Mecklenburg County, North Carolina
Board of County Commissioners
Fall Retreat

October 27, 2025

8:00 AM - 9:00 AM **Breakfast**

9:00 AM - 9:05 AM **Welcome**
Mike Bryant, County Manager

9:05 AM - 9:10 AM **Remarks**
Chair Mark Jerell, District 4

9:10 AM - 9:20 AM **Agenda Overview & Binder Materials**
LaShaun Carter, Chief Equity and Inclusive Officer

The Board will receive an overview of the retreat agenda and binder materials.

9:20 AM - 10:05 AM **Affordable Housing**
Board Priority Alignment: Economic Development
Chair Mark Jerell, District 4

Affordable housing is a critical aspect of economic development, it enables people to live near employment centers and reduces barriers to workforce participation. It has the potential to stimulate the local economy and increase demand for affordable goods and services. Moreover, stable housing fosters healthier communities, which in turn attract investment and support long-term growth.

10:05 AM - 10:50 AM **Workforce Development**
Board Priority Alignment: Workforce Development
Vice Chair Leigh Altman, At-Large

Workforce development is vital for the county's long-term economic resilience, ensuring that community members have the skills necessary to meet changing industry demands. Keeping workforce development as a priority shows a commitment to boosting individual prosperity and also promotes inclusive, sustainable growth throughout the community.

10:50 AM - 11:50 AM **Performance Management Framework: Community & Corporate**
Michael Griswold, Office of Strategy and Innovation Director

The Board will receive an update on the County's revised its Performance Management Framework. This includes updates on the County's engagement with community leaders as well as the opportunity for the Board to provide feedback on a draft Balanced Scorecard developed by the Office of Strategy & Innovation.

11:50 AM - 12:50 PM **Lunch**

12:50 PM - 1:35 PM **Youth Crime**
Board Priority Alignment: Health Equity and Wellness
Commissioner George Dunlap, District 3

Addressing youth crime creates safer communities that promote mental and physical health for everyone, especially in underserved areas. It provides greater access to education, recreation, and healthcare without violence or fear. By prioritizing prevention and support, communities reinforce their dedication to health equity and long-term wellness.

1:35 PM - 2:20 PM **Workforce Development**

Board Priority Alignment: Workforce Development & Reducing Racial Disparities

Commissioner Arthur Griffin, At-Large

Workforce development is a form of education that equips individuals with the skills and training needed to access quality jobs and advance their careers. Including underserved populations, it helps reduce opportunity gaps and promotes economic mobility. This approach strengthens the labor market by investing in training and education that attract new businesses and build up the local talent pipeline.

2:20 PM - 2:35 PM **Break**

2:35 PM - 3:20 PM **Critical Home Repair**

Board Priority Alignment: Services for Seniors

Commissioner Vilma Leake, District 2

Critical home repair services are vital for seniors, helping them maintain safe, accessible, and healthy living environments as they age. These repairs prevent accidents, improve energy efficiency, and support independent living, reducing the need for costly institutional care. By investing in home stability, the county honors aging with dignity and promotes wellness across generations.

3:20 PM - 3:25 PM **Day 1 - Closing Remarks**

Michael Bryant, County Manager

October 28, 2025

8:00 AM - 9:00 AM **Breakfast**

9:00 AM - 10:00 AM **Community Service Grant Redesign**

Adrian Cox, Office of Management & Budget Director

The Board will be presented with a proposed strategy to redesign the Community Service Grant program, which is paused for FY2026 due to funding constraints.

10:00 AM - 10:15 AM **Break**

10:15 AM - 11:00 AM **Mental Health**

Board Priority Alignment: Health Equity & Wellness

Commissioner Laura Meier, District 5

Mental health is essential for a thriving county, affecting everything from workforce productivity to community safety. When residents have access to mental health support, they're better able to contribute, connect, and lead fulfilling lives. Prioritizing mental wellness builds resilience, reduces disparities, and strengthens the social fabric of the entire region.

11:00 AM - 11:45 AM **Natural Resources: The Priority of Land Acquisition with the Conservation & Preservation Framework**

Board Priority Alignment: Environmental Stewardship

Commissioner Elaine Powell, District 1

Land conservation and preservation play a critical role in supporting our environmental stewardship priorities by securing space for green infrastructure, pollution mitigation, and equitable access to natural resources. It empowers communities—especially those historically marginalized—to shape healthier, more resilient environments. By prioritizing land for conservation and community use, the county can address disparities and promote long-term environmental and social well-being.

11:45 AM - 12:45 PM **Lunch**

12:45 PM - 1:30 PM **Child Fatality Prevention and Protection Taskforce**

Board Priority Alignment: Health Equity & Wellness

Commissioner Susan Rodriguez-McDowell, District 6

Preventing child fatalities and protecting vulnerable youth requires a coordinated, data-driven approach that brings together a coordinated and committed cohort of informed stakeholders. By identifying risk factors and implementing targeted interventions, communities can save lives and build safer, more equitable environments for children to thrive. This commitment reflects a deeper investment in the well-being and future of every child in Mecklenburg County.

1:30 PM - 2:15 PM **Ad-Hoc Minority Business and Global Growth Opportunities**

Board Priority Alignment: Economic Development

Commissioner Yvette Townsend-Ingram, At-Large

Minority-owned businesses are key drivers of innovation, job creation, and inclusive economic growth, especially when connected to global markets. Expanding access to opportunities empowers these enterprises to scale, diversify, and build generational wealth. Supporting minority businesses in global arenas strengthens economic resilience and fosters a more equitable future.

2:15 PM - 3:00 PM **Program Review / Budget Deep-Dive Assessment Update**

Adrian Cox, Office of Management & Budget Director

The Board will receive an update on the Program Review work underway by the Office of Management & Budget to perform a systematic review of all County programs and services, informing the FY2027 budget.

3:00 PM - 3:05 PM **Closing Remarks**

Michael Bryant, County Manager

Welcome

Michael Bryant, County Manager
Mecklenburg County
Fall Retreat
October 27-28, 2025

Remarks

Chair Mark Jerrell, District 4
Mecklenburg County
Board of County Commissioners
Fall Retreat
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Fall Board Retreat Cabinet Agenda Overview

LaShaun Carter, Chief Equity and Inclusion Officer
Office of Equity and Inclusion
Mecklenburg County
Fall Retreat
October 27-28, 2025

Fall Board Retreat Cabinet Agenda Overview

Purpose

Is to present on topics aligned with Board Priorities

Clarify

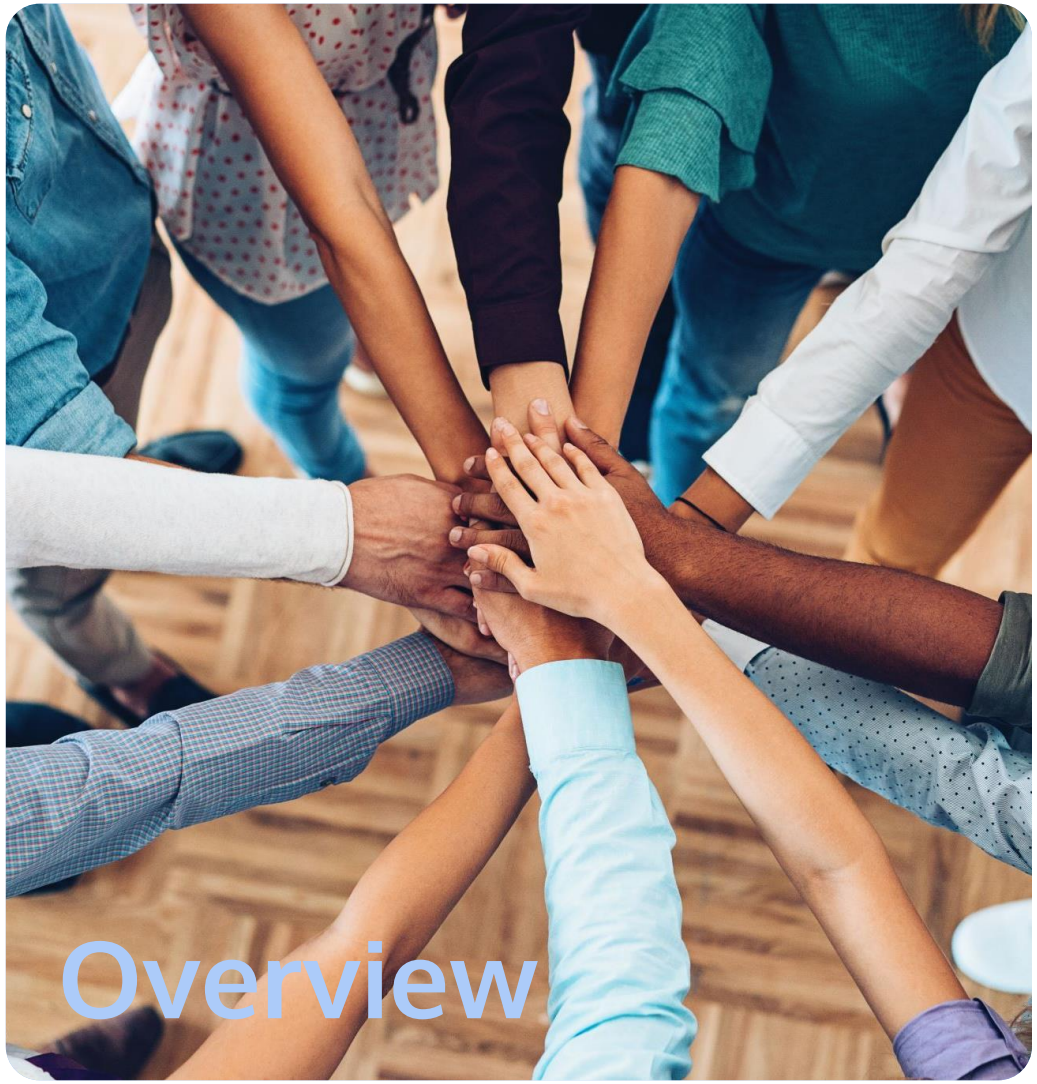
Commissioner's connection to the topic

Importance

Of context any relevant data, and engage in feedback and discussion

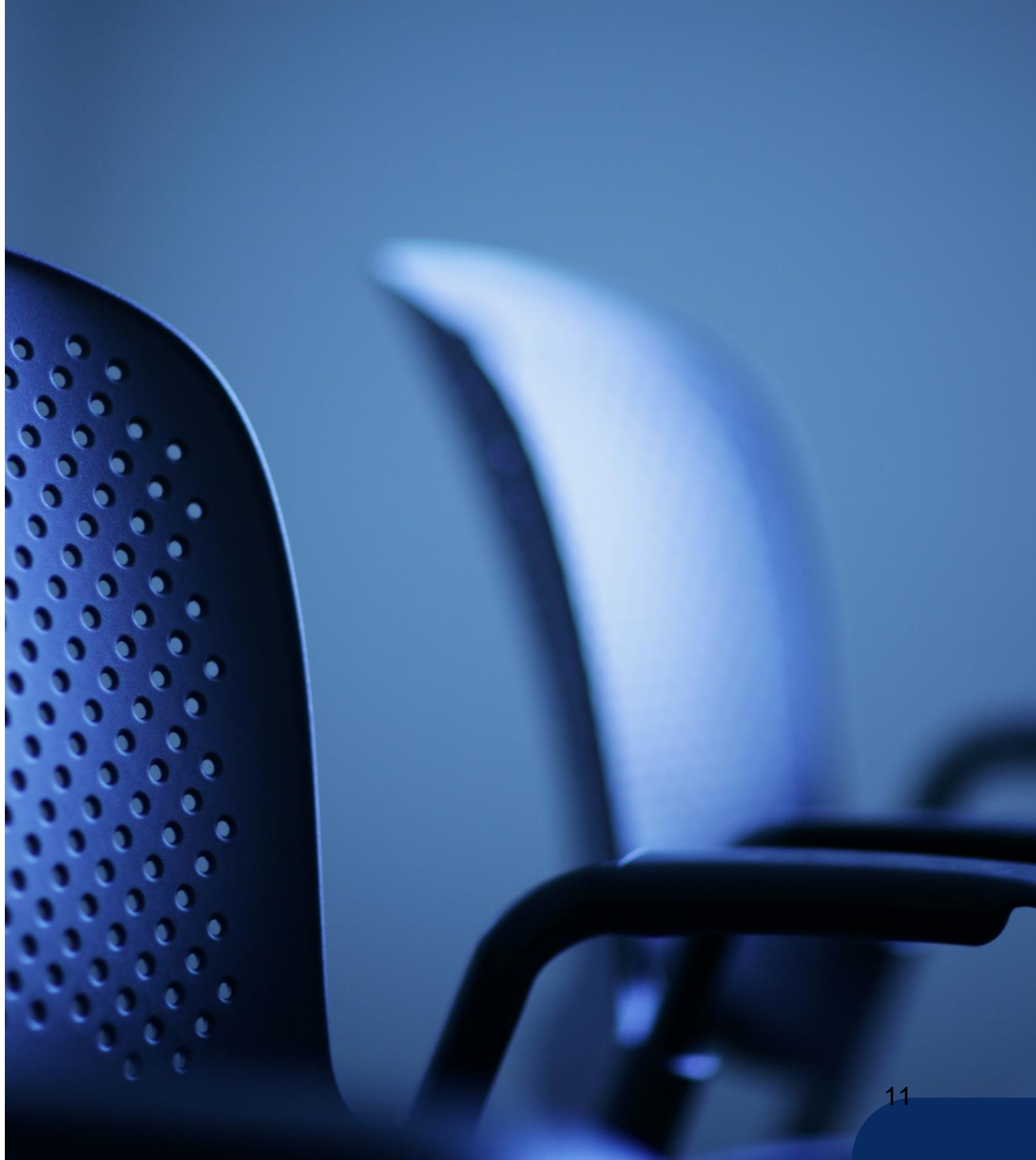
Alignment

With department subject matter experts and the practical application of services



Goals for Board Presentations

- Share Meaning & Motivation – Your Why / Public Service Passion
- Showcase Skills & Expertise
- Educate & Inform on an Interest Area
- Engage & Inspire Colleagues
- Unlock Pathways for Impact & Department Connections



Additional Role of Commissioners

- Providing warm feedback: strengths & clarity
- Providing cool feedback: gaps phrased as curiosity
- Asking clarifying questions
- Being respectful, constructive, & concise

Subject Matter Experts - Roles & Responsibilities

Develop

Provide deeper knowledge and accuracy

Context

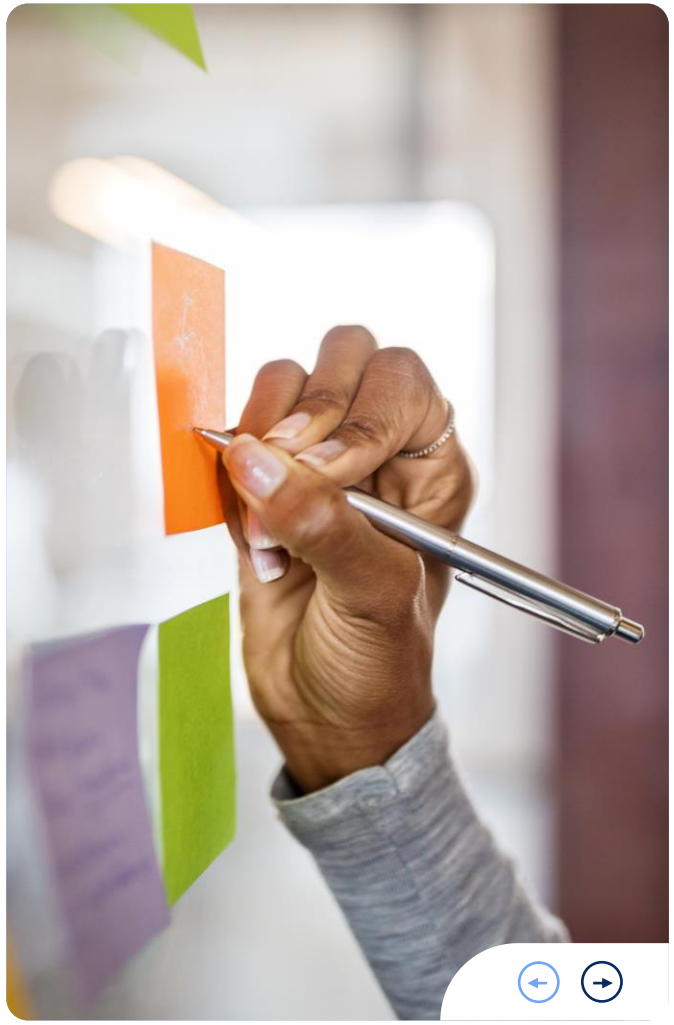
Offer context and practical insights

Reinforce

Establish credibility, trust, and efficient problem-solving

Takeaway/Finalize

Ensure alignment and foster collaboration



Timing and Discussion

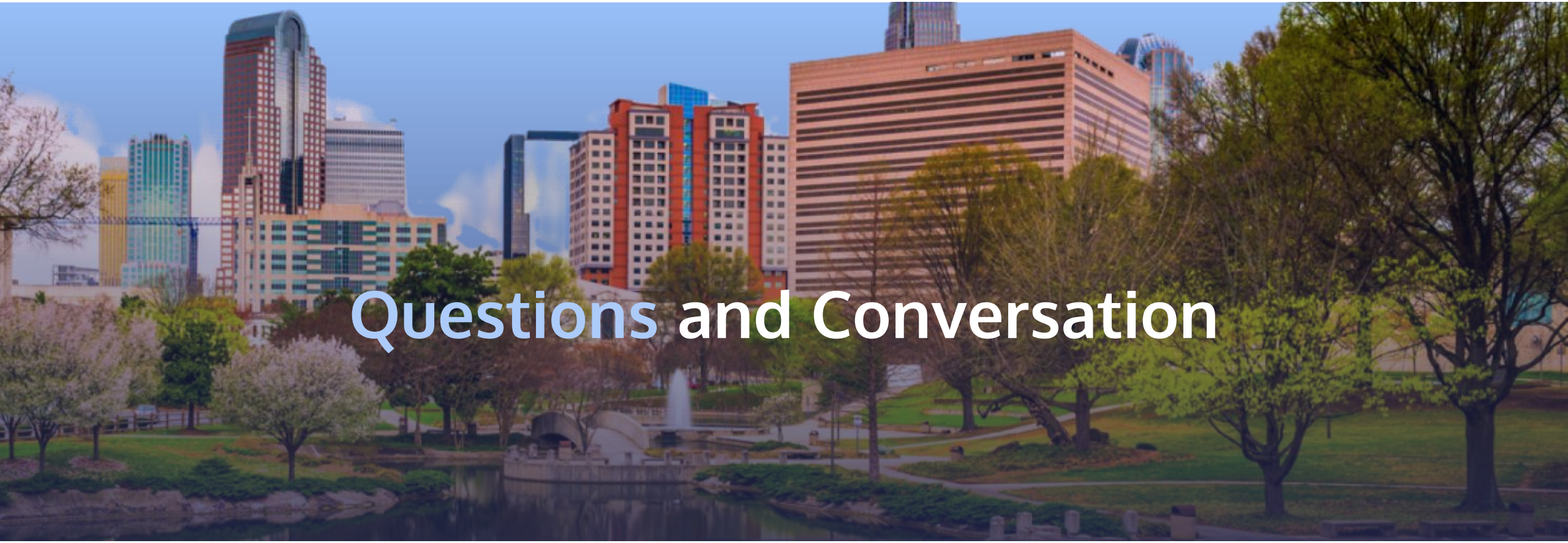
Presentations: Up to 20 minutes

Engaging 2-way discussion and Q & A

Closing Statement or Call to Action

In your Binder

- Agenda
- Presentations
- Handouts



Questions and Conversation

Affordable Housing

Chair Mark Jerrell, District 4
Mecklenburg County
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AFFORDABLE HOUSING: A STRATEGIC PRIORITY FOR MECKLENBURG COUNTY

BOCC PRIORITIES

- Economic Development
- Education
- Environmental Stewardship
- Health Equity & Wellness
- Services for Seniors
- Workforce Development
- Reducing Racial Disparities

QUESTIONS TO CONSIDER

- What does it mean to invest in mental health when someone is sleeping in their car?
- How can we talk about workforce development when our workforce can't afford to live in the county they serve?
- If we build parks and schools but families can't afford to stay here, who are we really building for?
- Is it truly economic development if we're displacing the very workers who make our economy run?
- What happens to racial equity when housing costs force Black and Latino families out of opportunity zones?

DEFINITION OF AFFORDABLE HOUSING / HOUSING INSECURITY

- Affordable housing means housing that costs no more than 30% of a household's gross income.
- Housing insecurity includes high housing costs, poor quality, unstable neighborhoods, overcrowding, or homelessness.

HOUSING AS A SOCIAL DETERMINANT OF HEALTH

- Jobs: Housing stability improves job retention and access to employment centers.
- Healthcare: Safe, stable housing lowers stress and chronic disease burden.
- Transportation: Proximity to transit and jobs reduces commute costs and time.
- Economic Mobility: Lower housing cost burden frees income to save and invest.
- Education: Stable housing improves attendance and performance.
- Equity: Addressing disparities in access and affordability reduces inequities.

MECKLENBURG COUNTY SNAPSHOT

- Population (2024 est.): ~1.2M
- Growth rate: ~157 new residents per day
- Projected 2050 Population: ~1.7M
- Median Household Income: ~$81,000
- Median Rent: ~$1,550/month
- Homeownership Rate: ~58%

THE PROBLEM

- TOO MANY PEOPLE CANNOT AFFORD TO LIVE HERE!
- IT IS A THREAT TO THE FUTURE OF OUR COMMUNITY
- ASK: Change the mindset — Housing is everyone's issue, not just the City!
- WHY INVEST? Prevents higher long-term costs, stabilizes neighborhoods, improves health, education, and economic outcomes.

MECKLENBURG COUNTY AMI INCOME PARAMETERS (2024)

- 100% AMI (Family of 4): $101,200
- 80% AMI: $80,960
- 60% AMI: $60,720
- 30% AMI: $30,360

LEADING ON OPPORTUNITY REPORT

- Rising housing prices and stagnant wages push families into instability.
- Mecklenburg County has a deficit of ~34,000 affordable units for those earning ≤60% AMI.
- Stable housing is key to child and family stability, preventing homelessness, and improving educational outcomes.

AFFORDABILITY CRISIS IN MECKLENBURG COUNTY

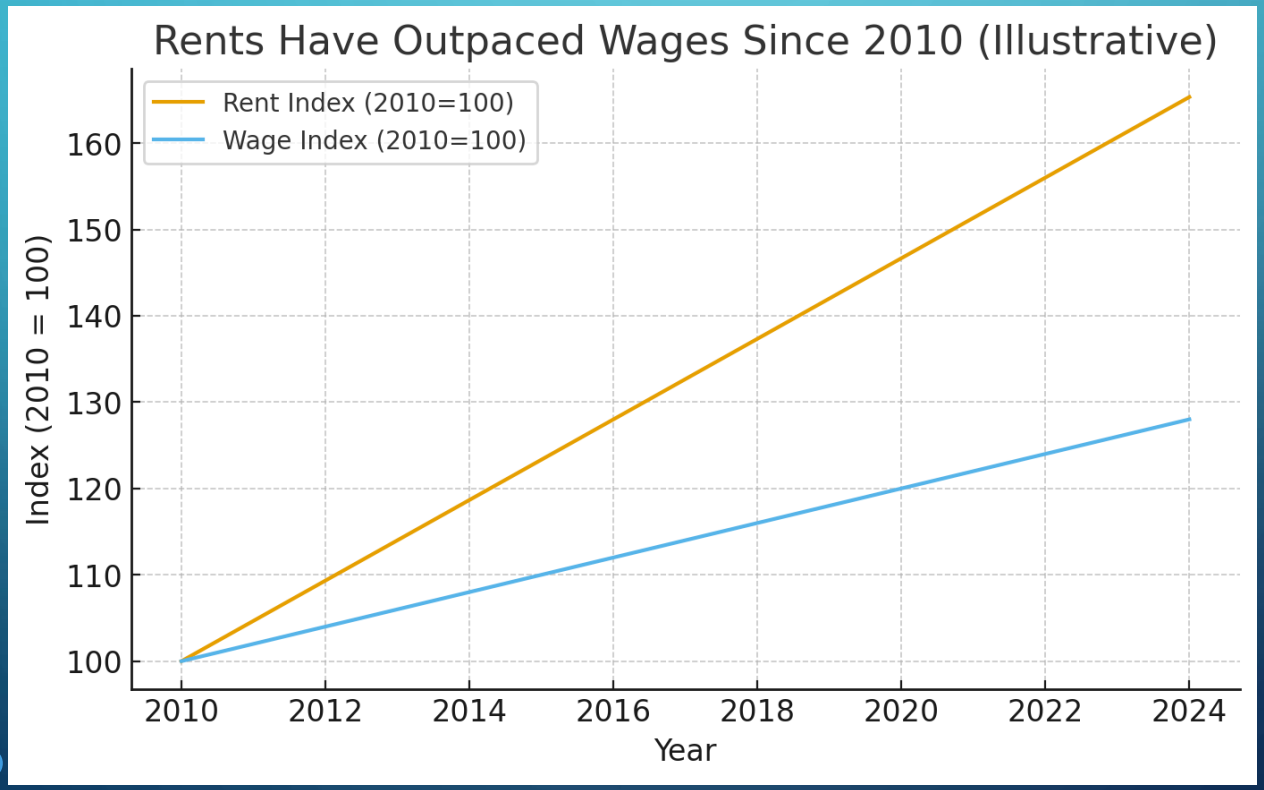
- Affordable housing = ≤30% of income (HUD standard).
- Since 2010: Rents ↑ ~70% vs Wages ↑ ~30% (illustrative regional trend).
- Lack of affordable housing threatens community stability and growth.
- Charlotte-Mecklenburg (2024 State of Housing Instability & Homelessness):
- 50% of renter households cost-burdened; 22% of owners cost-burdened.
- Countywide median income: ~$83,765; Poverty rate: ~10.4%.
- Supply of rentals under $800: ~8% of stock.

AVERAGE MONTHLY RENT & INCOME REQUIRED (30% RULE)

Apartment Size	Avg Monthly Rent	Yearly Income to Afford
1 Bedroom	$1,450	$58,000
2 Bedroom	$1,750	$70,000
3 Bedroom	$2,250	$90,000

AFFORDABILITY TREND: RENTS VS WAGES (2010–2025)

- Rents up ~70% since 2010; wages up ~30%.
- Growing gap drives cost burden and displacement.



WHY THE COUNTY SHOULD ENGAGE, INVEST & CREATE A STRATEGY

- Not statutorily required — but morally essential and fiscally prudent.
- Comparable to other non-mandated investments (land, parks, libraries, pre-K).
- County investment prevents higher future costs in health and social services.
- Health, education, parks, and libraries are also non-mandated but vital.
- Essential priorities extend beyond legal mandates.
- "Housing deserves the same commitment."
- Stable housing improves educational performance, workforce reliability, health outcomes, and public safety.
- It also reduces the County's long-term social service costs.

ECONOMIC OPPORTUNITY: "AFFORDABLE HOUSING IS NOT CHARITY — IT'S AN ECONOMIC DEVELOPMENT STRATEGY."

- Affordable housing drives economic mobility and opportunity.
- Stable housing enables savings, education, and better jobs.
- Diverse, affordable housing options strengthen the economy and workforce retention.

STATUTORILY MANDATED VS. NON-MANDATED FUNDING

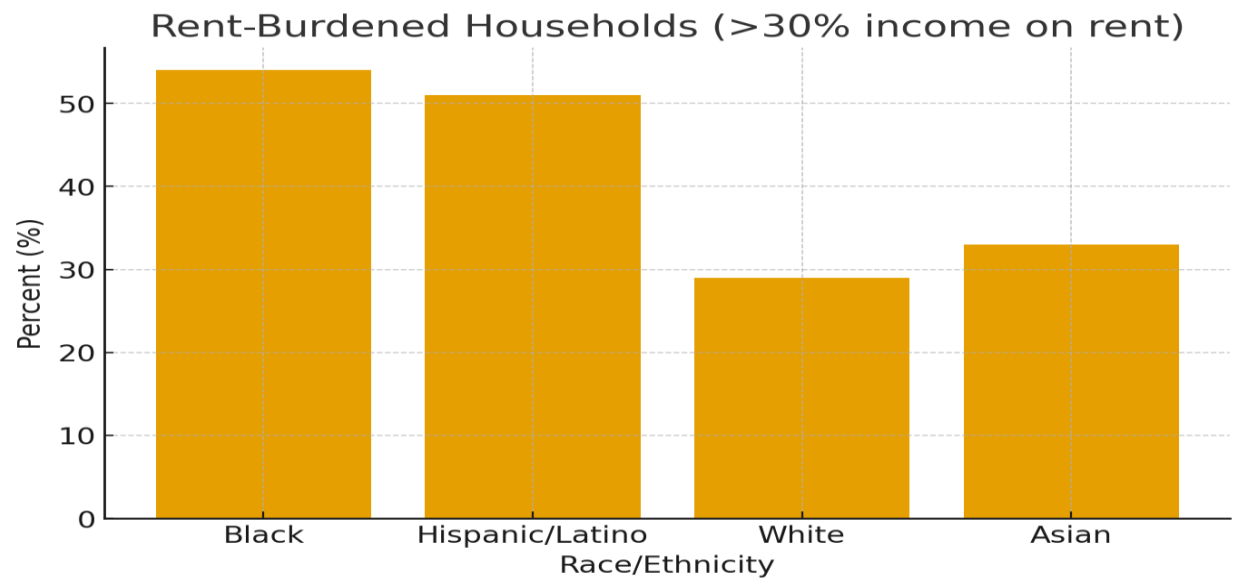
- Mandated: DSS, Courts, Public Health, Jails, Elections
- Non-Mandated: Parks, Libraries, Meck Pre-K
- Affordable Housing, while non-mandated, is essential to core outcomes.

BOCC PRIORITIES & INTERSECTION WITH HOUSING

- Economic Development — Attracts and retains workforce talent.
- Education — Stable housing improves attendance and performance.
- Environmental Stewardship — Smart housing reduces sprawl and emissions.
- Health Equity & Wellness — Stable housing reduces chronic disease.
- Services for Seniors — Affordable options help older adults age in place.
- Workforce Development — Attainable housing supports job access.

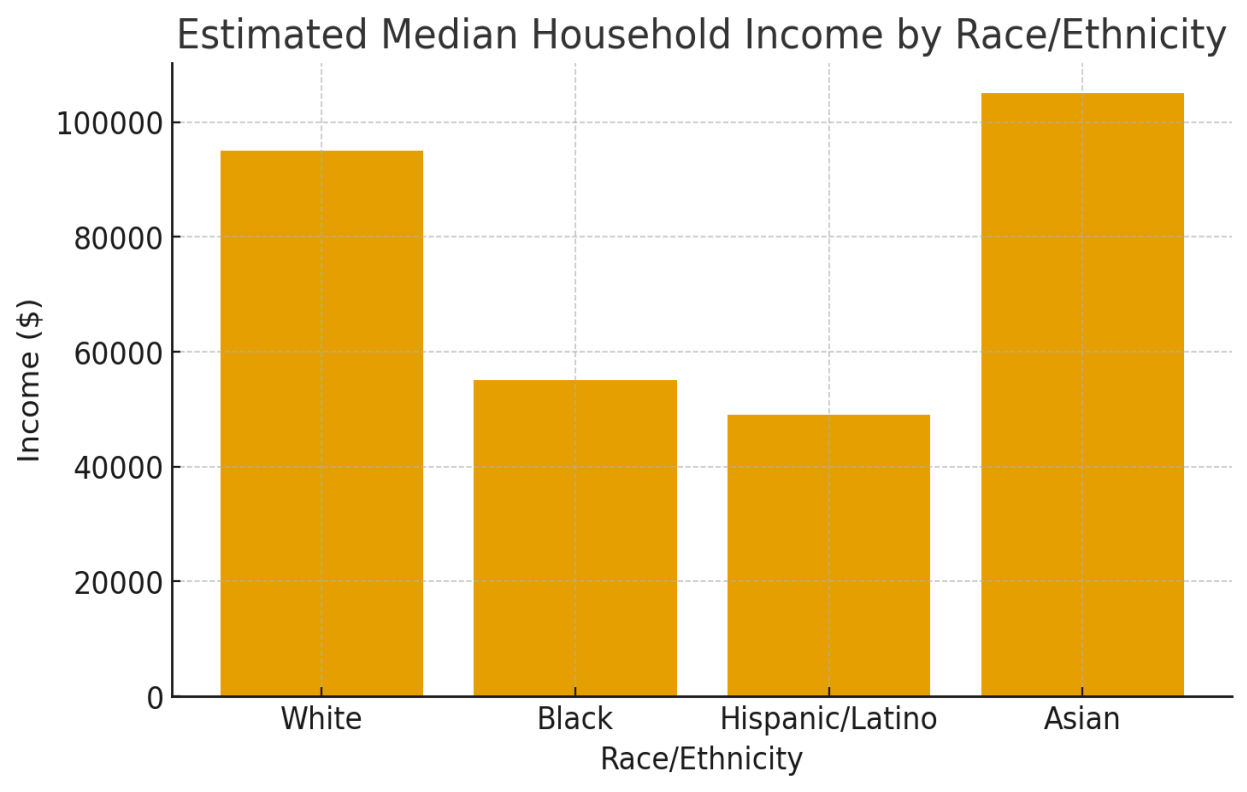
RACIAL BREAKDOWN OF RENT BURDEN (MECKLENBURG COUNTY)

- Communities of color face disproportionate rent burden.
- Targeted solutions can reduce inequities.

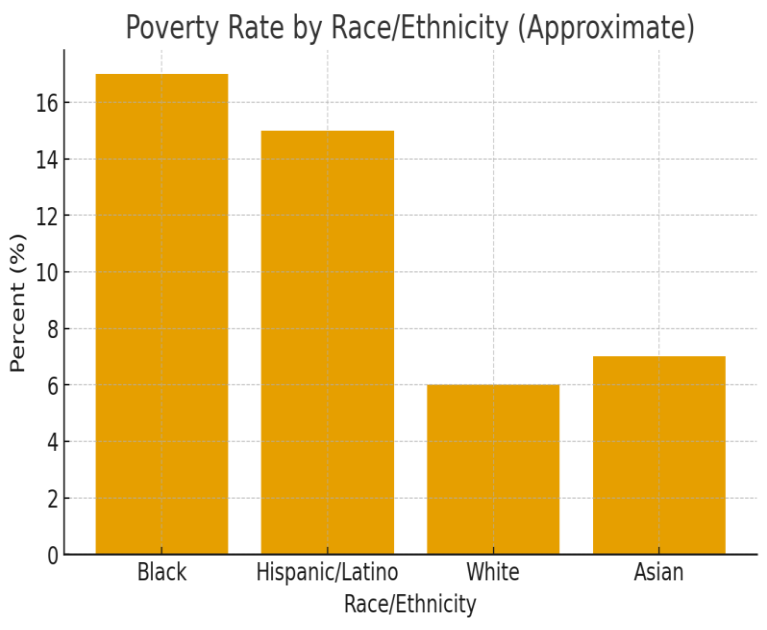


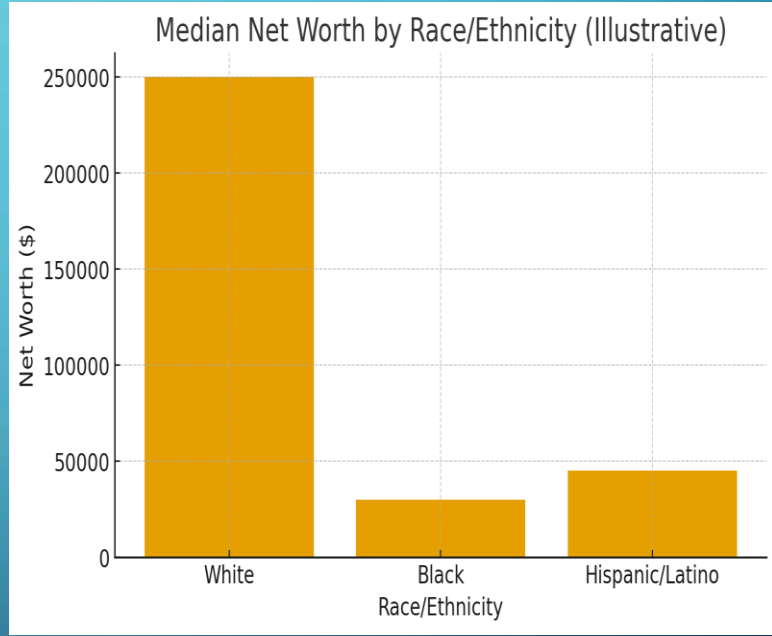
INCOME BY RACE (MEDIAN HOUSEHOLD INCOME)

Racial income disparities directly affect housing opportunity.



POVERTY BY RACE & WEALTH INEQUALITY





HOUSING SHORTAGE (≤60% AMI)

- Shortage: ~23,000 affordable units for households at or below 60% AMI (estimate).
- High-demand areas concentrated in central and western Mecklenburg.
- Population growth intensifies the affordability crisis.

LEADING ON OPPORTUNITY REPORT — KEY TAKEAWAYS

- Prioritize affordable housing like other critical infrastructure.
- Housing is a core driver of upward mobility.
- Neighborhoods shape outcomes; segregation limits access to opportunity.
- Stable housing enhances education, health, and employment.
- Housing is foundational to economic opportunity and equity.

IF NOT US — WHO? (CURRENT EFFORTS)

- Ascent Housing & Housing Impact Fund (HIF) — public–private partnership since 2020.
- Raised $125M in private social impact capital; 1,866 units preserved (1,638 to date).
- Invested $23M+ in renovations; 90%+ to local, minority-owned contractors.
- 30% of units for 0–30% AMI; average rents ~$336/month.
- Raised $3M+ in grants for education, financial, workforce, and health services.

POLICY PRESCRIPTIONS

- Expand partnerships: City, Towns, nonprofits, private sector.
- CMS: repurpose surplus sites for housing and community needs.
- County Land Bank: acquire/hold land; coordinate with municipalities.
- Adopt/advocate inclusionary zoning; protect against displacement.
- Create incentives; streamline permitting for nonprofit developers.
- Establish Affordable Housing Fund; set measurable annual outcomes.

THANK YOU

Questions?

Workforce Development

Vice-Chair Leigh Altman, At-Large
Mecklenburg County
Board of County Commissioners
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Performance Management Frameworks: Community & Corporate

Michael Griswold, Director
Office of Strategy and Innovation
Mecklenburg County

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October 27-28, 2025

MANAGING FOR RESULTS

EVALUATING TODAY. STRENGTHENING TOMORROW.

Michael Griswold, MPA
Director, Office of Strategy & Innovation
October 27, 2025

Managing For Results

- Mecklenburg County has a long history leveraging the Managing for Results framework.

- The County is recommitting to performance management and the balanced scorecard – including a visual refresh of our Managing For Results brand.

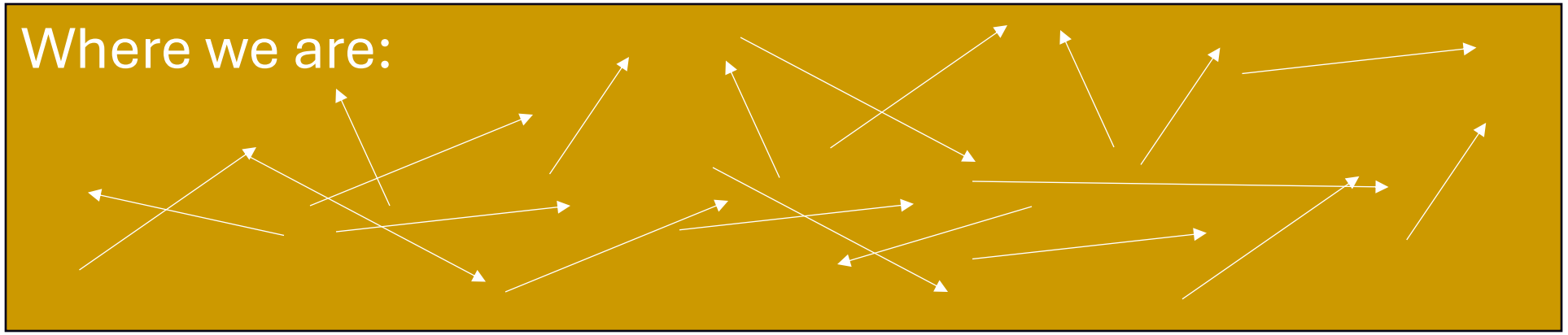
2002 Branding

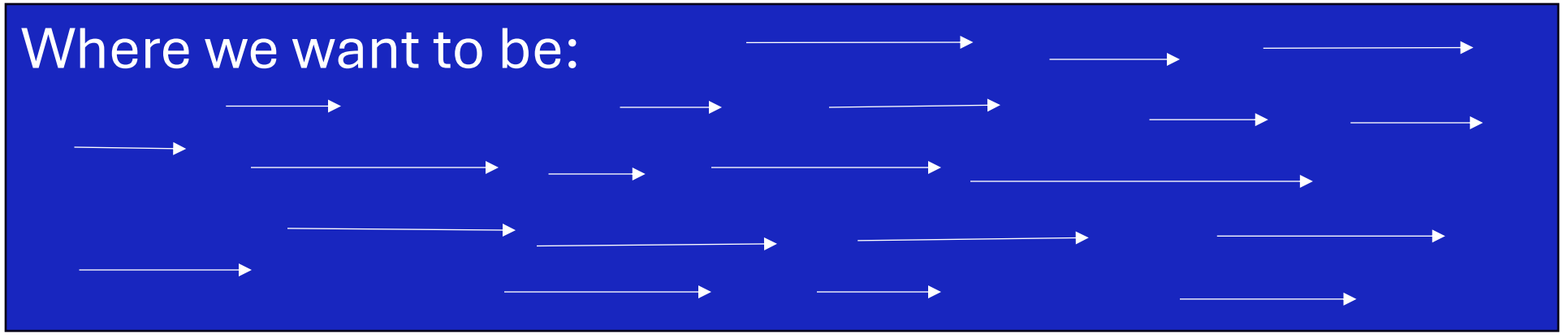
2025 Branding

Start With Why…

Make Strategy Everyone’s Job

Aligning the Organization





Alignment to County Mission and Vision

BOCC Community Vision:
Mecklenburg County will be a community of pride and choice for people to LIVE, LEARN, WORK and RECREATE.

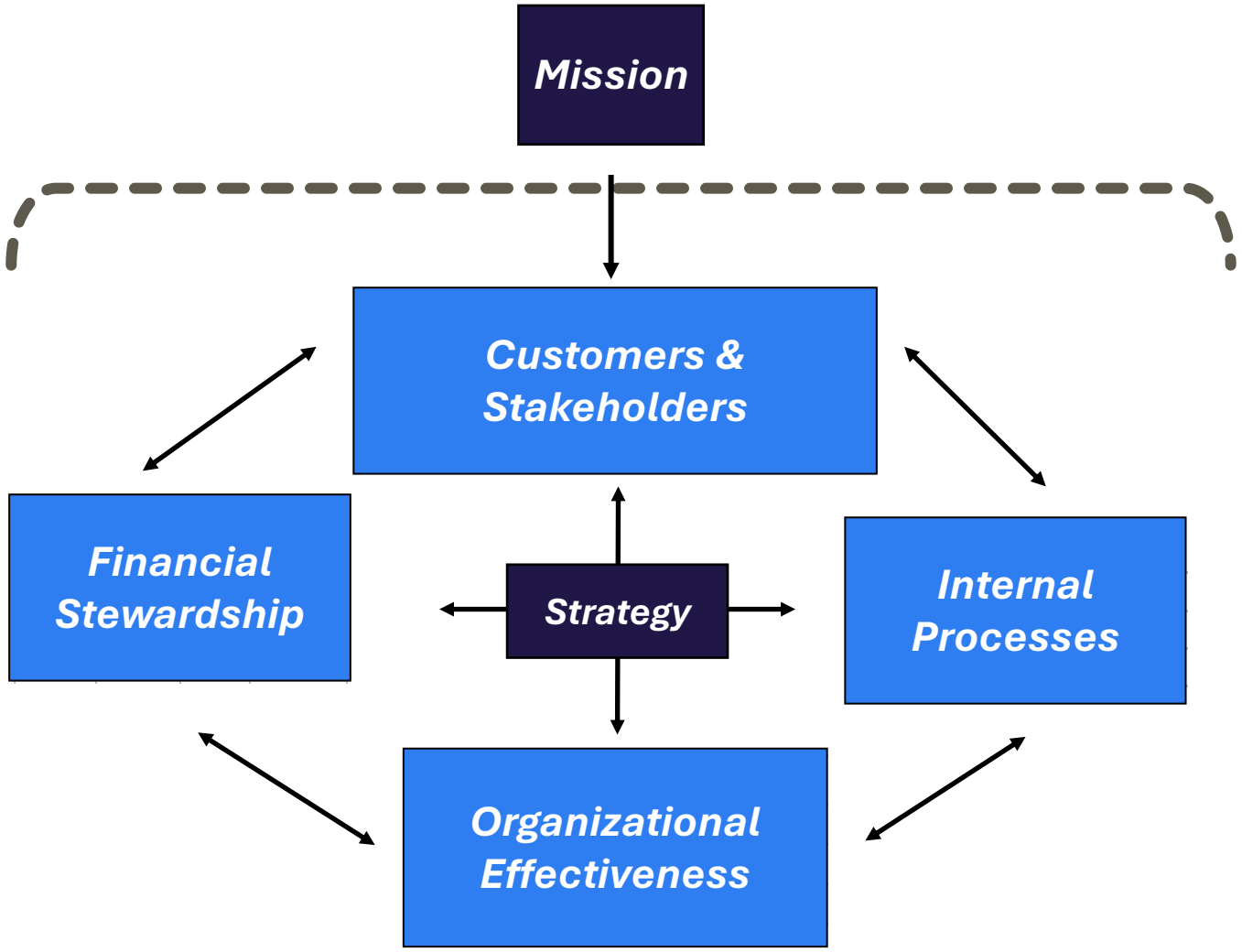
Mecklenburg Vision:
Mecklenburg County will be the best local government service provider.

Mecklenburg Mission:
To serve Mecklenburg County residents by helping them improve their lives and community.

