

Archway Station, Inc.

Children & Youth Services Analysis

Allegany County, MD



Purpose

This analysis will be used to increase opportunities for community-based programs and services for youth; whereby improving access to services for all children considering local racial disparity and Adverse Childhood Experiences (ACES). The goal is to create a trauma-informed, inclusive local strategy which coordinates current efforts, identifies and addresses gaps in services, and provides a strategic measurable framework for evaluating youth services in Allegany County, MD.

Research Team

Archway Station Team:

James Raley, Executive Director BS, MEd

Stephanie Farber, Behavioral Health Director, Licensed Graduate Professional Counselor, CPRP

Bernard Wynder, BA in Psychology, Certified Psychiatric Rehabilitation Practitioner (CPRP)

Charlene Syx, BS in Business Administration, CAYA Team Leader, Certified Family Rehabilitation Practitioner (CFRP)

Consultant:

Dr. Stephanie Hutter-Thomas

Founder, Appalachian Recovery Concepts, LLC

Credentials: Ph.D. General Psychology/Research Methods; M.S. Industrial Organizational Psychology; B.S. Accounting/Business Administration; Graduate Certificate Public Health (CPH); Registered Peer Supervisor (RPS); Certified Community Health Worker (CCHW); Master Trainer, ACE Interface; Mental Health First Aid Instructor

Table of Contents

| | |
|--|-------------------|
| Acknowledgments..... | iii |
| Glossary..... | iv |
| Executive Summary..... | v-vi |
| Introduction..... | 1 |
| Statement of Need/Purpose..... | 1 |
| Objectives..... | 11 |
| Methodology & Data Collection Strategy..... | 12 |
| Evaluation of Findings..... | 13 |
| Strengths & Limitations..... | 14 |
| Recommendations..... | 15 |
| References..... | 20 |
| Appendices..... | a-f |
| List of Vendors | Appendix a |
| Geographical Mapping..... | Appendix b |
| Full Survey Results | Appendix c |
| Promotional Flyer with QR Codes..... | Appendix d |
| Summary of Focus Groups..... | Appendix e |
| Data Collection Event Photos..... | Appendix f |

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We would like to express gratitude to the many agencies who provided access to community partners through email listservs and other networks, and to those who displayed our posters with survey QR codes to increase engagement. These partners include AHEC West, Allegany County Local Behavioral Health Authority, the Allegany County Chamber of Commerce, and the Cumberland Mayor and City Council. A special thanks to the Allegany County Public Schools for distributing the information via the Peachjar system to reach youth, parents, teachers, and other school-based personnel.

Glossary of Acronyms

ACES — Adverse Childhood Experiences

ACPS — Allegany County Public Schools

AHEC West — Allegany Health Education Council Western Maryland

AYEP(S) — Allegany Youth Enrichment Program Services

BHA — (Maryland) Behavioral Health Administration

CARF — Commission for the Accreditation of Rehabilitation Facilities

CAYA — Children, Adolescent and Young Adults

CFRP — Certified Family Rehabilitation Practitioner

COMAR — Code of Maryland Regulations

LMB — Local Management Board of Allegany County Maryland

CPRP — Certified Psychiatric Rehabilitation Practitioner

DJS — Department of Juvenile Services

DSS — Department of Social Services

LBHA — Local Behavioral Health Authority

PRP — Psychiatric Rehabilitation Program

RFP — Request for Proposals

TAY — Transition Aged Youth

TIC — Trauma Informed Care

UPMC West — University of Pennsylvania Medical Center Western Maryland

YMCA — Young Men's Christian Association

Executive Summary

Background: The Local Management Board (LMB) of Allegany County Maryland, provided grant funds to the City of Cumberland to conduct “City Project: 2021 Request for Bids-Children and Youth Services Analysis” during the period of January 2022 and June 2022. Archway Station, Inc. was selected as the vendor to conduct the analysis and was awarded a contract by the City of Cumberland by order number 26,950 on February 1, 2022. Funding for this project was provided exclusively by the pass-through grant funds to the City of Cumberland through the LMB.

Purpose: The purpose of this evaluation was to inventory existing youth centered programs in Allegany County, identify potential evidence-base for existing programming, impediments to access, ability to reduce the impact of adverse childhood experiences (ACES), and gaps in services which contribute to inequity and disparity.

Methods: Archway Station, Inc. formed a team of staff members and enlisted the services of a local consultant to inventory and geographically map local programs, review census data, conduct focus groups, develop and administer surveys, and analyze data. Self-report surveys were administered digitally via Google Forms using links and QR codes for digital access and offered paper forms for those without access to technology. Team members distributed flyers and posters throughout town and hosted a vendor table at multiple local events to promote survey participation. The three separate surveys were used to target community members, program leaders, and youth under age nineteen, with a specific focus on reaching the marginalized portion of our population. Survey data populates in Google Forms automatically, creating a .csv file of raw data, while also providing infographics to summarize. Data from paper surveys were entered manually by project staff as needed and minor cleaning of data was required for short-response questions to provide interpretable infographics. Focus groups were conducted using a modified nominal group technique to ensure inclusivity of all participant feedback. The Archway team identified nearly two hundred local youth programs (N=195), achieved a sample of (n=99) for the community survey, (n=22) for the youth survey, (n=23) for the youth program leader survey, and (n=11) for focus group participation.

Evaluation Findings: The team identified ten general categories of programming within the list of identified programs (N=195), represented by the following distribution: Entertainment 3.1%, Faith Based 4%, Health/Behavioral health 6%, Art/Culture 7%, Civic 7%, Parks & Rec 7%, Early Childcare & Education 11.2%, Education/Workforce 12%, Support/Mentoring 12%, and Sponsored Team Sports 32%. Key findings suggest an absence of programs for youth who are not inclined to engage in team sports, a desperate need for shared community spaces to promote program collaboration, improved transportation access, and the need to develop a centralized location for locating program information within the county. Community members provided many suggestions regarding programming interests including special interest youth clubs, mentoring programs, and sponsored field trips, while youth stressed a desire for more designated places to simply hangout or meet up with friends for activities. It is also suggested that the City of Cumberland consider developing a program registration process and corresponding web-based directory of youth services and activities that can be easily accessed by community members.

Discussion: While the team views evaluation efforts as successful, further in-depth programmatic review is recommended. Timeline constraints and challenges with identifying programming, particularly within the City of Cumberland, proved more difficult than anticipated. Many programs do not have a website or clear contact information to promote program awareness and inclusivity. Although the project team believes the compiled database to be somewhat exhaustive, it is possible that there may be programs which were overlooked due to lack of publicly accessible information. This challenge was compounded by a disappointingly low response to program leader surveys meant to aid in uncovering unidentified programs and services. The youth survey also proved to be a bit disappointing in that it was difficult to recruit community members within this age group to participate. The legality of addressing youth without the presence of a parent and parental consent, combined with parental complacency in encouraging youth survey participation, served as a significant barrier. To overcome the barrier to youth and youth caregiver survey completion, the project team proposes a Phase 2 evaluation, focusing solely on capturing the attitudes, opinions, and characteristics of this population.

Conclusion: The health and social problems we are facing in this community are highly complex in that they are both interrelated and intergenerational. While the local community has implemented many programs to aid in prevention and recovery related initiatives, we have yet to truly address the factors that lead to risk-behavior in the first place. Addressing the harmful effects of adverse childhood experiences (ACEs) in Allegany County is key to reducing the social and public health impact of the drug crisis but goes far beyond examining current youth programming options. To address the factors that give rise to childhood trauma it is necessary to adopt a holistic view and examine all constructs impacting social determinants of health, community wide. Futuristic programs for youth with mentor leaders and role models could serve to promote a healthy population of youth who are more engaged in community activities. By addressing conditions that give rise to ACEs, while simultaneously addressing the needs of children and parents, a multi-generational approach emerges to prevent ACEs and ensure safe, stable, nurturing relationships and environments (Centers for Disease Control and Prevention, 2019).

Children and Youth Services Analysis, Allegany County, MD

Introduction

The Local Management Board (LMB) of Allegany County Maryland, provided grant funds to the City of Cumberland to conduct “City Project: 2021 Request for Bids-Children and Youth Services Analysis” during the period of January 2022 and June 2022. Archway Station, Inc. was selected as the vendor to conduct the analysis and was awarded a contract by the City of Cumberland by order number 26,950 on February 1, 2022. The city is serving as the pass-through agency for the funding of the project. Archway Station is a non-profit agency operating in Allegany County and providing PRP services to adults and minors in a fee for service basis funded through Medicaid under the licensure of the BHA. Archway Station has the distinction of having been accredited by CARF since 2017. The funding for this project was provided exclusively by the pass-through grant funds to the City of Cumberland through the LMB.

Deliverables were to include a vendor database for local youth programming, geographical mapping of program locations, surveys and focus groups to capture community opinion, and a review of programming ability to address adverse childhood experiences using evidence-based practices. Programming categories were reviewed for the purpose of examining evidence-base and capacity to support youth development while also addressing adverse childhood experiences (ACES). Evaluation findings are intended for use in informing community-based programs and services for youth to reduce disparity for all children, with special consideration given to those experiencing disparity and/or impact of ACES. The evaluation is intended to contribute to the long-term goal of developing an inclusive trauma-informed local strategy.

Statement of Need/Purpose

The health and social problems we are facing in this community are highly complex in that they are both interrelated and intergenerational. Low educational attainment, unemployment, lack of transportation options, homelessness, generational poverty, generational substance misuse, an unyielding drug crisis, and challenges in resource access has led Allegany County to receive one of the poorest health rankings in the state of Maryland. While the local community has implemented many programs to aid in community prevention and recovery related initiatives, we have yet to truly address the factors that lead to risk-behavior in the first place. To effectively address youth needs, we must better understand the current socio-behavioral climate through an examination of the various interrelated social determinants of health at the core of Allegany County’s disparity.

Regional, State, and County – Demographics

The percentage of people in Allegany County living below the poverty level is 15.6% (Fig. d), according to 2020 Allegany County, MD Census Profile, Census Reporter. In general, the Appalachian counties of Maryland are less ethnically and racially diverse, older, and have mean household incomes below state averages. The population is 87% white (Fig. e) with 55% reporting as unmarried (Fig. b), and approximately 47% female (Fig. e). Approximately 22% of Allegany County’s population are under age 19 and roughly 63% between ages 18 and 64 (Fig. e) (Census Reporter, n.d.).

Both Garrett and Allegany counties struggle with the inequalities in income and education that underlie many health disparities. A higher percentage of Maryland’s Appalachian residents, for example, rely on state Medicaid and SNAP benefits than residents statewide, with significantly lower percentages of educational attainment beyond secondary school. Allegany County, which has the highest percentage of people living in poverty of the Maryland Appalachian counties, also has the highest unemployment rate, the lowest mean household income, and the highest percentage receiving food stamps/SNAP assistance. The unemployment rate in Allegany County is substantially higher than the state as a whole and the mean household income is substantially lower. Table 1 provides a comparison of economic indicators for the Appalachian counties and the State of Maryland (American Community Survey, 2015-2019).

Fig. a

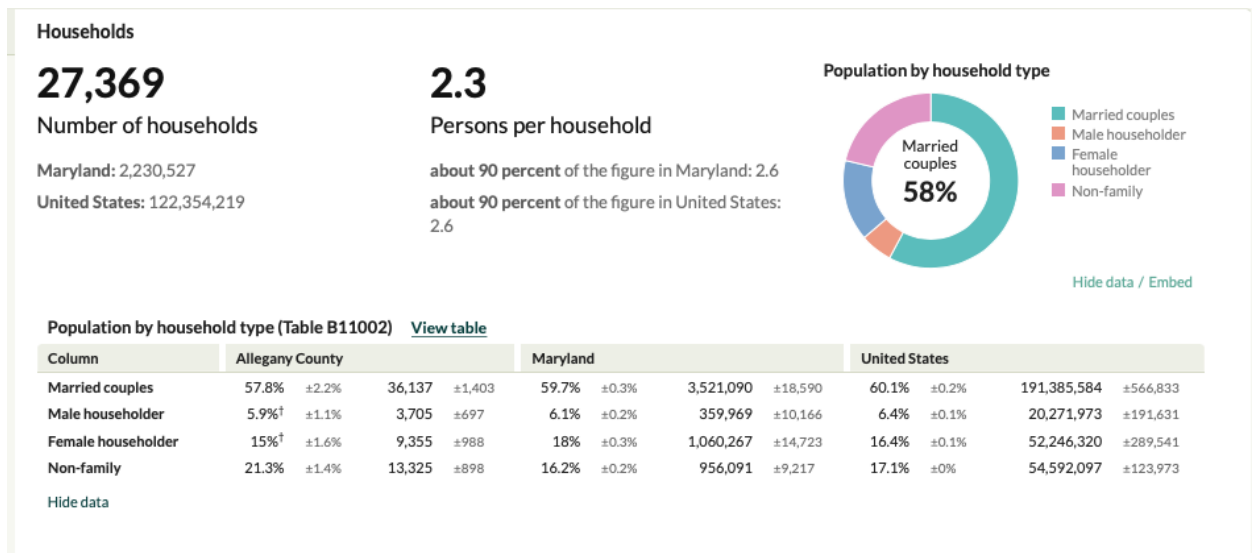


Fig. b

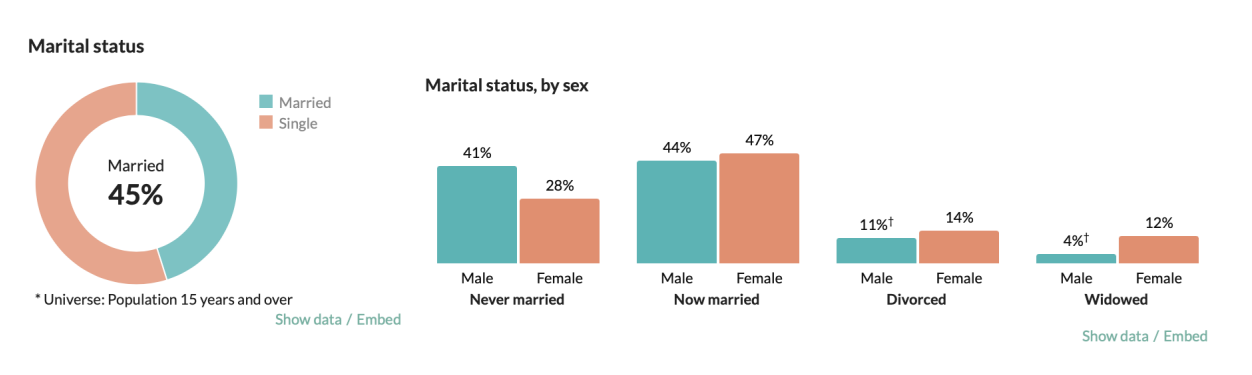


Fig. c

Income

\$24,776
Per capita income

about three-fifths of the amount in Maryland: \$43,352
about two-thirds of the amount in United States: \$35,384

