FY 2021 City of Lawrenceville, Georgia ReCAST Grant

A-1. The City of Lawrenceville, Georgia 30 miles to the northeast of Atlanta and is the county seat of Gwinnett County, the second largest county in the state. Local government consists of a Mayor and four City Council Members with a City Manager responsible for operations. With a population of 29,401 residents in a county of almost 1 million, Lawrenceville faces unique challenges including citizenry who are unaware of the borders and differences in city and county jurisdictions; a majority minority population (45.5% white, 34.7% Black, 6% Asian, 25% Hispanic/Latinx) with leadership that is not representative of the people served; and increasing rates of poverty in a suburban community where social services organizations lack capacity to meet the growing needs of their diverse citizens. Over 20% (20.1%) of the population lives below the poverty line, including 30.5% of children under 18 and 23.7% of adults ages 18-34. Long-term effects of poverty lead to many citizens living with high levels of trauma and uncertainty. The events of civil unrest and the COVID-19 pandemic have heightened the levels of trauma and anxiety for citizens, for youth, and for community leaders¹.

Youth in Lawrenceville are impacted by higher rates of poverty than their peers in other areas of the county. The youth we serve with this project attend two school clusters (Central Gwinnett and Discovery) where 75.57% and 78.84% percent of youth are enrolled in free or reduced lunch program, and the ethnicity of students averages 8.5% White, 32.5% Black, 6% Asian, and 45.5% Hispanic across the two clusters. The city's poverty rate is 21.5% with a median household income of \$47,169 contrasted with Suwanee, another Gwinnett County city, where the poverty rate is 5.3% and the average income is \$86,890².

The City of Lawrenceville police department is comprised of 73 sworn positions, 85% white and 12% Black with one Latinx and one Bosnian staff. The police force is 90% male and 5% female. The police department has three bureaus, Uniform Services, Criminal Investigations, and Administrative, each represented by one Captain who reports to the Assistant Chief of Police. There have been six external complaints and three internal investigations. Community policing efforts include a full-time Community Outreach Officer, an eleven-week Citizens Police Academy held annually, firearms safety and first aid courses, and social media outreach.

Civil Unrest: In May 2020, the murder of Ahmaud Arbery in south Georgia followed by the officer-involved death of George Floyd led to large scale protests in the metro Atlanta area, including the City of Lawrenceville. Youth groups organized and led half a dozen of Black Lives Matter protests. Many were peaceful, but some instances of violence including clashes with police, destruction of city and government properties, early closures of area businesses, curfews, loss of revenue, and arrests occurred.

Population of Focus-High-risk youth and their families face inequities in education with degree attainment almost 70% lower than the US average³; underinvestment in community, and unjust policies that limit access to economic opportunity and have led to generations of families living in poverty. The second primary population we will serve consists of a wide scope of Lawrenceville citizens, including City of Lawrenceville staff, first responders, educators, church

¹ 2019 American Community Survey 5-Year Estimates Data Profile

² Retrieved from <u>https://datausa.io/</u>, February 9, 2021.

³ Retrieved from <u>https://www.usnews.com/news/healthiest-communities/georgia/gwinnett-county</u>, Feb. 1, 2021.

leaders, health and human service providers, local business owners, and members of the community. These populations interact with high-risk youth and their families through schools, churches, social and professional networks, support services, law enforcement, and beyond.

A-2. Lawrenceville ReCAST will provide funding to address the city's resource needs and leverage existing assets to serve the target populations.

Needs 1: Lack of civics education and understanding of policies and procedures of local government. Conversations with protestors initiated by city leaders in June 2020 revealed many residents and youth did not understand the differences between city and county government jurisdictions, creating confusion about who is responsible for what amongst citizens, especially youth. The county jail located on their border also leads to individuals, some with a propensity for violence or higher rates of untreated illness, walking into the city limits, including an incident resulting in an officer-involved shooting in January 2020⁴. The city does not have formal resources for addressing gaps in understanding of civic matters or police procedures. The Chief of Police and Mayor set a precedent for open dialogue between city leadership and citizens of Lawrenceville during and immediately after the May 2020 racial justice protests. Youth organizers requested to learn how they can affect change in their community by partnering with city leadership and law enforcement and increasing their civic education and engagement.