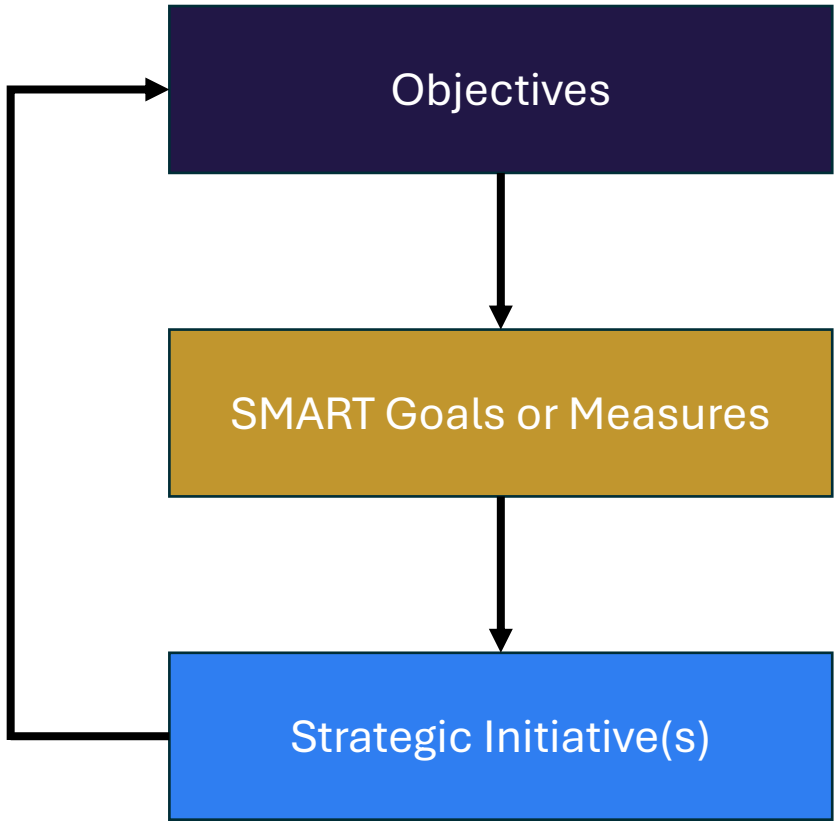
The Balanced Scorecard translates these aspirations into **measurable objectives**

What is the Balanced Scorecard?

- The Balanced Scorecard is a **management system that enables organizations to clarify their vision and strategy and translate them into action**
- Provides an organization with feedback of both the *internal processes* and *external outcomes*, which allows for **continuous improvement of strategic performance and results**
- The Balanced Scorecard **blends both operational and strategic views** of the organization.



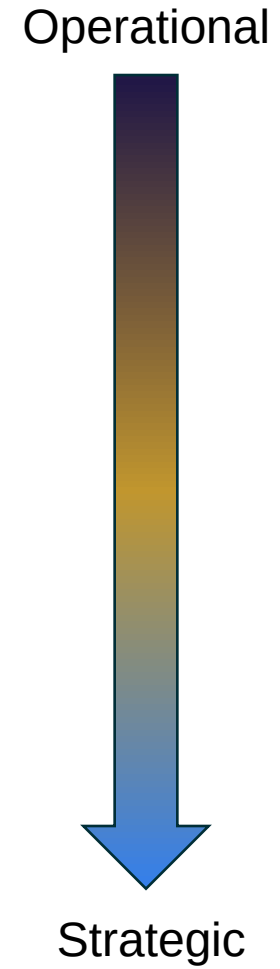
Elements of the Balanced Scorecard



Objectives are “Why” the County exists aka ***“What are we trying to accomplish?”***

SMART Goals are the indicator(s) of success for each Objective aka the ***“Desired Result”***

Strategic Initiative(s) are the “how” we plan to accomplish our desired results aka ***“What we need to do to achieve the Desired Results.”***



Why Readopt the Balanced Scorecard?

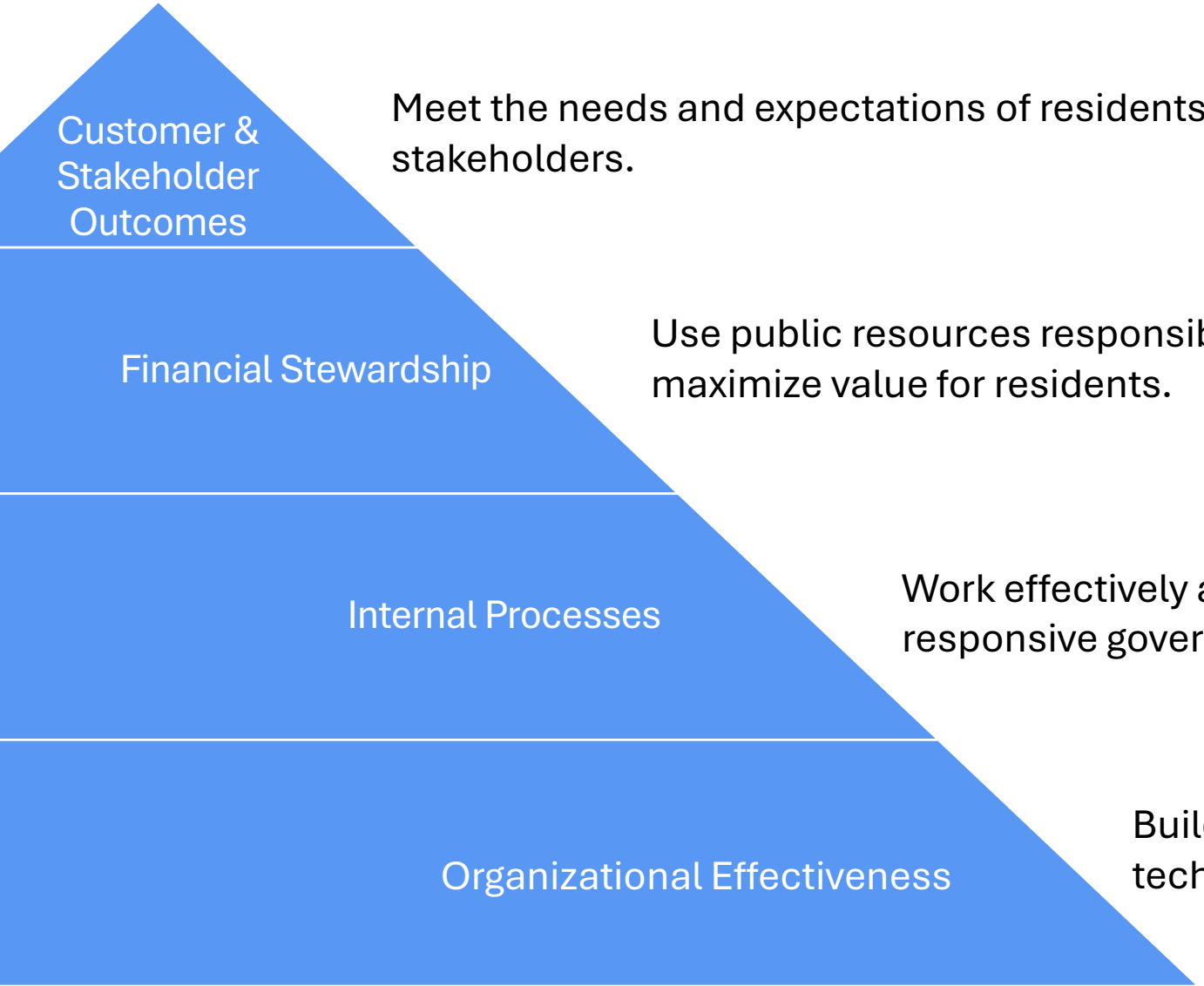
Previous Approach

- **Fragmented efforts** – Strategic Business Plans operated in silos with limited connection to Countywide priorities.
- **Scope creep** – Focus drifted from core operations toward funding new initiatives, impacting organizational capacity.
- **Weak linkages** – Strategy, budget and performance were not consistently aligned or reinforcing one another.
- **Limited storytelling** – Data existed but didn't clearly communicate progress or community impact, focusing more on outputs than outcomes.

Moving Forward

- **A unified framework** – Connects every department's core functions to the County's strategic vision and Board priorities.
- **Simplified and sharpened focus** – Moves from volume to value with fewer, more meaningful measures centered on core operations.
- **Stronger alignment** – Connects strategy, performance, and budget, enabling more integrated planning and resource allocation.
- **Builds a culture of learning and improvement** – Encourages cross-departmental collaboration, continuous learning, and outcome-based story-telling.

Four Scorecard Perspectives



Meet the needs and expectations of residents, businesses, partners, and other stakeholders.

Use public resources responsibly, transparently, and strategically to maximize value for residents.

Work effectively and efficiently resulting in high performance and responsive government.

Build and sustain the talent, culture, infrastructure, and technology needed to deliver high-quality services.

Focus Areas

Mecklenburg County will be a community of pride and choice for people to LIVE, LEARN, WORK and RECREATE

LIVE		LEARN	WORK	RECREATE
Health	Safety	Education	Jobs	Environment and Recreation
Healthy and Thriving Community	**Safe and Prepared Community**	**Learning and Educational Opportunities**	**Jobs and Economic Opportunities**	**Environment, Culture, and Recreation**
This focus area promotes a high quality of life through healthy, safe, and affordable living conditions for all residents.	This focus area centers on protecting residents and promoting trust through effective public safety and emergency preparedness.	This focus area supports lifelong learning and educational advancement to empower residents and prepare a skilled future workforce.	This focus area promotes economic opportunity and workforce development for residents and businesses.	This focus area promotes wellness, connection, and enjoyment through accessible environmental, recreational, and cultural opportunities.

Level-set for Today

- Today's goals are:
  - To review the **Strategic Objectives** in the draft scorecard to get feedback on:
    - **What is included**
    - **What is missing**
    - **What may need revision**
  - Review an example of how the scorecard works

- Out of scope for today:
  - A full review of the details of every Strategic Objective – this will come after County staff receive feedback from the Board today

Draft Corporate Scorecard – October 27, 2025

Asterisk (*) = BOCC Priority Alignment

Dotted Lines = Partnership / Collaboration Required

WHY

HOW

Improve overall Quality of Life for Mecklenburg residents

		Healthy and Thriving Community	Learning and Educational Opportunities	Jobs and Economic Opportunities	Environment, Culture, and Recreation	Safe and Prepared Community
Community	Customer / Stakeholder	Improve access to care*	Improve K-readiness for Meck Pre-K students*	Promote economic mobility by connecting residents to jobs, training, and career growth*	Enhance environmental stewardship through conservation, monitoring, and sustainable practices*	Support justice system policies and practices that enhance public safety and reduce recidivism
		Enhance resident access to safe and affordable housing	Promote literacy and digital access	Make Mecklenburg County a premier place to start, grow, and sustain a business*	Expand access to parks, open space, and recreation*	Ensure the safety of buildings and public infrastructure
		Reduce hunger and improve nutrition across our community	Support student success through partnerships with local public schools and higher education*	Reduce financial barriers by connecting families to vital economic support services	Protect and promote the historic, arts, and cultural resources in Mecklenburg County	Provide programs that protect residents and promote recovery, resilience, and safety
		Increase stability for individuals and families*				Promote timely and reliable emergency response and forensic investigations

Drive internal service excellence through people, processes, and stewardship

Internal	Financial Stewardship		Manage County resources responsibly, transparently, and sustainably to maximize value for residents	Maintain affordable and competitive tax rate		
	Internal Processes	Strengthen partnerships and community collaboration	Promote a high-performing government through efficiency, accountability, and transparency	Increase community awareness and engagement through proactive communication and outreach	Mitigate enterprise risk and ensure policy compliance	
	Organizational Effectiveness	Build a dynamic workforce that reflects our community and fosters belonging*	Improve technology utilization and capacity	Strengthen County culture and invest in the County workforce	Enhance data available for decision-making	

Example Strategic Objective Alignments: Healthy and Thriving Community

Improve access to care

- Access to Primary and Behavioral Care
- Vaccinations/Immunizations
- Dental
- HIV / STD Prevention and Care

BOCC Priority

Enhance resident access to safe and affordable housing

- Critical Home Repair (Includes Seniors)
- Housing and Homelessness Programs
- Naturally Occurring Affordable Housing (NOAH)

BOCC Priority

Reduce hunger and improve nutrition across our community

- Food Security Programs

Increase stability for individuals and families

- Child Welfare Programs
- Services for Adults / Services for Seniors

BOCC Priority

Example Strategic Objective Alignments: Organizational Effectiveness

Build a dynamic workforce that reflects our community and fosters belonging

- Equity and Inclusion (Enterprise)
- Internal Department Equity Action Teams (DEATs)
- Internal Department Initiatives

BOCC Priority

Improve technology utilization and capacity

- IT-led strategic organizational improvements
- Internal Department Initiatives

Strengthen County culture and invest in the County workforce

- County Manager's Organizational Reset
- Succession Planning
- Retention, Turnover, Vacancy Rates
- Employee Knowledge, Skills, and Abilities
- Internal Department Initiatives

Enhance data available for decision-making

- Balanced Scorecard and Performance Management Framework
- Budget and Performance Alignment
- Geospatial data from GIS
- IT-led strategic organizational improvements
- Internal Department Initiatives

Example Strategic Objective Detail

Scorecard Alignment	Internal Processes	Board Priority Alignment	N/A
Objective	Promote a high-performing government through efficiency, accountability, and transparency		

SMART Goal(s) (Example)	Target (Example)	Recent Results (Example)	Strategic Initiatives (Example)
Achieve 90% or greater customer satisfaction with call center service by FY2028	90%	FY23: X% FY24: Y% FY25: Z%	• Enhance training of call center staff to increase first call resolution rate • Reduce the dropped call rate by investing in updated technology

An Example of the Balanced Scorecard in Action

Every day we strive to:

Customer & Stakeholder Outcomes	Meet the needs and expectations of residents, businesses, partners, and other stakeholders.
Financial Stewardship	Use public resources responsibly, transparently, and strategically to maximize value for residents.
Internal Processes	Work effectively and efficiently resulting in high performance and responsive government.
Organizational Effectiveness	Build and sustain the talent, culture, infrastructure, and technology needed to deliver high-quality services.

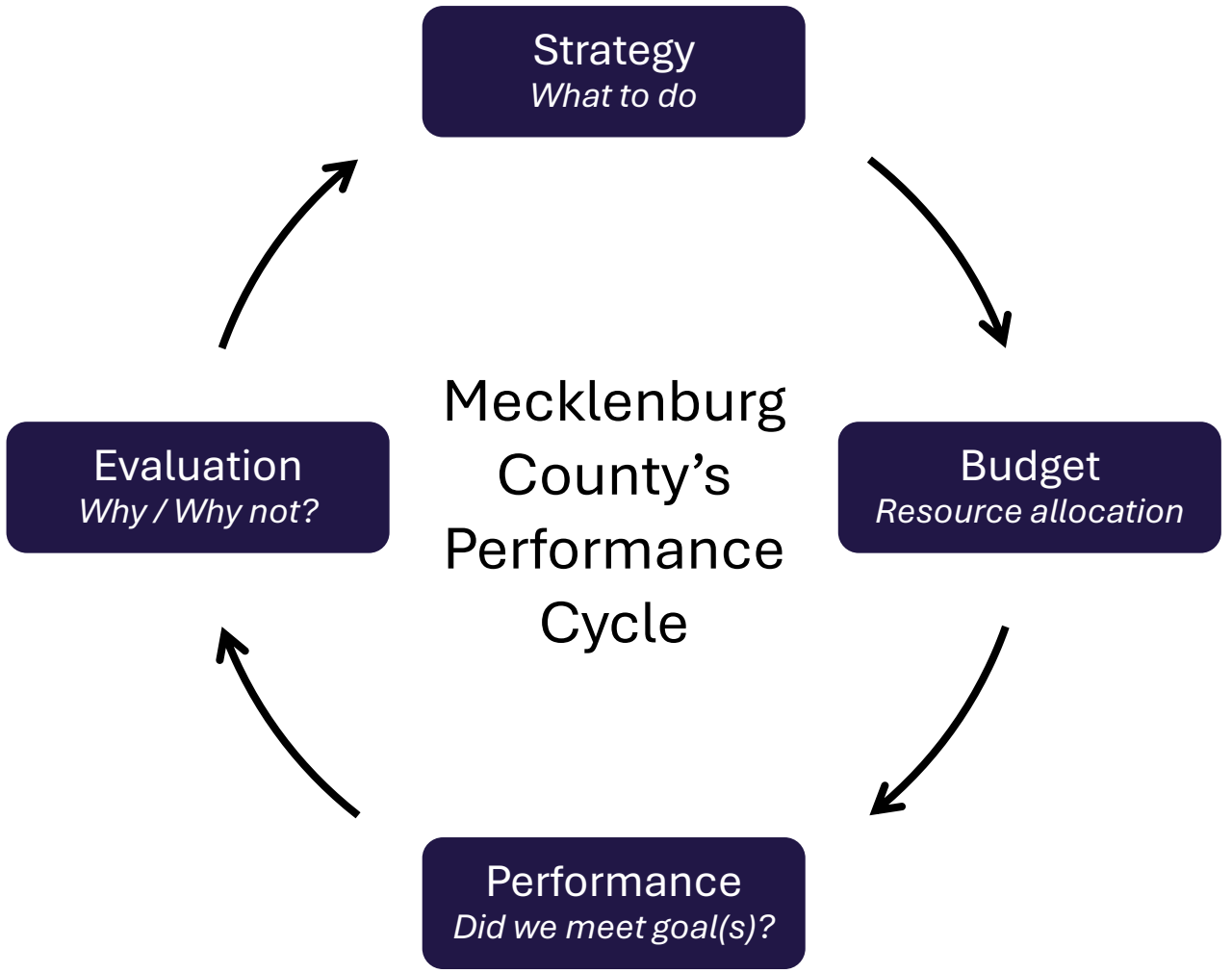
Not Achieving Stakeholder Outcomes
Increased flooding in recent years has surfaced a need for additional flood management and prevention support.

Address Problem Through Strategic Initiative
Drive investments towards reducing flood risk by 193,500 points (mitigating over 300 structures) over 15-years as identified in the Environmental Leadership Action Plan (ELAP).

Managing for Results (MFR) and the Balanced Scorecard

- **The Balanced Scorecard defines our strategic direction** by establishing the Objectives, SMART Goal(s), and Strategic Initiatives that represent County and community priorities.
- **MFR provides the management system** that ensures strategies translate into measurable, sustainable results.
- **MFR connects strategy to action.**
- **MFR aligns budgets and resource allocation to strategic priorities.** The County can't budget strategically unless we're managing for results.
- **MFR drives continuous improvement.** It is not about *collecting* data – it is about *using* data to get better.
- **MFR strengthens transparency and public trust** by allowing the County to show – not just say – that we're achieving results for the community.

Managing for Results (MFR) Framework



Next Steps to Finalize the Scorecard

- Receive BOCC feedback on structure and content
- Incorporate BOCC feedback and build SMART Goals and Strategic Initiatives for all Objectives
- Incorporate community feedback from Quality of Life Collaborative convening, as appropriate
- Finalize Enterprise Objectives, SMART Goal(s), and Strategic Initiatives for possible presentation at January's BOCC retreat

Once approved:

- Define and implement Focus Area Collaboration Teams (FACTs) to monitor and report on progress for each Focus Area
- Define and implement updated reporting processes for Executive Team and Board
- Partner with Departments to develop Department-level scorecards
- Partner with Human Resources to cascade goals and alignment to employees

Quality of Life Collaborative:
Building Partnerships to Improve Quality of Life

Event Details

- **Date(s):** November 20-21, 2025
- **Audience:** Public, private, nonprofit, and community leaders
- **Duration:** Two (2) days in-person
- **Location:** Central Piedmont Community College's Parr Center

Purpose

- **Position Charlotte-Mecklenburg as a premier place to live** by aligning cross-sector efforts around shared quality of life goals.
- **Strengthen cross-sector collaboration and collective impact** through unified priorities, coordinated strategies, and shared measures that track progress.

Q&A

MANAGING FOR RESULTS

EVALUATING TODAY.
STRENGTHENING TOMORROW.

Michael Griswold, MPA
Director, Office of Strategy & Innovation
October 27, 2025

Youth Crime in Mecklenburg County

Commissioner George Dunlap, District 3
Mecklenburg County
Board of County Commissioners
Fall Retreat
October 27-28, 2025

Youth Crime in Mecklenburg County

2025 Fall Board of County Commissioners' Retreat

Commissioner George Dunlap

Overview

- Data and Trends
- Current Prevention Programming and Investments
- Recommendations to Reduce the Rates of Youth Crime

YASI Data

- The YASI assesses the risks and needs of justice involved youth
- It measures the risk of recidivism of justice involved youth and is used by NC DJJDP for service planning
- In FY25, NC DJJDP administered the YASI on 507 Mecklenburg County youth

Profile of Justice Involved Youth in Mecklenburg County

FY25 Legal History

- Previous Delinquent Referrals
  - Meck: 64% State: 46%
- Juvenile with Felony Referral
  - Meck: 72% State: 35%
- Previous Weapons Offense
  - Meck: 45% State: 18%
- Referral for Person Crimes
  - Meck: 66% State: 41%

Data provided by NCDPS DJJDP

Profile of Justice Involved Youth in Mecklenburg County

FY25 Legal History

- Prior Detention Admissions
  - Meck: 50% State: 20%
- Prior Youth Development Center Custody
  - Meck: 4% State: 3%

Mecklenburg Top 3 Offenses by Group, 2021 - 2023

Non-Raise the Age Offenses

2021

Larceny of motor vehicle (f) (106)

Resisting public officer (104)

Simple assault (102)

2022

Simple assault (250)

Larceny of motor vehicle (f) (236)

Resisting public officer (102)

2023

Break or enter a motor vehicle (396)

Larceny of motor vehicle (f) (259)

Simple assault (211)

Raise the Age Offenses

2021

Break or enter a motor vehicle (130)

Possess handgun by minor (119)

Simple assault (104)

2022

Simple assault (156)

Possess handgun by minor (127)

Resisting public officer (104)

2023

Possess handgun by minor (112)

Simple assault (108)

Felony Possession of Stolen Vehicle (96)

Data provided by NCDPS DJJDP

Profile of Justice Involved Youth in Mecklenburg County

FY25 Family History

- Kicked Out
  - Meck: 9% State: 8%
- Runaway
  - Meck: 41% State: 21%
- Family History of Substance Use & Mental Illness
  - Meck (SU): 11% State: 12%
  - Meck (MH): 11% State: 12%
- Family Criminal History
  - Meck (Criminal): 28% State: 24%
  - Meck (Violent): 10% State: 6%

Data provided by NCDPS DJJDP

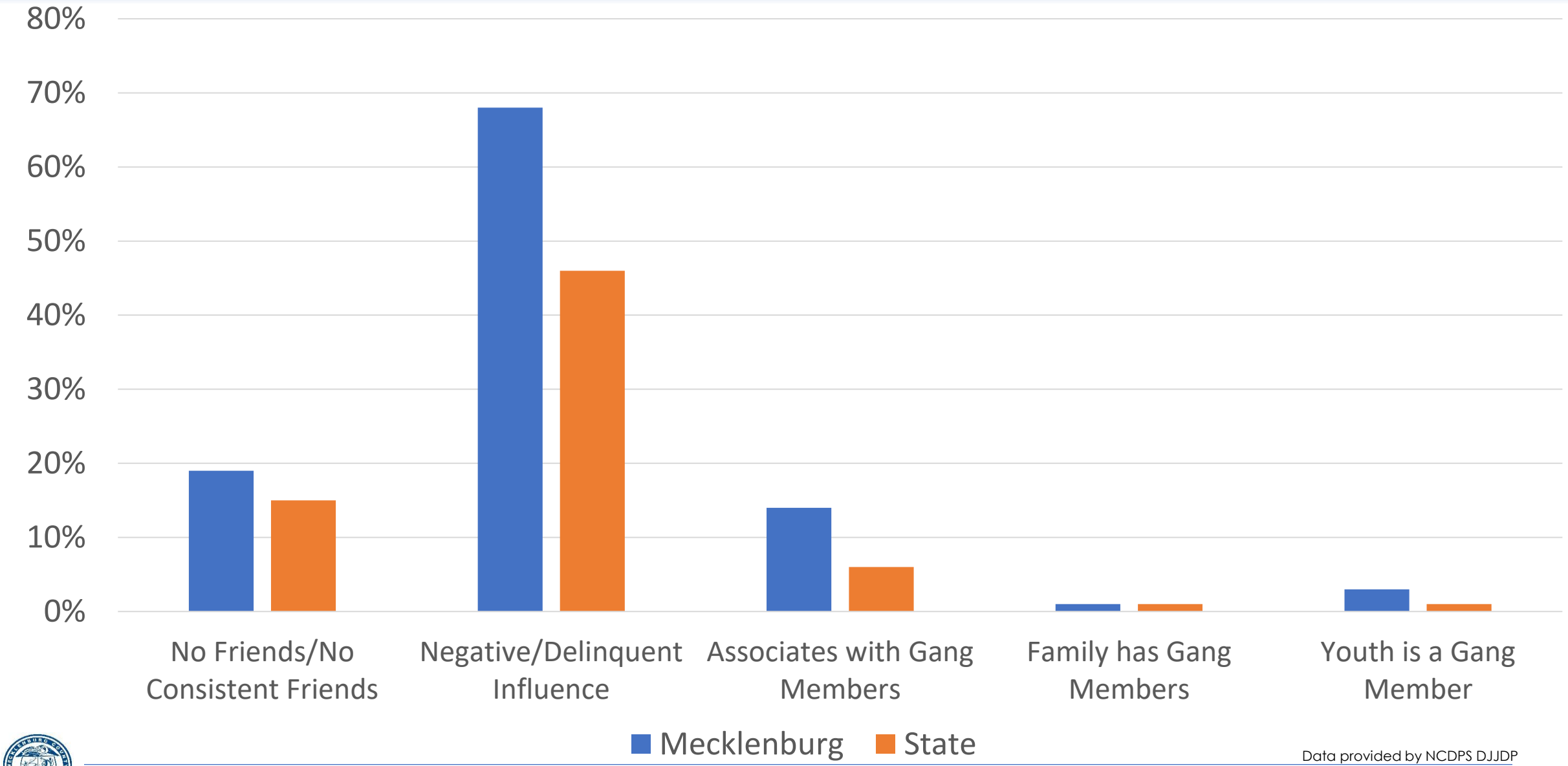
Profile of Justice Involved Youth in Mecklenburg County

FY25 School History

- Enrollment Status
  - Meck (Dropped Out): 6% State: 5%
  - Meck (Suspended): 2% State: 3%
- Attendance in the Past Three Months
  - Meck (Attends Regularly): 41% State: 57%
  - Meck (5 or More Absences): 25% State: 19%
- Academics
  - Meck (C- or Lower): 16% State: 14%
  - Meck (Failing Some): 14% State: 15%
  - Meck (Failing Most): 16% State: 14%

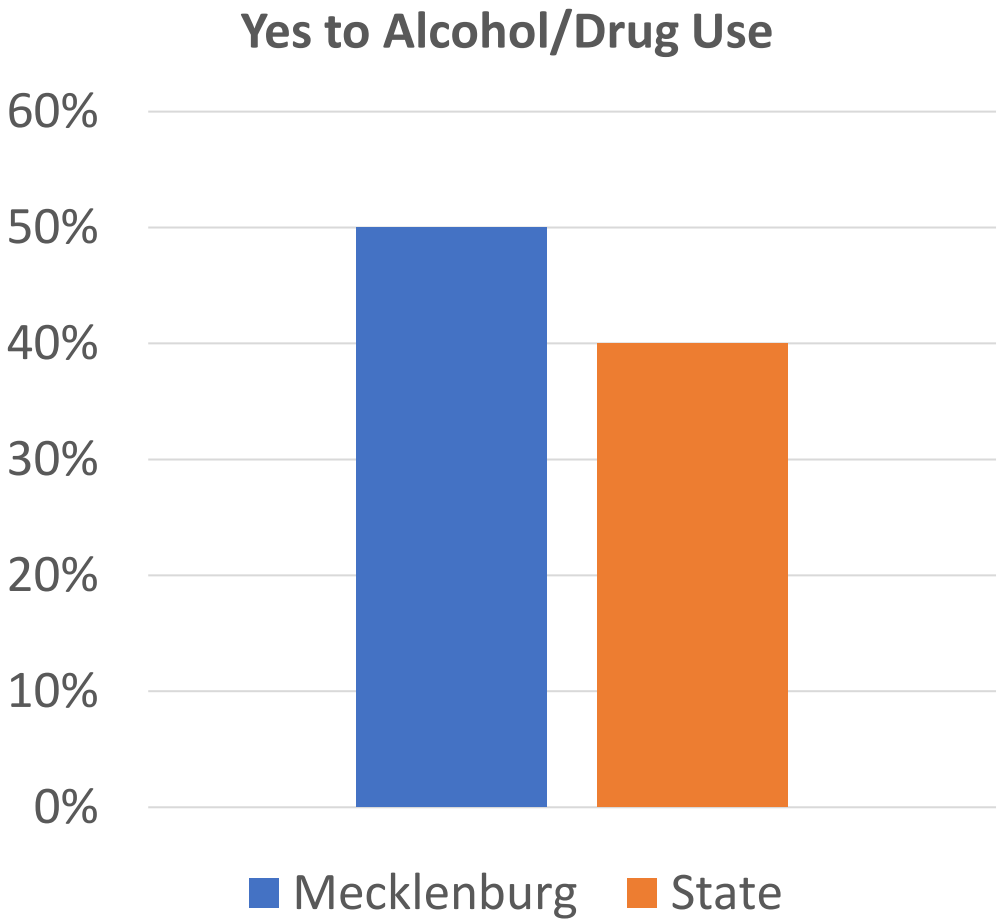
Data provided by NCDPS DJJDP

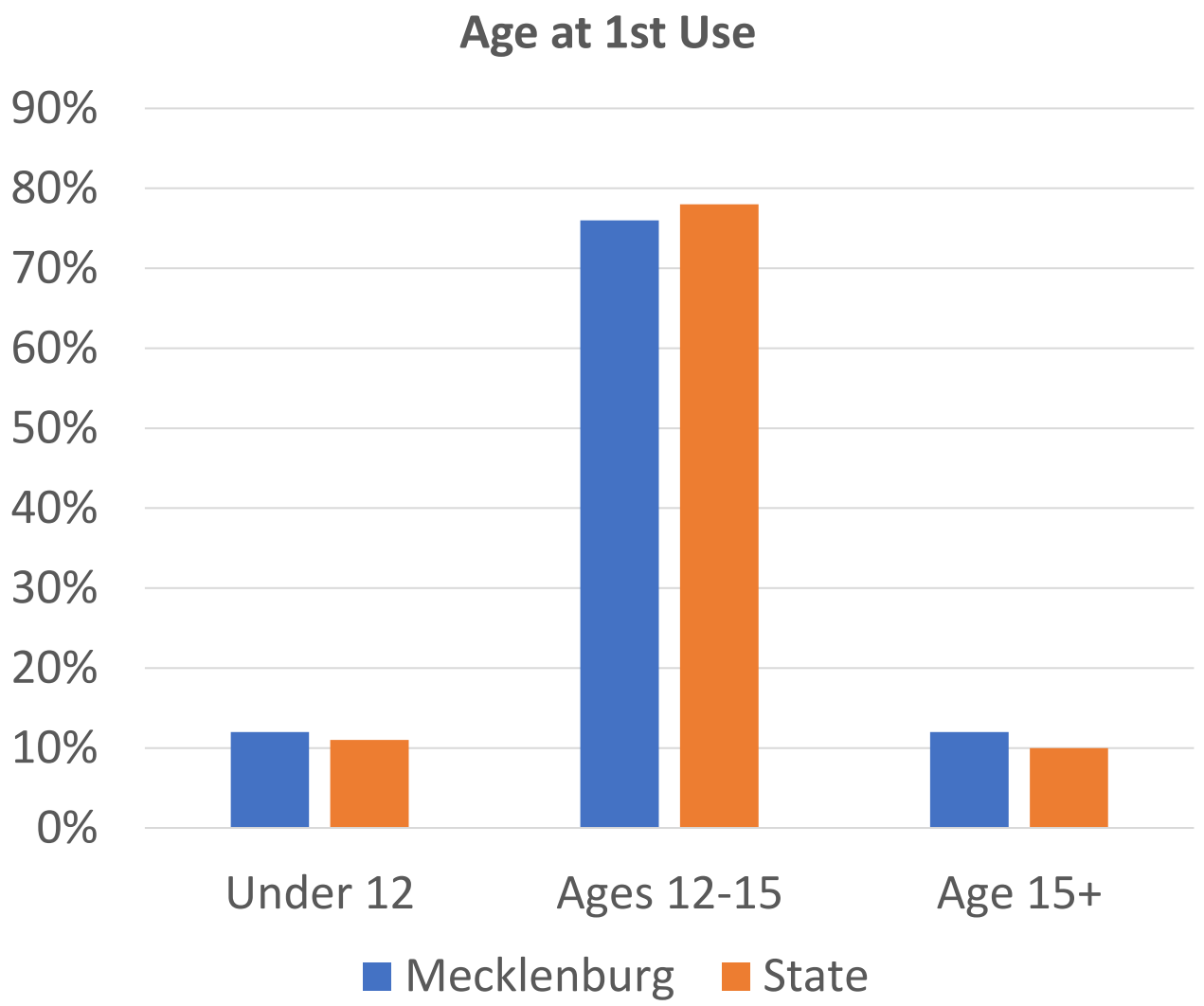
Peers and Associates



Data provided by NCDPS DJJDP

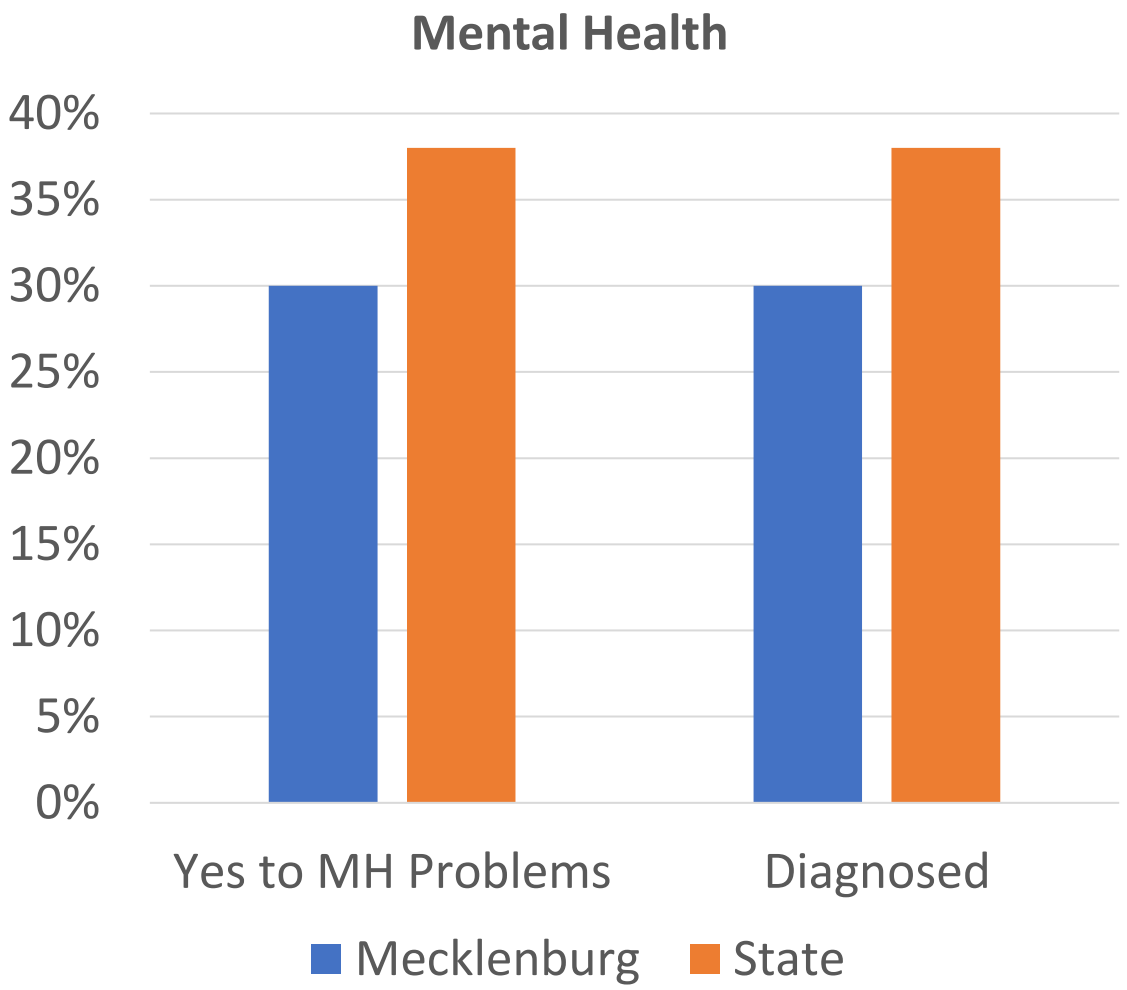
Profile of Justice Involved Youth in Mecklenburg County

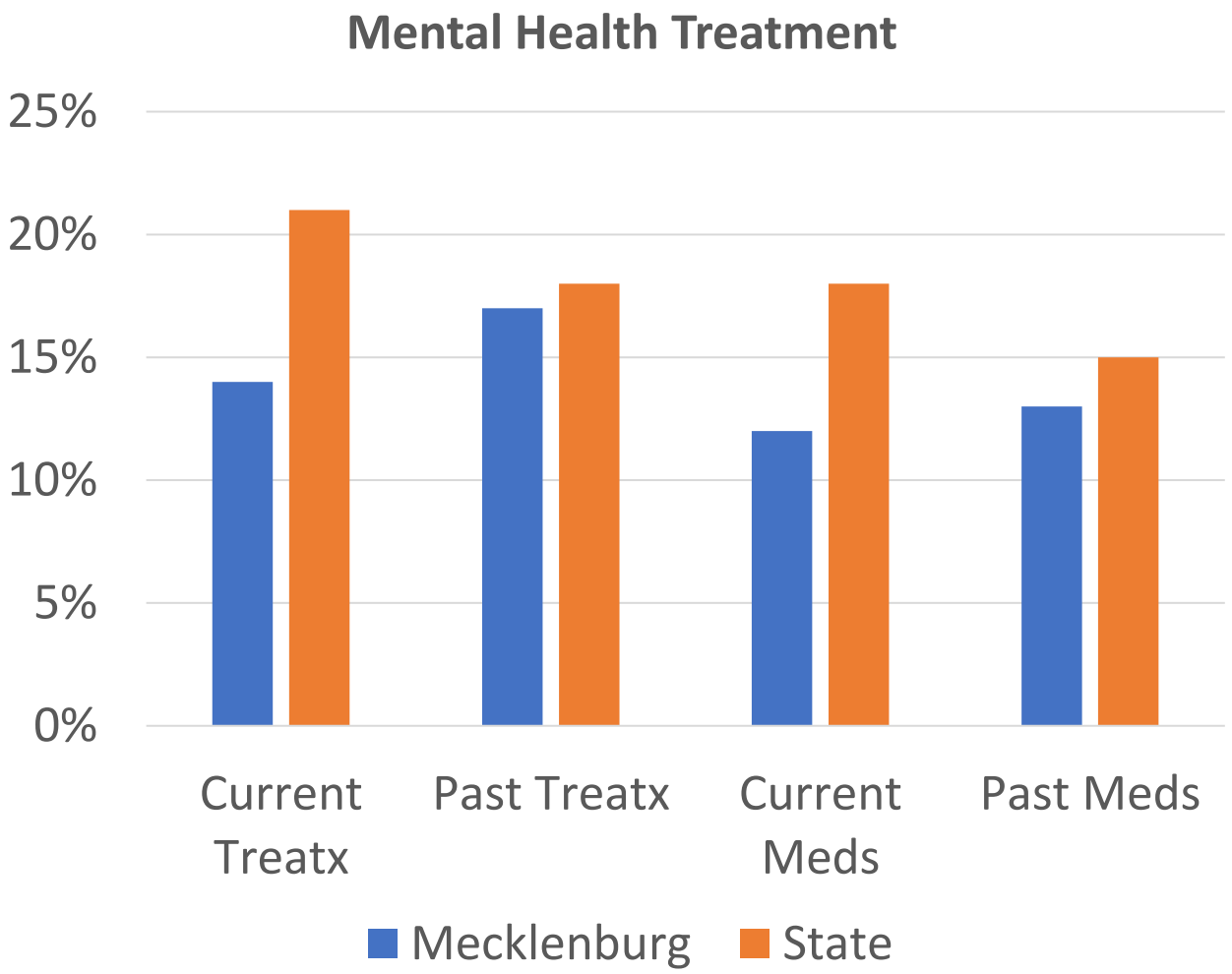




Data provided by NCDPS DJJDP

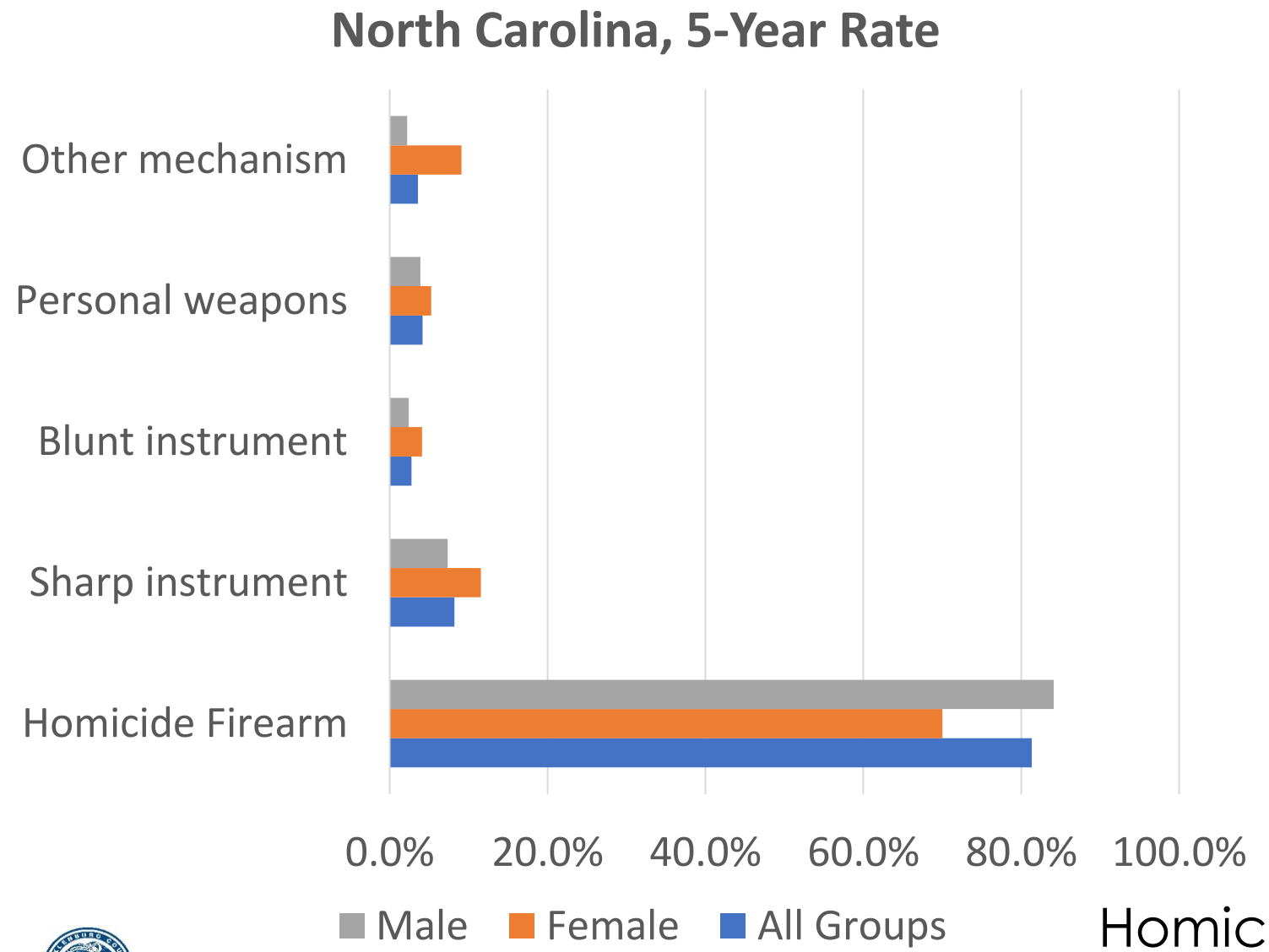
Profile of Justice Involved Youth in Mecklenburg County

