



Mecklenburg County, NC

RECOVERY PLAN

State and Local Fiscal Recovery Funds

2022 Report



MECKLENBURG COUNTY
North Carolina

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Executive Summary

The 2021 American Rescue Plan Act (ARPA) provided \$215.6 million in State and Local Fiscal Recovery Funds (SLFRF) to Mecklenburg County to help manage the public health challenges and negative economic impacts from COVID-19.

As a recipient of SLFRF funds, the County intends to meet the reporting responsibilities required by the U.S. Department of the Treasury and to be accountable and transparent to the public.

Mecklenburg County COVID-19 Recovery Plan

To manage the substantial infusion of resources and respond boldly to the challenges from the pandemic, the County, under the direction of County Manager Dena Diorio, developed the Mecklenburg County COVID-19 Strategic Recovery Plan¹ (The Recovery Plan). The County's goal was to ensure the one-time funding would be used to make strategic investments in the community and equitably deliver resources and services to residents in response to the negative impacts and public health needs caused or exacerbated by COVID-19. To achieve that goal, the County performed an environmental scan of both internal and external elements that might impact success, performing nationwide research, holding public engagements, and surveying County staff.

The Recovery Plan, which incorporates input from the public and the U.S. Department of Treasury (Treasury) guidance, identified five priority areas, nine goals, and multiple strategies to direct the use of funds. The Recovery Plan also serves as a working tool that moves the County from vision to action with measurable outcomes, and ensures spending is equity-focused, community-empowering, and evidence-driven.



¹The full Mecklenburg County COVID-19 Strategic Recovery Plan is available at: <https://www.mecknc.gov/Documents/MC-Strategic-Recovery-Plan-ARPA.pdf>

Priorities and Goals

Behavioral Health & Health Equity

Goal 1: Improve behavioral health outcomes by increasing access to resources, services, and programming

Goal 2: Reduce health disparities through expansion of access to healthcare and health literacy

Goal 3: Increase food security with individuals and families

Affordable Housing & Homelessness

Goal 1: Reduce and prevent homelessness & housing instability

Workforce & Economic Development

Goal 1: Increase access to training, work, and employment opportunities for essential workers to meet workforce demands of now and in the future

Goal 2: Strengthen organizations by equipping them with the tools to be resilient and provide work as aligned to County programs and services

Parks, Environment & Infrastructure

Goal 1: Enhance the land & water quality through strengthened infrastructure

Goal 2: Improve the physical infrastructure for parks, amenities, and greenways

Childcare & Early Childhood Development

Goal 1: Increase access to affordable, quality childcare and education for children and families

Uses of Funds

The County has committed \$107 million of its State and Local Fiscal Recovery Funds (SLFRF) to support projects for County services and departments, and local nonprofits to help response to and recover from the pandemic. While resourcing funds to respond to the community's most urgent and pressing needs, the County has been diligent to align its allocation of the funds with the eligible uses outlined by Treasury.

The following outlines the County's Use of Funds

ARPA Program Team

The County committed \$2 million in SLFRF funds to establish the ARPA Program Team, made up of a Program Manager, Management Analyst, Procurement Analyst, Auditor, and Accountant II. The Team's responsibility is to administer all funding in accordance with Treasury and County guidelines, manage all reporting and compliance requirements, and coordinate with recipients to monitor project goals and outcomes.

The Team also developed a public facing website to serve as an information hub of how SLFRF funds are being resourced, how local nonprofits and businesses can request funding, and how other sources of pandemic relief are supporting community needs.²



The County also committed ARPA funds to a marketing campaign to encourage community participation in the development of plans and priorities for allocation of SLFRF funds.

The campaign helped ensure everyone, especially communities disproportionately impacted by the pandemic and those historically marginalized, were represented in plan development.

Early Funding Decisions

The County committed \$11 million in SLFRF funds to enable pedestrians and mobility challenged residents a direct connection between a Regional Recreation Center that offers vital health & fitness programs for the local community and a new Community Resource Center that will provide access to integrated health and human services including, Economic, Public Health, Child Support, Food & Nutrition, Youth & Family Services, Veteran, and Community Support Services. The purpose and goal of this project aligns back to Public Health (EC 1) 1.14, Other Public Health Services.

The County also committed \$10 million for the purchase of an existing hotel to create long-term affordable housing units for older adults who are highly vulnerable and experiencing literal homelessness, exasperated by the negative impacts of the COVID-19 pandemic. The purpose and goal of this project align back to Negative Economic Impacts (EC 2) 2.16 Long Term Housing Security: Services for Unhoused Persons.

²The County's public facing website is www.MeckNC.gov/COVIDrelief

Use of Funds

Phase One Funding Decisions

In early late 2021, Mecklenburg County put out a community-wide call for proposals for considerations for use of SLFRF funding. The Funding Proposal Application Process developed by County staff offered opportunities for both County departments and non-governmental entities to apply for funding. While the application itself asked applicants to respond to only 12 questions, the process was robust, incorporating public information sessions, eligibility guidance, an online application platform and information hub, multiple review committees, and a scoring rubric that valued equity considerations and proposed project plans, results, and budgets.

The application required that proposals:

- Satisfy US Treasury Requirements
- Satisfy County Requirements
- Align to 1 of the 5 priority goals outlined in The Recovery Plan
- Be a minimum request of \$250,000

Mecklenburg County received 132 funding proposal applications from local non-profits and businesses, as well as 28 requests from County departments.

The Board of County Commissioners ultimately approved \$59.4 million in funding on March 15th to support investments in all five priority areas. The purpose and goals of these projects align back to Public Health (EC 1), Negative Economic Impacts (EC 2) and Public Health-Negative Economic Impact: Public Sector Capacity (EC3).



Use of Funds

Premium Pay (EC4)

Treasury guidelines allow premium pay for essential workers. All County employees, by virtue of their employment, are deemed essential and have managed additional responsibilities; many have experienced added risk and made personal sacrifices to support the response to the pandemic. The County used a portion of SLFRF funds to provide premium pay to eligible employees. Funding was provided through a one-time bonus in recognition of work performed during the COVID-19 Pandemic.

Also included in the premium pay project were our public safety and emergency services staff. Public safety staff were funded a one-time bonus for their efforts to maintain safety and security in County facilities during the pandemic. Medic staff were funded through a one-time bonus for the elevated health risks they manage.

Emergency Relief Assistance (ERA)

In addition to resourcing SLFRF funds to address the negative impacts from COVID-19, Mecklenburg County is utilizing ERA funds to support the community's housing and utility needs.

The County received three direct ERA installments from the federal government for approximately \$13.5M.

- The Federal ERA1 installment of \$6.7M has been expended, with \$6.1M directly supporting rent and utility costs for residents.
- The County received the Federal ERA 1 Reallocation installment of \$1.39M and is continuing to work to distribute the funds, with \$1.26M set to directly support rent and utility relief costs.
- The County received the Federal ERA 2 installment of \$5.4M and is continuing to work to distribute the funds, with \$4.9M set to directly support rent and utility relief costs.

The County also received approximately \$49.5M in formula-derived allocations from Treasury's ERA funding to the State of North Carolina for distribution to all one hundred counties.

- The State ERA1 installment of \$27.7M has been expended, with \$27.7M directly supporting rent and utility costs for residents.
- The County received the State ERA 2 installment of \$21.8M and is continuing to work to distribute the funds, with \$21.8M set to directly support rent and utility relief costs.



Promoting equitable outcomes

Since the Fall of 2021, Mecklenburg County Leadership and Staff have been working hard to implement the recommendations identified in the COVID-19 Recovery and Renewal Task Force Guidebook. Within the resolutions of the Task Force, there exists a recognition that COVID-19 has only exacerbated the realities of the racial disparities in Mecklenburg County. As a result, the County has continued to implement our COVID-19 recovery strategies through an equity lens. One of the ways this is being done is through implementing the Government Alliance on Racial Equity (GARE) Racial Equity Toolkit training. Racial Equity toolkits are designed to integrate the intentional application of an equity lens in government decision-making, including all choices related to COVID-19 recovery efforts (policies, practices, programs, and budgets). Consequently, all senior-level leaders and above were trained in the GARE Racial Equity Toolkit to operationalize county equity efforts.

Additionally, Mecklenburg County has ramped up the support of this body of work by expanding the Office of Equity and Inclusion and normalized the inclusion of this work across all county departments. These intentional efforts help transform the County's potential for addressing historical disparities while accelerating the effort to achieve equity in the presence of all forms of difference. While the County works to eliminate any policy, practice, or procedure that rears an unintended negative consequence for the historically underrepresented and marginalized, a proactive approach exists to include the voices of those most impacted in future planning and engagement efforts.

Finally, in deciding the partners that would go on to support the initial phase of the COVID-19 recovery plan, the expectation built into the process is to ensure that the projects and outcomes were; 1) aligned explicitly to the needs of the community, 2) demonstrate the capacity to track outcomes and disaggregate by race, gender, age, and any other known form of demographic identifier, and 3) aligns to the goals of the Mecklenburg County Equity Action Plan where appropriate. Those goals are:

- >> **Infrastructure and Tools** – Mecklenburg County employees and residents have the understanding of and ability to advance equity.
- >> **Workforce Equity** - Mecklenburg County is a model employer advancing racial equity.
- >> **Inclusive Engagement** - Mecklenburg County residents are engaged in the community where they live, learn, work and recreate.
- >> **Health Equity** – All residents in Mecklenburg County are healthy.
- >> **Economic Opportunity** – Mecklenburg County's small businesses and non-profits share in the County's economic prosperity.
- >> **Criminal Justice** – All residents in Mecklenburg County live in a more just and equitable community.

The influence of the equity goals can be found throughout the COVID-19 Strategic Recovery Plan and precisely align with the plan's five priority areas.

Priority Area: Behavioral Health & Health Equity

The Substance Abuse and Mental Health Services Administration states that “behavioral Health Equity is the right to access quality health care for all populations regardless of the individual’s race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location.” In Mecklenburg County, the priority area of Behavioral Health & Health Equity is a critical strategy within the COVID-19 Strategic Recovery Plan. As the national discourse around equity continues to evolve, the meaning of health equity has also evolved. Today, health equity means different things to different people, and in Mecklenburg County, this reality is ever apparent. Regarding the Strategic Recovery plan, the County seeks to improve behavioral health and mental health outcomes, specifically for those with historically challenging access to high-quality healthcare.

When implementing the COVID-19 Strategic Recovery plan, the County considered many factors in the strategy. Foremost, the County is demonstrating a commitment to fair and just practices in all sectors of our community, with a deliberate focus on underserved areas. The County is intentionally expanding services, providing education, transportation, funding innovative programming, and reimagining where behavioral and mental health services can be rendered in the most convenient yet safe way.

A widely held notion is that for some, the beliefs, values, and assumptions about mental health are formed by the experiences, cultural norms, and formal and informal education of that community. To address this and any potential stigmas, Mecklenburg County is partnering with credible community surrogates that offer high-quality behavioral and mental health services that are responsive to the cultural and medical needs of the community they serve. According to the National Institute on Minority Health and Health Disparities (NIMHD), Black and Brown Americans experience serious mental health issues 20% more often than white Americans. Yet, in the same report, the proportion of Black Americans who need mental health treatment and get it is only half that of White Americans.¹

Additionally, increasing the support that addresses youth’s mental health needs is a core component of this priority area. Research has shown that higher connectedness to school and supportive adults improve mental health outcomes for youth, yet, without specific action, marginalized youth do not always benefit from these relationships. Therefore, as part of the recovery plan, the County will increase mental and emotional health support in schools for students, educators, and staff. This focus will ease the effect of mental health challenges on positive youth development and enhance the likelihood of a supportive school atmosphere and favorable school climate.



¹National Institute in Minority Health and Health Disparities. “Brother, You’re on My Mind.” NIMHD, 2018, www.nimhd.nih.gov/programs/edu-training/byomm/.

