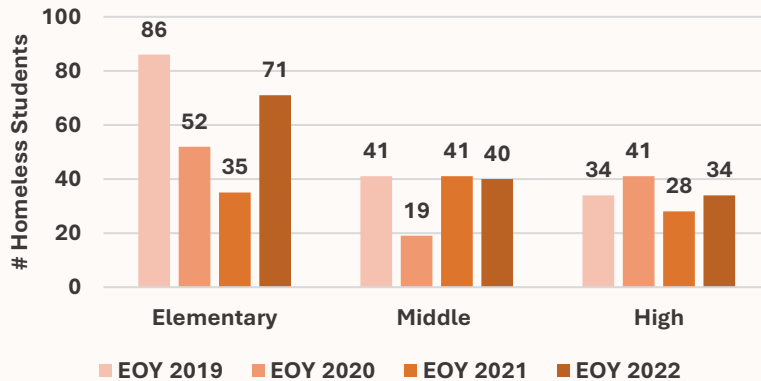
Elementary school children are most often identified as being homeless; however, this does not mean that homelessness occurs less frequently for older youth. It is more likely that older youth do not want to be identified as homeless and so actively work to avoid identification.
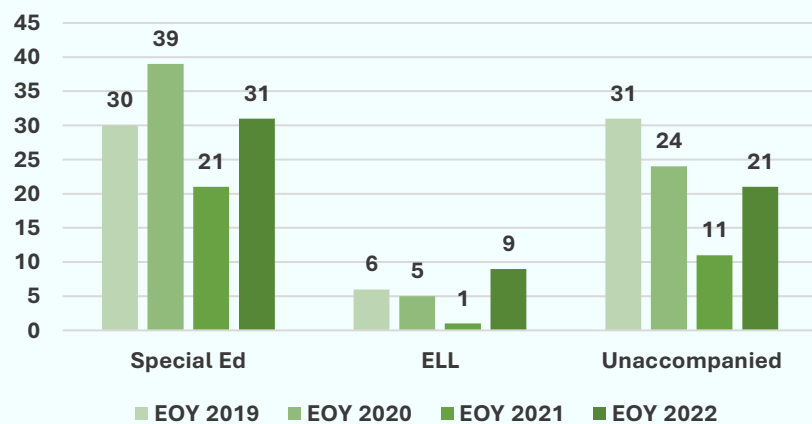
When disaggregated, Special Education students and then unaccompanied youth experience homelessness at the highest rates. In conversation with CCPS, they were unsure as to why the rates of homelessness were so high among Special Education students but stated that these data were shared monthly with the CCPS Director of Special Education. English Language Learners experience homelessness at lower rates, but this could be due to those families doubling up with other individuals and then not identifying themselves as "homeless."

Subgroup Totals - Total End of Year

Subgroup	EOY 2019	EOY 2020	EOY 2021	EOY 2022
Special Ed	30	39	21	31
ELL	6	5	1	9
Unaccompanied	31	24	11	21

CCPS has funding to provide services to students experiencing homelessness and their families. CCPS will use this funding to support access to educational services and direct academic support. In addition, the funding was supplemented by American Rescue Plan Act funding which will expire in the next year.

Also shared during the Youth Homelessness Summit was data from a local nonprofit called Together We Own It (TWOI). TWOI serves youth from age five to age 18 and also with adults and families, and provides volunteer, learning, and employment opportunities for older youth and adults. As of the Summit on June 27, 2022, TWOI had 131 active clients; Black and Hispanic clients were significantly overrepresented relative to Carroll County's population.

TWOI Caseload	Age 0-17	Age 18-24	White	Black	Asian	Latino
6/27/22	65.6%	19.8%	50.0%	31.5%	2.0%	16.5%

Of their 131 adult and youth clients, 39% (51 clients) were currently experiencing homelessness according to the Youth REACH MD, Youth Count's definition (University of Maryland School of Social Work, 2017) and an additional 6% (8 clients) were at imminent risk of becoming homeless according to the Department of Housing and Urban Development's (n.d.-a) definition, bringing the total percentage of TWOI clients experiencing housing instability to 45% (59 clients). Of those clients experiencing homelessness or housing instability, 44% (26 clients) were youth, or anyone under the age of 25.

Characteristics of 26 Youth Experiencing Housing Instability
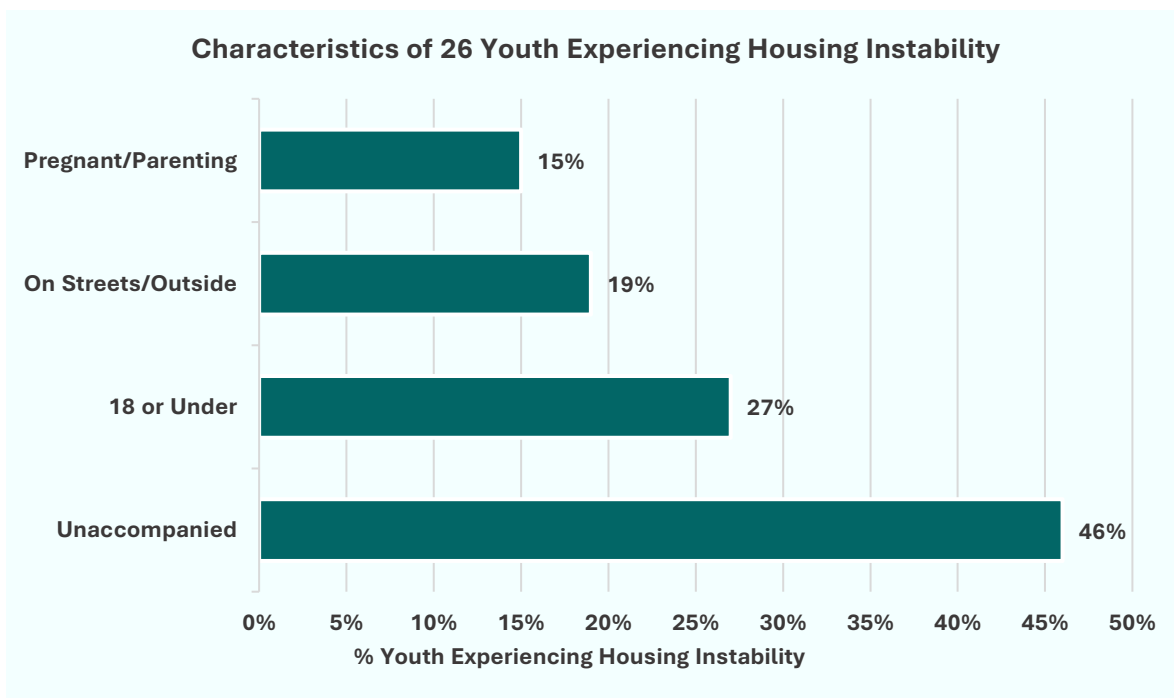
Unaccompanied Youth: a person who is 24 years old or younger, not in the care of physical custody of a parent or legal guardian, and lacks a fixed, regular, or adequate nighttime residence (University of Maryland School of Social Work, 2017).

Of TWOI's unaccompanied youth:
- 45% dropped out of high school
- 45% had been in residential treatment
- 36% are pregnant or parenting
- 32% had been in foster care
- 32% were asked to leave
- On average, these youth first experienced homelessness at 13 years old

TWOI reported using a local host homes program called Safe Families for Children; however, the available families were quickly utilized even before TWOI was able to house all their homeless youth. Safe Families for Children is a solution, but it is not currently sufficient.

Another form of smaller scale data on Carroll County's youth homelessness were the focus groups that were held in 2021 with youth who had experienced homelessness. The CCLMB worked in partnership with TWOI and the Carroll County Youth Service Bureau (CCYSB) spoke to five Carroll County youth about their experiences with housing instability. When asked about barriers that kept them from obtaining stable housing, many of them cited interpersonal and familial conflict as a cause; others mentioned their lack of income and the general lack of affordable housing. When having no stable place to sleep, these youth reported staying with family or friends who were not good influences on them or who they didn't trust or staying in their cars, in tents, in bushes, or in apartment stairways.

Here is what these youth had to say about the impacts of housing instability:

I burned gas driving around trying to find a place to sleep.

I don't trust anyone.

My friends didn't know, and I didn't want to tell them. I hid it.

[It was] not safe… Scared to go home but scared to not had a safe place to sleep.

I felt unloved and hopeless.

I struggled with asking for help.

I don't want to keep telling my story to strangers over and over again.

I was afraid to tell people I was homeless because I was afraid they'd make me go home; and they did, eventually.

One of the questions youth answered during these discussions was, *"If there were more supports in the community (financial, counseling, transportation, etc.), do you think you would have been able to stay housed?"* Most youth asserted that they were not sure what, if any, services would have helped, but one youth suggested substance use treatment, rehabilitation and advocacy may have helped his family stay housed.

Their recommendations on how Carroll County could better support them, the participating youth emphasized that the local shelter system is not ideal for youth; expanding the current space or providing a separate space for youth was the most popular suggestion. Others mentioned services that have better coordination and are not so compartmentalized; increased substance use services; and more peer support and mentorship services for youth and families experiencing homelessness.

These rates and stories of youth homelessness are not seen in data that is collected for and submitted to the Department of Housing and Urban Development (HUD). According to the annual Point-in-Time (PIT) Counts, the number of homeless youths counted has generally decreased in recent years.

Homeless Youth Data from PIT Counts
(Sheltered and Unsheltered & Households with and without children)
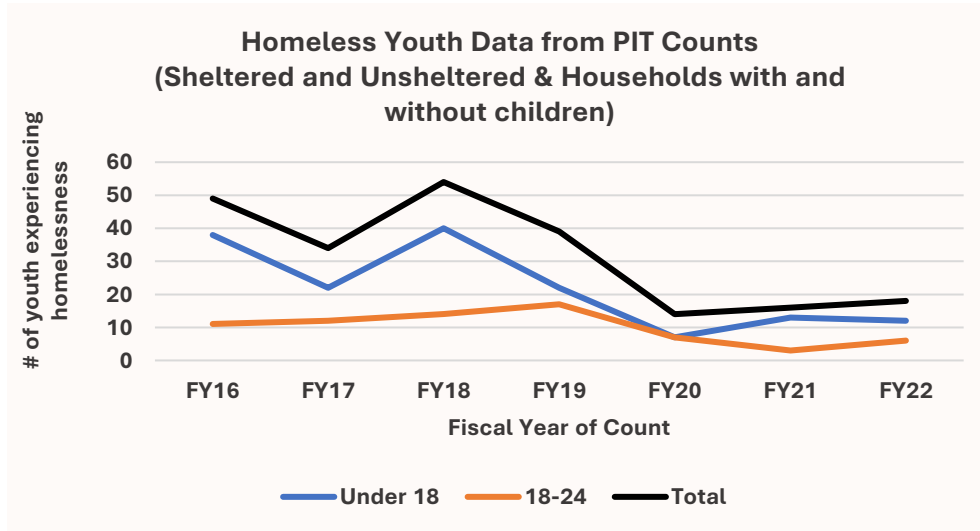
Another surveying method for youth homelessness is the Youth REACH MD, Youth Count. "REACH" stands for Reach out, Engage, And Count to End Homelessness; it is a multi-jurisdictional, comprehensive survey and census of unaccompanied youth and young adults who are experiencing homelessness. Established by the Maryland General Assembly as part of the 2014 legislative session, the lead government agency is the Maryland Department of Housing and Community Development and each jurisdiction is responsible for completing the Count. Carroll County participated in the 2017, 2018, 2020, and 2022 Counts.

Youth REACH MD, Youth Count Surveys Administered
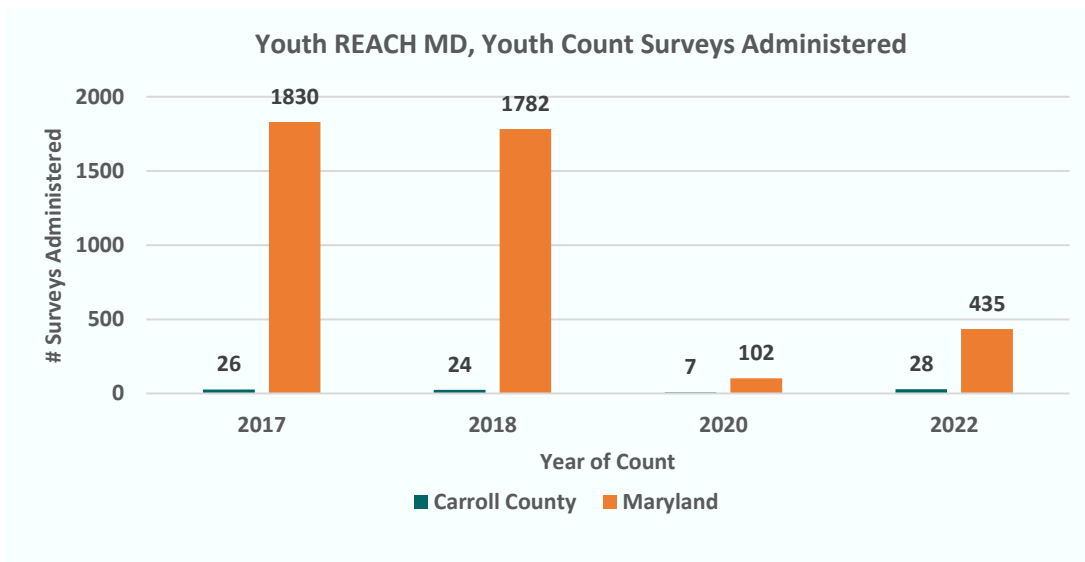
Data from the 2020 count is not comparable to other datasets because of the impact of the Covid-19 pandemic, and data from the 2022 Count is not available as of the publication of this Assessment. However, the 2017 and 2018 data are available below:

Youth REACH Data Comparison - Maryland and Carroll County	2017 Count Mar 12 – Mar 25		2018 Count Mar 10 – Mar 23	
	CC	MD	CC	MD
Is age **17 or under**	13%	13%	0%	14%
Identifies as **Black/African American**	0%	68%	11%	53%
Identifies as **Hispanic**	6%	6%	6%	10%
Identifies as **transgender** (M to F or F to M)	12%	3%	12%	2%
Identifies as **gay, lesbian, or "bi(pan)sexual"**	31%	20%	28%	16%
Has **children**	25%	26%	17%	30%
Are currently **pregnant**	27%	4%	22%	9%
Has ever had **foster care experience**	40%	21%	22%	20%
Has ever lived in a **group home**	38%	23%	39%	25%
Has ever stayed in **juvenile detention**	44%	25%	17%	28%
Has ever stayed in **jail**	50%	30%	33%	38%

Main reasons for not living with parent or guardian

2017 – Carroll County	**2017** – Maryland
50% – Wanted to leave	**40%** – Fighting
44% – Fighting	**23%** – Wanted to leave
31% – Abuse	**14%** – Youth drug or alcohol use

2018 – Carroll County	**2018** – Maryland
56% – Fighting	**32%** – Fighting
44% – Wanted to leave	**29%** – Wanted to leave
28% – Not enough room **+** Abuse	**14%** – Youth drug or alcohol use

In both Counts, Carroll County's youths reported higher rates of wanting to leave, fighting, and abuse than the state overall. Interestingly, youth drug or alcohol use was a main reason for youth statewide to not live with their parent or guardian, but it was not in Carroll. In 2017, 25% of our youth stated this was a reason and in 2018 only 11% of our youth stated it was a reason.

Main reasons for not getting help (via services)

2017 – Carroll County	**2017** – Maryland
60% – Waiting list	**32%** – No transportation
20% – No transportation Didn't follow through Said they couldn't help	**23%** – Waiting list
	15% – Said they could not help

2018 – Carroll County	**2018** – Maryland
61% – No transportation	**38%** – No transportation
33% – Waiting list	**24%** – Waiting list
22% – Didn't know where to go Didn't qualify	**20%** – Lacked documents

Youth locally and statewide indicated that waiting lists and a lack of transportation most impact their ability to obtain services. However, in 2017 the percentage of Carroll's youth who "Did not follow through" on services (20%) was much higher than the state's (2%).

Services that would be helpful

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2018 – Carroll County

50% – Long-term housing
        Health care services

39% – Transportation

28% – Job training
        SNAP, food banks, free meals

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2018 – Maryland

60% – Long-term housing

38% – SNAP, food banks, free meals

36% – Job training

</td></tr>
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Lastly, both local and statewide youth reported that long-term housing would be the most beneficial service. Unlike youth statewide, Carroll's youth said transportation would be one of the top three most helpful services.

Considerations – Typical datasets required by HUD undercount the local frequency and intensity of homelessness that Carroll's youth experience. As such, it is crucial to attend to and explore programmatic data such as that of CCPS and TWOI. The Youth Homelessness Subcommittee of the Carroll County Continuum of Care should regularly monitor this Indicator, and the CCLMB may want to consider prioritizing this Indicator in future years.

Community Survey

Both youth and community service providers taking the Community Survey had an opportunity to provide feedback on local drug and substance use. Of nine youth respondents, 55.6% (or five) youth stated that drug or alcohol abuse was "a significant problem" for Carroll County youth (see Question 20). A youth-specific question asked what they would change in Carroll County; one of the nine youth respondents answered, "the drug/homeless problem."

83 providers took the survey, and 77.2% reported that at least a small portion of their clients struggled with co-occurring disorders (simultaneous presences of mental health and substance use disorders):

- **41.0%** (or 34) said at least **a small portion of their clients** experienced this issue.
- **15.7%** (or 13) said **about half of their clients** experienced this issue.
- **20.5%** (or 17) said **over half of their clients** experienced this issue.

Focus Group Discussions

"I know a lot of [student peers] who have done hard drugs; I think that's abnormal. If I tell my parents this, they're shocked about it, so maybe they don't understand how bad it is. But it could just be because they don't know."

Substance use was brought up in every focus group in some capacity. The Community Advisory Council stated that some of the biggest stressors for youth include drugs and vaping. Participants in the PFLAG group spoke about kids experiencing addiction and death among their caregivers and the need for youth substance use treatments. The youth participants were much more forthcoming in their responses. Focus groups discussion participants from Carroll County Kids for Equity (CCKE) had known of or even seen peers using drugs, even "hard drugs" (i.e., not just smoking marijuana or vaping),

"I feel like we're moving away from just say no,' which is helpful."

but said they do not typically do them at school. The CCKE youth acknowledged that their peers' substance was likely due to their mental health, and that adults trying to find these students and address their drug use is not helpful because they are not getting to the root of the problem.

There were adults and youth present during the focus groups discussion with

"If you're looking, it's way too easy to find drugs."

individuals from Together We Own It. Although one adult remarked, "I'm shocked at how many kids are using heroin," the youth spoke primarily about vaping and marijuana. One youth participant stated that drug use is a "pretty big"

issue among youth, and another agreed, saying that adults say, "weed is weed," but they should acknowledge its seriousness . One student said he had seen "lots" of overdoses and vaping among his friends and student peers. When asked if this was scary or hard to witness, the youth said, "I'm used to it," and, "They do it for fun." These youth also provided insight on the use of social media in buying marijuana or carts for vaping. The youth stated that people will post a picture of whatever drug they are selling on Snapchat and post the price they are selling it for. Several youths mentioned having experienced the effects of addiction through their parents' or caregivers' use; one spoke about the frequency of children falling into substance use because they had watched their family members do it. Both adult and youth participants recommended more substance use treatment for all ages because, "There is a lack of resources for treatment for these things," and, "There are really no people going through treatment."