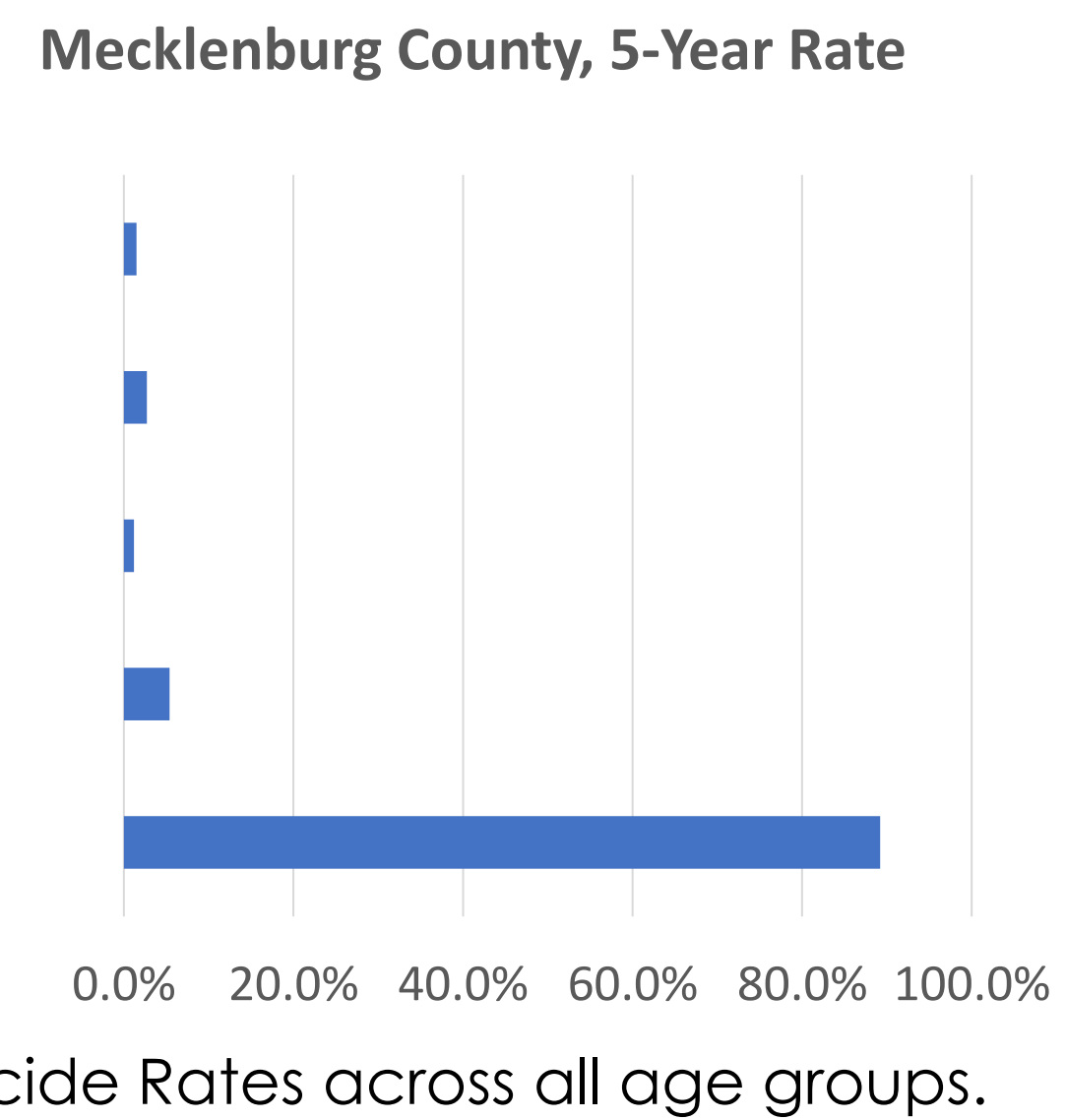




Data provided by NCDPS DJJDP

Percent of Homicide Data by Type

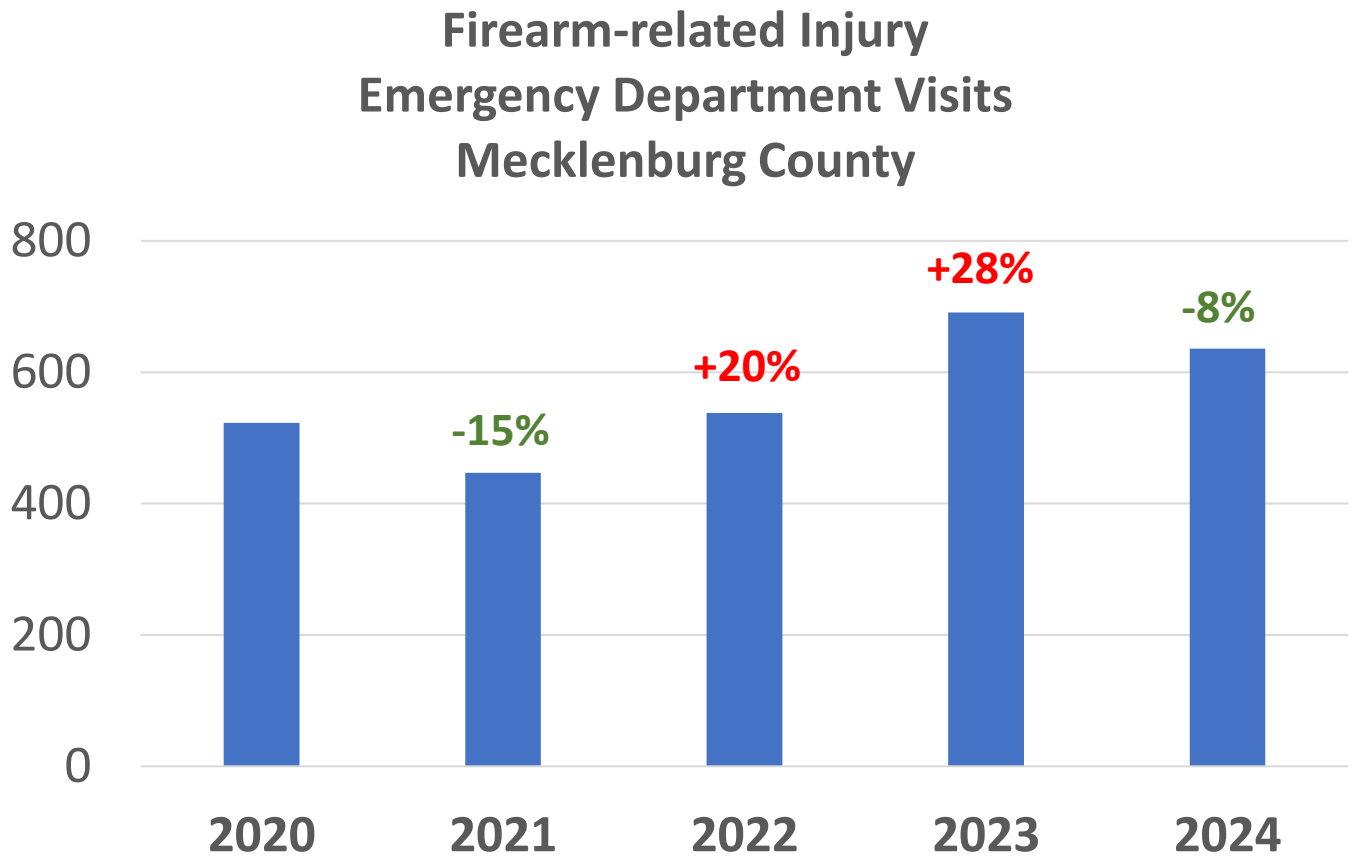




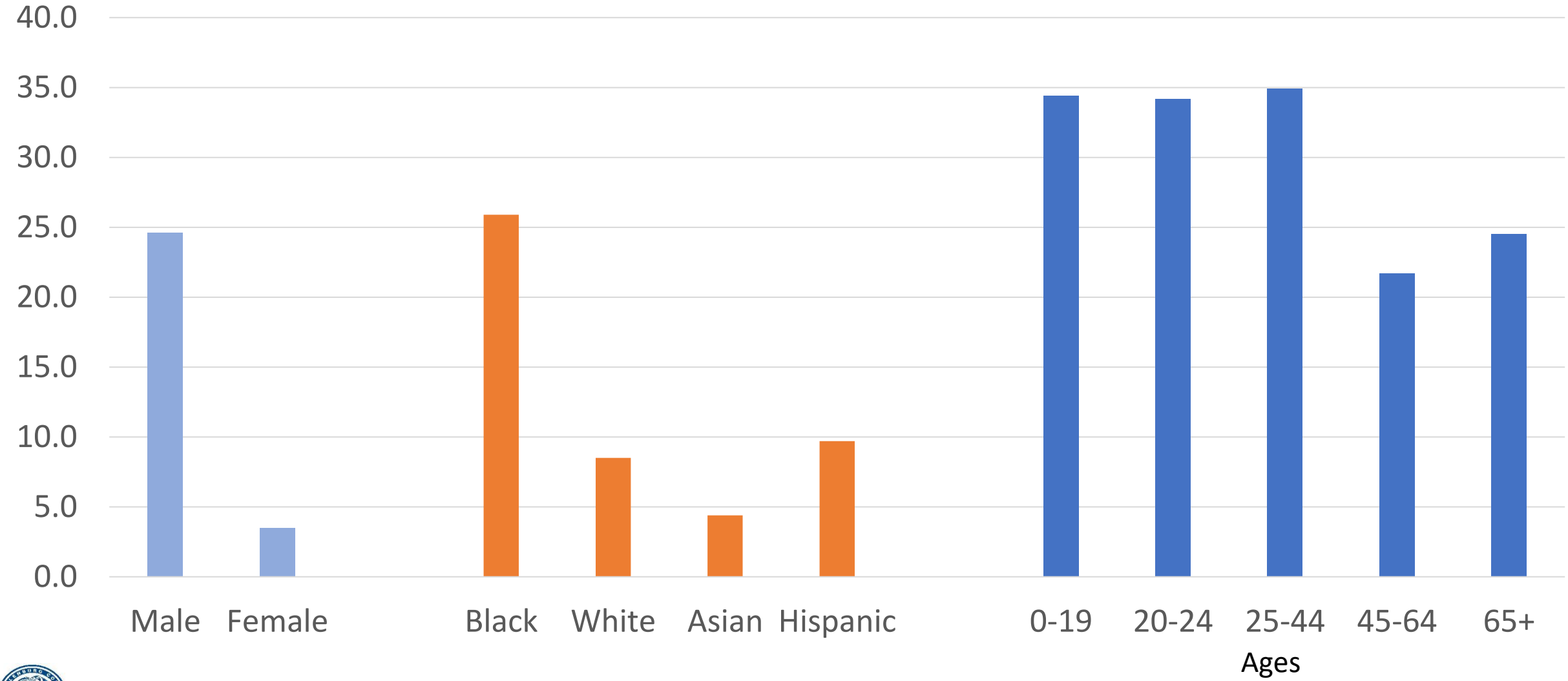
Homicide Rates across all age groups.

Mecklenburg County Data

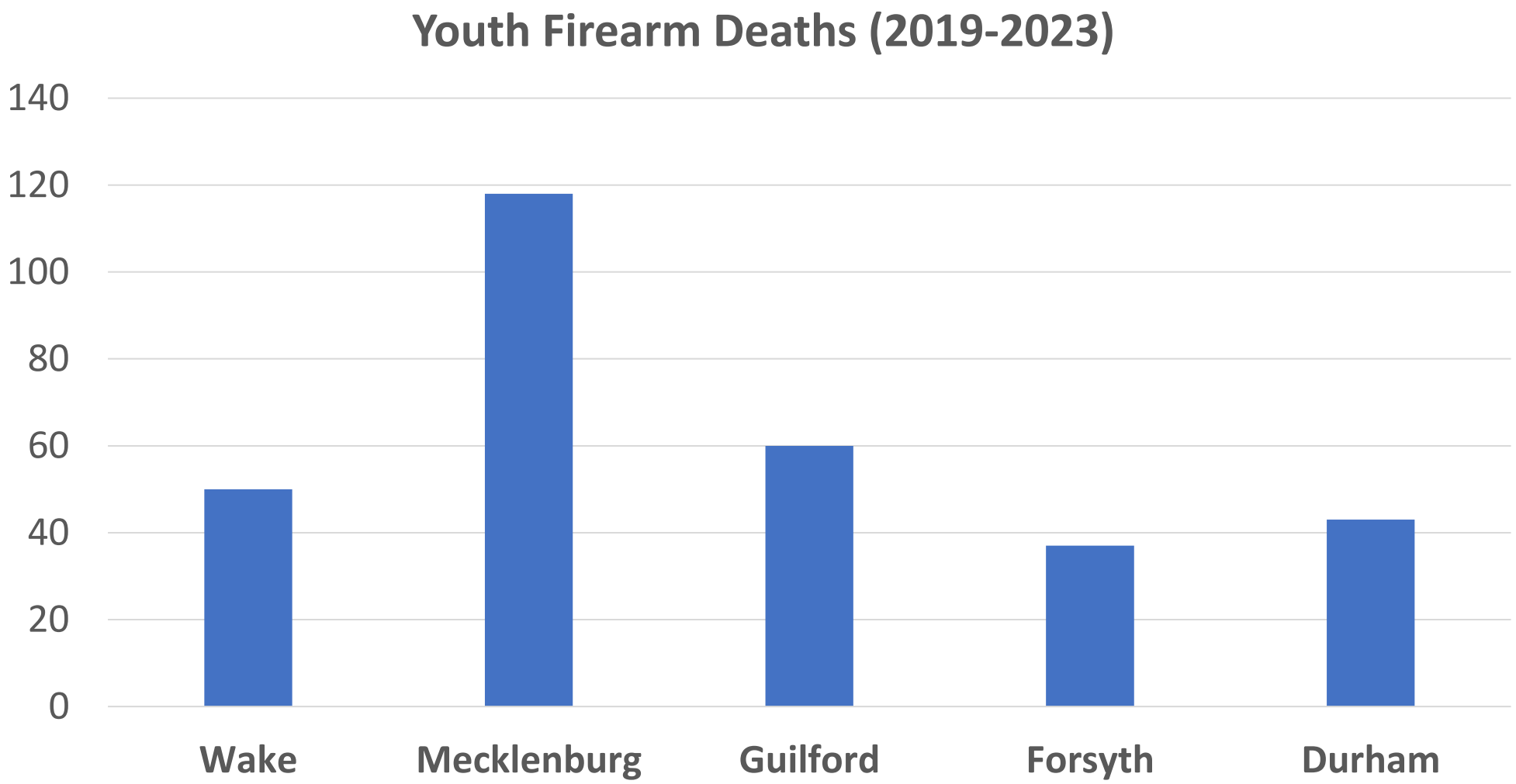
- **In 2024, a total of 636 Mecklenburg County residents visited the emergency department due to firearm injury. Emergency department visits due to firearm injury decreased by 8% in the past year among Mecklenburg County residents**



Violent Death Rate by Demographics
Mecklenburg County, 2014-2023



Most Populous NC Counties



Current Programs Overview

- **County Initiatives**
  - Office of Violence Prevention
  - ReCAST
  - CJS Family and Youth Recovery Courts
    - Youth Advocate Program (YAP)
  - Juvenile Crime Prevention Council
  - Criminal Justice Advisory Group
  - Teen Court

Current Programs

- Violence Prevention Education & Awareness
- Mental Health Education, Awareness, & Supports
- Supports of Youth & Young Adults
- Data Stewardship for Violence Prevention
- Cross-Sector & Intergovernmental Collaboration

MECKLENBURG COUNTY 100 YOUTH ADVISORY COUNCIL

ReCAST MECKLENBURG

Current Programs & Services

Juvenile Crime Prevention Council (JCPC)

- Over $2,000,000 awarded annually to community-based organizations that support justice involved and at-risk youth

FY26 JCPC Funded Programs

Agency	Amount	Type of Service
JCPC Adminstration	$15,499	N/A
CMPD - Youthful Diversion Program	$240,000	Skill Building
Tresports - Positive Action Program	$270,178	Skill Building
Team Up Connections	$241,247	Mentoring
Achieving Success on Purpose - B.R.I.C.K.	$163,917	Substance Abuse Counseling
YDI - Family Life Skills Academy	$77,960	Parent/Family Skill Building
YDI - Vocational and Career Developmment	$164,950	Vocational Skills
Thompson - Juvenile Court Assessment Program	$223,173	Assessment
TYM-SHIFT Restitution/Community Service	$160,000	Restitution/Community Service
McLeod Center for Wellbeing-Substance Abuse Counseling	$219,108	Substance Abuse Treatment
McCormick Cares Inc.-Mediation/Responsive Circles	$75,421	Restorative Justice
Right Moves For Youth-Mentoring	$88,540	Mentoring
Promise Youth Development, Inc-Promise Pathways Mentoring	$111,720	Mentoring
Total	$2,051,713	

Criminal Justice Advisory Group (CJAG)

- Community Engagement Task Group

- Youth Leadership Board

Current Programs Overview

- **City Initiatives:**
  - Alternatives to Violence
  - City of Charlotte Youth Opportunities Programs
    - Youth Safety, Development & Career Experiences
- **Community Initiatives:**
  - Hospital Violence Intervention Program (HVIP)
  - Handle With Care (in partnership with OVP)
- **Charlotte Mecklenburg Schools**
  - School Based Therapy
  - Case Management and Services for youth at–risk.

Current Programs

Alternatives to Violence (ATV)

Primary focus is mediating conflict	
Funding sources	
Locations	Beatties Ford Rd Area (2021); West Boulevard/Remount Areas (2023); Nations Ford/Arrowood Areas (2023)
Evaluation	

Recommendations

From Youth and Young Adults

- Increased access to confidential mental health resources
- Safe spaces for youth to gather/play
  - Involve youth in planning
- Conflict resolution training and resources
- More opportunities to help shape policies
- Bystander training and resources

Recommendations

Local

- Opportunities for Safe Space
- Mental Health Access
- Prevention Programming
- Expansion of Handle With Care

National and Evidence Based

- Juvenile Detention Alternatives Initiative
  - Opportunities Program Pierce Co, WA
- Prevention Programming
- Centralized Referral Systems

Youth Crime in Mecklenburg County

2025 Fall Board of County Commissioners' Retreat

Commissioner George Dunlap

To: George Dunlap, Commissioner, Mecklenburg County, N.C.

From: The National Association of Counties

Date: September 23, 2025

Re: Local Interventions for Youth Gun Violence

This content is intended for educational purposes only for county officials and staff. It is intended to provide references to resources that are currently in the public domain. The National Association of Counties (NACo) supports policies and programs that equip county governments with the resources and flexibility needed to serve our residents. NACo does not endorse any particular strategy or approach shared in this resource over another. For official NACo positions, please refer to the American County Platform.

The National Association of Counties Research Foundation (NACoRF) received a technical assistance request from Mecklenburg County requesting information on local youth gun violence intervention programming. NACoRF drafted this memorandum in response to the request. **Section 1** provides context information on national trends in youth gun violence and provides data on the disparate impact of gun violence across different demographics. **Section 2** provides examples of local intervention approaches to youth gun violence. **Section 3** provides state-level support resources. **Section 4** provides additional resources.

Section 1: Context & Data

In 2023, nearly 47,000 individuals in the United States died from gun-related injuries, with children and adolescents being significantly affected.[i]

From 2020 to 2023, firearms were the leading cause of death among children and adolescents, surpassing car crashes, overdoses and cancer.[ii] In 2022, there were 2,526 gun-related fatalities among children and adolescents aged 1 to 17, averaging nearly seven per day. The gun death rate for this age group has nearly doubled from 2014 to 2023.[iii] One in four youths lives within a half-mile of at least one gun homicide that occurred in the past year.[iv]

The impact of gun violence on children and adolescents is extensive. Exposure to violence increases the likelihood of drug and alcohol misuse, depression, anxiety, PTSD, aggressive behaviors and engagement in illicit activities. School-aged children have lower grades and more absences when exposed to violence. School-aged children exposed to violence tend to have lower academic performance and higher absenteeism. High school students exposed to violence have lower test scores and graduation rates.[v]

Local communities increasingly use after-school programs as an intervention approach.[vi] These programs provide youth with opportunities to enhance their social and academic skills while engaging in school and community activities, thereby expanding their prosocial experiences and relationships. Evaluations have found significant positive effects on academic achievement and reductions in arrests for youth crime and violence.[vii]

Data Trends for Race, Geography & Socio-economic Factors

Gun violence disproportionately affects Black and Latin children and teens compared to their White peers.[viii] In 2022, Black children and teens aged 1 to 17 had a gun death rate 18 times higher than that of White children in the same age group.[ix] In the same year, guns caused 55 percent of deaths among older Black teens aged 15 to 17.[x] Latin children and teens are more than three times more likely to die by gun homicide than their White peers.[xi]

Children and teens in urban areas are at a significantly higher risk of gun violence compared to their peers in rural areas. 92 percent of all hospitalizations of children for firearm injuries occur in urban areas (counties with populations above 50,000).[xii]

Many of the communities most impacted by gun violence experience high levels of poverty, unemployment, and low investment in education. These factors, known as "concentrated disadvantage," strongly predict community violence.[xiii]

Section 2: Local Intervention

County leaders can reduce youth gun violence by addressing the root causes of community violence. County-led youth violence intervention often includes components of collaborative partnerships, resource allocation and identifying impacted communities. While many county-led efforts exist across the country, the below examples focus on after-school programing and resource allocation.

Athens-Clarke County, Ga.
The Mayor and Commission of Athens-Clarke County (Ga.) authorized $7 million in ARPA funding for youth development and violence prevention in 2022. This funding was leveraged to organize activities and programs offering students diverse constructive options after school and during the summer. For example, there was funding directed to the Clarke County School District's Youth Development Initiative, which provides sports programming for youth. The authorized funding was also allocated to post-graduation skills development programming for students, including job and occupational training and social and emotional learning. The objective is to facilitate timely graduation and equip students with a post-graduation roadmap encompassing college enrollment, military enlistment or employment in their preferred field.

City and County of Denver, Colo.
The Mayor's Office in the City and County of Denver (Colo.) convened the Youth Violence Prevention Action Table (YVPAT) – a collective of youth, community, city and county leaders – to identify actionable items to support youth violence prevention efforts. The YVPAT authored the 2023 Denver Youth Violence Prevention Action Plan, outlining strategies in health, education, economy, community, and environment.

Key interventions include expanding youth empowerment centers, providing positive alternatives, investing in arts and cultural programs, offering culturally relevant services, increasing job training and youth employment, and enhancing access to treatment and health services in schools.

To ensure progress, the YVPAT uses a shared data dashboard with city-wide metrics and meets bi-monthly to discuss collaboration opportunities, progress, concerns, and joint responses to incidents.

Contra Costa County, Calif.

The Contra Costa Health Department's Violence Prevention Program uses a public health approach to prevent and reduce gun violence in Contra Costa County (Calif.) by providing high-risk populations with social support and services informed by evidence-based practices and equity principles. The Violence Prevention Program is partnering with community stakeholders to develop a strategic plan for reducing gun violence in the county. The plan will focus on developing social-emotional learning programs for at-risk youth, building workforce development opportunities and career paths and working with communities to improve the physical environment, neighborhood appearance and community engagement. Currently, the program is working with a nonprofit consultant on a landscape analysis of the county's existing violence prevention efforts.

Los Angeles County, Calif.

Coordinated by the Los Angeles County (Calif.) Department of Parks and Recreation, in partnership with the County Sheriff's Department, Chief Executive Office, and the Department of Public Health (DPH), the Parks After Dark (PAD) program supports parks remaining open during summer weekend evenings and provides a wide range of programs and services for youth and families in underserved communities, including recreation and entertainment. PAD is offered in communities disproportionately impacted by violence and with higher economic hardship. PAD was designed for summer evening hours, when crime rates are highest and youth have fewer social and recreational opportunities.

Serious and violent crimes in the communities surrounding the original three parks from the program declined 32 percent during the summer months between 2009 and 2013, compared to an 18 percent increase in similar nearby communities without PAD.

Maryland State & Counties

The Maryland Department of Juvenile Services launched the *Safe Summer* initiative, which provided $5 million to 12 Maryland counties with high rates of gun violence to occupy young people in safe and productive activities during the summer.

For example, in Prince George's County, the *Safe Summer* initiative expands recreational opportunities and extends operating hours at select community centers for residents ages 12 to 24, ensuring that safe, engaging spaces are accessible throughout the county.

Section 3: State-level Support Resources

- Former Governor Roy Cooper established the Office of Violence Prevention through the issuance of Executive Order No. 279 in March 2023. The Office is within the Department of Public Safety and has a mission to "reduce violence, harm from violence, and firearm misuse" through inter-agency collaboration with local communities and the use of evidence-based and

promising strategies. The Office is required to work with the Injury and Violence Prevention Branch of the Department of Health and Human Services' Division of Public Health.

- Resource Guide on State Actions to Prevent and Mitigate Childhood Experiences and Trauma is a publication from the National Governors Association that highlights best practices and examples that focus on addressing ACEs, trauma and resilience. *See the North Carolina example on p. 5.*

Section 4: Additional Resources

- Adverse Childhood Experiences Prevention: Resource for Action is a publication by the CDC that highlights evidence-based approaches to prevent ACEs. *Specifically, see strategy "connect youth to caring adults and activities" (p. 19).*
- Blueprint for Healthy Youth Development: provides a registry of scientifically supported and scalable interventions that prevent or reduce the likelihood of youth antisocial behavior and promote a healthy court of youth development and adult maturity. The website also provides information on funding strategies, including guidance on maximizing federal funds. *Listed below are examples of certified strategic programs:*
    - LifeSkills Training (LST)
    - Multisystemic Therapy (MST)
    - Treatment Foster Care Oregon
- From Punishment to Prevention: this report from the Annie E. Casey Foundation provides practice recommendations for how youth justice system can improve handling of youth gun possession cases.
- Strategies for Youth Engagement: this blog from the Annie E. Casey Foundation explores the continuum of strategies that can help leaders engage with young people.
- Creating Equitable Ecosystems of Belonging and Opportunity for Youth: this guide from the Annie E. Casey Foundation provides local leaders with lessons for developing coordinated initiatives between multiple youth-service agencies or organizations.

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[i] Gramlinch, J. (2025). What the data says about gun deaths in the U.S. Pew Research Center.
[ii] Kim, R., Et al. (2025). Gun Violence in the United States 2023: Examining the Gun Suicide Epidemic. Johns Hopkins Center for Gun Violence Solutions, Johns Hopkins Center for Suicide Prevention. Johns Hopkins Bloomberg School of Public Health
[iii] Villarreal, S., Et al. (2024). Gun Violence in the United States 2022: Examining the Burden Among Children and Teens. Johns Hopkins Center for Gun Violence Solutions. Johns Hopkins Bloomberg School of Public Health
[iv] Kravitz-Wirtz, N., Et al. (2022). Inequities in Community Exposure to Deadly Gun Violence by Race/Ethnicity, Poverty, and Neighborhood Disadvantage among Youth in Large US Cities. *J Urban Health* **99**, 610–625.
[v] The Impact of Gun Violence on Children and Teens. (2024). Everytown Research & Policy; Buggs, S. A. L., Et al. (2022). Heterogeneous effects of spatially proximate firearm homicide exposure on anxiety and depression symptoms among U.S. youth. Preventive medicine, 165, 107224.
[vi] David-Ferdon, C., Et al. (2016). Youth Violence Prevention Resource for Action: A Compilation of the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
[vii] Gottfredson, D. C., Et al. (2007). Distinguishing characteristics of effective and ineffective afterschool programs to prevent delinquency and victimization. Criminology & Public Policy, 6(2), 601-631.
[viii] See note vi
[ix] See note iii
[x] See note iii
[xi] See note vi
[xii] See note vi
[xiii] Chandler A. (2016). Interventions for reducing violence and its consequences for young Black males in America. Cities United.

Report on Community Violence Legislative Bill 1412

Omni Inventive Care
5115 F St.
Omaha NE 68117

Project Members:
William (Bill) Reay, PhD
Kris Tevis, PhD
Lisa Benner
Kevin Williams, MS

Contents

Background

This project was funded by the United States Department of Health and Human Services (21.027) American Rescue Plan Act (ARPA) award number SLFRP1965 at 100% ($499,840.00), through the Nebraska State Legislature. The Nebraska Legislature passed LB1412, and the Governor signed that bill and assigned the Nebraska Department of Health and Human Services (NDHHS) the implementation responsibility. NDHHS passed that responsibility to Region-6 Behavioral Healthcare.

Region-6 publicly posted a "Letter of Interest" (LOI) statement for any organization to provide a response to elements of LB1412 articulated at page 22 of the Legislative Bill. Omni Inventive Care (Omni) responded to the Region-6 LOI and was subsequently awarded the honor of conducting a pilot project in the North Omaha area, as indicated in LB1412. Over the spring and summer of 2025, Omni implemented the proposed plan and activities associated with assessing the degree of community exposure to acts of violence, including but not limited to, witnessing incidents of fighting or shooting, hearing gunshots, or experiencing an act of community violence by type and outcome. Omni used the best available research evidence to develop supportable and effective social-psychological evaluation and individual psycho-social treatments for those children and adolescents who suffer from community violence.

Region-6 and Omni entered into a contract for services (Contract Number R6 FY25 1-68). This contract is available through either a request to Region-6 Behavioral Healthcare or Omni Inventive Care. Omni was required eleven (11) deliverables associated with this initiative, and this report represents Omni's response to those eleven required deliverables.

Introduction

The need for this community assessment was first prompted by State Senator Justin Wayne. Senator Wayne was concerned that many of his constituents may suffer from Post-Traumatic Stress Disorder (PTSD), and that the emotional suffering is not being adequately addressed. Senator Wayne pushed for a systematic approach to evaluating both the level of violence in North Omaha, and the impact of that violence on citizens in the area. PTSD is a psychiatric/psychological condition that can affect anyone at any age. Symptoms commonly include intrusive thoughts and memories, distressing dreams or nightmares, upsetting flashbacks, avoidance of places and people that are similar to a person or event, being hyper sensitive to specific environmental events or situations, inability to concentrate, irritability and aggressive behavior, to mention the most common.

On a weekly basis, Omni reached out to non-elected community leaders in North Omaha. We maintained regular meetings and consistent communication with key community influencers who were not elected officials, which included both past gang members, and gang influencers. Our meetings focused on how this project was being perceived by various members of the community. These meetings also included consultation with Subject Matter Experts (SMEs) from the North Omaha community. Omni hired community members for key roles in this project in order to establish, maintain, and sustain cultural validity with all evaluation concepts and results.

Omni provided two (2) separate but related and coordinated evaluations within this initiative. One evaluation focused on identifying individual subjective and objective experiences about community level violence. The second phase focused on testing the effects of an evidence-based program (EBP) aimed at addressing potential post-traumatic stress reactions to violence in children. Omni is honored to be associated with this important work and we believe that the results of this overall project will provide policy makers and other community persons a unique insight into community level violence and the effects of that violence on both adult and children citizens in Omaha.

In Phase 1, Omni implemented two (2) evidence-based evaluations. One to assess perceptions of community level violence by having participants complete the Survey of Exposure to Community Violence (SECV) and the Post-Traumatic Stress Disorder Checklist-5 (PCL-5). The SECV assessed the degree of individual exposure to community-based acts of violence, including but not limited to witnessing incidents of fighting or shooting. Individual trauma symptoms were examined through the use of the PCL-5.

Experiencing community violence is tied to serious physical health and emotional symptoms that often interfere with a child's developmental progress and affect the general wellbeing of adults and children. Very often, experiencing or directly observing violence can result in emotional and psychological reactions in both children and adults, although the reactions may generally be different based upon age and prior experience with similar events. These reactions can be sufficiently severe to be considered traumatic, or causing traumatic stress reactions in the individual child or adult.

Trauma is the effect of experiences or situations that are exceptionally emotionally painful. Being a victim of violence or witnessing a single or frequent episodes of violence has a psychological and emotional impact on people. This includes a concept called chronic adversity. We all experience adverse situations, but being subjected to chronic adversity day after day, can also cause a stressful reaction which rises to the level of trauma and a psychological condition called Post Traumatic Stress Disorder (PTSD).

Adverse Childhood Experiences (ACEs) are important to the understanding of trauma. The Centers for Disease Control (CDC) through a research project with the Kaiser Department of Preventive Medicine in San Diego, identified nine (9) different types of adverse childhood experiences that negatively affected physical health as well as psychological and emotional well-being. Our evaluation of community violence has identified many of the same adverse experiences in this community.

In this project, we focused on human-caused trauma, not on trauma that was caused by natural disasters such as tornadoes, a common natural disaster in Nebraska. Being diagnosed with a very serious life threating illness or experiencing and/or witnessing a horrific event can be exceptionally distressing as well, but human-caused trauma such as those events identified in this evaluation tend to have the most serious psychological impact and longest-lasting traumatic effects. Areas of personal impact include effects on relationships with peers and adults, career choices, feelings of self-worth and willingness to explore personal and professional options, social anxiety, debilitating depression and paralyzing anxiety.

Phase 2 of this project included the implementation of an Empirically Based Program (EBP) for students exposed to trauma. Specifically, the Support for Students Exposed To Trauma (SSET) program is a school-based, group intervention designed to help youth who have experienced traumatic events. Originally developed as an adaptation of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Stein et al., 2003; Kataoka et al., 2003; Jaycox et al., 2010), this evidence-based program adaptation is specifically led by school staff or community members who are not mental health clinicians. These non-mental health professionals received specific training by two experts associated with the SSET program and certified by the program to teach non-mental health professionals in the program, and how to implement the program with fidelity.

The intervention program is based on a cognitive-behavioral approach to skills-based group facilitation aimed at reducing or relieving the symptoms of child traumatic stress, anxiety, and depression associated with observable and measurable functional impairments among late elementary and middle school children. This program has been commonly used with children who have experienced or witnessed community, family, or school violence, or who have been involved in natural disasters, accidents, physical abuse, or neglect.

Previously unknown to Nebraska as an EBP, Omni chose the SSET program for this initiative because the SSET program uses a structured, cognitive-behavioral framework to teach students practical skills for managing stress and trauma-related reactions. In addition, the SSET program can be implemented by non-mental health professionals, which had the promise of being able to expand the use of mental health based EBPs to non-mental health persons. If successful, Omni saw this as a major innovation to the service system response to trauma informed care using the best available applied research.

Due to substantial time compression, Omni implemented the group sessions over a 5-week period. The typical design is for a 10-week period, but we did two days per week for five weeks, which allowed us to provide the same amount of training within a shorter time period. Again, another innovation of the program design based upon external forces. This adaptation to the original EBP was approved by the program model builders.

Summary of Major Findings

Phase 1: Major Findings

Across all four community meetings, residents described living with frequent gun violence, trauma, and mistrust of law enforcement. Safety was described as fragile, with many living “on edge.” Participants identified poverty, trauma, absent caregivers, and a lack of youth opportunities as key drivers of violence.

Community members called for youth-focused prevention (mentorship, programs, trade skills), stronger family accountability and support, neighborhood connection (block parties, forums, watch groups), and systemic reforms including fair housing and relationship-based policing. They also emphasized the need

for mental health and trauma supports, along with safer infrastructure such as lighting, sidewalks, and secure spaces.

Results from the Survey of Exposure to Community Violence (SECV) reveal high and widespread exposure to violence among respondents in the pilot area, with patterns that highlight both direct victimization and indirect exposure through witnessing or hearing about violent events.

Key Findings:

- **Sexual Violence:** Over 22% of respondents reported being raped or molested—higher than comparison areas—with incidents more often involving adult acquaintances.
- **Physical Violence:** 62% reported being slapped, punched, or hit, most often in or near their homes and by someone they knew. Witnessing family or community violence was common, with more than half hearing about or seeing such events.
- **Weapons & Gun Violence:** 61% reported seeing someone carrying a gun or knife, other than law enforcement, and 67% heard gunshots near their home. Nearly one in four had been shot or shot at, and almost 30% had witnessed a shooting, most often near their home.
- **Threats & Arrests:** Over half reported being threatened with serious harm, frequently by someone they knew and often at home. Arrest exposure was common, with 55% having been arrested and 71% witnessing an arrest.
- **Severe Incidents:** 12% witnessed a killing, and 26% reported seeing a dead body in the community.

Patterns & Implications:

- **Violence is Close to Home:** Many incidents occurred in or near respondents' homes and were perpetrated by someone they knew, magnifying the emotional impact.
- **Chronic & Ongoing:** A substantial share of reported events occurred within the past year, suggesting that violence exposure is not just historical but ongoing.
- **Community-Wide Impact:** Witnessing and hearing about violence is nearly as common as direct victimization, indicating a pervasive atmosphere of trauma producing events.

Results from the PTSD Checklist for DSM-5 (PCL-5) indicate that while average PTSD symptom severity among respondents was below the clinical threshold (mean score = 17.37), nearly one in five participants (19.7%) scored at or above the clinical cutoff, suggesting probable PTSD in the sample population.

Key Pattern Findings:

- **Youth Are at Higher Risk:** 24.4% of youth met the clinical threshold for PTSD compared to 17.5% of adults, emphasizing the need for early screening and targeted youth interventions.

- **Trauma Type Matters:**
    - **Sexual Violence Survivors:** 41.7% met the clinical cutoff, showing the highest PTSD symptom burden.
    - **Gun Violence Survivors:** 25% met the cutoff, reflecting significant psychological impact.
- **Community (Neighborhood) Mental Health Need:** The data suggest a sizable population in need of trauma-focused support and treatment, particularly youth and survivors of sexual violence.

Phase 2: Major Findings

Youth entering the SSET program reported high levels of trauma exposure (an average of 8 types per participant), with 62% scoring above the clinical cutoff for PTSD symptoms. Despite this, participants showed a moderate level of hope, reflecting optimism, which is needed for developing resilience.

After completing the program, youth demonstrated meaningful improvement in PTSD symptoms, with the largest reductions seen among those with the highest initial distress. Hope remained stable, suggesting that hope was not influence by program.

Participants overwhelmingly reported gaining insight into their problems, learning practical coping strategies, and feeling calmer and more supported. The safe, respectful group environment was frequently cited as a highlight.

These results demonstrate that SSET is an effective, trauma-informed intervention that reduces PTSD symptoms while fostering connection and promoting resilience among youth—making it a promising program for healing and long-term recovery even in short periods of time.

Parental reports show that youth entered the SSET program with moderate emotional and behavioral symptoms and their caregivers experienced moderate levels of strain. Following the program, parent ratings indicated substantial improvement—youth symptoms decreased into the low severity range, and caregiver strain dropped to low levels. Post-traumatic symptom scores remained below clinical thresholds as perceived by the parents. These results demonstrate that SSET not only improves youth symptoms but also reduces caregiver stress.

Phase 1: Community Exposure to Violence

Methods

Omni completed four (4) area community meetings which were open to the general public. Omni utilized local vendors to cater food and beverages for attendees. Omni marketed community meetings on social media, company websites and email lists, school & church bulletins, and area businesses. During the first part of the meeting, participants completed the *Survey of Exposure to Violence* (SECV) and the *Post-Traumatic Stress Disorder Checklist-5* (PCL-5). The SECV assessed the degree of individual exposure to community-based acts of violence, including but not limited to, witnessing incidents of fighting or shooting, hearing gunshots, or experiencing an act of community level violence. Individual trauma symptoms were examined through the use of the PCL-5.

The *Survey of Exposure to Community Violence* (SECV) is a standardized 54-item self-report instrument examining the level of direct and indirect violence exposure (Richters & Saltzman, 1990), with multiple follow-up questions. The follow-up questions are aimed at gathering details associated with each type of violent incident. The questionnaire captures both victimization (e.g. being threatened, assaulted, or injured) and witnessing violence (e.g., seeing fights, shootings, or other violent acts). Data collected from the SEV can be analyzed to provide both prevalence estimates (the proportion of individuals exposed to different forms of violence) and patterns of exposure (e.g., direct vs. indirect). The SECV is widely used in research and program evaluation to better understand the scope of violence exposure among individuals, identify at-risk populations, and inform the design of prevention and intervention strategies.

Individual trauma symptoms were examined through the use of the *Post-Traumatic Stress Disorder Checklist-5* (PCL-5). The PCL-5 is a 20-item self-report questionnaire used to assess the severity of Post-Traumatic Stress Disorder (PTSD) symptoms (Blevins et al., 2015; Weathers et al., 2013). Responses are scored on a 5-point Likert scale ranging from 0 (“Not at all”) to 4 (“Extremely”). The measure yields both a total symptom severity score (ranging from 0 to 80). *The PTSD Checklist for DSM-5 (PCL-5) – Standard* [Measurement instrument] is available from https://www.ptsd.va.gov/.

The combination of these surveys offers objective information on the rate of exposure to violence, types of violence exposed to, and the severity of symptoms related to that exposure. Both surveys have been widely researched in a variety of settings and show sound psychometric properties (internal and external validity & test-retest reliability). Both surveys are written at less than a 6th grade reading level, however, project support workers were available on site to read the surveys for those who requested assistance.

The latter portion of the community meetings focused on open dialogue about participants’ subjective personal experiences with community violence. Qualitative insights were gathered during these conversations. Facilitators used semi-structured questions to guide the discussion, and the responses were later examined using thematic analysis. Selected community members lead the discussion with the following questions:

1. How safe do you feel in your neighborhood (0-10 scale; 0 = not safe, 10 = extremely safe)? What makes you feel unsafe?
2. How is your neighborhood different than other neighborhoods?
3. What are the most prevalent forms of violence in your neighborhood?
4. What are the reasons for violence in your neighborhood?
5. What would you do to solve the organized violence problem in your community?
6. For those of you who have had a family member shot, how did you deal with that?
7. If the gang task force is watching your house, what do you do?
8. How would you make your community safer?
9. What does your community need to prevent/address youth violence? What do you need in your community?

Community meetings were designed to gather both objective information and qualitative insights through open discussions. This quasi-experimental focus group approach allowed facilitators to capture measurable data alongside personal experiences, providing a more comprehensive understanding of community perspectives and the impact of violence. Community meetings were held on the following days, times, and locations:

March 22, 2025 11am-1pm (2.0 hours)
The Venue at Highlander
2120 N 30th St.
Omaha NE 68111
Attendance: 54 people

March 24, 2025 4:30-6:30pm (2.0 hours)
Lothrop Elementary School
3300 N 22nd St.
Omaha NE 68110
Attendance: 90

March 25, 2025 4:30-6:30pm (2.0 hours)
Grown Folks Social Club
3713 N 24th St.
Omaha NE 68110
Attendance: 37

March 26, 2025 4:30-6:30pm (2.0 hours)
Jesuit Academy
2311 N 22nd St.
Omaha NE 68110
Attendance: 91

A total of 272 youth and adults attended the community meeting.

In addition to the four (4) public meetings listed above, Omni completed additional meetings with detained youth at the Douglas County Youth Center (DCYC), which included all occupied units. These meetings captured the voice of youth who were detained from the area of interest. According to program leaders, approximately 73% of the youth surveyed at DCYC were detained for violent offences, including 56% for gun charges.

<u>DCYC meeting schedule</u>:

April 3, 2025 – units 4 & 5 (23 youth attendees) 12:30-2:30pm
April 8, 2025 – units 10 & 11 (19 youth attendees) 12:30-2:30pm
April 10, 2025 – units 6 & 7 (15 youth attendees) 12:30-2:30pm
April 15, 2025 – units 3, 8 & 9 (26 youth attendees) 12:30-2:30pm
April 17, 2025 – units 1 (8 youth attendees) 12:30-2:30pm

A total of 91 youth participated in survey completion and semi-structured group discussions.

The youth offered important insight into understanding community violence. They were open and honest about their experiences during the meetings and mirrored many of the concerns identified during the larger community meetings.

In an effort to capture the voice of adults who were detained from the area of interest, surveys were provided to detainees at the Douglas County Correctional facility. Omni received 18 surveys from these individuals.

For community members unable to attend the in-person meetings, Omni offered additional ways to participate. An online questionnaire was created to collect survey responses, and an anonymous hotline was made available for those who preferred to share their input verbally without attending the forums.

SURVEY COMPLETION

213 = surveys completed during community meeting.
120 = online surveys
91 = Douglas County Youth Center surveys
18 = Douglas County Correctional Facility
442 total surveys

Online surveys were available March 17, 2025 until June 1, 2025. All online and paper survey data were collected and entered into our software database for analysis. Omni used QuestionPro research edition (https://www.questionpro.com/research-edition/) to collect and aggregate data, and exported data was analyzed with IBM SPSS (Statistical Package for the Social Sciences) version 29.0.2.0. The combined surveys (SECV and PCL-5) include 222 questions, so this part of the project collected over 76,000 quantitative and qualitative data points. Incomplete surveys, those with more than 30% missing data, were not included in the final dataset. Beyond these two instruments, Omni also collected data on several measures which will be described later in this report

Participants received $20 for completing the survey, resulting in a total of $8,840 in survey stipends.

Community Meetings & Quasi-Focus Group Results

Community Meeting: Cross-Site Themes

1. Perceptions of Safety

- **Highlander (March 22nd):** Very few felt safe (~5 of 54). Living "on edge," constant hypervigilance.
- **Lothrop (March 24th):** Mixed ratings; some felt safe due to homeownership and knowing neighbors, others unsafe due to gunshots, homelessness, and sirens.
- **Grown Folks (March 25th):** Moderately safe (7–8), neighborhood watch and community ties boosted safety; but unpredictable people and mental illness were concerns.
- **Jesuit (March 26th):** Wide range (1–8). Shootings near homes, heavy police presence without explanation, and drug activity eroded trust and safety.

Cross-site pattern: Safety is inconsistent and fragile. Gunfire, visible disorder, and lack of trust in law enforcement drive their fear. Feeling safe is tied to the sense of community cohesion, homeownership, or structured supervision.

2. Types of Violence

- **Highlander:** Shootings, car theft, fights.
- **Lothrop:** Gun violence, gang activity, theft (cars, air conditioners), assault, vandalism.
- **Grown Folks:** Gun violence dominates; also concern about trafficking and robberies.
- **Jesuit:** Shootings, robberies, car break-ins, drugs, panhandling, fights.

Cross-site pattern: Gun violence is the most consistent concern. Theft and fights are widespread, while human trafficking (Grown Folks) and panhandling (Jesuit) surfaced as unique concerns.

3. Causes of Violence

- **Highlander:** Poverty, trauma, Old Gangsters (OGs) pushing youth into crime, lack of consistent family expectations.
- **Lothrop:** Poverty, retaliation cycles, cultural decline (children raising children), weak role models, redlining.
- **Grown Folks:** Absent fathers, drugs, negative media/music/social media influence, lack of youth programs.
- **Jesuit:** Gang involvement, peer pressure from older men, lack of youth activities, escalating arguments.

Cross-site pattern: Poverty, trauma, and lack of structure at home are seen as universal reasons for the problems. Media, culture, and cross generational cycles were emphasized at Lathrop and Grown Folks as important reasons for the problems.

4. Impact of Violence on Families

- **Highlander:** Anxiety, living "on edge."
- **Lothrop:** Grief, retaliation pressures, survivor anxiety ("felt like I was next"), desensitization to shootings.
- **Grown Folks:** Many lost multiple relatives; some redirected grief into entrepreneurship. Strong distrust of systems.
- **Jesuit:** Families coping with long-term disability (paralysis), grief, and inadequate housing support.

Cross-site pattern: Violence produces lifelong trauma, grief, and survival stress. Communities emphasize the emotional toll but also resilience in coping.

5. Law Enforcement Relations

- **Highlander:** Nearly all reported negative interactions; none felt safe with law enforcement. Law enforcement described as racist and aggressive.
- **Lothrop:** Gang task force described as harassing and terrorizing; perception of strong racial bias toward the community. Some wanted more relatable Black officers.
- **Grown Folks:** Gang task force a major stressor for the community; calls for complaints/public accountability. Some openness to positive police interactions.
- **Jesuit:** Strong distrust of OPD; desire for transparency, alternative security, genuine relationships, and not just token youth programs.

Cross-site pattern: Mistrust of law enforcement is nearly universal. Communities seek relationship-based engagement and accountability, not surveillance or intimidation.

6. Community-Identified Solutions

- **Highlander:** Youth protection (limit violent media, amplify youth voices), more events, community centers with fewer restrictions, in-home services, raise ammo prices, "see something, say something."
- **Lothrop:** Early intervention, mentorship (OGs, strong men), forums, clean-ups, affordable programs for youth and adults, job supports, mental health, block parties.
- **Grown Folks:** Trade programs, entrepreneurship, legitimate ways to earn money, visible role models (esp. Black men), block parties, clean-ups, re-entry supports, positive incentives.
- **Jesuit:** Family accountability, watch groups, lighting, sidewalks, affordable housing outside violent areas, mental health services, community activities, block parties, safe spaces.

Cross-site pattern:

- **Youth engagement & prevention** → activities, centers, mentorship, entrepreneurship.
- **Community connection** → block parties, clean-ups, forums, relationship-building.
- **Family accountability & support** → stronger parenting, intergenerational involvement.
- **Systemic issues** → fair housing distribution, re-entry supports, more equitable policing.