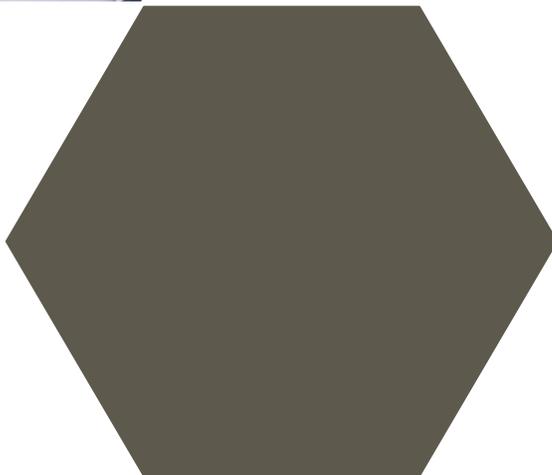
Priority Area: Affordable Housing and Homelessness

Communities of color are disproportionately more likely to experience homelessness in the United States than their White counterparts. This reality is rooted in the long history of systemic discrimination and racism embedded in housing programs and homeless services meant to serve the residents with the greatest needs. Connected to other priority areas, housing instability can significantly influence the mental health, substance use, and other traumas of those living under these vulnerable conditions. For example, the Mecklenburg County COVID-19 Recovery Plan details how through intelligent investments in specific projects, the County will increase access to effective, culturally responsive, and equitable services to our most underrepresented residents.

By focusing on equity and implementing changes that ensure access and housing stability, Mecklenburg County is identifying and connecting people to the strategies and approaches, showing promising results in addressing a critical need in the community. For example, strategies like land acquisition help to mitigate the barriers to homeownership for people; this possibility has been long denied. By supporting this type of project, Mecklenburg County serves more residents and increases the number of underrepresented home buyers in the County.

A laser-like focus on the most overrepresented groups is a critical element in advancing equity in Affordable Housing and Homelessness. By expanding the capacity and improving emergency shelter services for men, the community is more able to serve these individuals and help them get on a path of stability and self-sufficiency. We are investing in strategies that serve youth and better position the community to serve our most vulnerable population.

Supporting drop-in centers gives youth access to food, clothing, hygiene items, laundry facilities, showers, and a safe place to be. Beyond these essential basic needs, partners in our community can provide case management and stabilizing resources, such as housing, transportation, health care, employment, education, addiction services, legal aid, government benefits, ID cards, and more.



Priority Area: Workforce and Economic Development

Equity in Workforce & Economic Development is where residents receive the appropriate resources to acquire the basic skills needed to be self-sufficient. Success by this strategy is determined by outcomes rather than the resources allocated. For example, in the COVID-19 Strategic Recovery Plan, the ongoing public health and economic crisis require a two-generation approach to meeting the needs of the most vulnerable county residents. As it's been widely discussed, the disparities low-income and people of color experienced only widened over the course of the global public health and economic crisis.

According to the Georgetown University Center on Education and the Workforce, inequity in education has increased income inequality in America. Over a lifetime, individuals with certified credentials or college degrees earn 84% more than those with high-school diplomas.² Equity in the workforce is necessary for economic mobility. However, because underrepresented people aren't always afforded access to high-quality education and workforce development, they are sometimes not prepared to achieve their working potential, creating income inequality, which, in turn, perpetuates the wealth gap.

In the Mecklenburg County COVID-19 Strategic Recovery Plan, the County has sought to address the workforce and economic development needs of those furthest from opportunity by supporting projects that support the development of aspiring entrepreneurs, expand access to careers in the healthcare industry, and support the skill development of restored citizens. The intentional focus on adults of color or low- to moderate-income communities increases the likelihood of family stability and self-sufficiency. However, in this two-generation approach, the County is also partnering with community organizations focusing on the educational and career readiness support of school-age children from the same communities.

While it is true that school districts make certain that students are afforded the resources they need to succeed in life, historically, inequities have existed based on race, gender, and income. This can be seen in the now widely discouraged practice of “tracking” students from an early age, placing students on a college-bound or vocational track. The research shows that all students (including special education and gifted) should be exposed to both pathways as viable options for post-secondary opportunities. Within the county Workforce and Economic Development Strategy, there exist opportunities for school-age children to participate in programs that will support their ongoing academic development, exposure to pro-social activities (including ESL and Vision programs, particularly but not exclusively for immigrant and refugee children), foster social-emotional development, and unlock pre-apprenticeship opportunities. In total, well-rounded students with multiple pathways to post-secondary experiences make for a future of an economically and experientially diverse community that also interrupts the cycle of inequity and poverty.



²Georgetown University Center on Education and the Workforce. “The College Payoff.” CEW Georgetown, 25 Oct. 2018, cew.georgetown.edu/cew-reports/the-college-payoff/

Priority Area: Parks, Environment, and Infrastructure

It is not unique to Mecklenburg County that the impact of intentional and incidental environmental harms has most specifically affected low-income communities and people of color. Within the COVID-19 Strategic Recovery plan, many efforts are underway to prevent similar injustices from happening in the future. It is true that the gap between those who have internet and those who don't continue to persist. One of the ways this phenomenon continues to be observed is through known public access to information and communication technologies. For example, the Priority Area of Parks, Environment, and Infrastructure within the recovery plan is designed to respond to the resident's environmental rights, pursue solutions that advance justice, and remedy the cycle of inequity in the built environment.



Since the mid-1990's researchers have explored how the lack of access and connectivity has further disenfranchised residents furthest from opportunity, the "Digital Divide" has become as much about the quality of access to required services as it is an issue of social, political, and economic justice. At that same time, many environmental advocates, including the Environmental Protection Agency (EPA), have noted that environmental equity is an important goal for any democratic society.

Residents living in areas where pollution and environmental hazards are prevalent are often stuck in circumstances that have a widespread and long-term effect on their lives. Because of the complexity of the challenges low-income and communities of color face, these challenges are not always adequately addressed. Not coincidentally, the parallel impacts can be traced to the Digital Divide and how the absence of connectivity in public service restricts access to critical services. According to Pew Research, during the height of COVID-19, residents struggled to access government services, locate public amenities, miss out on telework opportunities, or turn in homework. However, the disparities widened, and those of privilege did not face such limitations. For example, two-thirds (64%) have access to public spaces and a device and internet for virtual access.³ Meanwhile, only 18% of those living in lower-income households have this kind of access resulting in the services meant to support the residents being inaccessible for some and incidental for others.

In Mecklenburg County, COVID-19 has highlighted how unequal access truly is. While this reality has long existed, the consequences of that gap during the peak of COVID-19 resulted in increased barriers to the most essential of needs like access to thriving parks, telehealth visits, virtual schooling, connectivity in community "priority areas," and other critical service areas. As part of the COVID-19 recovery plan, Mecklenburg County prioritized environmental justice and digital equity with a specific interest in closing gaps and bridging the divide. This resulted in this priority area allocating investments in Wi-Fi hotspots in Park and Recreation Centers and the design and planning work to revitalize park amenities in the Meck Playbook "priority areas." Lastly, strategic investments were made to address environmental hazards by funding projects to create stable stream banks, reduce bacteria, restore habitat, improve aquatic life, and relocate a county recycling center.

With these intentional actions, the County can increase access to public services, right the wrongs of the past, bridge the Digital Divide, and adequately advocate for environmental equity and justice.

³Vogels, Emily. "Digital Divide Persists Even as Americans with Lower Incomes Make Gains in Tech Adoption." Pew Research Center, 22 June 2021, www.pewresearch.org/fact-tank/2021/06/22/digital-divide-persists-even-as-americans-with-lower-incomes-make-gains-in-tech-adoption/

Priority Area: **Childcare & Early Childhood Development**

Family instability refers to changes in parents' residential and romantic partners moving in or out of the home. As rates of cohabitation, nonmarital births, and divorce have increased in America, more children have experienced some degree of family instability. This cycle of change and trauma can negatively influence children's and adolescents' functioning and behavior.

Research has shown that not all families have been equally affected by the increase in family instability, and families of color or with low household income are more likely to experience family instability and are often the hardest hit by the consequences.⁴ The influence of family stability is far-reaching and significantly impacts children and adolescents' functioning, household income, and parents' relationship status. A core consequence of family instability found in the research is the negative impact on social competence, increased aggression, and lifetime earning potential.



Also of note, in many circumstances, family instability is often related to factors influenced by poverty. For example, childcare (particularly during the non-traditional hours of the second shift and overnight), increased divorce rates, non-residential or cohabiting parenting, paternal absence, and overrepresentation in child welfare systems all disproportionately affect low-income and communities of color. In the Mecklenburg County Strategic Recovery plan, the County has developed a comprehensive collection of supports and interventions meant to mitigate the influence that poverty and systemic racism have had on the family stability of low-income and people of color.

By increasing the number of high-quality childcare centers, increasing funding for summer camps, intentional efforts to engage fathers, addressing child and maternal health disparities (i.e., expanding home visitation from pregnancy until the child's second birthday (0-2)), and supporting the increased partnership with those that have lived experience navigating systems. The County is well-positioned to improve outcomes for families and make it less likely for these families to continue the cycle of instability and come in contact with government systems.

⁴Craigie, Terry-Ann L., et al. "Family Structure, Family Stability and Outcomes of Five-Year-Old Children." *Families, Relationships and Societies*, vol. 1, no. 1, 1 Mar. 2012, pp. 43–61, 10.1332/204674312x633153. Accessed 28 July 2019.

Promoting Equitable Outcomes

Executive Conclusion

In the final analysis, the collective strategies in our equity approach promote the well-being of all residents in Mecklenburg County. We are promoting family economic stability, reducing childhood disparities, improving the built environment, improving health outcomes, providing residents a path to living a self-sustaining life with dignity and respect, and implementing more intentional practices that stop the cycle of poverty and end the harms of systemic racism and oppression. In addition, Mecklenburg County is using an equity lens to develop a set of policies and practices that assist our community partners in decreasing poverty and systemic racism's impact on Black and Brown and low-income families. The County wants to end the need for long-term government intervention and address all disproportionate outcomes, particularly race-based ones. This plan shows that addressing the economic, environmental, physical, and mental health, workforce, and housing is key to achieving our equity goals.



Community Engagement

Once we received notification that ARPA funding would be awarded to the County, we began to develop a five-year strategic plan to determine how to spend the relief funds. One of the first steps in development of the plan included an environmental scan of internal and external elements, including a series of public engagements, that informed how funding could most positively impact the community.

Public Engagement

The County wanted to develop a process that factored the voice of our community. To accomplish this, we kicked off a robust community engagement process that included various public engagement initiatives.

Livable Meck community engagement initiative partnered with non-profits, churches, senior living facilities, colleges/universities, and recreation centers to connect with residents of all ages, incomes, and races. The initiative included an on-line community survey that yielded over 1200 responses as well as multiple in-person community events to receive community input. The results of the survey identified Child & Family Stability, Mental Health, and Homelessness has the highest priorities among residents in the Community.

The County also met with business leaders and our non-profit partners for additional perspective regarding the challenges being faced in both sectors. This engagement provided insights into the challenges being faced by the private sector, particularly workforce development.

The Board of County Commissioners held a public hearing to allow residents a chance to give their feedback on how Mecklenburg County should utilize the ARPA funds. The public hearing produced a diverse gathering of individuals and organizations, which represented the rich variety of the County's community. Topics shared at the hearing included food insecurity relief, small business and non-profit support, second chance and re-entry services, affordable housing, mental health and health equity, and early childhood services.