> "If a person sells carts or weed there's a leaf or a cart next to their name, or a bee for wax."

Key Informant Interviews

In the Key Informant Interview with the Youth Program Leader, she emphasized that youth are concerned about overdoses and vaping.

Data Review

> "[Vaping is] a full-blown epidemic that is rampant, prevalent, and so easily hidden."

Breslin's (2019) article looked at vaping among Carroll County youth. A school administrator spoke about the frequency of youth who vape, adding that kids "you wouldn't think do it do it." The article asserted that while language and slang related to vaping is familiar among youth, it may be foreign to others. A youth interviewed for the article alluded to students hanging out in the school bathrooms "hoping for someone to come in and share a few hits."

Although not related to vaping, it relates to the "hard drugs" that the youth of the focus group discussions spoke to. According to Webb (2022), as of August 1, 2022 9% (or 19) of the overdoses in 2022 were for individuals aged 0-18 years old. During the same time in 2019, only 3% (or 8) of Carroll County's overdoses were attributed to individuals aged 0-18 years old (Webb, 2019).

Indicator Data – The Center for Disease Control and Prevention's (2013-2018) Maryland Youth Risk Behavior Surveys show significant increases in students reporting ever using electronic vapor products, which are defined as "electronic vapor product[s] including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs/hookah pens [blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo]."

<u>Percent of Carroll County high school students (grades 9-12)</u>
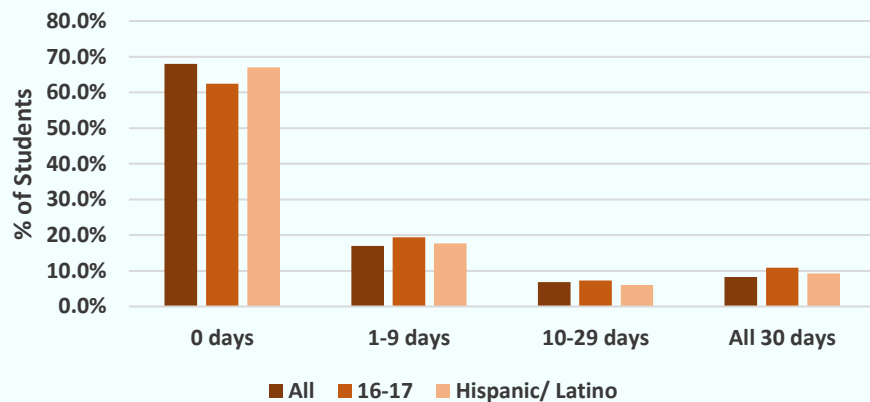<u>reporting ever using electronic vaping products</u>

Year	Total	Male	Female	≤15 yrs. old	Avg of 16-17	Hispanic/ Latino	White	Multiple Races
2014	35.1%	35.4%	34.7%	23.8%	46.4%	36.1%	35.1%	
2016	37.6%	36.9%	38.2%	31.3%	42.0%	43.8%	37.1%	
2018	46.2%	45.0%	47.3%	37.6%	53.3%	51.0%	53.3%	**53.3%**
AVG	39.6%	39.1%	40.1%	30.9%	**47.2%**	**43.6%**	41.8%	N/A

There were <100 students in the "Black/African American" and "All Other Races" subgroups and so they are not included. There was only enough data for the "Multiple Races" population in 2018.

Overall, almost 40% of Carroll County's high school student population reported ever using electronic vapor products (EVPs). EVP use is highest among the 16–17-year-old population and among high school students identifying as Hispanic/Latino or as Multiple Races. EVP use among males and females is nearly equal.

However, in 2018 the majority of high school students reported not using EVPs at all in the preceding 30 days. Even so, the EVP usage rates are generally higher for those aged 16-17 and for Hispanic/Latino students.

Number of days Carroll County high school students reported using EVPs in preceding 30 days (2018)


<u>Percent of Carroll County middle school students (grades 6-8)</u>
<u>reporting ever using vaping products</u>

Year	Total	Male	Female	≤11 yrs. old	Avg of 12-14+	Hispanic/ Latino	White	Multiple Races
2014	9.4%	10.5%	8.2%	7.0%	9.3%		9.2%	
2016	13.0%	13.5%	12.5%	9.5%	16.5%	**20.3%**	12.2%	
2018	17.5%	19.2%	15.9%	12.1%	18.0%		17.6%	
AVG	13.3%	**14.4%**	12.2%	9.5%	**14.6%**	N/A	13.0%	

There were <100 students in the "Black/African American", "Multiple Races", and "All Other Races" subgroups and so they are not included. There was only enough data for the "Hispanic/Latino" population in 2016.

Overall, over 10% of Carroll County's middle school student population reported electronic vapor product (EVP) use. EVP use is highest among children aged 12-14+ and among students identifying as Hispanic/Latino. EVP use among males is slightly higher than that of females.

Number of days Carroll County middle school students reported using EVPs in preceding 30 days (2018)
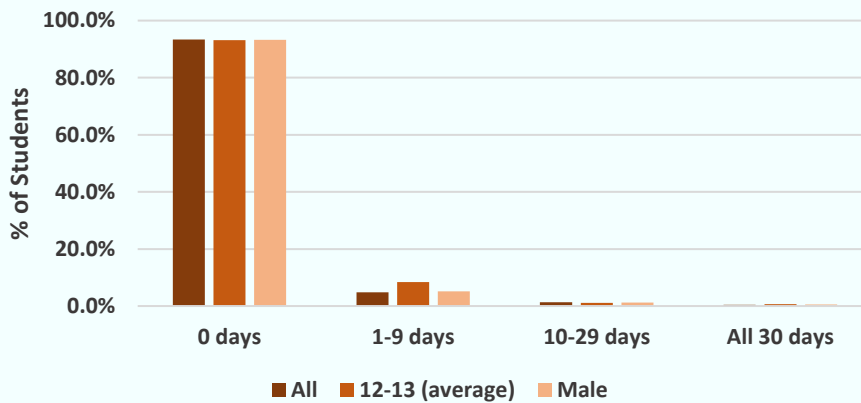
Similar to the high school students, in 2018 the majority of middle school students also reported not using EVPs at all in the preceding 30 days. Even so, the EVP usage rates are generally higher for those aged 12-13.

Other Sources – Nationally, in 2021 the FDA reported 9.3% of students reported current (past 30 days) use of tobacco products and most common among middle and high school students (7.6%) used EVP (Food and Drug Administration, 2022). When looking at general drug use, the Substance Abuse and Mental Health Services Administration (2020) found that in 2019 18.6% of U.S. youth aged 12-25 had a Substance Use Disorder (SUD, i.e., alcohol use disorder, illicit drug use disorder, or both).

Additionally, in one of the youth focus group discussions they mentioned vaping as one of the biggest current stressors. These youth also spoke to the ease with which youth could buy drugs via social media platforms. In the adult focus group discussions, the participants did not mention drug use among youth as a concern, which may suggest adults are unconcerned with youth substance use or are unaware of its extent.

Considerations – Given the high and increasing rates of EVP use among youth even four years ago, it is crucial to continue monitoring this Indicator.

Babies Born Healthy

BABIES BORN HEALTHY INDICATORS

1. **Prenatal Care:** % of women with prenatal care in the first trimester
2. **Infant Mortality:** # of deaths occurring to infants (<1 year) per 1,000 live births
3. **Low Birth Weight:** % of low birth weight (<2500 g) infants
4. **Births to Adolescents:** Adolescent birth rate per 1,000 women (ages 15-19)

Babies Born Healthy has not been prioritized by the CCLMB in recent years given the favorable trends witnessed in the Indicator data. Similarly, the local data reviewed and collected during the assessment process did not point to significant needs or gaps impacting this Result.

1. **Prenatal Care:** % of women with prenatal care in first trimester

Indicator Data – According to the [Partnership for a Healthier Carroll County (PfHCC)](#), the rate of Maryland mothers who received early prenatal care increased slightly from 2010 to 2019. When disaggregated by age, only about 54.8% of MD mothers aged 18-19 received early prenatal care in 2019 while at least 67.3% of MD mothers of all other ages did. There are clear racial and ethnic disparities in mothers receiving early prenatal care:

Other Sources – During one youth FGD, a young lady shared challenges related to accessing prenatal resources, including WIC for her age, she is 15.

| Race/Ethnicity of Mothers	% received care in 2019
Asian/Pacific Islander	64.9%
Black/African American, non-Hispanic	50.9%
Hispanic	45.2%
White, non-Hispanic	77.0%
Overall	73.8%

Considerations – The source used for this Indicator changed per the Governor's Office for Crime Prevention, Youth, and Victim Services. This new source does not provide data on the county level.

2. Infant Mortality: # of deaths occurring to infants (<1 year) per 1,000 live births

Indicator Data – There has been a general increase in infant mortality from 2008 to 2019 with a more pronounced increase (2.0%) from 2016 to 2019 (KIDS COUNT Data Center). In 2020 the KIDS COUNT Data Center reported a Low Number Event for Carroll County, where "a value of 5 of less events" was counted and therefore not reported here.

Considerations – Given the slight increase in infant mortality between 2016-2019, it is crucial to continue monitoring this Indicator.

Carroll County Infant Mortality: Number of Deaths Occurring to Infants (<1 year) per 1,000 Live Births
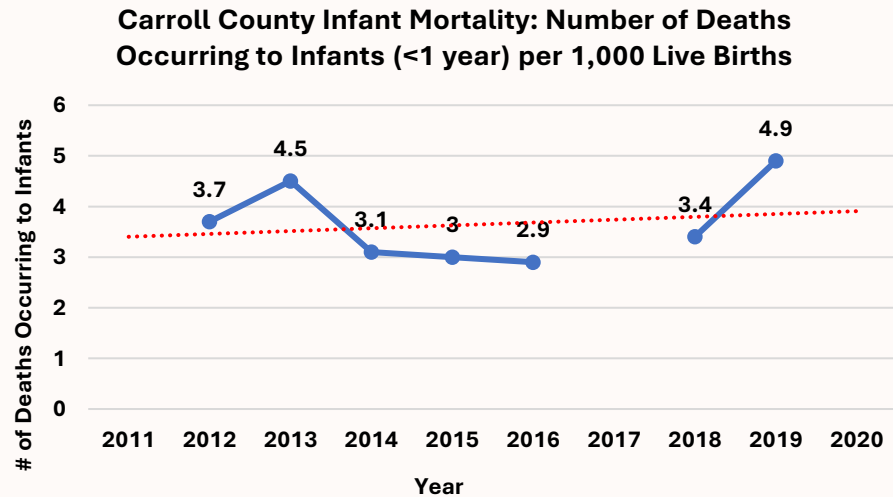
3. Low Birth Weight: % of low birth weight (<2500 g) infants

Indicator Data – According to the KIDS COUNT Data Center, Carroll County's rate of low birth weight babies has remained steady at around 6.5% from 2011 to 2020. It remains about 2%-3% lower than the State's rate.

4. Births to Adolescents: Adolescent birth rate per 1,000 women (ages 15-19 years)

Indicator Data – From 2010 to 2019, the rate of births to adolescents (aged 15-19) decreased almost 8.6%. Carroll County's rate is consistently less than half the rate of Maryland's (KIDS COUNT Data Center).

Other Sources – Although county-level data cannot be disaggregated by race and ethnicity, statewide trends indicate higher rates of adolescent births among the Hispanic, Black non-Hispanic, and All Races subpopulations. In 2020, the birth rate for Hispanic adolescents was almost six times that of White adolescents (35.0 and 6.0, respectively). Birth rates for Black non-Hispanic adolescents (16.7) was 2.5 times that of White adolescents (Maryland Vital Statistics Report, 2020).

1. Health Insurance Coverage: % children who have health insurance coverage

Indicator Data – Carroll County's rate of insured children has increased from 2008-2018, averaging out at about 96.6%. This local rate has also trended around 0.5%-1.0% higher than the rate of Maryland overall, indicating that we are performing better than other jurisdictions ([KIDS COUNT Data Center](#)).

Other Sources – The [Community Resilience Estimates for Equity & Disasters](#) found in 2019 that the Carroll County residents most lacking health insurance were those aged 19-34 (1,800 uninsured) and those aged 35-64 (2,400 uninured).

2. Immunizations: % of children ages 19-35 months who have received the full schedule of recommended immunizations

Indicator Data – According to the [Centers for Disease Control (CDC)](#), in 2017 about 75% of Maryland children aged 19-35 months received the full schedule of recommended immunizations.

Other Sources – [America's Health Rankings](#) report that Maryland's rate of immunized children increased from 2015 to 2018 (76.6% to 80.0%). In 2017, 78.9% of Maryland's children below poverty received the full immunization schedule. This is a more favorable rate compared to the percentage of fully immunized U.S. children in poverty (62.8%) and even the percentage of fully immunized Maryland children above poverty (76.3%). While Maryland's Black/African American and White children were fully immunized at nearly equal rates (76.0 % and 77.0%, respectively), the rate for Maryland's Hispanic children was 69.6%.

Considerations – The source used for this Indicator changed per the Governor's Office for Crime Prevention, Youth, and Victim Services. This new source does not provide data on the county level.

HEALTHY CHILDREN INDICATORS

1. **Health Insurance Coverage:** % children who have health insurance coverage
2. **Immunizations:** % of children ages 19-35 months who have received the full schedule of recommended immunizations
3. **Youth Depression:** % of public school students (grades 6-8 & 9-12) reporting depressive episode
4. **Vaping:** % of public school students (grades 6-8 & 9-12) reporting electronic vapor product use
5. **Physical Activity:** % of public school students (grades 6-8 & 9-12) reporting physical activity for 60 minutes in last 7 days
6. **Hospitalizations:** Nonfatal injury hospitalization rate for self-inflicted injuries to children ages 0-21 per 100,000
7. **Obesity:** % of public school students in grades 9-12 who are overweight or obese

3. Youth Depression: % of public-school students (grades 6-8 & 9-12) reporting depressive episode - PRIORITIZED BY THE CCLMB IN FY 2019

See page 26.

4. Vaping: % of public-school students (grades 6-8 & 9-12) reporting electronic vapor product use

See page 47.

5. Physical Activity: % of public-school students (grades 6-8 & 9-12) reporting physical activity for 60 minutes in last 7 days

Indicator Data – Aggregated data from the [Center for Disease Control and Prevention's (2013-2018) Maryland Youth Risk Behavior Surveys](#) show a slight (3.0%) increase between 2013 and 2018 in high school students reporting 60 minutes of physical activity, which is defined as "any kind of physical activity that increased the heart rate and made the student breathe hard some of the time during the 7 days before the survey." When disaggregated, the physical activity rates for high school students identifying as Hispanic/Latino and White increased. There was not enough data for the Black/African American, All Other Races, and Multiple Races subpopulations to provide any trends. The rates for male and female high school students also increased, although the percentage of females reporting 60 minutes of physical activity was consistently 10% lower than that of males.

Conversely, aggregated data from the [Center for Disease Control and Prevention's (2013-2018) Maryland Youth Risk Behavior Surveys](#) show a slight decrease (3.6% between 2013 and 2018) in the number of middle school students reporting 60 minutes of physical activity. There was not enough data for the Black/African American, All Other Races, Hispanic/Latino, and Multiple Races subpopulations to provide any trends. The percentage of middle school females reporting 60 minutes of physical activity was on average 14% lower than that of their male counterparts.

6. Hospitalizations: Nonfatal injury hospitalization rate for self-inflicted injuries to children ages 0-21 per 100,000

Indicator Data – The source used for this Indicator changed per the Governor's Office for Crime Prevention, Youth, and Victim Services. However, data from the previous source shows a significant decrease in child hospitalizations due to self-inflicted injury; the rate in 2013 was 113.8 and it decreased to 29.0 in 2018 ([Carroll County Well-Being Scorecard](#)).

Other Sources – Although not related to hospitalizations caused by self-injury, Carroll County Public Schools (CCPS) staff provided data for the number of interventions made by CCPS staff for students exhibiting self-injurious behaviors. The rates were highest in the 2018-2019 school year, but because of the Covid-19 pandemic many students were not accessible to CCPS staff during the latter half of the 2019-2020 and some of the 2020-2021 school years. Since it was not possible for CCPS staff to intervene as often for student self-inflicted injuries, data for these years are likely underrepresented.

Number of Interventions by CCPS Staff for Students' Self-Injury (Duplicated)

Race	2017-2018	2018-2019	*2019-2020	**2020-2021	2021-2022 (thru 3/4/22)
African American	20 (7%)	20 (5%)	14 (5%)	23 (8%)	21 (7%)
American Indian	3 (1%)	5 (1%)	0 (0%)	0 (0%)	0 (0%)
Asian	5 (2%)	5 (1%)	1 (<1%)	12 (4%)	12 (4%)
White	240 (90%)	356 (92%)	273 (93%)	265 (88%)	254 (89%)
Hawaiian/Pacific Islander	0 (0%)	1 (<1%)	6 (2%)	0 (0%)	0 (0%)
TOTAL INTERVENTIONS	268	387	294	300	287

*2019-2020 school year in-person instruction ended March 16, 2020, and virtual instruction ran from March 30th until the end of the school year.

**2020-2021 school year included various stages of virtual instruction and hybrid instruction.

Note: This is not an unduplicated count, i.e., one student could have received multiple interventions.

CCPS' current data collection system does not collect Hispanic/Latino or Multiple Races data.

Based upon population demographics, the intervention rates for African American and Asian students are disproportionate to their actual population, suggesting that these subpopulations experience greater rates of self-injurious behaviors in school than their American Indian, White, and Hawaiian/Pacific Islander peers.

Considerations – The source used for this Indicator changed per the Governor's Office for Crime Prevention, Youth, and Victim Services. This new source is not publicly available.

7. Obesity: % of public-school students in grades 9-12 who are overweight or obese

Indicator Data – Aggregated data from the Center for Disease Control and Prevention's (2013-2018) Maryland Youth Risk Behavior Surveys show almost no change in high school student obesity between 2013 and 2016, which is defined as being in the 95th or higher percentile for "body mass index, based on sex- and age-specific reference data for the 2000 CDC growth charts)." However, when disaggregated the rates for high school students who are overweight or obese increased slightly for females and varied for students identifying as Hispanic/Latino (decreased from 2013-2016 then increased in 2018). There was not enough data for the Black/African American, All Other Races, and Multiple Races subpopulations to provide any trends. The rate for male high school students trended downward, though the overall trend for White high school students remained mostly unchanged.

Children Enter School Ready to Learn

1. Kindergarten Readiness Assessment (KRA): % demonstrating readiness

Indicator Data – From FY 2015 to FY 2019, Carroll County's kindergarteners demonstrated increasing rates of readiness, going from 55% in FY 2015 to 61% in FY 2019 (Carroll County Well-Being Scorecard).