- **Infrastructure & environment** → lighting, sidewalks, cameras, safe spaces.

7. Barriers & Gaps

- **Highlander:** Services don't coordinate, families don't know how to access resources.
- **Lothrop:** Cost to parents for their youth to participate in community centers, ignored parental pleas for help, fear of reporting neighbors.
- **Grown Folks:** Programs for youth no longer exist, parents overwhelmed/complicit, distrust of housing/justice systems.
- **Jesuit:** Affordable housing clustered in unsafe areas, lack of sidewalks/safe infrastructure, insufficient mental health supports.

Cross-site pattern: Access and affordability of resources are limited. Families feel unsupported, disconnected from services, and excluded from safe opportunities.

Overall Summary

Across all four community meetings, residents described widespread gun violence, trauma, mistrust of police, and systemic inequities. The community consistently called for:

- **Youth-focused prevention:** programs, mentorship, positive outlets, early intervention.
- **Family accountability & support:** parenting engagement, resources for struggling families, intergenerational and cross generational leadership initiatives.
- **Community unity:** block parties, forums, neighborhood watch, grassroots organizing.
- **Systemic reforms:** more equitable policing, fair housing distribution, affordable centers, better re-entry supports.
- **Mental health & trauma care:** ongoing support for individuals and families impacted by violence.
- **Safer infrastructure:** lighting, sidewalks, cameras, secure spaces.

See Appendix A for a more thorough analysis of site-specific themes.

Community Meetings: Douglas County Youth Center Meetings – Theme Comparison Across Units

1. Youth Perceptions of Safety

- Wide range of safety scores (0–10):
  - Some feel very safe (often tied to living in suburbs, quiet neighborhoods, or being armed).
  - Others feel very unsafe (0–4) due to constant gunfire, shootings, arguments, and unpredictability.
- Guns = both safety and danger: Many youth reported feeling safe because they carry a gun, while others said guns make them feel unsafe.
- Neighborhood identity (being "locked in," family-like environment, or knowing everyone) increases perceived safety.

2. Youth Perceptions of Neighborhood Characteristics

- Positive features: quiet areas, community gatherings, block parties, family feel, diverse demographics.
- Negative features: "the hood," poverty, lack of connection between neighbors, overgrown/unsafe environments, or being racially out of place.
- Special contexts: Unit 11 (Bellevue) noted hostage situations tied to military PTSD—unique to that location.

3. Youth Perceptions of Prevalent Forms of Violence

- Gun violence is consistently the most dominant form.
- Other recurring issues:
  - Car thefts/"strikers," robberies.
  - Fights, arguments, and domestic disputes.
  - Gangs and drug activity.
- Some units noted unique problems: speeding (Unit 4), trafficking (adults' forums), military-related incidents (Unit 11).

4. Causes of Violence

- Gang culture & retaliation cycles (beef, revenge, territory).
- Personal disputes (over girls, disrespect).
- Economic factors (poverty, drugs, money, envy).
- Adult influence: OGs giving youth guns/missions (Unit 11); adults "sending kids off on missions" (other units).
- Social media influence—acting tough online escalates conflict (Unit 4).

5. Coping with Violence & Trauma

- Retaliation is the most common coping response across units—often described as "spinning" or acting on impulse.

- Some youth expressed anger, pain, numbness, or avoidance.
- A few noted reliance on faith or prayer.
- Normalization of violence: some youth said shootings are just part of daily life.

6. Responses to Law Enforcement

- Mistrust of police and gang task force:
  - Strategies: staying inside, moving smart, running, or leaving the house.
  - Some hostile responses ("my hood shoots at cops").
- Perception of surveillance → stress, avoidance, resignation.
- A few youth emphasized positive police-community relationships (Unit 10 & some adults' forums), but this was rare.

7. Solutions to Violence

- Individual strategies: staying out of violence, moving, personal responsibility ("start with me, stop gang banging").
- Community strategies:
  - Neighborhood watch, cookouts, block parties, community gatherings.
  - Sports, boxing, after-school programs, safe spaces.
  - Mentorship and positive role models (especially men).
  - Jobs and economic opportunity.
- Structural solutions:
  - Removing guns and weapons.
  - Gated communities, better lighting, background checks for new residents.
  - Addressing poverty and systemic inequality.

8. Community Needs

- Youth engagement: programs, activities, clubs, sports, safe spaces, leadership opportunities.
- Mentorship & role models: "people who look like us," chaplains, older peers, and even reformed gang members.
- Family support: counseling, parenting accountability, stopping CPS from unnecessarily breaking families apart (Unit 9).
- Unity & healing: community cohesion, forgiveness, and breaking cycles of retaliation.
- Economic resources: jobs, money, structure, affordable housing.
- Mental health services: trauma support, counseling, addressing grief and anger.

9. Distinctive Unit Insights

- **Unit 1 (girls):** More focus on withdrawal/avoidance as coping (staying inside, not getting involved).
- **Unit 3:** Strong theme of retaliation and gang rivalry, but also solutions through jobs and structured programs.
- **Unit 4:** Social media called out as a driver of violence.
- **Unit 5:** Guns central to both fear and safety; mixed views of neighborhood pride vs. fear.
- **Unit 7:** Youth showed self-awareness ("Me, I'm the problem").
- **Unit 8:** Polarized safety perceptions (some 0, some 10); normalization of violence by some youth.

- **Unit 9:** Strong focus on mentorship, community leaders like "Chap," forgiveness, and breaking retaliation cycles.
- **Unit 10:** Emphasis on structured youth programs (Boys & Girls Club, sports).
- **Unit 11:** Highlighted coercion by OGs and unique military-related violence.

10. Overall Patterns Across Units

- **Gun violence dominates** as both the top threat and central to perceptions of safety.
- **Retaliation is normalized** as a coping mechanism, perpetuating cycles of violence.
- **Mistrust of police** is widespread; surveillance fuels avoidance or hostility.
- **Youth want constructive alternatives:** programs, mentors, jobs, safe spaces.
- **Community unity and positive adult influence** are repeatedly identified as key to preventing violence.
- **Systemic issues** (poverty, racism, lack of resources, family instability) underlie much of the violence.
- **Some youth express hope through leadership, mentorship, and community gatherings**, while others express resignation ("nothing can be done").

Community Exposure to Violence Survey Results

Survey Statistics

Number of surveys completed = 436
Total number of adult surveys completed = 282 (64.68%)
Total number of youth surveys completed = 154 (35.32%)
Number of surveys completed in pilot area (3-mile radius) = 278 (64.7%)
Average length of time to complete surveys = 20 minutes 46 seconds, with the longest lasting 1.9 hours

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Participant Demographics

The remainder of this section presents data and results from surveys completed by participants who live or work within a 3-mile radius of Eppley Airfield within the last 5 years. When relevant, findings include comparisons between this "pilot" group and respondents residing outside the catchment area.

Survey Completion

Total number of surveys completed in the pilot geographic area = 278
Adults = 188 (67.6%)
Youth = 90 (32.4%)
Average age = 32.81 years old

Gender

Male = 143 (51.8%)
Female = 131 (47.5%)
Non-binary = 2 (0.7%)

Adult Participants	Youth Participants
Number of adult surveys completed = 188 (67.6%)	Number of youth surveys completed = 90 (32.4%)
Average age of adults = 41.58 years old	Average age of youth = 14.15 years old
Gender	
Male = 76 (40.6%) Female = 109 (58.3%) Non-binary = 2 (1.1%)	Male = 67 (75.3%) Female = 22 (24.7) Non-binary = 0 (0%)
Race/Ethnicity	
Black/African American = 129 (62.4%) White = 50 (24.4%) Hispanic or Latino = 11 (5.4%) Native American/American Indian = 8 (3.9%)	Black/African American = 64 (61.5%) White = 11 (10.6%) Hispanic or Latino = 11 (9.6%) Native American/American Indian = 6 (5.8%)

Asian/Pacific Islander = 2 (1%) Other = 6 (2.9%)	Asian/Pacific Islander = 7 (6.7%) Other = 6 (5.8%) The majority of respondents were Black or African American 61.5%, while White (10.6%) and Hispanic or Latino (9.6%) were substantially lower. The Other category includes individuals who represent as biracial.
Living Arrangements	
In a house = 133 (70.7%) In an apartment = 36 (19.1%) Homeless = 12 (6.4%) Other = 7 (3.7) Seventy-one (70.7%) percent of respondents live in houses, while only 19.1% reside in apartments; homelessness is reported by 6.4% of respondents, highlighting some housing instability. The Other category (3.7%) captures individuals who live with parents, rent a room/basement, work release, and the Rap program.	In a house = 74 (82.2%) In an apartment = 10 (11.1%) Homeless = 2 (2.2%) Other = 4 (4.4%)
Who do you live with? *(categories are not mutually exclusive)*	
Mother = 19 (7.9%) Father = 8 (3.3%) Spouse/Partner = 63 (26.3%) Step-parents = 2 (0.8%) Children = 81 (33.8%) Grandparents = 3 (1%) Extended Family = 6 (2.5%) Other = 58 (24.2%) Thirty-three (33.8%) percent live with children, while 26.3% live with a spouse/partner, indicating family-oriented living arrangements. The Other category includes individuals who live alone, with siblings, roommates/friends, boyfriend/girlfriend, grandchildren, foster youth, or who are homeless.	Biological mother = 61 (34.15%) Biological father = 20 (11.2%) Step-parents = 7 (7.8%) Older siblings = 28 (15.6%) Younger siblings = 29 (16.2%) Foster parents = 14 (7.8%) Grandparents = 10 (5.6%) Extended family = 6 (3.4%) Other = 4 (2.2%) Thirty-four (34.1%) percent live with biological mothers, while 16.2% have younger siblings in the home, and 11.2% report living with biological fathers. The Other category includes individuals who live in a group home, with roommates, or are homeless. One respondent reported, “I don’t have a home.”

Highest Level of Education	What grade are you in school
No schooling = 1 (0.5%) Some high school (no diploma) = 15 (8%) High school graduate (diploma or equivalent) = 50 (26.7%) Some college (no degree) = 52 (27.8%) Associate degree = 23 (12.3%) Bachelor's degree = 28 (15%) Master's degree = 13 (7%) Professional degree = 2 (1.1%) Doctorate degree = 3 (2%)	Elementary school = 11 (12.5%) Middle school = 27 (30.7%) High School = 44 (50%) Not in school = 3 (3.4%) Graduated = 3 (3.4%)
Marital Status	
Single = 109 (58.3%) Married = 51 (27.3%) Divorced = 19 (10.2%) Widowed = 5 (2.7%) Separated = 3 (1.6%)	
Employment status	
Not working = 63 (33.9%) Working full time = 92 (49.5%) Working part time = 19 (10.2%) Working multiple jobs = 12 (6.5%)	
Income	
Average Household income: $52,682.94 Median Household income: $42,600 Range: $0 - $180,000	

Survey of Exposure to Community Violence Results

As described in detail above, the Survey of Exposure to Community Violence (SECV) is a standardized, self-report questionnaire designed to measure the frequency and nature of individuals' exposure to violence within their community environments. Results from the SECV are described below based on category of violence.

RAPE & MOLESTATION

Twenty-two percent (22.1%) of respondents reported experiencing rape or molestation, most commonly perpetrated by a relative (31.4%) or an adult acquaintance (27.0%). This prevalence is substantially higher than that reported by participants outside the pilot area (18.2%). Pilot area respondents reported a slightly lower rate of incidents involving relatives (31.4% vs. 34.2%) but a substantially higher rate of incidents involving adult acquaintances (27.0% vs. 13.2%). Notably, no respondents in the pilot area identified a parent as the perpetrator (0.0%), whereas 2.2% of participants outside the pilot area did so.

Ten percent (10.6%) of respondents reported witnessing someone else being sexually assaulted, molested, or raped. These findings are consistent with responses from participants outside the pilot area.

Fifty-one percent (51.6%) of respondents reported hearing about someone else being sexually assaulted, molested, or raped. These results are also consistent with responses from participants outside the pilot area.

SLAPPING, HITTING, PUNCHING – (physical altercation/fighting)

Sixty-two percent (61.9%) of respondents reported having been slapped, punched, or hit by another person. Among these, 24.0% indicated the perpetrator was a stranger, while 54.8% reported the incident occurred in or near their home. The overall prevalence is consistent with responses from participants outside the pilot area; however, pilot area respondents reported a substantially lower proportion of perpetrators who were strangers (24.0% vs. 34.6%), suggesting a higher rate of incidents involving someone they knew. Additionally, they reported a higher rate of incidents occurring in or near the home (54.8% vs. 42.5%).

Fifty-three percent (52.9%) of respondents reported witnessing a family member slap, punch, or hit someone else. This prevalence is slightly higher than that of all participants (50.6%) and notably higher than that of participants outside the pilot area (45.7%).

Fifty-four percent (54.3%) of respondents reported hearing about someone else being slapped, punched, or hit by a family member. These results are consistent with responses from all participants and slightly higher than those from participants outside the pilot area (53.0%).

Fifty-two percent (52.2%) of respondents reported witnessing someone outside their family slap, punch, or hit another person. This prevalence is slightly higher than that of all participants (50.2%) and substantially higher than that of participants outside the pilot area (46.0%).

Fifty-five percent (54.9%) of respondents reported hearing about someone outside their family slapping, punching, or hitting another person. These results are consistent with responses from all participants and slightly higher than those from participants outside the pilot area (52.7%).

CARRYING GUNS & KNIVES

Sixty-one percent (60.6%) of respondents reported seeing someone carry or hold a gun or knife, other than law enforcement, most often an adult stranger (19.8%), adult friend (13.9%), or adult acquaintance (13.6%).

Nearly one-quarter (24.2%) of these incidents occurred within the past week of completing the survey, 57.5% within the past six months, and 74.5% within the past year. While the overall prevalence is consistent with responses from all participants, it is lower than that reported by participants outside the pilot area (64.3%). Pilot area respondents also reported moderately lower prevalence of incidents within the past six months (57.5% vs. 63.6%) and within the past year (74.5% vs. 80.8%).

Fifty-four percent (53.7%) of respondents reported hearing about someone carrying a gun or knife. This prevalence is slightly lower than that of all participants (56.6%) and substantially lower than that of participants outside the pilot area (62.3%).

Sixty-seven percent (66.8%) of respondents reported hearing gunshots outside their home. Of these, 35.1% believed the gun was fired during an argument, while 22.8% believed it was accidentally discharged. Overall prevalence is consistent with responses from all participants but slightly lower than among respondents outside the pilot area (69.9%). Compared to participants outside the pilot area, pilot area respondents more frequently attributed gunfire to arguments (35.1% vs. 25.9%) and less frequently to accidental discharge (22.8% vs. 29.6%).

Thirty-nine percent (38.7%) of respondents reported hearing gunshots outside their school building. This prevalence is substantially higher than that reported by participants outside the pilot area (31.8%).

SERIOUS ACCIDENTS

Sixty-one percent (60.9%) of respondents reported being involved in a serious accident where they or someone else could have been severely injured or killed. These findings are consistent with responses from participants outside the pilot area as well.

Sixty-six percent (65.9%) indicated that they had directly witnessed someone else in a serious accident where they believed the person would be badly hurt or die. This rate is slightly lower than that of all participants (69.3%) and substantially lower than that of participants outside the pilot area (74.8%).

Seventy-five percent (75.0%) reported hearing about someone else being in an accident where they thought the person was badly hurt or had died. This percentage is slightly lower than that of all participants (77.6%) and moderately lower than that of participants outside the pilot area (81.8%).

THREATS

Fifty-five percent (55.2%) of respondents reported being threatened with serious physical harm by another person. Among these, 48.0% indicated the perpetrator was someone they knew, 54.5% reported the incident occurred in or near their home, and 54.4% stated it had happened within the past year. While the overall prevalence is consistent with responses from participants outside the pilot area, those in the pilot area experienced a substantially higher rate of threats from someone they knew (48.0% vs. 38.3%) and a substantially higher rate of incidents occurring in or near the home (54.5% vs. 36.1%). In contrast, they reported a moderately lower rate of threats occurring within the past year (54.4% vs. 65.0%).

Fifty-eight percent (57.9%) of respondents reported witnessing someone else being threatened with serious physical harm. This prevalence is consistent with responses from all participants but slightly lower than that reported by participants outside the pilot area (60.9%).

Sixty percent (60.1%) of respondents reported hearing about someone else being threatened with serious physical harm. These results are consistent with responses from all participants but slightly lower than those from participants outside the pilot area (63.2%).

ARRESTS

Fifty-five percent (54.5%) of respondents reported having been arrested at some point in their lives. Among these, 51.3% indicated the arrest occurred within the past year, including 4% within the past week. Just over half (51.8%) reported that the arrest took place in or near their home. These rates are slightly lower than those reported by all participants (56.6%) and substantially lower than those reported by participants outside the pilot area (60.4%).

Seventy-one percent (71.4%) of respondents stated they had witnessed someone else's arrest, with 52.8% observing the incident in or near their home. Nearly two-thirds (61.9%) indicated that the arrest occurred within the past year. These proportions are slightly lower

than those reported by all participants (74.1%) and substantially lower than those outside the pilot area (78.5%).

Seventy-three percent (72.7%) of respondents reported hearing about someone else's arrest. This prevalence is moderately lower than that reported by all participants (77.3%) and substantially lower than that reported outside the pilot area (79.9%).

SERIOUS WOUNDINGS

Forty-three percent (43.1%) of respondents reported seeing a seriously wounded person following an incident of violence. This prevalence is consistent with responses from participants outside the pilot area.

Fifty-eight percent (58.4%) of respondents reported hearing about someone being seriously wounded after an incident of violence. This prevalence is substantially lower than that reported by participants outside the pilot area (62.1%).

FORCED ENTRY

Twenty-nine percent (28.8%) of respondents reported being at home when someone broke in or attempted to force entry. This percentage is consistent with responses from all participants and slightly higher than those reported outside the pilot area (25.8%).

Thirty percent (30.3%) indicated that their home had been broken into while they were away. This rate is slightly higher than that of all participants (28.6%) and moderately higher than that of participants outside the pilot area (26.0%).

Thirty percent (30.2%) reported witnessing someone attempt to force entry into another person's home. These results are consistent with responses from participants outside the pilot area.

Fifty-two percent (51.7%) stated that they had heard about a forced entry at someone else's home. This finding is also consistent with responses from participants outside the pilot area.

DEAD BODIES

Twenty-six percent (26.1%) of respondents reported seeing a dead person in the community, excluding those viewed during wakes or funerals. More than half (53.6%) of these cases involved someone they knew, and 45.5% occurred in or near their home. This prevalence is consistent with responses from participants outside the pilot area.

Forty-four percent (43.6%) of respondents reported hearing about dead bodies in their community, excluding those associated with wakes or funerals. This prevalence is substantially lower than that of all participants (46.9%) and substantially lower than that of participants outside the pilot area (52.6%).

SHOOTINGS

Twenty-five percent (24.5%) of respondents reported having been shot or shot at. Of these incidents, 51.7% occurred in or near the respondent's home and 13.8% in or near their school.

Reported perpetrators included adult strangers (33.7%), unknown individuals (24.7%), young strangers (13.5%), adult acquaintances (10.1%), relatives (7.8%), adult friends (3.4%), and young friends (2.2%).

The majority of incidents occurred more than five years ago (43.3%), while 31.4% occurred within the past year. Overall prevalence is consistent with responses from participants outside the pilot area; however, pilot area respondents reported moderately higher rates of perpetrators who were adult strangers (33.7% vs. 28.3%) and relatives (7.8% vs. 1.9%), but a substantially lower rate of perpetrators who were young strangers (13.5% vs. 28.3%). In addition, the time since the incident was typically longer for pilot area respondents, with more reporting events that occurred over five years ago (43.3% vs. 18.9%).

Twenty-nine percent (29.4%) of respondents reported seeing someone else get shot, most often strangers (27.0%), friends (23.3%), or relatives (17.5%). A small portion reported witnessing a sibling or parent being shot (5.1%). These incidents occurred primarily in or near the respondent's home (48.9%), followed by the community (37.2%) and in or near school (14.0%). Nearly half (48.2%) occurred within the past year, including 11.4% within the past month. This prevalence is slightly higher than that reported by participants outside the pilot area (27.2%). Compared to participants outside the pilot area, pilot area respondents reported a lower proportion of incidents involving strangers (27.0% vs. 38.3%) and friends (23.3% vs. 25.0%), but a higher proportion involving relatives (17.5% vs. 13.4%).

Sixty-two percent (61.5%) of respondents reported hearing about someone else being shot. This prevalence is substantially lower than that of all participants (63.8%) and substantially lower than that of participants outside the pilot area (68.2%).

BEATINGS & ROBBERIES

Twenty-one percent (21.2%) of respondents reported having been beaten up or robbed. This prevalence is consistent with responses from all participants and slightly lower than that reported by participants outside the pilot area (23.7%).

Forty-two percent (42.3%) of respondents reported witnessing someone else being beaten up or robbed, most often by strangers (43.4%). While the overall prevalence is consistent with responses from participants outside the pilot area, pilot area respondents reported a substantially lower proportion of perpetrators who were strangers (43.4% vs. 58.4%).

Fifty-five percent (55.1%) of respondents reported hearing about someone else being beaten up or robbed. These results are consistent with responses from all participants but slightly lower than those reported outside the pilot area (58.9%).

KNIFE ATTACKS

Seventeen percent (16.7%) of respondents reported being attacked or stabbed with a knife. This prevalence is consistent with responses from participants outside the pilot area.

Twenty-one percent (21.2%) of respondents reported seeing someone else attacked or stabbed with a knife. This rate is slightly lower than that of all participants (22.9%) and somewhat lower than that of participants outside the pilot area (26.1%).

Forty-three percent (43.4%) of respondents reported hearing about someone else being attacked or stabbed with a knife. This prevalence is slightly lower than that of all participants (45.7%) and substantially lower than that of participants outside the pilot area (49.7%).

KILLINGS/MURDER

Twelve percent (12.0%) of respondents reported witnessing someone being killed by another person. Among the victims, 26.9% were strangers, 25.0% were friends, 28.8% were acquaintances, and 11.5% were relatives. Reported perpetrators included strangers (22.8%), friends (21.0%), acquaintances (19.3%), and relatives (15.8%). These incidents most often occurred in or near the respondent's home (42.5%) or within the community (40.0%). More than one-third (38.1%) of incidents took place within the past year, while 47.0% occurred more than three years ago. Overall prevalence is consistent with responses from participants outside the pilot area; however, pilot area respondents reported substantially higher rates of familiar victims (65.3% vs. 54.9%) and familiar perpetrators (56.1% vs. 29.9%).

Fifty-three percent (52.6%) of respondents reported hearing about someone being killed by another person. This prevalence is slightly lower than that of all participants (54.8%) and substantially lower than that of participants outside the pilot area (58.9%).

OTHER TYPES OF VIOLENCE

Thirty-one percent (31.0%) of respondents reported experiencing other violent situations not previously mentioned in which they were extremely frightened or believed they might be severely injured or killed. This prevalence is consistent with responses from all participants but slightly lower than that of participants outside the pilot area (34.0%).

Thirty-eight percent (37.7%) of respondents reported being the victim of any type of violence described above. This prevalence is consistent with responses from participants outside the pilot area.

OTHER TYPES OF VIOLENCE (cont.)

Forty-two percent (41.9%) of respondents reported witnessing someone else being victimized by acts of violence in their community. These findings are consistent with responses from participants outside the pilot area.

Fifty-one percent (51.1%) of respondents reported hearing about someone else being victimized by acts of violence in their community. This prevalence is also consistent with responses from participants outside the pilot area.

Summary of Survey of Exposure to Community Violence (SECV) Key Findings

Exposure to Accidents and Break-Ins

Respondents reported high levels of exposure to serious accidents, with many experiencing, witnessing, or hearing about incidents where individuals were badly injured or killed. Similarly, a significant portion of respondents had direct or indirect experiences with home break-ins, whether while present, away from home, or through community awareness.

Arrests and Law Enforcement Encounters

More than half of respondents had been arrested at some point, and many reported arrests occurring within the past year, most often in or near their homes. Witnessing arrests was also common. Compared to participants outside the pilot area, overall arrest exposure was slightly to substantially lower.

Threats and Physical Assault

More than half of respondents reported being threatened with serious physical harm, often by someone they knew and frequently in or near their homes. Physical assaults, such as being slapped, punched, or hit, were also common. Witnessing or hearing about family-related violence was frequent, and rates of violence within the home were notably higher in the pilot area compared to outside.

Robbery and Beatings

About one in five respondents had been beaten up or robbed, with many also witnessing or hearing about such events. Witnessed incidents often involved strangers, though pilot area participants reported fewer stranger-related incidents compared to those outside the pilot area.

Sexual Violence

Roughly one in five respondents reported being raped or sexually molested, primarily by relatives or adult acquaintances. Rates of sexual violence were substantially higher in the pilot area compared to outside. Witnessing or hearing about sexual violence was less common but still present at notable levels.

Weapons Exposure and Gun Violence

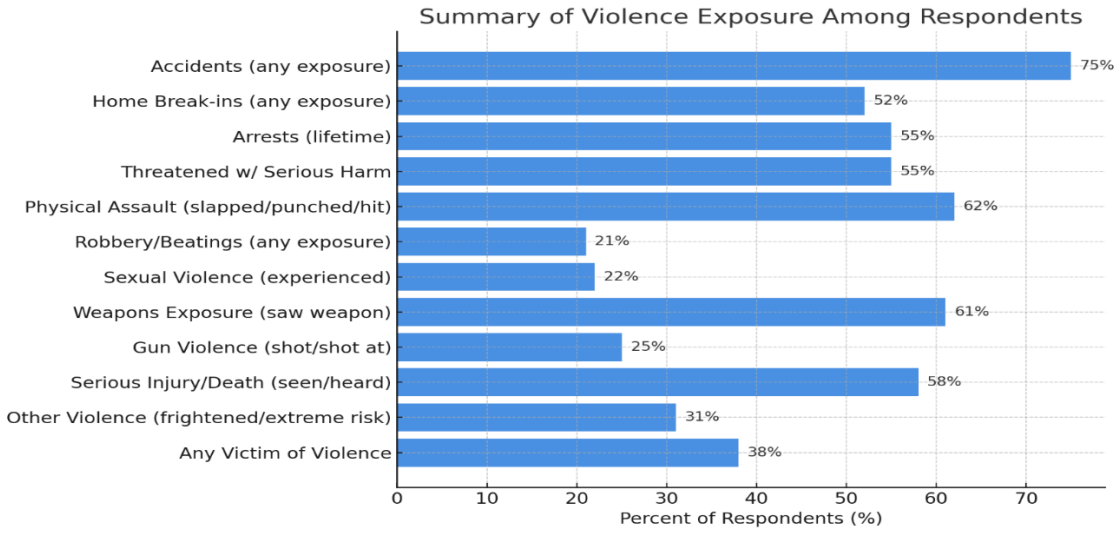
A majority of respondents reported seeing someone carry a weapon, most often adult strangers, friends, or acquaintances. Many also heard about weapon carrying or heard gunshots near their homes or schools. While overall prevalence was consistent with other participants, pilot respondents more frequently attributed gunfire to arguments and less to accidents. About one in four respondents reported being shot at, with many incidents occurring at home and often involving known perpetrators. Witnessing or hearing about others being shot was also common.

Serious Injury, Death, and Killings

Respondents reported frequently seeing or hearing about seriously wounded individuals following violence. A smaller but significant proportion had witnessed stabbings or killings. In these cases, familiar perpetrators and victims were more commonly reported in the pilot area compared to outside. Seeing or hearing about dead bodies in the community was also reported, though at lower rates than outside the pilot area.

Overall Victimization

Nearly one-third of respondents reported experiencing other violent situations that left them extremely frightened or at risk of severe harm. More than one-third had been direct victims of violence, while nearly half reported witnessing victimization and over half had heard of violence occurring in their communities.



Comparison with Participants Outside the 3-mile Radius

Respondents demonstrated broad and frequent exposure to violence across multiple forms — including direct victimization, witnessing, and community-level awareness. While many findings were consistent with those outside the pilot area, several important distinctions emerged among participants living or working in the pilot location:

- Pilot participants reported higher rates of violence involving familiar perpetrators (friends, acquaintances, relatives).
- Incidents were more often reported as occurring in or near the home.
- Sexual violence and shootings showed particularly elevated rates compared to outside the area.
- Pilot area respondents were generally less likely to report exposure to stranger-perpetrated violence than those outside the 3-mile radius.

Post-Traumatic Stress – PCL-5 Results

As described in detail above, the PTSD Checklist (PCL-5) is a 20-item self-report measure that assesses the presence and severity of PTSD symptoms. Items on the PCL-5 correspond with Diagnostic and Statistical Manual of Mental Diseases (Fifth Edition (DSM-5) criteria for PTSD. According to the National Center for PTSD (2023), total scores range from 0-80, and using a cut-point score of 31 is indicative of probable PTSD across samples. In general, the use of a cutoff score tends to produce more reliable results than the DSM PTSD diagnostic criterion rule. The PCL-5 is used in both clinical and research settings to screen individuals for probable PTSD, monitor symptom change during treatment, and evaluate outcomes in clinical trials or program evaluations.

In addition to the symptomology questions, the PCL-5 included one open-ended question that asks respondents to describe their worst experience. The following themes emerged when participants described their worst experience:

1. Gun Violence & Shootings

- Witnessing people shot or killed (friends, family, strangers, neighbors).
- Being personally shot at or injured by gunfire.
- Drive-by shootings, shootouts, or stray bullets entering homes.
- Hearing gunshots nearby, creating constant fear.
- Children exposed to repeated gun violence and normalization of shootings.

2. Deaths, Suicide & Loss of Loved Ones

- Witnessing suicides, discovering bodies, or hearing neighbors die by suicide.
- Losing family members (grandparents, parents, siblings, children, friends).
- Death of loved ones by gun violence, car accidents, overdoses, or illness.
- Traumatic grief from multiple losses over time.

3. Sexual Violence

- Sexual assault, rape, molestation, and grooming (by partners, family, teachers, friends).
- Domestic violence intertwined with sexual abuse.
- Long-term impacts of betrayal and disbelief when reporting sexual abuse.

4. Domestic Violence & Family Trauma

- Physical, emotional, and sexual abuse by partners or family members.
- Children witnessing parents or caregivers being abused.
- Ongoing cycles of intimate partner violence and generational trauma.

5. Assaults & Physical Attacks

- Being beaten, stabbed, jumped, or physically assaulted in public or private settings.
- Severe assaults leading to permanent injuries (e.g., broken neck, eye damage).

- Being attacked by trusted friends or acquaintances.

6. Accidents & Crashes

- Serious car accidents, sometimes fatal.
- Witnessing children or others hit by cars.
- Near-death experiences in collisions or crashes.

7. Crime, Drugs & Unsafe Environments

- Living in neighborhoods with gangs, drugs, and high crime rates.
- Being forced to walk through drug-infested or violent areas.
- Home invasions, robberies, and harassment.
- Exposure to homelessness, poverty, and systemic neglect.

8. Law Enforcement, Jail & Incarceration

- Being wrongfully arrested or jailed.
- Negative encounters with law enforcement (use of force, harassment).
- Incarceration and its ripple effects on life and relationships.

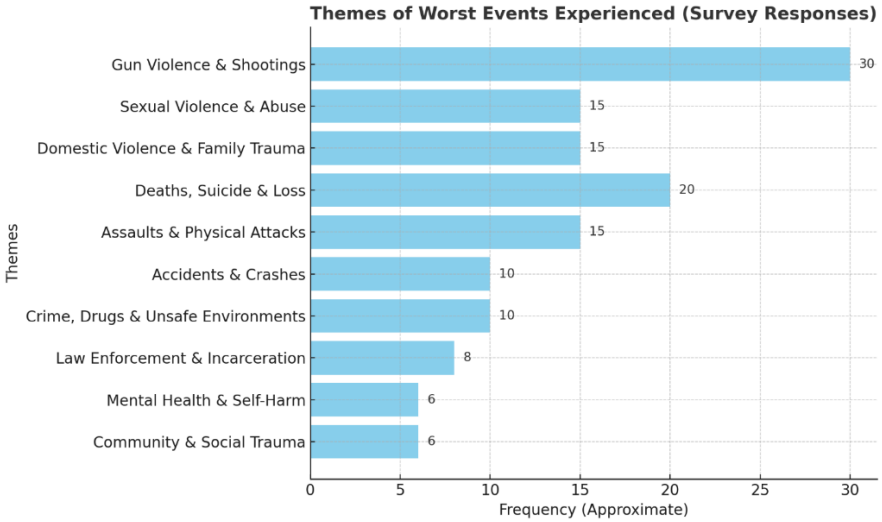
9. Mental Health Struggles Including Self-Harm

- Thoughts or attempts of self-harm.
- Being tormented, bullied, or harassed over time.
- Stress from compounding traumatic experiences.

10. Community & Social Considerations

- Refugee family displacement and harassment.
- Witnessing protests and police violence.
- Collective trauma of unsafe neighborhoods where violence is routine.

In summary, participants describe a heavy burden of violence (especially gun violence and sexual assault), family/domestic anxiety, loss of loved ones, and systemic issues (poverty, crime, incarceration, unsafe housing). Many accounts highlight both personal victimization and witnessing violence, showing how deeply community safety and cross-generational violence are intertwined.



Summary of PCL-5 Total Scores

Respondents' total scores on the PCL-5 ranged from 0 to 80, with an average score of 17.37. Approximately 20% (19.7%) of respondents scored at or above the clinical cutoff of 31, indicating symptom levels consistent with a probable PTSD diagnosis. When examined by group, 17.5% of adults and 24.4% of youth met the clinical threshold for PTSD.

Among respondents who identified their worst experience as related to gun violence (e.g., being shot or witnessing a shooting), 25% scored above the clinical cutoff. For those who identified sexual violence (e.g., molestation, rape) as their worst experience, 41.7% scored above the cutoff, indicating particularly high PTSD symptom severity in this subgroup.

The results suggest that while the average PTSD symptom severity among respondents is below the clinical threshold (mean score = 17.37), a significant proportion of both youth and adults—nearly one in five overall—are experiencing symptom levels consistent with probable PTSD. Youth report a higher rate of clinically significant PTSD symptoms than adults, underscoring the importance of early identification and targeted interventions for younger populations.

Additionally, respondents who identified their worst experiences as sexual violence exhibited the highest rates of clinically significant PTSD (41.7%), followed by those who experienced gun violence (23.7%). These findings highlight the particularly severe psychological impact of sexual trauma and point to a need for trauma-informed care and specialized support services for survivors of sexual and community violence.

Overall, the data reinforces the importance of screening for PTSD symptoms in both youth and adults, prioritizing high-risk groups, and providing evidence-based interventions such as SSET or other EBPs to address unmet mental health needs in the community.

Phase 2 – Mentoring Pilot Program

Introduction

In the second phase of this project, Omni implemented the Support for Students Exposed to Trauma (SSET) program. The SSET program is a school-based, group intervention designed to help youth who have experienced traumatic events. Developed as an adaptation of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Stein et al., 2003; Kataoka et al., 2003; Jaycox et al., 2010), an evidence-based therapeutic approach, SSET is specifically led by school staff or community members who are not mental health clinicians (e.g., teachers, school counselors, parents, mentors, or other support personnel) after receiving training in the model. The program is cognitive-behavioral, skills-based, support group aimed at relieving symptoms of child traumatic stress, anxiety, depression, and functional impairment among late elementary and middle school children. It is used most commonly for children who have experienced or witnessed community, family, or school violence, or who have been involved in natural disasters, accident, physical abuse, or neglect.

SSET uses a structured, cognitive–behavioral framework to teach students practical skills for coping with stress and trauma-related reactions. Core components include:

- Psychoeducation about common responses to trauma.
- Relaxation and stress-management techniques.
- Cognitive coping strategies (recognizing and challenging unhelpful thoughts).
- Exposure activities (telling one's trauma story in a safe, supported way).
- Problem-solving and social support building.

The program is typically delivered in 10 group sessions with 6–10 students per group, supplemented by 1–3 individual sessions and optional parent/teacher meetings. Due to time constraints, Omni implemented the group sessions over 5 weeks (two sessions per week) during summer break. The lessons are structured, time-limited, rely on collaboration between the group leader and students, and emphasize the practice of new techniques during and between lessons. *See Appendix B for a session outline of curriculum.*

Evidence indicates that participation in the SSET can reduce trauma-related symptoms, improve coping, and support better classroom engagement, while being feasible to implement in schools that may have limited access to licensed mental health providers. Non-clinical staffing needs were a central factor in selecting the SSET program and ensuring its long-term sustainability. Because the model can be delivered by trained school staff or community member rather than licensed mental health clinicians, it

reduces reliance on specialized providers, makes implementation more feasible in resource-limited settings, and increases the likelihood that the program can be maintained over time.

Methods

Mentors (clinician assistants) for the SSET program implementation were recruited through the community meetings, social media, foster care gatherings, and word of mouth. Over 40 mentors showed interest in participating as a clinician assistant with the implementation of the CBITS/SSET program. The Program Coordinator, Program Assistant, and Licensed Mental Health Clinician meet several times to review applications and initiate background checks on potential candidates. We narrowed down the list to 20 mentors (10 women and 10 men) who agreed to participate in the implementation of the CBITS/SSET by 4/20/25.

Omni secured national trainers (Sharon A. Hoover, PhD & Josh Webb) through the Center for Safe & Resilient Schools and Workplaces who provided formal in-person training on the CBITS/SSET program for all mentors/teachers on 4/24/25 and 4/25/25 at the Cambria Hotel. The program therapist and program assistant are certified in CBITS (clinical version for licensed mental health clinicians) and the mentors were trained in SSET (Support for Students Exposed to Trauma: School Support for Childhood Trauma; an evidence-based adaptation of the CBITS program designed for implementation by teachers and non-clinicians). For mentors who were unable to attend the training, we offered online licenses to complete the training at their own pace with a deadline of 5/1/25.

Ten mentors and one community member from Urban League attended the in-person training along with the licensed mental health clinician, Project Manager and Program Evaluator for the project (total attendance 14). Project staff/contractors were present to answer specific implementation questions. Ten mentors and several community members completed the online version of the training. All mentors completed the SSET training by 04/25/25 and attended weekly meetings starting on 5/28/25 with the licensed mental health clinician (mentor coordinator).

The mentor coordinator maintained consistent communication with mentors several times per week throughout the program. These interactions incorporated a clinical perspective to support mentors in understanding and responding to youth behaviors and experiences. Mentors exchanged practical strategies for effective lesson delivery, addressed emerging challenges, and provided one another with support and encouragement. The mentor coordinator also delivered training on key topics such as common mental health concerns, behavioral de-escalation techniques, the importance of positive reinforcement, and the effective use of reinforcement schedules. In addition to providing refreshments during weekly sessions, mentors received tangible reinforcements to boost youth engagement and motivate them to complete assignments between meetings.

We invited principals and school personnel from Kellom Elementary, King Science, Conestoga Magnet Elementary, Lothrop Elementary, Jesuit Academy, and Druid Hill to identify/refer youth to participate in the pilot program. We secured Jesuit Academy, The Hope Center (for Conestoga youth), Eagle Wings

Church, and Clair Memorial United Methodist Church for locations to implement the pilot program as they will be offering summer school or have regular contact with youth throughout the summer. Student recruitment commenced on 5/1/25, and program implementation began 6/1.

Implementation locations for the SSET program:

Jesuit Academy
2311 N 22nd St.
Omaha NE 68110
Group 1 start: 06/09/2025 # of youth: 7
Group 2 start: 06/09/2025 # of youth: 7
Group 3 start: 06/30/2025 # of youth: 6

The Hope Center for Kids (for Conestoga summer school youth)
2200 N. 20th St.
Omaha NE 68110
Group 1 start: 06/10/2025 # of youth: 2
Group 2 start: 06/10/2025 # of youth: 2

Eagle Wings Church
7432 N 87th St.
Omaha NE 68122
Group 1 start: 06/09/2025 # of youth: 8
Group 2 start: 09/09/2025 # of youth: 9

Clair Memorial United Methodist Church
5544 Ames Ave.
Omaha NE 68104
Group 1 start: 07/07/2025 # of youth: 4

Youth were recruited through multiple channels, including all elementary schools within the catchment area, the Boys & Girls Club, Hope Center, North Star, and through direct engagement at local public events such as the Juneteenth parade. Omni developed a flyer with key program details, which was distributed to parents of 4th and 5th grade students (ages 9–12) at area elementary schools. The flyer was also shared via social media platforms affiliated with Omni, local schools, churches, and community mentors. In-person outreach was conducted by setting up information tables at Jesuit Academy, Conestoga, and Skinner, where staff engaged with parents, answered questions, and recruited youth. Additionally, flyers were distributed through company email lists to broaden the program's visibility. A virtual parent information session was held on May 26 at 6:00 PM to introduce the program and mentors and address any questions. Due to lower enrollment linked to summer school closures, Omni increased the parent survey completion incentive to $50 to boost participation rates.

SSET Program implementation began on 6/1/25. A total of 52 youth consented to participate in the program. As recommended by the SSET program developers, no more than 10 youth attended each group, resulting in a maximum mentor to participant ratio of 5:1. *See Appendix B for SSET Session Outline.*

Surveys were administered to all youth participating in the program and their parents at the beginning (Survey A) and at the end of the program (Survey B). Surveys included the following questionnaires:

- Youth Survey A (N = 45): SSET survey part A (exposure to stressful events, violence), SSET survey part B (trauma symptoms, intensity of symptoms), Child Hope Scale
- Parent Survey A (N = 34): Trauma Symptom Checklist for Yount Children (TSCYC-PTSD symptoms), Symptom Severity and Functioning (SFSS-general mental health symptoms), Caregiver Strain Questionnaire (CGSQ)
- Youth Survey B (N = 27): SSET survey part B (trauma symptoms, intensity of symptoms), Child Hope Scale, program evaluation/satisfaction survey
- Parent Survey B (N = 24): Trauma Symptom Checklist for Yount Children (TSCYC), Symptom Severity and Functioning (SFSS), Caregiver Strain Questionnaire (CGSQ)

Youth received $20 for completing surveys, and the parents received $50 for completing surveys.

The SSET Survey A, a 17-item questionnaire, measures youth exposure to various traumatic events. Events are very similar to those identified in the SECV, but this condensed version is more appropriate for elementary and middle school youth. To accommodate the grant criteria, Omni added a 18th question, "Have you ever heard gunshots." The SSET Survey B is the Child PTSD Symptom Scale, a 17-item questionnaire, that evaluates the presence and intensity of PTSD symptoms within the past two weeks. Total scores of 14 points or higher indicates moderate to severe PTSD.

The Symptoms and Functioning Severity Scale (SFSS), a 32-item core measure in the Peabody Treatment Progress Battery, is a general measure of youths' emotional and behavioral problems intended to measure change over time. Results offer feedback on the youth's global level of severity in regard to symptoms and functioning. The SFSS is comparable to other existing clinical outcome measures but has the advantage of being short and allowing for assessment over time (Bickman et al., 2010).

The Child Hope Scale (CHS) is a 6-item measure of youth hopefulness in the Peabody Treatment Progress Battery, where youth report on their ability to generate paths toward goals and persevere towards goals. Youth hopefulness is conceptually an important factor in the successful treatment of emotional and behavioral disorders, constituting an outcome that may be affected by the treatment process with elements of motivation (Bickman et al., 2010). Total scores are calculated by averaging responses to all questions. Total scores range from 1-6, where 6.0 represents high hopefulness and 1.0 indicates low hopefulness. Based on psychometric samples, a youth CHS Total Score greater than 5.0 is considered high and indicates that the youth report a strong positive perception of self-capacity to achieve goals. If

the CHS-CEPI Total Score is less than 3.0, it is considered low and indicates that the youth's perception of hope is lower than the hopefulness experienced by participants in the psychometric study.

The Caregiver Strain Questionnaire (CGSQ) is a 10-item measure in the Peabody Treatment Progress Battery that assessed the extent to which caregivers and families experience additional demands, responsibilities, and difficulties resulting from caring for a child with emotional or behavioral disorders. The caregiver's perception of caregiving strain is an important outcome of the child or family's treatment, and also influences help-seeking and treatment experiences, components of the treatment process (Bickman, et al., 2010). The CGSQ will be administered monthly throughout the pilot program.

Trauma Symptom Checklist for Young Children (TSCYC) is a 90-item caregiver-report measure of acute and chronic post-traumatic symptomology in children ages 3-12 years old (Briere et al., 2001). The TSCYC yields eight clinical subscales include anxiety, depression, anger/aggression, post-traumatic stress-intrusion, post-traumatic stress-avoidance, post-traumatic stress-arousal, post-traumatic stress-total, sexual concerns, and dissociation. The TSCYC clinical scales show sound psychometric properties (Briere et al., 2001; Nilsson, Wadsby, & Svedin, 2008; Lanktree et al., 2008; Wherry, Graves, & Rhodes, 2008; Sadowski & Friedrich, 2000) and good convergent validity with other parent-report measures.

After completing the online consent process, parents received a link and instructions to complete Parent Survey A. The initial round of surveys were distributed during the week of 06/02/2025. Reminder messages were sent to parents who had not yet completed the survey.

Youth were administered a paper version of Survey A on the first day of their SSET Group starting the week of 6/9/2025. Youth surveys were collected and the data was entered into an online platform for aggregation and data extraction.

Since the pilot program launched near the end of the school year, several factors—such as family vacations, holidays, and lack of summer school enrollment—negatively affected youth attendance and recruitment. To support participation, Omni offered make-up sessions for those who missed scheduled programming. For future implementation, we recommend starting the CBITS/SSET programs earlier in the academic year to minimize attrition and increase overall participation.

Support for Students Exposed To Trauma (SSET) Section 1: Youth Survey Results

Average Age of Youth by Location:

Hope Center: 11.8 years
Eagle Wings: 12.8 years
Jesuit: 11.1 years
Clair Church: 11.6 years
Average Age of Youth Across all Locations: 11.9 years

Youth Survey A – before attending the SSET program

All youth participating in the SSET program reported experiencing at least one traumatic event as identified in the SSET Part A survey. The number of events endorsed ranged from 2 to 18, with participants reporting an average of 8.16 types of trauma. On the SSET Part B (PTSD Symptoms), the average score was 18.73 (range: 2-51), placing the majority of participants in the moderate to severe clinical range. Notably, 62.2% of participants scored above the clinical cut-off, further underscoring the significant mental health burden within this group.