Internal Engagement

County leadership also sought input from department directors whose departments most closely aligned with the ARPA guidance from the U.S. Department of Treasury. Those departments included Community Resources, Community Support Services, Social Services, Public Health, and Economic Development. Priority areas identified by department directors included:

- Access to medical and mental health care for vulnerable populations
- Job training and workforce development
- Premium pay for essential workers
- Equitable investments into underserved communities
- Affordable housing
- Small business assistance
- Rent and mortgage assistance
- Food security initiatives
- Expanding access to broadband in underserved neighborhoods

Results

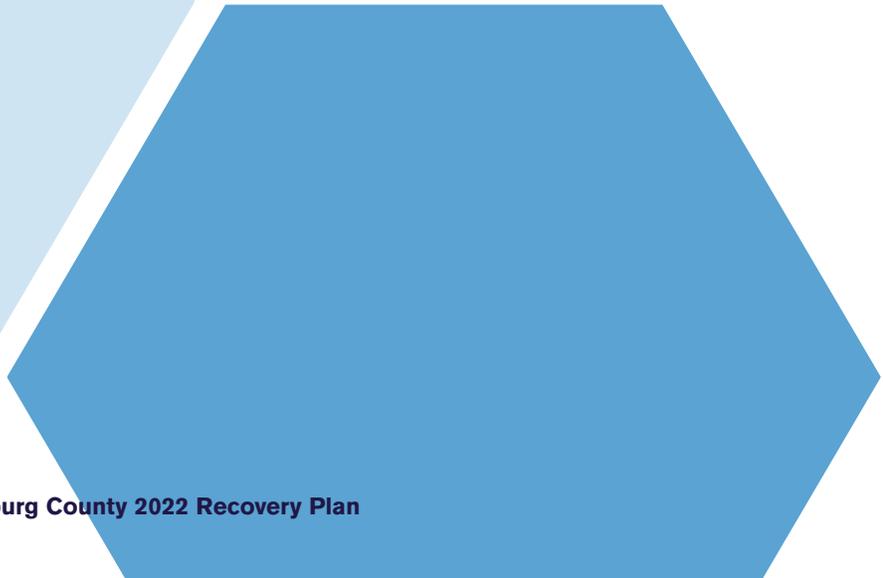
As a result of the environmental scan, and after incorporating U.S. Treasury guidance and feedback from our Board of County Commissioners, the Strategic Recovery Plan took shape with the development of five priority areas that guide decisions around use of funds:

- Behavioral Health and Health Equity
- Affordable Housing and Homelessness
- Workforce and Economic Development
- Parks, Environment, and Infrastructure
- Childcare and Early Childhood Development



Labor Practices

At this time, the County has committed but not actually invested SLFRF funds in capital or infrastructure projects. Should the County invest in future infrastructure projects or capital projects over \$10 million, it will ensure all laborers employed by contractors/subcontractors in the performance of such projects are paid prevailing wages.



Project Inventory:

The following Project Inventory section includes a comprehensive list of all projects and funding commitments as of June 30, 2022. Not included in the table are \$13.2 million in SLFRF funding that were approved in the FY23 Budget and \$1.6 million for planned Medic employee bonuses. The table below shows each of the projects according to County's Priority Areas and Treasury's Eligible Expense Categories. The table also references the award amount and the project identification number used for quarterly Project and Expenditure Report submissions.

A detailed overview of each project is then provided and includes a description of the project, a link to the project's website, a table showing all performance data¹, and (where applicable) information regarding use of evidence-based interventions.

Project	Project ID	Amount	Pg #
Affordable Housing and Homelessness			
Negative Economic Impact			
Better at Home	NEI 217 BAH	300,000	19
Encampment Hotel Transition Plan	EHT 112	180,000	20
Homebound Meal Delivery Services	NEI 21 MCSS	300,000	20
Hotel Lease Extension	NEI 218 M CCS	189,396	21
Hotel Purchase ARPA	NEI 216 M CCS	10,500,000	21
Housing CLT Expansion	NEI 216 HCLT	992,000	22
Increasing & Improving Emergency Shelter for Men	NEI 216 RA	1,275,000	23
Land Acquisition	NEI 215 HFH	1,000,000	24
Morningside Project	NEI 216 MP	750,000	25
RAMP	NEI 216 RAMP	719,448	26-27
Revitalization Plan	NEI 215 SCC	3,000,000	28
Affordable Housing and Homelessness Total		\$19,205,844	
Behavioral Health & Health Equity			
Negative Economic Impact			
Better Vision to Learn	NEI 237 BVTL	1,517,136	29-30
Camino Contigo	NEI 219 CC	2,511,360	31
Carolina Farm Trust	NEI 21 CFT	3,000,000	32
Expansion of Nurse Family Partnership	NEI 219 CR	3,366,798	33-34
Food For All	NEI 21 FFA	2,979,540	35
Hope Community Clinic	NEI 221 HCC	3,157,000	36-38
Miracle at Cedar Street Campaign	NEI 221 CRM	3,000,000	39-40
Public Health			
Behavioral Health for Incarcerated Women	PH 112 BHIW	773,367	41-42
Behavioral Health Services	PH 112 BHS	310,625	43
CHAT Collaborative	PH 114 CC	957,224	44-45
Counseling Center	PH 112 CC	1,275,000	46-47
COVID19 Enhanced Cleaning	PH 114 MCDC	350,400	48
Empowering Father Initiative	PH 113 EF	900,000	49-50
Pedestrian Bridge	PH 114 MCPH	11,000,000	51
Peer-Run Crisis Prevention	PH 112 PR	4,856,292	52-53
School Based Health Programs	PH112 SBHP	350,000	54
UCITY Family Zone	PH 112 UFZ	990,770	55-56
Behavioral Health & Health Equity Total		\$41,295,512	

¹Performance data reflects the last quarter of the County's Fiscal Year 2022 as most subrecipient contracts were executed in May of 2022.

Project Inventory:

Project	Project ID	Amount	Pg #
Childcare and Early Childhood Development			
Negative Economic Impact			
Afterschool Programming	NEI 211 AP OB	665,000	57-59
Childcare Licensing Assistance	NEI 211 CLA	393,725	60
Home Visiting	NEI 212 HV	342,500	61-62
Parent Child+ (Charlotte Bilingual Preschool)	NEI 212 CBP	300,000	63-64
Parent Child+ (CORE Programs)	NEI 212 CORE	510,000	65-66
Services to Disproportionately Impacted Communities			
Summer Camp Scholarships	SDI 237 SCS	791,000	67-68
Childcare and Early Childhood Development Total		\$3,002,225	
Parks, Environment, and Infrastructure			
Negative Economic Impact			
Replace Lead Pipes	NEI 220 CCO	250,000	69
Public Health			
Archdale Park	PH 114 AP	4,000,000	70
Druid Hills Park	PH 114 DH	1,000,000	70
Historic Stewart Creek Project	PH 114 HS	3,582,500	71
LC Coleman Park	PH 114 LC	2,000,000	71
Monroe Road Park	PH 114 MR	2,500,000	72
Wi-Fi for parks & recreation centers	PH 114 WF	1,310,000	72
Services to Disproportionately Impacted Communities			
Wi-Fi for the Detention Center	SDI 34 MCSO	800,000	73
Parks, Environment, and Infrastructure Total		\$15,442,500	
Workforce and Economic Development			
Administrative			
ARPA Administration	ADM 71 MCAP	2,943,755	74
Negative Economic Impact			
ESL and Citizenship Preparation	NEI 237 ESL	677,538	75-76
Healthcare Workforce Development	NEI 210 HWD	600,000	77
PACE Program	NEI 210 PACE	1,575,600	78
Pathway Tutoring and Education	NEI 237 PTE	854,906	79-80
Program Expansion	NEI 210 PE	275,000	81
REEP 3.0	NEI 210 REEP	962,800	82-83
STEAM Training	NEI 225 ST	250,000	84-85
Vocational Training	NEI 210 VT	750,000	86
Premium Pay			
Sheriff's Office Employee Bonus	PP 41 MCSO	792,000	87
Public Health			
Community Support Services Positions	PH 32 M CCS	2,837,102	87
Workforce and Economic Development Total		\$12,518,701	
Grand Total		\$91,464,782	

Better at Home

Funding amount: \$300,000



Project Expenditure Category: Negative Economic Impact

2.17 Housing Support: Housing Vouchers and Relocation Assistance for Disproportionately Impacted Communities

Project overview

Pineville Neighbors Plan will transition individuals living in extended stay hotels into more stable housing by:

- Providing financial support to cover application fees, deposits and first month's rent.
- Funding will prevent evictions for those in stable housing by covering up to 2 months of past due rent.
- Supportive services are also offered: budget counseling, parenting classes, and general life skills.

www.pinevilleneighbors.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated individuals served by Mecklenburg County ARPA Grant (Hotels to Homes)	0
Number of adults participating in budgeting classes & parenting classes	0
Number of adults starting an emergency savings fund	0
Number of children served	0
Number of households provided rental assistance	0
Average rental assistance dollar amount per household	0

Outcome Measures (Percentages)	Current Year May-June 2022
Percent of families moving out of 3 extended stay hotels (6 months stay or more)	0
Develop good parenting skills with those served	0
Percent households that complete a budget and attend 4 weekly mentoring sessions	0
Percent households still in stable housing* 6 months after receiving rental assistance	0

Use of Evidence

This project is not being used for evidence-based interventions.

Encampment Hotel Transition Plan

Funding amount: \$180,000



Project Expenditure Category: Negative Economic Impact

1.12: Mental Health Services

Project overview

AJC Cares clinicians and case managers will engage clients and provide culturally competent therapy and case management, as appropriate. The trauma-informed, community-based intervention addresses unmet mental health and substance use conditions as the service delivery will take place at the non-congregate shelter. Interventions are able to be flexible to meet resident needs. Staff will develop treatment plans with residents, provide clinical consultation with housing staff, and assist in connecting to housing resources.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Homebound Meal Delivery Services

Funding amount: \$300,000



Project Expenditure Category: Negative Economic Impact

2.1: Household Assistance: Food Programs

Project overview

The County funding to address the increase demand for the Senior Citizen's Nutrition Program's grab and go meals and to reopen congregate nutrition sites.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Hotel Lease Extension

Funding amount: \$189,396



Project Expenditure Category: Negative Economic Impact
2.18: Housing Support: Other Housing Assistance

Project overview

Mecklenburg County is contracting with Motel 6 to serve households who were experiencing unsheltered homelessness and who were 60 years or older with underlying medical conditions.

The majority of guests do have a housing resource; however, the lack of affordable housing prevents them from moving. The new hotel conversion to supportive housing will likely be the exit destination for approximately 50 guests. This resource will not be available until at least September.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Hotel Purchase

Funding amount: \$10,500,000



Project Expenditure Category: Negative Economic Impact
2.16: Long Term Housing Security: Services for Unhoused Persons

Project overview

The County committed \$10 million for the purchase of an existing hotel to create long-term affordable housing units for older adults who are highly vulnerable and experiencing literal homelessness, exasperated by the negative impacts of the COVID-19 pandemic.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Housing CLT Expansion

Funding amount: \$992,000 

Project Expenditure Category: Negative Economic Impact
2.16 Long Term Housing Security: Services for Unhoused Persons

Project overview

Funding will expand the Housing CLT program, which provides housing placement, financial assistance, and landlord relationship management services for local homeless services agencies

www.socialserve.com

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of existing Housing CLT landlords called via the landlord call center	0
Number of hotline calls made to check on landlords with Housing CLT tenants	0
Number of new landlords recruited	4
Number of landlord recruitment calls made by hotline staff	0
# of households receiving financial assistance	0
Number of households receiving aid and assistance (can include phone-based support, connections to resources)	0

Outcome Measures (Percentages)	Current Year May-June 2022
% of households that renew leases	0
% of landlords that renew leases	0
Landlord Satisfaction Survey	0
Percentage of households newly placed into housing in neighborhoods with high economic opportunity	11%
Percentage of new landlord partners with properties that are located in neighborhoods with high economic opportunity	0
Percentage of households receiving financial assistance that *retain* housing	0
Tenant Satisfaction Survey	0

Use of Evidence

This project is not being used for evidence-based interventions.