Needs 2: Lack of trauma informed practices. The City of Lawrenceville proactively implemented Mental Health First Aid for Lawrenceville Police and staff and actively seek more opportunities to implement trauma-informed practices in all aspects of their work. However, health disparities remain a concern. In 2019 Lawrenceville residents identified mental health services as inadequate and inaccessible and community awareness of resources available within the county was low⁵. The Chief of Police also identified inadequate mental health supports for officers and supportive services for crisis intervention. While new partnerships are forming with providers to address mobile crisis intervention, these resource intensive needs often leave no room to support ongoing mental healthcare needs.

Needs 3: Lack of a cohesive system to address social determinants of health. The City of Lawrenceville will work collaboratively with community partners who impact factors that influence social determinants of health(SDH). Current human service providers operate in siloes, only addressing single issues at a time. Our proposed partners have integrated SDH assessment and outcomes measures into program delivery; provide basic needs, housing support, workforce development, and; and track outcomes that influence social determinants of health.

Needs 4: Lack of community engagement. The City of Lawrenceville has no formal process to engage citizens in local government or community development campaigns beyond standard government procedures. The city allows for review and comment on city council meetings and makes meeting agendas, minutes, and video recordings available on their website.

http://chnadashboard.gwinnettmedicalcenter.org/content/sites/gwinnetthospital/FY2019_Community_Health_Needs_Assessment.pdf, Feb. 1, 2021.

⁴ Retrieved from <u>https://gbi.georgia.gov/press-releases/2020-01-16/gbi-investigates-officer-involved-shooting-lawrenceville-ga</u>, Feb. 1, 2021. ⁵ Retrieved from

Needs 5: Lack of diversity and cultural competency. The city leverages relationships with community and civic leaders, and clergy across diverse faiths and ethnic groups. However, there is no formal diversity and inclusion committee or practice in the city as this time. Informal relationships exist but no process for seeking or integrating diverse and culturally appropriate perspectives into policy development.

B-1. The City of Lawrenceville has developed the following program goals and objectives that mirror the 5 national ReCast Program goals to develop and provide our high-risk youth and their families access to evidence-based violence prevention, community youth engagement efforts, and linkages to trauma-informed behavioral health services, to strengthen the integration of behavioral health services and other community systems, and to build resilient and trauma-informed within our community.

Table 1: Program Goals & Objectives

Goal 1: Increase well-being, resiliency, and community healing through community-based, participatory approaches (Needs 3, 4, 5)

Goal 1 Objectives

1.1. By the end of 2022, City of Lawrenceville will offer 50 youth with 8 number of trainings/workshops to increase leadership opportunities for youth involvement in projects that support community resilience and healing.1.2. By the end of the first grant year, the City of Lawrenceville will establish community-based ReCast Advisory Board

that meets 4 times per year to provide oversight and input to all project activities.

1.3. Mitigate the presence of community trauma due to structural violence by offering 4 annual trainings or presentations to law enforcement by the end of 2022; create 3-4 annual opportunities for community training and engagement with law enforcement starting at the beginning of the second year of the project and occurring each year.

Goal 2: Increase community and youth engagement, leadership development, improved governance, and capacity building by creating community change through community-based, participatory approaches (Needs 1, 3, 4, 5)

Goal 2 Objectives

2.1. By April 2022, update the Summer of Impact internship program to include trauma informed and diversity inclusion best practices.

2.2. By August 2022, launch the Youth Council to engage 20 high-risk youth annually in civic education and leadership development programs designed to increase youth participation in city government.

2.3. By August 2023, increase the capacity of youth to deliver 4 annual trainings and workshops to educate and engage 200 of their peers in civic education and opportunities for participation in local government.

Goal 3: Increase access to trauma informed community behavioral health resources through more equitable access (Needs 2, 3, 5)

Goal 3 Objectives

3.1. Create referral process to connect 400 families from partner schools, churches, or city agency referrals who are experiencing homelessness or housing insecurity, food insecurity or childcare needs to community partners for direct assistance.

3.2. Provide individual therapy, group therapy, family therapy, peer counseling or other modalities determined through an assessment and intake process for 1500 (Total served less committee and advisory board) Lawrenceville residents by the end of the grant term.