\$49,449
Median household income

about three-fifths of the amount in Maryland: \$87,063
about three-quarters of the amount in United States: \$64,994

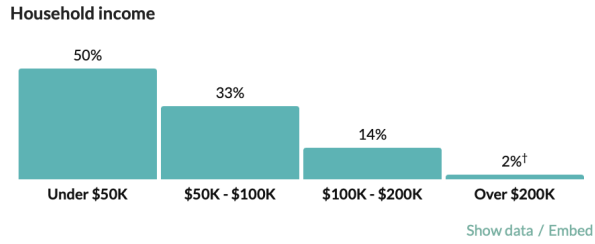


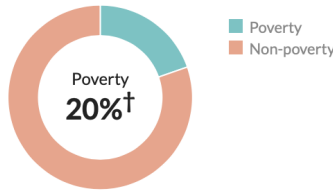
Fig. d

Poverty

15.6%
Persons below poverty line

more than 1.5 times the rate in Maryland: 9%
about 25 percent higher than the rate in United States: 12.8%

Children (Under 18)



Seniors (65 and over)

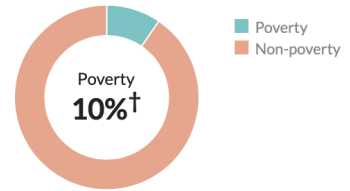


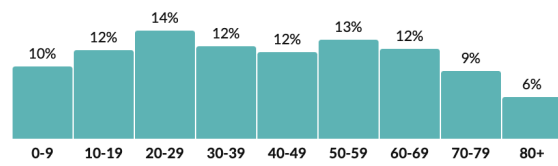
Fig. e

Age

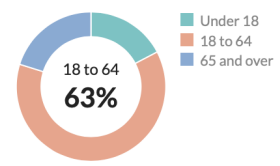
41.4
Median age

about 10 percent higher than the figure in Maryland: 38.8
about 10 percent higher than the figure in United States: 38.2

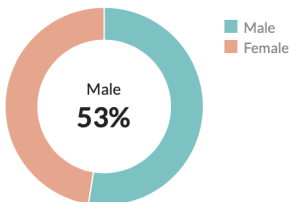
Population by age range



Population by age category



Sex



Race & Ethnicity

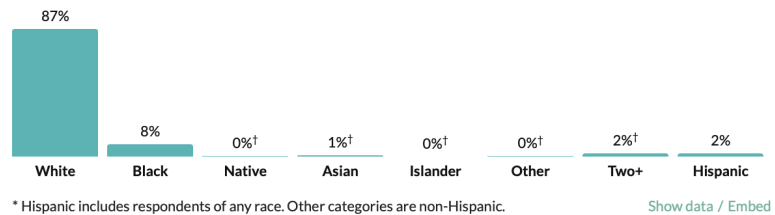


Fig. f

Educational attainment

89.8%

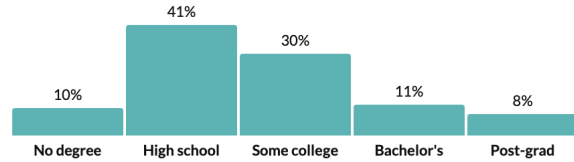
High school grad or higher

about the same as the rate in
Maryland: 90.6%about the same as the rate in United
States: 88.5%**19.3%**

Bachelor's degree or higher

about half the rate in Maryland:
40.9%about three-fifths of the rate in
United States: 32.9%

Population by highest level of education



* Universe: Population 25 years and over

[Show data / Embed](#)

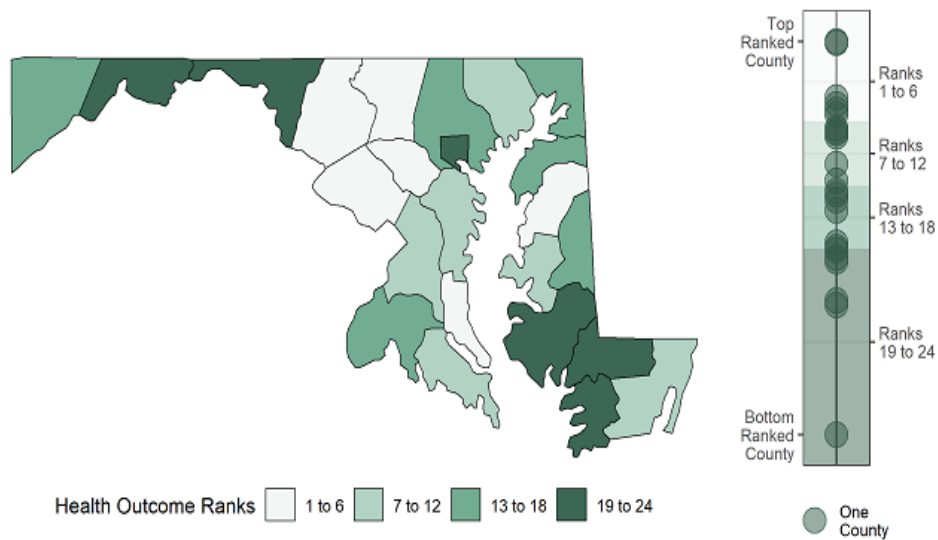
Table 1: Five-Year Estimates for Maryland and Appalachian Counties (American Community Survey, 2020)

| | Maryland | Garrett | Allegany | Wash. |
|--|-----------|----------|-----------------|----------|
| Total Population 18+ | 4,313,168 | 23,639 | 58,147 | 150,575 |
| % in Civilian Work Force | 66.9% | 53.4% | 49.5% | 59.9% |
| Unemployment Rate | 5.2% | 4.2% | 7.5% | 5.5% |
| Civilian Work Force % by Category | | | | |
| Management, Business, Science, Arts | 47.2% | 35.2% | 31.5% | 35.6% |
| Sales and Office | 19.5 | 19.8 | 21.9 | 21.4 |
| Service | 16.6 | 17.0 | 23.3 | 18.6 |
| Natural Resources/Construction/Maint. | 7.8 | 14.5 | 8.8 | 10.7 |
| Production/Transportation | 8.9 | 13.5 | 14.5 | 13.7 |
| Mean Household Income | \$114,236 | \$77,956 | \$62,389 | \$82,550 |
| % Below Poverty Level Past 12 Months | | | | |
| Families | 5.9% | 6.1% | 10.1% | 8.8% |
| All People | 9.0 | 10.6 | 15.6 | 12.0 |
| With Health Insurance Coverage | 94.1% | 93.6% | 95.5% | 94.4% |
| Public | 32.7 | 44.4 | 46.9 | 52.1 |
| Private | 74.5 | 64.9 | 66.9 | 49.7 |
| Food Stamp/SNAP Benefits | 10.1% | 14.0% | 20.2% | 14.0% |
| Educational Attainment: BA Degree or Higher | 40.9% | 23.5% | 19.3% | 22.4% |

Health Equity and Disparity

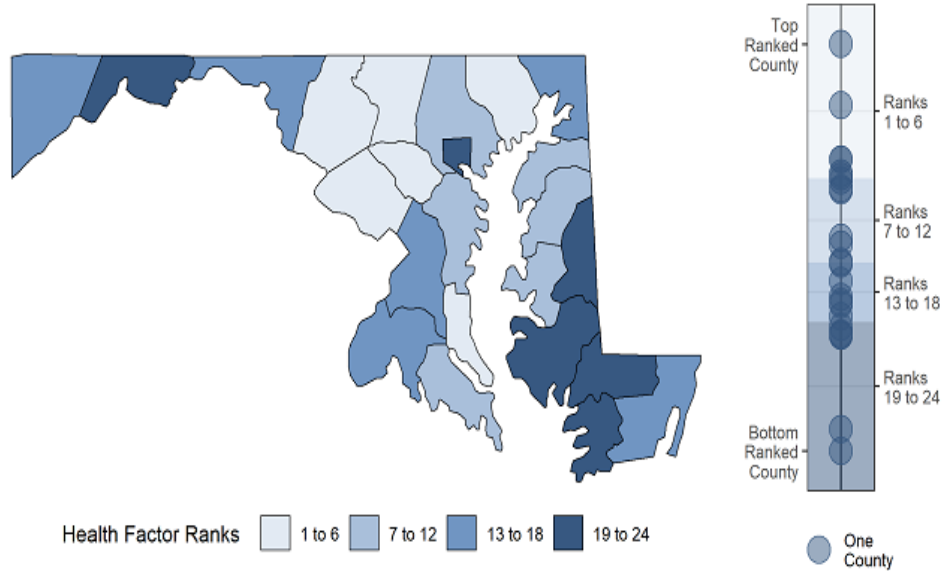
Health equity implies that everyone has a fair and just opportunity to be the best version of themselves; physically, mentally, and spiritually. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. Health disparities are differences in the key determinants of health, such as education, safe housing, and stigma/discrimination, which adversely affect marginalized or excluded groups (County Health Rankings & Roadmaps, 2022).

According to County Health Rankings and Roadmaps (2022), Allegany County ranks among the worst in the state for health outcomes.



Examination of public health factors serve as guidance for communities to understand the critical influence that education, income, employment, social capital, and environment have on individual health, while shedding light on areas in need of improvement (County Health Rankings & Roadmaps, 2022).

Allegany County also ranks among the worst for health factors compared to state averages (2022 *Maryland state report. County Health Rankings & Roadmaps, n.d.*).

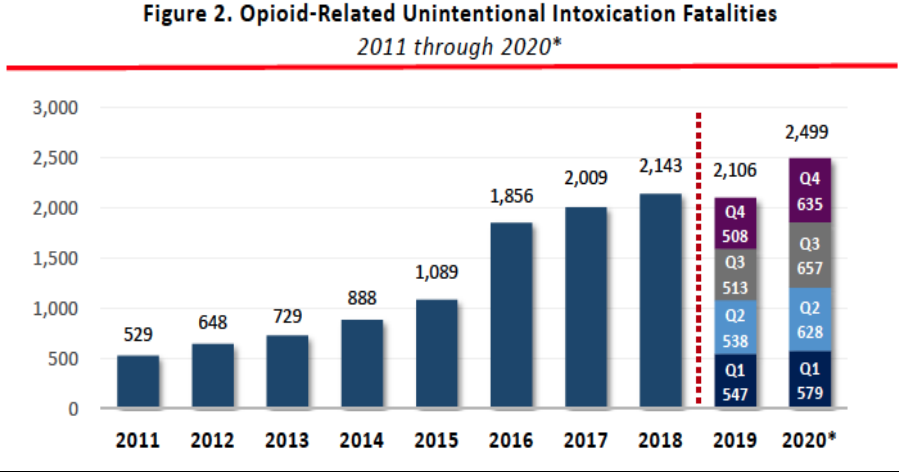


Regional Impact of the Opioid Public Health Crisis

It is no secret that our country, specifically our region, is in the throes of a devastating public health crisis which continues to negatively impact social determinants of health. Opioid-related deaths in Maryland increased steadily from 504 in 2010 to 2,143 in 2018. In 2019, Maryland reported its first decline in opioid intoxication deaths in nearly 20 years. Sadly, this small victory was short-lived as the COVID-19 pandemic brought with it a resurgence in mortality rates throughout 2020 and 2021. Data provided by the Opioid Operational Command Center (OCCC) show stark increases throughout the state in 2020 with Western Maryland showing the largest regional increase in opioid intoxication deaths.

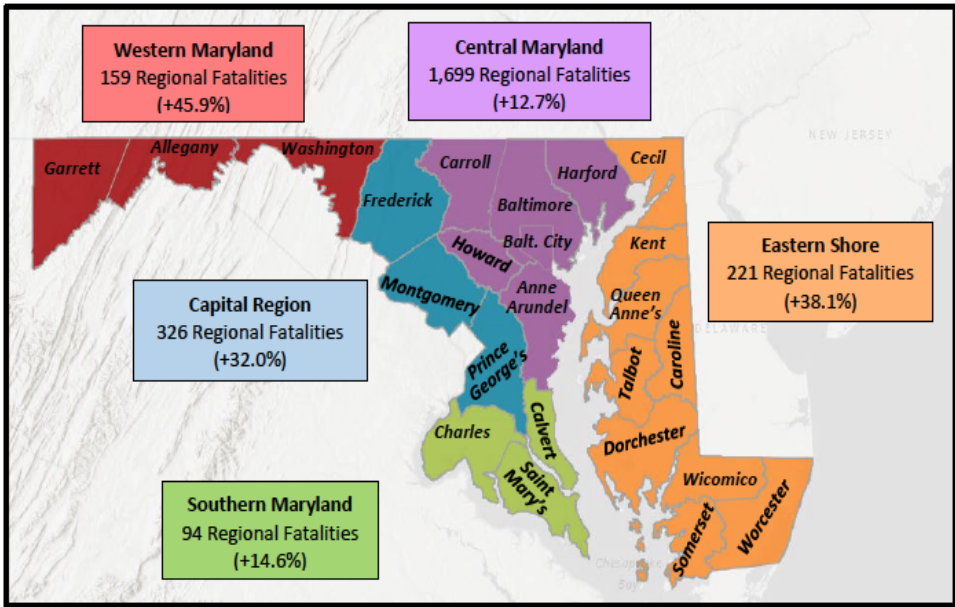
The following information represents a summary of statistical data extracted directly from the Maryland Opioid Operational Command Center, 2020 Annual Report:

As shown in Figure 2 below, there were 2,499 opioid-related intoxication fatalities in 2020, an 18.7 percent increase as compared to 2019. Opioids were involved in 90.1 percent of all fatal overdoses, higher than at any other point during the opioid crisis.