Other Sources – According to Ready At Five, during the 2019-2020 school year Carroll was the third best performing jurisdiction in Maryland. During the 2020-2021 school year, Carroll tied for second. However, there are clear disparities related to disability status, race, and ethnicity in Carroll County's children demonstrating Kindergarten readiness:

CHILDREN ENTER SCHOOL READY TO LEARN INDICATORS

1. **Kindergarten Readiness Assessment (KRA):** % demonstrating readiness
2. **Public Pre-K:** % of children enrolled in publicly funded Pre-K the year prior to kindergarten

Carroll County Percent of Students Demonstrating Kindergarten Readiness

	Total	Has a Disability	Asian	Black/African American	White	Hispanic/ Latino	2+ Races
SY '19-'20	59%	29%	*	*	64%	38%	40%
SY '20-'21	54%	27%	56%	38%	57%	30%	53%

*Too few kindergarteners were assessed to report the percent demonstrating readiness.

Considerations – It is important to continue monitoring this Indicator for disparities in future years.

2. Public Pre-K: % of children enrolled in publicly funded Pre-K the year prior to kindergarten

Indicator Data – There was no data or source available on the Carroll County Well-Being Scorecard for this Indicator.

Other Sources – During the 2019-2020 school year, 20% of parent respondents indicated that their child attended either half- or full-day Pre-K (but it is unclear whether it was publicly funded). During the 2020-2021 school year, only 14% parent respondents reported that their child was enrolled in any Public Pre-K (Ready At Five).

Considerations – The data used for this Indicator does not appear to be publicly available. The other source used may be insufficient, so this Indicator should be monitored and revisited in future years.

CHILDREN ARE SUCCESSFUL IN SCHOOL INDICATORS

1. **MCAP: Math:** % of public school students in grades 3 and 8 performing at or above performance level 4 on the Maryland Comprehensive Assessment Program
2. **MCAP: Reading:** % of public school students in grades 3 and 8 performing at or above performance level 4 on the Maryland Comprehensive Assessment Program
3. **MSAA: English:** % percent of students (grade 8 and 11) scoring at or above proficient on the English Multi-State Alternative Assessment
4. **MSAA: Math:** % percent of students (grade 8 and 11) scoring at or above proficient on the Math Multi-State Alternative Assessment
5. **Chronic Absenteeism:** Students enrolled in school at least 10 days who are absent for 10% or more days

Other Sources – For Math MCAPs from Math 3 through Algebra I, 48.0% of students performed at performance level 4 or above. Again, females performed better than males and Asian performed best out of all races and ethnicities. African American students had the lowest scores of all races and ethnicities. Students with disabilities also had the lowest scores of those in the table above ([Maryland State Department of Education Report Card Trends](#)).

1. MCAP: Math: % of public-school students in grades 3 and 8 performing at or above performance level 4 on the Maryland Comprehensive Assessment Program

Indicator Data – According to data from the 2014-2015 through the 2018-2019 school years ([Maryland State Department of Education Report Card Trends](#)), 64.3% of third graders and 40.4% of eighth graders performed at performance level 4 or above on the Math MCAP. In both grades, females performed better than males and Asian students performed best out of all races and ethnicities. In grade 3, Hispanic students performed the worst of all races and ethnicities, and in grade 8 African American students received the worst scores. Disparities in performance are especially apparent when comparing "All Students" to English Language Learners, students with disabilities, and students receiving Free and Reduced Meals (FaRMs).

Carroll County average % of students at or above PL4 on MCAP Math, 2015-2019

Demographic	Grade 3 Average	Grade 8 Average	Math 3-Algebra I
All Students	64.3%	40.4%	48.0%
Male	63.1%	36.9%	52.0%
Female	65.6%	44.0%	55.0%
Has ADA 504	54.5%	32.3%	48.0%
Receives FaRMs	**39.8%**	**22.0%**	41.9%
English Language Learners	**21.0%**	**10.6%***	***
Has a Disability	**22.4%**	**7.0%***	**37.29%*^**
Asian	77.6%	56.9%	70.8%
African American	49.3%	26.7%	**34.5%**
White	66.9%	41.4%	55.4%
2+ Races	50.1%	27.8%	42.6%
Hispanic/Latino	44.9%	37.4%	**38.5%**

*Only had four years of data.   ^Only had three years of data.
***Insufficient data to obtain average across all assessments.

Considerations – Because Maryland received waivers from the US Department of Education for the 2019-2020 and 2020-2021 school years due to the Covid-19 pandemic, the Maryland School Report Card is presented differently for those school years and cannot be compared to prior years' data.

2. MCAP: Reading: % of public-school students in grades 3 and 8 performing at or above performance level 4 on the Maryland Comprehensive Assessment Program

Indicator Data – According to data from the 2014-2015 through the 2018-2019 school years ([Maryland State Department of Education Report Card Trends](#)), 49.9% of third graders and 53.9% of eighth graders performed at performance level 4 or above on the Math MCAP. In both grades, females performed better than males and Asian students performed best out of all races and ethnicities. In grade 3, Hispanic students performed the worst of all races and ethnicities, and in grade 8 African American students received the worst scores. Disparities in performance are especially apparent when comparing the "All Students" rates to those of English Language Learners, students with disabilities, and students receiving Free and Reduced Meals (FaRMs).

Carroll County Average % of students at or above PL4 on
<u>MCAP English, 2015-2019</u>

Demographic	Grade 3 Average	Grade 8 Average	ELA 3-English 11
All Students	49.9%	53.9%	53.2%
Male	43.9%	43.5%	45.1%
Female	56.1%	64.8%	61.9%
Has ADA 504	39.1%	**38.6%**	38.0%
Receives FaRMs	**27.7%**	**30.4%**	**30.2%**
English Language Learners	**9.4%***	N/A	N/A
Has a Disability	**12.6%**	**7.7%***	**13.58%****
Asian	61.5%	74.9%	67.5%*
African American	34.6%	43.3%	**36.9%***
White	52.1%	54.8%	55.1%^
2+ Races	39.4%	46.2%	45.5%*
Hispanic/Latino	32.8%	43.5%	39.5%

* Only had four years of data.   ^Only had three years of data.
**Only had two years of data.

Other Sources – For ELA MCAPs from ELA 3 through English 11, 53.2% of students performed at performance level 4 or above. Again, females performed better than males and Asian performed best out of all races and ethnicities. African American students had the lowest scores of all races and ethnicities. Students with disabilities also had the lowest scores of those in the table above ([Maryland State Department of Education Report Card Trends](#)).

Considerations – Because Maryland received waivers from the US Department of Education for the 2019-2020 and 2020-2021 school years due to the Covid-19 pandemic, the Maryland School Report Card is presented differently for those school years and cannot be compared to prior years' data.

3. MSAA: English: **% percent of students (grade 8 and 11) scoring at or above proficient on the English Multi-State Alternative Assessment**

Indicator Data – According to data from the 2015-2016 through the 2018-2019 school years ([Maryland State Department of Education Report Card Trends](#)), 32.2% of third graders and 35.4% of eighth graders scored at or above proficiency on the English MSAA. In grade 3, Whites presumably score better than their non-White counterparts. The reverse is true in grade 8: Whites presumably scored worse than their non-White counterparts. There was insufficient data for the other disaggregated subpopulations, so they cannot be analyzed.

Considerations – Because Maryland received waivers from the US Department of Education for the 2019-2020 and 2020-2021 school years due to the Covid-19 pandemic, the Maryland School Report Card is presented differently for those school years and cannot be compared to prior years' data.

Carroll County average % of students scoring at or above proficiency on English MSAA, 2016-2019

Demographic	Grade 3 Average	Grade 8 Average
All Students	32.2%*	35.4%
Male	***	50.3%*
Female	***	34.2%^
White	50.0%**	31.3%

*Only had three years of data.   ^Only had two years of data.
**Only had one year of data.
***Insufficient data to obtain average across all assessments.

4. MSAA: Math: **% percent of students (grade 8 and 11) scoring at or above proficient on the Math Multi-State Alternative Assessment**

Indicator Data – According to data from the 2015-2016 through the 2018-2019 school years ([Maryland State Department of Education Report Card Trends](#)), 35.5% of third graders and 50.2% of eighth graders scored at or above proficient on the Math MSAA. In both grades, White students presumably scored better than their non-White counterparts. In grade 8, male students performed better than females. There was insufficient data for the other disaggregated subpopulations, so they cannot be analyzed.

Carroll County average % of students scoring at or above proficiency on Math MSAA, 2016-2019

Demographic	Grade 3 Average	Grade 8 Average
All Students	35.5%*	50.2%
Male	***	53.0%
Female	***	49.2%^
White	40.0%**	52.1%

*Only had three years of data.   ^Only had two years of data.
**Only had one year of data.
***Insufficient data to obtain average across all assessments.

Considerations – Because Maryland received waivers from the US Department of Education for the 2019-2020 and 2020-2021 school years due to the Covid-19 pandemic, the Maryland School Report Card is presented differently for those school years and cannot be compared to prior years' data.

5. Chronic Absenteeism: Students enrolled in school at least 10 days who are absent for 10% or more days

Indicator Data – Carroll County's chronic absenteeism rates have increased 5% from 2017 to 2021 ([Maryland State Department of Education Report Card Trends](#)). Disparities in chronic absenteeism are obvious among students who receive Free and Reduced Meals (FaRMs), English Language Learners, students with disabilities, and students identifying as Hispanic or Latino and African American. When comparing Carroll's 2021 data to Maryland 2021 data, six of the demographic subpopulations below have higher rates of chronic absenteeism in Carroll County than they do statewide: students receiving FaRMs, English Language Learners, Asian students, White students, students identifying as two or more races, and Hispanic or Latino students.

MSDE DEFINITIONS

Chronic absenteeism: any student enrolled for at least 10 days who is absent 10% or more school days during the school year

Absent: any student not physically on school grounds and not participating in instruction or instruction-related activities at approved off-grounds location for the school day

Truancy as a subset of chronic absenteeism.

[Maryland State Department of Education Report Card Trends](#)

Average % of chronically absent students

| Demographic	Carroll 2017	Carroll 2021	Maryland 2021
All Students	11.4%	16.9%	22.4%
Male	11.0%	18.2%	23.9%
Female	11.9%	15.6%	20.8%
Has ADA 504	16.7%	17.9%	20.8%
Receives FaRMs	**24.8%**	**41.4%**	**35.9%**
English Language Learners	**19.1%**	**49.9%**	30.5%
Has a Disability	**20.3%**	29.4%	**32.2%**
Asian	6.2%	8.5%	7.0%
African American	15.8%	28.8%	**31.4%**
White	11.0%	14.7%	13.1%
2+ Races	12.8%	27.6%	20.2%
Hispanic/Latino	16.4%	**32.6%**	29.2%

Considerations – The Covid-19 pandemic affected students' attendance so it is unsurprising that there were general increases in chronic absenteeism in 2021. However, it will be important to continue monitoring this Indicator in future years and to pay special attention to whether the disparities worsen over time. If they do worsen over time, the CCLMB should see if this trend is echoed statewide.

1. **Educational Attainment:** % of youth ages 18-24 with high school diploma (including equivalence) or higher

Indicator Data – Educational attainment for youth aged 18-24 has remained around 92%, though it trended upward since 2011 ([American Community Survey 5-year Estimates Table S1501](#)). From 2011 to 2020, the average percentage of youth with less than a high school diploma or equivalent was 7.91%. Disaggregated data by race and ethnicity was not available in this table.

Carroll County % of Youth ages 18-24 with a High School Diploma (including equivalence) or Higher
(ACS 5-year estimate, table S1501)
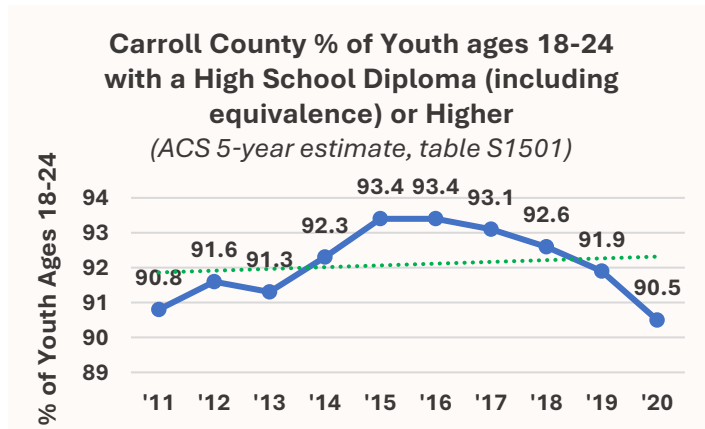

YOUTH WILL COMPLETE SCHOOL INDICATORS

1. **Educational Attainment:** % of youth ages 18-24 with high school diploma (Including equivalence) or higher
2. **Graduation:** Four-year cohort graduation rate
3. **Program Completion of Students with Disabilities:** % of students with disabilities who graduated with diploma

Other Sources – Data for the 25-64 age group show obvious racial and ethnic disparities in educational attainment. According to the [National Equity Atlas](#), in 2019 19% of Latinos, 11% of Blacks/African Americans, and only 4% of Whites aged 25-64 had less than a high school diploma. Conversely, 25% of Latinos, 32% of Blacks/African Americans, and 39% of Whites had a bachelor's degree or higher. Whites are more likely to have attained higher education, while Latinos and Blacks/African Americans are more likely to have less than a high school diploma.

Considerations – Given the disparities seen in this data, this Indicator should be monitored and revisited in future years.

2019 Carroll County Educational Attainment by Race and Ethnicity (ages 25-64)
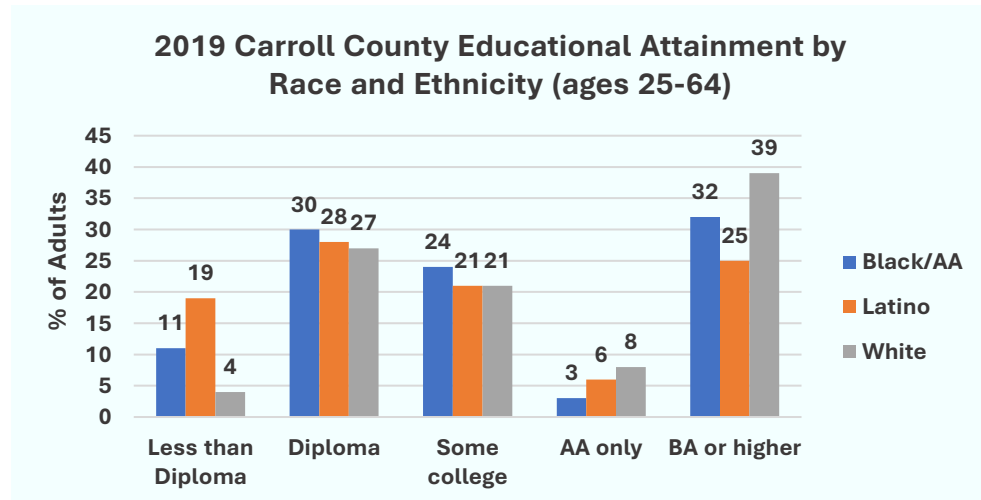
2. Graduation: Four-year cohort graduation rate

Indicator Data – The definition for this Indicator is "the number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for that graduating class." Maryland's average cohort graduation rate for 2017 to 2021 is 87.1% which makes Carroll County's 95% average appear especially favorable. However, racial and ethnic disparities exist; only an average of 88.6% Hispanic students and 92.6% African American students achieve four-year cohort graduation. Students identifying as two or more races and male students also experience lower rates.

<u>Carroll County Four-Year Cohort Graduation Rate</u>

	All	Males	Females	Asian	African American	White	2+ Races	Hispanic
2017	95%	94.1%	95%	95%	93.4%	95%	95%	84.3%
2018	95%	95%	95%	95%	92.9%	95%	87.0%	89.3%
2019	95%	94.1%	95%	95%	94.8%	95%	95%	86.5%
2020	95%	95%	95%	95%	88.5%	95%	92.6%	94.4%
2021	95%	93.7%	95%	95%	93.5%	95%	95%	88.2%
AVG	95%	94.4%	95%	95%	92.6%	95%	92.9%	88.6%

There were <10 students in "American Indian/Alaska Native" and "Native Hawaiian/Other Pacific Islander" subgroups and so they are not included.

3. Program Completion of Students with Disabilities: % of students with disabilities who graduated with diploma

Indicator Data – An average of 50.9% of Carroll County's students with disabilities graduated with a diploma from the 2012-2013 school year to the 2020-2021 school year. During this same period, Maryland's average rate of students with disabilities who graduated with diploma was 43.4% (Maryland Special Education, 2016-2021).

Other Sources – There are other outcomes for students with disabilities than just to get a diploma. Of Carroll's average population of students with disabilities 6.3% received a certificate, 18.6% returned to general education, 5.5% dropped out, and 3.5% had parents who revoked their consent.

<u>Carroll County's % outcomes for students with disabilities</u>

School Year	Diploma	Certificate	To Gen. Ed.	Max. Age	De-ceased	Moved; Spec. Ed.	Dropped Out	Parent Revoked
16-17	58.4%	4.9%	12.7%	0.4%	0%	11.6%	6.0%	6.0%
17-18	49.0%	6.2%	20.8%	0%	0.4%	13.5%	6.2%	3.9%
18-19	51.5%	6.5%	20.5%	0%	1.0%	11.9%	5.8%	2.7%
19-20	54.9%	7.8%	18.4%	0%	0.4%	13.3%	3.9%	1.2%
20-21	51.8%	6.3%	20.4%	0%	0%	12.2%	5.5%	3.9%
Avg	53.1%	6.3%	18.6%	0.1%	0.4%	12.5%	5.5%	3.5%

1. Crime: Rate of violent crimes committed per 1,000 persons

*Indicator Data –* The rate of violent crimes in Carroll County has decreased from 2011 to 2020.

COMMUNITIES ARE SAFE FOR CHILDREN, YOUTH, AND FAMILIES' INDICATORS
1. **Crime:** Rate of violent crimes committed per 1,000 persons
2. **Juvenile Felony Offenses:** 11-17: rate of referrals per 100,000
3. **Child Maltreatment:** Rate of unduplicated children (ages 0-17) with indicated/ unsubstantiated child abuse/neglect findings (per 1,000)
4. **Lead Levels:** % of children <72 months of age with confirmed blood lead levels (BLL) >5 µg/dL
5. **Out-of-Home Placements:** Rate of children placed in out-of-home placements per 1,000 children ages 0-18

Carroll County Crime: Rate of Violent Crimes Committed per 1,000 Persons
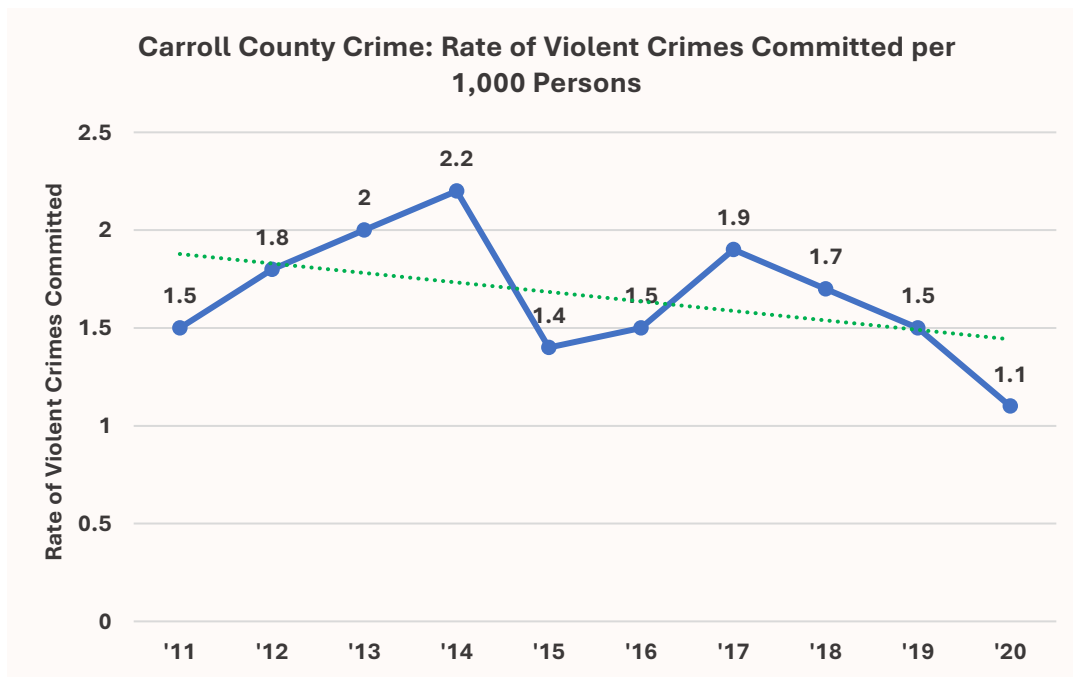
**2.** Juvenile Felony Offenses: 11-17: rate of referrals per 100,000

Indicator Data – The CCLMB Strategic Planning Committee was unable to verify the data on the [Carroll County Well-Being Scorecard](#) for this Indicator.