Increasing & Improving Emergency Shelter for Men

Funding amount: : \$1,275,000 

Project Expenditure Category: Negative Economic Impact
2.16 Long Term Housing Security: Services for Unhoused Persons

Project overview

Roof Above plans to maintain operations at the Giles Center, a low-barrier overnight shelter for men, which is scheduled to close in June due to the expiration of the COVID 19 Emergency Solutions Grant CARES Act (ESG-CV) funding.
www.roofabove.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated individuals served by Mecklenburg County ARPA Grant	0
# of bed nights provided	0
# of meals provided	0
# of individuals engaged by outreach worker	0
# of individuals engaged by peer support specialist	0

Outcome Measures (Percentages)	Current Year May-June 2022
Percent of individuals engaged by outreach worker who enrolled in services	0
Percent of individuals engaged by peer support specialist who enrolled in services	0

Use of Evidence

The Lucille Giles Center provides much-needed low barrier shelter capacity for unhoused men in the Charlotte area, serving over 2,100 men in 2021. It is a critical alternative to unsheltered homelessness and serves many individuals with significant mental health, substance use and medical challenges who may be reluctant to participate in higher barrier programming. With the addition of a Peer Support Specialist and Outreach worker, the Lucille Giles Center can better fulfill the promise of the Housing First model – namely, connecting unhoused individuals to housing resources with as few obstacles and barriers possible. [1] The addition of these key program staff improves our capacity to ensure that Lucille Giles Center guests are able to develop individualized housing plans and afforded the support necessary to achieve their housing-related goals. [2] The Giles Center was previously funded through ESG-CV funding which will expire on 6/30/22. To continue this work, the County ARPA grant will provide \$1,275,000 over 3 years to support operational expenses including operational staff & facility costs, as well as the salaries of a Peer Support Specialist and Outreach Worker.

<https://endhomelessness.org/resource/housing-first/>

<https://www.usich.gov/news/using-shelter-strategically-to-end-homelessness>

https://files.nc.gov/ncdhhs/documents/files/aging/ICCHP-2018_Report_Required_per_ExecutiveOrder_No_8.pdf

Land Acquisition

Funding amount: \$1,000,000 

Project Expenditure Category: Negative Economic Impact
 2.15 Long Term Housing Security: Affordable Housing

Project overview

Habitat is purchasing land to build 16 new affordable homes. Land will be purchased at approximately \$62,500 per lot (typically \$28K) in the first two years of the grant cycle, with development, construction, and title transfer to the low- to moderate-income buyer occurring prior to 2027.

www.habitatcltregion.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated individuals served by Mecklenburg County ARPA Grant	0
Number of buildable lots purchased to yield future affordable homeownership opportunities.	0
Number of homeowners	0
Number of children	0
Number of homebuyers that complete financial counseling and homeownership education classes	0
Number of homebuyers with income between 30%-50% Area Median Income	0
Number of homebuyers with income between 51%-80% Area Median Income	0
*Average cost of lots purchased	0

Outcome Measures (Percentages)	Current Year May-June 2022
Percent of homebuyers that are part of underrepresented groups including Black, Hispanic, first-generation immigrants	0
Percent of homebuyers receiving workforce housing	0
Percent of lots purchased that provide access to an average B rated school or better	0
Percent of lots purchased in locations where the average home sale price is >80% of the Mecklenburg County average	0
Percent of lots in locations that have violent crime rates below Mecklenburg County average	0
Percent of lots in locations that have 50% homeownership rates or higher	0
Average rubric score of the lots purchased	0

Use of Evidence

This project is not being used for evidence-based interventions.

Morningside Project

Funding amount: \$750,000



Project Expenditure Category: Negative Economic Impact

2.16 Long Term Housing Security: Services for Unhoused Persons

Project overview

The program is currently underway and participants entering the program are provided with emergency and temporary housing support, followed by two phases:

- Phase One starts with the basic needs program which provides identifications, free healthcare, transportation assistance, smart phone, two weeks of computer and internet training.
- Phase Two includes employment readiness, interviewing skills training, workplace etiquette and attire training. Clients enter employment placements with our list of second chance employers at a rate no less than \$15.00 per hour. Education and industry specific training will also be provided.

www.freedomfightingmissionaries.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated individuals served by Mecklenburg County ARPA Grant (self Sufficiency)	19
# of individuals that obtain critical identification	9
Number of individuals who obtained employment resources	16
# of individuals that obtain stable housing	4
# of individuals that obtain health insurance	3
Number of unduplicated individuals served by Mecklenburg County ARPA Grant (cultivate partnerships)	0
# of education events held	0
# of follow-ups with community residents	0

Outcome Measures (Percentages)	Current Year May-June 2022
% of individuals that obtain stable employment	50%
% of individuals that obtain stable housing	21%
% of individuals that obtain health insurance	16%
% of individuals that are self-sufficient	0
% of community residents that are connected to educational services	0
% of community residents that are connected to housing services	0
% of community residents that are connected to complementary life skill resources	0
% of individuals that are connected with government organizations	0

Use of Evidence

This project is not being used for evidence-based interventions.

RAMP

Funding amount: \$719,448



Project Expenditure Category: Negative Economic Impact
 2.16 Long Term Housing Security: Services for Unhoused Persons

Project overview

The Relatives is adding three new staff positions to the existing RAMP Program (drop-in resource center for young adults) to address the increased demand for housing and homeless prevention services

- 2 Transition Specialists at On Ramp who will provide case management services to disconnected young adults, helping them achieve their housing and employment goals and achieve stability
- 1 Housing Case Manager who will assist homeless young adults secure stable housing and provide them with wrap around supports for up to 12 months, to ensure they can remain stably housed on their own.

www.therelatives.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of young adults who will receive housing support services funded by Mecklenburg County ARPA Grant	0
Number of young adults who will receive On Ramp Case Management services funded by Mecklenburg County ARPA Grant	0

Outcome Measures (Percentages)	Current Year May-June 2022
% of youth housed within 45 days of completing their housing intake at The Relatives	0
% of youth who remain stably house 6 months after discharge from The Relatives	0
% of youth served in the housing program will be stably housed 6 months after receiving housing subsidy assistance.	0
% of youth in our housing program will have higher incomes within 12 months of enrollment	0
% of On Ramp case management participants identifying an employment goal on their future will gain employment.	0
% of On Ramp case management participants identifying an educational goal on their futures plan will enroll in educational services.	0
% of On Ramp case management participants identifying a housing need on their futures plan will establish safe and stable housing	0

RAMP

Use of Evidence

On Ramp Case Management services are based on the Rehabilitation for Empowerment, Natural Supports, Education and Work (RENEW) model, a comprehensive research-based service approach developed at the University of New Hampshire, as a framework to provide case management and skill building services to support the process of transitioning to adulthood. Through this model staff work with young adults help them establish goals focused on the five domains of housing, education, employment, health/safety, and community life functioning. The primary tool of the RENEW model is the “futures planning” process Individual Future’s Plans are updated monthly and track young adults progress towards their identified goals in the 5 domains. Use of this promising practice helps staff empower young adults by teaching them to be their own advocates and take responsibility for their own success. <https://iod.unh.edu/projects/rehabilitation-empowerment-natural-supports-education-and-workrenew/overview>

While Renew is at the core of our On Ramp case management, Place staff are also trained on the Therapeutic Crisis Intervention (TCI) model for crisis prevention and intervention as well as on the evidence-based practice known as Neurosequential Model of Therapeutics (NMT), a developmentally informed, biologically respectful approach to working with at risk youth (The Neurosequential Model of Therapeutics as Evidence-Based Practice. | Fatherhood.gov)

Housing First prioritizes quickly providing permanent housing to individuals and families experiencing homelessness and doing so with minimum preconditions or barriers.

Housing First Model: An Evidence Based Approach to Ending Homelessness - Heading Home (headinghomeinc.org)

Housing First | Center for Evidence-based Solutions to Homelessness (evidenceonhomelessness.com)

Revitalization Plan

Funding amount: \$3,000,000



Project Expenditure Category: Negative Economic Impact
2.15 Long Term Housing Security: Affordable Housing

Project overview

Funding to prevent displacement and gentrification of the Smithville community in Cornelius.

Performance Measures

Performance measures will be reported in subsequent submissions.

Use of Evidence

This project is not being used for evidence-based interventions.

Better Vision to Learn

Funding amount: \$1,517,136 

Project Expenditure Category: Negative Economic Impact
2.37 Economic Impact Assistance: Other Districts

Project overview

Vision to Learn provides students in CMS with access to free vision care. The program will offer free, on-site vision screenings, eye exams, and glasses on site at selected schools.

- Goal is to provide 6,600 eye exams (per year) and provide 5,280 children with glasses (per year)
- Program currently employs 4 optometrists, a program manager, and a program coordinator

<https://visiontolearn.org>

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated children provided with eye exams	437
Number of unduplicated children provided with glasses	394

Outcome Measures (Percentages)	Current Year May-June 2022
Percentage of children offered VTL Service who fail a VTL vision screening and who receive an eye exam	94%

Use of Evidence

Vision To Learn provides free access to eye screenings, exams and glasses to school-aged children. In 2015, UCLA released a peer-reviewed evaluation on a three-year study with a sample of about 1500 (1494) students. Researchers analyzed students two years prior to receiving VTL's glasses intervention and one-year after wearing them. The results were staggering, demonstrating increases in student math and reading scores. Additionally, teachers reported a noticeable increase in classroom engagement amongst those students. To further illustrate impact, a recent study by Johns Hopkins (2021) demonstrates dramatic learning gains amongst school-aged children receiving VTL's glasses intervention. Research based on the largest controlled study in the U.S., as more than 7,000 students from over 100 schools in Baltimore were included. Students displaying the greatest gains, equal to four to six months of learning, are those often identified as challenging to help, and are typically students that fall in the bottom quarter of their class, academically, and those with learning differences and disabilities. These studies effectively illustrate VTL's ability to close academic achievement gaps amongst school-aged children, and expand health equity through increased access to care.

Better Vision to Learn

Use of Evidence

Maternal and Child Health Journal

Parent, Teacher, and Student Perspectives on How Corrective Lenses Improve Child Wellbeing and School Function

Rebecca N. Dudovitz, Nilufar Izadpanah, Paul J. Chung & Wendelin Slusser

JAMA Ophthalmology

Effect of a Randomized Interventional School-Based Vision Program on Academic Performance of Students in Grades 3 to 7 A Cluster Randomized Clinical Trial

Amanda J. Neitzel, PhD; BetsyWolf, PhD; Xinxing Guo,MD, PhD; Ahmed F. Shakarchi, MBBS, MPH; Nancy A. Madden, PhD; Michael X. Repka, MD, MBA; David S. Friedman, MD, PhD, MPH; Megan E. Collins, MD, MPH

PREVENTING CHRONIC DISEASE

Addressing Racial and Ethnic Disparities in COVID-19 Among School-Aged Children: Are We Doing Enough?