All Maryland regions saw increases in opioid-related intoxication fatalities in 2020. As seen in Figure 5, the largest regional percent increase in opioid-related fatal overdoses in 2020 was observed in Western Maryland, which includes Garrett, Allegany, and Washington Counties.

Figure 5. Percent Change in Opioid-Related Intoxication Deaths by Region
2019 vs. 2020*



As shown in Table 1 below, Allegany County saw the largest percent increase (108.7 percent), with 48 opioid deaths, 25 more than in 2019.

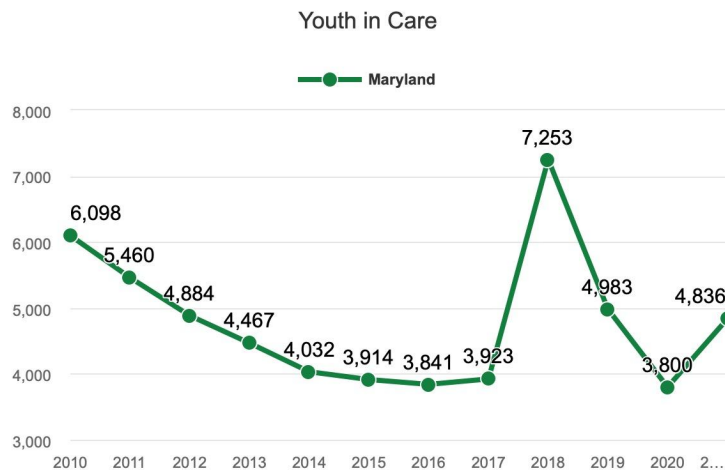
Table 1. Opioid-Related Intoxication Deaths by County
January through December, 2019 vs. 2020*

| County | 2019 | 2020 | Difference | Percent Difference | County | 2019 | 2020 | Difference | Percent Difference |
|------------------------|------|------|------------|--------------------|-----------------|--------------|--------------|------------|--------------------|
| Allegany | 23 | 48 | 25 | 108.7% | Harford | 73 | 74 | 1 | 1.4% |
| Anne Arundel | 183 | 224 | 41 | 22.4% | Howard | 34 | 52 | 18 | 52.9% |
| Baltimore City | 851 | 954 | 103 | 12.1% | Kent | 10 | 6 | (4) | (40.0%) |
| Baltimore Co. | 316 | 353 | 37 | 11.7% | Montgomery | 86 | 108 | 22 | 25.6% |
| Calvert | 25 | 20 | (5) | (20.0%) | Prince George's | 102 | 158 | 56 | 54.9% |
| Caroline | 11 | 15 | 4 | 36.4% | Queen Anne's | 11 | 13 | 2 | 18.2% |
| Carroll | 51 | 42 | (9) | (17.6%) | Somerset | 9 | 13 | 4 | 44.4% |
| Cecil | 53 | 85 | 32 | 60.4% | St. Mary's | 31 | 32 | 1 | 3.2% |
| Charles | 26 | 42 | 16 | 61.5% | Talbot | 13 | 13 | 0 | 0.0% |
| Dorchester | 10 | 15 | 5 | 50.0% | Washington | 80 | 106 | 26 | 32.5% |
| Frederick | 59 | 60 | 1 | 1.7% | Wicomico | 29 | 37 | 8 | 27.6% |
| Garrett | 6 | 5 | (1) | (16.7%) | Worcester | 14 | 24 | 10 | 71.4% |
| Statewide Total | | | | | | 2,106 | 2,499 | 393 | 18.7% |

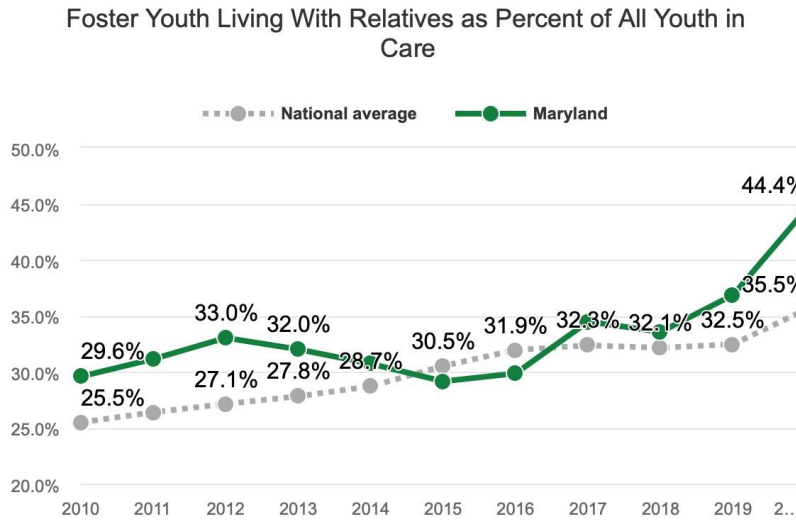
Adverse Childhood Experiences as Collateral Consequences of the Drug Crisis & Disparity

From a national perspective, there is a statistical relationship between the rate of drug overdose deaths, drug-related hospitalizations, and child welfare caseloads. This is visible in a dose-response relationship in that the counties with higher drug related hospitalization and death rates also experience higher child welfare demands. Poverty rates further complicate things due to the positive correlation to substance use disorder and child welfare interventions, particularly in regions such as Appalachia (Radel, Baldwin, Crouse, Ghertner, & Waters, n.d.).

The line-graph below depicts the number of youth in foster care services within the entire state of Maryland (Scraggins, n.d.).



The following graph depicts the number of Maryland youth included in the above total for “Youth in Care” who are now residing with family members (Scraggins, n.d.).



According to The Administration for Children and Families (AFCARS report #28), preliminary review of 2020 data; neglect, problematic drug use and inability to cope represent the top three causes of child removal from the family home.

| Circumstances Associated with Child's Removal | Percent | Number |
|---|---------|---------|
| Neglect | 64% | 139,255 |
| Drug Abuse (Parent) | 35% | 75,761 |
| Caretaker Inability To Cope | 13% | 28,771 |
| Physical Abuse | 13% | 27,277 |
| Housing | 9% | 20,534 |
| Child Behavior Problem | 8% | 16,298 |
| Parent Incarceration | 6% | 13,314 |
| Alcohol Abuse (Parent) | 6% | 12,827 |
| Abandonment | 5% | 9,866 |
| Sexual Abuse | 4% | 8,604 |
| Drug Abuse (Child) | 2% | 4,736 |
| Child Disability | 2% | 3,595 |
| Parent Death | 1% | 2,147 |
| Relinquishment | 1% | 1,919 |
| Alcohol Abuse (Child) | 0% | 826 |

NOTE: These categories are not mutually exclusive, so percentages will total more than 100% and counts will be more than the total number of entries.

Adverse Childhood Experiences (ACEs) are traumatic events which occur between 0-17 years of age such as witnessing family violence, exposure to parental incarceration, exposure to problematic substance use, living in poverty or financial hardship, growing up in unsafe neighborhoods, and experiencing stigma, bullying, or discrimination (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, Marks, 1998).

Decades of research suggest that ACEs serve as a significant predictor of lifelong health, mental well-being, and problematic substance use. There are specific risk factors associated with ACEs, that when mitigated, significantly reduce the harmful long-term impact of these traumatic experiences. Through identifying individual, family, and community risk factors, along with relevant protective measures, we can begin building a recovery ecosystem to reduce risk behaviors, improve health outcomes, and support community members of all ages.

The Centers for Disease Control and Prevention (2019) provides the following list of risk factors known to contribute to ACEs, note that each of these factors are easily identified within our county population:

Individual and Family Risk Factors

- Families experiencing caregiving challenges related to children with special needs (for example, disabilities, mental health issues, chronic physical illnesses)
- Children and youth who don't feel close to their parents/caregivers and feel like they can't talk to them about their feelings
- Youth who start dating early or engaging in sexual activity early
- Children and youth with few or no friends or with friends who engage in aggressive or delinquent behavior
- Families with caregivers who have a limited understanding of children's needs or development
- Families with caregivers who were abused or neglected as children
- Families with young caregivers or single parents
- Families with low income
- Families with adults with low levels of education
- Families experiencing high levels of parenting stress or economic stress
- Families with caregivers who use spanking and other forms of corporal punishment for discipline
- Families with inconsistent discipline and/or low levels of parental monitoring and supervision
- Families that are isolated from and not connected to other people (extended family, friends, neighbors)
- Families with high conflict and negative communication styles
- Families with attitudes accepting of or justifying violence or aggression

Community Risk Factors

- Communities with high rates of violence and crime
- Communities with high rates of poverty and limited educational and economic opportunities
- Communities with high unemployment rates
- Communities with easy access to drugs and alcohol
- Communities where neighbors don't know or look out for each other and there is low community involvement among residents
- Communities with few community activities for young people

- Communities with unstable housing and where residents move frequently
- Communities where families frequently experience food insecurity
- Communities with high levels of social and environmental disorder

ACEs can lead to both short and long-term health challenges through prolonged exposure to biological stress via the sympathetic nervous system and the associated disruption of neurologic, endocrine, immune, metabolic, genetic, and genetic regulatory systems. For this reason, prolonged activation of the sympathetic nervous system is typically referred to as toxic stress and can even alter our DNA. Toxic stress leads to changes in the brain which can affect attention span, impulsive behavior, decision-making, learning, emotional regulation, and future stress responses. In the absence of protective factors, children growing up under these conditions often struggle to complete schooling and have an increased likelihood of engaging in crime and violence. There is also an increased risk for engaging in other health-risk behaviors such as early initiation of sexual activity, sexual promiscuity, engaging in unprotected sex, suicidal behaviors, and an inability to establish healthy relationships. Adults with higher ACE scores have shown higher risk for developing a substance use disorder, increased likelihood of entering into a marriage or partnership with someone who has substance use disorder, less stable finances and work histories, greater family dysfunction, and higher risks for anxiety and depression, which can be passed down through generations (Centers for Disease Control and Prevention, 2019).

Current academic literature suggests that the impact of ACEs may be mitigated by creating trauma-informed social environments which include responses that promote healing, recovery, and resilience (SAMHSA, 2014). Building community capacity to support a culture of health and wellness for neighborhoods and families offers us the best hope for reversing the current cycle within the next decade (Porter, Martin, & Anda, 2017).

Objectives

This evaluation aims to identify and inventory existing youth centered programs in Allegany County. A secondary aim was to provide a description of best practices and evidence-based programming for community availability and effectiveness, an analysis of demographic data, analysis of youth services evaluated by a standardized framework of performance measures, a list of the most prevalent ACEs in Allegany County, a description of impediments which may cause inequities or disparities of services to any of the protected classes and actions to address them, an assessment of the needs of children and youth based upon community participation and area demographic data analysis, identification of gaps of services, recommended actions to address gaps in services and to identify coordination opportunities among providers while using best practices for trauma-informed, inclusive services.

Measurable Outcomes/Deliverables

- Vendor list, Services, Ages served, Costs, Identified Barriers
- Geographic Mapping of Vendor Services
- Surveys, Census Data, Focus Groups, Stakeholders (inclusive of youth)
- Evaluation of Vendors, ACE's, Trauma Informed Care, Resources
- Identify Vendor Best Practices, Identify Evidence Based Programming

- Present Findings, Gather Public Input
- Comprehensive Written Document

Methodology & Data Collection Strategy

Archway Station, Inc. formed a team of staff members and enlisted the services of a local consultant to inventory and geographically map local programs, review consensus data, conduct focus groups, develop and administer surveys, and analyze data.

- Database building and corresponding geographical mapping
 - Local youth program vendor research was assigned to a single team member to facilitate the development of a database and mapping, with support of remaining team members.
 - Information was collected through a combination of rigorous web-based searches, examination of programming lists provided by local partners and collaborators, and direct outreach in-person and digitally.
 - Information was compiled in spreadsheet format using two formats, one to allow for necessary mapping fields recognizable by Google Maps and one to provide an easily interpreted spreadsheet for query purposes.
- Self-report anonymous surveys were created digitally via Google Forms and administered using hyperlinks, QR codes, or paper options for those without technology access.
 - The consultant designed three separate surveys to specifically target community members, program leaders, and youth under age nineteen with support from remaining team members.
 - Archway team members designed QR codes which were included on flyers and posters, along with hyperlinks, for digital access. Team members placed posters and flyers in public spaces throughout the county and attended multiple community events to promote participation. Although digital completion of surveys was preferred for data integrity purposes, paper versions were made available to any community member unable to access surveys via technology.
 - Survey data populates in Google Forms automatically, creating a .csv file of raw data, while also providing infographics to summarize. Surveys completed using paper format were entered manually into survey database by a team member for ease of analysis.
 - Consultant engaged in minor data cleaning for short-response questions to ensure interpretable graphs and tables.
- Two in-person focus groups were conducted by the consultant using a modified nominal group technique to ensure inclusivity of all participant feedback.
 - Nominal Group Technique (NGT) is a structured method of brainstorming in a group setting that is designed to encourage inclusivity.
 - Participants begin by engaging in the silent generation of individual ideas/responses to a single specific question.
 - Ideas are then shared anonymously with the group to encourage discussion and clarification.

- Used to reach consensus on the identification of key problems or solutions, ideas are then narrowed to a short list based on group vote.
- Responses were then coded into a group of general themes

Evaluation Findings

Challenges relating to poverty, problematic substance use and substance use disorder, familial incarceration, inequitable access to programs and services, and limited opportunities for social engagement continue to impact the youth of Allegany County. Opportunity exists for the expansion of youth mental health and substance use/addiction services in the area, along with school partnerships to provide mentoring, peer support, and meaningful engagement. Allegany County also lacks programs/services for transitional age youth (TAY), increasing the likelihood of deficits relating to skills, support, earning potential and other detriments to the social determinants of health for this population. Youth belonging to marginalized or otherwise vulnerable groups (BIPOC, LGBTQ+), experience the highest levels of disparity, making equitable access to programs a high priority.