Other Sources – The following data was taken from the Carroll County's Offense Category table in the [Maryland Department of Juvenile Services (2013-2021)](#). The percent of felonies per subtype was multiplied by the overall number of complaints in order to get the

Carroll County Juvenile Felony Offenses

rate of referrals. The total number of juvenile felony offenses has declined significantly since FY12. Juvenile crimes of violence remain the most commonly committed crimes, followed by property crimes.
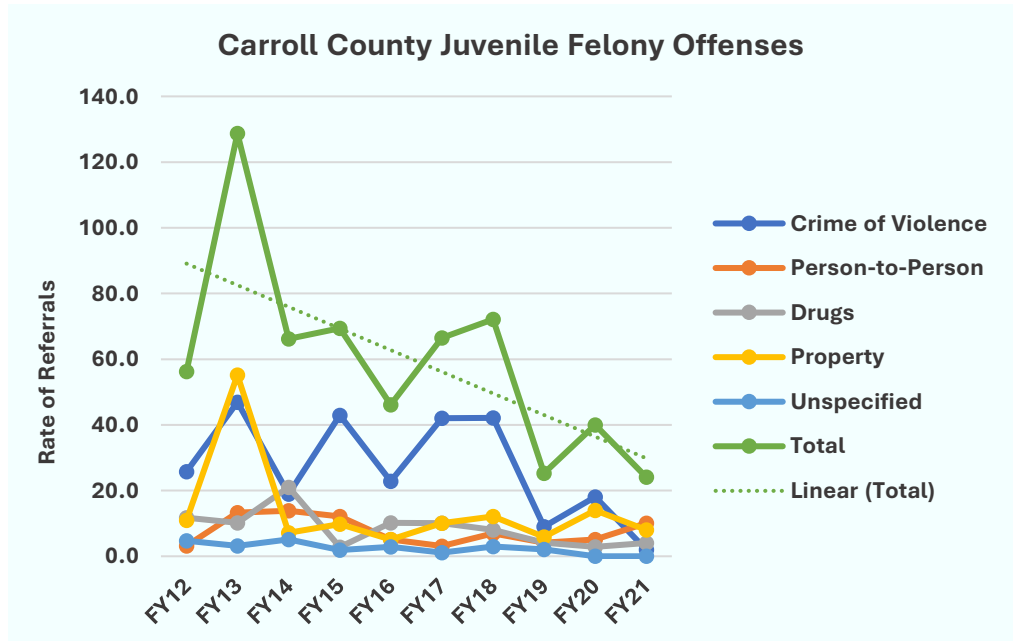
Unfortunately, there are significant racial disparities within Carroll County's intake complaints. Since FY13, nearly half of the intake complaints on average (49.5%) were for youth who were Black. This is over ten times the amount of total Black individuals living in Carroll County (4%). There is also a disparity for White youth – although 89% of Carroll County's population is White, only an average of 45.7% of the intake complaints from FY13 to FY21 were for White youth ([Maryland Department of Juvenile Services, 2013-2021](#)).

Carroll County % of intake complaint decision demographics

	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	Avg
Black	11.9%	15.5%	67.7%	66.5%	68.7%	71.9%	70.0%	63.8%	49.5%
White	84.0%	79.0%	27.8%	29.0%	26.8%	23.0%	24.5%	30.2%	45.7%
Hispanic/Other	4.1%	5.6%	4.5%	4.4%	4.6%	5.1%	5.5%	6.0%	4.8%

Considerations – The data used for this Indicator does not appear to be publicly available. The other source used may be insufficient so this Indicator should be monitored and revisited in future years, especially considering the stark racial disparities that exist.

3. Child Maltreatment: Rate of unduplicated children (ages 0-17) with indicated/ unsubstantiated child abuse/neglect findings (per 1,000)

Indicator Data – In Carroll County, the child maltreatment rate increased slightly from 3.4 in 2010 to 3.8 in 2017 (Maryland Department of Health, 2020). Data from 2018 on is unavailable.

Other Sources – Due to the Covid-19 pandemic, reports to Child Protective Services may be underrepresented. According to the Maryland Children's Electronic Social Service Information Exchange (CHESSIE) Child Welfare Data Snapshot, there were only 17 new cases of maltreatment in May 2020 compared to 59 in June 2019 (Maryland Department of Human Services, 2020).

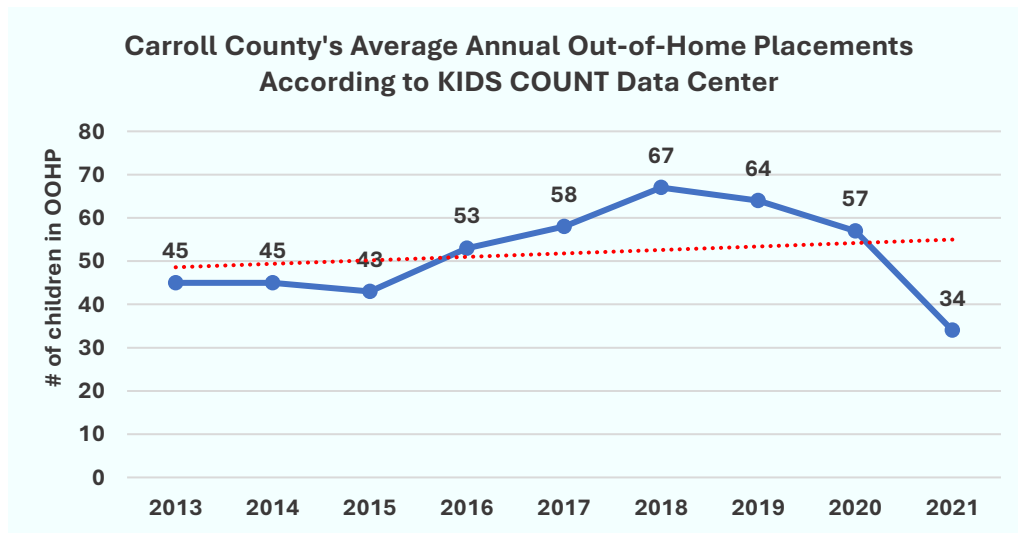**4.** Lead Levels: % of children <72 months of age with confirmed blood lead levels (BLL) >5 µg/dL
Indicator Data – Blood Lead Levels for Carroll County children declined significantly from 2.1 in 2012 to 0.6 in 2017 (Centers for Disease Control). Data from 2018 on is unavailable.

5. Out-of-Home Placements: Rate of children placed in out-of-home placements per 1,000 children ages 0-18
Indicator Data – According to the Governor's Office for Children (2009-2019), Carroll County's rate of children placed outside of the home has generally decreased since 2009. However, there has been a significant increase since 2015; the 2019 rate is almost as high as the peak witnessed in 2012.

Carroll County Out-of-Home Placements: Rate of New Placement Settings per 1,000 Children ages 0-18
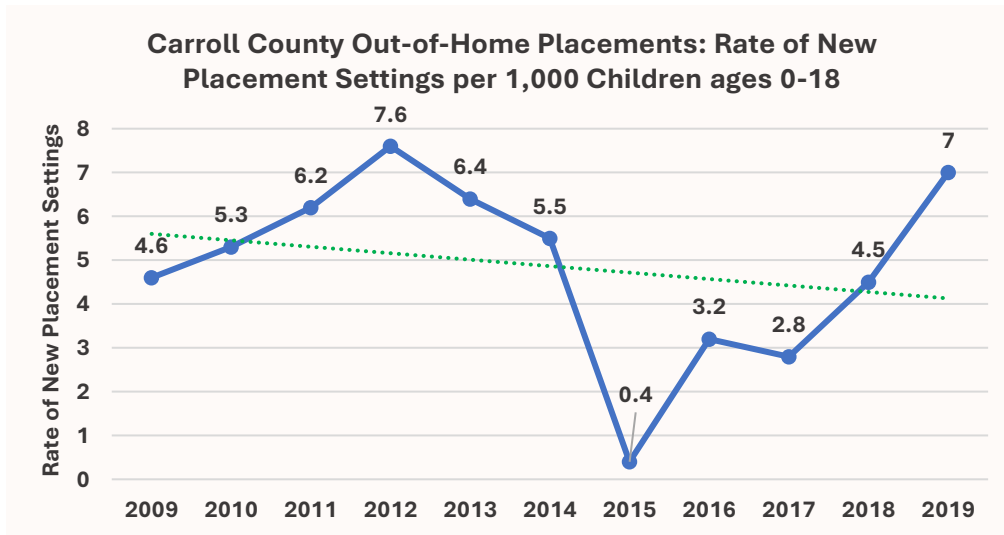
Other Sources – Although the rate of out-of-home placements for Carroll County children has generally declined according to the Out-Of-Home Placement Reports above, the rate of children in out of home placement has increased according to the KIDS COUNT Data Center. Fortunately, the rate has been decreasing since 2018. The Data Center's source is the Maryland Department of Human Resources (DHS), which may mean that more youth are being sent out of the county through DHS but not through the other agencies which contribute to the Out-Of-Home Placement reports through the Governor's Office for Children.

Carroll County's Average Annual Out-of-Home Placements According to KIDS COUNT Data Center

Year	# of children in OOHP
2013	45
2014	45
2015	43
2016	53
2017	58
2018	67
2019	64
2020	57
2021	34

For more local context, according to Carroll County Public Schools staff there were 30 total children in Foster Care as of July 29, 2022. However, only seven were school-aged; the remaining children in Foster Care were under age five or between ages 18-21.

YOUTH HAVE OPPORTUNITIES FOR
EMPLOYMENT OR CAREER
READINESS INDICATORS

1. Youth Employment: % of 16-24-
   year-olds in labor force who are
   employed
2. Youth Unemployment: % of 16-
   24-year-olds in labor force who
   are unemployed
3. Youth Disconnection: % of youth
   not working and not in school
4. CTE Program: % of high school
   graduates who complete a
   Career and Technology
   Education (CTE) program

1. Youth Employment: % of 16-24-year-olds in labor
force who are employed

Indicator Data – The CCLMB Strategic Planning
Committee was unable to verify the data on the
Carroll County Well-Being Scorecard for this Indicator.

Other Sources – According to table S2301 of the U.S.
Census Bureau, Carroll County's trend for percent of
youth in the labor force who are employed has slightly
increased since 2011. However, the rate has remained
around 62% in recent years.
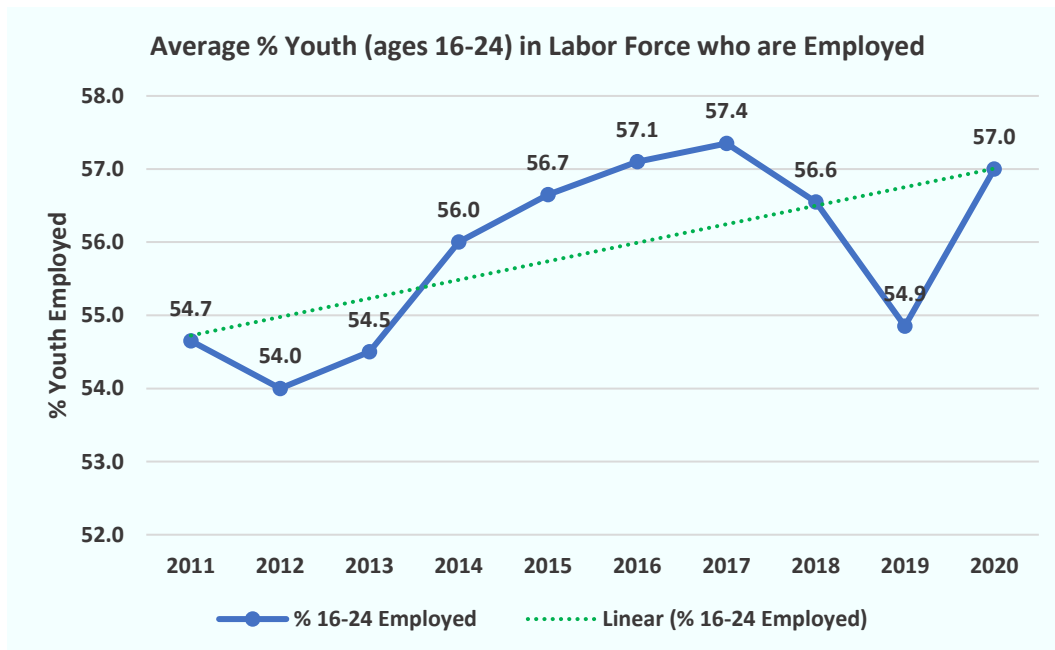
Average % Youth (ages 16-24) in Labor Force who are Employed

Considerations – The data used for this Indicator appears to have changed how the data is
portrayed and the other source used may be insufficient.

2. Youth Unemployment: % of 16-24-year-olds in labor force who are unemployed

Indicator Data – The CCLMB Strategic Planning Committee was unable to verify the data on the [Carroll County Well-Being Scorecard](#) for this Indicator.

Other Sources – According to [table S2301 of the U.S. Census Bureau](#), Carroll County's trend for percent of youth in the labor force who are unemployed has slightly decreased since 2011. During this timeframe, it was lowest point in 2020 just before the pandemic.
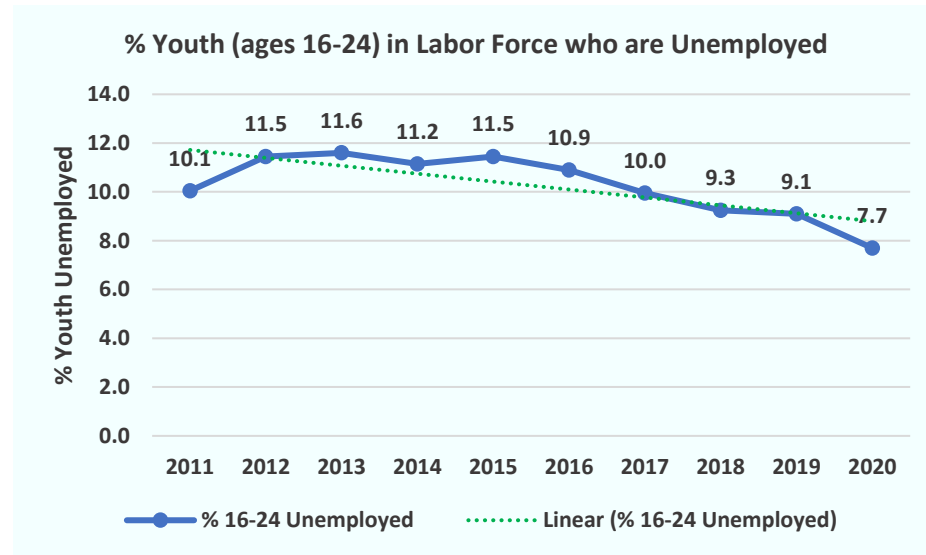
% Youth (ages 16-24) in Labor Force who are Unemployed

Considerations – The data used for this Indicator appears to have changed how the data is portrayed and the other source used may be insufficient. years.

3. Youth Disconnection: % of youth not working and not in school

See page 31.

4. CTE Program: % of high school graduates who complete a Career and Technology Education (CTE) program

Indicator Data – The CCLMB Strategic Planning Committee was unable to verify the data on the [Carroll County Well-Being Scorecard](#) for this Indicator.

Other Sources – Overall in 2020, Carroll County was only 1.0% away from meeting the More Jobs for Marylanders (MJFM) target. However, when disaggregated there are clear disparities for students identifying as Black, who were economically disadvantaged, and who had a disability. Asian students performed the best and male students performed slightly better than female students.

In 2021, Carroll County's overall MJFM score declined to 39.3%. Disparities in this year were most apparent for English Language Learners, students identifying as black, and students who were economically disadvantaged. Asian students still performed the best and males again outpaced females.

When compared to Maryland, Carroll County is performing significantly better than the State's score in 2021 (25.0%). Interestingly, the racial and ethnic disparities statewide have distinct differences: Asian students statewide performed the worst (19.2%) out of all races and Hispanic students' score was even lower at 18.8%. Still, some disparities are similar locally and across the state in that English Language Learners and students who were economically disadvantaged had lower scores.

% of More Jobs for Marylanders (MJFM) Target Met

Demographic	Carroll 2020	Carroll 2021	Maryland 2021
All Students	44.0%	39.3%	25.0%
Male	45.3%	42.8%	27.3%
Female	42.8%	35.8%	22.8%
Economically Disadvantaged	**34.4%**	**32.9%**	26.3%
English Language Learners	46.2%	**23.1%**	**11.2%**
Has a Disability	**41.2%**	39.9%	31.1%
Asian	51.9%	44.4%	**19.2%**
Black	**33.3%**	**24.1%**	24.1%
White	44.3%	39.9%	29.4%
2+ Races	49.1%	41.1%	24.9%
Hispanic	42.5%	40.1%	**18.8%**

There was insufficient data for the "American Indian" and "Pacific Islander" subgroups so they are not included.

The **More Jobs for Marylanders Act** and Career Youth and Public Sector Apprenticeship Act established a state goal that 45% of high school students will complete a CTE program of study, earn industry-recognized credentials, or complete a registered youth or other apprenticeship by January 1, 2025 (Maryland State Department of Education, n.d.).

Considerations – The data used for this Indicator appear to be no longer publicly available. The other source used utilizes a different measurement standard and cannot be compared to that of the Carroll County Well-Being Scorecard. This Indicator should be monitored and revisited in future years, especially in light of the stark racial disparities that exist.

3. Child Poverty: % of children under 18 living in poverty
   See page 35.

4. Homelessness: % of public-school children who are homeless
   See page 39.

5. Rent Costs: % of families spending >35% income on housing (Rent)

Indicator Data – According to the [U.S. Census Bureau's American Community Survey](), the percent of families spending more than 35% of their income on rent decreased overall from 40.4% in 2017 to 37.3% in 2020.