Arica White, PhD, MPH1; Leandris C. Liburd, PhD2; Fátima Coronado, MD, MPH3

JAMA Ophthalmology

Progression of Myopia in School-Aged Children After COVID-19 Home Confinement

JiayingWang, MD, PhD; Ying Li, MD, PhD; David C. Musch, PhD, MPH; NanWei, MD; Xiaoli Qi, MD; Gang Ding, MD; Xue Li, MD; Jing Li, MD; Linlin Song, MD; Ying Zhang, MD; Yuxian Ning, MD; Xiaoyu Zeng, MD; Ning Hua, MD; Shuo Li, MD, PhD; Xuehan Qian, MD, PhD

MDPI Applied Sciences

Current Challenges Supporting School-Aged Children with Vision Problems: A Rapid Review

Qasim Ali, Ilona Heldal , Carsten G. Helgesen, Gunta Krumina, Cristina Costescu, Attila Kovari, Jozsef Katona and Serge Thill



Camino Contigo

Funding amount: \$2,511,360 

Project Expenditure Category: Negative Economic Impact
 2.19 Social Determinants of Health: Community Health Workers of Benefits Navigators

Project overview

Camino aims to expand its Camino Contigo Program (Behavioral Health Services that offer individual counseling, play therapy, and peer support services) to address unmet needs in the County, specifically in the Latino immigrant community, by staffing bilingual professionals to treat substance use disorders and other mental health needs.
www.caminohealthcenter.com

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated individuals served by Mecklenburg County ARPA Grant	0
Number of duplicated individuals served by Mecklenburg County ARPA Grant	0
Number of unduplicated individuals receiving Therapy	0
Number of unduplicated individuals receiving Social Navigation Services	0
Number of patients screened for behavioral health needs	0
Number Depression Anxiety Stress Scales (DASS) administered	0
Number of unduplicated individuals receiving employment preparation and employment placement services	0

Outcome Measures (Percentages)	Current Year May-June 2022
Enrolled patients will meet treatment goals	0
Patients that completed the program will have clinically significant reduction in their primary symptom (depression, anxiety, or stress)	0
Individuals receiving employment services hired to new positions	0

Use of Evidence

Collaborative Care Model - Proven Effective

A recent systematic review found strong evidence that collaborative care is effective for improving depression outcomes in racial ethnic minority populations. The Collaborative Care Model differs from other attempts to integrate behavioral health services because of the replicated evidence supporting its outcomes, its steady reliance on consistent principles of chronic care delivery, and attention to accountability and quality improvement (QI). Over time, expert consensus has identified five essential elements of the Collaborative Care Model.

- Patient-Centered Team Care
 - Population-Based Care
 - Measurement-Based Treatment to Target
 - Evidence-Based Care
 - Accountable Care
- www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn

Peer Supports Services - Proven Effective

Guiding Values for Peer Support in North Carolina
 Guiding Values for Peer Support in North Carolina | NC Peer Support Specialist Certification Program (unc.edu)

Carolina Farm Trust

Funding amount: \$3,000,000



Project Expenditure Category: Negative Economic Impact
2.1: Household Assistance: Food Programs

Project overview

Carolina Farm Trust is building a local food production and distribution center in order to connect disadvantaged communities with fresh, nutritious, culturally relevant food in a such a way that also revitalizes the local farming community and economy.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Expansion of Nurse Family Partnership

Funding amount: \$3,366,798 

Project Expenditure Category: Negative Economic Impact
 2.19 Social Determinants of Health: Community Health Workers of Benefits Navigators

Project overview

Nurse- Family Partnership (NFP) program is an evidence-based, pre and postnatal nurse home visitation program, targeting low-income, expectant mothers who are at greater risk of having poor pregnancy outcomes. Once paired with a nurse, participants receive intensive engagement from pregnancy until the child’s second birthday; Nurses will complete 64 weekly or bi-weekly visits over a 30+ month period.

<https://careringnc.org>

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of moms enrolled in ARPA-funded Nurse-Family Partnership and completing 1+ home visits	0
Number of home visits (in-person or virtual) provided by ARPA-funded Care Ring Nurse-Family Partnership nurses	0
Number of babies born during measurement period to mothers enrolled in ARPA-funded Nurse-Family Partnership	0
Number ARPA-funded Nurse-Family Partnership clients with at least 1 post-partum visit during the measurement year	0
Number of ASQ-3 screenings completed for ARPA-funded Nurse-Family Partnership clients	0
Number of DANCE assessments completed for ARPA-funded Nurse-Family Partnership clients	0
Number of ARPA-funded Nurse-Family partnership families who reach Nurse-Family Partnership graduation (2 years post-partum) during measurement period	0

Outcome Measures (Percentages)	Current Year May-June 2022
% of babies born to a mother participating in Nurse-Family Partnership who are born full-term (37+ weeks)	0
% of babies born to a mother participating in Nurse-Family Partnership born at a healthy weight (>2500g)	0
% change in smoking status during pregnancy	0
% of ARPA-funded Nurse-Family Partnership moms with skills and resources to support their child’s development	0
% of children born to ARPA-funded Nurse-Family Partnership clients with a positive ASQ score with completed referral to recommended early intervention services	0
% of Nurse-Family Partnership moms who graduate from NFP at 24-months post-partum without an unplanned subsequent pregnancy	0
% of Nurse-Family Partnership children graduating from the program at their 2nd birthday who are current with immunizations.	0

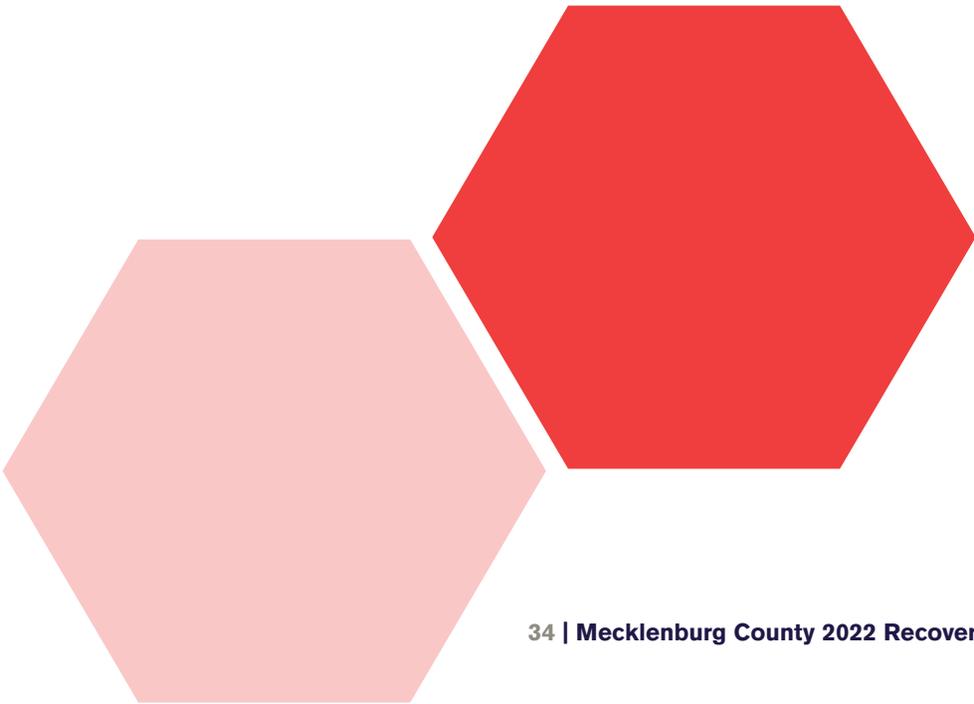
Expansion of Nurse Family Partnership

Use of Evidence

Nurse-Family Partnership (NFP) is an evidence-based, pre- and postnatal nurse home visitation program, targeting low-income, expectant mothers who are at greater risk of having poor pregnancy outcomes, who are predominantly women of color. Pairing a family with a registered nurse, they receive intensive engagement from pregnancy until the child's second birthday. This home visitation model provides education, screening, support and referrals. Goals include improving (1) pregnancy outcomes, (2) child health and development and (3) the economic self-sufficiency of the family. The model has been implemented in 100s of sites across the country and has almost 40 years of evidence from randomized-controlled trials. See this link for peer reviewed research on NFP model effectiveness. <https://www.nursefamilypartnership.org/about/proven-results/published-research/>

The Coalition for Evidence-Based Policy has recognized NFP as meeting the highest standards of evidence for effectiveness and return on investment. Additionally, HHS has completed a review of Home Visiting Evidence of Effectiveness (HomVEE) to provide a transparent assessment of the quality of research evidence for a variety of home visitation models. HHS finds that NFP meets all criteria for designation as an "evidence-based early childhood home visiting service delivery model," with details provided here:

<https://homvee.acf.hhs.gov/effectiveness/Nurse-Family%20Partnership%20%28NFP%29%C2%AE/In%20Brief>



Food For All

Funding amount: \$2,979,540 

Project Expenditure Category: Negative Economic Impact
2.1 Household Assistance: Food Programs

Project overview

Loaves & Fishes/Friendship Trays is expanding its current grocery home delivery service by introducing a free Instacart platform. The program will also:

- Increasing operations from 3 days a week to 7 days a week.
- Increase the number of individuals served through grocery and meal home deliveries

<https://loavesandfishes.org/home/>

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated clients who receive food through grocery home delivery from Loaves & Fishes/Friendship Trays	2,315
Number of duplicated clients who receive food through grocery home delivery from Loaves & Fishes/Friendship Trays	3,951
Number of pounds of fresh produce distributed	22,964
Number of unduplicated clients served in priority area zip codes (28205, 28206, 28208, 28212, 28216, 28217)	1,160
Number of unduplicated clients served from underrepresented populations (Black and Latinx)	1,952
Number of unduplicated clients served by home delivered meals	1,141

Outcome Measures (Percentages)	Current Year May-June 2022
Percentage of clients who report improved financial security as a result of receiving grocery home delivery	0
Percentage of clients who report eating more fresh fruits and vegetables as a result of receiving grocery home delivery	0
Percentage of clients who report improved food security as a result of receiving grocery home delivery	0

Use of Evidence

The Grocery Home Delivery Program was created during the pandemic to continue to feed food insecure residents that tested positive for COVID, since pantries were temporarily closed due to many volunteers falling into the high-risk group. The program was later expanded to three operating days to serve residents who could not pick up from one of our pantries, usually due to a transportation barrier. In March 2022, the program evolved once again to offer client choice through an Instacart-like online grocery website where clients can choose the foods they would like delivered to their door.

The purpose of this quantitative study is to describe the relationship between receiving a grocery home delivery and food, nutritional, and financial security using a summative evaluation approach. To do so, we will use a quasi-experimental or non-randomized evaluation design. Using non-probability convenience sampling to collect quantitative data, the study will have sufficient statistical power. Evaluation will start at the end of the 3-year grant period and be completed by mid-fourth year. Key research questions being evaluated include:

1. Does the program have an effect on client food security in a 12-month period after receiving 1 delivery?
2. Does the program have an effect on client nutritional security in a 12-month period after receiving 1 delivery?
3. Does the program have an effect on client financial security in a 12-month period after receiving 1 delivery?

HOPE Community Clinic

Funding amount: \$3,157,000 

Project Expenditure Category: Negative Economic Impact
2.21 Medical Facilities for Disproportionately impacted Communities

Project overview

Project 658, a clinic that offers medical and counseling services, is requesting is upfitting a new, larger clinic space in the summer of 2022 that will meet the increasing demand for medical and behavioral health care.

- Funding will also provide for additional interpreters/interpretive services, and additional medical and behavioral health staff, as well as program money for transportation and training materials, necessary to meet the medical and mental health needs of the community.

www.hopeeastclt.com

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of uninsured women received a mammogram screening	0
Number of behavioral health appointments provided to uninsured/underinsured	0
Number of uninsured individuals provided access for free flu vaccines	0
Number of uninsured children that receive free school health assessments	0
Number of individuals that receive Social Determinants of Health (SDOH) screening	0
Number of individuals that receive pro bono psychiatric services	0

Outcome Measures (Percentages)	Current Year May-June 2022
Percentage of eligible uninsured women that receive the mammograms	0
Percentage of uninsured individuals that show improved outcomes via the Session Rating Scale (SRS)	0
Percentage of uninsured individuals that show improved outcomes via the Outcome Rating Scale (ORS)	0
Percentage of eligible uninsured individuals that receive flu vaccines	0
Percentage of individuals that are provided with case management services determined by SDOH screening	0
Percentage of individuals that are linked to resources that are determined by SDOH screening	0
Percentage of individuals that decrease in behavioral health symptoms reported by screening tools	0
Percentage of individuals that adhere to medicine management	0

HOPE Community Clinic

Use of Evidence

FIT Model: Feedback-informed treatment (FIT) is an evidence-based practice recognized by SAMSHA where clinicians gather real-time input from clients using structured measures to identify what is and is not working in therapy and then adjust to better meet client's needs. FIT aims to incorporate the client's perspective about the therapeutic relationship. FIT has been shown to be effective because clinicians use measures to monitor their performance, it helps to select the most effective treatment methods, and it enhances the therapeutic relationship. The two measures primarily used are the Session Rating Scale (SRS) and the Outcome Rating Scale (ORS). The SRS is a four-item measure of the therapeutic alliance that includes gathering information about how the client feels about the relationship, the goals and topics, the approach to treatment, and an overall rating. The ORS measures the client's perspective of change or improvement (or lack thereof) in relation to where they started. The ORS asks about progress in the following areas: individual, interpersonal, social, and overall. These measures have good reliability and validity and are designed to be used in everyday practice.