Vendor Database. Compiling a vendor list/database of existing programs immediately proved challenging due to the absence of centralized information. At the conclusion of data collection, the Archway Station team identified 195 youth programs in the area. Unfortunately, inclusivity and accessibility present a clear problem for the City of Cumberland, simply due to a lack of publicly accessible information. In contrast, the City of Frostburg provides an example of centralized information that is easily accessible through the City's website (Frostburg Maryland, 1970).

The team identified ten categories of programming, represented by the following distribution: Entertainment 3.1%, Faith Based 4%, Health/Behavioral health 6%, Art/Culture 7%, Civic 7%, Parks & Rec 7%, Early Childcare & Education 11.2%, Education/Workforce 12%, Support/Mentoring 12%, and Sponsored Team Sports 32%. Key findings suggest an absence of programs for youth who are not inclined to engage in team sports, a desperate need for shared community spaces to promote program collaboration, improved transportation access, and the need to develop a centralized location for locating program information within the county.

Surveys and Focus Groups. Survey and focus group data point to a need for community spaces for youth to engage, opportunities to offset the cost of activity participation, non-traditional sports outside of public school affiliation, inclusive special interest youth clubs, and more family friendly entertainment options.

Community members indicated a strong desire for more indoor entertainment options that could potentially serve to promote family engagement as well as youth specific engagement. 69.1% of participating community members indicated cost was a significant factor in participation with 22.58% indicating the need for lowered fees or the creation of scholarships for the marginalized. 44.3% of community respondents indicated dependency on government assistance such as SNAP, HUD, or Medicaid, and 14.3% indicated struggles with transportation. Additionally, program leaders who completed a survey indicated funding for additional staff and resources to provide transportation as the top areas of desired improvement in their existing programs. Of

those who participated in the community survey, 62.71% reported that youth in their care participate in local team sports and 39.58% indicated participation in any program was coercive to promote socialization and occupy time. This implies that many young people who are engaging in activities, do so to satisfy parents/caregivers with only 16.67% of respondents indicating participation in activities being interest-based.

Youth who completed a survey shared suggestions for programming they would like to see in Allegany County. Of the 22 young people who completed the survey, 81.8% indicated that they simply need more places to “hang out” with friends. Internet café’s, arcades, bowling alleys, skate parks, recreation centers, local youth centered music festivals, and local carnivals were some of the wonderful suggestions shared.

Focus group participants were chosen through their participation in Allegany College of Maryland’s Adult Basic Education Program. Participant ages ranged between 18 and 31 years of age, except for the two instructors who were 46 and 51 years of age. Participants were asked to silently generate responses to the following question using pen and paper: *What type of youth programming/entertainment/activities do you think Allegany County residents would benefit from?*

Individual responses were then collected, discussed anonymously, and compiled into themes which included youth activities and clubs, sports related activities and clubs, and seasonal events. Suggestions supported responses received in surveys, adding to the consistency of the evaluation findings.

Program Effectiveness. The RFP asked for an evaluation of program effectiveness which, unfortunately, isn’t possible under a limited contract of this nature. To determine program effectiveness, a contracted vendor would require the funding, manpower, organizational cooperation, and extended timeline to engage in individual program assessments including the collection of baseline data, determination of individual performance criteria relevant to each program type, longitudinal documentation of program specific outcomes, and evaluative reporting relative to each individual program/program type. When speaking specifically to the mitigation of adverse childhood experiences, all programming has the potential to contribute to youth wellness, provided program facilitators are skilled in trauma-informed youth engagement and receive the funding resources required to meet demands. A significant component of ACEs impact reduction is to ensure that youth are provided with opportunities to build meaningful relationships with at least one caring adult (mentoring/support), build meaningful positive relationships with peers (social capital), engage in activities which provide opportunity to build confidence and independence (self-efficacy/self-reliance), and explore interests that will translate into a sense of self-worth (life purpose/goals).

Findings and demographic data, including charts and graphs, for each measure utilized in this evaluation are included in the appendices of this document for the purpose of in-depth review.

Strengths and Limitations

Archway Station is a non-profit agency operating in Allegany County and providing PRP services to adults and minors in a fee for service basis funded through Medicaid under the

licensure of the BHA. Archway Station has the distinction of having been accredited by CARF since 2017. Stephanie Hutter-Thomas, PhD, founder of Appalachian Recovery Concepts, LLC, served as the hired consultant for the project based on academic credentials, professional experience and area of specialization. Dr. Hutter-Thomas has been relentlessly involved in research and community education addressing the opioid crisis, adverse childhood experiences, stigma, and disparity, along with the specific impact these constructs have on Appalachian and Mountain Maryland communities.

While the team views evaluation efforts as relatively successful given the limitations, further in-depth programmatic review is recommended. Timeline constraints and challenges with identifying programming, particularly within the City of Cumberland, proved more difficult than anticipated. Many programs do not have a website or clear contact information to promote program awareness and inclusivity. This challenge was compounded by a disappointingly low response to program leader surveys meant to aid in uncovering unidentified services and activities. The youth survey also proved to be a bit disappointing in that it was difficult to recruit community members within this age group to participate. The legality of addressing youth without the presence of a parent and parental consent, combined with parental complacency in encouraging youth survey participation, served as a significant barrier. Lastly, as mentioned in earlier sections, program effectiveness cannot be “factually” assessed under the current funding and timeline limitations.

Recommendations

Positive youth development programs strengthen an individual sense of identity, belief in the future, self-regulation, and self-efficacy, while simultaneously nurturing social, emotional, cognitive, and behavioral competence. These programs provide youth with a network of supportive adults which help to reduce the long-term negative impact of adverse childhood experiences. Unlike many prevention programs that focus solely on risk behaviors, positive youth development programs strive to develop and enhance positive characteristics of youth and increase protective factors. By increasing protective factors rather than focusing on risk behaviors related to a single adverse outcome, these programs have benefits across a range of health and academic outcomes. Positive youth development programs have been found to be effective in reducing sexual risk behaviors, HIV, STI's, and unintended pregnancy. This form of programming also has the potential to prevent substance use and violence which contribute to risks association with disease transmission and poor academic performance.

Key findings suggest a need for community spaces, options for indoor and outdoor entertainment, themed clubs, scholarships, sports not affiliated with the school system, transportation access, designated committee for overseeing local youth activities, and the need to develop a centralized location for locating program information within the county.

Recommendations based on Survey/Focus group findings

- Require trauma-informed youth engagement education for all coaches and program facilitators leading youth programs within the county.
- Designated community spaces for use by all groups

- Should not be privately owned or maintained to ensure inclusivity and right of access to all local programs/activities.
 - Ideal space for annual recruitment into seasonal sports, hosting clubs and other special interest youth activities, serve as headquarters for sports not affiliated with schools, and as a general place for young people to go and engage with their peer groups.
 - Rec Center model with youth centered peer support specialists available during hours of operations.
 - Similar locations include Frostburg Armory and/or City Place locations
 - Encourage similar satellite spaces in outer lying areas of county (Lonaconing, Barton, Westernport, Oldtown, etc.)
 - Should include a fundraising committee to keep center going and supplement funding for special events and/or designated grant writer.
 - This center should not specifically cater to sports only. To be inclusive the center should include gaming opportunities (video/computer), art, music, and various other options based on a needs assessment.
- Increase indoor entertainment options by seeking new business vendors and encouraging improvement of existing options
 - Sky Zone trampoline center
 - Arcades
 - Laser Tag
 - Ready, Set, Play indoor playground
 - Offer incentives to local skating rinks to improve the infrastructure of establishments and increase hours of operations. For example:
 - Moon Glo, which is open on Friday and Saturday nights only, 7pm-10pm
 - Starlight which is open Friday 7:30pm-10:30pm, Saturday 2pm-4pm & 7:30-10:30pm, and Sunday from 2pm-4pm
 - This limits youth engagement significantly through the limited hours of operation. The limited afternoon hours serve as a huge deterrent to the participation of youth under 12.
 - Consider offering incentives for private establishments like this to collaborate with local non-profit groups with common interests. In this example, there could be a youth night with reduced pricing and a sponsoring organization.
- Increase outdoor entertainment options by capitalizing on the many resources currently available and providing subsidy/scholarships to make services accessible to all
 - Ski trips with bus service provided and tickets subsidized
 - Youth hiking and other nature related events with adult supervision in collaboration with local organizations and vendors
 - Cycling events in collaboration with local vendors
 - Skateboarding events in collaboration with local vendors and bands
 - Youth centered music entertainment events

- Create Youth Engagement Committee of local youth and adult stakeholders
 - Promote program collaborations, plan community youth events, provide community updates on available youth programming and resources
- Establish a “youth programming” page on City/County web- platform to provide regular updated listings of youth programs.
 - A current search for “Cumberland youth activities” brings us to the Cumberlandmd.gov website with activities that are limited to football and parks, with all information dated 2019.
 - See City of Frostburg/Frostburg First websites:
 - <https://www.downtownfrostburg.com/schools-summer-guide-kid-friendly-summer-frostburg/>
 - <https://www.frostburgcity.org/parksrec>
 - Create a mechanism for consistent updates as new programs emerge, older programs end, and existing programs are newly discovered. The knowledge gained in this project will be lost if youth programming information isn’t cataloged centrally and updated often.

A significant piece to achieving optimal youth engagement rests in our ability to understand their interests. In response to a less than desirable number of survey responses, the project team proposes a Phase 2 evaluation, focusing solely on youth feedback. With the inventory of services complete, the project team would shift all efforts to capturing data from the youth population, with intentions of achieving results generalizable across the county population for this age group. With cooperation of the Board of Education and the Superintendent, brief surveys could be administered by faculty within the Allegany County Public School System as a civic engagement activity. The project team would provide letters of informed consent to be shared with parents that would also provide instructions for “opting out” should a parent wish to decline their child’s participation. Like Phase 1, the project team would then analyze compiled data and provide a supplemental report specifically outlining local youth opinion, demographics, interests, and preferences. Approving a continued study and increasing youth accessibility to surveys will generate findings of a more robust nature to guide future program planning that is likely to achieve greater success.

Long-term Strategies for Healing Communities by Reducing ACE Impact

Primary prevention of ACEs is often difficult and rests in the hands of child welfare/child protective services. Research suggests that early home visitation has long-term benefit in addressing ACEs by intercepting child abuse/neglect and addressing concerns within the home environment. Secondary prevention measures rest in the hands of stakeholders, at both professional and grassroots levels, and their ability to recognize the occurrence of ACEs and understand the behavioral coping mechanisms commonly adopted to reduce the emotional impact. This requires comprehensive strategies to identify and intervene with children and families who are at risk. Strategies should also include increased communication between medical professionals, social workers, and public health while also increasing physician training to recognize and coordinate management of those affected (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, Marks, 1998). To be successful in our response to ACEs, we

must seek to build resilient, trauma-informed communities by fully engaging stakeholders from all sectors in a participatory change process of adopting trauma-informed practices (Matlin, Champine, Strambler, O'Brien, Hoffman, Whitson, Kolka, & Tebes, 2019).

Harms associated with ACEs can be prevented by creating safe, stable, nurturing relationships and environments for children and ongoing support for families in achieving this goal. The Centers for Disease Control and Prevention (2019), offers a collection of technical packages, available to all communities, to aid in the development of prevention strategies. Recommended core strategies for preventing ACEs can be seen in the table below, extracted from the Centers for Disease Control and Prevention ACE Prevention Toolkit.

| Preventing ACEs | |
|---|---|
| Strategy | Approach |
| Strengthen economic supports to families | <ul style="list-style-type: none"> • Strengthening household financial security • Family-friendly work policies |
| Promote social norms that protect against violence and adversity | <ul style="list-style-type: none"> • Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention |
| Ensure a strong start for children | <ul style="list-style-type: none"> • Early childhood home visitation • High-quality child care • Preschool enrichment with family engagement |
| Teach skills | <ul style="list-style-type: none"> • Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches |
| Connect youth to caring adults and activities | <ul style="list-style-type: none"> • Mentoring programs • After-school programs |
| Intervene to lessen immediate and long-term harms | <ul style="list-style-type: none"> • Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behavior and future involvement in violence • Family-centered treatment for substance use disorders |

ACEs don't have a single cause, and they can take several different forms. Many factors contribute to ACEs, including personal traits and experiences, parents, the family environment, and the community itself. To prevent ACEs and protect children from neglect, abuse, and violence, it's essential to employ each of the following protective factors (Centers for Disease Control and Prevention, 2019):

Individual and Family Protective Factors

- Families who create safe, stable, and nurturing relationships, meaning, children have a consistent family life where they are safe, taken care of, and supported
- **Children who have positive friendships and peer networks**
- Children who do well in school
- Children who have caring adults outside the family who serve as mentors/role models
- Families where caregivers can meet basic needs of food, shelter, and health services for children

- Families where caregivers have college degrees or higher
- Families where caregivers have steady employment
- **Families with strong social support networks and positive relationships with the people around them**
- Families where caregivers engage in parental monitoring, supervision, and consistent enforcement of rules
- Families where caregivers/adults work through conflicts peacefully
- Families where caregivers help children work through problems
- **Families that engage in fun, positive activities together**
- Families that encourage the importance of school for children

Community Protective Factors

- Communities where families have access to economic and financial help
- Communities where families have access to medical care and mental health services
- Communities with access to safe, stable housing
- Communities where families have access to nurturing and safe childcare
- Communities where families have access to high-quality preschool
- **Communities where families have access to safe, engaging after school programs and activities**
- Communities where adults have work opportunities with family-friendly policies
- Communities with strong partnerships between the community and business, health care, government, and other sectors
- Communities where residents feel connected to each other and are involved in the community
- Communities where violence is not tolerated or accepted

Recognizing and addressing the harmful effects of adverse childhood experiences (ACEs) in Allegany County goes far beyond examining current youth programming options because adversity doesn't occur in a vacuum. To address the factors that give rise to childhood trauma it is necessary to adopt a holistic view and examine all constructs impacting social determinants of health within the community. By addressing conditions that give rise to ACEs, while simultaneously addressing the needs of children and parents, a multi-generational approach emerges to prevent ACEs and ensure safe, stable, nurturing relationships and environments (Centers for Disease Control and Prevention, 2019).