FAMILIES ARE ECONOMICALLY STABLE INDICATORS

1. Child Poverty: % of children under 18 living in poverty
2. Homelessness: % of public school children who are homeless
3. Rent Costs: % of families spending >35% income on housing (Rent)
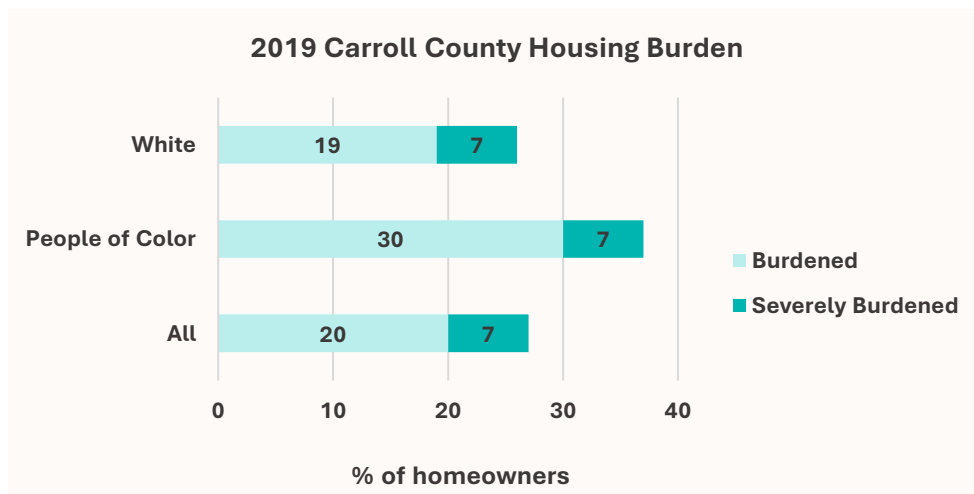4. Mortgage Costs: % of families spending >35% income on housing (mortgage)

Other Sources – The [National Equity Atlas]() states that the amount of renters who are rent-burdened increased 10% since 2000. In 2019, 46% percent of Carroll County renters were rent-burdened and 25% percentage were severely rent-burdened. There is a slight disparity in that White renters experienced rent burden at slightly lower rates than all renters.

2019 Carroll County Housing Burden

	Burdened	Severely Burdened
White	45	24
All	46	25

% of renters
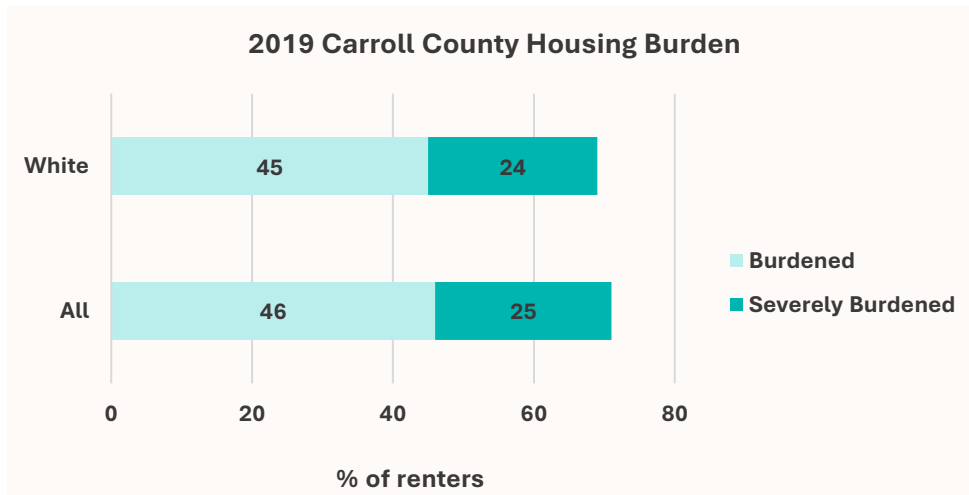
6. Mortgage Costs: % of families spending >35% income on housing (mortgage)
Indicator Data – According to the U.S. Census Bureau's American Community Survey, the percent of families spending more than 35% of their income on mortgage decreased overall from 18.7% in 2017 to 16.3% in 2020.

Other Sources – The National Equity Atlas states that the amount of homeowners who are cost-burdened decreased 8% since 2000, in part due to the foreclosure crisis forced many homeowners to begin renting. In 2019, 20% percent of Carroll County homeowners were cost-burdened, and 7% percentage were severely cost-burdened. There are disparities in that 10% fewer White homeowners experienced cost burden than homeowners of color, although both populations experienced severe cost burden at equal rates.

2019 Carroll County Housing Burden

	Burdened	Severely Burdened
White	19	7
People of Color	30	7
All	20	7

% of homeowners

Considerations

Adverse Childhood Experiences (ACEs), Trauma-Informed Frameworks, and Diversity, Equity, and Inclusion (DEI)

There is an interest in this community to increase knowledge and awareness of equity and equitable practices in the community, to learn how to have hard conversations, and to reach out to young people to have those conversations too. Providers appear eager, willing, and comfortable to begin this shift. Yet, they simultaneously report being under-certified or trained in the areas of ACEs, trauma-informed practices, and other evidence-based practices. The community appears to be under-informed or under-educated on indicators associated with ACEs, their long-term effect on behavior across the lifespan, and the basic tenants of a trauma-informed community.

Trauma can manifest within communities as well as in individuals. At the time of this Assessment, this Consultant recognized what could be defined as adverse community experiences; at minimum, a contradiction of views on subjects involving diversity, equity, and inclusion issues was evident. For example, the Carroll County Public Schools Board of Education's Flag Policy was cited by focus group discussion participants as having impacted youth (see Focus Group Discussions of both youth groups). Additionally, there are Carroll County youth and adults working with youth who have experienced discrimination directly (profiling, derogatory slang and slurs, judgment) or observed it firsthand. Conversely, there are people like the Community and Youth Program Coordinator who is a person of color and has not experienced direct racism here in Carroll County.

Further outreach to historically underserved members of the community is needed as the depth of knowledge, understanding, and awareness of ACEs and trauma-informed practices are assessed within Carroll County. This will provide an inclusive baseline of the community's readiness to address these sometimes controversial and sensitive topics and allow all community members to better understand the experiences of these historically underserved populations. This Consultant acknowledges that the community's needs vary and that it will take flexibility to address them and foster awareness and acceptance within its residents.

When speaking with the individual Key Informant Interviewees, one shared his familiarity with ACEs and trauma-informed practices concepts given his employment background and training. He elaborated that the primary needs of the Hispanic and Latino communities relate to outreach and confronting the cultural stigma associated with seeking help outside of one's family. He shared that it is very common for abuse in Latino cultures to occur, continue, and go unreported; specific examples include domestic violence, sexual abuse, human trafficking, and abuses related to U.S. citizenship and documentation.

Another Interviewee had the most formal training and overall understanding of the impacts of ACEs and trauma-informed care principles. Through her work with other institutions and individuals, such as school systems, outpatient mental health clinics, and parents who may struggle with parenting, she has a keen awareness of the community's gaps and potential

opportunities for improvement. She could also easily identify instances of youths' success that she has seen through communicating with these organizations on behalf of those youth.

All three interviewees shared experiences and observations of racial and ethical disparities within Carroll County. Racial slurs were underplayed as "normal" in this community, and implicit bias was mentioned between different groups and races. Equally, all the Interviewees deposited some ideas for decreasing implicit bias, such as looking at the school dress code policies. Another suggestion to offer for community-wide education on trauma-informed language and the subjective judgments of youth who are seemingly just "hanging around on the streets, up to no good" by sharing stories and examples that tell the youth's whole story, not just the parts seen on the outside.

There are clearly varying degrees of awareness and readiness when it comes to this community's understanding of what it means to be trauma-informed and what Adverse Childhood Experiences (ACEs) are. This should be assessed further as local and state efforts continue to move toward becoming a community working from a trauma-informed framework and considering the widespread impact of ACEs. This will require a cultural shift from community members and service providers, as well as increased training requirements and opportunities. When planning for a community-wide implementation of a trauma-informed framework, it should engage all parts of a community and all its residents. The Community Plan will address recommendations for implementation and tiers of intersection within subgroups of the community and provider networks to facilitate a collective response to becoming a community that is trauma informed.

Deep Dive: The Impact of ACEs and Trauma can be closely tied to the Indicators of the "Communities are Safe for Children and Families" Result Although Carroll County has experienced a steady decline in out-of-home placements, unsubstantiated abuse reports, and other indicators (*Families are Safe and Economically Stable*), the data is not updated to reflect the years since 2015 in many cases. Additionally, anecdotal data points to convincing reports by providers, parents, and community members that Carroll County's experiences of toxic stress have significantly increased because of the Covid-19 pandemic. According to an article on Adverse Childhood Experiences, Toxic Stress, and Trauma-Informed Neurology, the rates of stress-related disease

and cognitive impartments, are only expected to increase without appropriate interventions ([Ortiz, Gilgoff, & Burke Harris, 2022](#)).

> TOXIC STRESS: the body's response to lasting and serious stress without enough support from a caregiver.
>
> ([Center for Youth Wellness & ZERO TO THREE, 2018](#))

Toxic stress occurs when individuals are feeling strong, intense, or frequent or prolonged feelings of stress and difficulty. The pandemic has provided that for all of us, bringing a baseline of understanding to build from.

Community Planning Recommendations

Throughout each stage of this Assessment, there were four main themes that emerged: Those themes will inform the community planning goals and objectives with activities to begin turning the curve on these results and setting the stage for efforts that leave Carroll County children, youth, and their families healthy, well and thriving.

1. Accessible Mental Health Services
2. Community Inclusion, Outreach, and Communication
3. Supportive Services for Families (Non-clinical)
4. Economic Stability & Mobility

Recommendations

This Consultant made the following recommendations based on the collective findings of this Assessment:

Accessible Mental Health Services

- Establish partnerships with agencies providing youth and family services to increase training related to evidence-based and specialty practices (for example, trainings on treatment modalities which are most appropriate for people who identify as LGBTQIA+ or as a person of color).
- Develop strategies with partners to address the Health Provider Shortage scores by improving recruitment and retainment of mental and behavioral health staff to increase capacity in Carroll County.
- Participate in local and state conversations around Medicare/Medicaid rate reform issues to cover services related to ACEs and trauma-informed interventions.
- Review and evaluate the delivery of mental health services to identify key barriers that prevent the accommodation of cultural differences and needs (e.g., language barriers).
- Explore ways to improve community members' access to mental health services, such as by expanding hours of operation beyond standard school and business hours.
- Develop a strategy to support the increase of trauma competent providers for both behavioral health and physical health and provide some of them within schools.

Community Inclusion, Outreach, & Communication

- Develop an organizational policy or position statement to reflect the commitment to improving cultural competencies, such as an inclusion policy, and provide professional development opportunities to support implementation.
- Develop and implement a comprehensive communication plan. This may include enhanced media, marketing, and advertising strategies and a public relations strategy to increase awareness of the programs and services offered in Carroll County.
- Continue to expand and promote the County's social media platforms and website to provide the community with easy access to current services, resources, and events.
- Develop a strategy to facilitate a series of community listening sessions such as townhalls and focus groups to better identify community needs, barriers, and any implicit biases experienced by historically underserved community members.
- Develop a community awareness campaign to address the topics of language, inclusion, ACEs and trauma, racial and ethnic disparities, and cultural differences (specifically spotlighting cultures, encouraging inclusion, and adopting shared language).
- Identify gaps and areas of improvement related to community partnerships and the delivery of child and family services in Carroll County.
- Collaborate with new and existing community partners to better direct child and family services to the populations in Carroll that are most in need.

Supportive Services for Families (Non-clinical)
- Develop a community education strategy with offerings to address the topics of language, inclusion, ACEs and trauma, racial and ethnic disparities, and cultural differences (specifically spotlighting cultures, encouraging inclusion, and adopting shared language).
- Develop community education offerings to address the topics of parenting adolescents, vaping and substance use in youth, and social media use (including the language used on those sites, such as emojis and their meanings).
- Collaborate with youth leaders to address the recommendations, and plan for ongoing partnership and engagement opportunities.
- Collaborate with first responders and other crisis response providers to determine an approach for crisis or respite services and identify partnerships to support families when they or their child(ren) is/are experiencing mental or behavioral health crises.

Economic Stability and Mobility
- Develop strategies to provide career and soft skills training and foster emotional intelligence to encourage resiliency in youth and facilitate economic success (for example, strengthening the partnership with Carroll County Workforce Development).
- Develop a strategy to reduce the number of disengaged youths through collaboration with new and existing community partners and business leaders.
- Develop opportunities for youth to explore career and recreational activities that they are interested in, that are marketable, and that keep them engaged.
- Collaborate with community partners to brainstorm transportation supports, such as by looking at possible partnerships with car dealerships in Carroll County and other promising programs providing ride services and food delivery.
- Develop strategies to increase funding opportunities or blended funding approaches to support economic barriers such as copayments for mental health services.

Conclusion

The results of this Assessment highlighted existing and emerging needs within Carroll County and will play an important role in the development and implementation of a comprehensive Community Plan aimed to turn the curve on current trends and issues for the next three fiscal years (FY23-FY25). Some of the key findings and results extend beyond what the Carroll County Local Management Board can impact; however, they may be effective in directing collaborative partners and including statewide initiatives that complement the findings. For example, this could include the work being done by Maryland Commission on Trauma-Informed Care which is working to provide a framework for state government and statewide services to be trauma-informed (see other Considerations).

In evaluating the needs of this community, a multitude of strengths were identified. This is a community that on the surface appears relatively wealthy with healthy children and engaged students. However, there is another side to the community which might be best illustrated by this story:

Meet Alex. Alex is 17-year-old girl, surviving against all odds. Her story began before the day she was born. Alex's mom was in an abusive relationship with her father. She worked part-time and barely made ends meet. By the time Alex was born, her dad had already left. Her mother started drinking again and then began struggling to hold down a job.

Alex bounced between the care of her mother and her maternal grandmother. She had three younger siblings for whom she acted as a caregiver throughout most of her childhood. At age 12, Child Protective Services removed Alex's three younger siblings from her mother's care and placed them permanently with her grandmother. Alex was left behind in her mother's care.

For the next five years, Alex would live alone with her mother and her mother's boyfriend. Her mother's addiction continued, soon becoming addicted to heroin. When high, she became physically and emotionally abusive toward Alex. Child Protective Services was called several times, but Alex was never connected with resources or support as her mother could not follow through.

During one of mom's fights with her boyfriend, Alex got caught in the middle and he pulled a knife on her. Police were called to the house and the man was arrested. Yet Alex's mom stood by her boyfriend despite the abuse. Alex was 14 at this time.

At age 16, Alex ran away from home and at age 17 she became pregnant. Alex now struggles to break the cycle she was born into while being an adolescent mom. She continues to search for love and support anywhere she can find it.

For some of Carroll's youth and young adults this story may be familiar: Punished for living in the life they were born into and becoming hardened by the adults around them who should be nurturing and loving. They witness abusive relationships and domestic violence which are intensified by drug and alcohol use. Some may slip through the cracks as their parents struggle to maintain sobriety or manage their mental health and do not have the capacity or ability to seek resources for their children. Economic issues (such as those highlighted in this Assessment) are another barrier these families may experience even when they or their children are ready and able to receive services for their needs.

The Covid-19 pandemic has exacerbated the stress, anxiety, and depression experienced by community members, and now inflation has made it near impossible for some residents to afford mental, behavioral, or primary health treatment. On the other hand, some young people lack support for mental health treatment by the adults in their own family, which forces them to rely on their peers. These peers may be ill-equipped to handle the magnitude of the issues facing young people today, such as instances of self-harm, drug and alcohol use, and violence in schools. When taking a deeper dive into the realities of who is impacted most adversely in Carroll County, the secondary data and community feedback point to disparities among people of color, those for whom English is their second language, individuals with less education or who are not in school, and people who identify as LGBTQIA+. Individuals of these communities may struggle the most to feel connected, heard, and healthy within this community.

As one local provider summed up, "If we can predict it, we can prevent it." Service providers must be better equipped to recognize and intervene with support sooner. At the same time, service providers in this community could begin training more and triaging earlier for signs and symptoms of families in need, including teaching school staff and community service provider staff to identify early signs of mental illness or abuse in children and what behaviors children exhibit in those circumstances. Carroll County could also provide youth-serving adults simple tools to reference when working with troubled youth, such as learning to remember the window of tolerance and then modeling that when interacting with youth (Government of Jersey, 2020).

Potential Areas for Partnership with Other Agencies and Organizations

Carroll County has a strong and rich history of partnerships and collaborations. There is commitment within this community to be more inclusive and to better understand one another and each person's shared or unique experiences. Although the CCLMB does not have direct oversight or influence of the entire service delivery system, they have the ears of key community stakeholders and people in positions of power and can make local funding and programming decisions related to the community's needs. These attributes could allow the CCLMB to facilitate enhanced inclusivity and communication efforts and initiatives in a more coordinated way (for example, sharing social media posts and routine announcements creates a process or a nucleus for shared information). However, resources and strategies are needed to support these initiatives. A structured plan involving a coordinated effort by the LMB to further develop their Board priorities and responsibilities may empower each member to provide assistance through training, education, and support.

Many responses from school-affiliated individuals spoke to the climate of the community on "hot button" topics and the community at large reported a need to discuss and process these issues. This may suggest a need to better guide children and youth through the current climate and community regarding diversity, equity, and inclusion, starting with allowing opportunities for community members to have hard conversations in a constructive, respectful way while also receiving guidance and facilitation. Several promising and evidence-based practices exist, such as the Community Resilience Model ([Trauma Resource Institute, 2022](#)).

Additionally, there was mention in all methods of engagement with the community around the promising practices already being implemented, such as the <u>Navigating Troubled Waters</u> event offered by Carroll County Public Schools. In the interest of not duplicating this successful, impactful event, it could be used as a foundation from which to link the community to solutions sooner.

Special Impacts

There were additional trends that emerged during the assessment that pertain specifically to underserved communities: those for whom English is their second language, those with less education or who are not in school, those who identify as LGBTQIA+, and those who identify as people of color. However, given local and national events and politics, these trends may have been exaggerated during the timeframe of this Assessment. Those trends include:

- Discrimination and judgment against the lesbian, gay, bisexual, queer/questioning, intersex, and asexual/agender (LGBTQIA+) population.
- LGBTQIA+ inclusivity.

One FGD focused primarily on LGBTQIA+ topics and the community discord surrounding them. These topics were brought to the forefront of the community; because of relevant discussions, decisions, and protests that were occurring among community organizations, parents, and youth. For instance, the Board of Education's Flag Policy Resulted in silent and peaceful protests coordinated by local students. Although important, the CCLMB Strategic Planning Team chose not to disproportionately highlight these topics given the community's context and climate at this time.