Goal 4: Increase the level of cultural competency of the City of Lawrenceville's employees and citizens to promote understanding and developmentally appropriate city-led policies and programs. (Needs 1, 3, 4, 5)

Goal 4 Objectives

4.1: By the end of the first year of the program, establish a diversity and inclusion counsel to engage 6-10 diverse city employees.

4.2. By the end of the first year of the program, develop and deliver recurring training on implicit bias to 100% of city employees.

4.3. By the end of the first year of the program develop a process to integrate recommendations from the council into city and law-enforcement policy. By the end of the second year of the program expand the council to include diverse citizen representation.

4.4. By the end of the second year of the program, leverage training to develop and deliver youth and community facing implicit bias training workshops and webinars available 6 times per year.

Goal 5: Strengthen the integration of community-based services addressing the social determinants of health for high-risk youth and their families. (Needs 1, 2, 3, 4, 5)

Goal 5 Objectives

5.1. Screen 400 referred families utilizing FF SDOH, FFRNS, and Connor-Davidson assessments to measure resiliency and social determinants of health and analyze changes pre- and post- service.

5.2. Create referral process to identify and connect 300 families to workforce preparedness, skills development and employment mentoring services provided by community partners.

The City of Lawrenceville is proposing to serve up to 1,700 high-risk youth throughout the neediest pockets of the city (See Table 2).

Table 2: Number of Unduplicated Individuals to be Served with Grant Funds								
Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL			
200	300	400	400	400	1,700			

In addition to the unduplicated individuals to be served, the proposed initiatives are designed to directly and indirectly impact each of the nearly 30,000 citizens of Lawrenceville over the life of the project while specifically targeting the most at-risk populations in need of trauma-informed behavioral supports and connection to community.

B-2. Table 3 below demonstrates the service areas activities as well as how they relate to the Required Activities (RA) or Other Allowable Activities (OAA) under national ReCast program.

RA or	Table 3: Services & Activities
OAA	
RA1	Within 60 days of funding, we will formalize a Lawrenceville ReCast Advisory Board . Expanding on existing collaborative relationships, this Board will formalize the team. The Board will include representatives from city government, law enforcement, our nonprofit partners, youth, school leadership, business owners, minority and ethnic advocates who are the conduits to the voice of many immigrant populations who live in our city.
RA2	Within 3 months of award we will conduct a comprehensive community needs assessment.
RA3	Within 6 months of the grant award, we will leverage the community needs assessment and our ReCast Advisory Board to develop a community strategic plan detailing our common vision, goals, and partnerships to address the issues high-risk youth and their families face in our community.
RA4	As part of our strategic plan development, within 6 months of the award we will develop a Memorandum of Understanding that demonstrates the commitment of city leadership and community partners and stakeholders to support all planned program activities.
RA5	The City of Lawrenceville will offer trauma-informed and evidence-based violence prevention programs sourced from the CDC – Division of Violence Prevention facilitated by Families First Behavioral Health Specialists. Specialists will utilize the CDC prepared training material that includes manuals, video presentations, and topic specific packages to educate the public in violence prevention from the latest evidence-based aspects. The topics may include, but are not limited to Adverse Childhood Experiences, Youth Violence, Suicide Risks, Intimate Partner Violence, and various factors of violent behaviors. The model was selected because it provides the latest evidence of the current challenges with violence. This model can and will be customized based on outcomes from our community needs