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Appendix a: List of Vendors

Category: Entertainment – (6) Programs/Organizations or Establishments Identified

| Name of Sponsor Organization | Location |
|-------------------------------------|---|
| Allegany County Fair Grounds | 11490 Moss Ave Ext. Cumberland, Maryland 21502 |
| Country Club Mall Cinema | 1262 Vocke Road LaVale, Maryland 21502 |
| Embassy Theatre | 49 Baltimore Street Cumberland, MD 21502 |
| Exit Strategy Escape Room | 3 Pershing Street Cumberland, MD 21502 |
| The Palace Theater | 31 E Main Street Frostburg, Maryland 21532 |
| The Cumberland Theatre | 101 North Johnson Street Cumberland, MD 21502 |

Category: Faith Based – (7) Programs/Organizations or Establishments Identified

| Name of Sponsor Organization | Location |
|--|--|
| Bruce Outreach Youth Group | Bruce High School 398 Philos Ave, Westernport, MD 21562 |
| Central Assembly of God (Youth Group) | 2020 Bedford St, Cumberland, MD 21502 |
| City Reach Church Cumberland Summer Sidewalk Sunday School | 610 Brookfield Ave, Cumberland, MD 21502 |
| Cornerstone Baptist Church | 930 Frederick St, Cumberland, MD 21502 |
| NorthStar Youth Group | 18801 NorthStar Drive, Rawlings, MD 21557 |
| Our Lady of the Mountains (Youth Group) | 300 E. Oldtown Rd Ste 2, Cumberland, MD 21502 |
| Royal Rangers | (WV location) Calvary Assembly of God (Midlothian location) Trinity Assembly of God |

Appendix a: List of Vendors

Category: Civil Service/Volunteerism – (13) Programs/Organizations or Establishments Identified

| Name of Sponsor Organization | Location |
|---|---|
| Allegany County Animal Shelter | 716 Furnace St., Cumberland, MD 21502 |
| Ark of Hope | 13400 Arctic Ridge Lane, Oldtown, MD 21555 |
| Bowman's Jr. Firefighters | 11710 Boardwalk Ave NE, Cumberland, MD 21502 |
| Civil Air Patrol | Greater Cumberland Regional Airport Building 5 Wiley Ford, WV 26767 |
| Cub Scouts and Boy Scouts | 14416 McMullen Hwy SW, Cumberland, MD 21502 |
| Emmanuel Parish of the Episcopal Church Summer Lunch Box Program | 16 Washington Street,, Cumberland, MD 21502 |
| Girl Scouts | Troop 40178 – Frostburg First Congregational Church Troop 14045 - George's Creek Elementary Troop 40099 - Cresaptown Elementary Troop 14117 - LaVale United Methodist Church Troop 14104 - West Side Elementary School Troop 40346 - St. Paul's Lutheran Church Troop 40344 - Wesley Chapel United Methodist Church |
| Good-Will Vol. Fire Department | Good-Will Vol. Fire Dept 6 Douglas Ave, Lonaconing, MD 21539 |
| Habitat for Humanity | Allegany County Habitat for Humanity P. O. Box 3162 LaVale, MD 21504-3162 |
| Rocky Gap State Park Rangers | Rocky Gap State Park |
| Teen Volunteer Program (UPMC) | 12500 Willowbrook Rd Cumberland, MD |
| Union Rescue Mission | 16 Gulf Memorial Dr, Cumberland, MD 21502 |
| Western Maryland Food Bank | 816 Frederick St, Cumberland, MD 21502-1234 |

Appendix a: List of Vendors

Category: Sports– (63) Programs/Organizations or Establishments Identified

| Name of Sponsor Organization | Location |
|--|--|
| Allegany Youth Enrichment Program Services | 119 N. Centre Street, Cumberland MD 21502 |
| American Martial Arts Academy | 6 Lane Ave, La Vale, MD 21502 |
| Baseball/Softball/Dapper Dan Little League/Pee Wee League/T-Ball | The Dapper Dan Club of Allegany County, Inc., PO Box 1322, Cumberland MD 21502 |
| Battie Mixon Fishing Rodeo | Green Spring Road, Oldtown, Maryland |
| BC Jujitsu | 301 Henderson Ave # A, Cumberland, MD 21502 |
| Bishop Walsh JCP Soccer League | City of Cumberland 57 N. Liberty Street, Cumberland, MD 21502 |
| Braddock JCP Soccer League | City of Cumberland 57 N. Liberty Street, Cumberland, MD 21502 |
| Calvary JCP Soccer League | City of Cumberland 57 N. Liberty Street, Cumberland, MD 21502 |
| Chestnut Ridge JCP Soccer League | City of Cumberland 57 N. Liberty Street, Cumberland, MD 21502 |
| Coach Wooten's Basketball Camp | 330 Ayr Hill Avenue, NE Vienna, VA 22180 |
| Cumberland Heat Fast Pitch Softball | 14702 Wood St. Cresaptown, MD 21502 |
| Cumberland Marbles Program | Cumberland Parks and Recreation Dept. 57 N Liberty Street Cumberland Maryland 21502 |
| Ellerslie JCP Soccer League | City of Cumberland 57 N. Liberty Street, Cumberland, MD 21502 |
| Flintstone JCP Soccer League | City of Cumberland 57 N. Liberty Street, Cumberland, MD 21502 |
| Frostburg AYSO (Soccer) | Parris N. Glendening Recreation Complex Espy Avenue, Frostburg, Maryland 21532 |
| Frostburg Cougars Pee Wee Football | 37 S Broadway, Frostburg, MD 21532 |
| Frostburg JCP Soccer League | 37 S Broadway, Frostburg, MD 21532 |
| Frostburg Rangers AYSO Region 1090 | Region 1090, 421 Crestview Drive, Frostburg MD 21532 |
| Frostburg Soccer Camp | FSU Cordts PE Center: Room 177101 Braddock Rd. Frostburg, MD 21532 |
| Frostburg Youth Basketball League | 37 S Broadway, Frostburg, MD 21532 |
| FSU Climbing Gym | FSU Cordts PE Center: Room 177 101 Braddock Rd. Frostburg, MD 21532 |

Appendix a: List of Vendors

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| FSU Private Swimming Lessons | FSU Cordts PE Center: Room 177 101 Braddock Rd. Frostburg, MD 21532 |
| FSU Youth Swimming Lessons | FSU Cordts PE Center: Room 177 101 Braddock Rd. Frostburg, MD 21532 |
| George's Creek JCP Soccer League | City of Cumberland 57 N. Liberty Street, Cumberland, MD 21502 |
| Girls Softball | Cumberland Parks and Recreation Dept., 57 N. Liberty Street, Cumberland MD 21502 |
| Hot Stove Baseball | 1050 Industrial Blvd, Cumberland MD 21502 |
| Kickmaster's Karate | 16318 Clarysville Rd SW, Frostburg, MD 21532 |
| Mexico Farms Equestrian Center | 11200 Mexico Farms Rd, Cumberland, MD |
| Miner Hickory Horseback Riding | 160 Miner Hickory Rd, Grantsville, MD 21536 |
| Moon Glo Skating Rink | 12700 Bedford Rd NE Cumberland, MD 21502 |
| Mountain Ridge Girls' Softball League (Miners) | 165 Washington St, Frostburg, MD 21532 |
| Mountain Ridge Little League Baseball | 37 S Broadway, Frostburg, MD 21532 |
| Mountain Thunder (Girl's Fastpitch Softball Travel Team) | 37 S Broadway, Frostburg, MD 21532 |
| Mt. Savage JCP Soccer League | 37 S Broadway, Frostburg, MD 21532 |
| PKR Athletics | 210 S Centre St, Cumberland, MD 21502 |
| Preschool Swim Time | FSU Cordts PE Center: Room 177 101 Braddock Rd. Frostburg, MD 21532 |
| Queen City Jr. Striders | Cumberland Parks and Recreation Dept. 57 N Liberty Street Cumberland Maryland 21502 |
| Recreation Baseball League | Cumberland Parks and Recreation Dept. 57 N Liberty Street Cumberland Maryland 21502 |
| Riverside BMX | Mason Sports Complex, Cumberland, MD 21502 |
| Rocky Gap Golf Course | 16701 Lakeview Rd NE, Flintstone, MD 21539 |
| Ryoma Academy of Martial Arts, LLC | 11046 New Georges Creek Rd SW Frostburg, MD 21532 |
| Special Olympics | Special Olympics Maryland, 3701 Commerce Drive # 103, Baltimore, Maryland 21227 |
| Spring Gap Farm (AK Equine Services LLC) | 16725 Harves Lane, Cumberland, MD 21502 |
| Star-Lite Roller-Skating Center | 100 National Hwy, La Vale, MD 21502 |
| Tammy's "Body Motions" Dance Studio | 682 N Centre St, Cumberland, MD 21502 |

Appendix a: List of Vendors

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| The Frostburg Pool | 200 South Water Street Frostburg, MD 21502 |
| Warrior Mountain Paintball | 16905 E Wilson Rd SE Oldtown, MD 21555 |
| White Oak Lanes | 1649 Oldtown Road, Cumberland, MD 21502 |
| YMCA Champions Basketball | YMCA 601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Elementary School Girls Volleyball Clinic | YMCA601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Elite Performance Strength Training | YMCA 601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Fundamental Basketball | YMCA 601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Girls Got Game Basketball Clinics (Elementary) | YMCA 601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Girls Got Game Basketball Clinics (Middle School) | YMCA 601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Indoor Soccer | YMCA 601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Middle School Girls Volleyball Clinic | YMCA 601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Outdoor Soccer | YMCA 601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Soccer Clinics | YMCA 601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Soccer Skills | YMCA 601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Summer Floor Hockey | YMCA 601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Swimming and Aquatics | YMCA 601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Youth Floor Hockey | YMCA601 Kelly Rd, Cumberland, MD 21502 |
| YMCA Youth Instructional Basketball League | YMCA 601 Kelly Rd, Cumberland, MD 21502 |

Category: Parks & Rec/Outdoors – (14) Programs/Organizations or Establishments Identified

| Name of Sponsor Organization | Location |
|-------------------------------------|--|
| Canal Tow Path | C&O Canal Trust 142 W. Potomac St. Williamsport, MD 21795 |
| Casselman River Bridge State Park | 10240 National Pike, Grantsville, MD 21536 |

Appendix a: List of Vendors

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|--|--|
| Constitution Park | Fort Avenue Cumberland, Maryland 21502 |
| Constitution Park Pool | Fort Avenue Cumberland, Maryland 21502 |
| Dan's Mountain State Park | 17410 Recreation Area Rd SW Lonaconing, MD 21539 |
| Frostburg Pool | Frostburg Pool 200 South Water Street Frostburg, MD |
| Great Allegheny Passage Trail | Great Allegheny Passage Conservancy P.O. Box 228 Homestead, PA 15120 |
| Green Ridge State Forest | 28700 Headquarters Drive NE Flintstone, Maryland 21530 |
| Lake Habeeb | 12500 Pleasant Valley Road Flintstone, MD 21530 |
| Mountainside Bike Tours | 108 Decatur Street, Cumberland, MD 21502 |
| New Germany State Park | 349 Headquarters Lane Grantsville, MD 21536 |
| Parris N. Glendenning Recreation Complex | Shaw Street Frostburg Maryland 21532 |
| Rocky Gap State Park | 12900 Lakeshore Drive Flintstone, Maryland 21530 |
| Western Maryland Rail Trail | Western Maryland Rail Trail c/o Fort Frederick State Park 11100 Fort Frederick Road Big Pool MD 21711 |

Category: Education & Employment – (23) Programs Identified

| Name of Sponsor Organization | Location |
|-------------------------------------|--|
| 4H | Allegheny County Extension Office One Commerce Drive Cumberland, MD 21502 Fax: 301-722-4015 |
| Allegheny County Library System | 815 National Highway LaVale, MD 21502 |

Appendix a: List of Vendors

| | |
|--|---|
| Allegany County Public School System | Board of Education 108 Washington St. Cumberland, MD 21502 |
| Allegany County Public School System | Board of Education 108 Washington St. Cumberland, MD 21502 |
| Childbirth and Newborn Education | 12500 Willowbrook Road Cumberland, MD 21502 |
| Consortium Summer Job Program | 1 Frederick Street Cumberland, MD 21502 |
| ECHO (Exploring Careers in Health Occupations) Program | AHEC West 39 Baltimore St, Cumberland MD 21502 |
| Horizon Goodwill Industries Resource Center | 12000 Upper Potomac Industrial Park St Cumberland, MD 21502 |
| Lego Sugo Tournaments | 116 Industrial Park, Accident, MD 21520 |
| Maryland Master Gardener Program | Allegany County Extension Office One Commerce Drive Cumberland, MD 21502 Fax: 301-722-4015 |
| Observatory @ the FSU Multimedia Learning Center | Department of Physics and Engineering Frostburg State University 101 Braddock Road Frostburg, MD 21532 |
| Piedmont Library | 1 Childs Avenue Piedmont, WV 26750 |
| Planetarium @ the FSU Multimedia Learning Center | Department of Physics and Engineering Frostburg State University 101 Braddock Road Frostburg, MD 21532 |
| Pre-K | 108 Washington Street Cumberland, MD 21502 |
| Project Y.E.S. stands for Youth Experiencing Success | Board of Education 108 Washington St. Cumberland, MD 21502 |
| Regional Math/Science Center | Frostburg State University 101 Braddock Road Frostburg, MD 21502 |
| Rocky Gap State Park Aviary | 12900 Lakeshore Dr Flintstone, Maryland 21530 |
| Salem Children's Trust | 605 Salem Drive, Frostburg, MD 21532 |
| Sheppard Pratt Community Employment Program | 121 Memorial Avenue Cumberland, MD 21502 |
| University of Maryland Extension-Allegany County | 1 Commerce Drive Cumberland, MD 21502 |
| Upward Bound | Frostburg State University 101 Braddock Rd Frostburg, Maryland 21532 |
| Western Maryland Consortium | 152 Baltimore Street Cumberland, MD 21502 |
| Western Maryland Works | 37 Lane Avenue LaVale, MD 21502 |