Future Considerations

There are many touchpoints identified for next steps which are within the purview of the CCLMB's goals, initiatives, and strategies. In arenas where the CCLMB has less influence, there may still be opportunity for it to mobilize partners to collaborate efforts locally, statewide, and nationally. Such considerations should be monitored and addressed in the Community Plan and identified as needs to be addressed with a community approach:

- Statewide work on trauma-informed care.
- Partner with local coalitions working to prevent and end homelessness.
- Available funding related to Covid-19 and mental health supports.
- Connecting to the Maryland State Department of Education and working with schools to support mental health .
- Utilizing statewide peer support efforts and local opportunities to lead the way in school with peer programming.
- Ongoing disability statewide services.
- Partnering with the Health Department and other local organizations to address vaping and increasing youth substance use disorder.

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Appendix A: Focus Group Discussions Summary

Methodology

Focus group discussions (FGDs) are frequently used, semi-structured interviews with small groups to obtain qualitative data around specific issues to gain insight into the nature of problems and their potential solutions according to a group of preselected individuals; this is also called conversational analysis or research (Bloor & Wood, 2006). These purpose of these FGDs was to hear from community members with diverse backgrounds, to ask in-depth questions, to discuss sensitive topics, and to get respondents' candid views on those topics.

The FGD questions and related documents were written by this Consultant from recommendations made by the CCLMB Strategic Planning Committee; the Committee then reviewed these materials. Participant Information and Consent Forms were administered before commencing each FGD. Potential participants were offered in-person or virtual opportunities and accommodations related to the Americans with Disabilities Act upon request. Focus group discussions lasted approximately 60-90 minutes and were intended to host six to twelve participants. Each group consisted of individuals of similar backgrounds (i.e., a group of youth between the ages of 14 and 24, or a group of parents and providers, or members of the same community group).

FGD participants were selected based on the purpose and needs of this Assessment. Potential participants were recruited via the Community Survey, through outreach by the CCLMB Manager, and through outreach and marketing by local agency partners. Based upon the responses to the Community Survey, this Consultant and the Strategic Planning Committee utilized the FGDs to hear from youth and individuals identifying as members of historically underserved populations. Intentional efforts were made to reach these targeted groups, including but not limited to direct outreach to the Carroll County Branch for the National Association for the Advancement of Colored People (NAACP); to the Hispanic and Latino community through a local advocate; to the Westminster Carroll County chapter for Parents, Families, and Friends of Lesbians and Gays (PFLAG); and other local subpopulations and groups (see Appendix E for a complete list).

Ultimately, the following subpopulations were contacted for participation in FGDs:
- Community members who completed the Survey and provided contact information.
- Historically underserved populations through targeted outreach, especially those who were not represented in the Survey.
- Youth through Carroll County Public Schools (CCPS), parents who provided consent for their child to participate, and youth organizations.
- Parents and community members through CCPS communications.
- Providers through routine community meetings and announcements.

This Consultant and the Strategic Planning Community were grateful to have a native Spanish-speaker and advocate of the Hispanic and Latino community who offered to translate the FGD questions from English into Spanish. This advocate facilitated participation by Spanish-speaking community members by recording their responses and then translating them back to English to be included in this Assessment. Only three Spanish responses were completed and several quotes are highlighted in speech bubbles on this page; each of the 3 responses mentioned these top three issues:

"I do not feel accepted or like I belong."

"Rent is expensive. Low-income jobs are available...there is not transportation ...around the county."

1. Language barriers related to accessing services
2. Lack of financial support (rent, childcare, transportation, livable wages)
3. Lack of opportunities for youth to engage with other children

"Limitations with language, a lack of integration with our children in their age groups."

"Parents with no documents are limited... [There are] limited information and resources in Spanish."

Multiple attempts were made to schedule FGDs with members of Carroll Citizens for Racial Equity and the Student Government Association; however, given the time constraints and other commitments of these organization members, these GDs were ultimately not held.

Significant Themes

There were six (6) significant themes throughout all FGDs:
- Concern about youth mental health and the overall wellbeing of youth, including academic and behavioral regression as a result of the pandemic.
- Community members' discord and the impacts it has on youth and their peers.
- Youth do not feel heard and lack trusting, safe, supportive relationships with adults.
- Parents need more support, including on how to parent through intense conflicts with youth and understanding different perspectives.
- Peer support and respite.
- Disparities surrounding inclusion; not feeling included or understood, unrest among adults, lack of congruency between adult and youth views.

During all four FGDs, each group mentioned significant and increasing challenges in accessing mental health services in Carroll County. Participants reported various reasons behind this issue, including but not limited to long waitlists for individual therapy and residential or inpatient care and a lack of knowledgeable and appropriately trained therapists.

During the Carroll County Public Schools Community Advisory Council (CAC) FGD, parents, educators, and other community members shared concerns about seeing an increase in isolation and depression in youth, as well as other stressors youth faced pre-pandemic which are now exacerbated, such as vaping among peers and increased fighting in schools.

Participants in the Carroll County Kids for Equity FGD shared the same themes as those expressed in the CAC FGD; however, they also shared concerns about grade inequities within the public school system, like the effect of inconsistent workloads on grades, general grade inflation, and a lack of post-secondary options or opportunities in high school (see "Notes" at the end of this section).

Of the above six themes, three are *consistently* mentioned in the other qualitative data collected from the Key Informant Interviews and other preliminary data reviews. These are access to mental health services, supportive services for parents, and issues around disparities (see Appendix B).

Conclusion

Although each focus group was with a different group of community members representing children, youth, and families, the themes follow a similar pattern: access to mental health services; improved communication between community members and between adults, and youth; and additional supportive services for parents. It is also important to note the concerns of parents and educators from the CAC group regarding the post-Covid-19 effects on young people, namely the regression in academics and social behaviors as well as the increase in youths' isolation, anxiety, and depression. Some of this was echoed in the other adult FGD: A parent and professional in the school system stated: *"We are seeing so many issues with trauma right now."* To which another said, *"…which trauma are we talking about? We have all been through this [trauma] together. [As a parent, as a teacher] what am I excusing, what am I giving extra leeway for, and do you have to be suicidal for me to give you an excuse or to excuse everything that every parent asks? I'm sympathetic, but I must make hundreds of daily decisions."* This individual further stated, *"Trauma-informed before and after the pandemic is different."*

Highlighted within each FGD was that this community is in conflict over issues related to diversity, equity, and inclusion (DEI). Although not the sole focus of this Assessment, these conversations speak to the community's level of readiness (or lack of) regarding DEI initiatives. This should be considered in attempting to implement community-wide trauma-informed efforts as it provides an excellent opportunity to meet community members where they in order to prepare and improve efforts around communication, advocacy, and public education on these issues.

Another theme in both youth FGD was that youth do not feel heard. Given the traumas experienced by many of the participating youth, it is easy to understand where communication and advocacy efforts might benefit these youth. Just as important as their stories is the knowledge that there is much to learn from these young people; their willingness to engage in these discussions should be capitalized upon. Pairing their insight with the community service providers' understanding of trauma-informed systems of care could be a foundation in

mitigating breakdowns in communication between young people and the adults in their lives. Participating youth also reported that when faced with stress they confided in their peers first, stating that adults made disparaging comments or struggled more with the conversation and topics than the youth did. The youth acknowledged that school staff and counselors may feel overwhelmed. As part of a solution, these youth echoed statements by adult participants in suggesting additional mental health staff be added to each school to provide therapeutic services to students experiencing mental or behavioral health crises. Similarly, continued outreach efforts and educational opportunities with these young people could result in a powerful collaboration and a more streamlined way to incorporate the voice of Carroll County youth in the CCLMB's future plans.

The questions asked during the FGDs were crafted to help in the overall assessment process and to gauge the community's awareness and subsequent readiness to move forward with authentic conversations and intentional action around sensitive topics such as diversity, equity, and inclusion. One observation that was evident in those discussions with the two youth groups and the two parent groups was that the view of parents and the views of youth regarding diversity, equity, and inclusion have at times been in direct conflict with other existing local groups and community members. A logical next step in this case would be to create space for those conversations where adults and youth can share their opinions, have respectful dialogue, and potentially attain some common ground within that conflict.

Work is needed for this community to become ready to discuss ACEs and to consider what it means to be trauma informed. There are subsets of Carroll County who describe (explicitly or not) experiencing some degree of community trauma which is defined as trauma that "affects social groups or neighborhoods long subjected to interpersonal violence, structural violence, and historical harms to some extent," according to [Falkenburger, Arena, and Wolin (2018)](#) (see "Notes" at the end of this section).

As a result, they may require more support around helping to foster resilient engagement between other community members and groups and developing a protective buffer to having those conversations and advocating for their needs. Through community engagement, relationship building, and meeting individuals and groups where they are, this awareness can be fostered and the community can be provided with education opportunities to continue moving toward becoming trauma informed.

Notes

One FGD focused primarily on LGBTQIA+ topics and the community discord surrounding them. These topics were brought to the forefront of the community; because of relevant discussions, decisions, and protests that were occurring among community organizations, parents, and youth. For instance, the Board of Education's Flag Policy Resulted in silent and peaceful protests coordinated by local students. Although important, the CCLMB Strategic Planning Team chose not to disproportionately highlight these topics given the community's context and climate at this time.

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Appendix B: Key Informant Interviews Summary

Methodology

Key Informant interviews (KIIs) are with community members who are uniquely in tune with the community and have firsthand insight into local problems and potential solutions ([Carroll, Perez, & Toy, 2004](#)). The purposes of the KIIs were like those of the focus group discussions: to seek additional data from community members with diverse backgrounds, to ask in-depth questions, to discuss sensitive topics, and to get respondents' candid opinions on those topics. The KII questions followed the same structure as the FGD questions; however, they proceeded like a conversation due to their one-on-one nature. This Consultant guided the KIIs and wrote all related documents with recommendations made by the CCLMB Strategic Planning Committee.

The CCLMB Manager recruited KII Interviewees, and potential participants were offered in-person or virtual opportunities and accommodations related to the Americans with Disabilities Act upon request. Interviews lasted approximately 60 minutes and were recorded with verbal permission from each interviewee for later reference. Google translate was used to transcribe the recordings, and this Consultant listened to each recording during the reporting process.

Upon review of the initial demographics of Carroll County's Community Survey respondents, many respondents were White (84.4%), female (76.4%), and/or between the ages of 45-64 (45.7%). It was important to the CCLMB Strategic Planning Committee to use the KIIs to target individuals of different demographic backgrounds. As such, individuals of historically underserved populations or advocates of those communities were specifically invited to participate in a KII. Ultimately, three community leaders and advocates were chosen for the KIIs due to their experiences working with youth, interacting with the community, and/or their experience working with members of or being part of historically underserved subpopulations:

1. A Caucasian woman who helps run several youth programs (referred to as a "Youth Program Leader" from here on).
2. A Latino man who provides case management for at-risk individuals in the community, especially those who speak Spanish (referred to as "Case Manager" from here on).
3. An African American man who coordinates community events and programs for youth (referred to as a "Community and Youth Program Coordinator" from here on).

Significant & Unique Themes

There were six significant themes throughout all three interviews:
- Respite support for families in crisis.
- A forum to listen to the voices of Carroll's youth.
- Accessible mental health services.
- Translation services and other communication and outreach efforts.
- Recreational, career, and entrepreneurial options for youth, explored at younger ages.

- Financial support for those in the middle-class, who are living paycheck to paycheck; or who are a single-parent household.

Each Interviewee mentioned the significant and increasing gap to accessing mental health services; the need for financial support for families who are living paycheck to paycheck or are experiencing it for the first time; and transportation services for children, youth, and families in Carroll County. Some of the distinctive needs discussed when talking with the Youth Program Leader was the need for parental support such as parenting education, responding to the current issues, how to have hard conversations or debates, crisis, or respite care services, and coping with other developmental challenges of adolescence. Also mentioned throughout was that more families are facing increased financial barriers and that there is a lack of financial resources especially for mental health and other healthcare needs. This supports the Survey responses where respondents reported that healthcare services or costs are the first thing people choose not to utilize or pay for when money is tight.
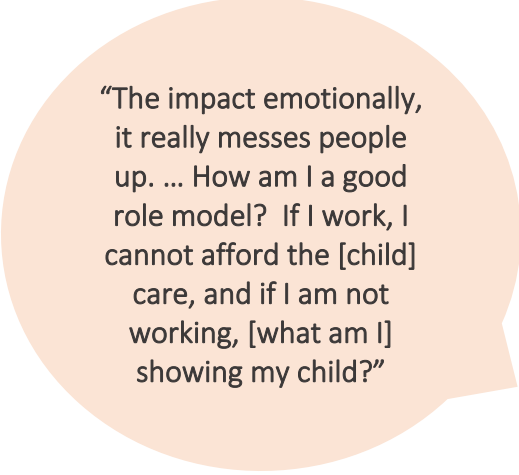
When speaking with the Case Manager, the discussion focused on a desire to foster deeper connections, have a community that understands the cultures of the Hispanic and Latino population, and to break down the stigma and confusion regarding accessing services for those who have a cash-based income and do not speak English. The Case Manager emphasized that Spanish-speaking individuals or individuals who are not U.S. citizens do not know the available programs, much less that they are safe to use. To combat these barriers translation services will be necessary, but even more important is that the Latino community first needs to know about these programs to receive translation services. Outreach to and awareness within the community, especially those who do not speak English or who are not U.S. citizens, needs to be addressed.

The Community and Youth Program Coordinator had a slightly different perception. He shared that there is a need to for smaller organizations to have increased funding as they are creating innovative programs, supporting skill building and in creative ways that are not otherwise available in the community. He asserted that these programs are underfunded or not supported by government funding, yet they show great promise in breaking down barriers, meeting community members where they are, and making positive impacts in the lives of individuals who are otherwise not engaged in local services.

Conclusion
Because this Consultant allowed Interviewees to steer the conversation, each interview was unique. However, they all followed the same framework starting with asking about the greatest needs, gaps, strengths and/or barriers for children, youth, and families in Carroll County. Throughout each interview, several repeated themes were identified.
There is a need in Carroll County to increase communication and outreach efforts. Whether through social media, partnerships with pediatricians, or enhanced school system connections, there community members across diverse populations who are unfamiliar with or are unaware of how to access the services provided in Carroll County and would benefit from these enhanced communication methods.

"The impact emotionally, it really messes people up. … How am I a good role model? If I work, I cannot afford the [child] care, and if I am not working, [what am I] showing my child?"

Each of the interviewees had some knowledge or understanding of what trauma-informed care or ACES was, having at minimum "heard something about it." The Community and Youth Program Coordinator explained that the concepts were like experiences he has seen firsthand, commenting on the emotional impacts he has witnessed. He shared that people come into programs like his thinking they cannot contribute anything, and that these individuals typically have low self-esteem and self-worth.

When speaking with the Case Manager, he shared his familiarity with ACEs and trauma-informed practices concepts given his employment background and training. He elaborated that the primary needs of the Hispanic and Latino communities relate to outreach and confronting the cultural stigma associated with seeking help outside of one's family. He asserted that it is very common for abuse in Latino cultures to occur, continue, and go unreported; specific examples include domestic violence, sexual abuse, human trafficking, and abuses related to U.S. citizenship and documentation.

The Youth Program Leader had the most formal training and overall understanding of the impacts of ACEs and trauma-informed care principles. Through her work with other institutions and individuals, such as school systems, outpatient mental health clinics, and parents who may struggle with parenting, she has a keen awareness of the community's gaps and potential opportunities for improvement. She could also easily identify instances of youths' success that she has seen through communicating with these organizations on behalf of those youth.

There is a readiness to increase the knowledge and awareness of equity and equitable practices in the community, to learn how to have hard conversations, and to reach out to young people to have those conversations too. But conversations about diversity in Carroll County is a sensitive topic. On one hand, there are Carroll County youth and adults working with youth who have experienced discrimination directly (profiling, derogatory slang and slurs, judgment) or observed it firsthand. On the other hand, there are people like the Community and Youth Program Coordinator who is a person of color and has not experienced direct racism here in Carroll County. There are also individuals from the LGBTQIA+ community who feel unsafe in schools. Additionally, any youth may experience conflict with their peers, their parents, or other adult figures related to their views around equity and the LGBTQIA+ community. However, there is an equal if not more substantial subset of Carroll County which has spoken of wanting to remove education related to equity from schools and the community altogether. Both views must be addressed which will require a tiered approach to educating and reaching out to the community and meeting them where they are.

All three interviewees shared experiences and observations of racial and ethical disparities within Carroll County. Racial slurs were underplayed as "normal" in this community, and

implicit bias was mentioned between different groups and races. Equally, all the Interviewees deposited some ideas for decreasing implicit bias, such as looking at the school dress code policies that do not account for different body types and the different ways the same clothing may fit one person versus another. Another suggestion was to offer for community-wide education on trauma-informed language and the subjective judgments of youth who are seemingly just "hanging around on the streets, up to no good" by sharing stories and examples that tell the youth's whole story, not just the parts seen on the outside.

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KEY INFORMANT INTERVIEW – June 13, 2022, from 10:00-11:00 am
Virtual via Google Meet platform.

Interviewee Title: Youth Program Leader

Interviewee Affiliation: A Caucasian woman who helps run several youth programs (referred to as a "Youth Program Leader" from here on).

Purpose: The purpose of this Key Informant Interview (KII) was to gain a deeper understanding of the needs and concerns of our community leaders. This individual was identified as an advocate and change maker in the community for her work with youth and families, especially those who are vulnerable, at-risk, or part of historically underserved populations.

Introduction

The KII began with general conversation about the Youth Program Leader's background and experience leading her to her work with youth. The Youth Program Leader was asked to share what she sees as the greatest needs, biggest gaps, or missed opportunities to engage with the youth she works with. She reported that one of the biggest barriers to engaging and having meaningful relationships with youth stems from their lack of trust in adults. Frequently, these youth have been let down, lied to, and hurt by the adults closest to them. In some cases, the youths' parents or caregivers were outright unable to meet their needs or care for them.

Further, the Youth Program Leader reported that service systems are often set up to respond or react to the behavior, and so we are missing opportunities to preventing or addressing the underlying causes of trauma. As reported throughout, this was also echoed by one of the youth Focus Group Discussions where youth stated that many services are reactive instead of preventative or proactive.

Significant & Unique Themes
- Respite support for families in crisis.
- A forum to listen to the voices of Carroll's youth.
- Transportation.

Questions

> **1. What are the biggest issues youth and families are facing in Carroll County?**

The Youth Program Leader stated that the two concerns youth express most frequently are racism and drug use: drug use by their parents and within the schools. She also said families are facing a lack of respite services, transportation barriers, and a lack of parenting support services. The Leader said respite services for families when a child (or parent) is in crisis are non-existent in Carroll County and are lacking in the state. A lack of respite makes toxic or stressful situations worse over time and results in more serious and long-lasting impacts on the family unit. An ideal respite service would be available for youth to go for a few days to defuse

a situation in the home, or for parents to send their children for care while they receive treatment.

The Youth Program Leader also spoke about an increase in the need for transportation in the past year as new legislation passed to diversify communities by disallowing Section 8 ("HUD") housing to be clumped together in one area of a community. This has resulted in more families moving out of Westminster which is where most services are located. Now families are forced to move to Taneytown, Manchester, and Union Bridge, and they are often stuck once there as there is little access to sports, food pantries, mental health, or other services.

"If a parent is having dark thoughts, they cannot express that in front of their children; if you have a therapist, you do not have a place for the children to go, and [to] talk with the children sitting right outside the door is not ideal."