Summary of Trauma Exposure Results

- **Accidents and Natural Disasters**
  - Nearly **29%** of youth reported being in a serious accident, while **59%** reported witnessing one.
  - About **44%** feared being seriously hurt during a natural disaster.
- **Illness, Injury, and Separation**
  - A large majority had someone close to them become very sick or injured (**82%**).
  - Similarly, **82%** reported the death of someone close.
  - Almost half (**49%**) had experienced a serious illness, injury, or hospitalization themselves.
  - One-third (**33%**) had been separated from a parent or caregiver longer than they wanted.
- **Animal Attacks and Threats**
  - Nearly **29%** had been attacked by an animal.
  - About **32%** had been directly threatened, while **51%** had witnessed someone else being threatened.
- **Physical Violence (Direct and Witnessed)**
  - **62%** reported being slapped, punched, or hit themselves.
  - **69%** had witnessed someone else being hit.
  - **18%** had been beaten up, and over half (**53%**) had seen someone else beaten up.
- **Severe Violence (Weapons)**
  - **18%** had witnessed someone attacked with a knife.
  - **11%** had seen someone threatened with a gun, and **13%** had seen someone shot or shot at.

- **Gun Violence Exposure**
    - The most striking finding: **84%** of youth reported hearing gunshots in their community.

The data indicate that these youth have been exposed to high levels of trauma across multiple domains. Most have experienced the illness or loss of someone close to them, direct or indirect exposure to physical violence, and widespread exposure to gun violence in their communities. Witnessing violence appears even more common than experiencing it directly, though both are prevalent.

Scores on the Child Hope Scale ranged from 1.5 to 6.0, with an average of 4.36, indicating a moderate degree of hope. Despite extensive trauma exposure and clinically significant PTSD symptoms, these youth demonstrate a moderately high sense of hope. This finding suggests that while trauma has deeply impacted their lives, they continue to show resilience and maintain optimism about their future.

The findings point to a dual reality: these youth are both highly impacted by trauma and simultaneously demonstrate meaningful levels of hope. This combination emphasizes the importance of interventions like the SSET program, which can both address clinical symptoms of PTSD and foster protective factors such as hope, resilience, and future orientation.

Youth Survey B – after attending the SSET program

Youth scores on the SSET Part B (PTSD Symptoms) at program completion ranged from 2 to 35, with an average of 16.78. While this remains above the clinical threshold, the average reflects a nearly 2-point reduction in less than six weeks. Notably, youth who began with the highest scores (above 51) showed the most significant progress, with reductions of nearly 16 points. These findings indicate overall improvement in PTSD symptoms, with particularly strong gains among higher-symptomatic participants.

Child Hope Scale scores ranged from 2.5 to 6.0, with an average of 4.32, reflecting an unchanged degree of hope across the program.

These findings suggest that the SSET program shows clear evidence of positive impact for youth exposed to trauma. In less than six weeks, participants demonstrated measurable reductions in PTSD symptoms, with the most significant improvements observed among those who began with the highest levels of distress. While average scores remain above the clinical threshold, the degree of change represents meaningful progress toward improved mental health functioning.

Equally important, participants maintained a steady sense of hope throughout the program. This stability suggests that SSET not only reduces symptom severity but also helps preserve protective factors such as resilience and optimism, which are critical for long-term recovery. Together, these results highlight both the clinical significance and the practical value of SSET, underscoring its potential to support healing and growth among high-risk youth.

Youth provided feedback on their experiences in the SSET program. The majority (77.7%) reported gaining a better understanding of the types of problems they have been experiencing. All participants (100%)

indicated that they received advice on ways to feel better, and every respondent (100%) also reported learning strategies to feel calmer and to solve problems more effectively.

Youth consistently highlighted the positive and supportive group environment as what they liked most. They appreciated the kindness, respect, and nonjudgmental attitude of both peers and group leaders, noting that they felt comfortable, heard, and accepted. Many valued the opportunity to express their feelings openly, share experiences, and receive thoughtful responses.

Participants also enjoyed the fun and engaging aspects of the sessions, describing the group as enjoyable and inclusive. Specific activities like the “hot seat” were mentioned as especially fun. The presence of friends and peers added to the positive experience, as did the chance to connect with “their boys.”

Finally, several youth emphasized practical benefits, such as learning calmer ways to handle problems, as well as the small but meaningful comforts of snacks and incentives.

SSET Section 2: Parent Survey Results

Parent Survey A – before SSET program began

The SFSS evaluates youths' emotional and behavioral symptoms, as well as their overall functioning over the past two weeks. Before the SSET program was implemented, parent ratings of their children ranged from 30 to 61, with an average score of 43.80. These results indicate that most youth fell within the medium severity range for symptoms and functioning. On the externalizing subscale, scores ranged from 30 to 61, with an average of 44.41, also reflecting medium severity. Internalizing subscale scores ranged from 30 to 62, with an average of 42.82, again within the medium severity range.

The CGSQ measures the degree to which caregivers and families face added demands, responsibilities, and challenges when caring for a child with emotional or behavioral disorders. Caregivers' perceptions of strain are important, as they can influence both help-seeking behaviors and treatment experiences. Parents with children starting the SSET program reported CGSQ scores ranging from 1 to 4.7, with an average score of 1.9, reflecting a moderate level of strain. On the objective subscale, scores ranged from 1 to 5 with an average of 1.5, also indicating moderate strain. On the subjective subscale, scores ranged from 1 to 5 with an average of 2.3, again suggesting a moderate level of strain.

Parents also completed the TSCYC assessment to measure acute and chronic post-traumatic symptomology for their children attending the pilot program. An examination of subscale scores revealed symptoms below clinical ranges.

Caregiver assessments conducted before the SSET program showed that most youth were experiencing moderate levels of emotional and behavioral symptoms (SFSS), with both internalizing and externalizing scores falling in the medium severity range. Caregivers reported a moderate amount of strain (CGSQ), including both objective and subjective stress related to caring for a child with emotional or behavioral challenges. Finally, results from the TSCYC indicated that children's post-traumatic symptoms were below clinical levels.

Parent Survey B – after SSET program concluded

Following completion of the SSET program, parent SFSS ratings of their children ranged from 31 to 51, with an average score of 40.16. These results suggest that parents see their youth were functioning in the low severity range for symptoms. Externalizing subscale scores ranged from 30 to 57, with an average of 41.70, while internalizing scores ranged from 30 to 54, averaging 38.00—both reflecting low severity.

Caregivers also reported lower strain on the CGSQ following the program. Scores ranged from 1 to 4.2, with an average of 1.4, indicating a low level of strain. Objective subscale scores ranged from 1 to 3.7 (average 1.2), while subjective subscale scores ranged from 1 to 5 (average 1.5), all reflecting low strain.

Finally, post-SSET TSCYC assessments showed that parents view their children's acute and chronic post-traumatic symptoms below clinical thresholds.

Summary of SSET Program Results

After completing the SSET program, both youth outcomes and caregiver experiences showed clear improvements. Parent ratings on the SFSS indicated that youth shifted from the medium severity range before the program to the low severity range afterward. Average scores decreased by approximately 3–4 points overall, with both externalizing and internalizing symptoms reflecting this reduction. In addition, youth reported a reduction in PTSD symptoms.

Caregiver strain also lessened following the program. Prior to the SSET program, parents reported a moderate level of strain, with both objective (practical demands) and subjective (emotional stress) ratings falling in the moderate range. After the program, scores dropped into the low strain range across both subscales, suggesting that caregivers felt less burdened and more supported in their role. Participation in the SSET program may offer relief to the parents as their children were offered additional community activities, a recommendation articulated in the community meetings.

Children's post-traumatic symptoms, as measured by the TSCYC, remained below clinical thresholds both before and after the program, suggesting stability in this area from the parents' perspective. However, it is important to note that youth reported moderately elevated PTSD symptoms prior to participating in the SSET program, which contrasts with parental perceptions. While parents identified moderate concerns on measures of emotional and behavioral functioning (SFSS), their ratings of PTSD symptoms were relatively low. This discrepancy suggests that parents may not fully recognize PTSD symptoms in their children. Youth may be more aware of trauma-related experiences, whereas parents are more likely to interpret difficulties as social, developmental, or general mental health challenges.

Conclusion

Phase I: Community Violence Evaluation

Recent research consistently indicates that exposure to community violence is a significant public health problem associated with elevated rates of trauma and posttraumatic stress disorder (PTSD). In the United States civilian population, lifetime PTSD is 6-8% depending on the study (Parto, Evans, & Zonderman, 2011). National surveys indicate that between 50–80% of urban residents experience some form of community violence during their lifetime , and PTSD prevalence in these settings typically ranges from 10–15%—rising to 20–25% in communities with high levels of gun violence and poverty (Gluck et al., 2021; Gillespie et al., 2009), These rates are consistent with what one would expect in armed conflict-affected regions (Ahmed et al., 2024) and considerably higher than the US veteran population (Pietrzak et al., 2014). Youth survivors of sexual assault, and individuals with repeated or proximal exposure (e.g., violence occurring near the home or perpetrated by someone known to the victim) show the highest rates of PTSD, often exceeding 30–40%.

Findings from the four community meetings reveal a picture of life in neighborhoods heavily impacted by violence. Across sites, residents described fragile and inconsistent perceptions of safety, shaped by frequent gunfire, visible disorder, and a pervasive sense of hypervigilance. Trust in law enforcement was nearly universally low, with residents citing harassment, racial bias, and a lack of transparency as major barriers to safety.

Gun violence emerged as the most pressing concern, alongside widespread reports of theft, fights, and other community-level violence. Residents attributed these problems to interconnected root causes such as poverty, trauma, absent or overwhelmed caregivers, and a lack of positive outlets for youth. Families reported profound emotional consequences—anxiety, grief, and long-term trauma—yet also demonstrated resilience and a desire for constructive solutions.

Community members repeatedly called for youth-focused prevention efforts (mentorship, trade programs, community centers), stronger family accountability and support, and opportunities to build connection and trust within their neighborhoods. They also advocated for systemic changes, including fair housing distribution, improved re-entry supports, and more equitable, relationship-based policing. Infrastructure improvements—such as lighting, sidewalks, and safe gathering spaces—were frequently mentioned as critical to reducing risk and increasing community cohesion.

Overall, these cross-site findings point to the need for multi-layered, community-driven solutions that address both immediate safety concerns and the underlying social determinants of violence. Successful strategies will require collaboration among residents, service providers, law enforcement, and funders, with an emphasis on prevention, healing, and sustained investment in neighborhood infrastructure and trust-building.

Findings from the Survey of Exposure to Community Violence (SECV) survey indicate that respondents in the pilot area experience high levels of direct and indirect exposure to violence, spanning multiple categories such as physical assaults, gun violence, sexual violence, threats, forced entry, and serious accidents. Although many rates are comparable to those reported by participants outside the pilot area, several patterns stand out:

- **High Prevalence of Violence Exposure:**
  Over one-third of respondents reported being direct victims of violence, nearly half had witnessed violent incidents, and more than half had heard about violence occurring in their community. This indicates that exposure to violence is a pervasive and shared experience among community members.
- **Greater Risk in Familiar Settings:**
  Pilot area respondents were more likely to report that violence occurred in or near their homes and that perpetrators were individuals they knew (friends, acquaintances, or relatives). This pattern suggests that much of the violence in the pilot area is relational rather than stranger-perpetrated, which may increase psychological impact and feelings of being unsafe.
- **Concerning Levels of Severe Violence:**
  Nearly one in four respondents reported being shot or shot at, and roughly one in five reported experiencing rape or molestation—both rates that are equal to or higher than comparison areas. Witnessing killings, serious injuries, and arrests was also common, reinforcing the chronic exposure to traumatic events within the community.
- **Recent and Ongoing Exposure:**
  Many respondents reported that incidents occurred within the past year, and some within the past month or week, underscoring that community violence is not just a historical experience but an ongoing reality.

These results mirror and, in some cases, exceed these national data. Using the SECV, demonstrated a pervasive and ongoing violence in the pilot area, with over 60% of respondents reporting physical assault, 24% reporting being shot or shot at, and 30% having witnessed a shooting—figures that are higher than many published urban samples (Borg, Rabinak, & Marusak, 2021; Gollub et al., 2019, Gillespie et al., 2009; Miliauskas, 2022). More than one in five respondents in our sample reported sexual violence, a known driver of chronic PTSD, and 12% had witnessed a killing. Violence was most often reported near participants' homes and perpetrated by someone they knew, factors shown in research to amplify psychological distress.

Overall, the SECV findings indicate that residents of the pilot area face persistent exposure to multiple forms of violence—much of it occurring in familiar settings—which may contribute to chronic stress, trauma, and long-term health disparities. These results highlight the urgent need for comprehensive, trauma-informed interventions that address both prevention and recovery, with particular emphasis on family- and community-level supports, mental health services, and violence reduction strategies.

The PTSD Checklist for DSM-5 (PCL-5) results indicate that, although the average PTSD symptom severity among respondents was below the clinical threshold, nearly one in five participants exhibited symptom levels consistent with probable PTSD. Consistent with previous research, youth were disproportionately affected (24.4% met the clinical cutoff compared to 17.5% of adults), and the highest symptom burden was observed among survivors of sexual violence (41.7%) and gun violence (25%). These rates fall at the upper range of those documented in other high-violence communities (Wamser-Nanney, Nanney, Conrad, & Constans, 2018; Miliauskas, 2022), underscoring a significant and persistent mental health burden in the Omaha area.

Trauma type emerged as a critical factor influencing symptom severity. Respondents who identified sexual violence as their most distressing experience demonstrated the highest proportion of clinically significant PTSD symptoms (41.7%), followed by those exposed to gun violence (25%). These findings suggest that survivors of sexual violence, in particular, may require more intensive, specialized, and trauma-focused interventions to address their elevated symptom burden.

Overall, these results underscore the need for targeted, evidence-based interventions—such as school-based trauma programs, mental health services, and community supports—to identify and address PTSD symptoms early, mitigate long-term effects, and improve wellbeing across both youth and adult populations. Considered together, these result highlight the critical importance of early screening and intervention for younger populations.

Phase 2: Mentoring Program Evaluation

Results from the pre- and post-surveys demonstrate that the youth participating in the SSET program entered with a very high burden of trauma exposure and clinically significant PTSD symptoms. Nearly two-thirds (62.2%) of participants initially scored above the clinical cutoff for PTSD, and on average reported over eight different types of traumatic experiences—including high rates of witnessing violence, direct exposure to physical assaults, and widespread exposure to gun violence in their communities. These findings underscore the urgent need for structured, trauma-informed interventions for this population.

Despite these challenges, participants demonstrated a moderate sense of hope prior to program entry, suggesting the presence of future orientation even in the context of adversity. This hope remained stable throughout the program, indicating youths' inherent optimism throughout the process.

Following participation in SSET, youth showed measurable improvement in PTSD symptom severity, with an average reduction of nearly two points in less than six weeks and dramatic decreases among those with the highest initial scores (up to 16-point drop). While average scores remain above the clinical threshold, these reductions represent clinically meaningful progress toward improved functioning.

Youth feedback reinforced these findings. Participants overwhelmingly reported that the program helped them better understand their symptoms and problems, learned practical strategies to manage symptoms, and feel calmer. They highlighted the safe, respectful, and supportive atmosphere of the

group environment, and mentioned that as a key contributor to their positive experience and personal growth.

Overall, these results point to SSET as an effective impactful intervention for youth exposed to trauma—one that not only reduces symptom severity but also sustains resilience and fosters a sense of connection, safety, and empowerment. These findings strongly support the continued implementation and scaling of SSET to reach more high-risk youth and promote healing, hope, and long-term recovery.

Parent-reported data before the SSET program indicated that most youth were experiencing moderate levels of emotional and behavioral symptoms, with both internalizing and externalizing scores falling in the medium severity range. Caregivers also reported moderate levels of strain associated with caring for a child with emotional or behavioral challenges, suggesting a significant impact on family functioning. However, children's post-traumatic symptoms, as measured by the TSCYC, were below clinical thresholds at baseline.

Following participation in the SSET program, parent ratings showed meaningful improvement across all domains. SFSS scores decreased into the low severity range, indicating improved emotional and behavioral functioning. Similarly, caregiver strain scores declined from moderate to low levels, reflecting reduced stress and burden on families. Importantly, post-traumatic symptom scores remained below clinical thresholds, suggesting stability in this area. However, these results provide a complicated perceptual divergence between youth and parents. While parents identified moderate concerns on measures of emotional and behavioral functioning (SFSS), their ratings of PTSD symptoms were relatively low. This discrepancy suggests that parents may not fully recognize PTSD symptoms in their children. Youth may be more aware of trauma-related experiences, whereas parents are more likely to interpret difficulties as social, developmental, or general mental health challenges.

Together, these findings demonstrate that the SSET program not only improved youths' overall trauma symptoms, and emotional well-being but also had a positive impact on caregiver stress. This dual benefit highlights the program's value in supporting both children and their families, reducing symptom severity, and strengthening family resilience.

Sustainability Plan

It should be noted that at the beginning of this process, with the assistance offered by the SMEs, Omni compiled a list of existing community organizations and invited each organization to complete the SSET training in-person or online at no cost in order to promote expanded implementation. Only a few employees within those organizations actually participated.

Post-traumatic stress disorder (PTSD) is a mental disorder with a severe and disabling clinical course, and it represents a considerable burden not only to citizens and their families, but also for the community and larger society and health system. It is important to note that *PTSD is the only psychological disorder which requires occurrence of an external traumatic event prior to symptom presentation for its diagnosis*.

Although research has identified possible predispositions to PTSD within the population, it remains certain that external events, and in the case of this initiative, man-made traumatic events are the primary driver for PTSD. Based upon the results of this initiative, expanded community based-evaluation should be considered with the aim of determining the degree of PTSD beyond the pilot program area. Doing so would provide some evidence of the need to expand the use of non-mental health targeted PTSD services, namely SSET.

Expanding the use of the Survey of Exposure to Community Violence (SECV) across the North Omaha community would give Region 6, existing community mental health providers, organizations who provide various community services, a more granular appreciation of the prevalence of PTSD. As stated previously in this report, the prevalence of PTSD in the pilot area is no less than 300% greater than what the research would suggest in the general population. In fact, the pilot area prevalence is similar to what you would expect in an active warzone, both in terms of impact to citizens and combatants within a theater of armed conflict.

Focus group participants voiced numerous reasons for what they perceive as "causing" the level of violence in the area, and offered a list of activities that they believe could reduce the level of violence in the area. Those perceived reasons can be seen throughout this report. The common everyday understanding from the totality of the comments leads any critical person to conclude that community violence tends to destabilize government functions and community relationships, and promotes citizen insecurity about their community and government. The challenge includes building an understanding that any concerted response to addressing this must be political, socio-economic, psychological-moral, and policing. It is clear from the comments that these areas are central to the participant's reality. It requires a combined political, psychological, moral, informational, economic, social, and police activity to evaluate and determine the best approach to violence reduction. Continuing the focus groups and the use of the SECV would provide government officials more precise information which could be used for expanded program development and implementation.

For example, the "gang" problem was identified, but not sufficiently described for an adequate understanding which could lead to a concerted effort toward community level intervention, beyond the use of law enforcement. According to the United States War College (https://press.armywarcollege.edu/monographs/753), gangs and their community impact are best understood as existing in three (3) types or generations (First, Second, and Third). Since the "gang" problem has existed in Omaha for many decades, a full analysis of the relative contribution of each type should be conducted. First Generation Gangs (regardless of name), are traditional street gangs. Turf-oriented loose and unsophisticated leadership and primarily opportunist. Second Generation Gangs are organized for business and commercial gain. Members tend to focus on drug trafficking and market protection. Third Generation Gangs expand their geographic area are seasoned organizations with ambitious political and economic agendas. From comments provided by participants, it is very possible that all three types operate in North Omaha. It is advised to determine the relative contribution of each of

the three. Once determined, will in some measure, require a different community and governmental response.

Fortunately, through this initiative, we have identified a new promising response for the community to consider adopting which can aid both children and adults cope and adapt to the violent conditions they must face each day. We use the concepts of coping and adapting because escape or moving to a less violent area appears to be a strategy that most participants did not recognize as an option. With the ongoing Spector of dwindling mental health funding, the Support for Students Exposed to Trauma (SSET) program, which uses non-licensed mental health practitioners, can easily be expanded across the community, and essentially across the State of Nebraska.

There are several challenges to expanding the SSET program across various geographic areas:

1. Educating all governmental bodies (city, county, state) and informing them of the promise of the approach;
2. Recruiting adults willing to be trained in the intervention;
3. Procuring funding for the training;
4. Procuring an organization to organize and implement the program;
5. Assuring that all program components receive the necessary evaluation and feedback related to both program implementation and outcome.

Despite known obstacles, the following depicts a potential model to implement and expand the SSET program throughout Omaha and other at-risk locations.

Sample SSET Sustainability Plan

1. Build a Multi-Sector Coalition

Goal: Create shared ownership and commitment to trauma-informed care.

- **Partners:** Churches/faith leaders, law enforcement, civic organizations, school districts, youth programs, mental health providers, and local businesses.
- **Action Steps:**
    - Host quarterly roundtables to align goals, share data, coordinate funding, and identify service gaps.
    - Establish a steering committee with representation from each sector to guide implementation.
    - Formalize partnerships through MOUs that define roles (e.g., churches hosting groups, police referring at-risk youth, businesses funding scholarships).

2. Expand Target Population

Goal: Serve not just youth but also teens and adults impacted by trauma.

- **Action Steps:**
    - Adapt SSET curriculum (originally school-based) for community settings (evenings/weekends) so parents, caregivers, and young adults can participate.
    - Train facilitators to work with mixed-age or adult cohorts, integrating CBT-based coping skills with culturally responsive examples.
    - Offer separate tracks for youth, adolescents, and adults when possible to address developmental differences and specific needs (e.g., parenting stress, workplace triggers, youth supervision and monitoring, peer pressure).

3. Increase Accessibility & Recruitment

Goal: Lower barriers to participation.

- **Action Steps:**
    - Use trusted messengers: pastors, neighborhood associations, police community liaisons.
    - Provide services at community hubs — churches, libraries, after-school programs, recreation centers — not just clinics.
    - Offer transportation vouchers, meals, and child care during sessions.
    - Provide options for both in-person and telehealth participation.

4. Workforce Development & Sustainability

Goal: Ensure a trained, consistent facilitator/mentor pool.

- **Action Steps:**
    - Expand existing network of SSET trained mentors.
    - Train school counselors, church leaders, probation officers, and peer mentors in SSET facilitation.
    - Build a "train-the-trainer" model to reduce reliance on outside experts.
    - Pay facilitators through braided funding (grants, county mental health funds, business sponsorships).

5. Funding & Resource Strategy

Goal: Build a diversified funding base for long-term sustainability.

- **Action Steps:**
    - Blend public funding (e.g., SAMHSA, state mental health block grants) with private support (business sponsorships, local grants, faith-based contributions).
    - Seek foundation grants focused on community violence prevention, youth resilience, and mental health equity. Options include: Sherwood Foundation, Omaha Community Foundation, Suzanne & Walter Scott Foundation, Buffet Foundation, Aflac Foundation,

Lozier Foundation, United Way, Annie E. Casey Foundation, Pew Charitable Trusts, MacArthur Foundation, and Cox Charitable Giving Foundation.
    - Explore reimbursement pathways for group therapy through Medicaid (such as peer support) and private insurers.

6. Strong Evaluation & Continuous Improvement

Goal: Show measurable outcomes to maintain support.

- **Action Steps:**
    - Collect pre-/post-data on PTSD symptoms (PCL-5), functioning, mental health symptoms (e.g. depression, anxiety) and school/work attendance.
    - Include qualitative feedback from participants and partners.
    - Report back to quarterly roundtable with community members.
    - Share results with stakeholders/funders to demonstrate return on investment.
    - Use results to refine programming.

Final Thoughts & Next Steps

Throughout this project, Omni engaged extensively with community leaders in North Omaha, prioritizing regular meetings and open communication with key influencers outside of elected office, including past gang members and individuals with significant influence in the community. These conversations offered valuable insight into data collection strategies, potential challenges, and community-driven solutions.

In addition, Omni connected with multiple service providers, gaining a deeper understanding of the diverse — yet fragmented — array of available services. While the community benefits from strong advocates and leaders committed to improving resident well-being, the service system remains disjointed and inefficient, leaving critical gaps in care especially related to mental health and trauma.

Based on our evaluation findings, Omni strongly recommends that funders conduct comprehensive assessments of the organizations they support. Evidence suggests that many current services are structured more to sustain provider operations than to address the actual needs and priorities identified by community members.

Omni collected a substantial amount of data through the use of evidence-based assessments and community discussions. This report responded to the precise activities required by LB1412. Omni has more information and will be analyzing the remaining information as time permits. There is still much to examine.

Future analyses should explore patterns of exposure to violence in different zip codes in North Omaha, and attempt to determine if there are exposure differences and if so why? If not, are there differences in levels and severity of PTSD in both children and adults? As highlighted in the report, North Omaha

residents in the pilot have experienced a wide range of events that have shaped the community understanding of government, services and their families. North Omaha is not homogeneous in terms of cohesiveness, stability of neighborhoods and those differences can be observed by blocks and neighborhoods. A deeper examination of neighborhood/block-level trends would allow stakeholders and policymakers to tailor services more precisely. While gang activity is known, it is not well understood. The complex nature of gangs, their relative cohesiveness, leadership, mission, and culture, all require thoughtful analysis before a concerted community level effort can be launched aimed at reducing the violence and illegal behavior associated with them.

Further analyses should examine sex differences in PTSD symptoms, and breakdown that data into more granular age categories to better understand risk profiles. Research consistently shows that women, particularly those with a history of sexual trauma, experience higher rates and greater severity of PTSD symptoms. For example, this trend is especially pronounced among female veterans, where the combination of combat exposure and sexual trauma create an additive effect on woman's mental health wellbeing. Within the community context, women and girls may face unique vulnerabilities, including higher rates of sexual assault, domestic violence, and caregiving stressors that can intensify their trauma response.

Age differences deserve closer examination for a number of reasons. Adolescents and young adults may process trauma differently than older adults, with symptoms often manifesting as behavioral problems, school and academic difficulties, or risk-taking behaviors. Younger children may show more somatic or developmental problems, while older adults may present with cumulative-consistent trauma effects, such as chronic health conditions, or social isolation. Either of these presentations complicate service delivery and therefore recovery. Understanding these distinctions could aid in developing tailored, age and sex-appropriate interventions. This includes school-based programs for youth and peer-support groups for young adults. Community outreach and home-based supports for older residents should also be included in that development. The point is that services and treatments for a diverse group of persons who suffer from PTSD require and understanding and appreciation of their station in life, age, history and corresponding stressors so services can be designed for their uniqueness.

The findings of this initiative strongly suggest that the SSET program is a promising approach for reducing PTSD symptoms and wellbeing in youth. Expanding this program to additional Omaha neighborhoods and widening the eligible age range may broaden its impact. Increasing parent participation—including education on PTSD—should be prioritized. Strong evaluation measures should accompany any implementation to ensure effectiveness. We also recommend testing SSET in various settings (e.g., schools, churches, community centers) and with a variety of facilitators, such as teachers, parents, community leaders, and law enforcement officers.

Lastly, many PTSD interventions have been traditionally researched on military personnel, heavily influencing the content and structure of therapist training programs. While service members undoubtedly face acute trauma, they eventually return home, leaving the zone of violence. In North Omaha the violence is pervasive and ongoing. Most residents are unable to leave. They may become desensitized, engage is retaliatory violence as a survival strategy. Living in an environment that produces constant fear is much different than combat veterans who leave the fear and can begin the journey of

repair once they return home. It must be understood that this community needs to be understood in terms of constant threat, violence and death. Therapeutic training programs must evolve to address community violence as a major source of trauma and a driver of PTSD.

Omni Inventive Care is honored to have been part of this initiative. We welcome the opportunity to support future efforts to address the needs of the North Omaha community. Thank you.

See Appendix C for a project timeline and Appendix D for a summary of project expenditures.

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Project Challenges

1. Project/Funding Timing: Most schools are closed over the summer and/or combine summer school efforts. Despite strong support from many local schools, youth availability to attend the program was limited due to family vacations, holidays, and not attending summer school. We believe youth participation suffered, which impacted engagement and attrition when locations changed. We recommend starting programs such as these earlier in the year or right after Christmas break to allow time for recruitment and selection of youth who can maximally benefit from the program. Additionally, recruiting youth and establishing partnerships with community organizations requires time. These organizations are more likely to participate when personally approached by trusted community members. However, building these relationships was challenging within the constraints of an accelerated timeline.

2. Project location limitations (3-mile radius): Given the sensitive nature of the information requested, literature recommends ensuring anonymity during survey administration. As a result, we did not collect participants' full addresses and instead used zip codes to compare individuals within and outside the catchment area. However, we found the geographic restrictions to be somewhat arbitrary, which limited the depth and richness of the data collected. Additionally, the project's location constraints posed challenges for participant recruitment.

3. Survey Length: To align with national research on community violence and meet RFL guidelines, Omni selected the Survey of Exposure to Community Violence (SECV), which captures a broad range of violence types. However, the SECV is a lengthy instrument. Although participants received a $20 incentive to compensate for the time required, cognitive fatigue may have affected the accuracy of some responses.

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Appendix A: Site Specific-Themes

Themes from Region 6 Community Forum – Highlander (3/22/25)

The following themes emerged from qualitative responses collected during the Region 6 Community Forum held at The Venue at Highlander on March 22, 2025. Attendees (N = 54) were asked about safety, experiences with violence, interactions with police, and potential solutions to community violence.

Safety and Trauma in Daily Life

- Participants described living on edge due to past experiences of violence and frequent exposure to gunfire and police sirens.
- Examples included feeling 'seconds away from losing my life' and needing to keep their 'head on a swivel.'

Distrust and Fear of Police

- Nearly all who reported police interactions described them as negative.
- No participants indicated feeling safe around police.
- Concerns included aggression and racism among officers.

Youth Protection and Engagement

- Participants emphasized limiting youth exposure to violence (e.g., music, media).
- They highlighted the importance of listening to youth voices and providing alternatives to detention.
- Concerns about inconsistent expectations across families were raised.

Community Connection and Belonging

- Attendees stressed the need for more community events, gathering spaces, and centers.
- Suggestions included creating a 'rural town in the city' model where community leaders live alongside residents.

Police–Community Relationship Building

- Participants called for closer police-community ties, including encouraging officers to live in the neighborhoods they serve.
- They expressed that relationships would build mutual respect.

Access to Services and Collaboration

- Many noted limited awareness of available services and poor coordination between agencies.
- Suggestions included home-based outreach and better collaboration among service providers.

Mental Health Needs

- Participants emphasized the need for expanded mental health services, particularly for youth at risk of detention.
- One recommendation was to require mental health evaluation before incarceration.

Accountability and Personal Responsibility

- Calls were made for community members to take action, such as 'see something, say something.'
- Participants stressed the importance of setting shared standards and expectations across families.

Systemic and Policy Ideas

- Some attendees suggested broader policy changes, such as raising the price of ammunition to $10,000.

Community-Identified Solutions

- Youth Protection & Development
    - Reduce exposure to violence in media/music.
    - Hear and value kids' voices.
    - Avoid defaulting to detention/incarceration; provide mental health evaluations first.
    - Set consistent expectations across households.
- Community Connection & Resources
    - More community events to build trust and unity.
    - Community centers with fewer barriers to access (not requiring ID or adults present).
    - Better resource coordination – too many isolated services with poor communication.
    - Services should go to the home and engage families directly.
- Police-Community Relationships
    - Officers should live in the communities they serve.
    - Build relationships outside of enforcement contexts.
    - Greater mutual respect if police integrate into daily community life.
- Policy & Structural Ideas
    - Raise ammo prices dramatically (suggested $10k).
    - Promote "see something, say something" culture.
    - Invest in mental health services and support teams.

In summary, themes point to deep safety concerns, trauma from violence, and mistrust of police. The community emphasized prevention (youth-focused), resource coordination, stronger relationships, and accessible mental health services as key solutions.

Themes from Region 6 Community Forum – Lathrop Elementary (3/24/25)

The following themes were identified based on qualitative responses collected during the Region 6 Community Forum held at Lathrop Elementary on March 24, 2025. Attendees (N = 90) were asked about safety, experiences with violence, interactions with police, and potential solutions to community violence.

Perceptions of Safety

- Residents expressed mixed feelings about safety, with ratings between 5–10 on a scale of 10.
- Safety concerns included gunshots, police sirens, visible homelessness, and poverty.
- Some felt safer due to knowing their neighbors and living in more stable communities with homeowners.
- Generational differences appeared—older residents reported feeling somewhat safer than younger residents.

Neighborhood Characteristics

- High levels of homelessness, poverty, and rental turnover were linked to decreased investment in the neighborhood.
- Residents identified systemic inequities, including the lingering impacts of redlining and disinvestment.
- Distrust of police was widespread, though some noted positive experiences with individual officers.
- There was a call for officers to reflect the demographics of the community they serve.

Forms of Violence

- Theft, car theft, and vandalism were cited as common issues.
- Gang activity and gun violence remain pressing concerns.
- Fights, both among youth and adults, contribute to community instability.
- Verbal and physical assaults were described as part of daily life for many.

Causes of Violence

- Structural issues such as poverty, unemployment, lack of affordable housing, and systemic racism were emphasized.
- Family and community factors included a lack of parental involvement, weak role models, and ‘kids raising kids.’
- Cultural and generational issues—cycles of retaliation, trauma, and lack of respect—were viewed as root causes.
- Mental health concerns, especially untreated trauma, were seen as contributing to cycles of violence.

Impact of Violence

- Participants reported trauma and grief from shootings involving themselves, friends, or family members.
- Gun violence has become normalized in some parts of the community, leading to desensitization.
- Retaliation pressures were identified as strong, though some community members spoke about the importance of learning to let go.
- Police surveillance and gang task force presence created additional fear and anxiety.

Community-Identified Solutions & Prevention Strategies

- Early intervention: Support children as young as 5 before they grow into cycles of violence.
- Community responsibility: Step up collectively—"takes a village."
- Positive role models: Mentorship from respected figures, including OGs and strong male mentors.
- Community unity: Forums, block parties, clean-ups, events across generations to build trust.
- Youth programming: After-school activities, sports, accessible community centers, hands-on programs with incentives.
- Adult-focused supports: Housing, re-entry resources, affordable programs for adults.
- Economic stability: Better-paying jobs, money invested back into families.
- Mental health services: More accessible therapy, even mobile therapy at community events.
- Practical safety measures: CPR/first aid training, cameras, surveillance in unsafe areas.
- Police-community rebuilding: Forums including officers, more officers of color, relationships beyond enforcement.

Youth Needs & Prevention

- Free, accessible community centers are needed; cost is a major barrier for many families.
- After-school programs, sports, block parties, and hands-on activities were recommended.
- Youth require mentors and supportive adults to guide them.
- Re-entry resources for youth leaving detention/incarceration are lacking and need to be strengthened.
- Parents also need support through better-paying jobs, affordable housing, and family resources.

Building Safer Communities

- Stronger neighborhood ties and better communication among residents are key.
- Affordable and accessible activities should be provided for all ages, not just youth.
- Training opportunities such as CPR and first aid could empower residents to help one another.
- Community gardens and food security initiatives were suggested to strengthen local resilience.
- Participants stressed the need to address systemic issues such as housing, employment, and equity.

Summary: Respondents expressed mixed feelings of safety, shaped by gun violence, poverty, homelessness, and mistrust of police. They emphasized the need for early prevention, family accountability, stronger mentorship, affordable programs, and better police-community relationships. Trauma from violence is widespread, and solutions center on collective community responsibility, accessible resources, and building trust both within neighborhoods and with institutions. These themes show that residents see safety as tied not just to policing, but to community connectedness, youth support, and systemic change.

Themes from Region 6 Community Forum – Grown Folks Social Club (3/25/25)

The following themes were identified based on qualitative responses collected during the Region 6 Community Forum held at Grown Folks Social Club on March 25, 2025. Attendees (N = 37) were asked about safety, experiences with violence, interactions with police, and potential solutions to community violence. Only adults were allowed to attend this forum.

Neighborhood Safety – Mixed Perceptions

- Some residents feel safe due to neighborhood watch groups and close-knit neighbors.
- Others expressed unease due to shootings, gun violence, and unpredictable behavior in the community.
- Safety concerns often vary by location (e.g., certain zip codes more affected).

Prevalence of Gun Violence

- Gun violence is the dominant form of violence mentioned.
- Shootings, fights escalating into gun use, and constant gunfire (shot spotters) are frequent concerns.
- Some noted that other issues like trafficking and robberies are overshadowed by media focus on guns.

Generational & Systemic Issues

- Current violence tied to generational cycles from the 1980s–1990s (drugs, lack of parental supervision, poverty).
- Absentee fathers, overburdened mothers, and lack of strong male role models highlighted as critical issues.
- Housing instability (shift from ownership to rentals) seen as changing neighborhood dynamics.

Youth Challenges & Root Causes

- Lack of structured activities and programs for kids.
- Influence of social media, music, and peer culture that glamorizes violence.

- Kids struggling with self-respect, identity, and lack of guidance.
- Poverty and need for "easy money" driving youth into risky behaviors.

Distrust & Frustration with Systems

- Concerns about biased media coverage portraying North Omaha negatively.
- Perceptions of over-policing (e.g., gang task force surveillance).
- Systemic barriers: lack of reentry support for youth after incarceration, segregation in housing, and inequities in opportunities.

Community Strength & Responsibility

- Emphasis on neighbors supporting one another and being role models for youth.
- Importance of men being present and visible in the community.
- Encouragement to hold parents accountable for children's behavior while still offering support.

Community-Identified Solutions to Violence & Prevention Strategies

- Youth engagement through opportunity:
    - Early exposure to trade programs, entrepreneurship, and money-making skills.
    - Create avenues for legitimate income (even gaming/e-sports mentioned).
    - Bring back after-school programs, community centers, libraries, and sports.
- Adult responsibility & presence:
    - More active, engaged adults, especially Black men, mentoring youth.
    - Parents must hold themselves and their kids accountable.
    - Neighbors should organize associations, build trust, and set examples.
- Community connection:
    - Block parties, gatherings, cleanups to bring neighbors together.
    - Teach kids about positive Black history and role models.
    - Encourage voting and civic participation.
- Systemic change:
    - Better re-entry supports for formerly incarcerated individuals (jobs, housing, IDs).
    - Address inequities in policing and housing policies.
    - Prevent labeling of kids as "bad" — instead provide positive incentives and second chances.

Healing from Violence

- Grief and trauma from losing family members to shootings are ongoing.
- Residents cope by finding constructive outlets (e.g., starting businesses, community leadership).
- Acknowledgment of anger and the risk of misdirecting pain without proper support.

Summary: Respondents emphasized that gun violence, family instability, and generational cycles of poverty and trauma are at the core of neighborhood violence. While mistrust of police remains, participants stressed family accountability, mentoring by strong male figures, entrepreneurship and trades for youth, and rebuilding community unity as solutions. The community called for more programs, positive incentives, and systemic reforms to break cycles of violence and support youth before they fall deeper into crime. These themes show interconnected issues: systemic inequities, generational cycles, lack of youth opportunities, and neighborhood-level resilience. They also highlight community-driven solutions: mentorship, male role models, family accountability, and creating safe, structured opportunities for kids.

Themes from Region 6 Community Forum – Jesuit Academy (3/26/25)

The following themes were identified based on qualitative responses collected during the Region 6 Community Forum held at Lathrop Elementary on March 26, 2025. Attendees (N = 91) were asked about safety, experiences with violence, interactions with police, and potential solutions to community violence.

Mixed Feelings of Safety

- Some residents rated safety relatively high (6–8) due to fewer visible crimes in their area or a senior citizen presence.
- Others expressed deep fear (ratings as low as 1 or 5) due to recent shootings, unpredictability of violence, and heavy police activity.
- Overall, safety is fragile—one shooting or incident can shift feelings of security quickly.

Prevalent Violence in the Community

- Gun violence and shootings dominate concerns.
- Additional issues: car break-ins, robberies, fights, gang activity, drugs, and panhandling.
- Violence is often seen as both random and organized (gang-related).

Root Causes of Violence

- Boredom and lack of structured activities for youth.
- Influence of gangs and older individuals recruiting younger kids.
- Arguments, disputes, and interpersonal conflicts escalating into violence.
- Poverty and housing concentration in high-crime areas.

Impact of Violence on Families

- Gun violence has long-term consequences: paralysis, death, grief, daily struggles to heal.

- Families describe living with trauma every day, with limited housing or resources for those impacted.

Distrust of Police & Systemic Issues

- Many participants voiced low trust in Omaha Police Department (OPD).
- Concerns about police surveillance (gang task force "watching houses") and lack of transparency.
- Skepticism about existing programs like PACE.
- Desire for security alternatives (non-OPD security, better lighting, cameras, gated communities).

Community Engagement & Relationships

- Residents want more block parties, neighborhood activities, and safe spaces to strengthen community ties.
- Emphasis on neighbors knowing and trusting one another to foster accountability.
- Calls for "people who look like us" to serve in leadership, mentorship, and community support roles.

Family Support & Accountability

- Parents must be held accountable for children's behavior.
- Families need stronger support systems (emotional, financial, housing).
- Generational cycles of violence require direct intervention in the home.

Community-Identified Solutions & Prevention Strategies

- Accountability: Parents need to be held responsible for children's actions.
- Neighborhood-level changes:
    - Signs ("No Violence Tolerated"), more watch groups.
    - Better lighting, sidewalks, and trimmed fields for safer walkways.
    - Consider gated communities for protection.
- Positive environment: Create more positive opportunities, community activities, and block parties.
- Housing solutions: Affordable housing should be spread to safe areas, not clustered in violent neighborhoods.
- Mental health supports: More resources for individuals and families.
- Family support systems: Strengthen family involvement and provide targeted support for youth at risk.

Summary: At Jesuit Academy, participants expressed fear tied to frequent shootings, mistrust of police, and lack of safe infrastructure. The community emphasized the need for family accountability, affordable housing outside violent areas, genuine police-community relationships, and expanded mental health and youth programs. Key solutions focused on safety through environmental design (lighting, sidewalks, cameras), stronger family and community supports, and increased opportunities for youth.

Themes from DCYC – Unit 1 (4/17/25; N = 8)

1. Varied Perceptions of Safety

- Safety ratings ranged widely (6–10).
- Some feel protected by neighbors or live in quieter areas.
- Others feel unsafe due to constant gunshots and community violence.

2. Neighborhood Characteristics

- Some describe their neighborhoods as family-oriented, quiet, and familiar.
- Others describe them as distant, unsafe, or lacking connection between people.
- Conditions vary: some stability exists, but others report decline (e.g., “falling houses”).

3. Prevalent Violence

- **Gun violence** is the most consistent issue (shootings, homicides).
- Gang-related activity and rivalry were repeatedly noted.
- Loud disturbances and mental illness also mentioned as contributors.

4. Causes of Violence

- Interpersonal conflicts (“nobody likes anybody”).
- Gang rivalry and influence.
- Mental health challenges.
- Lack of community cohesion.

5. Coping with Violence & Trauma

- Girls described mixed responses when family members were shot:
  - Caregiving and support.
  - Intense grief (crying, anger, inability to cope).
  - Emotional numbness or detachment.
- These highlight the emotional toll and normalization of violence.

6. Responses to Policing & Surveillance

- Gang task force surveillance seen as threatening or unlikely.
- Responses ranged from ignoring it, laying low, moving out, or arming themselves for protection.
- Indicates distrust of law enforcement and reliance on self/family for safety.

7. Individual vs. Collective Solutions

- Many responses focused on individual withdrawal or avoidance: staying inside, not participating in violence, “let people learn the hard way.”
- Some constructive ideas: curfews, mediation, food-based gatherings, activities for youth, and promoting positivity.

- Suggests limited belief in system-wide solutions, but some openness to community-based prevention.

8. Community Needs

- Mixed outlook: some see no hope ("nothing can be done"), while others call for:
    - Removal of guns.
    - More opportunities/activities.
    - Stronger community environment (new people, addressing housing decline).
    - Spaces for communication and conflict resolution.

The girls in in Unit 1 identify Gun violence and gangs as dominant safety issues. They report emotional trauma and varied coping mechanisms. They identify low trust in police, reliance on self/family for safety. There is a preference for avoidance rather than engagement in violence. Lastly, they show a desire for community rebuilding (housing, activities, food/social spaces) but skepticism about change.

Themes from DCYC – Unit 3 (4/15/25; N = 11)

1. Perceptions of Safety

- Safety ratings vary (7–10), with some feeling safe due to living in suburbs or quieter areas.
- Others acknowledge past experiences in "the hood" as more dangerous.
- Neighborhoods seen as both quiet/chill and low-key dangerous depending on context.

2. Neighborhood Conditions

- Descriptions highlight differences in resources and environment:
    - Some areas have calm, suburban feel (trees, quiet).
    - Others marked by poverty and access to different types of guns.
- Violence and instability described as more common in lower-income areas.

3. Prevalent Violence

- Reports of shootings, explosions, car theft, and gang activity.
- Arguments and general neighborhood disputes also noted.
- In some cases, violence from "where I used to live" contrasts with current safer surroundings.

4. Causes of Violence

- Gang involvement and rivalry.
- Poverty and theft (e.g., stealing cars).
- Retaliation cycles (violence leading to more violence).
- Discovery of bodies in community spaces reflects exposure to traumatic events.

5. Coping with Trauma

- Family shootings often lead to anger and retaliation plans, showing normalization of revenge.
- Few examples of alternative coping strategies beyond retaliation.

6. Law Enforcement & Surveillance

- If under gang task force watch, strategies include running, moving smart, or leaving with family.
- Indicates mistrust of police and reliance on avoidance strategies.

7. Violence Prevention & Community Safety

- Gun reduction messages ("put the guns down," "guns down, hands up").
- Constructive alternatives like after-school programs, boxing, and safe activities for youth.
- Desire for neighborhood watches and gated communities to create security.

8. Community Needs

- More jobs and money to address economic drivers of violence.
- Youth engagement and leadership ("knowledge from the kids").
- Stronger community-based supports to replace cycles of violence and retaliation.

Youth in this unit see violence as tied to gang culture, poverty, and retaliation cycles. Safety is better in suburban or stable neighborhoods, but trauma from past environments persists. Solutions center on reducing guns, providing structured programs, jobs, and neighborhood security.

Themes from DCYC – Unit 4 (4/03/25; N = 11)

1. Perceptions of Safety

- Many rated their neighborhoods as very safe (10/10), especially those in suburban or quieter areas.
- Some feel safety is reinforced by the fact that "everyone is packing," suggesting reliance on armed self-protection as part of the community norm.

2. Neighborhood Characteristics

- Descriptions highlight peacefulness and quiet in some areas.
- Others note crime and disruption: theft, vandalism, carjackings, drug use, and reckless driving.
- Reflects contrast between stable and unstable environments.

3. Prevalent Violence

- Experiences of shootings, drugs, car thefts, and speeding.
- Violence often linked to property crimes (robberies, car hopping/strikers) as well as retaliatory gang violence.