Appendix a: List of Vendors

Category: Medical/Behavioral Health – (11) Programs Identified

| Name of Sponsor Organization | Location |
|---|---|
| Archway Station Inc. Child, Adolescent, and Young Adult (CAYA) PRP | 45 Queen St. Cumberland, MD 21502 |
| Children's Medical Group | 500 Greene Street Cumberland, MD 21502 |
| Committed to Change | 200 Glenn St #302 Cumberland, MD 21502 |
| Covenant Counseling | 907 Seton Dr, Cumberland, MD 21502 |
| Maryland Children's Health Program Maryland Department of Health | 12501 Willowbrook Road Cumberland, MD 21502 |
| Potomac Behavioral Health | 249 Henderson Avenue Cumberland, MD 21502 |
| Potomac Case Management | 29 Baltimore St. Cumberland, MD 21502 |
| Pressley Ridge Outpatient Treatment | 327 Beall Street, Suite 2 Cumberland, MD 21502 |
| Support for Children with Medical Complexities | 5347 28th St NW Washington, DC 20015 |
| Villa Maria | 308 Virginia Avenue Cumberland, MD 21502 |
| Zimela Wellness Center | 11602 Bedford Rd NE Cumberland, MD 21502 |

Category: Arts/Culture – (13) Programs Identified

| Name of Sponsor Organization | Location |
|---|---|
| Allegany Arts Council (Art Lab) | 9 N. Centre Street Cumberland, MD 21502 |
| Allegany Arts Council Kids | 12402 Willowbrook Rd. Cumberland, MD 21502 |
| Canal Place Heritage Park | 13 Canal Street Cumberland, Maryland 21502 |
| CES at Frostburg State University | 101 Braddock Road Frostburg, Maryland 21532 |
| Community Model Railroad Club Frostburg | 10 Mechanic Street Frostburg, Maryland 21532 |
| Cumberland Cultural Foundation - Gilchrist Gallery | 104 Washington Street Cumberland, MD 21502 |

Appendix a: List of Vendors

| | |
|---|---|
| Cumberland Music Academy | Western Maryland Music Center 115 Baltimore Street Cumberland, MD 21502 |
| Cumberland Railroad Museum | 17 Howard Street, Unit C-5 Cumberland, MD 21502 |
| Cumberland Theatre & Creative Arts Center | 101 North Johnson Street Cumberland, Maryland 21502 |
| Mountain City Center for the Arts | 16 Maple St. Frostburg, MD 21532 |
| Mr. Toad's Pottery | 1313 National Hwy LaVale, Maryland 21502 |
| Spruce Forest Artisan Village | 177 Casselman Road Grantsville, MD 21536 |
| Teen Musical Theatre Camp | Mountain City Center for the Arts 16 Maple St, Frostburg, MD 21532 |

Category: Support/Mentorship – (23) Programs Identified

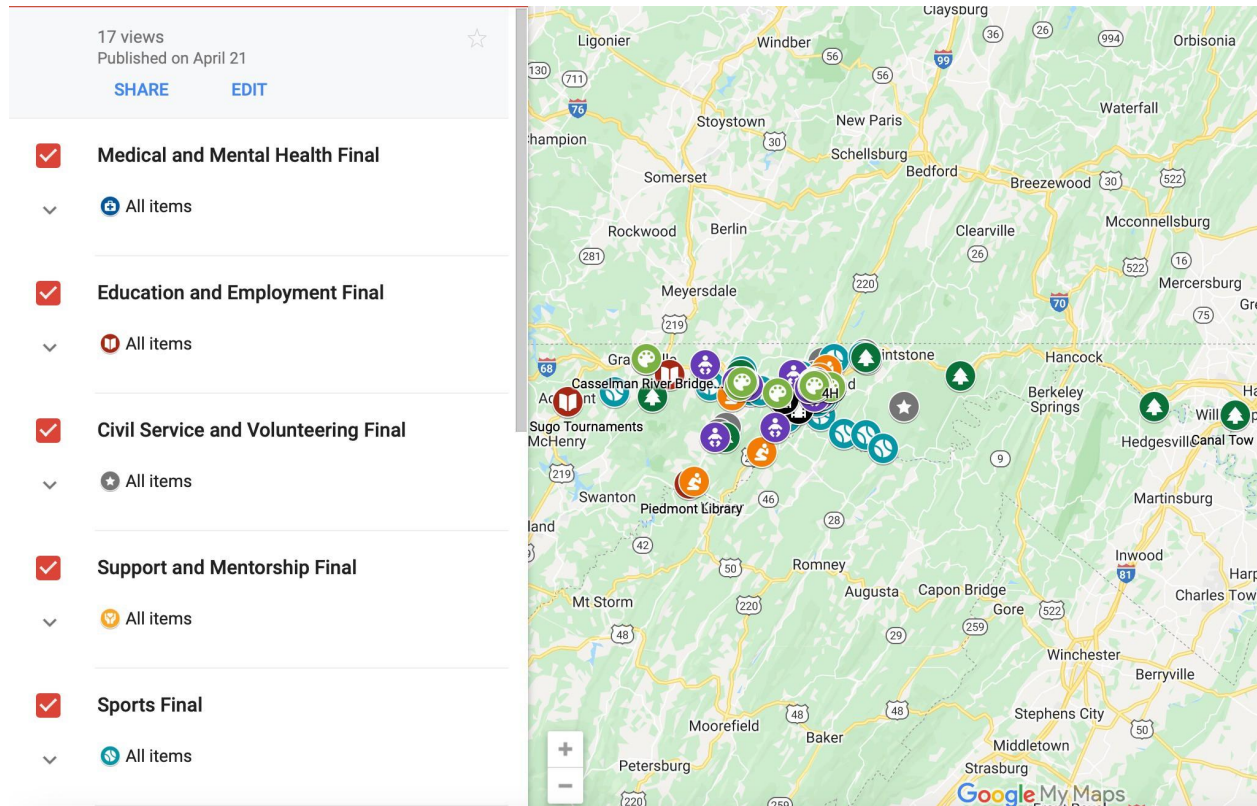
| Name of Sponsor Organization | Location |
|---|---|
| Allegany College Community and Lifelong Engagement/STEP Program | 12401 Willowbrook Road, SE ^[1] _{SEP} Cumberland, Maryland 21502-2596 |
| Allegany County Health Department ITFS Program | Allegany County Health Department 12501 Willowbrook Rd Cumberland, MD 21502 |
| Child Protective Services (DSS) | 1 Frederick Street, Cumberland, MD 21502 |
| Child Support Services | Office of Child Support 1 Frederick Street, Cumberland, MD 21502 |
| Cumberland Housing Authority Boys and Girls Club of America | Jane Frazier Community Center 202 Memorial Ave. Cumberland, Maryland 21502 |
| Cumberland Y Family Center | 205 Baltimore Avenue Cumberland, MD 21502 |
| Cumberland YMCA GOALS Program | 205 Baltimore Ave. Cumberland, MD 21502 |
| Family Peer Support Maryland Coalition of Families | 10632 Little Patuxent Parkway Columbia, MD 21044 |
| Foster Care and Foster Care Training Pressley Ridge | 327 Beall Street Cumberland, MD 21502 |
| Free for the Frontline Tutors | N/A |
| FreeState Justice | 231 East Baltimore Street Suite 1100, Baltimore, MD 21202 |
| Gilchrist Center | 205 Baltimore Avenue Cumberland, MD 21502 |

Appendix a: List of Vendors

| | |
|---|--|
| Jane's Place | 26 Greene St. Cumberland, MD 21502 |
| Local Care Team | 1 Frederick Street Cumberland, MD 21502 |
| Maryland Medicaid Autism Waiver | Maryland State Dept. of Education 200 West Baltimore Street, Baltimore, MD 21201-2595 |
| Maryland Physicians Care Community Engagement | City of Cumberland 57 N. Liberty Street Cumberland, MD 21502 |
| Optimal Healthcare Case Management | City of Cumberland 57 N. Liberty Street Cumberland, MD 21502 |
| The Children's League | Willowbrook Office Complex 12501 Willowbrook Rd Cumberland, MD 21502 |
| The Council for Exceptional Children and Adults | 400 Cumberland St, Cumberland, MD 21502 |
| United Way | 113 A S. Centre Street Cumberland, MD 21502 |
| WIC | Allegany County Health Department 12501 Willowbrook Rd Cumberland, MD 21502 |
| YMCA Baltimore Avenue Apartments for Families | 205 Baltimore Ave Cumberland, MD 21502 |
| YMCA Family Center | YMCA 601 Kelly Rd Cumberland, MD 21502 |

Appendix b: Geographical Mapping

At the conclusion of data collection, the Archway Station team identified 195 youth programs in the area as outlined in Appendix b. Programs were listed in an excel spreadsheet with specific details regarding participation criteria, transportation availability, and geographic location. This spreadsheet was then used to create a pinned map using the Google Maps platform. The photo below serves as an example of map appearance.



To access the Google map, please follow the link provided below. To review additional information about individual programs, simply hover and click on any individual icon.

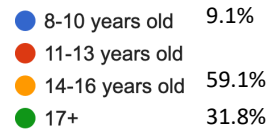
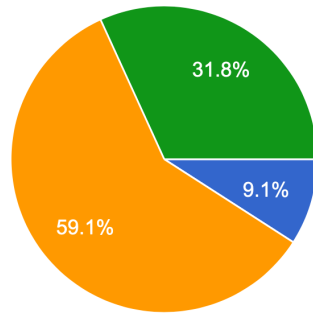
https://www.google.com/maps/d/edit?mid=1OmYCC1Nzmqzmv4kKyLu1_e6tDgZjU-ii&usp=sharing

Appendix c: Full Survey Results

Youth Survey Findings

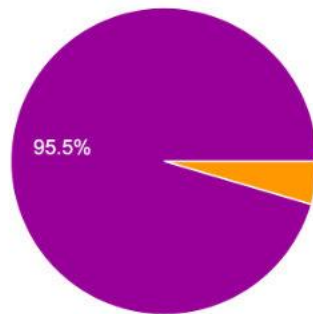
How old are you?

22 responses



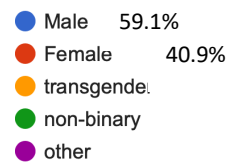
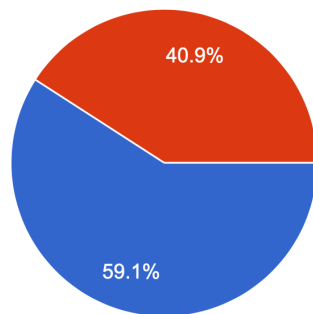
My race is best described as:

22 responses



I identify as:

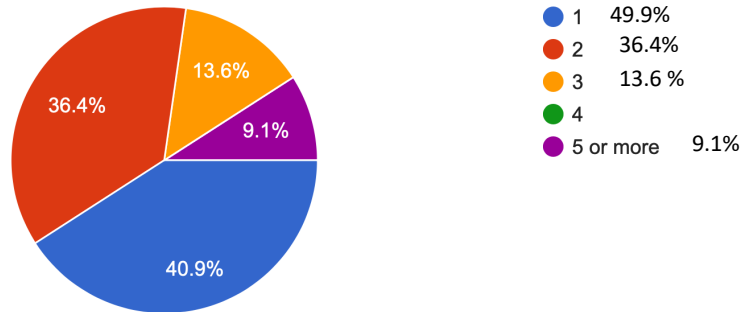
22 responses



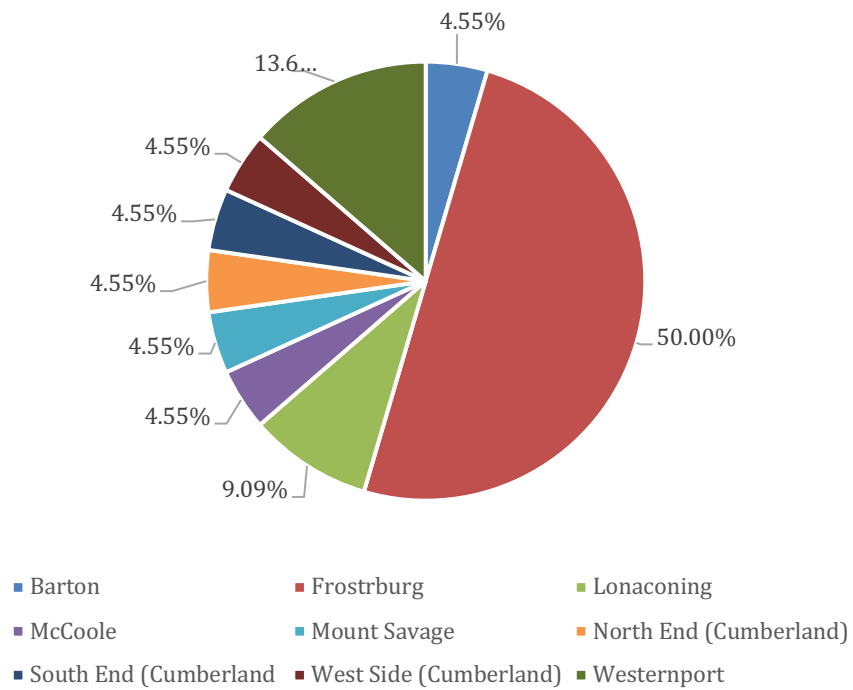
Appendix c: Full Survey Results

How many children/teens live in your household? (including yourself)