Lastly, the Leader said parenting resources, education, training, and support are a need. "Parents are struggling with the behaviors and the increased challenges facing our youth today, and that does not mean the parent is bad." She said there is also a lot of stigma around asking for help, where parents feel they cannot ask for help because of judgments they may receive.

2. **As a person living in Carroll County, do you feel respected by your fellow residents/feel like you belong here? Do you think our children and their friends feel respected by their peers/feel as if they belong here?**

The Youth program Leader asserted that youth do not feel valued or respected. The young people attending her programs do not feel heard by adults and feel they are judged for who they are. She shared this example:

> *When going into one of the schools to speak with the support staff assigned to work with a male youth, the Leader was asked, "What did he do now?"*
> *After responding that the youth had not done anything wrong and that the Leader just wanted to talk about him, the support staff replied,*
> *"I don't know why you try; he is a lost cause."*

How do we begin to break down that barrier?
Take the kids into the community, have them do volunteer work and build relationships with community members so they see these kids engaged and giving back.

3. What are the youth worried about?

- Violence and fights in schools.
- Vaping, witnessing overdoses.
- Sex in the hallways where there are no cameras.
- Suicidality and self-injurious behaviors like cutting.

4. What are the adults worried about?

- LGBTQIA+ issues.

"Some parents will not allow their children to participate in our programs because we support LGBTQIA+ youth. We do not preach about it but support and talk about the issues...as they arise."

How do we begin to turn the needle on those barriers and how to engage the community to become more involved with our young people?

The Youth Program Leader said basic life skills would help, and had these recommendations:

- **Connect with businesses** – have youth mentors or allow job shadowing.
- **Help youth experience typical social and business situations** – for example, bring youth to formal dining experiences and teach youth how to order, to pay, and interact with others.
- **Financial and budget management lessons and resources**
- **Drivers' education and instructors** – cover class costs and provide instructors for youth to obtain their learner's permits.

"These are skills that may cause [adults] to judge someone if they lack them. These youth do not have anyone in their lives teaching them things like [restaurant] etiquette."

Closing: **What did we miss? What didn't we ask that we should be asking?**

"The biggest thing is just listening to the kids. We don't hear [them] enough and give them enough credit for their insight. They need help communicating it appropriately, but they will almost always step up if you ask them or challenge them. They want to succeed."

The Youth Program Leader also said that conflict resolution skills and support for the parents and youth involved on how to address these issues between families would be helpful. She shared an example of a bullying situation: Once the parents got involved, the two youth were no longer allowed to sit near one another on the bus, so they had to sit at opposite ends of the bus. When the kids were asked if they had made up, they responded, *"No, we are not allowed to talk to each other. It's been two years."* Rather than teaching them the skills to resolve the issues or conflict, they cut off all communication.

KEY INFORMANT INTERVIEW – June 16, 2022, from 1:00-2:00 pm
Virtual via Google Meet platform.

Interviewee Title: Case Manager

Interviewee Affiliation: A Latino man who provides case management for at-risk individuals in the community, especially those who speak Spanish (referred to as "Case Manager" from here on).

Purpose: The purpose of this Key Informant Interview (KII) was to gain a deeper understanding of the needs and concerns of our community leaders. This individual was identified as an advocate and change maker in the community for his work with individuals and families, especially those who are vulnerable, at-risk, or part of historically underserved populations, such as those of Hispanic or Latino descent.

Introduction

The KII began with the Case Manager sharing his experiences, the needs, and services he sees from his work, and the needs of Hispanic and Latino individuals here in Carroll County. Speaking from experience, the Case Manager shared that there has been a lot of movement of Hispanic and Latino individuals from their areas of origin to Carroll County; he cited the U.S. Census as a source. According to the Case Manager, these individuals are looking to move to areas in which there are resources: where housing is cheap and where schools are safe, affordable, and have an excellent curriculum.

Significant & Unique Themes

- Mental health services, especially those which are available in Spanish.
- Financial resources.
- Translation services and other communication outreach efforts.

Structured Questions:

> 1. **What are the most significant issues youth and families are facing in Carroll County?**

Mental health needs. There are many barriers facing Latino families when seeking mental health services. The Case Manager shared a few of the barriers experienced by the Latino community:

- Lack of insurance or lack of covered services due to insurance. The Case Manager shared his own personal experience of trying to find mental health services in Spanish for his family:

    "I…cannot find local coverage [based on] my insurance, so I am limited to telehealth or out of the county."

- Lack of documentation (proof of income, immigration status, citizenship documents) and a lack of understanding the need for these documents to access services. The Case Manager shared this:

> "How do I show [proof of] income if I am paid in cash? Psychiatric care, primary care physician - if you have no documentation then you cannot get those services. If you do not have the basic requirements, you are in trouble."

- Language barriers and lack of translation services. The Case Manager emphasized that trust is a huge concern when you do not understand the language and when there is a lack of translation services available to you. Additionally, if neither the language line (a translation-by-phone service commonly used by larger institutions) nor bilingual staff members are available then that individual is left without a way to communicate, to understand the requirements for accessing services, or to understand what the different services offer (citizenship, legal matters, mental health services, housing, food, et cetera).

- When asked to share what he sees as the greatest needs, most significant gaps, or missed opportunities to engage children, youth, and families, the Case Manager had this to say:

> "If someone is looking for mental health treatment, it is a challenge. You can consider it a luxury to find mental health treatment in Carroll County. …If you have a therapist, you can pat yourself on the back because you're lucky."

2. **How do we link that better? In Carroll County, we are trying to increase outreach efforts, to make services more accessible and find solutions for these barriers, such as documentation, language, and care access. How do we get there? What can we do better to achieve this?**

> "Carroll County is doing the right things to improve these situations."

The Case Manager stated that Carroll County does not have the number of Latinos that neighboring counties have, but that does not mean the services are not needed here. He also asserted that targeted outreach to the Latino community is needed, and the Case Manager stressed that the dynamic is different.

> "There are families in need. Because of language barriers and cultural differences, they do not go and knock on your door seeking it. They are afraid. Because of their immigration status or lack of documentation showing what they make [in cash] … And if they reach out, be it for medical, housing, [or] food, they fear they will lose everything they have."

"People are sleeping in closets because they cannot afford an apartment, sending children to school for meals - the *only* way to get meals - not going to the doctor because they do not have transportation or the appropriate documentation [to qualify for things like sliding scales and such]."

RECOMMENDATIONS

- **Surveys available in Spanish** and other languages
- **Education to minority populations**
  - First, break down the stigma that asking for help is a shameful thing to do.
  - Then, educate on how and where to find services, such a process map that shows the services [immigration/legal issues, mental health/medical issues] and what you need to access that service [documentation, contact, resources].

3. How do we educate and start breaking down the barrier of fear?

The Case Manager suggested to first educate families that there is nothing wrong with asking for help from an agency. This is crucial because in Latino culture, asking for help is often taboo or seen as shameful and something to be kept within a family.

Beyond linkage to those services **(**where to go for housing, mental health, food, etc.), the Case Manager recommended that service providers walk alongside Latino individuals throughout the process. They should help identify what the individual needs to know for each service or agency, because it may vary. Families may go to one agency and get the wrong information [or no information at all], and because they are unfamiliar with local services, they do not know where to go next or that there even are other options.

Educating the Latino community on the basic needs for documentation was another suggestion. For example, educate people on what they will be asked for, what they can provide, what to do if they cannot provide the correct documentation, and what will happen when they try to obtain that documentation. The Case Manager stated that it is also important to account for needing language services, meaning that when someone needs to access an interpreter the length of time needed for an appointment is greater.

Holding events and spotlighting the different cultures in Carrol County was another suggestion to learn about one another and embrace the community's diversity. The Case Manager talked

about his workplace where they hold potlucks and other staff events to which he will bring food from his culture to share. These events provide an opportunity for staff to ask and for him to educate them.

Lastly, the Case Manager brought up educating staff and providers. People may be curious about and may want to understand someone else's culture; however, there may be a fear of getting something wrong and the offense or impact it may have on someone.

> "Cultural diversity training is needed in our county… Providers need to better understand the cultural differences and how that plays into even seeking help."

> 4. Do you [and other members of the Latino community], or other minority members who you work with and engage with in the community, feel included and respected in our community?

He said, "Across agencies, I have felt and witnessed staff trying their best to provide the services possible to the client. …there is always room for improvement." The Case Manager then cited the 2022 demographics of the County (from the U.S. Census) which show increasing numbers of Hispanic and Latino individuals in Carroll County. He stated that staff training should be ramped up to meet the needs of service providers and outreach to families.

How do we do that? Create and coordinate? Who do we work with?

He suggested town halls or targeted focus groups with minority members, facilitated by someone they trust in partnership with community leaders; members of the Latino, North African, Ethiopian, etc. communities should be invited to share and have their peers hear about their experiences in Carroll County. Email blasts or social media posts highlighting or spotlighting a different culture in the community may also be helpful. For example, "*This month we are highlighting [this person] who works at [this agency] and is from [this area of Latin America]."* Then provide a synopsis of where that is, what it is known for - food, culture. Teach/educate on cultures in our backyard.

> 5. **Are you familiar with ACEs? Are Hispanic and Latino families familiar?**

The Case Manager was familiar with the term through his work. Of families, he said "That is something that needs to be addressed. In the Latino community, you keep it in the family, it is no one's business and no one talks about it."

"We need to teach families to address this trauma, the pain that families go through; trafficking, domestic issues, immigration, and sexual abuse, no one talks about it. We need to teach them that they can talk about it - that is okay. Breaking down the barrier and stigma around reaching out for help. If you are not reaching out for the basic needs, you are not reaching out for the more significant traumatic issues either. There is a lot of shame."

6. **How do we become more trauma-informed? As we look through this lens of children, youth, and families in the services we provide and, in the response, we have to people when they are struggling?**

The Case Manager suggested conducting outreach on the ground in our neighborhoods and to targeted areas that are of interest to these families. For example: Sundays are a big gathering day for the Latino community. Many Latinos gather at St. John's Church, which is an opportunity to partner with them to provide information to the Latino community. "When they have the information, they will reach out." They also play soccer by the hundreds - we can go to them and provide outreach there.

Closing: Is there anything we missed? What do we need to talk about that we missed?

Stigma: The Case Manager stated that we need to normalize that feeling, walk alongside clients, adjust services to families' needs, and explore the barriers for each client or family to better address them.

"Families are so afraid to ask for help. Not just Latino [families], they feel bad about asking for help. They are so embarrassed, and they think that they never would need to get this help and that must mean something is wrong. That feeling of shame is so powerful: *"I'm afraid of reaching out; my son is struggling,"* but [they] cannot even send [him] to a doctor or therapist if one does not have the money, insurance, or coverage for care."

Interviewee Title: Community and Youth Program Coordinator

Interviewee Affiliation: An African American man who coordinates community events and programs for youth (referred to as a "Community and Youth Program Coordinator" from here on).

Purpose: The purpose of this Key Informant Interview (KII) was to gain a deeper understanding of the needs and concerns of our community leaders. This individual was identified as an advocate and change maker in the community for his work with youth, individuals, and families, especially those who are vulnerable, at-risk, or part of historically underserved populations.

Introduction

The KII began with the Community and Youth Program Coordinator sharing his experiences, the needs, and services he sees from his work, and the needs of his peers and community members here in Carroll County. The coordinator was open about his experiences as a young man who actively engaged in risky and dangerous behaviors, to the extent that he was kicked out of mainstream schooling. Today, the Coordinator runs a successful organization that works with numerous youth and adults and is highly connected to and involved with the community.

When asked what led to this change, the coordinator said:

The coordinator spoke about the importance of giving youth opportunities to explore different recreational, career, entrepreneurial options; he emphasized that this needs to be done with youth at younger ages. This is another theme throughout the other conversations we have had during this assessment process.

"Everyone around me was getting arrested or dying. …I had been arrested. I needed to get out. I started reading and something triggered in me, helped me see other perspectives and ways of influence. …I started educating myself. I had to learn to beat people with my mind and learning, not with physical fighting anymore."

Significant & Unique Themes
- Giving youth opportunities to explore different recreational, career, entrepreneurial options, and at younger ages
- Financial support for those in the middle-class/on-edge/single-parent household
- Transportation

> 1. **What are the biggest issues youth and families are facing in Carroll County?**

- Financial support, especially for single-parent households. Individuals might have too much income to qualify for benefits but not enough to pay for their own. And for those who might be able to afford the benefits, then they cannot afford the extra costs (copayments) for mental health appointments. Or individuals may get a job but then cannot afford the childcare. The Coordinator said, "That is depressing and the cycle keeps going."
- Transportation. The Coordinator would start a transportation business if he had the funds for it. He said they already provide transportation to their events and activities but reported that he needs more vehicles to get to other services. The adults in his program could be the drivers for those vehicles, which would also provide skill sets for them.
- Funding for community organizations. The Coordinator is currently trying to identify funding to hire more staff and purchase additional vehicles.

> "I just got one vehicle and if I could get two more, I know someone could single-handedly make a difference. We just need to get out and do it.
> That is what we are doing."

> 2. **As a person living in Carroll County, do you feel respected by your fellow residents/feel like you belong here? Do you think our youth and their friends feel respected by their peers/feel as if they belong here?**

"There are not a lot of people that the kids respect. … When you are 15, it's not cool to go to [some community programs]. Yet it is around this age, 14-15, that they are getting into trouble."

The Coordinator spoke of needing more recreational activities that youth want to go to. He recommended building entrepreneurial skills and options for them to get involved in such as podcasts, photography, recording, event planning, et cetera. He asserted, **"**Our kids can't get that in [Carroll County] schools. They cannot afford to get it anywhere else. Adults are not offering to teach them, engage them."

3. **When we met with two youth groups, we asked both groups for one word to describe Carroll County, and the most common responses were "racism" and "judgment." As a person of color, have you experienced that same racism or judgment here?**

"I think the youth feel that way because when you feel singled out, you start acting another kind of way. You put yourself out there, looking different, hair, funnily dressed…and we assume judgment and that doesn't necessarily mean we are racist. It might mean they are looking at you because of how you choose to put yourself out there."

The Coordinator noted that there may be some discrimination and bias but shared that he had not personally experienced it. He believes Carroll County is becoming more diverse.

4. **When it comes to the work you do in the community, what does it mean to be trauma-informed? What about ACEs? How do you see that impacting our community?**

The Coordinator had "heard about" ACEs but was not overly familiar with the term. His suggestions included treating people one a case-by-case basis, meeting them where they are, and acknowledging that some people may be stuck in their ways and not wanting to acknowledge the burdens or barriers facing youth and other community members.

He also pointed out the lack of mentors in Westminster, especially male mentors. "[There are] not a lot of dads," he noted, and then asked, "How do we support the fathers who want to do better?"

RECOMMENDATIONS

"Suppose we had a team of people that could go to your house. I am calling, knocking on the door, helping get them out of bed, and reaching in to help them where they are at and then holding their hand for a while to get them on the path. Someone needs you [a peer] to take them under their wing. Champion. Cheerlead. Just be there."

Closing: Is there anything we missed? What do we need to talk about that we missed? How do we begin to take action on these needs and gaps you have identified?

The Coordinator offered some questions to consider:

> "Is there anything that could help you be successful? What would you say? Many might say money, but [what about] when you dig deeper into what you like to do? … And, they might just say, I just want friends, or I need a babysitter to go to work. Ask, and ask in different ways. … There is a lot of good happening in this county and we do not know about it."

He also suggested that the community support current organizations and programs; there are small organizations that are engaged and in tune with what is going on in the community. With more funding, they can expend their work and enhance the positive impact they have.

Lastly, the Coordinator emphasized that youth should get involved in the politics of Carroll County Government.

He ended the interview with a story about how he has turned his life around and is now collaborating with the same people he acted against as a young man. Now, they work together to create positive change in the lives of Carroll County residents.

"I was once the ringleader, and now I am leading these guys out."

Appendix C: Community Survey Summary

A brief synopsis of Community Survey Responses and the PDF of all survey responses can be made available by request.

2022 Carroll County Local Management Board Community Survey Details

Length of Survey	April 11, 2022 – June 30, 2022 (80 days)
Responses	450 received via SurveyMonkey
Questions	48 questions: 9 specific to youth, 13 specific to providers, 9 related to demographics.
Context	Of all 450 survey respondents, only 322 (71.6%) completed the demographic questions. This means only 71.6% of survey responses can be disaggregated by marital status, geographic location, age, race, ethnicity, education, work status, gender, and sexual orientation. This Community Survey was shared widely among Carroll County Public Schools (CCPS) staff and parents of CCPS children; because of this, many survey responses focus on education and the schools. This Community Survey was also shared with organizations and groups that were involved in recent events such as the Board of Education's Flag Policy and subsequent silent and peaceful protests. Because of this, many survey responses have a focus on LGBTQIA+ representation, especially in schools.

Executive Summary

Carroll County continues to perform well on most Indicators (i.e., markers of success) featured in the Child Well-Being Scorecard related to children, youth, and families. This implies that services and supports are adequate for the needs of many in Carroll County. In addition, there are robust community partnerships, collaborative efforts to engage and include a community voice in current issues, creative programs, initiatives to address local needs, young people interested in being part of the solutions, layers of diversity, and opportunities to come together as a community.

However, in reviewing Carroll County's data related to the Well-Being Scorecard, many of the sources had not collected or provided data during recent years and consequently offered no data during the Covid-19 pandemic. In other cases, the indicator sources had no data publicly available. Further, this data when disaggregated sometimes tells a different story: certain trends for historically underserved populations are less favorable than the trends seen in aggregate and in comparison to certain populations, such as those identifying as White/Caucasian. This indicates that the local services available for children, youth, and families are adequate for some but not for all (i.e., these historically underserved populations).
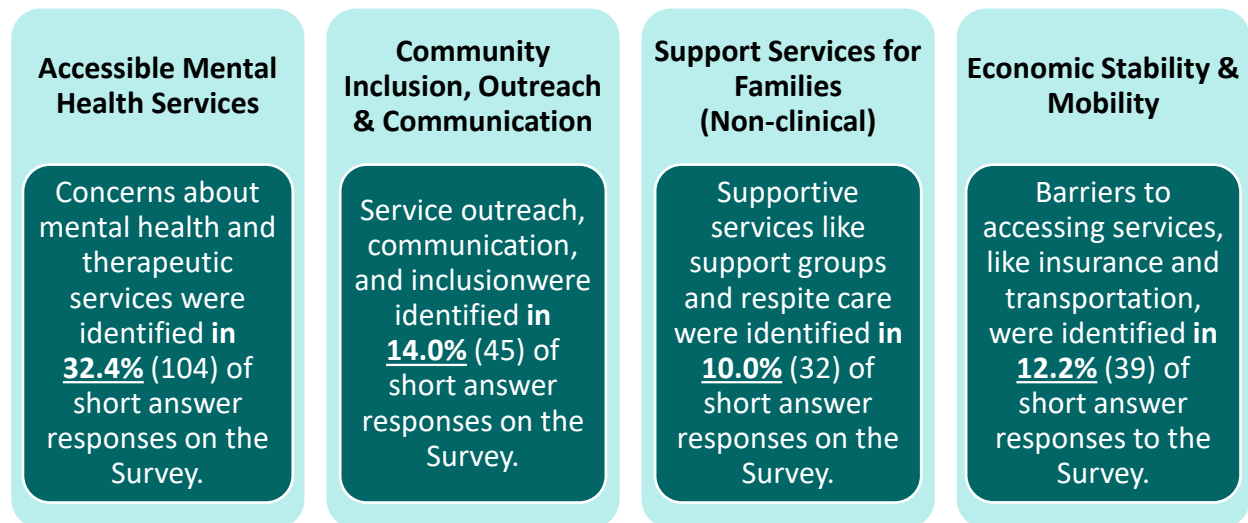
Because of this, the Carroll County Local Management Board (CCLMB) Strategic Planning Committee and this Consultant developed this Community Survey to identify additional local data to compare to the Well-Being Scorecard data; analyze the needs, gaps, and barriers

experienced by children, youth, and families in Carroll County when trying to access services; and allow community members to provide their candid feedback on these services and needs. The responses to this Survey helped inform the CCLMB's Community Assessment, subsequent Community Plan, and future strategic planning and priorities by providing a more complete set of measures to show greater depth, breadth, and nuance in the community's successes and challenges.