4. Causes of Violence

- Robbery and financial motives (money problems).
- Gang retaliation cycles.
- Envy, grief, and peer influences.
- Desire for material gain (cars, money) seen as major drivers.

5. Coping with Trauma

- Mixed responses when family members were shot:
  - Retaliation/spinning was the most common.
  - Some turned to family for help (running home, telling mom).
  - One reported personal experience of being shot and surviving.
- Retaliation culture is normalized among peers.

6. Responses to Surveillance

- Strategies include staying inside, acting normal, or leaving the area.
- Some acknowledged being directly targeted by police or online monitoring.
- Reflects mistrust of law enforcement and awareness of surveillance.

7. Community Solutions

- Positive activities: sports, football, youth programs, safe community gatherings, cookouts.
- Community presence: involvement of trusted leaders (e.g., Ben Grey), police at events for peacekeeping.
- Mentorship: role models to guide youth in positive directions.
- Support for vulnerable populations: helping the homeless.

8. Community Needs

- Address root causes: jobs, money problems, and economic insecurity.
- Reduce negative influences: remove social media/internet to stop online posturing that escalates violence.
- Strong leadership & inspiration: desire for a Malcolm X–type figure to motivate youth toward change.
- Emotional healing: eliminating envy and grief to reduce theft and violence.

Youth in Unit 4 view violence as largely tied to money, retaliation, and social media influence. Coping often involves retaliation, but solutions focus on positive activities, community gatherings, mentorship, and economic stability. There is a strong call for transformative leadership and role models alongside practical interventions (jobs, activities, safe spaces).

Themes from DCYC – Unit 5 (4/03/25; N = 12)

1. Perceptions of Safety

- Safety varies widely (ratings from 5 to 10).
- Some feel safe with family support (e.g., with mom) but unsafe alone.
- Others rely on personal firearms or the idea that their neighborhood is "locked in" for safety.
- Guns both increase and decrease feelings of safety—having one provides confidence but also heightens risk.

2. Factors That Cause Youth to Feel Unsafe

- Prevalence of weapons (both personal and among peers).
- Unpredictability of violence – "anything can happen to anyone."
- Neighborhood dynamics—racial tension, lack of neighborly connection, and gang presence.

3. Neighborhood Characteristics

- Some youth highlight positives: block parties, community festivities.
- Others describe negatives: lack of connection ("we don't talk to our neighbor"), racial fear, and universal weapon carrying.
- Mixed experiences—both community pride and isolation exist.

4. Prevalent Forms of Violence

- Gun violence is the dominant concern.
- Fights and arguments are also common.
- Stabbings and domestic disputes mentioned less frequently.

5. Causes of Violence

- Personal conflicts ("beef") over neighborhood differences, girls, or grudges.
- Retaliation culture—shoot first, strike back, "trigger happy."
- Domestic disputes and easy access to guns add to the problem.

6. Coping with Violence & Trauma

- When family members are shot, youth describe reactions as:
    - Retaliation/spinning (most common).
    - Emotional responses (crying, pain, anger).
- Retaliation is seen as the default problem-solving approach.

7. Interactions with Law Enforcement

- Mixed reactions to gang task force presence:
    - Stay inside or leave the house to avoid confrontation.
    - Some report direct hostility ("my hood shoots at cops").

    - Others express resignation ("it's about time").
- Indicates low trust in police and normalized adversarial relationships.

8. Solutions & Safety Strategies

- Weapon removal is the most consistent recommendation (guns, knives).
- Background checks and screening for new residents to prevent "beef."
- Structured activities for youth to reduce idle time.
- Emphasis on prevention through disarmament and constructive engagement.

9. Community Needs

- More recreational opportunities/activities to keep youth engaged.
- Eliminating rivals (ops) to reduce conflict.
- Removing guns to disrupt cycles of retaliation and violence.

Gun violence dominates perceptions of both safety and danger for youth in Unit 5. Youth recognize a cycle of "beef" and retaliation as the root of neighborhood violence. At the same time, they propose realistic solutions—more youth activities, weapon removal, and community safeguards. Community pride exists (block parties, festivities), but is undercut by fear, distrust, and weapon saturation.

Themes from DCYC – Unit 6 (4/10/25; N = 9)

1. Perceptions of Safety

- At least some youth report feeling very safe (10/10) because of familiarity with their neighborhood and a sense of empowerment/voice.
- Safety seems connected to belonging rather than the absence of violence.

2. Neighborhood Characteristics

- Diverse demographics (different schools, racial/ethnic mix).
- Active community life (lots of activities).
- Restricted access—not everyone is welcome, signaling territorial dynamics.

3. Prevalent Forms of Violence

- Gun-related violence (shootings, drive-bys).
- Property crime (car theft).
- Physical altercations (fights).
- Environmental nuisances (dogs barking—more minor but noted).

4. Causes of Violence

- Gang activity and disputes over status/territory.

- Personal conflicts (fighting over girls).
- General pattern of retaliatory or group-based violence.

5. Proposed Solutions to Organized Violence

- Economic equality – leveling opportunities across groups.
- Positive community groups to counter negative influences.
- Increased police presence (though this contrasts with distrust expressed in other forums).

6. Coping with Trauma

- Retaliation and risk-taking remain common responses.
- Emotional avoidance ("won't speak on it") suggests deep pain and unresolved grief.

7. Responses to Law Enforcement Surveillance

- Strategies focus on avoidance and caution: moving out, staying in, moving smart.
- Some emphasize non-involvement in gang activity to avoid police attention.

8. Community Safety Strategies

- Relocation (move).
- Disarmament (remove guns).

9. Community Needs

- Mentorship and positive role models.
- Job opportunities to reduce idle time and economic stress.
- Conflict mediation to prevent violence from escalating.
- More adult involvement (volunteers, supportive figures).
- Reduction of negative adult influence (stop adults from sending youth into dangerous situations).

Safety is tied more to community belonging and identity than the absence of crime for youth in Unit 6. Youth highlight a mix of structural solutions (jobs, economic equality, mentors) and immediate fixes (remove guns, more police). Retaliation remains a default trauma response, but there's also recognition of the need for conflict resolution and positive adult guidance.

Themes from DCYC – Unit 7 (4/10/25; N = 6)

1. Perceptions of Safety

- Safety levels are moderate (5–6/10), suggesting uncertainty and vulnerability.
- Arguments, violence, and conflict are the main sources of feeling unsafe.

2. Neighborhood Characteristics

- Seen as quieter and less chaotic than others.
- Demographic differences noted (majority white, “not ghetto”).
- Smaller houses but perhaps more stability compared to other areas.

3. Prevalent Forms of Violence

- Gun violence (shootings).
- Property crimes (car theft, home invasions, robberies).
- Interpersonal conflict (fights, arguments).

4. Causes of Violence

- Gang involvement and conflicts over relationships (fighting over girls).
- Drugs, money, women as motivators.
- Some youth show self-awareness, acknowledging personal contribution (“Me, I’m the problem”).

5. Proposed Solutions to Organized Violence

- Conflict de-escalation (“everyone chill out,” staying out of it).
- Positive engagement outlets (basketball teams).
- Relocation as a safety strategy.

6. Coping with Trauma

- Retaliation is a common response.
- Emotional pain expressed as anger and desire to hurt others in response to loss.

7. Responses to Law Enforcement Surveillance

- Removing firearms to reduce risk.
- Relocation/avoidance (moving away).
- Prevention efforts—mentorship and sports for younger kids.

8. Community Safety Strategies

- Economic investment (jobs, money).
- Gun reduction (no guns).
- Youth empowerment (give kids a voice).
- Positive role models (father figure).
- Expanded youth programming (after-school activities, sports).

Unit 7 emphasizes moderate feelings of safety, with arguments and everyday violence being destabilizing. Violence is linked to gang culture, relationships, and economic pressures. Solutions reflect a balance between structural needs (jobs, mentors, after-school activities) and immediate

protective measures (removing guns, relocation). Youth show insight into both external causes and personal accountability for violence.

Themes from DCYC – Unit 8 (4/15/25; N = 6)

1. Perceptions of Safety

- Mixed safety levels (0–10) → some feel completely safe, others feel highly unsafe.
- Gun violence and unsafe streets drive fear.
- Safety varies depending on personal outlook and environment.

2. Neighborhood Characteristics

- Perceived as:
  - Violent or "just another hood."
  - Quiet in some areas.
  - Run-down or unattractive physically.
- Perception depends on specific block or social environment.

3. Prevalent Forms of Violence

- Gun violence (shootings, killings).
- Property crime (stolen cars, robberies).
- Interpersonal violence (fights).
- A few report nothing violent where they live → again, mixed experiences.

4. Causes of Violence

- Gangs (most common answer).
- Arguments/conflicts escalating.
- Territorial issues (being in the "wrong area").
- Some admit not knowing exact causes.

5. Proposed Solutions to Organized Violence

- Community-based approaches (programs, conversations, mentorship).
- Eliminating criminals or gangs.
- Economic solutions (giving people money).
- Guidance for younger peers ("tell the little homies chill").
- Some uncertainty about solutions.

6. Coping with Family Member Being Shot

- Normalization of violence ("just went on my day").
- Reliance on justice system or faith (police, prayer, thanking God).

- Helplessness—not much one can do.

7. Responses to Law Enforcement Surveillance

- Acting normal/low-profile (chill, act usual, don't do anything dumb).
- Caution & readiness (calling brothers, staying on point).
- Avoidance (run).

8. Community Safety Strategies

- Nonviolence and unity (get along, stick together, come together).
- Gang and gun reduction (remove members, no guns).
- Economic support (give out money).
- Personal responsibility (don't join gangs).

9. Community Needs

- Supportive services (counseling).
- Opportunities for success (jobs, structure, economic resources).
- Positive leadership (role models, community leaders).
- Law enforcement presence (more police officers).

Unit 8 highlights polarized perceptions of safety—some youth feel completely unsafe while others feel very secure. Gangs and guns dominate as causes of violence. Coping strategies show resignation and normalization of violence. Solutions reflect both structural needs (money, counseling, leadership, opportunity) and direct interventions (remove gangs/guns, add police, create programs). A strong theme of community unity and positive influence emerges as a protective factor.

Themes from DCYC – Unit 9 (4/15/25; N = 9)

1. Perceptions of Safety

- Safety is conditional and tied to carrying a gun—participants feel safer because they are armed, but also acknowledge the risk of violence/death.
- Gun culture is normalized as protection in their neighborhood.

2. Neighborhood Characteristics

- Viewed as different in positive ways compared to other areas:
    - Family-like environment where "we all know each other."
    - Mutual protection across hoods.
    - Less frequent shootings, though fighting is common.

3. Prevalent Forms of Violence

- Fighting (between peers and with police).
- Shootings (still present, though less frequent).

4. Causes of Violence

- Gang-related conflicts (disagreements, territorial claims).
- Retaliation over past experiences.
- Interpersonal issues (girls, robbery).
- Economic factors (money, drugs).

5. Proposed Solutions to Organized Violence

- Personal accountability ("start with me, stop gang banging").
- Life changes (having children, new experiences, leaving the hood).
- Youth opportunities (programs, activities, safe spaces).

6. Coping with Family Member Being Shot

- Retaliation and violence as coping mechanisms ("took pain out on others," "acted on impulse," "retaliation").
- Pain cycles into more violence, showing lack of healthy outlets.

7. Responses to Law Enforcement Surveillance

- Pragmatic responses (hoping nothing illegal is present, removing items from house).
- Acceptance that surveillance implies suspicion.

8. Community Safety Strategies

- Youth-focused interventions (centers, safe spaces, leadership opportunities).
- Visible community leadership (e.g., "Chap" as a trusted figure).
- Reducing risks at public events by limiting attendance of highest-risk youth.
- Transportation access to safer areas.
- Strength in numbers—safety when kids and families are present.

9. Community Needs

- Unity and collective responsibility ("come together for understanding," "forgiveness," "start with us").
- Positive role models (chaplains, community leaders, older peers, even those formerly involved in violence).
- Cultural influencers (musicians, money-makers) to set positive examples.
- Intergenerational mentorship—those who've been through similar struggles should guide youth.
- Breaking cycles of retaliation ("hurt people hurt people").

- Family stability concerns (CPS involvement seen as harmful; long separations worsen struggles).

For youth in Unit 9, guns are viewed as both necessary for protection and a source of danger. The neighborhood is seen as family-oriented and supportive, yet still violent (especially with fights). Retaliation and generational cycles of violence are central challenges. Solutions focus on personal responsibility, mentorship, youth activities, and community unity. Participants emphasize authentic leadership—those who've lived the same struggles, not outsiders. Concerns about systems like CPS reflect mistrust of institutions and the belief they worsen family struggles.

Themes from DCYC – Unit 10 (4/8/25; N = 8)

1. Perceptions of Safety

- Safety ratings were not explicitly given, but concerns suggest **mixed feelings of security.**
- What makes youth feel unsafe are **neighborhood violence, shootings, and beefs tied to gang activity.**

2. Neighborhood Characteristics

- Limited detail provided, but differences from other neighborhoods seem tied more to violence levels and social dynamics rather than appearance.

3. Prevalent Forms of Violence

- Gun violence (shootings).
- Property crimes like car theft.
- Interpersonal conflict (fights).

4. Causes of Violence

- Shooting and gang disputes cited as the root causes.
- Violence is often tied to ongoing beefs and retaliatory culture.

5. Proposed Solutions to Organized Violence

- Community-based approaches: neighborhood watch, stopping beefs, reducing gang violence.
- Focus on collective responsibility rather than only police intervention.

6. Coping with Trauma

- When family members are shot, the default response was retaliation.
- Shows how cycles of violence are perpetuated through personal grief and anger.

7. Responses to Law Enforcement Surveillance

- If under gang task force watch, the solution is often to move out of the house → reflects both avoidance and mistrust of law enforcement.

8. Community Safety Strategies

- Youth-centered interventions: more programs like Boys & Girls Club, more sports, and fun activities.
- Focus on providing safe alternatives to street life and structured recreation.

9. Community Needs

- Mentorship identified as a key protective factor.
- Adults and mentors are seen as critical to preventing youth violence and offering guidance.

Unit 10 youth view shootings, car theft, and fights as the dominant threats in their communities. Gang "beef" and retaliation cycles fuel ongoing violence. Retaliation remains the default coping mechanism**,** showing the normalization of violence. Solutions center on prevention through community involvement, positive programming, and mentorship.

Themes from DCYC – Unit 11 (4/8/25; N = 11)

1. Perceptions of Safety

- Reported as similar to Unit 10 → safety is conditional, with gun violence, car theft, and fights being major threats.
- Feelings of safety fluctuate depending on environment and level of exposure to neighborhood violence.

2. Neighborhood Characteristics

- Distinction from other neighborhoods not clearly detailed, but responses imply:
  - Presence of military community (Bellevue).
  - Exposure to unique violent incidents (e.g., hostage situations connected to PTSD in veterans).
- Highlights how location and demographics influence the type of violence experienced.

3. Prevalent Forms of Violence

- Shootings.
- Property crime (car theft).
- Interpersonal violence (fights).
- Unique situational violence (hostage situations tied to military personnel with PTSD).

4. Causes of Violence

- Gang culture and coercion: OGs (older gang members) equipping youth with guns and forcing them into missions.
- Consequences for refusing missions create pressure and fear, reinforcing cycles of violence.

- Violence here is described as systemic, coerced, and generational rather than purely impulsive.

Unit 11 shares many similarities with Unit 10 (gun violence, car theft, fights) but introduces a unique military-related violence context (hostage situations). Root causes of violence are framed as power dynamics within gangs—youth are pressured by older figures into criminal activity. Safety is compromised by both structural community issues (gangs, coercion, crime) and specific localized risks (military PTSD crises).

Appendix B: SSET Session Outline

WEEK	SESSION TYPE	CURRICULUM/TOPICS
Prior to start	**Caregiver Session 1** – Introduction & Assessment	• Program Introduction • Complete TSCYC assessment, CGSQ • Education about common reactions to trauma • Explanation of SSET/CBITS • Teaching your child to measure feelings • How to help your child relax
Week 1	**Youth Session 1** – Introductions	• Program Introduction • Why are we all here: Our stories • Complete SFSS, CHS
Week 1	**Youth Session 2** – Education & Relaxation	• Common reactions to trauma • Feeling thermometer • Relaxation training to combat anxiety • Activities assignment
Week 2	**Youth Session 3** – Introduction to Cognitive Therapy	• Activities review • Thoughts and feelings • Linkage between thoughts and feelings • Hot seat: combatting unhelpful negative thoughts • Activities assignment
Week 2	**Youth Session 4** – Combating Unhelpful Negative Thoughts	• Activities review • Continuation of cognitive therapy • Practice • Activities assignment
Week 3	**Youth Session 5** – Introduction to Real-Live Exposure	• Activities review • Avoidance and coping • Construction of “steps to facing your fears” • Alternative coping strategies • Activities assignment
Week 3	**Youth Session 6** – Exposure to Stress or Trauma Memory	• Activities review • Exposure to trauma memory through imagination, drawing/writing, and sharing • Providing closure to the exposure • Activities assignment
Week 4	**Youth Session 7** – Exposure to Stress or Trauma Memory	• Activities review • Exposure to trauma memory through imagination, drawing/writing, and sharing • Providing closure to the exposure • Activities assignment
Week 4	**Youth Session 8** – Introduction to Problem-Solving	• Activities review • Introduction to problem-solving

		• Linking between unhelpful negative thoughts and actions • Brainstorming solutions • Decision Making: Pros and cons • Activities assignment
Week 5	**Youth Session 9** – Practice with Social Problem-Solving	• Activities review • Practice with problem-solving and hot seat • Review of key concepts
Week 5	**Youth Session 10** – Relapse Prevention & Graduation	• Relapse prevention • Complete SFSS, CHS • Graduation ceremony/celebration
Week 6	Online	• Parents Complete TSCYC, CGSQ

Appendix C: Project Timetable

February 12th	Schedule Forums/Create Violence Hotline – **COMPLETED ON TIME**
March 30th	Four Community Forums Completed – **COMPLETED ON TIME**
April 1st	Training Begins – **COMPLETED ON TIME**
April 30th	Training ends – **COMPLETED ON TIME**
May 1st	SSET begins – **COMPLETED ON TIME**
August 15th	SSET concludes – **COMPLETED ON TIME**
August 15th	All Program Data collected – **COMPLETED ON TIME**
August 20th	Compile & Clean Data – **COMPLETED ON TIME**
August 30th	All Program Data analyzed – **COMPLETED ON TIME**
Sept. 15th	First Draft of Evaluation – **COMPLETED ON TIME**
Sept. 30th	Submit Final Report – **COMPLETED ON TIME**

Appendix D: Summary of Project Expenditures

Expense Category	Payment Requested	Prior Expenses Billed YTD	*Total Expenses YTD	*Contracted Amount	*Balance of Contract
Personnel	51,556.76*	85,815.11	137,371.87	135,000.00	(2,371.87)
Fringe Benefits	9,131.46*	15,219.10	24,350.56	29,700.00	5,349.44
Supplies & Operating	3,914.00	44,250.01	48,164.01	71,515.00	23,350.99
Contracts & Consultants	118,000.00	104,208.75	222,208.75	261,000.00	38,791.25
Travel	55.00	254.50	309.50	625.00	315.50
Equipment	13,509.80	-	13,509.80	2,000.00	(11,509.80)
Grand Total	**196,167.02**	**249,747.47**	**445,914.49**	**499,840.00**	**53,925.51**

This project was funded by the United States Department of Health and Human Services (21.027) American Rescue Plan Act (ARPA) award number SLFRP1965 at 100% ($499,840.00), through the Nebraska State Legislature. Omni utilized $445,914.49 of the awarded amount. The largest portion of the budgeted amount was allocated to contract labor. Omni hired community members for key positions such as the Program Assistant, licensed mental health clinician, survey administrators, and clinician assistants to implement the mentoring pilot program. Omni utilized local venues and vendors for community meeting locations and food.

*Estimate of final costs

The Paradox of Prosperity: Widening Economic Gaps

Commissioner Arthur Griffin, At-Large
Mecklenburg County
Board of County Commissioners
Fall Retreat
October 27-28, 2025

Agenda

- **WHO WANTS A LIVING WAGE JOB?**
- **BARRIERS**
- **LIVING WAGE ECOSYSTEM**

Jobs in Charlotte

Source: *WSOC-TV, "Charlotte's appeal drives population growth, with 157 new residents daily," August 22, 2025*

Job Opportunities

Business Investment Program (BIP) Grant Agreements

Date Approved	Company	New Jobs	Average Pay
Dec 6, 2022	Bosch Rexroth Corporation	92	$67,016
Jan 18, 2023	Atlantic Coast Conference (ACC)	51	$95,000
Feb 7, 2023	Albemarle Corporation	205	$87,381
Jun 6, 2023	Reynolds Consumer Products, LLC	73	$48,227
Jul 6, 2023	Atom Power	205	$95,379
Aug 2, 2023	Alpitronic Americas, LLC	300	$90,158
Sep 6, 2023	TTX	150	$179,400
Apr 16, 2024	Siemens Energy	475	$82,052
Mar 18, 2025	RXO Logistics	216	$100,605
Mar 18, 2025	Groninger USA, LLC	60	$76,037
Apr 1, 2025	DetraPel, Inc.	35	$71,794
May 6, 2025	HSP US, LLC (Trench Group)	74	$77,315
Sep 3, 2025	Citigroup Technology	510	$133,441
Sep 3, 2025	AssetMark	252	$110,518
Sep 3, 2025	Toromont AVL	326	$76,052

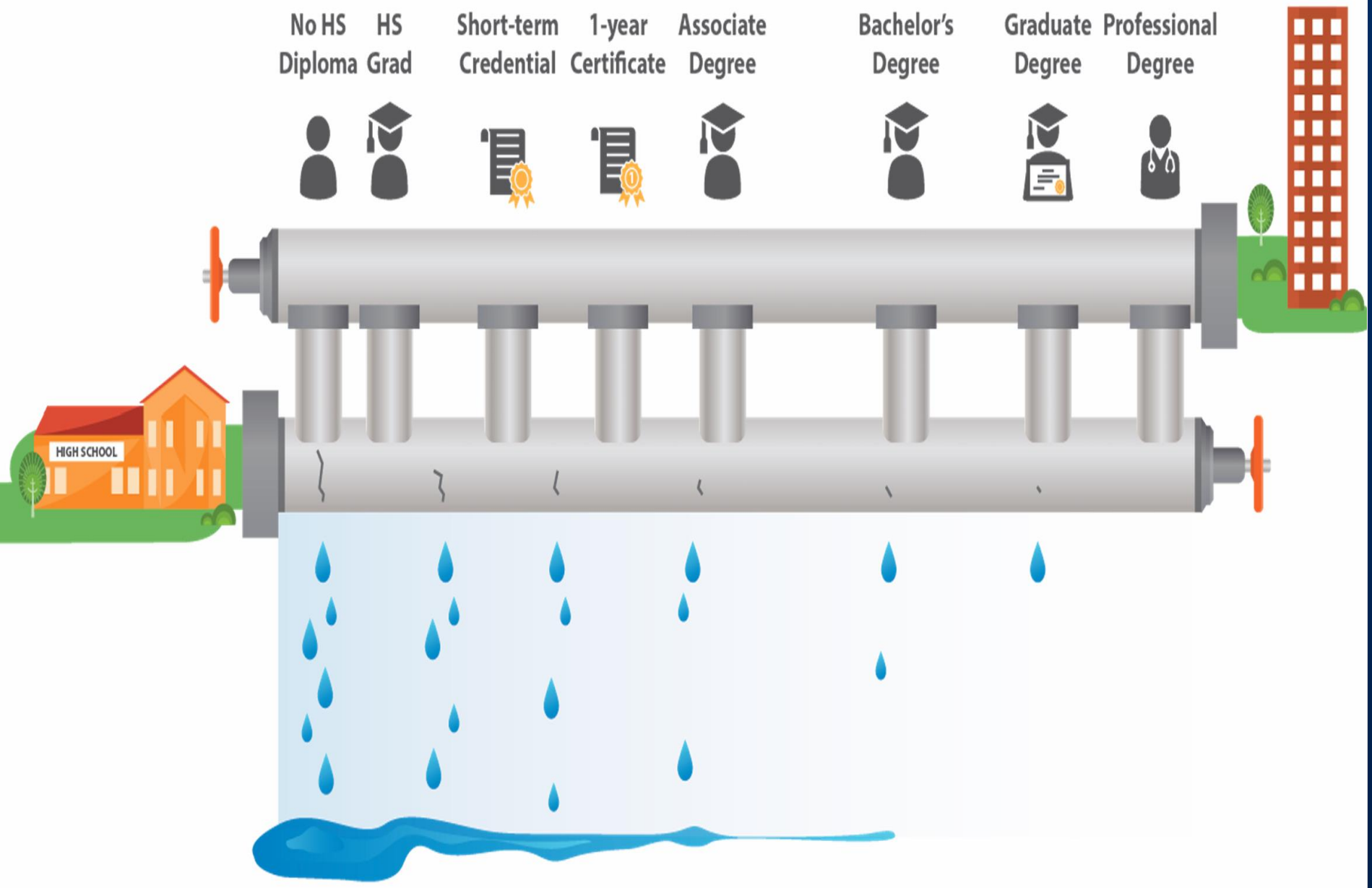
Serving as a Talent Connector

Income Maintenance

Program Recipients as of August 31, 2025

Program Demographics	Food & Nutrition Services (FNS)	Work First	Medicaid	Long Term Care	Energy (Crisis Intervention Program)
Race	**%**	**%**	**%**	**%**	**%**
Black / African American	66%	80%	55%	52%	85%
White / Caucasian	26%	16%	35%	42%	9%
Other or Multiple Races	5%	3%	6%	3%	3%
Unreported	3%	1%	5%	2%	3%
Gender	**%**	**%**	**%**	**%**	**%**
Female	57%	57%	55%	51%	63%
Male	43%	43%	45%	49%	37%
Ethnicity	%	%	%	%	%
Hispanic or Latino	19%	13%	22%	6%	9%
Not Hispanic or Latino	78%	85%	72%	87%	89%
Unreported	3%	1%	7%	7%	2%
Age	%	%	%	%	%
0-17 years	46%	76%	42%	9%	50%
18-24 years	8%	5%	14%	7%	7%
25-34 years	12%	10%	14%	11%	14%
35-44 years	11%	7%	10%	10%	14%
45-54 years	6%	1%	7%	7%	7%
55-64 years	7%	0%	6%	12%	4%
65 or older	9%	0%	6%	44%	3%
Grand Total	**135,955**	**1,741**	**374,503**	**4,447**	**3,533**

The Education to Work Pipeline



Source: Federal Reserve Bank of Richmond

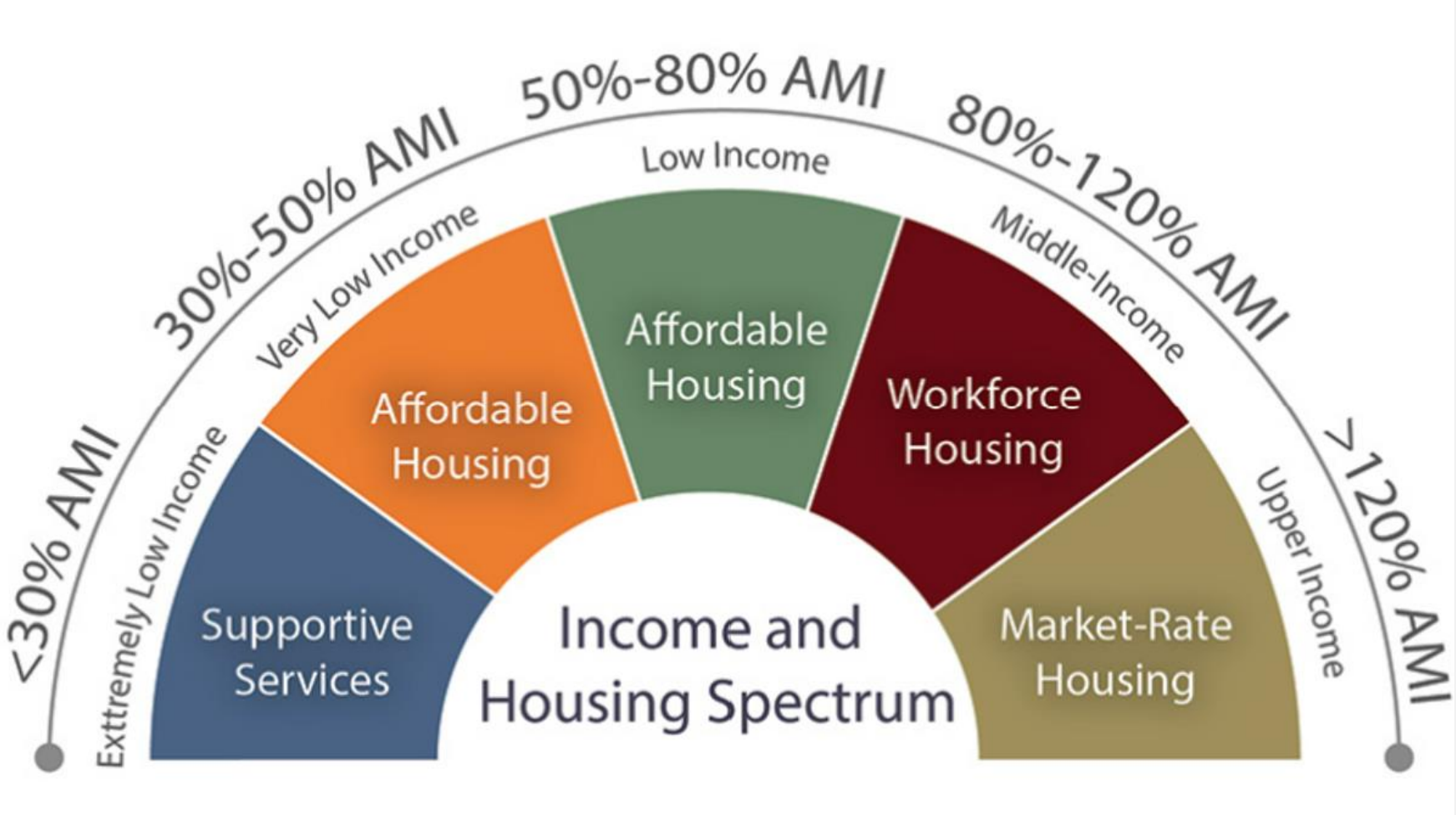
ALICE Communities

	Households		Percent	
	Black / Af-Amer	White	Black / Af-Amer	White
Totals	149,722	242,327	100%	100%
Less than $10,000	12,971	7,577	8.7%	3.1%
$10,000 to $14,999	5,112	3,921	3.4%	1.6%
$15,000 to $19,999	4,005	3,784	2.7%	1.6%
$20,000 to $24,999	7,154	3,892	4.8%	1.6%
$25,000 to $29,999	2,737	4,637	1.8%	1.9%
$30,000 to $34,999	5,271	5,042	3.5%	2.1%
$35,000 to $39,999	4,471	6,182	3.0%	2.6%
$40,000 to $44,999	6,824	5,545	4.6%	2.3%
$45,000 to $49,999	6,981	5,078	4.7%	2.1%
$50,000 to $59,999	13,849	13,910	9.2%	5.7%
$60,000 to $74,999	13,948	18,606	9.3%	7.7%
$75,000 to $99,999	21,673	27,163	14.5%	11.2%
$100,000 to $124,999	15,068	24,893	10.1%	10.3%
$125,000 to $149,999	9,121	20,038	6.1%	8.3%
$150,000 to $199,999	10,896	29,509	7.3%	12.2%
$200,000 or more	9,641	62,550	6.4%	25.8%
Median Income	$66,915	$114,400		

Image Credit: *United Way Southern Maine*

Source: *U.S. Census Bureau, 2024 American Community Survey 1-Year Estimates, extracted from data.census.gov*
B19001: *Household Income, Census Bureau Table –* ***B19013:*** *Median Household Income, Census Bureau Table*

Area Median Income (AMI) Thresholds



Income Limits, 4-Person Family	FY 2025
30%	$33,650
50%	$56,100
80%	$89,750
Median Income	$112,200

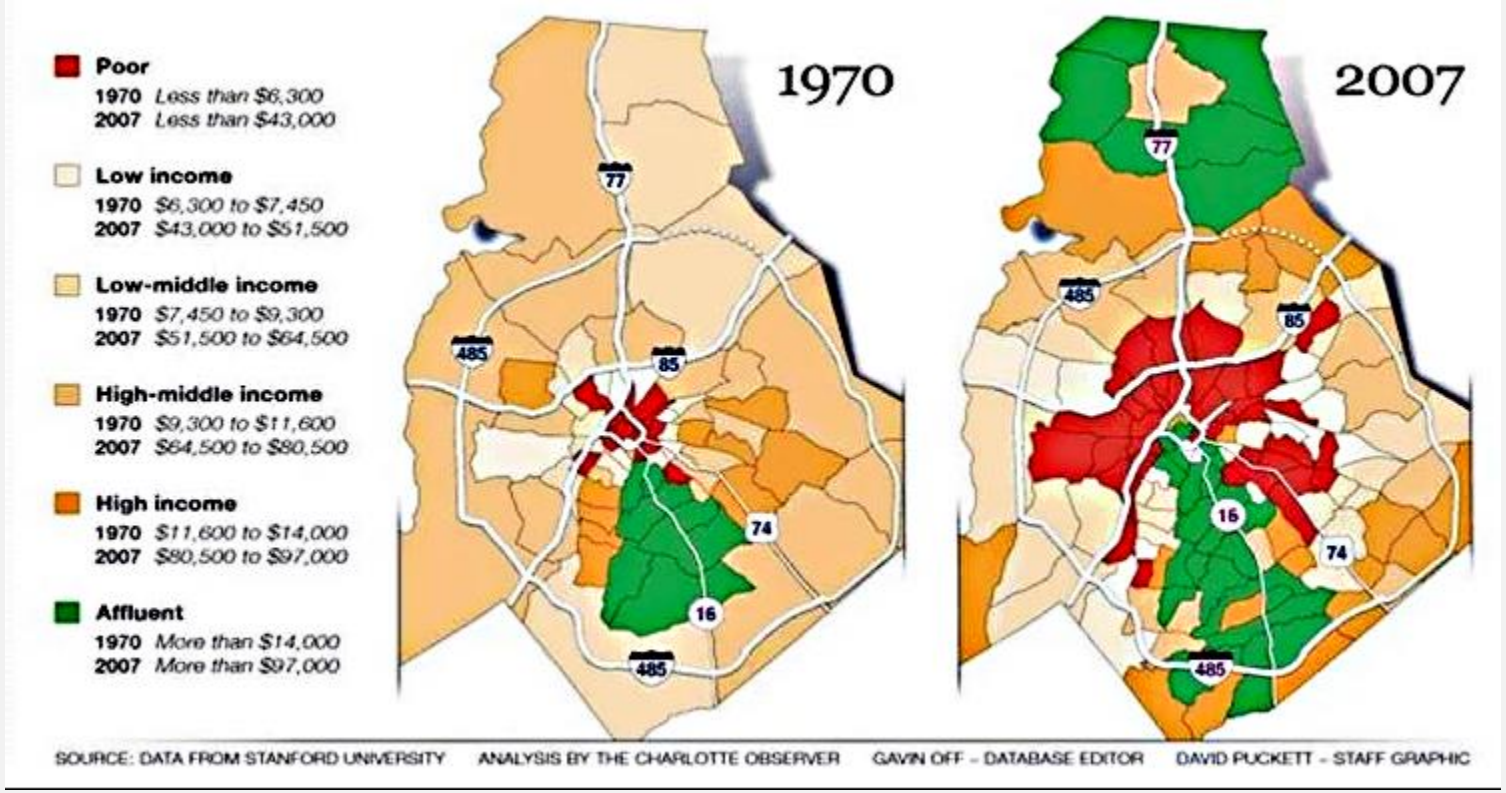
Source: *Department of Housing and Urban Development (HUD), Charlotte-Concord-Gastonia Metro Area, https://www.huduser.gov/portal/datasets/il.html*

Workforce Development Profile

Profile	Paycheck Jobs	Opportunity Jobs	Career Jobs
Job Seeker Type	Entry-level, short-term, temporary or transitional employment to cover basic expenses	Position to gain experience, develop skills and move towards stability and growth	Long-term professional journey built on personal interest, skillset and previous experience
Barriers to Employment	*Housing instability, criminal justice involvement, mental health concerns, substance misuse, transportation and childcare*	*Lack of hard skills, childcare, transportation, Limited guidance or support for career navigation and advancement*	*Limited access to pay for higher education/credentials, lack of social capital. Limited resources to maintain household while pursuing extended education*
Typical Roles	Retail, food service, warehouse, Janitorial and hospitality	CDL drivers, medical assistants, HVAC techs, phlebotomist, nursing assistant, office assistants and entry-level government	Nurses, IT professionals, electricians, managers, medical technicians and social workers
Education/Skills	Minimal or no formal training. Skills are learned on the job. Transferrable essential skills are needed	Short-term training less than one year or certification. Transferable essential skills are needed	Postsecondary education or significant experience is needed
Support Needs	Job readiness, essential skills, clothing, transportation and childcare	Training access, career coaching and wraparound supports	Advanced training, licensing, networking and mentorship

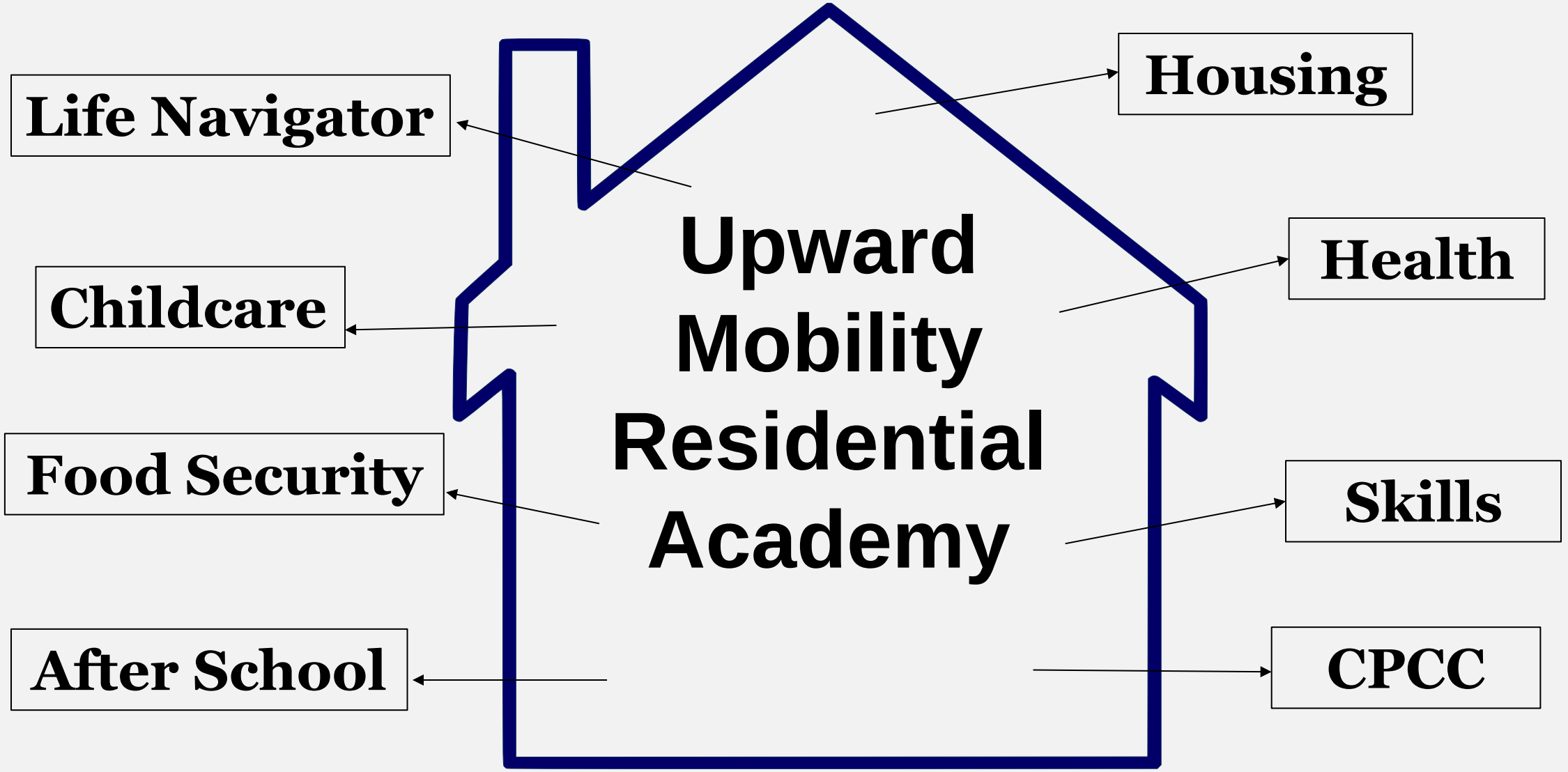
Wedge and Crescent

Since 1970, some Mecklenburg County middle-class neighborhoods have transformed into poor or affluent neighborhoods. The proportion of families living in poor neighborhoods in the Charlotte area has increased 140%, while the proportion in affluent neighborhoods has increased 83%.



Source: *CLT Public Relations, "Charlotte's Arc and Wedge," December 8, 2020, https://www.cltpr.com/articles/arc-wedge*

Upward Mobility Conveyor



Open Discussion

Thank You

Mecklenburg County
Board of County Commissioners
Fall Retreat
October 27-28, 2025

Critical Home Repair

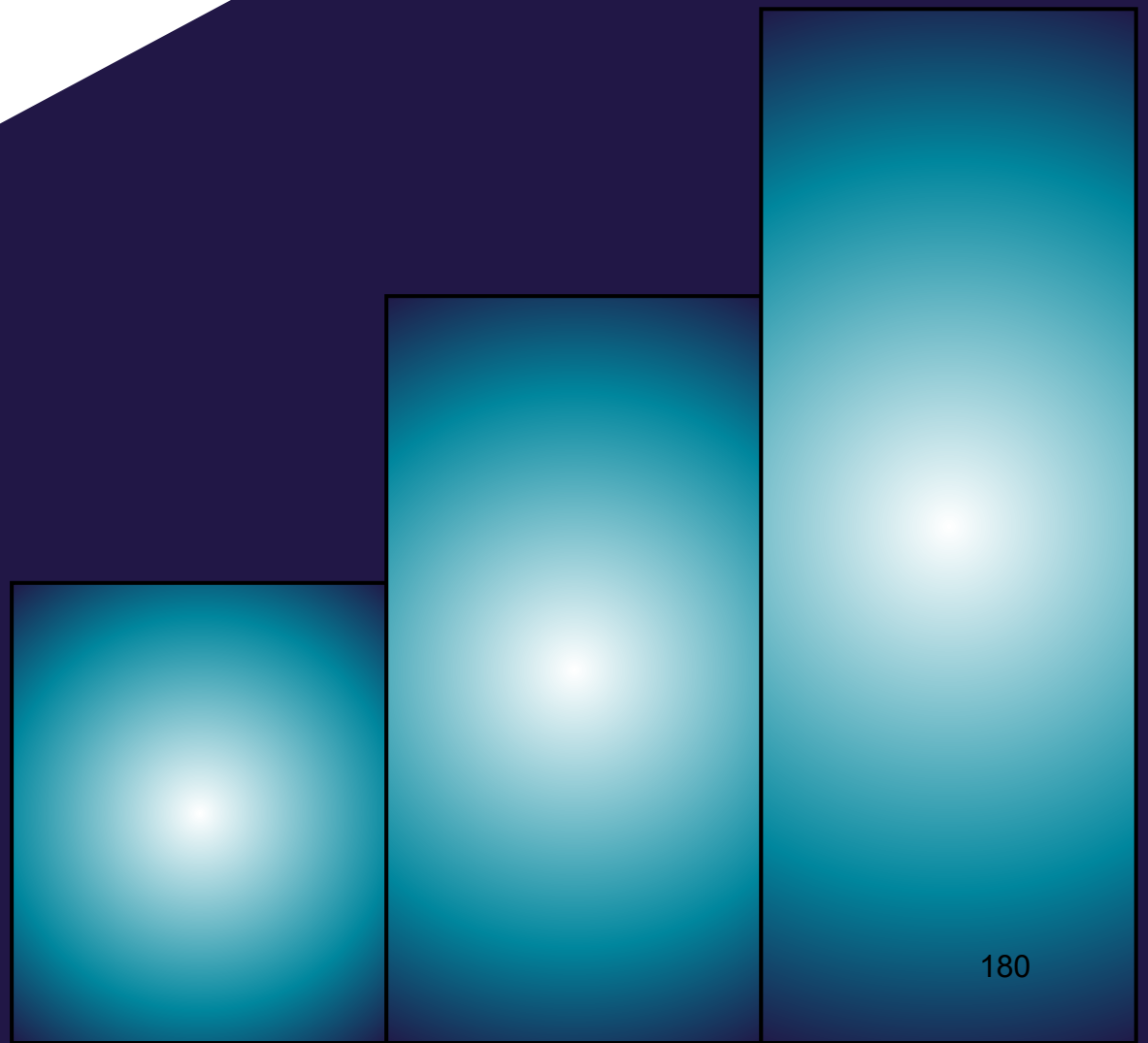
Commissioner Vilma Leake, District 2
Mecklenburg County
Board of County Commissioners
Fall Retreat
October 27-28, 2025

Community Service Grant Redesign

Adrian Cox, Director
Office of Management and Budget
Mecklenburg County
Fall Retreat
October 27-28, 2025

Community Service Grant Redesign

BOCC Fall Retreat
October 28, 2025



Overview

- CSG History
- Challenges & Opportunities
- Recommendations
- Next Steps

CSG History

- Prior to FY2006, nonprofits were funded throughout the budget as vendors
  - Outside Service Agencies | OSAs
- The following nonprofits were vendors within many categories that we would consider part of the Arts, Commissions, and other Partners today:

Advantage Carolina	Lake Norman and Wylie Marine Commissions
Arts and Science Council	Latin American Coalition
Carolina Regional Partnership	Legal Services of Southern Piedmont
Catawba Land Conservancy	Senior Centers
Charlotte Area Fund	Shelter for Battered Women
Community Building Initiative	Latta Place
Historic Charlotte	Salvation Army Women and Children's Shelter
House of Grace	United Way

CSG History

FY2005

- During this fiscal year, the competitive grant framework was created
- Eligibility, application criteria, and requirements were established for nonprofits

FY2006

- Process began this year
- OSAs were removed from dept budgets and added to nondepartmental
- The Focus Area Leadership Team (FALT) was designated to evaluate OSAs based on performance/ desired results

FY2010

- Addition of Information Sessions and advertisements for the what we know as the *Community Service Grant (CSG) Program*
- Review Panel of dept. subject matter experts

CSG History

FY2012

- Strategy: align nonprofit funding investments with the County's "Critical Success Factors"

FY2016

- Increased audit requirements to include:

• performed by an independent CPA

• Generally Accepted Accounting Principals (GAAP)

• no overdue suspension or taxes

FY2017

- Sunset Evaluation Model led to the Sunset Policy (3-year limit on CSG funding)

- Option to apply to become a vendor began

- 15 CSGs programs were sunset and became vendors within departments this year

CSG History

FY2019

- Strategy: transitioned from alignment with “target areas” to “key themes” to drive decision-making

FY2021

- Funding was budgeted for grassroots nonprofits, known as the

Unite Charlotte program

FY2026

- The CSG Program is paused due to availability of revenue
- CSG Program funding removed ($2M)
- Unite Charlotte is also reduced by ($1.4M) to $1.8M

Programs That Were Formerly CSGs

Former CSGs now Vendors	Funding*
MedAssist of Mecklenburg: Free Pharmacy Program	$600,000
Communities In Schools: Building Student Success	450,000
Studio 345 – Arts Plus	430,000
Charlotte Community Health Clinic	425,000
Youth Advocate Program, Inc.: Mecklenburg County YAP	397,000
CW Williams: Improving Access to Healthcare	390,000
Camino Community Development Corporation, Inc.	360,000
Cook Community Clinic	325,000
Care Ring – Nurse Family Partnerships	250,000
Care Ring – Physician's Reach Out	250,000
Veterans Bridge Home	200,000
Mental Health America of Central Carolinas	165,000
YBLA - YLeader Program	150,000
Levine Senior Center	102,000
Shelter Health Services: Healthcare	69,000
Latin American Coalition: Economic Mobility Center	50,000
Urban League: Continuum of Opportunity	50,000
Big Brothers Big Sisters: School Based Mentoring	50,000
Time Out Youth	30,000
Ada Jenkins Families and Careers Development Center	25,000
Big Brothers Big Sisters: Mentoring 2.0	25,000
100 Black Men: Movement in Youth	20,000
Total	**$4,813,000**

Added From FY2017-Present

$4.8M Total Vendor Funding

20 Organizations

22 Unique Programs

Within CFAS, CSS, CJS, DCR, EDO, and HLT

* Does not include one-time funding

Some Other Nonprofit Vendors

- Although some vendors began partnerships with the County through the CSG Program, the nonprofits below (along with others) contracted directly with departments for a distinct program.
- Some of these programs operate a distinct program that fit as a departmental vendor and others may fit better as an annual grant recipient.
- While assessing former CSG/vendors, it may be beneficial to also look at fit of these vendors.