22 responses



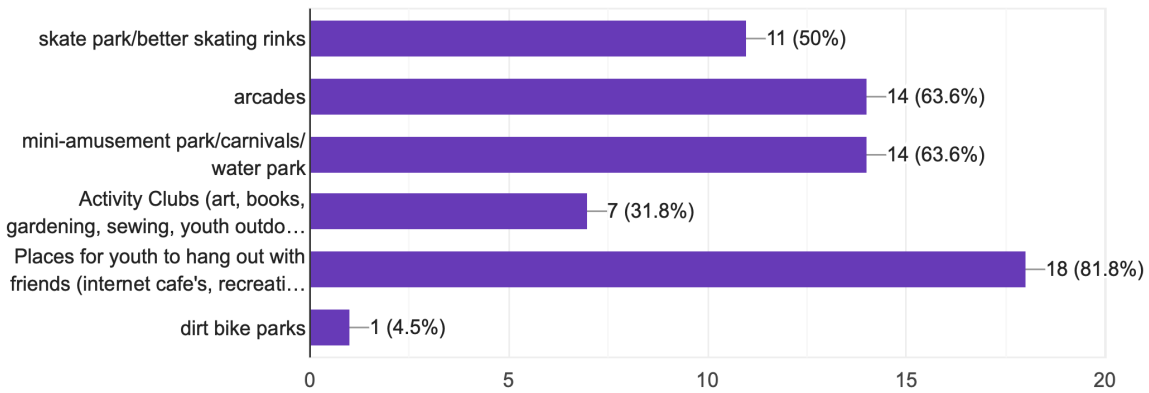
Residential Location



Appendix c: Full Survey Results

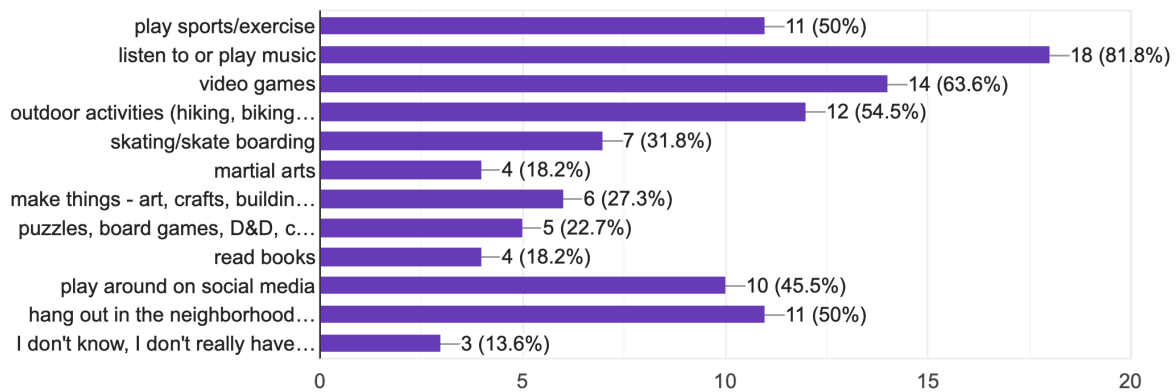
What kind of youth activities, events, or programs would you like to see in this area?

22 responses



What do you like to do for fun? (check all that apply)

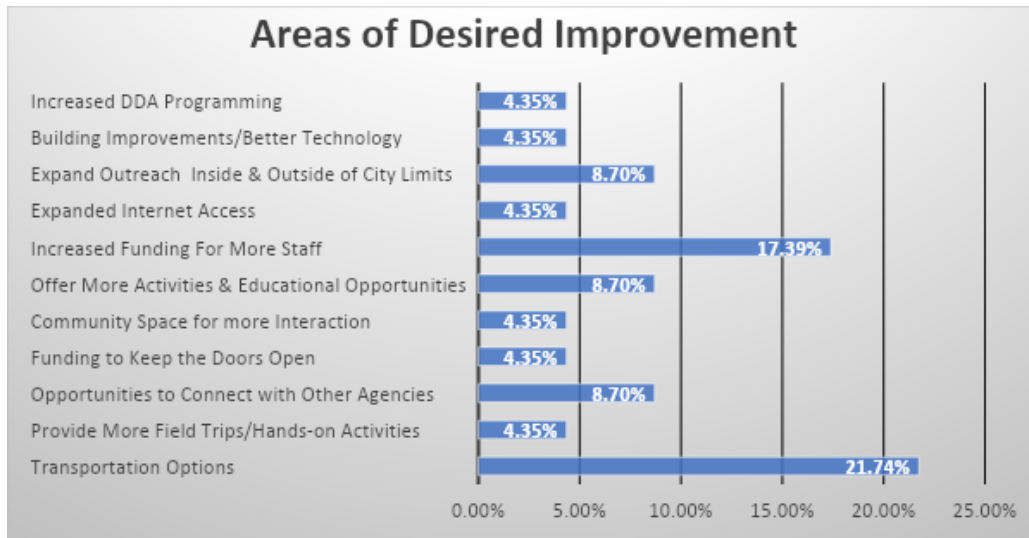
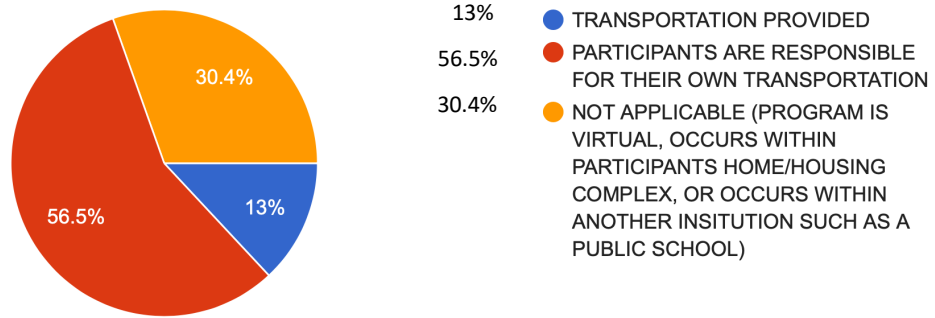
22 responses



Program Leader Survey Findings

TRANSPORTATION AVAILABILITY:

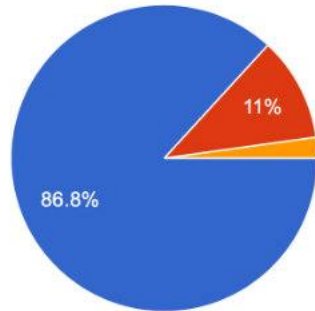
23 responses



Community Member Survey Findings

I identify as...

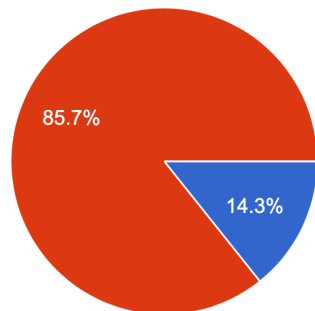
91 responses



- the parent of one or more youth under age 18 (86.8%)
- a family member (not biological parent) assuming the role of caregiver for one or more youth under age 18 (11%)
- a foster or adopted parent of one or more youth under age 18 (2.2%)

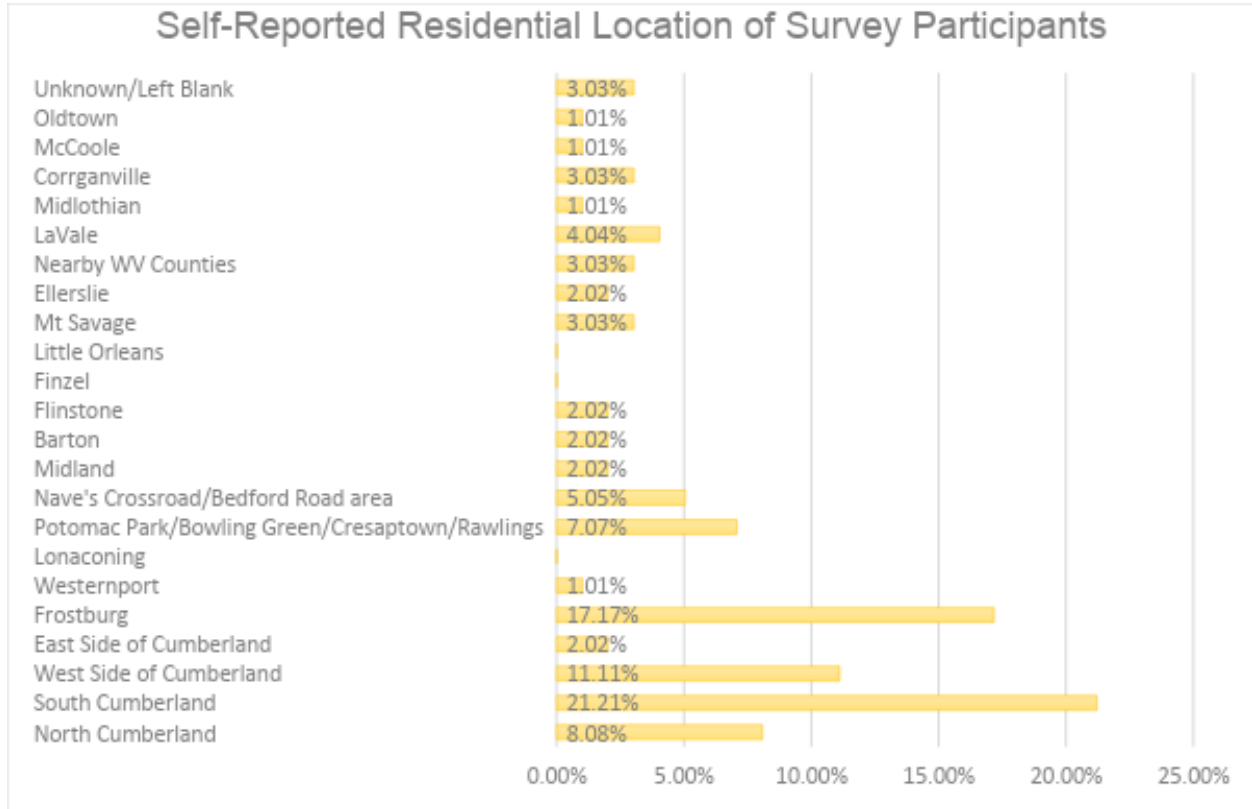
I identify as

98 responses

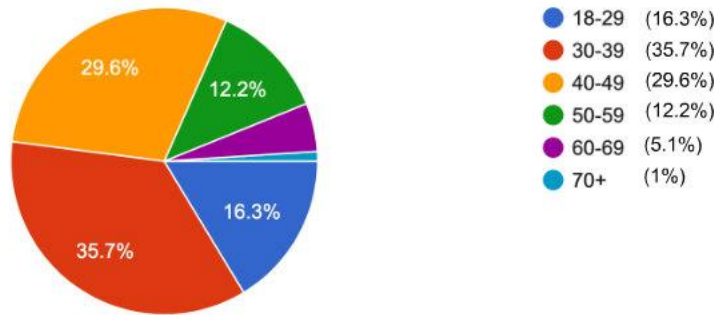


- 14.3% ● male
- 85.7% ● female
- transgender
- non-binary
- other

Appendix c: Full Survey Results



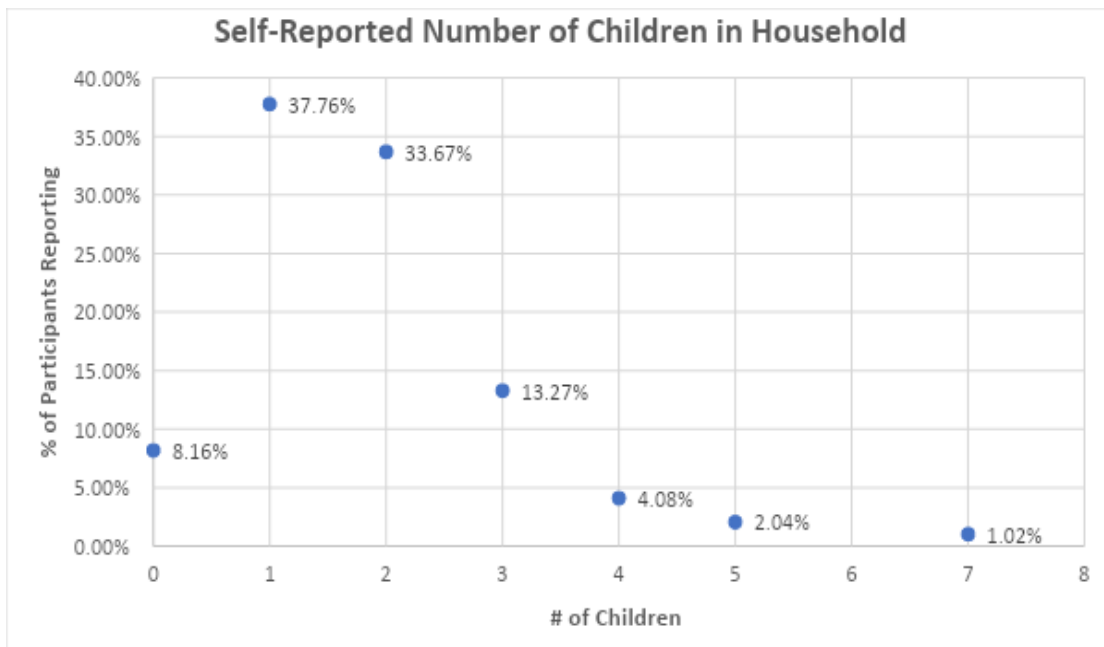
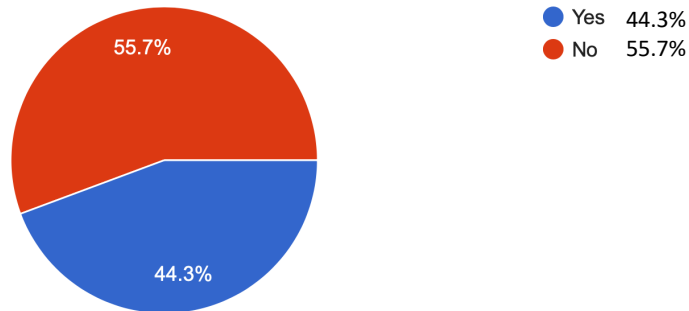
My age is most accurately represented as
98 responses



Appendix c: Full Survey Results

Does your household receive assistance to meet basic needs? (cash assistance, SNAP benefits, Medicaid, HUD/Sect 8 voucher)