assessment, guidance from the Advisory Board. Current events can be easily discussed while presenting the CDC violence prevention topics. Youth in the community will be engaged in two ways. A new Youth Council will recruit diverse, highrisk and other students at two local high schools (rising sophomores – rising seniors), and will give students the opportunity to build a sense of place through leadership development, civic engagement, and provide opportunities to have open dialogue with city officials. This program is designed to educate youth about local government, engage youth in civic affairs, and provide an opportunity for youth to affect change in their community. The Youth Council will allow the voice of youth in the creation of city events, public forums. Serving as youth ambassadors for the city, will create a Legacy of Leadership in Lawrenceville. Youth Council members will also receive trauma-informed training and support from behavioral health specialists to learn to become **peer mentors**, to form their own peer mentorship groups. The goal is to provide needed support for the youth but to also normalize behavioral healthcare for the youth that may lead to decreased stigma, reduced health disparities, and increased access of behavioral health resources within the community. A youth internship program launched in the summer of 2018, Summer of Impact, will be updated and expanded. This 8-week program offers paid internships with local businesses for rising juniors, rising seniors, and graduated seniors at Central Gwinnett High School and Discovery High School. Summer of Impact is designed to engage with youth, both at risk and high performing students, through workforce development, youth engagement, and to expand their social, personal, and professional networks through volunteerism and a Community Impact Plan. Lawrenceville ReCast will allow the inclusion of trauma informed practices to ensure all needs of high-risk youth are met. Summer of Impact decreases the opportunity gap for students living in the city limits. RA6 Training in trauma-informed approaches for first responders, educators, healthcare providers, and clergy will be provided by partner Families First and their Behavioral Health Specialists utilizing the SAMHSA GAINS Center for Behavioral Health and Justice Transformation. Families First Behavioral Health professionals will work with other stakeholders to adapt the training and deliver to other stakeholder audiences throughout the project period. RA7 Through partnership with Families First, peer-support services for high-risk youth including support group facilitation will be provided to youth participants of the Summer of Impact internships and the Youth Council and their respective families. These services will include linkages to the trauma-informed behavioral health services provided by Families First. Housing and other basic needs support provided by Impact46, and Employment mentoring and supports provided by Georgia Center for Opportunity. OAA Unmet basic needs like housing, food, and childcare along with unemployment or underemployment add to the trauma impacting many of our citizens that add to increase rates of mental health issues. Lawrenceville will collaborate with an initiative known as Crisis to Career comprised of Families First, Impact46, and Georgia Center for Opportunity to help members of our community receive the right services at the right time for their family. Impact46 operates a Lawrenceville based emergency intake center and will serve as the front door to individuals in need offering homelessness prevention services, utility assistance, childcare assistance, and food distribution. Impact46 will manage the cases and collaborate with Families First to have families screened for resilience. Families First will assign an individual known as a Navigator to each family in care who will serve as the quarterback for the family and help define a comprehensive care plan that may include trauma-informed behavioral health services connections to employment services or other services provided by local nonprofits. The Navigator stays with the family long-term to ensure compliance, support, adjustment to plan and long-term aftercare to ensure stability. When needed, peersupport specialists known as coaches, will be used to provide support. The Navigator ensures a client never faces a dead-end or a referral with no support. They will work across the community to ensure family success. Georgia Center for Opportunity will provide those seeking work skills assessment, job training, mentorship, and connections to employment through their Hiring Well Doing Good program. This collaboration between nonprofit partners is designed to meet the holistic needs of families in our community in crisis by addressing basic needs, ensuring they are mentally strong, have the tools to build

	resilience, then find and obtain work. We acknowledge that each individual and family are different, and a one-size fits all approach to social services often results in siloed services. This collaboration strives to transform how supportive services are delivered and backs the work with evidence-based interventions and measures to track and ensure success.
OAA	Through partnership with Families First, Impact46, and Georgia Center for Opportunity, high-risk youth and their families will have access to activities and services that address the social determinants of health. Families First will screen to measure their resilience and economic stability, environment, education, access to food, community, and health-care access to develop individual family care plans connecting needed supports and interventions.
OAA	Families First will provide high-risk youth, their families and other Lawrenceville residents access to trauma-informed behavioral health services. Families First focuses on the psychosocial health of families as a holistic approach to social wellness by employing a team approach and a variety of modalities of care to tackle the complexities of community challenges. Offering an assessment unit, psychotherapy and psychiatric services including individual and group counseling for grief and loss support to children and adolescents and other family members as well as case management services, Families First behavioral health services will be centered on building social and emotional resiliency in a manner that is measurable, trackable, and reportable. The Conner/Davidson-RISK assessment will be used as a bridge to Families First's very own evidence-based community resiliency screening tool, Families First Resiliency Needs Screener (FFRNS-14). This model comes with intervention guidelines designed to facilitate significant changes that helps clients thrive.
	Families First will offer services at no cost to clients through ReCast grant funding if clients are uninsured to minimize barriers when care is needed, but will work with the client and family to facilitate the application and enrollment process for eligible uninsured clients to minimize the use of grant funds.
OAA	We will create a Diversity and Inclusion Committee in the first year of the program starting with 6-8 City of Lawrenceville employees from diverse backgrounds. Committee members will come together to educate city leaders, celebrate differences, develop goals, measure progress, and create programming around culturally specific and developmentally appropriate strategies that address the needs of high-risk youth, families, and community members and that build community resilience. Programming such as Lawrenceville Unplugged, as series hosted as public forums to better engage with community members, gain insight on various topics that plague society, and better learn about the diverse backgrounds of people within the city. In partnership with selected consultants training on implicit bias, micro-messaging and other relevant topics will be delivered.