A Sample Other Nonprofit Vendors	Funding
Legal Aid	$1,209,163
Cabarrus Rowan Community Health	912,500
Road to Hire	884,036
Urban League	564,000
The ROC Charlotte	400,000
She Built This City	363,656
The Relatives	225,000
Levine Senior Center	102,000
Total	**$4,660,355**

Community Service Grants vs. Other Vendors

Grants

- Provides funding to individual programs on a time-limited basis
- Grants are aimed to achieve specific outcomes defined by grant
- Funding is typically provided to new programs or expansions that a nonprofit is considering
- A competitive application process is used to award grants
- Grant applications are vetted by a panel of department experts
- Grants are paid as results are achieved

Typical Vendor Agreements

- Departments contract with vendors for various services that support their programs
- Vendors are selected by departments based on the ability to fulfill a specific need of their business operation in accordance with County procurement standards
- Payment to vendors may be based on a per-unit basis or performance basis depending on the contract

Neither CSGs nor vendor agreements are intended to support the general operating of an organization.

Challenges & Opportunities

- **No Funding:** The CSG program was paused for FY2026 due to a lack of funding and there is currently no funding identified for the program in FY2027
- **Growing Cost:** Over the years the CSG program has increased the ongoing cost to the budget as CSGs were often converted to vendors that do not compete annually for funding
- **Lack of Clarity for Applicants:** The previous CSG program did not provide potential applicates with clarity on the available funding, because funding for the program was unknown when application process began
- **Alignment to County Objectives:** Although grants have been tied to the County's strategies, there is opportunity to increase the focus on the specific outcomes that we need to address
- **Ensure a Competitive Process:** It is important to ensure that a wide rage of CSG can compete to achieve the best outcomes for residents
- **Ensure Grantees Can be Success**: A new CSG program must maintain controls to ensure that nonprofits are successful & use public dollars in a responsible manner

CSG Program Recommendations

Eliminate three-year sunset policy & require programs that were formerly CSGs to compete for funding

How it would work

- The CSG program would no longer have a 3-year limit with the option to apply to be a vendor after 3 years
- 20 CSGs that become vendors since FY2017, would need to compete annually through the CSG process to receive funding
- Nonprofits would be notified regarding the change as soon as it is approved, so they can prepare next grant cycle

Benefits

- Prevents the CSG program from ballooning the County operating budget
- Would establish a more competitive process for County funding to nonprofits

Potential Drawbacks

- Existing vendors would need to adjust to a competitive process

Fund the CSG program with fund balance based on a predetermined % of available balance

How it would work

- Calculate the available fund balance over the policy minimum after the close of the fiscal year
- Use a predetermined percentage of fund balance to provide the total funding for the CSG program along with caps and other safeguards

Example: 5% of the fund balance over the minimum policy threshold (millions)

Year End→	FY20	FY21	FY22	FY23	FY24	FY25*
Available FB	$492.0	$541.4	$534.1	$540.3	$512.5	$530.9
FB Over Minimum Threshold	$106.4	$132.2	$106.5	$90.0	$53.7	$65.5

Budget Year→	FY22	FY23	FY24	FY25	FY26	FY27*
CSG Funding Example 5%	$5.32	$6.61	$5.33	$4.5	$2.69	$3.28

Actual CSG funding (millions)

	FY22	FY23	FY24	FY25	FY26	FY27
CSG Grants	$1.85	$1.83	$2.15	$2.13	0	TBD
Vendor/Former CSGs	$5.13	$4.28	$5.32	$5.8	$4.5	TBD
Combined	**$5.98**	**$6.11**	**$7.47**	**$7.93**	**$4.5**	**TBD**

All grants would be awarded as a one-time award with a one-time source

Benefits

- Reinvest a portion of fund balance back to the community
- Ongoing funds are used to support core County services
- Opens options to cycles outside of the fiscal year

Potential Drawbacks

- Continual use of one-time funds
- Would require discipline to the policy not to add in “one more grant”

* Fund balance estimate following budget adoption

Design the application to focus on pre-identified performance outcomes

How it would work

- OSI working with departments would develop a set of performance metrics that align to our Balance Scorecard
- Applicants would apply based on their programs ability to improve these metrics or some intermediate outcomes with a clear alignment

Example- Health & Thriving Community applicants might apply to:

a) Improve hypertension outcome (% blood pressure < 140/90) for uninsured / underinsured residents
b) Improve diabetes outcomes (% A1c ≤ 9) for uninsured / underinsured residents
c) Increase uninsured / underinsured resident maintaining medication compliance
d) Increase the percentage of HIV diagnosed patients returning for care

Other desired outcomes as determined by OSI & departments

Note: Currently all vendors that are former CSGs align to Health & Thriving Community, Jobs & Economic Opportunities, Learning & Educational Opportunities

Benefits

- Provides clear goals for applicants at the beginning of the process
- Allows the County to better fund solutions that align to the areas of greatest need
- Builds on the "paying for results" philosophy of the CSG program
- Integrates the CSG awards with the comprehensive plan of the County

Potential Drawbacks

- Time required to identify outcomes and revise the application

Establish application minimums & maximums

How it would work

- CSG grants would only be available between a set amount
  - **$55K** and **$500K**
- Ensure alternatives for smaller requests
  - The Unite Charlotte program, funded by the County, will award grants of $35K and $55K for smaller organizations
- The budget will also reestablish a small amount of contingency funding for the Board to invest in small one-time, innovative programs
  - $125K up until 2020
  - Eliminated due to underutilization
- Minimum and maximums would be revisited in some years based on economic changes

Benefits

- Provides applicants with clear expectations on the scale of the programs funding by the county, often requested by potential applicants
- Minimums would establish a baseline for program impact, implementation, and ability to report on performance
- Maximums would help to ensure funding is available for multiple organizations

Potential Drawbacks

- Without alternatives for smaller organizations, minimums may unintentionally exclude programs

Allocate total funding to CSG & award grants later in the year

How it would work

- Funding the CSG program with a predetermined amount of fund balance allows the program operate on an implementation timeframe independent from the fiscal year

FY27 Allocation / CY27 Implementation		Start	Finish	Days
1	**Allocate a total (based on FY2025 Fund Balance) for CSGs to be identified**	7/1/2026		
2	**Application Submission**	7/15/2026	9/14/2026	61
3	**Review & Prepare Recommendations**	9/14/2026	12/14/2026	91
4	**Update the BOCC & Finalize Contracts**	12/14/2026	1/29/2027	46
5	**Implementation**	2/1/2027	1/31/2028	364

FY28 Allocation / CY28 Implementation		Start
1	**Allocate CSG funding (based on FY2026 Fund Balance) for CSGs to be identified**	7/1/2027

Benefits

- Similar to the ARPA process, it separates Board from having to pick CSG in the annual Budget process.
- Application submission and review can occur independent of other budget decisions
- Allows for more intentional focus on both investments in County departments and nonprofits
- Nonprofits can address opportunities that emerge from prior budget cycle
- Would allow grants to begin as soon as February 2027

Potential Drawbacks

- Unable to communicate specific grant awards at the same time the budget is presented

Provide grants up-to a 2-year period

How it would work

- Extend the award period for CSGs to allow for a 2-year implementation period
- Allocated funding would be held as committed for both years when grants are awarded

Example

Grants Awarded Jan. 2027		Grant Implementation		
		Feb 2027 – Jan. 2028	Feb 2028 – Jan. 2029	Feb 2029 – Jan. 2030
Grant 1	**100,000**	50,000	50,000	
Grant 2	**200,000**	100,000	100,000	
Grant 3	**120,000**	60,000	60,000	
Grant 4	**75,000**	50,000	25,000	
Total	**495,000**			

Grants Awarded Jan. 2028		Grant Implementation		
		Feb 2027 – Jan. 2028	Feb 2028 – Jan. 2029	Feb 2029 – Jan. 2030
Grant 5	**500,000**		250,000	250,000
Grant 6	**70,000**		35,000	35,000
Grant 7	**400,000**		200,000	200,000
Grant 8	**300,000**		150,000	150,000
Total	**1,770,000**			

Benefits

- Provides additional time for grantees to achieve results
- A multi-year strategy is more feasible for many programs

Potential Drawbacks

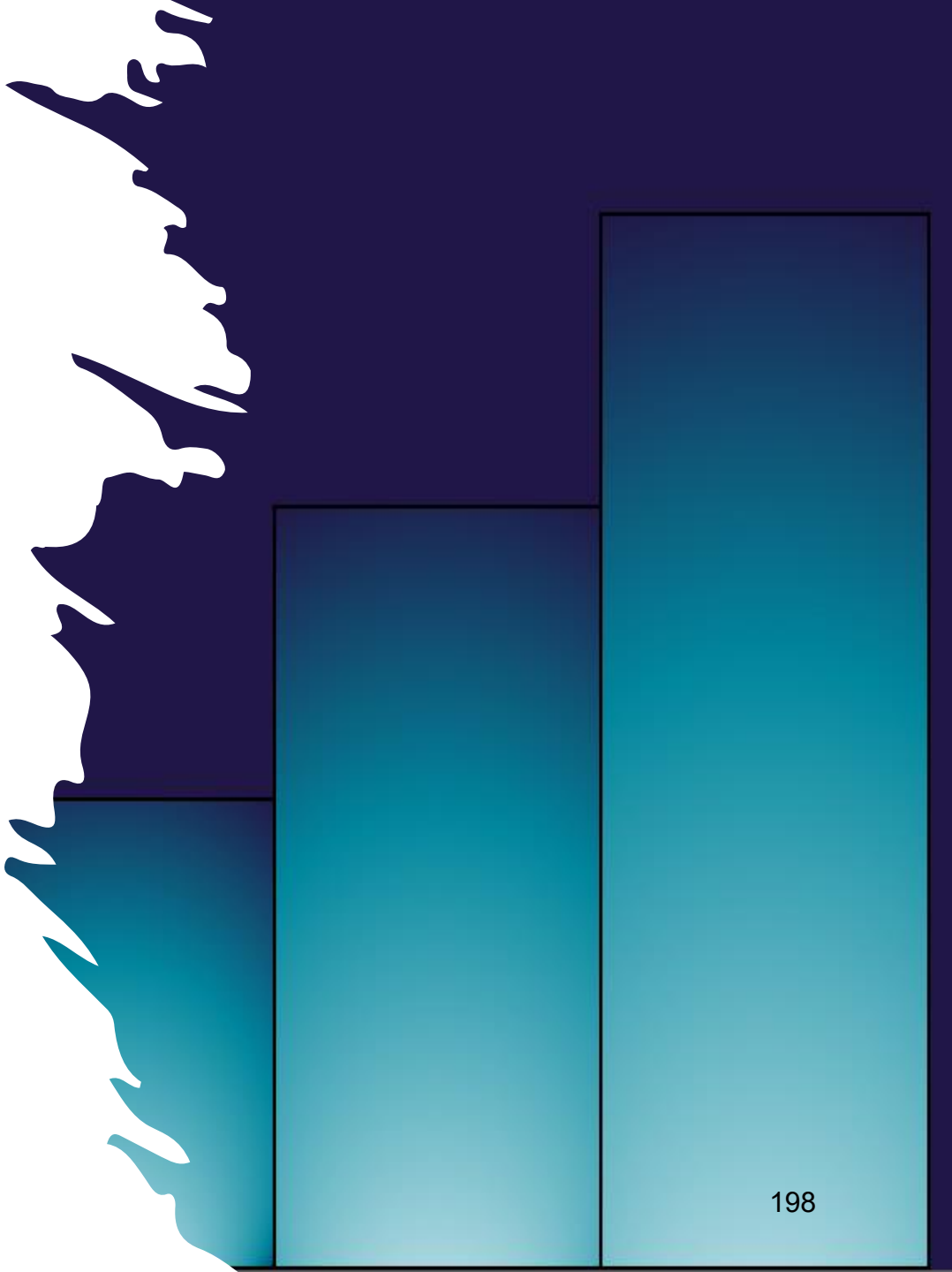
- Two-year grants will utilize a greater share of available funding
- Nonprofits are more likely to design programs with ongoing dependence on County funding
- More complicated grant review

Summary

	Provide a funding source for CSGs	Prevent CSGs from ballooning the budget	Provide clarity to potential applicants	Improve alignment to County objectives	Ensure a competitive process	Ensure grantees can be successful
1. Eliminate the three-year sunset policy & require programs that were formerly CSGs to compete for funding		✓			✓	
2. Fund with fund balance based on a predetermined % of available balance	✓	✓	✓			
3. Design the application to focus on pre-identified performance outcomes			✓	✓	✓	
4. Establish application minimums & maximums			✓		✓	✓
5. Allocate total funding to CSG then & award grants later in the year				✓		
6. Provide grants up to a 2-year period						✓

Next Steps

1. Receive Board feedback today
2. OMB will draft a CSG program guidance document
3. Once decisions are final, OMB will notify existing vendors & any interested nonprofits of the new program design & timeline
4. Funding will be included in the FY2027 Recommended Budget to support the CSG program
5. OSI will develop a list of community metrics to guide potential applicants
6. Application & document submission portals will be updated
7. Begin accepting applications mid- July



Mecklenburg County and Behavioral Health Services

Commissioner Laura Meier, District 5
Mecklenburg County
Board of County Commissioners
Fall Retreat
October 27-28, 2025

Mecklenburg County and Behavioral Health Services

Presenter: Commissioner Laura Meier

Staff Support: Cotrane Penn

Objectives

- To gain an understanding of the history of behavioral health funding in North Carolina and Mecklenburg County
- To gain an understanding of the need of increased funding for behavioral health in Mecklenburg County

How We Got Here

A Behavioral Health Funding and Services Timeline

From County-Led to Managed Care-Led Behavioral Health

1970s-2000

NC counties deliver behavioral health service and manage state and Medicaid funding.

2001-2014

2001- NC passes the MH Reform Act, aiming to reduce the number of entities managing state and Medicaid funds. Gradually, NC counties stop delivering services and administering state and Medicaid funds.

Mecklenburg continues service delivery and state/Medicaid funding administration. By 2007, Meck was the only county doing this.

2014

After a few years of controversy, County decides to work with Cardinal Innovations for the administration of Medicaid and state funding.

Mecklenburg County stops providing Medicaid/state-funded behavioral health services and no longer administers these funds for behavioral health.

2014-2021

Cardinal Innovations administers Medicaid and state funding for behavioral health services in Mecklenburg County.

All County spending on behavioral health is using local funds or grants.

2021

County shifts from Cardinal Innovations to Alliance Health Plan

2021-Present

The state begins the move to “Managed Care”, further broadening how Medicaid funds are administered.

5 insurance companies start administering Medicaid for most residents. Medicaid expansion takes place in NC.

Alliance continues administering Medicaid and state funding for the uninsured and those with the most severe behavioral health needs. They also administer federal block grant funding for mental health and substance abuse.

Mecklenburg County funding prioritizes safety net behavioral health services for the uninsured and underinsured, and services that are not insurance eligible.

The Takeaway

- In the past 25 years, North Carolina's management of behavioral health services and funding for low income and uninsured residents has changed dramatically
- With it, the role that counties play has changed too.
- Currently, supporting residents' access BH services is technically a state and managed care organization responsibility only.

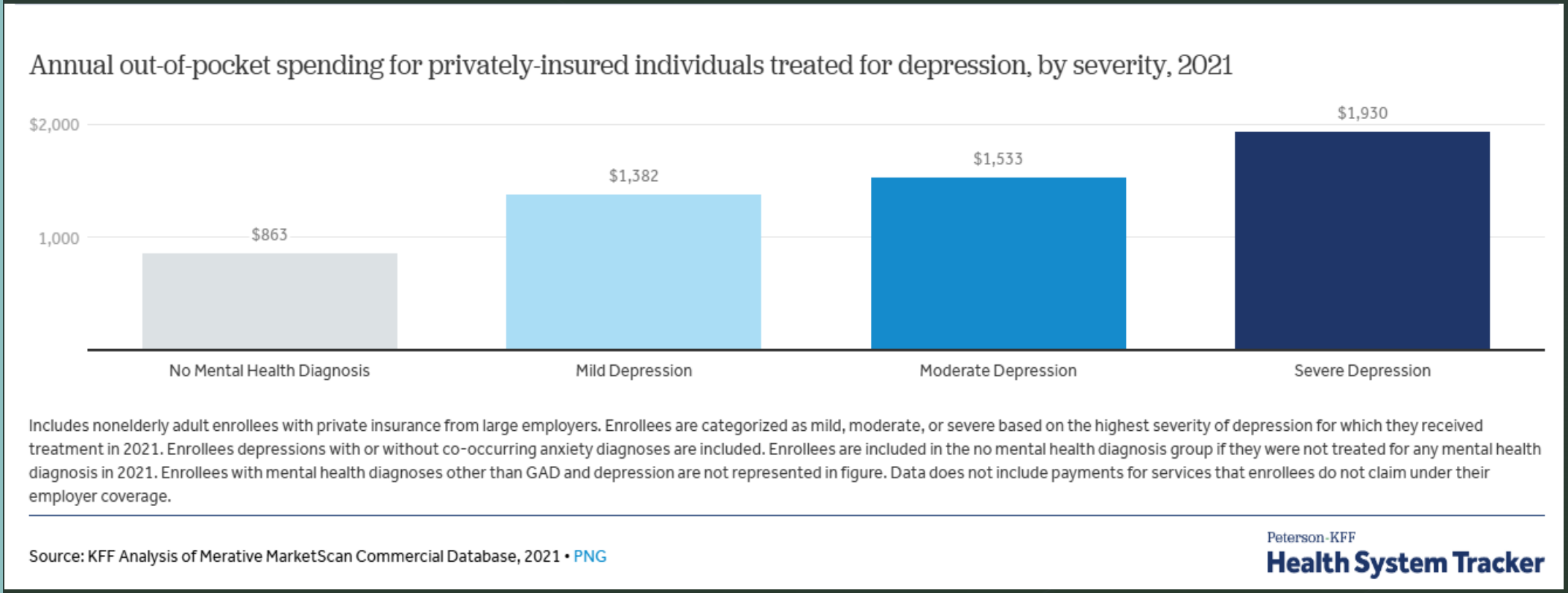
If that is the case, what is our County investment, and why?

Access to Services in Mecklenburg County

Residents' Insurance Status

Residents with Private Insurance or Medicare

- In 2023, 75.7% (855,410) of County residents had private, Medicare, or military/VA insurance.
  - This is a 4-percentage point increase over 2015.



Residents with Medicaid Insurance

Medicaid

- 347,152 residents enrolled

Medicaid Expansion

- 84,832 residents enrolled when NC voted for expansion

No copays but low reimbursement rates make serving people with Medicaid less attractive for clinicians

- As of 10/1/25, the state cut reimbursement rates by 3-8% for many behavioral health services, placing greater strain on providers who accept Medicaid.

Residents with No Insurance

Over 130,000 residents in Mecklenburg County have no health insurance.

- Limited access to care– can use County-funded services and if the BH needs get bad enough, then they could possibly access state funded services through Alliance.
- Undocumented persons cannot access care through Medicaid or state funding.

The Takeaway

- As Medicaid cuts loom due to the passage of the latest federal budget, less of our residents will be enrolled in a health insurance plan, whether it is Medicaid or private insurance.
- The burden of treating the uninsured will fall on Mecklenburg County, including behavioral health access.

How are we doing?

What the Behavioral Health Data Tells Us

Suicides

LEADING CAUSES OF DEATH

Identifying the leading causes of death in Mecklenburg County helps us understand the most significant health challenges facing our community. These causes highlight where prevention and early intervention can save lives and improve quality of life.

Data provided in this section underscores the latest updates on local leading causes of death including breakdowns by race and ethnicity, gender, and age.

Table 2. Top Ten Causes of Death Mecklenburg County, 2023

Rank	Cause	Total Deaths	% of Total Deaths
1	Cancer	1,371	19.03%
2	Heart Disease	1,269	17.61%
3	Unintentional Injuries	640	8.88%
4	Stroke	408	5.66%
5	Alzheimer's Disease	350	4.86%
6	Chronic Lower Respiratory Disease	227	3.15%
7	Diabetes	223	3.10%
8	Kidney Disease	147	2.04%
9	Suicide	126	1.75%
10	Chronic Liver Disease and Cirrhosis	125	1.73%
	Total Deaths 2023: All Causes	**7,205**	

Source: North Carolina Department of Health and Human Services; Division of Public Health; State Center for Health Statistics, Mecklenburg County Vital Statistics

Table 5. Mecklenburg County, Cause of Death by Age, 2023

Rank	Infant (<1 year)	Ages 1–14 yrs	Ages 15–24 yrs	Ages 25 –44 yrs	Ages 45–64 yrs	Ages 65 yrs +
1	Conditions in the perinatal period	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Cancer	Cancer
2	Congenital*	N/A	Homicide	Heart Disease	Heart Disease	Heart Disease
3	N/A	N/A	Suicide	Suicide	Unintentional Injuries	Alzheimer's Disease

*Congenital malformations, deformations and chromosomal abnormalities
N/A: data is based on provisional estimates and is not available at the time of the report.

Source: North Carolina Department of Health and Human Services; Division of Public Health; State Center for Health Statistics

Youth Behavioral Health

YOUTH BEHAVIORS

The choices young people make today can shape their health into adulthood. The table below highlights key behaviors among Mecklenburg County youth that impact overall well being.

Table 8. Percentage of Charlotte-Mecklenburg High-School Age Teens Reporting Conditions

	2019			2021			2023*		
Psychological Health	**Meck**	**NC**	**US**	**Meck**	**NC**	**US**	**Meck**	**NC**	**US**
Teens ever attempted suicide or tried to kill themselves	12.0%	10.0%	9.0%	9.0%	10.0%	10.2%	*	*	*
Teens who made a plan to commit suicide	17.0%	15.0%	16.0%	15.0%	18.0%	17.6%	*	*	*
Teens who felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities	37.0%	36.0%	37.0%	43.0%	43.0%	42.3%	*	*	*
Substance Abuse	**Meck**	**NC**	**US**	**Meck**	**NC**	**US**	**Meck**	**NC**	**US**
Had at least one alcoholic drink one or more days in the past 30 days	23.0%	24.0%	29.0%	17.0%	19.0%	22.7%	*	*	*
Used marijuana one or more times in the past 30 days	24.0%	22.0%	22.0%	13.0%	16.0%	15.8%	*	*	*
Weight Management	**Meck**	**NC**	**US**	**Meck**	**NC**	**US**	**Meck**	**NC**	**US**
Physically active for a total of 60 minutes or more per day on 5 or more of the past 7 days	34.0%	38.0%	44.0%	33.0%	34.0%	15.8%	*	*	*
Violence	**Meck**	**NC**	**US**	**Meck**	**NC**	**US**	**Meck**	**NC**	**US**
Teens reported carrying a weapon to school in the past month	12.0%	16.0%	13.0%	N/A	N/A	3.1%	*	*	*
Teens reported being physically hurt by their partner	7.0%	7.0%	8.0%	9.0%	13.0%	8.5%	*	*	*

*Date not available. 2023 YRBS data release has been delayed. **Source:** Charlotte-Mecklenburg YRBS, 2019 - 2023

Substance Abuse

- Overdose deaths among Black and Hispanic residents in Mecklenburg County have increased by 20% since 2019, compared to a 15% increase among White residents.

- Fentanyl contamination in cocaine and counterfeit pills is a major contributing factor to these disparities

General Mental Health

Table 11. MECKtrics Population Health Indicators (continued)

MENTAL HEALTH

Indicators	Goal	Status	Baseline	2019	2020	2021	2022	2023	2024
Suicides *Suicide Rate per 100,000*	8.6	Worsening	9.6 (2018)	8.6	9.7	11.7	9.6	11.0	n/a
Youth Suicide Attempts *Rate of Youth ED visits due to suicide attempts per 100,000*	185	Worsening	102.4 (2018)	115.4	111.4	139.6	213.5	205.6	199.1
Opioid Overdose (Deaths) *Opioid Overdose Deaths per 100,000*	13.1	Worsening	15.5 (2018)	13.6	15.6	17.4	24.1	25.8	n/a
Mental Health ED Visits (Depression) *Rate of ED visits due to Depression per 100,000*	751.2	Worsening	1451.7 (2018)	1194.3	885.6	784	853.9	834.7	894.1
Mental Health Days Not Good *% Adults reporting mental health not good for 8 or more days per month*	14%	Worsening	15.7% (2018)	14.8%	17.6%	15.8%	19.4%	20.1%	21.2%

The Takeaway

As the mental health of our residents is worsening, coupled with even more of our residents predicted to be uninsured, Mecklenburg County is facing tough funding decisions around behavioral health.

How the County Supplements the Existing Service Array

Safety Net Services for At-Risk Residents

County Funding for Behavioral Health

Department	Service Type	County Funding
Child, Family, and Adult Services	Behavioral Health Contracts for Community-Based Services	$13,415,574
Child, Family, and Adult Services	Mental Health America of Central Carolinas- Community Service Grant	$165,000
Community Support Services	Adult Substance Abuse Treatment Continuum- Services for Shelter Residents	$2,628,459
Criminal Justice Services	Forensic Evaluations- Psychological assessments for Justice-Involved Adults	$1,481,893
Criminal Justice Services	Drug Treatment Court	$2,695,936
Public Health	Child Development Community Policing- Services for Children Impacted by or Witnessing Traumatic Events	$2,914,617
	Total	**$23,301,479**

County-Funded Program and Services FY2025

Vendor/Provider
Alliance Center for Education
Anuvia Prevention and Recovery Center
ARJ (Acceptance, Responsibility, Judgement)
Charlotte-Mecklenburg Schools (CMS) School-Based Mental Health Program
Charlotte-Mecklenburg Schools (CMS) Student Assistance Program
Clinical & Contractual Services
Community Support Services
Criminal Justice Services
Daymark Behavioral Health Urgent Care
Family First Community Services (FFCS)
Forensic Evaluations (multiple contractors)
Hinds' Feet Farm
Hope Haven
HopeWay foundation
INREACH
JCPC BH Contracts (not listed)
Lifespan
McNiel Family Counseling
Mental Health America of Central Carolinas
Pat's Place Child Advocacy Center
Project 658 dba Hope Community Clinic
Promise Resource Network (PRN)
Public Health
SPARC
Stride Services
Supportive Housing (Vendor name not provided)
SYDKIMYL
Teen Health Connection
The Relatives
Thompson Child and Family Focus
Time Out Youth

The Big Takeaway

- It is imperative that the county continue to provide funding support for Behavioral Health Services, particularly for those who are uninsured and underinsured, allowing our most vulnerable residents access to critical prevention and intervention services.
- As we continue to support services for individuals, we in turn support their families, their neighbors and the community at large.

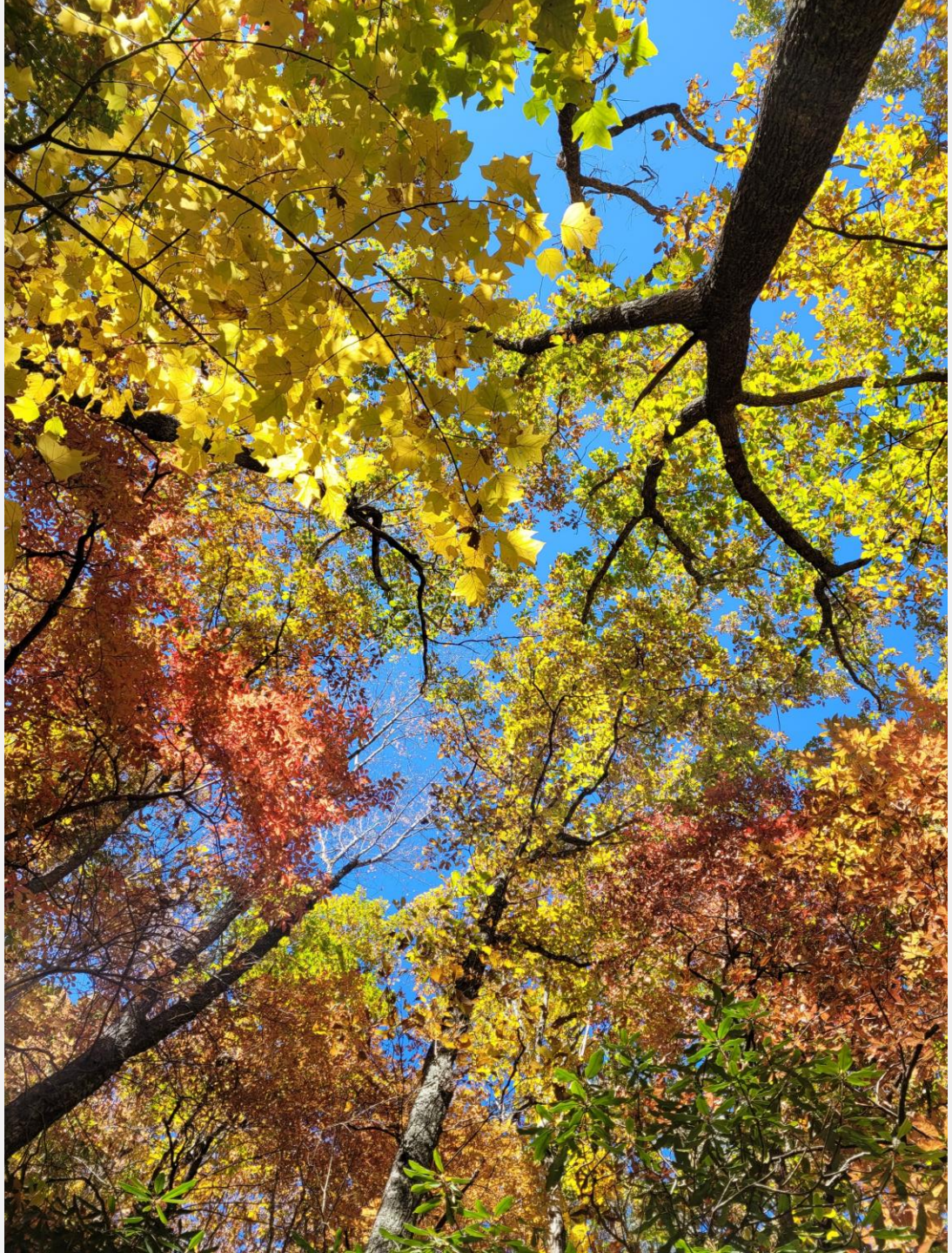
Natural Resources: The Priority of Land Acquisition with the Conservation & Preservation Framework

Commissioner Elaine Powell, District 1
Mecklenburg County
Board of County Commissioners
Fall Retreat
October 27-28, 2025


Rural Hill


WEST BRANCH
ROCKY RIVER
MI
Give Audible
Warning
Before
Passing


Mecklenburg Co
Park and Recre
Advisory Council



Open Discussion

Thank You

Mecklenburg County
Board of County Commissioners
Fall Retreat
October 27-28, 2025

Child Fatality Review (CFR) and Child Abuse Prevention

Commissioner Susan Rodriguez-McDowell, District 6
Mecklenburg County
Board of County Commissioners
Fall Retreat
October 27-28, 2025

BOCC Fall Retreat
Child Fatality Review (CFR) and Child Abuse Prevention

Commissioner Susan Rodriguez-McDowell

October 27-28, 2025

MECKLENBURG COUNTY
North Carolina
Public Health

A Day in the Life – Safe Sleep Promotion

Photo Source: [Safe Sleep NC]

What is Child Fatality Review?

A multidisciplinary team that assesses child death records age birth to 17 years old to:

- Encourage a community-wide approach to the prevention of child abuse/neglect
- Identify gaps/deficiencies across all public and private agencies who serve children and families
- Make recommendations for laws, rules, and policies to improve the health and safety of children
- **Goal is to eliminate preventable deaths and reduce all child deaths**

Types of Cases Reviewed for CFR

Cases specified in G.S. 7B-1406.5(c) will be reviewed:
Deaths of resident children under 18 years whose death fall in the following categories:

- Undetermined cases
- Unintentional injury
- Violence
- Motor vehicle incidents
- Sudden unexpected infant deaths
- Suicide
- Deaths not expected in the next six months
- ***Deaths related to child maltreatment or child deaths involving a child or child's family who was reported to or known to child protective services***

Mecklenburg County Child Fatality Review System

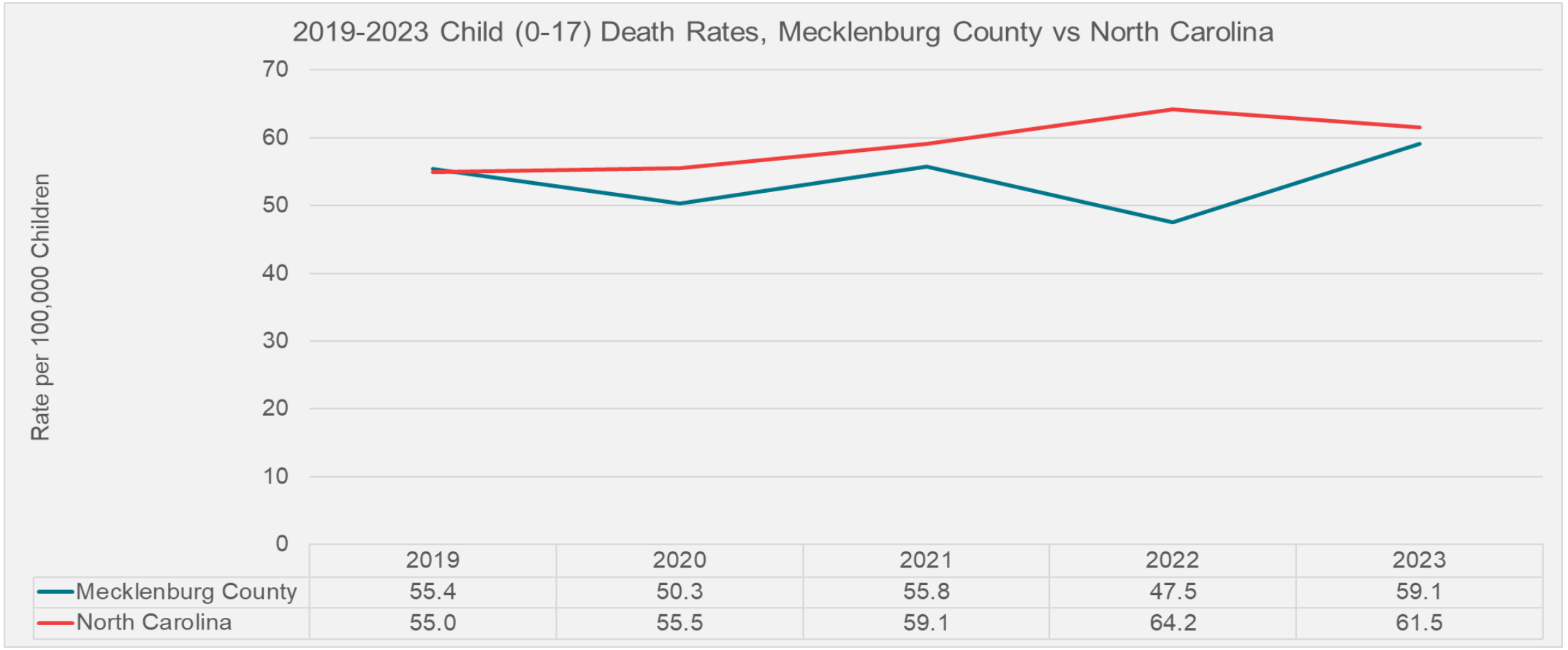
Child Fatality Review Team (CFRT)

- Review all deaths age 0-18 years
- Identify systems gaps/deficiencies
- Provide recommendations for preventive actions
- Review selected cases of children being served by DSS
- Cases in which a child died because of suspected or confirmed abuse/neglect and received DSS services within 3 years of the fatality

Proposed Community Action & Advisory Team

One Central Team

Child (0-17) Death Rates, Mecklenburg County vs. North Carolina, 2019-2023



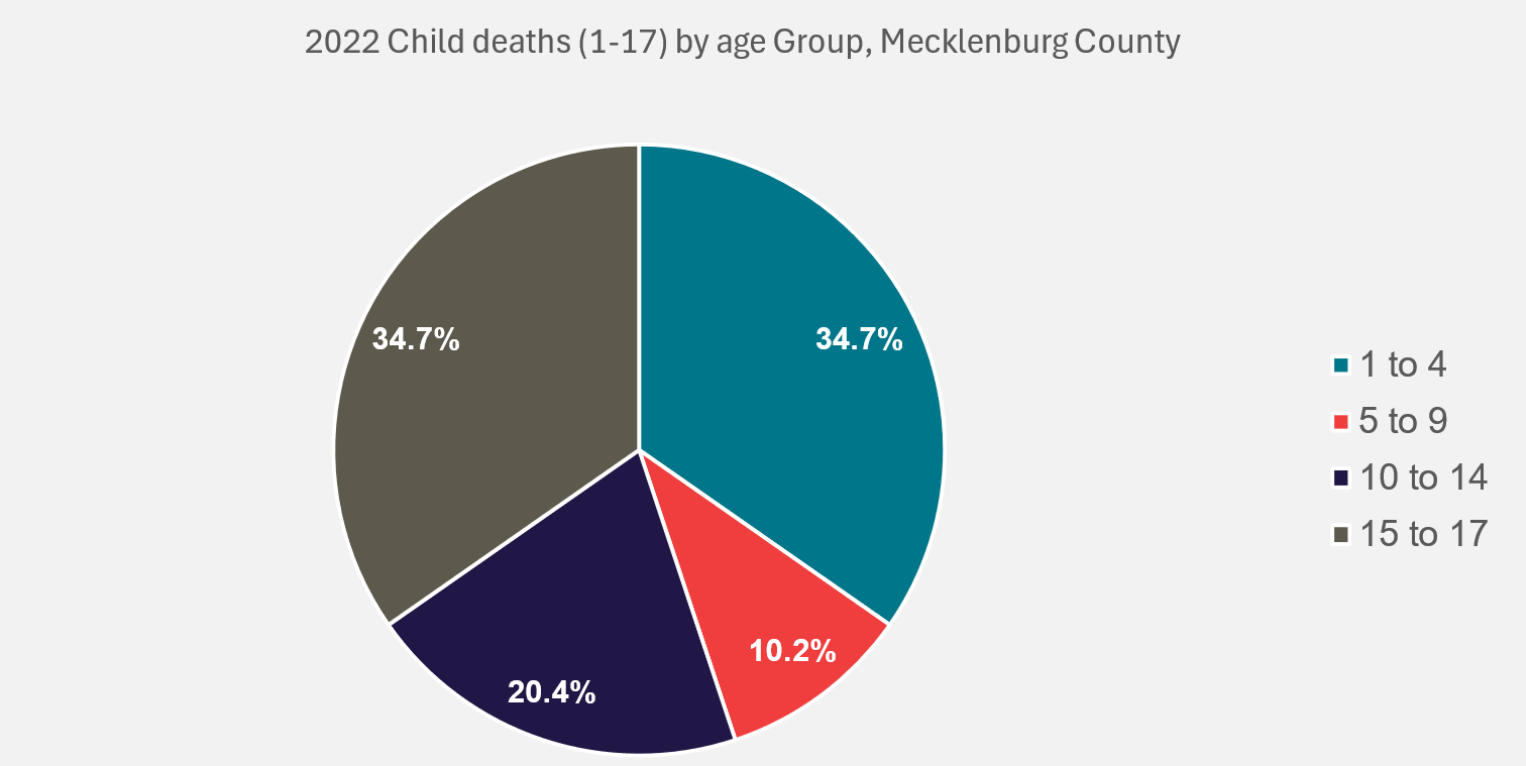
	2019	2020	2021	2022	2023
Mecklenburg County	55.4	50.3	55.8	47.5	59.1
North Carolina	55.0	55.5	59.1	64.2	61.5

All Child Deaths (0-17), Mecklenburg County, 2023

Cause of Death	Number of Deaths	% of Deaths
Perinatal Conditions	49	31.6%
Illnesses	33	21.3%
Birth Defects	21	13.5%
Suicide	10	6.5%
All Other Causes	10	6.5%
Motor Vehicle Injuries	9	5.8%
Homicide	8	5.2%
Other Unintentional Injuries	5	3.2%
Poisoning	4	2.6%
Suffocation/Choking/Strangulation	3	1.9%
Drowning	3	1.9%
Total	**155**	**100.0%**

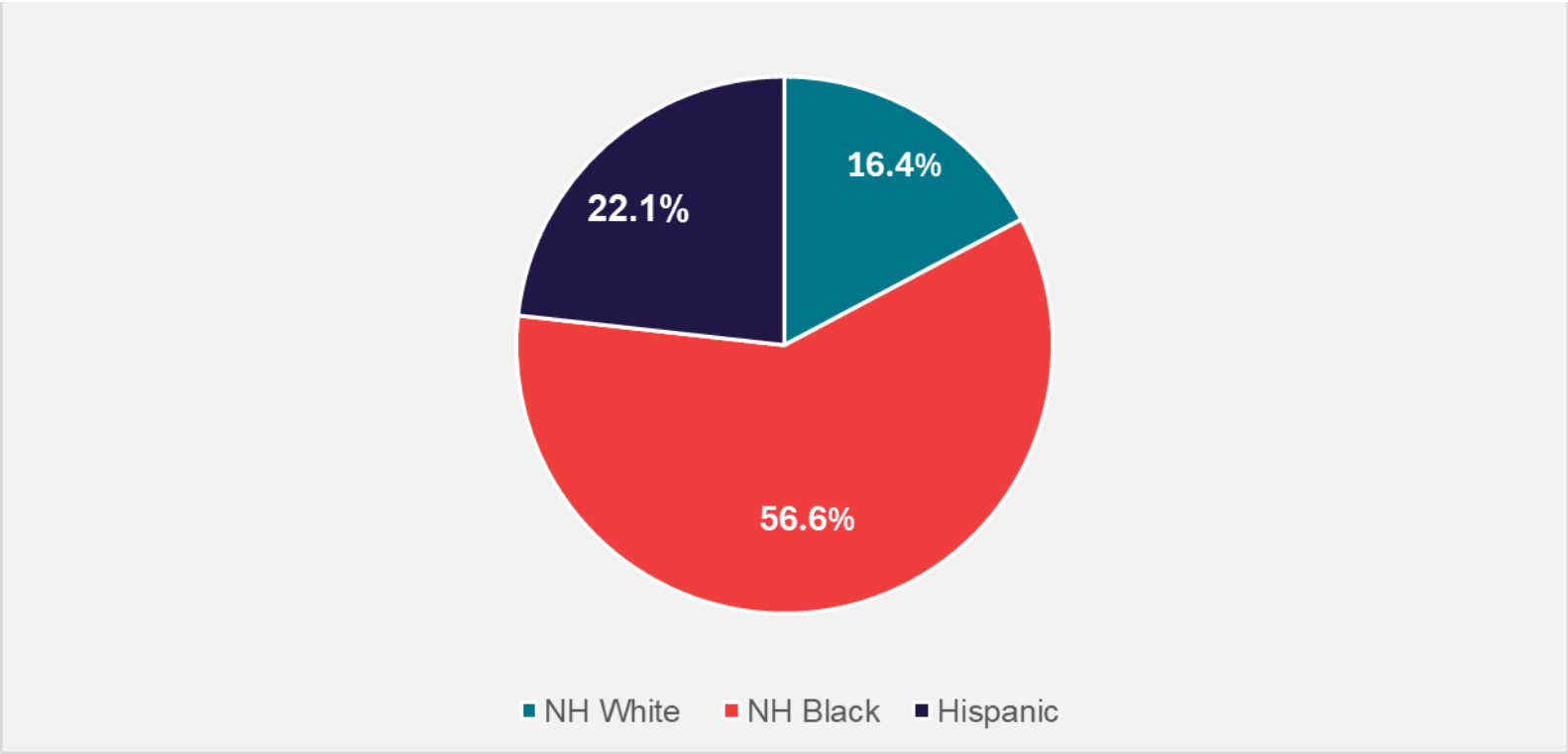
- Leading causes of death for infants (less than 1 year) are due largely to natural causes; for ages 1-17 the causes are primarily injury-related.
- Perinatal conditions continue to be the largest category of deaths when looking at ages 0-17.