97 responses



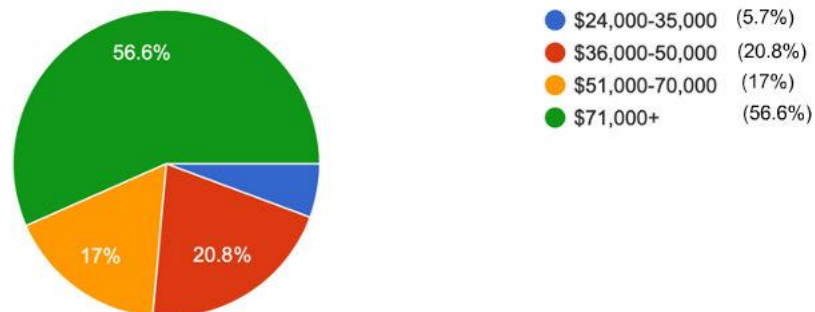
Appendix c: Full Survey Results

Age & # of Youth represented in Community Survey per parental/caregiver self-report

| Youth Age | % Represented by Age Group | Responses per Age Group |
|-----------|----------------------------|-------------------------|
| N/A | 4.47% | 8 |
| < 1 yr | 1.12% | 2 |
| 1 | 3.35% | 6 |
| 2 | 6.15% | 11 |
| 3 | 5.03% | 9 |
| 4 | 6.15% | 11 |
| 5 | 5.59% | 10 |
| 6 | 2.23% | 4 |
| 7 | 8.38% | 15 |
| 8 | 3.91% | 7 |
| 9 | 5.03% | 9 |
| 10 | 5.59% | 10 |
| 11 | 5.03% | 9 |
| 12 | 4.47% | 8 |
| 13 | 6.70% | 12 |
| 14 | 6.15% | 11 |
| 15 | 6.70% | 12 |
| 16 | 5.59% | 10 |
| 17 | 8.38% | 15 |
| | | |
| | | |
| Total | 100.00% | 179 |

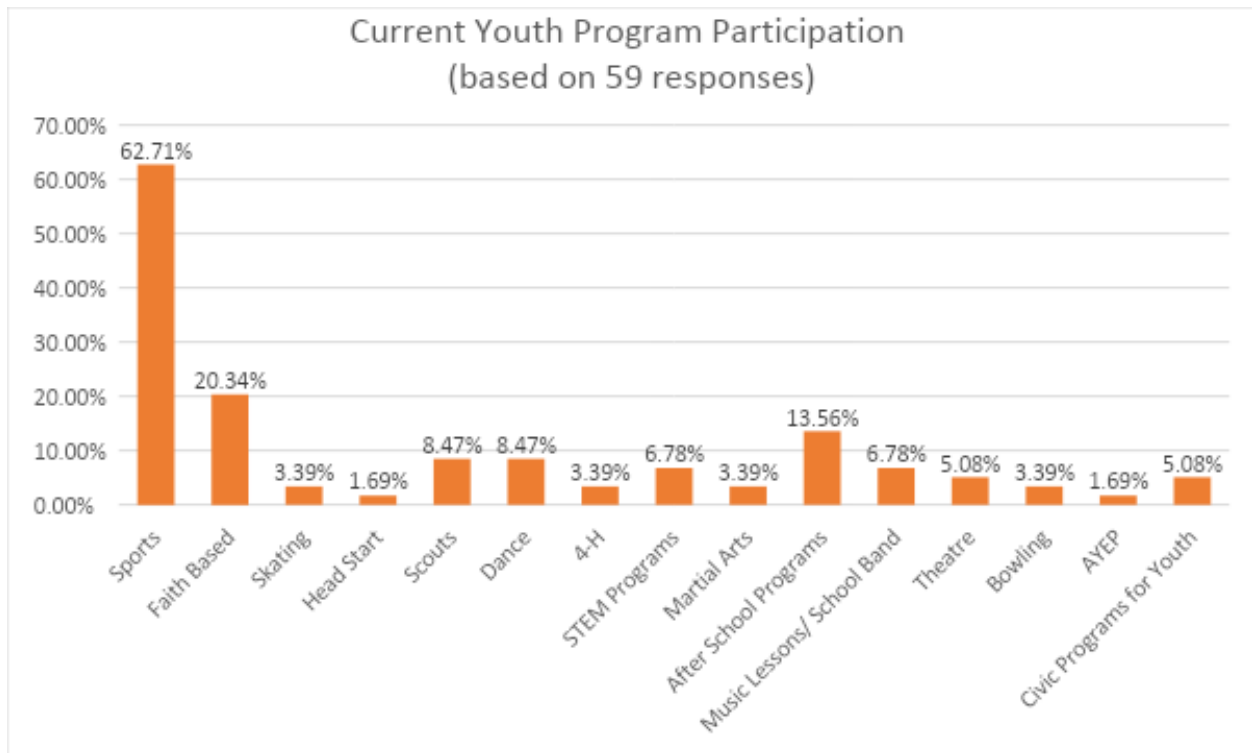
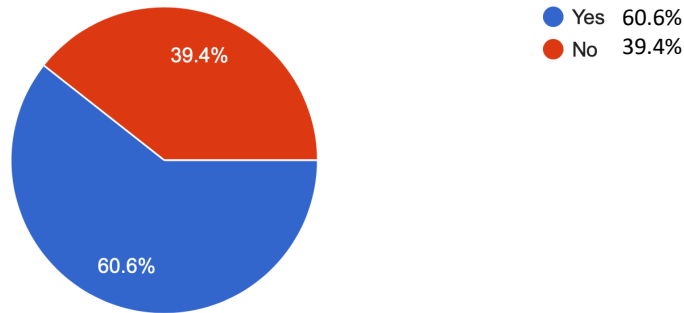
My household income is best described as:

53 responses



Appendix c: Full Survey Results

Do the youth(s) in your care currently engage in any local youth programs or activities? (ie. afterschool programs, sports leagues, clubs, mentoring programs, faith based, scouting, etc)
99 responses

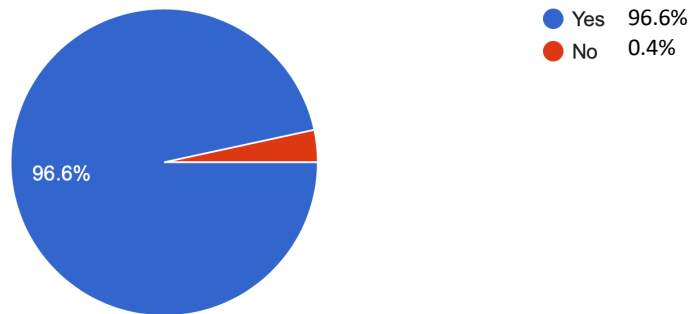


Appendix c: Full Survey Results

| Reason for choosing current youth program(s) | % Based on 48 Responses | # Responses per category |
|--|-------------------------|--------------------------|
| Child Indicated Interest | 16.67% | 8 |
| Outlet for Energy/Talents | 18.75% | 9 |
| Socialization/Staying Busy | 39.58% | 19 |
| Trying Something New | 2.08% | 1 |
| Needing Guidance & Safe Spaces | 4.17% | 2 |
| Helps with Childcare | 4.17% | 2 |
| To develop Civic Interest/Sense of Community | 14.58% | 7 |
| Health/Exercise | 14.58% | 7 |
| We like the people involved | 4.17% | 2 |

Would you recommend this program to other families with children/adolescents/teens?

59 responses



Appendix c: Full Survey Results

| How could the programs your youth engages in improve? | % Based on 31 Respondents | # Responses |
|---|---------------------------|-------------|
| Lower Costs/Provide Scholarships | 22.58% | 7 |
| More Funding | 3.23% | 1 |
| More Diversity | 3.23% | 1 |
| More Safety Education | 3.23% | 1 |
| More Anti-Drug Messages | 3.23% | 1 |
| More Consistency with Meetings | 3.23% | 1 |
| More Volunteers/Adult Mentors | 9.68% | 3 |
| Improve Parking/Facility | 6.45% | 2 |
| More Field Trips | 6.45% | 2 |
| More Parental/Adult Engagement | 3.23% | 1 |
| No Improvement Needed | 35.48% | 11 |
| I don't know | 9.68% | 3 |
| Unspecified Dissatisfaction | 3.23% | 1 |

Programming Suggestions from Community Survey

| General Programming Suggestions | % Based on 72 Respondents |
|---|---------------------------|
| Activities for toddlers | 2.78% |
| Indoor Entertainment: Arcade, Bowling, Mini-Golf, Sky Zone, Laser Tag, Basketball | 19.44% |
| Outdoor Seasonal Entertainment: Carnivals, Water Park, Skiing, Concerts, Summer Camp, Scavenger Hunts | 6.94% |
| Youth Clubs for Cooking, Art, Music, Mind-Body Skills, Mentoring, Peer Support, STEM | 18.06% |
| Non-School Affiliated Sports: Ice Hockey, Golf, Rowing, Fencing | 6.94% |
| Non-School Sponsored After School Programs | 5.56% |
| Non-School Sponsored Educational Activities | 2.78% |
| Recreational Complex - Indoor/Outdoor | 4.17% |
| Skating/BMX Facilities | 13.89% |
| Life Skills/Volunteer/Civic Engagement Activities | 6.94% |

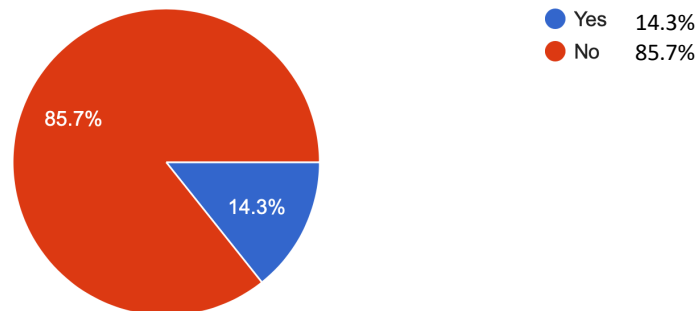
Appendix c: Full Survey Results

Suggestions for Local Government/Social Welfare Supports for Youth

| Social/Governmental Supports | % Based on 72 Respondents |
|---|---------------------------|
| Safe Updated Playgrounds & Ball Fields | 2.78% |
| Subsidized Driver Training for Teens | 1.39% |
| Transportation for Youth to Attend Activities | 1.39% |
| Free or Low-Cost Activities | 4.17% |
| Recreational Complex - Indoor/Outdoor | 4.17% |
| Youth Center for Socialization | 8.33% |
| Adolescence centers for Addiction/Recovery | 1.39% |

Do you struggle with transportation for your family activities?

98 responses

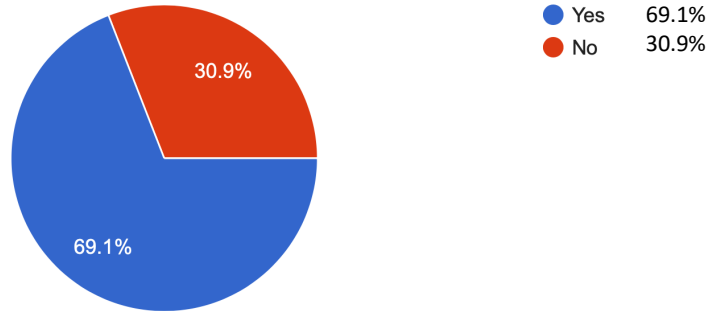


***Note: Although this statistic shows only a small percentage indicating transportation issues, nearly 57% of respondents reported an income of \$70,000 or more, with only roughly 44% reporting dependency on government funded support. It is also worth noting that 62.71% participated in sports, likely school based, where transportation is typically provided*

Appendix c: Full Survey Results

Is participation cost a deciding factor for you when considering programs/activities for your youth(s)?

97 responses



Make your voice heard.

Take our survey.

Be the Voice for Youth in OUR Community!

Archway Station, Inc. has been awarded a grant to conduct a “Children and Youth Services Analysis” for Allegany County, MD. We often hear that youth get in trouble because there is nothing to do. The first step is to develop a list of vendors, ages served, cost factors, and any barriers for youth to participate (transportation, cost, other). We will be utilizing any resource guides that are currently available, but we know there may be community-based services that might not be on the lists we are working from and we want you to be included!

| | | |
|--|--|---|
| <p>Are You a Parent or Caregiver of One or More Youth Under Age 18?</p>  <p>https://forms.gle/i61gtZUWYnRGEGfh6</p> | <p>Are You the Leader of a Youth Program?</p>  <p>https://forms.gle/tFhaQsRbh2DG7wY67</p> | <p>Are You a Youth Who is 8 Years of Age or Older?</p>  <p>https://forms.gle/y8rhgy2dcttECKsd9</p> |
|--|--|---|

Appendix e: Focus Groups - Summary

Method: Nominal Group Technique

Question: What type of youth programming/entertainment/activities do you think Allegany County residents would benefit from?

| Focus Group 1 -3/2/22 9am ACM - YMCA Adult Basic Education Class | | | |
|--|-----|---------------|------------------|
| Gender | Age | # of Children | Ages of Children |
| Male | 23 | 0 | - |
| Female | 21 | 2 | 1yr, 2yrs |
| Male | 27 | 2 | 1yr, 6yrs |
| Female | 51 | 2 | 24yrs, 21yrs |
| Female | 20 | 2 | infant, 2yrs |

| Focus Group 2 - 3/3/22 9am ACM - Adult Basic Education Diploma Prep Class | | | |
|---|-----|---------------|------------------|
| Gender | Age | # of Children | Ages of Children |
| Female | 18 | 0 | - |
| Male | 20 | 0 | - |
| Male | 20 | 0 | - |
| Female | 31 | 2 | 1yr, 7yrs |
| Female | 46 | 2 | 11yrs, 14yrs |
| Male | 24 | 0 | - |

Respondent Themes:

Themed youth activities & clubs - suggestions include volunteer activities (city clean ups, building projects), under 21 dances/clubs, organized child play groups, cooking, STEM/Engineering, gardening, music/art, mentoring, learning about & interacting with animals, museum trips

Youth sports activities & clubs - suggestions include fencing, boxing, rock climbing/climbing gym, skatepark, water parks, mini amusement park,

Seasonal events - suggestions include summer camp, youth targeted entertainment events such as concerts appealing to teens (not country, bluegrass, oldies, or classic rock - think rap, metal, punk rock, hip hop, etc), storytelling workshops, City-wide scavenger hunts, youth Mural designing, picnics for youth, local carnivals

Fixed Location/Social Engagement: Internet Café for youth, arcades that cater to rural pockets, Sky Zone

Human Services Related: Family friendly homeless shelters that are not religiously coercive, family friendly recovery housing so families can stay together during recovery

Appendix f: Data Collection Event Photos

Memorial Avenue – Archway Event



Downtown Cumberland – Civility Event