B-3. Our management plan is based on a structured system with a proven track-record of managing high-level collaborative programs serving community youth. We have a strong management plan, program goals and objectives are attainable and realistic, activities will be monitored to assure they meet ReCast goals and are achieved on time and within budget. The procedures below demonstrate the adequacy of our management plan and the overall timeline.

Table 4: Key Activities/Milestones	Y 1	Y 2	Y 3	Y 4	Y Responsibl 5 e Staff	
KEY: PM - Program Manager; PD - Project Director; P - Partner(s); E-Evaluator; BHS - Behavioral Health Specialist						
Project Startup						
Recruit and contract with consultant for Community Needs Assessment and Strategy by October 15	X				PM	
Establish fiscal and program monitoring processes by month 2.	Χ				PM, PD, P	
Have established agreements and signed MOU in place with local stakeholders and partners by October 31	X				PM, P	
Recruit and contract with constant for Diversity and Inclusion program design an workshops by October 15	X				PM	

Recruit Diversity and Inclusion Committee members from city employees within 90 days of grant award.	X					PM
Convene and establish process to recruit Community Advisory Board by October 1	X					PD, PM
Develop a behavioral health disparities impact statement within 60 days of award.						PD, PM
Establish criteria for Youth Council and launch recruitment process by the end of						PM
Month 3	X					I IVI
Review and refine referral process by month end of month 1	X					PD, PC, P
By month 3, hold Community listening Session with key stakeholders and partners to educate referral and linkage partners on program deliverables and specific strategies for success	X					PD, PM, P
Review plan for Summer of Impact and revise to include Peer Mentoring component; launch application with schools for 2022 by the end of February 2022.	X					PD, PM, P
Project Implementation						
Initiate behavioral health, workforce, and emergency intake/case management services within 30 days of award. Duration is ongoing.	X		X			
Deliver GAINS Training. Ongoing through the project based on city needs	X		Х			
Collaborate with and Advisory Board, Your Council and D&I Committee to determine Violence Prevention Focus needs; design and deploy trainings. Schedule determines annually with city oversight. Ongoing through project term.	X	Х	Х	Х	Х	P, PM, PD, BHS
Select Youth Council Members; establish meeting schedule and execute programs and workshops. Ongoing each year for 8-10 weeks. Dates to be determined annual in conjunction with schools.	X	X	X	X	X	PM, P
Select Diversity & Inclusion Committee; Initiate regular meetings to oversee and plan workshops and trainings. Estimated state date April 2022.	X	X	X	X	X	Р
Deliver Diversity and Inclusion trainings to city staff, partners, community members and high risk youth. Starting with city staff in year one and scaling to new audiences through the project term. Estimated start date May 2022.	X	X	X	X	Х	PM, P
Select Summer of Impact Interns. Annual task in Spring.	X	Χ	Х	Х	Х	PM, P
Summer of Impact Internships, Trainings and Peer Mentoring sessions. Ongoing May-July for the project term.	X	X	X	X	Х	PM, P
Provide mental health care, including trauma informed assessments, interventions, and job skills building for project Consumers.	X	X	X	X	Х	Р
Provide case management, assessment and Navigator services for project Consumers.	X	X	X	Х	Х	Р
Connect project Consumers to education, health, and/or housing resources as needed, based on individual service plans.	X	X	X	Х	Х	Р
Data Collection and Project Monitoring						
Refine data collection plan. Plan revised by month 3. Reviewed and updated at least annually.	X					E, PM, PD P
Collect and analyze project data. Ongoing	Χ					PM, P, E
Use project data to monitor project implementation continuously and make adjustments as needed. Ongoing monitoring conducted and adjustments made as needed.	X	X	X	X	Х	PM, P, E
Complete six month project midpoint report.	Χ					PM, E
Complete annual and final project evaluation reports.	Χ					PM, E
Complete and submit all required federal reports by established deadlines. All required reports submitted by deadlines.	X	X	Х	X	Х	PM, E

C-1. The City of Lawrenceville's staff and partners Families First, Impact46, the GA Center for Opportunity, and PFM include highly qualified professionals with teams that mirror the diverse ethnic and social composition of our underrepresented communities. Our staff and partners are committed to fair hiring practices that will recruit diverse project teams. Staff and partners will

be expected to demonstrate professionalism and sensitivity to the needs of the target population to achieve program goals.