2022 Child Deaths (1-17), Mecklenburg County, by Age Group



- Youth aged 1 to 4 and 15 to 17 made up over two-thirds (69.4%) of child deaths.
- Among the leading causes of death in the 15-17 age group are assault (homicide), suicide, and other unintentional injuries.

2022 Child Deaths (0-17), Mecklenburg County, by Race & Ethnicity



- NH Black children made up over half (56.6%) of all child deaths in 2022 yet only made up 32.2% of the total population of children in Mecklenburg County.

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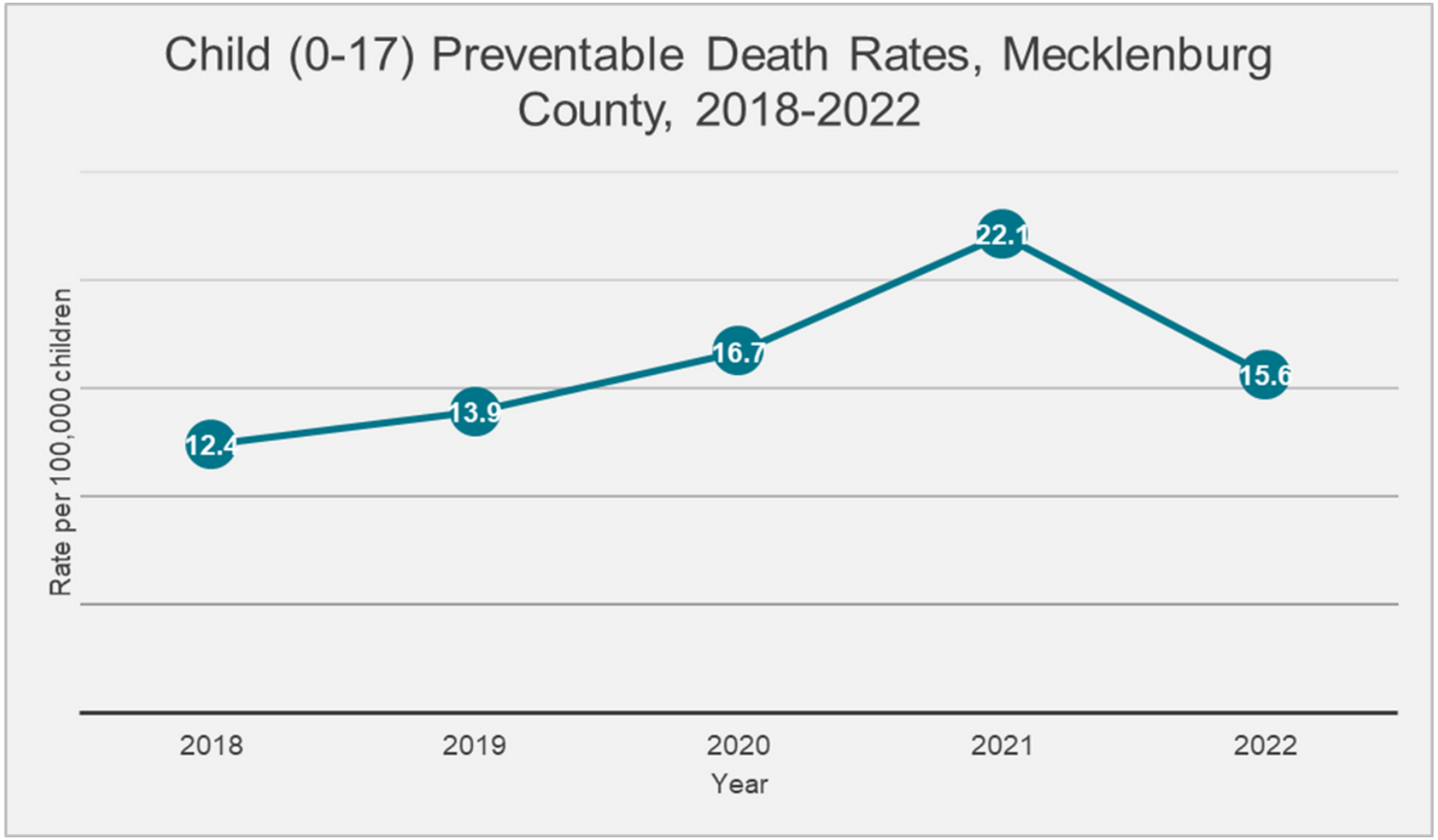
North Carolina
Public Health

Preventable Deaths

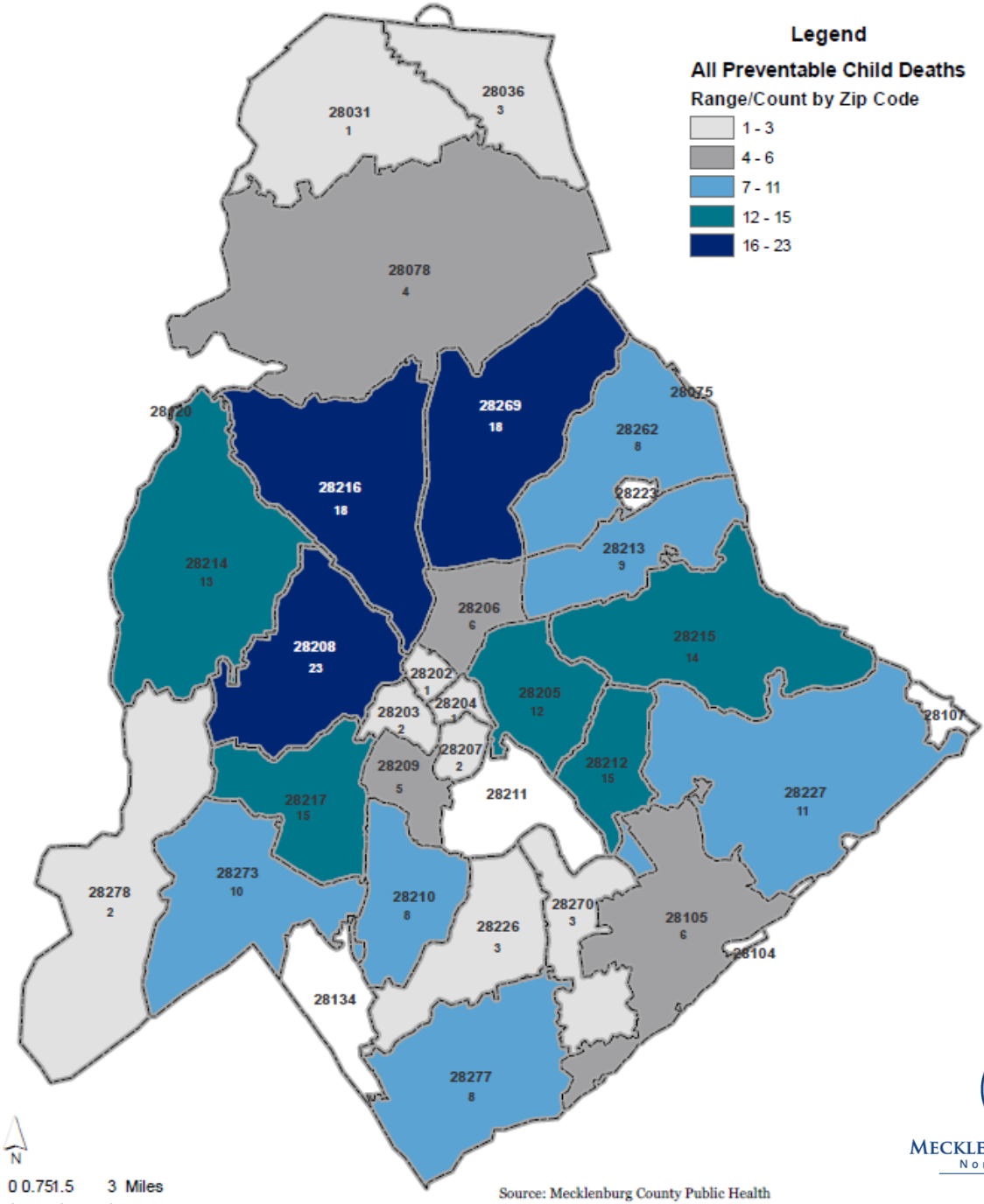
- Intentional Deaths
  - Consist of Homicide and Suicide
- Unintentional Deaths
  - Consist of motor vehicle injuries and all other unintentional injuries (accidents)
- Child Abuse
  - Direct result of violence against a child by a caregiver

2018-2022 Mecklenburg County Preventable Child Death Rates



- 208 child deaths could have been prevented from 2018-2022.
- Preventable deaths made up nearly a third (32.8%) of all child deaths in 2022.
- Peaked in 2021 before decreasing in 2022

All Preventable Child Deaths, 0-17 Years Mecklenburg County, 2019-2023

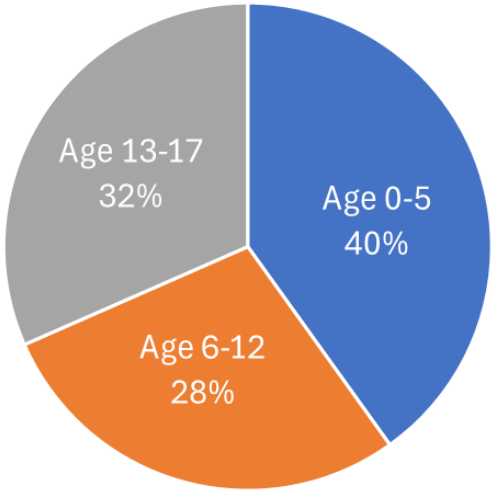


Intensive Case Reviews – DSS Involved Fatalities

2022 **9 cases**	2 Fentanyl Toxicity 2 Gunshot Victims 4 Unsafe Sleep 1 Brain Injury due to Near Drowning
2023 **9 cases**	2 Gunshot Victims 3 Homicides 1 Strangulation 1 Motor Vehicle Collision 1 Unsafe Sleep 1 Drowning
2024 **3 cases** (last reviewed case: April 2024)	1 Homicide 1 Gunshot Victim 1 Motor Vehicle Collision

Child Protective Services Data

Children in Custody by Age



Age	#
Age 0-5	160
Age 6-12	113
Age 13-17	126
Total	**399**

Number of Children Age 0-5 Substantiated or In Need of Services - Fiscal Year 2025	
Case Decision	**#**
Child Protective Services Needed	770
Services Provided, CPS No Longer Needed	169
Neglect	107
Serious Neglect	5
Abuse	4
Dependency	2
Total	**1057**

Current Partnerships & Collaborations

Representation of Groups and Agencies in the Community Action Team (previously CFPPT)		
Alliance Health	NC Courts	Project 658
Atrium Health	Community Volunteers	Smart Start
Charlotte Mecklenburg Schools	Juvenile Justice	Council for Children's Rights
Mecklenburg County Public Health Department	Safe Alliance	Jewish Family Services
Novant Health	Guardian Ad Litem	Charlotte Mecklenburg Police Department
Pats Place	YFS Director	Teen Health Connection
Thompson Child and Family Focus	Youth and Family Services	Department of Social Services
Meckelnburg County Clinical Director	Mental Health America of Central Carolinas	Children, Family and Adult Services
Johnson C. Smith University	Care Ring	Community Support Services
NC Department of Public Safety	Mecklenburg County Commissioner	University of NC Charlotte

Current Partnerships & Collaborations

Community Action Team (Previously CFPPT) Recent Efforts:

1. Child Abuse/Maltreatment Prevention Strategic Plan (paid collaboration with UNCC)
   - Working with both hospital systems to address the lack of effective protocols in their emergency rooms as it relates to potential cases of child abuse/neglect

2. Marketing and Distribution of safe sleep related materials
   - Purchased Pack ‘n Plays that supported families in local shelters

3. Purchased gun locks and engaged in community events for distribution

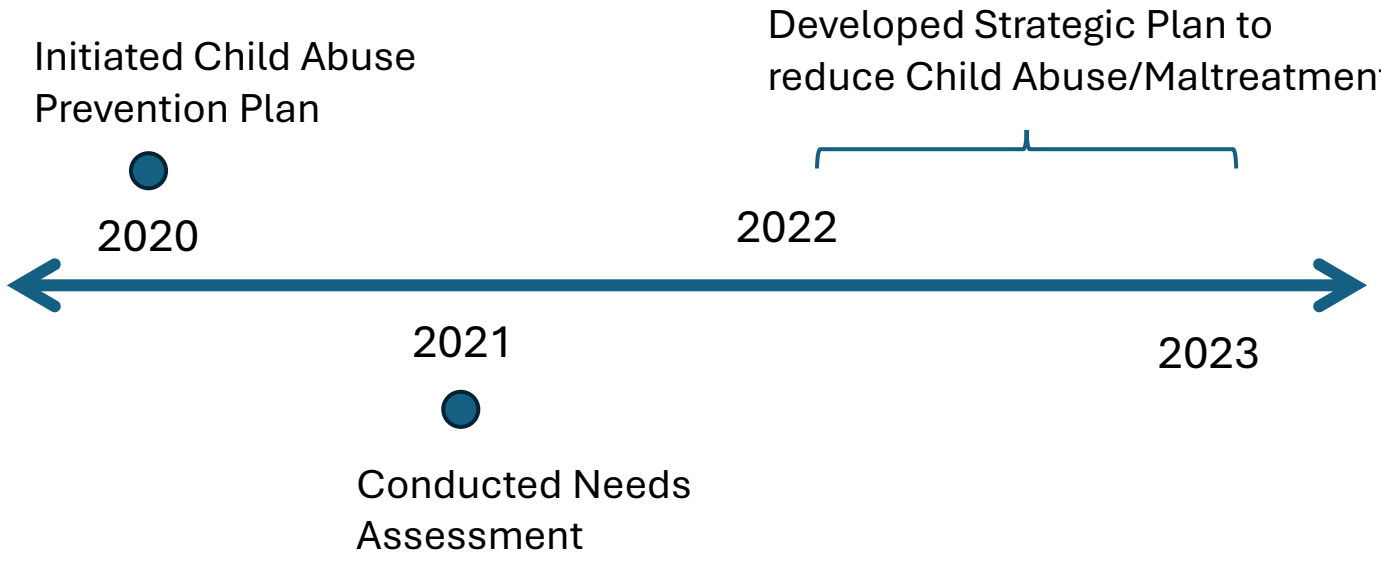
Child Abuse/Maltreatment Prevention Strategic Plan

Background:

- Created in partnership with UNCC
- Community wide strategic plan to align efforts, secure funding, and develop programs for safer families and thriving children

Priority Areas for Prevention

- Positive Parenting
- Parental Mental Health
- Parental Substance Abuse
- Domestic Violence



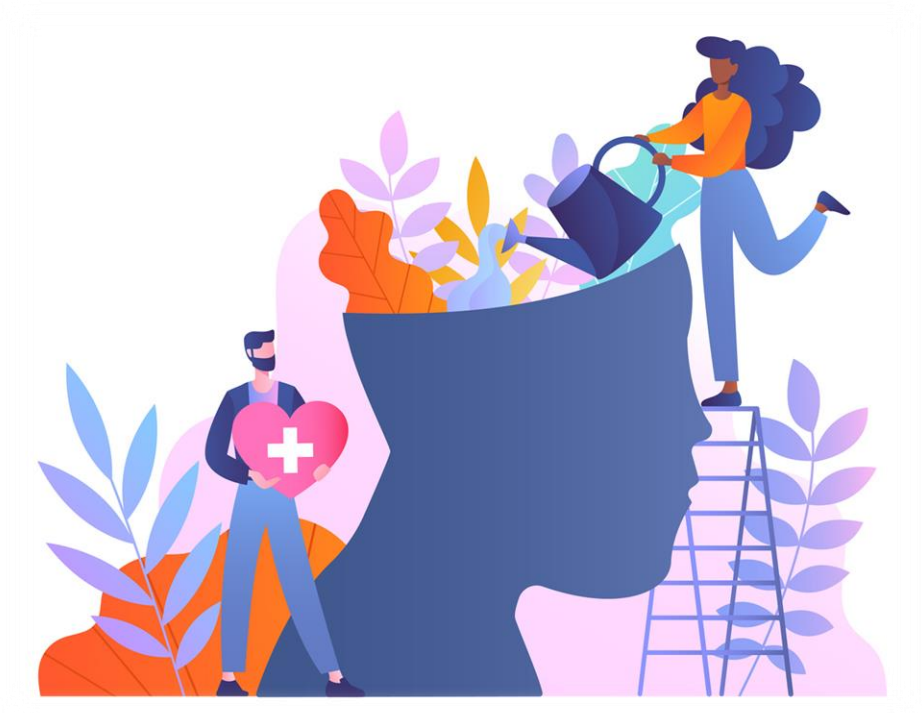
Mecklenburg County North Carolina Public Health

Promoting Positive Parenting

- Positive Parent Program (Triple P)
- Home Visiting Programs
  - Nurse Family Partnership (NFP)
  - Parents as Teachers (PAT)
  - A Guided Journey (AGJ)
- Improving Community Outcomes for Maternal & Child Health (ICO4MCH)
- Children Developmental Services Agency (CDSA)

Addressing Parental Mental Health

- Resiliency in Communities After Stress and Trauma (ReCAST)
- Child Development Community Policing (CDCP)
- Infant and Early Childhood Mental Health (IECMH)
- Kindermourn
- Care Ring
- Case Management for High-Risk Pregnancy (CMHRP)



Parental Substance Abuse Prevention

- Thompson Child and Family Focus
- Project 658
- Center for Prevention Services
- Anuvia Prevention
- Charlotte Community Health Clinic
- Amity Medical Group

Mecklenburg County
North Carolina
Public Health

Domestic Violence Prevention

- Adult Intimate Partner Violence Counseling and Clinical Services
- Child and Teen Intimate Partner Violence Counseling and Clinical Services
- Housing for Good (H4G)
- Supervised Visitation Safe Exchange Center (SVSE)
- New Options for Violent Actions (NOVA)

A Day in the Life – Promoting Firearm Safety

Photo Source: NC S.A.F.E.

Mecklenburg County
North Carolina
Public Health

Next Steps

- Disseminate and operationalize action items from the Child Abuse Prevention Plan
- Collect robust data across agencies for thorough and effect case reviews to identify key recommendations for prevention and interventions
- Collaborate with partnering agencies and organizations to maximize collective impact in priority areas to reduce child abuse/prevention and child fatalities

Equitable Lens of Global Trade through the African-Caribbean Diaspora

Commissioner Yvette Townsend-Ingram, At-Large
Mecklenburg County
Board of County Commissioners
Fall Retreat
October 27-28, 2025

Objectives

Present information to dispel myths about the image, civil development and profitability of countries on the continent of Africa.

Present data for support of a marketing and communication model for Mecklenburg County small minority-owned businesses that align s with the most prevalent and profitable services and commodities on the continent of Africa.

Form relationships with international trade organizations that will assist Mecklenburg County Small Businesses compete in the emerging African Global Trade Diaspora.

Objectives Continued

- Evaluate and reform data collection of Small Minority-Owned Businesses in Mecklenburg County.
- Align the county’s priorities of workforce development and economic development with global trade opportunities.
- Explore the creation of an ad-hoc committee for global trade and economic development for Small Minority-Owned businesses with a focus on the continent of Africa.

Important Points or Data

IMPORTANT FACT TO REMEMBER—TAXES ARE HOW WE PAY FOR SERVICES!
TAXES ARE USED TO MITIGATE THE IMPACT OF INEQUALITY!

- Because of quality workforce and overall economy, North Carolina named as number one state to do business in 2025 for the third time.

- NC is number one state to do business in 2025 because

  - ➢Tax rate for businesses is 2.25% as of 2025
  - ➢Projected 0% tax rate for businesses in 2030
  - ➢Lowest utility and water rates in the nation

Important Points or Data

Best Ranked/Tiered Counties in NC to do Business

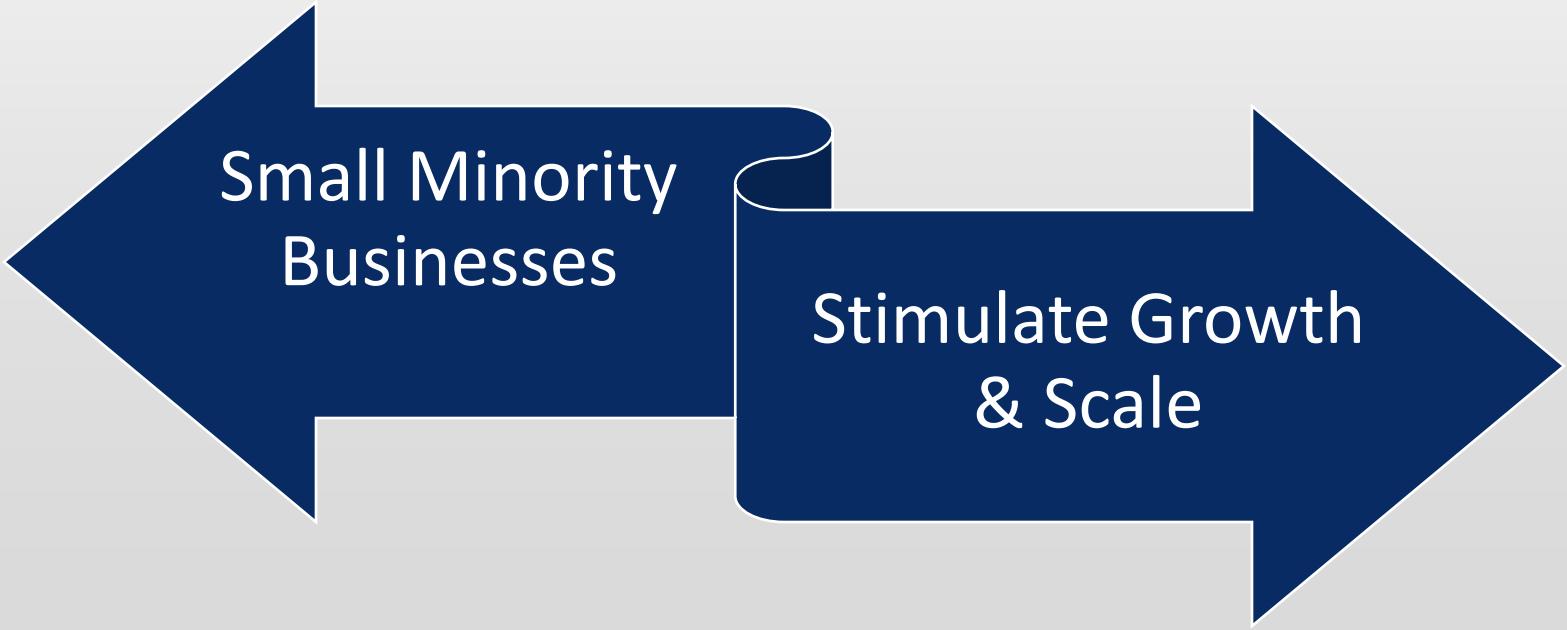
- **Wake County** has major corporate investors, and is where the capital city of NC, Raleigh is located. The Raleigh/Durham area, has the highest average household income which stimulates the overall economy.
- **Chatham County** is known as having the best "strategic growth for negotiation."
- **Nash County** is known as a tier one county for manufacturing, food production, and logistics, and also offering the best business incentives.
- **Mecklenburg County** is known as the second largest banking capital in the country and is where Charlotte, the 14 fastest growing city in the country. It is home to Charlotte-Douglass International Airport which is the largest driver of revenue.

These benefits are only enjoyed by large corporations, not small businesses.

IMPORTANT FACT TO REMEMBER—TAXES ARE HOW WE PAY FOR SERVICES! TAXES ARE USED TO MITIGATE INEQUALITY!

New Incentives for Small Business Growth

In this current economic environment that is unduly influenced by politics, it's easier for minority businesses to regress, lose sales, market share, or even go out of business. Global Trade opportunities can slow or reduce the impact of varying threats.



Data – Why do we need Global Trade?

JOB CREATION

- In North Carolina, **1.3M jobs** were supported by trade, representing **20%** of all jobs in the state.[1,2]
- In 2023, **11K companies** exported goods from North Carolina, of which **87%** were **small and medium-sized enterprises**.
- In 2022, more than **300M people** were employed by affiliates of companies at least 50% foreign-owned.[3,4]

EDUCATION AND RESEARCH

From 2023-2024, **24,468 international students** were enrolled in North Carolina colleges and universities, contributing **$914 million** to the North Carolina economy.[10]

Other Benefits of Global Trade on Small Businesses

Data – Why does NC need Global Trade?

EXPORTS AND GROWTH

WHO TRADES WITH NC?

North Carolina exported $72 billion in goods and services to foreign markets in 2023. [1, 5]

- ✓ **Canada ($10.0 billion)**
- ✓ **China ($7.2 billion)**
- ✓ **Mexico ($6.8 billion)**
- ✓ **Ireland ($4.1 billion)**
- ✓ **United Kingdom ($3.7 billion)**

No countries on the continent of Africa who do trade with NC were found during this research.

Myths about African Countries & Trade

One of the systemic barriers to realizing the vast global trade opportunities of African Countries are myths that persist about the country due to a lack of education on multiple levels of business.

1. Many don't understand that Africa itself is not a country, but a continent composed of 54 different countries.
2. All countries on the continent of Africa are impoverished, requires aid, and has no infrastructure to support varying business models.

3. Africa can only provide raw materials and cannot manufacture products or provide progressive services that involve technology.

4. US companies can't compete with cheaper Chinese and Indian goods.

5. Many are unaware of The African Growth and Opportunity Act (AGOA): Since its enactment in 2000, the African Growth and Opportunity Act (AGOA) has been at the core of U.S. economic policy and commercial engagement with Africa. AGOA provides eligible sub-Saharan African countries with duty-free access to the U.S. market for over 1,800 products.

Why Mecklenburg County should pursue African Trade

- ✓ North Carolina has seen an **850% increase** in its African immigrant population from 20K residents in 2000 to 190K residents in 2023.
- ✓ There are over **1,200 African-owned businesses in North Carolina**, contributing to the state's economy.
- ✓ North Carolina hosts **25 African cultural festivals, 450 African cuisine restaurants, and has 3,200 African students in its universities**, showcasing a strong cultural impact.
- ✓ The **Africa Growth and Opportunity Act (AGOA) has contributed to a 13% growth** in trade volume between Africa and the U.S. from 2020 to 2023, particularly in agriculture, textiles, and energy sectors.
- ✓ The future of U.S.-Africa trade relations will focus on sectors like **technology, green energy, and materials**, presenting promising opportunities for both regions between 2024 and 2034.

NC Cities with Highest African Immigrant Population

CITY	POPULATION
Charlotte	45 K
Raleigh	32 K
Durham	27 K
Greensboro	15 K
Winston Salem	12 K
Fayetteville	11 K

Why Mecklenburg County should pursue African Trade

A Platform for Navigating Systemic Barriers

Digital Equity

Ensure equal access to technology

Social Determinants

Address health and social factors

Policy Reform

Advocate for inclusive legislation

Community Connection

Establish technology innovation hubs

Implementation Roadmap & Next Steps

Establish County Ad Hoc Advisory Committee

Establish Civil Society Organization (CSO) Community

Launch Collaborative Innovation Initiatives with Call to Action

Pictures


Global
Africa
Summit, DC 2025


Global
Africa


Global Africa
Summit, DC 2025


Africa & the Diaspora
Building a New Trade Era
Moderator: Dr. Sheila Brooks


AFRICA
INVESTMENT
NETWORK

Open Discussion

Thank You

Mecklenburg County
Board of County Commissioners
Fall Retreat
October 27-28, 2025

FY2027 Program Review Update

Adrian Cox, Director
Office of Management and Budget
Mecklenburg County

Fall Retreat
October 27-28, 2025

FY2027 Program Review Update

BOCC Fall Retreat
October 28, 2025

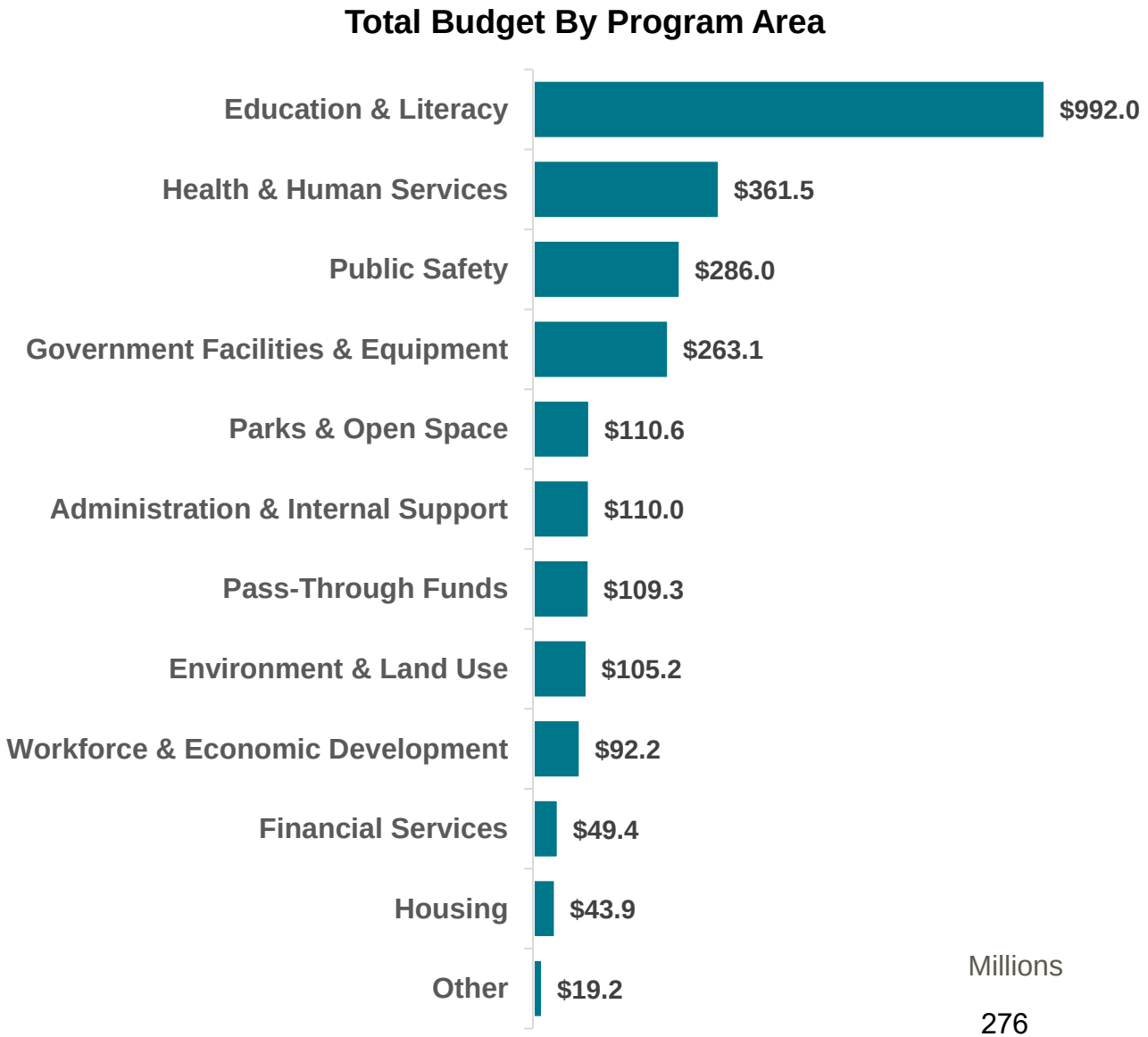
Program Based Budgeting

- Budget information is organized by defined programs (services)
- Each program has an intended outcomes that are clearly defined and measured
- These outcomes align to a comprehensive strategy of the organization
- The cost for each program to achieve the intended results is clear for decision makers
- Programs are assessed for effectiveness, efficiency, and continued alignment to the organization's goals and objectives

FY2026 Budget Structure

- The Budget is categorized into 251 programs (services)
- These programs have been aligned to 12 program areas shown on the right
- Programs are further classified by funding flexibility as shown in the service matrix below

	No Funding Choice	Funding Choice
No Program Choice	No choice when it comes to providing these services or over amount of funding $429,997,051	No choice when it comes to providing the services, but there is flexibility with regard to the amount $1,368,825,012
Program Choice	The County has the option to provide the services, but if they do then there is a funding expectation $158,479,671	The County has the option to provide the services & discretion over the amount of funding $585,017,908



Program Review

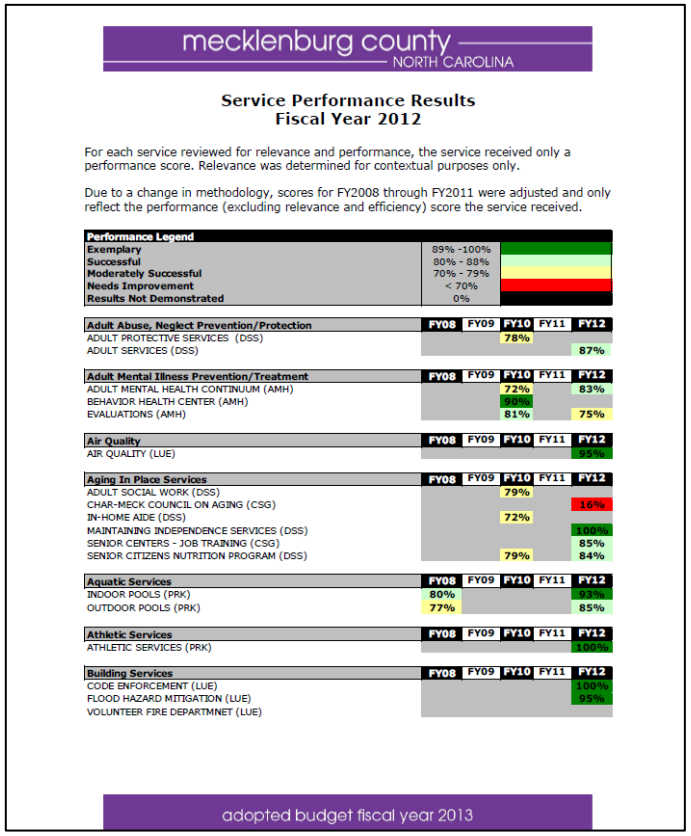
- Program review is a systematic review of all programs (services) for:
  - Strategic Alignment (i.e. Relevance)
  - Effectiveness
  - Efficiency

- As programs are reviewed, OMB Budget Analyst complete a scoring matrix to provide a comparison of programs across these three areas

- Program review may result in recommendations to…
  - Change the way programs are defined in the organization's budget structure
  - Revise the stated program objectives
  - Change performance outcomes or other tracking data
  - Modify or eliminate program funding

Background

- From FY2006 - FY2013 a partial review was conducted on a subset of services every year
- Loosely based on the 2002 U.S. Office of Management and Budget Program Assessment Rating Tool (PART)
- Scores were published in the budget book and tied to the Managing for Results (M4R) philosophy
- Helped to inform decisions about performance management and the budget
  - Results <u>inform,</u> but do not <u>dictate</u> budget decisions



mecklenburg county
NORTH CAROLINA

Service Performance Results
Fiscal Year 2012

For each service reviewed for relevance and performance, the service received only a performance score. Relevance was determined for contextual purposes only.

Due to a change in methodology, scores for FY2008 through FY2011 were adjusted and only reflect the performance (excluding relevance and efficiency) score the service received.

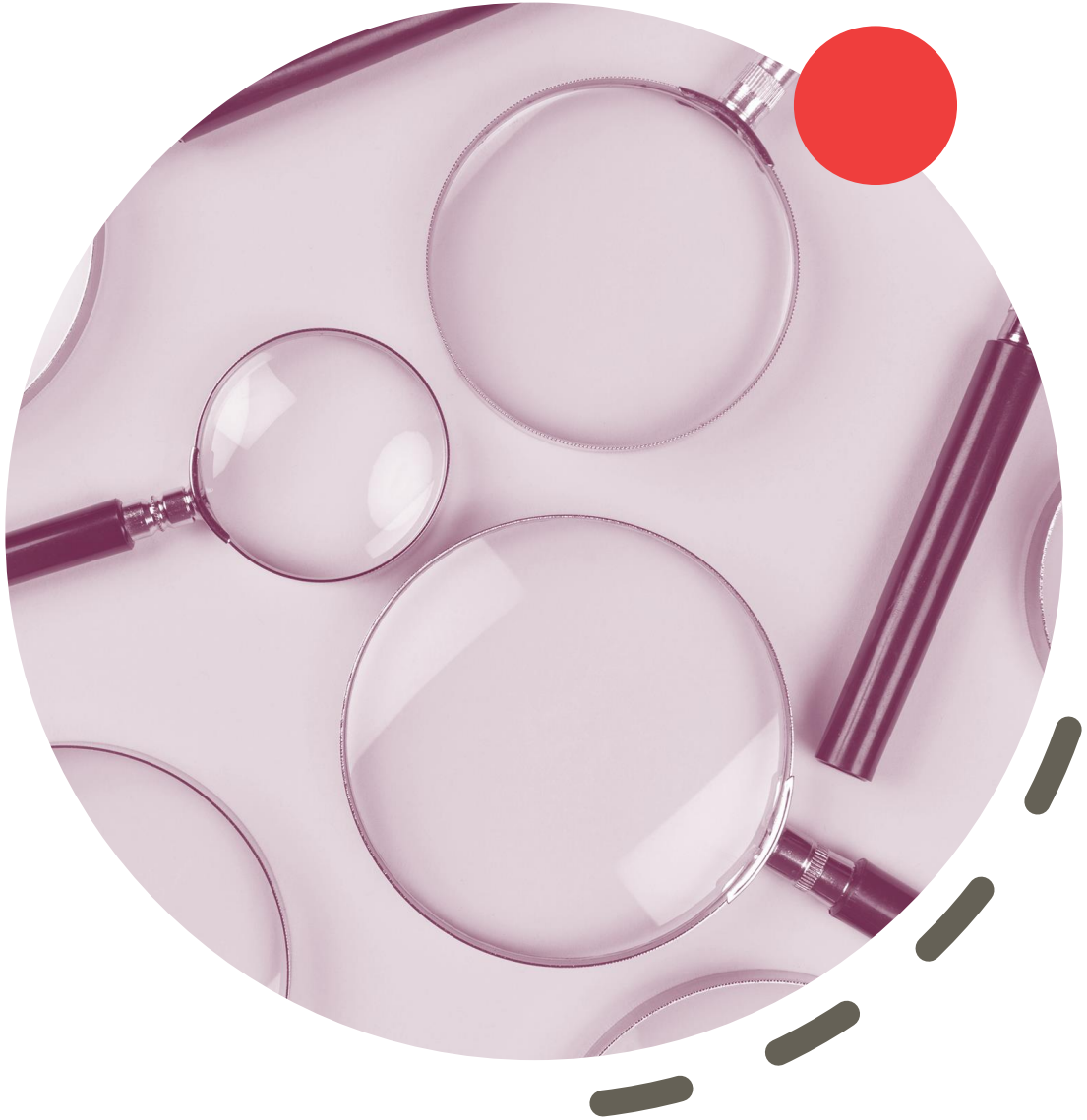
Performance Legend	
Exemplary	89% -100%
Successful	80% - 88%
Moderately Successful	70% - 79%
Needs Improvement	< 70%
Results Not Demonstrated	0%

	FY08	FY09	FY10	FY11	FY12
Adult Abuse, Neglect Prevention/Protection					
ADULT PROTECTIVE SERVICES (DSS)			78%		
ADULT SERVICES (DSS)					87%
Adult Mental Illness Prevention/Treatment					
ADULT MENTAL HEALTH CONTINUUM (AMH)			72%		83%
BEHAVIOR HEALTH CENTER (AMH)			80%		
EVALUATIONS (AMH)			81%		75%
Air Quality					
AIR QUALITY (LUE)					95%
Aging In Place Services					
ADULT SOCIAL WORK (DSS)			79%		
CHAR-MECK COUNCIL ON AGING (CSG)					16%
IN-HOME AIDE (DSS)			72%		
MAINTAINING INDEPENDENCE SERVICES (DSS)					100%
SENIOR CENTERS - JOB TRAINING (CSG)					85%
SENIOR CITIZENS NUTRITION PROGRAM (DSS)			79%		84%
Aquatic Services					
INDOOR POOLS (PRK)	80%				83%
OUTDOOR POOLS (PRK)	77%				85%
Athletic Services					
ATHLETIC SERVICES (PRK)					100%
Building Services					
CODE ENFORCEMENT (LUE)					100%
FLOOD HAZARD MITIGATION (LUE)					95%
VOLUNTEER FIRE DEPARTMNET (LUE)					

adopted budget fiscal year 2013

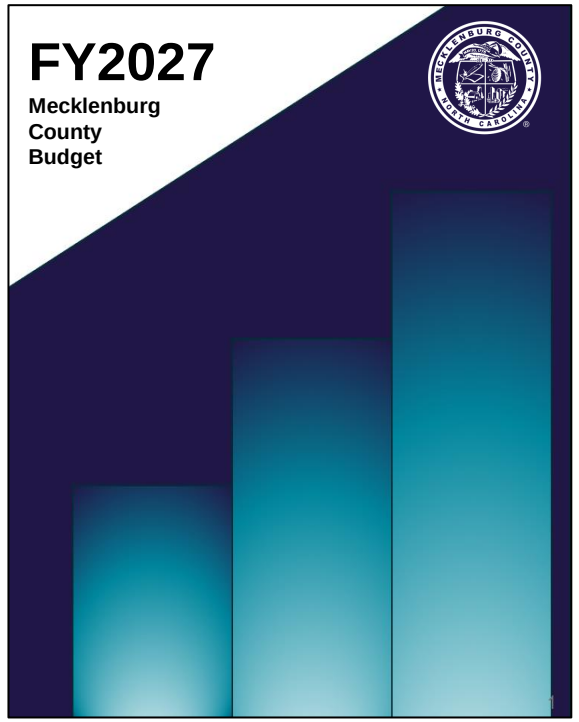
Past Review Findings

- Numerous recommendations to improve performance management through better targets, outcomes & efficiency measures
- Recommendations to update program descriptions to capture all activity
- Prompted a County security study leading to outsourcing of security functions, & savings of ~$500K
- Inefficient technology purchasing lead to consolidation of IT procurement



Program Review FY2027

- Will incorporate a deep-dive analysis, and provide the Manager with options for potential funding modifications
- Will be conducted on all programs that make up the County Budget
- A different tool will be used for internal & external services
- The review will consider sustainability along with efficiency
- Conducted along with the development of the Balanced Scorecard
- Will help to inform, but not dictate the budget



Review Process

1. OMB & OSI met with all County Departments to review each program

- Program objectives
- Performance outcomes (existing or aspirational)
- Inventory all programs and discuss potential modifications

2. OMB Analysts complete an initial independent assessment

3. Assessments are reviewed collectively as a team for consistency

4. Results are summarized & presented to the County Manager & Executive Team

5. Changes are factored going forward

- Recommended Budget
- Program implementation
- Data tracking

6. Results are assessed on an ongoing basis using the County's Balanced Scorecard

Assessment Tool – Strategic Alignment

Assessment questions for programs with external customers

Strategic Alignment		Clearly No			Clearly Yes	
		Wt.	0	1	2	3	n/a
1	Do the intended outcomes of the program benefit the quality of life for the broader community, Or Do the intended outcomes of the program address a problem for a specific group or those with a specific circumstance?	3					
2	Are the intended outcomes of the program aligned with the core goals of the County?	3					
3	Does the program provide a unique service that is not provided by another program in the County, or another entity outside of the County?	2					
4	Is the program required by State or Federal government?	1					
5	Does the program service a vulnerable or underserved population?	1					
6	Does the program address a need or provide a service that cannot be met by other means?	1					
7	If the program was eliminated, would it have a substantial negative impact on the lives of users?	3					

Assessment Tool - Effectiveness

Assessment questions for programs with external customers

	Effectiveness	Wt.	Clearly No 0	1	2	Clearly Yes 3	n/a
8	Have the activities of the program been shown to effectively provide the desired results or address the identified need?	3					
9	Has the program identified the intended customers/clients/beneficiaries of the services that are being delivered?	3					
10	Does the program fully or substantially meet the level of need/demand in the County?	1					
11	Is the program meeting its target outcomes or, if recently updated, does it have a plan to achieve its outcomes?	3					
12	Are performance metrics clearly defined, tracked, & reported?	2					
13	Do the results for individuals served provide a long-term solution to their problem or provide an ongoing benefit to their quality of life?	1					
14	Does the program achieve the core goals while avoiding unintended consequences?	1					

Assessment Tool – Efficiency & Sustainability

Assessment questions for programs with external customers

	Efficiency & Sustainability	Clearly No				Clearly Yes	
		Wt.	0	1	2	3	n/a
15	Is the cost to achieve the reported outcomes reasonable when compared to similar program or alternative solutions?	3					
16	Do all of the activities of the service align to achieving the identified outcomes?	2					
17	Can the program continue at the existing level into the foreseeable future with only minor inflationary increases to existing resources?	3					
18	Has the program fully leveraged all alternative funding sources, such as grants & partnerships?	2					
19	Has the program implemented any strategies to reduce or manage costs in the past 3 years?	1					
20	Has the program consistently managed within its budget while utilizing the resources that have been provided?	1					
21	Does the program have a reasonable ratio of frontline staff to managers?	2					

Question Weighting Logic

Weight	Considerations for Weight
3	Questions for which a clearly no would indicate that the program is not relevant, effective, or efficient at a fundamental level
2	A clearly no rating to these questions would indicate that some changes to the service are needed for the service to be fully relevant, effective, or efficient
1	A clearly no rating alone may not indicate that the service is not relevant, effective, or efficient, but clearly yes would indicate a higher degree of relevance, effectiveness, or efficiency

Important to Note

All programs will be reviewed using the same assessment questions, with the only difference being the questions used for internal & external facing customers

OMB will review preliminary assessments as a team to calibrate scores across the organization

The program review is only one of many tools to review the budget and there are many other considerations that the Manager will factor

Not a review to “cut” the budget

What to Expect for FY2027

- Realignments identified through the program review will be included in the Manager's Recommended Budget
- Programs and services presented in the FY2027 budget may change based on the review
  - Descriptions will be updated to better reflect program objectives
  - Some departments may require additional program breakouts
  - Some programs may require consolidation to enhance focus and transparency regarding intended outcomes
- Outcome measures, aligned to the balanced scorecard, will be presented along with budget information
- A summary of the results will be published with the budget

Resources:

- Office of Management and Budget. (2008). *Program Assessment Rating Tool guidance*. Executive Office of the President. https://georgewbushwhitehouse.archives.gov/omb/performance/fy2008/part_guid_2008.pdf
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Closing Remarks

Michael Bryant, County Manager
Mecklenburg County
Fall Retreat
October 27-28, 2025