EMDR: Eye Movement Desensitization Reprocessing (EMDR) therapy is an evidence-based psychotherapy which has been recognized by the World Health Organization (WHO) as a first-choice treatment for Posttraumatic Stress Disorder (PTSD; WHO, 2013). The new International Society for Traumatic Stress Studies (ISTSS) guidelines (Berliner et al., 2019) rated EMDR as strongly recommended in the treatment of PTSD in children, adolescents and adults. These recommendations were based on high quality systematic reviews developed through Cochrane database, the National Institute for Health and Care Excellence (NICE) guidelines, and the aforementioned WHO recommendation, as well as on the results of randomized controlled trials. In the last decade, there has been increasing research into the efficacy of EMDR in other psychiatric and somatic disorders with comorbid psychological trauma (Valiente-Gómez et al.). EMDR is based on the Adaptive Information Processing (AIP) model, which posits that much of psychopathology is due to the maladaptive encoding of and/or incomplete processing of traumatic or disturbing adverse life experiences (Hase et al.).

Seeking Safety: Seeking Safety is an evidence-based model, with over 45 published research articles and consistently positive results. It is an integrated practice to serve individuals that have experienced trauma and/or substance use. For all studies, go to www.seekingsafety.org, section Evidence. Studies include pilots, randomized controlled trials, multi-site trials.

TF-CBT: TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques. TF-CBT has proved successful with children and adolescents (ages 3 to 18) who have significant emotional problems related to traumatic life events. It can be used with children and adolescents who have experienced a single trauma or multiple traumas in their lives.

Cognitive Processing Therapy (CPT): CPT is an evidenced-based, manualized treatment protocol that has been found effective for the treatment of posttraumatic stress disorder (PTSD) and other corollary symptoms following traumatic events.

Triple P: The Triple P – Positive Parenting Program is one of the most effective evidence-based parenting programs in the world, backed up by more than 35 years of ongoing research. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing. Triple P is used in more 30 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures.

HOPE Community Clinic

Use of Evidence

TCT-A: ITCT-A is an evidence-based, multi-modal therapy that integrates treatment principles from the complex trauma literature, attachment theory, the self-trauma model, affect regulation skills development, and components of cognitive behavioral therapy. It involves structured protocols and interventions that are customized to the specific issues of each client, since complex posttraumatic outcomes are notable for their variability across different individuals and different environments.

CBT: Cognitive-behavioural therapy (CBT) is a practical, goal-focused approach that helps children understand the relationship between their thoughts, feelings and behaviours. The aim is to identify the dysfunctional and distorted cognitions associated with their psychological problems and to create more functional and balanced cognitive patterns that create less emotional distress and more helpful behaviours. CBT has strong evidence as an effective intervention for children and adolescents with emotional problems. The benefits for children with physical health and chronic conditions appear promising, although further research is required to substantiate these gains.

DBT: Dialectical behavior therapy (DBT) is a comprehensive, evidence-based treatment for borderline personality disorder (BPD). The patient populations for which DBT has the most empirical support include parasuicidal women with borderline personality disorder (BPD), but there have been promising findings for patients with BPD and substance use disorders (SUDs), persons who meet criteria for binge-eating disorder, and depressed elderly patients. Although DBT has many similarities with other cognitive-behavioral approaches, several critical and unique elements must be in place for the treatment to constitute DBT. Some of these elements include (a) serving the five functions of treatment, (b) the biosocial theory and focusing on emotions in treatment, (c) a consistent dialectical philosophy, and (d) mindfulness and acceptance-oriented interventions.

Child Centered Play Therapy: CCPT is a developmentally responsive, play-based mental health intervention for young children ages 3 to 10 who are experiencing social, emotional, behavioral and relational disorders. CCPT utilizes play, the natural language of children, and therapeutic relationship to provide a safe, consistent therapeutic environment in which a child can experience full acceptance, empathy, and understanding from the counselor and process inner experiences and feelings through play and symbols.

PCIT: Parent-Child Interaction Therapy (PCIT) is an empirically supported intervention originally developed to treat disruptive behavior problems in children between the ages of 2 and 7 years. Since its creation over 40 years ago, PCIT has been studied internationally with various populations and has been found to be an effective intervention for numerous behavioral and emotional issues.

Practice Self-Regulation: Practice Self-Regulation™ (PS-R) is all about resilience and optimal development. It is a neuroscience-based and trauma-informed program promoting health and well-being in young adults. It is a promising practice based on SAMHSA funded research and it based on empirical data and includes evidence-based interventions.

SPARCS: SPARCS is a manually-guided and empirically-supported group treatment designed to improve the emotional, social, academic, and behavioral functioning of adolescents exposed to chronic interpersonal trauma (such as ongoing physical abuse) and/or separate types of trauma (e.g. community violence, sexual assault). The curriculum was designed to address the needs of adolescents who may still be living with ongoing stress and may be experiencing problems in several areas of functioning including difficulties with affect regulation and impulsivity, self-perception, relationships, somatization, dissociation, numbing and avoidance, and struggles with their own purpose and meaning in life as well as worldviews that make it difficult for them to see a future for themselves. The curriculum has been successfully implemented with at-risk youth in various service systems (e.g. schools, juvenile justice, child-welfare, residential) in over a dozen states.

Miracle at Cedar Street Campaign

Funding amount: \$3,000,000 

Project Expenditure Category: Negative Economic Impact
2.21 Medical Facilities for Disproportionately impacted Communities

Project overview

Charlotte Rescue Mission is requesting \$3,000,000 to build a new facility for its Rebound Men's Program, which serves community members at the intersection of addiction and homelessness. The new facility, expected to be completed in June 2023, will provide 166 beds for men seeking treatment.

<https://charlotterescuemission.org/give-2/>

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated individuals enrolled in the CORE program at Rebound during the fiscal year	0
Number of individuals who complete the CORE program	0
Number of individuals who do not complete the CORE program	0

Outcome Measures (Percentages)	Current Year May-June 2022
Percent of individuals sheltered at Rebound will graduate from the CORE program.	0
Percent of individuals who graduate the CORE program who remain clean and sober 6 months after completion of the CORE program	0
Percent of individuals who graduate the CORE program report living in stable housing 6 months after graduation	0
Percent of individuals who graduate the CORE program report being financially stable 6 months after graduation	0
Percent of individuals who graduate the CORE program who report being engaged in the recovery community 6 months after graduation	0

Miracle at Cedar Street Campaign

Use of Evidence

Charlotte Rescue Mission (CRM) utilizes evidence-based interventions for all programming, including our core addiction recovery programs, Rebound for Men and Dove's Nest for Women and Children. Rebound and Dove's Nest are no-cost, 120-day residential programs, allowing residents the opportunity to live in a safe, stable environment free from substance use while receiving treatment. Our professional substance use counselors lead individual and group therapy sessions and are trained in the following modalities:

Cognitive Behavioral Therapy: a type of talk therapy that focuses on changing negative thought or behavior patterns. It is highly effective in treating many psychological disorders, including substance use disorder. Considering that substance use disorder impacts up to 50% of those diagnosed with severe mental health disorders, CBT is an invaluable tool.

Motivational Interviewing: refers to an evidence-based form of conversational therapy that addresses resistance to change. SAMHSA describes MI as especially effective for treating addiction in the textbook TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment, stating that an "analysis of more than 200 randomized clinical trials found significant efficacy of MI in the treatment of [substance use disorder] (Miller & Rollnick 2014)".

12 Step Programs: widely considered community-based, accessible addiction recovery options that provide peer support to those navigating sobriety. They are best utilized as part of a comprehensive approach to addiction recovery that includes therapy and other treatment strategies and can help maintain sobriety long-term.

Trauma-Informed Care via the digital Hazelden Curriculum: utilized by our professional substance use counselors to address the lingering impact of trauma on addiction.

Behavioral Health for Incarcerated Women

Funding amount: \$773,367



Project Expenditure Category: Public Health
1.12, Mental Health Services

Project overview

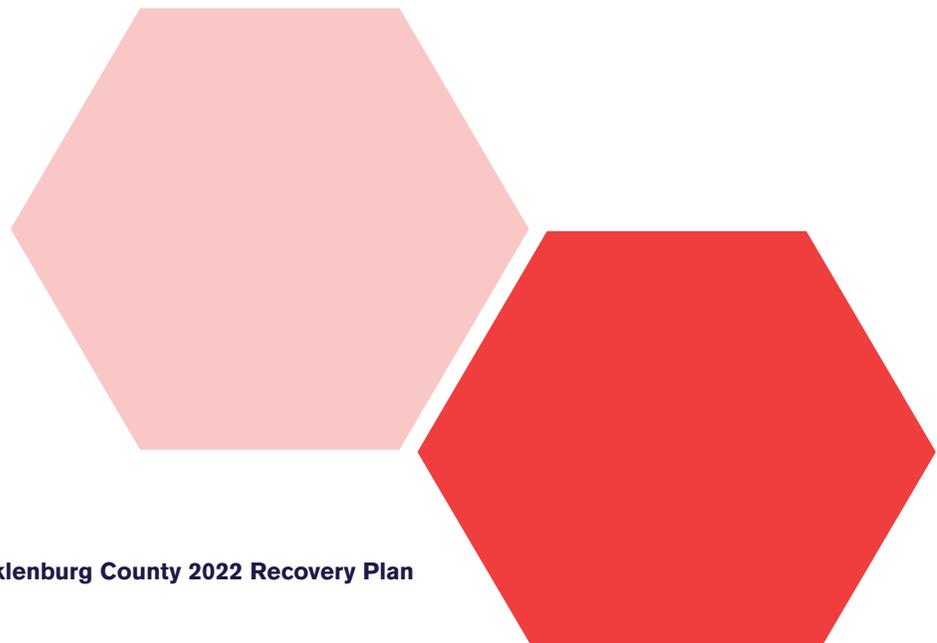
The Center for Community Transitions is expanding behavioral health services for currently incarcerated women serving the final 1-3 years of their state prison sentence at the applicant’s residential, work release dorm.

- The expansion includes hiring additional staff to increase individual therapy sessions, group counseling, and trauma/substance abuse programming for residents living at the work release dorm.

www.centerforcommunitytransitions.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
# accountability book entries per resident	0
# community volunteer (CV) interactions, onsite family visits or home leaves per resident	0
# Skype calls per resident	0
# jobs secured per resident	0
job wage > \$15/hr per resident	0
# behavioral health intake surveys completed	0
# group counseling sessions	0
# residents enroll in Seeking Safety (SS)/ Peer Support (PS)	0
# residents complete Seeking Safety (SS)/ Peer Support (PS)	0
# residents attend AA/NA meetings	0



Behavioral Health for Incarcerated Women

Performance Measures (continued)

Outcome Measures (Percentages)	Current Year May-June 2022
% North Carolina Department of Public Safety (NCDPS) disciplinary per contract	0
% residents who receive onsite visits	0
% residents who participate in home leave program	0
% residents who have regular Skype or phone calls with family	0
% turnover per resident	0
% of residents receiving counseling	0
% of residents completely at least 5 individual therapy sessions	0
% of residents who demonstrate improvement on Patient Health Questionnaire-9 and/or Generalized Anxiety Disorder-7	0
% of residents who indicated they were “satisfied” or “very satisfied” with their level of BH support at CCT	0
% of residents who report meeting at least one of their stated goals at the end of their treatment	0
% improvement on Seeking Safety/Peer Support competencies	0
2-yr recidivism rate	0

Use of Evidence

This project is not being used for evidence-based interventions.