The City of Lawrenceville and Impact 46 have worked with Central Gwinnett and Discovery High School for 3 years on the Summer of Impact. This successful internship program has led to youth who were failing, graduating and moving on to trade school and work with the city – a path not seen or known prior to this collaboration. Impact46 has facilitated a Community Needs Assessment with over 400 city residents and presented results and plans to City Council. Families First has worked communities of color at risk since 1890 and provided mental health services across the metro areas since 1942. Their psychosocial behavioral health department offers numerous modalities of clinical assessment and treatment. They are licensed by the state and accredited by the Council on Accreditation (COA) and Commission on Accreditation and Rehabilitation Facilities (CARF) and serve an average of 16,000 families annually. GA Center for Opportunity (GCO) has put 100 families in Lawrenceville through their Hiring Well, Doing Good platform, helping them obtain work. GCO will also work with jobseekers to connect them with job mentors, assist them with resume creation, soft skills development, and, ultimately, job placement. To do this, GCO will be expanding its network of employment mentors and business partners who have expressed a willingness to work with our target populations.

These partnerships are critical as we know that the "one size fits all" approach in social services does not work. By engaging more deeply with a myriad of new and existing networks and stakeholders, we are developing an ecosystem capable of achieving long-term resiliency and strong outcomes collectively, instead of the silos in which many programs continue to exist.

Tuble 5: Key Starr Toshtons					
Dr. Edward	Holds a PhD in Social Work and is currently a Post-doctoral Fellow at Emory				
Valentin	School of Medicine. Dr. Valentin has focused his 10 years of research and				
	clinical social work on suicide reduction, anxiety, depression, and access to care				
	for individuals at every socio-economic status. Dr. Valentin is a veteran and				
	native Spanish speaker, bringing with him a culturally responsive approach to				
	serving high-risk youth and their families and providing training on trauma-				
	informed approaches and evidence-based violence prevention strategies.				
Jasmine	Responsible for coordinating with community partners and facilitating grant				
Billings	activities. She will devote 100% of her time to Lawrenceville ReCAST. She has				
_	a Master's degree in Sports Administration and six years of event management				
	and community engagement experience				
Elizabeth	Will serve as the primary evaluator. Member of Families First team, Elizabeth				
Messick	holds BA in Kinesiology and master's in public health from Emory University.				
	Prior to her tenure at Families First she served as an evaluation consultant and				
	clinical research coordinator and has worked across diverse communities				
	including leading a community-wide behavioral health needs evaluation in				
	Atlanta' underserved Westside neighborhoods.				
	Valentin Jasmine Billings Elizabeth				

C.2.

Table 5: Key Staff Positions

D.1. The City of Lawrenceville will create outreach materials in multiple languages to reach a wider audience. All Families First services are equipped with bilingual staff and data collection tools and assessments (English and Spanish). Data will be collected bi-monthly from partner agencies, participants, forums, and attendance surveys. Data collection methods include surveys

via SurveyMonkey, email blasts to attendee lists, headcounts at all forums and meetings, and QR Codes at events with survey hosting site. Lawrenceville Human Resources manages applications for the Youth Council and Diversity and Inclusion Committee with password protected access through Civic Plus. Software used to collect data will include Salesforce, Exponent Case Management(ECM) electronic client record system (ECR), Microsoft Excel & Microsoft Forms via Office 365, Go To Meeting for Virtual coaching and trainings. Please see Table 6 for our data collection and evaluation plan. The City of Lawrenceville Utilization of Technologies Policy includes Protection Against Unauthorized Access. Each individual is responsible for choosing and protecting an appropriate password for access to the computer systems. All City computers are protected by an enterprise version of anti-virus software. Hard copies of data collection measures and participant/client information will be stored in a locked cabinet in the Behavioral Health and Navigator Program offices. Physical documentation will be uploaded into the ECR system and then shredded upon confirmation of upload into the Exponent Case Management ECR system. Elizabeth Messick, evaluator, will use measurement tools and data from partners to compare overall grant performance to goals and recommend adjustments. The behavioral health and navigator teams will compare client progress against their developed care plan and compare client resilience assessment scores at beginning and end of service. If this evaluation shows clients are not progressing, the city and its partners will use this analysis to recommend adjustments to care plans and services. The evaluator will use all compiled data (quantitative and qualitative) to prepare all required reporting summaries for SAMHSA reports. This will include an analysis and description of the progress to achieving outcomes on all performance measures defined for the project. Reports will also be shared with youth, parents, and community stakeholders; and will be used to make improvements in programming.