While a comprehensive review of the Survey findings will be addressed in this report, it is essential to acknowledge the efforts and progress made by the CCLMB in earlier assessments. In its work before the 2022 Survey and Assessment, the CCLMB identified and prioritized the following areas of improvement:
- Support disconnected/opportunity youth in becoming successful, independent young adults.
- Provide and enhance services for youth experiencing suicidality and self-injurious behaviors.
- Provide navigation for children and their families experiencing poverty, a lack of resources and support, and other broad, complex issues.
- Ensure Adverse Childhood Experiences (ACEs), racial and ethnic disparities, trauma-informed approaches, and research-based practices are addressed in local programs and services.

This report summarizes responses from the Survey conducted between April 11, 2022, and June 30, 2022. The table below shows themes identified throughout all methods in this 2022 Assessment process, as well as items on how the Survey responses aligned with those themes:

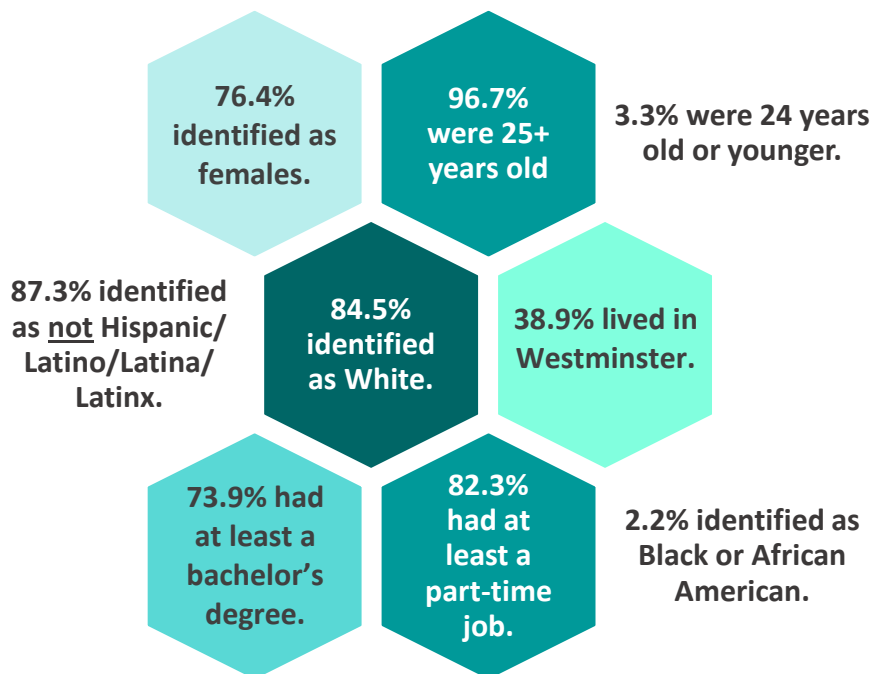| Accessible Mental Health Services	Community Inclusion, Outreach & Communication	Support Services for Families (Non-clinical)	Economic Stability & Mobility
Concerns about mental health and therapeutic services were identified **in 32.4%** (104) of short answer responses on the Survey.	Service outreach, communication, and inclusionwere identified **in 14.0%** (45) of short answer responses on the Survey.	Supportive services like support groups and respite care were identified **in 10.0%** (32) of short answer responses on the Survey.	Barriers to accessing services, like insurance and transportation, were identified **in 12.2%** (39) of short answer responses to the Survey.

Other key themes in this survey related to housing and homelessness (in 22/321, or 6.9% of responses) and services for children and youth with disabilities (in 18/321, or 3.4% of reactions). However, these themes were not a focus in other assessment methods.

Methodology

This Survey was developed to hear from the community about their experiences living in Carroll County and in accessing services, and to hear their opinions on the adequacy of current resources to meet barriers and gaps. The Survey data complements other qualitative data methods used throughout this assessment and will be used to assess the local service delivery system for Carroll County's children, youth, and families.

The CCLMB consulted various community leaders throughout the development of the Survey and questions were tested and revised with guidance from four individual reviewers. Ultimately, the CCLMB Community Survey yielded 450 responses from individuals as young as 12 (with parental permission). Of the respondents who completed the demographic questions (322, or 71.65%):

76.4% identified as females.

96.7% were 25+ years old

3.3% were 24 years old or younger.

87.3% identified as not Hispanic/ Latino/Latina/ Latinx.

84.5% identified as White.

38.9% lived in Westminster.

73.9% had at least a bachelor's degree.

82.3% had at least a part-time job.

2.2% identified as Black or African American.

According to the U.S. Census Bureau, this aligns with the County's census data (see Demographics section). After initial surveying, the CCLMB Strategic Planning Committee targeted certain subpopulations to increase the number of respondents with diverse demographic backgrounds and extended the timeframe for the survey to allow for potential additional respondents following community outreach and promotion at community events, such as the Juneteenth in Carroll event. For a complete list of outreach efforts, see Appendix E.

In addition to analyzing data from this Survey, the current Child Well-Being Scorecard for Carroll County, and other local and available data, the following methods were implemented for this CA:

- Key Informant Interviews (KII)
- Focus Group Discussions (FGD)
- Cognitive Interviews

Within the Survey, community members had the opportunity to sign up to participate in a Focus Group Discussion to assess their perception of community needs further.

Community members were invited and encouraged to complete this Community Survey in a variety of ways and utilizing established partnerships (such as staff within partner agencies like Carroll County Public Schools) for crucial marketing and data collection strategies.

In addition, a paper version of the survey was available by request, and additional efforts were made to engage with Hispanic and Latino community members. For a complete list of outreach efforts, see Appendix E.

Significant and Unique Themes

Our results revealed the following summary of opinions by community members who completed the survey:

- ***Accessibility of Mental Health Services* –** Participants indicated having trouble accessing mental health services; Follow-up assessment methods (KII and FGD) were used to determine detail on specific issues with access (see Appendices A and B for summaries). Ultimately, there were gaps and barriers reported in identifying services and their locations of services, obtaining timely or specialized services (related to diversity, equity, and inclusion, the availability of appointments and providers, and fiscal obstacles such as insurances and copayments—along with discrepancies in understanding the process of accessing coordinated services.

- *Community Outreach and Marketing –* The respondents indicated they were largely unaware of the array of services available in Carroll for children, youth, and their families, specifically around behavioral health (questions #2 and 3 on the survey). This skewed heavily toward respondents saying they never needed or had never heard of the service (Question #2). A school professional in one of the FGD also noted how much information they as parents and professionals must process, how easy it is to get

CONSIDERATIONS

Although professionals in the field may be aware of the services (where to go, how to access them, and who to call if we do not know), community members may not know where to go without personal knowledge or need. Therefore, this is an opportunity for the CCLMB to increase community relations with peers, service providers, and the public.

overwhelmed, and the struggles providers experience in helping participants navigate multiple services at once.

- *Transportation and Service(s) Location* – Carroll County is a primarily rural jurisdiction and so has experienced historical transportation barriers, not new to this assessment; however, respondents expanded on the frequency and intensity of those barriers in accessing care compared to the increasing need for mental health services; this need is intensifying for members of this community. Transportation was among the top three most mentioned needs or barriers within the Survey short answer responses. This need has been compounded by the isolation forced by the COVID-19 pandemic and its restrictions; the relocation of housing assistance voucher boundaries (Section 8 "HUD") to areas lacking services for children, youth, and families; services that are not accessible to those with disabilities or those speaking languages other than English; and services which are specialized for those identifying as LGBTQIA+ or another historically underserved group. There was a split between recommending that all services be more centrally located (like a "hub") while others suggested scattered services (like satellite locations) throughout the County.

- *Community Training and Education* – Alongside each of the different data collection methods, a theme emerged throughout the needs, gaps, and opportunities around training and education. These opportunities include teaching the community a shared language that provides a positive focus for stakeholders, builds on society, and helps people to feel like they are in the know. There are many different agencies, programs, and acronyms used that are confusing and unclear to the community and those who may need to access the care. If people do not know what a service is called, they do not know what to ask for. This is an opportunity for the LMB to educate and increase awareness around language, terms, and various ways to access or qualify for the services. Additionally, parent training consists of slang (emojis) and other terms youth might use to indicate risk factors, along with different developmental stages helping parents navigate the challenging adolescent years.
    - o Over 60% of respondents indicated they either did not know or preferred not to answer when asked if they felt respected or valued when accessing a service (Survey question 6). Although this does not mean disrespect is occurring, it indicates significant potential. This is an opportunity to generate a culture of acceptance and to educate and model evidence-based programs and best practices.
    - o 37% of the providers (31) are not certified or trained in Evidence-Based Practices (EBP), which Hopkins Medicine defines as a process used to review, analyze, and translate the latest scientific evidence. This is an ideal place where additional training would likely improve service provision for the County.

- *Economic Status and the added financial burden associated with COVID-19 –*
Families in the community have been teetering between the poverty line and wealth; in the wake of COVID-19, this phenomenon seems to be occurring more frequently or touching families unaffected before the pandemic. This theme was supported throughout the assessment methods (KII and FGD). COVID-19 has not only impacted the number of people living paycheck to paycheck but also the gap between having a job, qualifying for benefits with that added income, and the lack of funding to support obtaining basic needs. This is emphasized by the fact that healthcare costs are what families and community members forego first when money is tight (see Survey question 8).

> **WHEN MONEY IS TIGHT, WHICH OF YOUR BILLS OR EXPENSES DO YOU NOT PAY?**
>
> - Most respondents (64.9%, or 292) indicated this was **not an issue**.
> - However, those that did experience this (13.3%, or 60) stated the first thing they do not pay when money is tight is **healthcare (medical, dental, mental health, or medication copays or costs)**
> - The second thing families do not pay for when money is tight is **basic needs (hygiene products, clothing, etc.)**, as reported by 11.11% (50) respondents.

Conclusion

The Community Survey relies on self-reported opinions and perceptions of information. Therefore, respondents may under- or over-report specific attributes. Additionally, specific subpopulations of Carroll County may have been underrepresented (there were fewer White Survey respondents than there are in Carroll's population) while others may have been overrepresented (such as individuals identifying as advocates for those identifying as LGBTQIA+). It is also important to note the Survey was conducted in the Spring, a historically busy time of year for educators and students completing the school year which impacted engagement with student groups like the Student Government Association.

As themes began surfacing, layers of opportunities became apparent in meeting community members and agency partners where they are. This could include options for integrated communication through social media posts circulated through multiple organizations; additional events or opportunities for community education; renewing cross-training between organizations with rotating agencies and education offerings; and supporting the certification of providers in available evidence-based practices.

Accessibility of Mental Health Services – Survey questions 1-3 and 9-11 looked at the community's experiences about their awareness of and access to a variety of youth and family services offered within Carroll County. This includes the respondent's feelings of being valued and respected, identifying barriers or challenges, and any known needs or gaps in local services.

21.2% of Survey respondents on average indicated they "never heard of" these services; 56.5% on average reported they "never had/never tried" to get these services. When comparing this data to other methods of collection, one could interpret these findings to mean there is not a need for mental or behavioral health services since many respondents had never tried them. Alternatively, it could support a need to educate the community on such services as they are unaware of what the services are and how they could benefit from them. The latter is supported in Survey question 3; when asked what services were needed in Carroll County but were not available, nearly half of respondents (90 out of 200) mentioned mental health care as a gap. This supports the need for increased community outreach, education, and communication strategies in future community planning.

The following is a list of barriers respondents reported experiencing when accessing services:
- Inconvenient location of services.
- Mental health therapists and/or certified licensed clinical social workers (LCSW-C) in the schools separate from and in addition to school counselors.
- Trauma sensitivity/trauma-informed care training for all staff of community service providers, especially in youth-serving organizations.
- Therapy during school to support families with barriers related to transportation and free time.
- Services for those with private insurance and for those with Medical Assistance, as well as financial support for copayments and out-of-pocket costs.
- Options and support for youth at age of consent to access mental health treatment but do not have assistance from their parents or caregivers.

Community Outreach and Marketing – In reviewing the opinions, feelings, and concerns of community members as well as the qualitative data collected, reflection on the current community outreach and marketing efforts, the standard crossover, and opportunities to enhance those efforts is a clear focus. When immersed in community services every day, providers may at times lose sight of how consumers learn about and comprehend those community services, meaning what is clear and familiar to some is not at all familiar to others. One respondent mentioned how challenging it is to retain all the information sent from the school system, stating that it is nearly impossible to track all the other outside community efforts simultaneously. They cited opportunities for improved communication efforts through the use of social media.

Transportation and Service(s) Location – No different than in years past in Carroll County, transportation services remain a frequently mentioned need and a barrier to accessing services. While the CCLMB does not have direct authority or impact on transportation, thanks to partnerships in the community they can provide data to those who can impact local transit. Additionally, promising programs are being developed to address transportation on smaller scales to support youths' access to recreational activities, employment, trainings, and other enrichment programs.

Community Training and Education – Training and education were other suggestions made by Survey respondents, both directly mentioned and indirectly implied. Although there is a wealth of available resources for training and education, a brief and targeted plan would be beneficial in better meeting the needs of those community members seeking these opportunities. For example, training opportunities could range from any of the following topics but should be directed to whichever is of most interest or utility to the community: building capacity, increasing awareness, providing education, and creating a common language and providing evidence-based certification and other specialized training for practitioners. Providing these education and training efforts to include opportunities for non-clinical staff and community members would also have a positive impact on the community in developing embedded champions of the work, empowering youth, and other future change-makers, and equipping front-line staff such as case managers and peer support specialists to provide the most trauma-informed services possible.

Economic Status and Financial Burdens Associated with COVID-19 – As mentioned above, the increased frequency and intensity of financial burdens on families was a theme identified in the Survey. Some families reported difficulty in "getting by" pre-pandemic and are now truly struggling to make ends meet. Because of these economic challenges, these families may be experiencing a decrease in the financial means to access critical mental health or primary health care due to costs associated with copayments, transportation, and gas.

Recommendation/Links or Considerations:

- Although the CCLMB cannot influence CCPS policies or procedures, they have collaborated in past community initiatives. These entities could partner again to expand communications and education efforts for parents and caregivers.
- The CCLMB could also work with local community service providers to increase community outreach, education, and communication strategies. This would be a prime area for the CCLMB to use its position as a subset of Carroll County Government to enhance local communication efforts for the benefit of its residents.
- The CCLMB could also work to implement a trauma-informed framework that embodies all parts of the community and its members, beginning with naming and defining the language used and educating the community.

Appendix D: Carroll County Local Management Board Members

As of June 2022:

Staff: Gabby Zelaya, Manager

Mandated Members:
- Brian Gass, Program Supervisor for the Carroll County Department of Juvenile Services
- Katherine D. Green, Supervisor of Student Services – Pupil Personnel
- Vicky Keller, Director of the Carroll County Department of Social Services
- Marie Liddick, Acting Deputy Director for the Local Behavioral Health Authority
- Sue Doyle, Health Officer for the Carroll County Health Department

Other Appointed Members:
- Celene Steckel, Director of the Carroll County Department of Citizen Services
- Nicole Jackman, Director of Client Services for Carroll County Springboard Community Services
- Amy L. Jagoda, Coordinator of Mental Health and Student Services for Carroll County Public Schools
- Judith I. Jones, Equity and Inclusion Officer for Carroll County Public Schools
- Christina Ogle, Branch Manager of the Westminster Public Library and Chair of the Local Management Board
- Heather Powell, Manager of Carroll County Workforce Development
- Katelyn E. Speert, Executive Director of Together We Own It
- Javier Toro, Housing Stability Program Coordinator for the Carroll County Department of Citizen Services
- Scott Yard, Executive Director of Human Services Programs of Carroll County, Inc

Appendix E: Community Assessment Outreach Efforts

A core objective behind this Assessment was to hear from as many people in Carroll County from a diverse sampling of backgrounds and perspectives. This is to ensure the completion of a comprehensive evaluation to identify the needs of all Carroll County children, youth and their families and to create an informed, sustainable Community Plan. In order to accomplish these goals, concentrated efforts were made to reach historically underserved or underrepresented community members:

Survey sent directly to staff of the following organizations:
- Department of Juvenile Services (DJS)
- Department of Social Services (DSS)
- Carroll County Government (CCG)
- Boys & Girls Club of Westminster (BGCW)
- Penn-Mar Human Services
- Human Services Programs of Carroll County Inc (HSP)
- Carroll County Public Libraries (CCPL)
- Carroll County Public Schools (CCPS)
- Carroll County Health Dept (CCHD) & Local Behavioral Health Authority (LBHA)
- Division of Rehabilitation Services (DORS)
- Together We Own It (TWOI)
- Carroll County Youth Service Bureau (CCYSB)
- Catholic Charities/Head Start
- Girls on the Run
- Potomac Case Management Services
- Get Connected Family Resource Center
- Carroll Hospital Center
- Access Carroll
- Life Renewal Services
- Catastrophic Health Planners
- Springboard Community Services
- Carroll Community College
- McDaniel College
- Parents, Families, and Friends of Lesbians and Gays (PFLAG)
- Circle of Caring Homelessness Board
- Early Childhood Advisory Council
- Early Screening, decision Making, Assessment, Referral, and Treatment (E-SMART)

The following additional efforts were made by the CCLMB to encourage Survey completion:
- Posted on Chamber of Commerce (both via their website and email blasts)
- Targeted communications to CCYSB clinicians
- Targeted communications to CCPS behavioral staff and all CCPS parents
- Targeted communications to Carroll County Ministerium (various churches)
- QR code and links in St. Paul's United Church of Christ newsletter and Poor People's Campaign May 1st
- Shared via partnerships with provider listservs, including the LBHA
- Targeted communications to Carroll County NAACP Branch
- Inclusion in CCLMB email signature for duration of survey (over 60 days)
- Press release through Carroll County Government
- Shared with families of the BGCW

- Flyers posted at the first Juneteenth in Carroll event

At the close of the Community Survey, the CCLMB made targeted efforts to invite specific individuals and groups to participate in focus group discussions:
- Student Government Association (SGA) – unsuccessful due to time of the school year and students' commitments
- Carroll Citizens for Racial Equity – unsuccessful due to availability of members and their commitments
- Carroll County NAACP Branch – unsuccessful due to availability of members and their commitments
- General community members – unsuccessful due to lack of response after reaching out to respondents to schedule