Behavioral Health Services

Funding amount: \$310,625



Project Expenditure Category: Public Health
1.12, Mental Health Services

Project overview

Teen Health Connection will make capital improvements to their existing office space for the expansion of therapy services, including the conversion of teen prevention programming areas (workstations, meeting areas, and group discussion spaces) into 5 therapy offices.

During the renovation, the program will also start to recruit for five new behavioral health therapists (recruitment and onboarding expected to take up to 12 months) to build out its outpatient therapy team, though these positions are not funded in this request; patient building is expected to offset these costs.

www.teenhealthconnection.net

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated individuals served by Mecklenburg County ARPA Grant	0
Number of new behavioral health treatment rooms built on site at Teen Health Connection	0
Number of new therapists hired and seeing patients by June 2024	0
Increase in outpatient behavioral health patient volume (total number of visits) attributable to the five new therapists supported through the ARPA grant	0

Outcome Measures (Percentages)	Current Year May-June 2022
Percent of patients receiving behavioral health services showing a reduction in symptoms using standardized screeners (e.g., Patient Health Questionnaire: PHQ-9).	0
Percent of patients receiving behavioral health services reporting improved self-efficacy to address their behavioral health challenges.	0
Percent of patients who follow up with recommended behavioral health care at Teen Health Connection within three months of a triage referral from the medical practice	0

Use of Evidence

Teen Health Connection’s goal is to increase their capacity to deliver a higher volume of care and make therapeutic services more accessible to local teens through the expansion of our existing behavioral health team. The proposed expansion of treatment rooms dedicated to outpatient therapy will increase the capacity to apply evidence-based treatments such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and EMDR, however these methods of treatment are delivered based on patient need and eligibility and are not directly funded by the project.

CHAT Collaborative

Funding amount: \$957,224



Project Expenditure Category: Public Health
1.14: Other Public Health Services

Project overview

Pats Place will expand the CHAT Collaborative, which was established in 2019 to foster communication between mental health providers and Pat’s Place to monitor children’s participation and progress in therapy.

- Pat’s Place staff will provide clinical supervision and advanced clinical training (at no cost) to grow ~ 275 therapists’ skills and capacity to provide effective treatment. Additionally, staff will recruit new, culturally appropriate providers to facilitate “good-fit” connections with geographically suitable providers.

www.patsplacecac.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated children served by Mecklenburg County ARPA Grant.	74
Number of unduplicated caregivers served by Mecklenburg County ARPA Grant.	75
Number of direct referrals to culturally appropriate, good fit, trauma-trained children’s mental health providers.	33
Number of consultations and referral suggestions provided to community partners and members of the general public via the Collaborative.	41
Number of new Collaborative treatment providers who commit to providing evidence-based therapy via this project.	6
Number of individuals receiving mental health treatment via the Collaborative who are uninsured/underinsured.	10
Number of members serving on the culturally and clinically diverse CHAT Collaborative Steering Committee from agencies/entities serving children impacted by family/community violence, abuse, or other trauma.	0
Number of CHAT Collaborative members participating in free, advanced clinical training to enhance clinicians’ capacity to serve child victims of trauma.	0
Number of unique digital media impressions and views resulting from the children’s mental health resource website that hosts children’s trauma treatment resources, provider listings, etc.	0
Number of participants who received free, mental health resource overview/training to individuals, community groups, professionals, and the public.	0

CHAT Collaborative

Performance Measures (continued)

Outcome Measures (Percentages)	Current Year May-June 2022
% increase of children's confirmed participation in trauma treatment by through enhanced care coordination and mitigating barriers to treatment (current baseline: 19% of children engaging).	0
% of children completing trauma treatment will demonstrate a reduction in trauma-related symptoms (PTSD, anxiety, depression, etc.)	0
% increase in number of Spanish-speaking trauma treatment providers.	0
% increase of children's confirmed participation in trauma treatment by through enhanced care coordination and mitigating barriers to treatment (current baseline: 19% of children engaging).	0
% increase in number of consultations and referral suggestions provided to community partners and members of the public	0
% increase in calls to the CHAT Collaborative from caregivers, professionals, and other community members seeking referrals for therapy.	0
% increase in website visitors and social engagements on an annual basis (baseline will be established in year 1).	0
% of Collaborative therapists reporting that participation in clinical training improved their clinical skillset/capabilities or improved their ability to provide effective children's trauma treatment.	0

Use of Evidence

Pat's Place Child Advocacy Center connects children and their caregivers to a wide network of vetted, children's mental health providers. CHAT Collaborative Network therapists have completed a minimum of 40 contact hours CEUs in accordance with the provider's mental health licensing requirements for one or more of the six-evidence-based, treatment modalities recognized by the California Evidence-Based Clearinghouse (CEBC) which evaluates trauma treatment modalities for client-level interventions for children and adolescents.

CHAT Collaborative network providers must furnish documentation that they have completed an approved learning collaborative/training before clients are referred. The CEBC recognizes the following treatment modalities as evidence based:

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) CEBC » Program » Trauma Focused Cognitive Behavioral Therapy (cebc4cw.org)

Eye Movement Desensitization and Reprocessing (EMDR) CEBC » Program » Eye Movement Desensitization And Reprocessing (cebc4cw.org)

Parent-Child Interaction Therapy (PCIT) CEBC » Program » Parent Child Interaction Therapy (cebc4cw.org)

Child-Parent Psychotherapy (CPP) CEBC » Program » Child Parent Psychotherapy (cebc4cw.org)

Child and Family Traumatic Stress Intervention (CFTSI) CEBC » Program » Child And Family Traumatic Stress Intervention Cftsi (cebc4cw.org)

Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) CEBC » Program » Alternatives For Families A Cognitive Behavioral Therapy (cebc4cw.org)

Counseling Center

Funding amount: \$1,275,000 

Project Expenditure Category: Public Health
1.12, Mental Health Services

Project overview

Mental Health America is renovating unused space at its office to serve as a counseling center to offer short-term mental health counseling for underserved individuals ages 8+.

- Program will also offer college students (in counseling programs) stipends if they complete their required clinical supervision at the facility.
- Program builds upon work that is already provided through Meck Hope.

www.mhacentralcarolinas.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated people of color served	0
Number of unduplicated clients served who are uninsured	0
Number of unduplicated clients served who are underinsured	0
Number of unduplicated clients referred to its short-term counseling program other organizations	0
Number of unduplicated clients served who are residents of target neighborhoods and qualified census tracts	0
Number of unduplicated students who receive supervision and training in counseling and mental health services	0
Number of unduplicated clients referred to its short-term counseling program other organizations	0
Number of unduplicated individuals (viewers) reached by mental health communications campaign: billboards & radio	0
Number of unduplicated individuals (viewers) reached by mental health communications campaign: social media	0

Counseling Center

Performance Measures (continued)

Outcome Measures (Percentages)	Current Year May-June 2022
% of unduplicated clients served who are uninsured or underinsured	0
% of unduplicated uninsured or underinsured clients who complete at least 5 sessions	0
% of unduplicated uninsured or underinsured clients who demonstrate improvement on PHQ-4 depression and anxiety screener from intake to closeout	0
% of unduplicated uninsured or underinsured clients who indicated they were “satisfied” or “very satisfied” with the level of care they received	0
% of clients who report meeting at least one of their stated goals at the end of their care	0
% of unduplicated clients served who are residents of target neighborhoods and qualified census tracts	0
% of unduplicated clients who are residents of target neighborhoods and qualified census tracts who complete at least 5 sessions	0
% of unduplicated clients who are residents of target neighborhoods and qualified census tracts who demonstrate improvement on PHQ-4 depression and anxiety screener from intake to closeout	0
% of unduplicated clients who are residents of target neighborhoods and qualified census tracts who indicated they were “satisfied” or “very satisfied” with the level of care they received	0
% of unduplicated clients who report meeting at least one of their stated goals at the end of their care	0
% of unduplicated students who report at the end of their service that they intend to pursue a career providing mental health services in under resourced settings	0
% of clients who will report having been reached by mental health communication campaigns (billboards & radio or social media)	0

Use of Evidence

The MHA Pro-Bono Counseling Center Project aims to create a free mental health clinic for uninsured and underinsured youth and adults in targeted neighborhoods in the Charlotte region and to help train and support the mental health services workforce through training and mentorship. Participants will receive services on location at MHA Central Carolinas from graduate students under supervision of the Clinical Program Director.

This project will measure progress toward outcomes using a pre-post quantitative study design to measure progress toward stated outcomes in the ARPA Performance Template. There are three primary outcomes measured:

1. Percentage of clients who complete at least 5 sessions.
2. Percentage of clients who show improvement on the PHQ-4.
3. Percentage of clients who indicated they were “satisfied” or “very satisfied” with the level of care they received.

Each of these outcomes will be measured for all clients served through the counseling center, though they will also be reviewed and reported out by two subgroups (a) uninsured and underinsured individuals, and (b) individuals who are residents of target neighborhoods and qualified census tracts. Data will be collected on program participants. There is no control group included in the evaluation.

COVID19 Enhanced Cleaning

Funding amount: \$350,400



Project Expenditure Category: Public Health
1.14: Other Public Health Services

Project overview

Project provides funding for COVID19 enhanced cleaning services for the Detention Center.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Empowering Fathers Initiative

Funding amount: \$900,000



Project Expenditure Category: Public Health
1.13, Substance Use Services

Project overview

Grace-Mar is expanding its Empowering Fathers Program which provides a dedicated mental health resource to fathers who have need for mental health substance abuse and trauma services

- Expands fathers served per year
- Provides a dedicated mental health clinician
- Adds an advocate and a job coach/recruiter

www.clttdads.com

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated Fathers with court ordered child-support cases, approved by CSE, who are entered into the Empowering Fathers Program	3
Number of Fathers screened for mental health or substance abuse treatment through completion of the HHS form provided by the County	31
Number of Group Counseling Sessions Offered	0
Number of Individual Fathers who complete at least one group session	0
Number of Fathers who attend each group session held	0
Number of fathers who receive mental health services at no cost	17
Number of uninsured fathers who access mental health services	16
Number of fathers in the empowering fathers program who access the crisis assistance hotline	0
Number of fathers in the empowering fathers program who access mental health services that live in the corridors of opportunity zip codes	4

Empowering Fathers Initiative

Performance Measures (continued)

Outcome Measures (Percentages)	Current Year May-June 2022
Percent of fathers who access mental health services while in the Empowering Fathers Program	0
Percent of fathers who report feeling educated on issues of mental health after accessing services through the Empowering Fathers Program	0
Percent of uninsured fathers who access mental health services for the first time	0
Percent of fathers in the empowering fathers program who report having a successful crisis assistance hotline call	0
Percent of fathers from a corridor of opportunity that receive mental health services for the first time	0

Use of Evidence

Grace Mar will engage in three phases of intervention development beginning with exploration and basic science curriculum development. The primary goal of this project is to create an evidence based and cultural informed curriculum for fathers. The three steps aim to include a (1) pre-design phase, (2) design/building phase, and (3) implementation phase. Using the exploratory, preparation, intervention, and sustainability (EPIS) intervention development model of evidenced based practices, our research consultant team will expand upon existing knowledge on the needs of fathers while advancing more culturally informed strategies in partnership with community key stakeholders.