Performance Measure	Data Source	Data Collection Frequency	Staff Responsible for Data Collection	Method of Data Analysis
Number of youth attending trainings/workshops to increase leadership opportunities for youth involvement in projects that support community resilience and healing	Attendance rosters	Each training session	PM	Attendee List
Number of annual trainings or presentations to law enforcement	Attendance rosters, pre/post training surveys	At each training	РМ	Pre/Post Survey
Number of high-risk youth participating in Youth Council	Attendance rosters, Google Docs, Civic Plus for any applications	Each training session	PM	Attendee List
Number of participants in Youth Council-led trainings and workshops	Attendance rosters, pre/post training surveys	Each training session	РМ	Pre/Post Survey
Number of referrals from partner schools, churches, or city agency referrals who are	Google Docs, ECM,ECR	Every 6 months 1.Navigator Screening & Intake (Once)	Community organizations	Reporting from ECM

 Table 6: Data Collection and Evaluation Plan

				1
experiencing	1.Navigator Screening	2.FFRNS-14 (Q 3-Months)		
homelessness or housing	& Intake	3.CD-RISC (Q 8-Sessions)		
insecurity, food	2.FFRNS-14	4.Adverse Childhood		
insecurity or childcare	3.CD-RISC	Experience (ACE) (Once)		
needs to community	4.Adverse Childhood	5.SDOH Survey (Q6 Months)		
partners for direct	Experience (ACE)	6.Family Care Plan (Q6		
assistance.	5.SDOH Survey	Months)		
	6.Family Care Plan			
Number of Navigator				
service assessments				
Number of behavioral	1.Intake (Adults and	1.Intake (Adults and Minor)	Behavioral	Comparison
health service	Minor)	(Once)	Health	of client
assessments	2. FF Behavioral	2. FF Behavioral Health	Specialists	progress to
	Health Assessment	Assessment (Once)		developed
Number of behavioral	3.FFRNS-14	3.FFRNS-14 (Q 3 Months)		care plan
health therapy sessions	4.CD-RISC	4.CD-RISC (Q 8 Sessions)		
	5. PCL-5 (Trauma	5. PCL-5 (Trauma Measure)		
	Measure)	6. C-SSRS (Suicide Risk)		
	6. C-SSRS (Suicide	7. Georgia HIPPA (Once)		
	Risk)	8. SDOH Survey (Q6 Months)		
	7. Georgia HIPPA			
	8. SDOH Survey			
Number of staff	Attendance rosters	Each meeting	PM	Pre/Post
participating in the				Survey
diversity and inclusion				
counsel				
Number and percentage	Attendance rosters,	Each training session	PM	Pre/Post
of city employees who	pre/post training			Survey
received implicit bias	surveys			
training				
Number of civilians	Attendance rosters	Each meeting	PM	Attendee
participating in the				List
diversity and inclusion				
counsel				
Number of youth	Attendance rosters,	Each training session	PM	Pre/Post
attending implicit bias	pre/post training	-		Survey
training workshops.	surveys			
- 1	-			
Number of adult				
community residents				
attending implicit bias				
training workshops				
Number of referrals to	Google Docs, ECM,	Every 6 months	Navigator	Reporting
community partners for	ECR			from ECM
direct assistance.	-			
Number of referrals to	Google Docs, ECM,	Every 6 months	Navigator	Reporting
community partners for	ECR			from ECM
workforce development				
services.				
501 (1005)	L	1	I	1

Section E: Letter of Commitment and Statement of Assurance (10 Points)

E.1. Letter of Commitment from our Local Educational Agency is included in Attachment 1. E.2. Signed Statement of Assurance per Appendix C is included in Attachment 5.