As a shifting priority in evidence-based practice is a greater emphasis on identifying mental and physical health as an integrated continuum rather than as disconnected and unrelated stages (Richards et al., 2017). Thus, the purpose of the pre-design phase will include a needs assessment to explore the complex intersections of biopsychosocial experiences of minority fathers while integrating intergenerational constructs into a behavioral, and psychosocial framework that helps to define mental and physical health risk across generations. Prior research underscores that mental illness, stress, and trauma are often deeply rooted in intergenerational factors and family dynamics (Nadel & Thornberry, 2017).

The exploratory and pre-design research efforts will explore the evidence to support the foundation for curriculum. This includes reviewing common structures used, a formal review of the current literature, and comprehensive needs assessment. The needs assessment will be accomplished by using secondary the following data sources including:

- Existing Literature and Peer Reviewed Articles
- Examine evidence-based practice models
- Federal, State and Local level Data (i.e., CDC, Health Department, DOJ)

In addition to the needs assessment, the research consultant team will further conduct an impact intervention assessment to examine gaps and to add to the rigor of the design process. Similarly, the research consultant team will conduct a series of small group listening session and focus groups to explore and test specific content and outcome of curriculum. This will inform the final build of the curriculum.

The implementation phase will include a small pilot of curriculum-based intervention including minority fathers.

References

Nadel, E. L., & Thornberry, T. P. (2017). Intergenerational consequences of adolescent substance use: Patterns of homotypic and heterotypic continuity. *Psychology of Addictive Behaviors*, 31(2), 200-211. <http://dx.doi.org/10.1037/adb0000248>

Richards, J., Pickett, O.K., & Wilhite, B.C., Life course and social determinants: Professional resource brief, (National Center for Education in Maternal and Child Health, Washington, DC, 2017).

Pedestrian Bridge

Funding amount: \$11,000,000 

Project Expenditure Category: Public Health
1.14: Other Public Health Services

Project overview

The County committed \$11 million in SLFRF funds to enable pedestrians and mobility challenged residents a direct connection between a Regional Recreation Center that offers vital health & fitness programs for the local community and a new Community Resource Center that will provide access to integrated health and human services including, Economic, Public Health, Child Support, Food & Nutrition, Youth & Family Services, Veteran, and Community Support Services.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Peer-Run Crisis Prevention

Funding amount: \$4,856,292 

Project Expenditure Category: Public Health
1.12, Mental Health Services

Project overview

Promise resource Network will continue the peer-run warm-line, currently funded through County funding, that serves as the portal for MeckHOPE and a new peer-run respite that offers a 10-day stay for those experiencing a mental health crisis.

- Warm Line allows people experiencing distress to call and talk to a peer anytime day or night.
- Respite offers a 10 day stay at a healing retreat as an alternative to the emergency department for people experiencing a mental health crisis.

www.promiseresourcenetwork.com

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of Respite Guests	6
Number of Respite Guests utilizing respite within 1 week of engagement with PRN	2
Number of Peer Support Specialists identified lived experience with Police involvement / involuntary commitment (IVC)	9
Total amount of calls into warm line	171
Number of outreach calls as a result of initial call into warmline	5
Number of callers identifying seeking Post Covid-19 recovery related to Mental Health	66
Number of warmline hours offered	336
Number of individuals educated and given access to service	72
Number of agencies, providers, organizations PRN provided education around alternative to traditional Mental Health/Support Services accessible to under or uninsured residents	5
Number of referrals received by PRN	7

Peer-Run Crisis Prevention

Performance Measures (continued)

Outcome Measures (Percentages)	Current Year May-June 2022
Number of Respite guest voluntary utilizing respite without the involvement of police or justice system	100%
% of guest identifying peer support specialist as critical in decreasing the emotional stress of mental health crisis	100%
% of individuals identifying Respite as a diversion from justice involvement	100%
The Social Determinants of Health identified by caller.	100%
Percentage of calls resulting in the need for Crisis Response	0%
Percentage of callers to the warm-line to discuss emotional/mental distress	95%
Percentage of Respite guest continuing connection with PRN services after Respite stay	67%
Percentage of increase year-over-year served.	0
Increase total number of classes related to social determinants of health	0

Use of Evidence

Promise Resource Network (PRN) is a consumer-operated organization (COSP) and, is operating a 24/7 peer-run respite and peer-run warm-line for Mecklenburg County residents that are experiencing emotional distress, mental health and/or substance use related challenges, trauma, etc. PRN is utilizing both evidence-based interventions and promising practices with the models that it is operating.

Evidence-Base and Program Evaluation:

1. Peer support is an evidence-based practice.

<https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf>

2. Consumer-operated services programs (COSP) are an evidence-based practice with a fidelity scale that was established by the Mental Health and Substance Abuse Services Administration (SAMHSA). The model and fidelity is the result of multi-site research that was translated into a COSP evidence-based practice toolkit

<https://store.samhsa.gov/sites/default/files/d7/priv/sma11-4633-theevidence-cosp.pdf>

3. Peer-Run Respite are an emerging promising practice to reduce hospitalization and create a safe, healing alternative for people with mental health crises. Outcomes have included a 70% reduction in the use of emergency department, fewer inpatient stays, quality of life improvements (healing, empowerment, self-esteem) and reduced costs. All current research can be found here: <https://www.peerrespite.com/research>

4. Peer-Run Warm-Lines have an emerging research base:

Dalgin, R.S., Maline, S., & Driscoll, P. (2011). Sustaining recovery through the night: Impact of a peer-run warm line. <https://warmline.org/PeerWLImpact2011.pdf>

Dalgin, Dalgin & Metzger (2018). A Longitudinal Analysis of the Influence of a Peer Run Warm Line Phone Service on Psychiatric Recovery <https://pubmed.ncbi.nlm.nih.gov/28831687/>

School Based Health Programs

Funding amount: \$350,000



Project Expenditure Category: Public Health
1.12, Mental Health Services

Project overview

Right Moves for Youth is expanding their school-based mental health programming, which offers group counseling to preventatively address mental health challenges (such as isolation, anxiety and depression that have resulted from COVID-19 pandemic).

- Students in grades 6-12 are referred to the program by student support staff, administrators, teachers, school resource officers and other members of law enforcement, other youth-serving agencies, and parents
- Program Specialists facilitate in-school weekly groups meeting (of about 15 students) using life skills curricula that nurture the holistic health and social uplift of students.

www.rightmovesforyouth.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated individuals served by Mecklenburg County ARPA Grant	432
Number of weekly group sessions	21

Outcome Measures (Percentages)	Current Year May-June 2022
% of RMFY students who show growth in social-emotional competence	0
% of RMFY students who show a reduction in depressed mood and anxiety	0
% of RMFY students who exhibit prosocial behaviors	0
% of RMFY students who reduce risky behaviors	0

Use of Evidence

RMFY’s program model is research- based and practice informed and uses assessment tools that are informed by evidence. The program model utilizes several evidenced based assessment tools to ensure the students in our program has the best opportunity to be prepared to achieve personal success post their high school career. All students take a pre and post survey yearly to assess student growth. Assessments are distributed during group time and the data is entered and analyzed using a Paired-Sample T-Test within statistical software (i.e., SPSS). RMFY is assessing a combination of the students mental and physical factors through the Resilience Assessment. The Resilience Assessment is a 6-domain assessment that produces a unique holistic view of individual resilience. The six factors are vision, composure, reasoning, health, tenacity, and collaboration.

UCITY Family Zone

Funding amount: \$990,770



Project Expenditure Category: Public Health
1.12, Mental Health Services

Project overview

The UCITY Family Zone, a place-based “ecosystem” of 80 organizations in northeast Charlotte, is requesting funding to expand its existing network of community ambassadors in local apartments (4 new ambassadors who live in the apartments), providing more health literacy opportunities in the community, and providing more health screenings and referrals.

- Primary outcomes of interest are screening for mental health and social determinant needs (960 individuals per year), referral to primary and mental health specialty care (154 per year), and referral to social service organizations or health education providers (250 per year).

www.universitycityfoundationnc.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of residents screened for Social Determinants of Health	0
Number of residents referred for clinical Mental Health Assessment	0
Number of residents referred for physical health needs	0
Number of residents receiving referrals for food security	0
Number of residents participating in housing stability counseling	0
Increase in the number of community residents on Next Door	0
Increase the number of Facebook followers	0
Increase in the number of Instagram followers	0
Number of collaborative health literacy workshops with multiple health organizations	0
Number of referrals to multiple community health partners	0
Number of residents attending health literacy workshops	0

UCITY Family Zone

Performance Measures (continued)

Outcome Measures (Percentages)	Current Year May-June 2022
Percentage of community residents receiving treatment for physical health needs	0
Percentage of community residents receiving treatment for mental health needs	0
Percentage of food insecure residents participating in local food pantries and community gardens	0
Percentage completion of housing stability counseling program	0
Resident satisfaction with community health workers	0
Resident trust of community health workers	0
Percentage of participants indicating increased knowledge from Mental Health America community workshops	0

Use of Evidence

Community Ambassador intervention is based on the Community Health Worker (CHW) model. CHWs are trusted community members who have been shown to be effective liaisons for providing care coordination between community members, health care systems, social services, and other organizations. The project is guided by the research documenting CHW effectiveness for improving health outcomes, reducing hospital costs, addressing the social determinants of health, contributing to local policy change through advocacy, and addressing mental health needs. The project also relies on evidence supporting the importance of addressing the social determinants of health in order to improve community health, the effectiveness of mental health first aid programs, and the value of a community health science and care coordination for providing access to care and improved health outcomes in marginalized communities.

Ingram M, Schachter KA, Sabo SJ, Reinschmidt KM, Gomez S, De Zapien JG, Carvajal SC. A community health worker intervention to address the social determinants of health through policy change. *J Prim Prev.* 2014 Apr;35(2):119-23.

Barnett ML, Gonzalez A, Miranda J, Chavira DA, Lau AS. Mobilizing Community Health Workers to Address Mental Health Disparities for Underserved Populations: A Systematic Review. *Adm Policy Mental Health* 2018;45(2):195-211

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved June 24, 2022, from <https://health.gov/healthypeople/priority-areas/social-determinants-health>

DeHaven MJ, Gimpel N, Kitzman H. Working with Communities: Meeting the health needs of those living in vulnerable communities when Primary Health Care (PHC) and Universal Health Care (UHC) are not available. *Journal of Evaluation in Clinical Practice.* 2021; 27 (5): 1065-1065.

DeHaven MJ, Gimpel NA, Kitzman-Carmichael H, Gutierrez D, and Revens KE. Designing Health Care: A community health science solution for reducing health disparities by integrating social determinants and the effects of place. *Journal of Evaluation in Clinical Practice.* 2020: 26 (5): 1564 – 1572

DeHaven M, Kitzman-Ulrich H, Gimpel N, Culica D, O’Neil L, Marcee A, Foster B, Biggs M, and Walton J. The effects of a community-based partnership, Project Access Dallas (PAD), on emergency department utilization and costs among the uninsured. *J Public Health (Oxf).* 2012;34(4):577-583.

Gimpel N, Marcee A, Kennedy K, Walton J, Lee S, DeHaven MJ. Patient perceptions of a community-based care coordination system. *Health Promotion Practice.* 2010; 11 (2): 173-181.

Morgan AJ, Ross A, Reavley NJ. Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour. *PLoS One.* 2018 May 31;13(5).

Afterschool Programming

Funding amount: \$665,000



Project Expenditure Category: Negative Economic Impact
2.11 Healthy Childhood Environments: Childcare

Project overview

OurBridge is expanding free afterschool care to 75 immigrant and refugee families at the new location on South Boulevard

- Afterschool program focuses on English Language Acquisition and STEAM
- Programs run M-F from 3:00-6:00 for K5 and 4:30-7:00 for Middle Schoolers

www.joinourbridge.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of K5 immigrant and refugee students in South Boulevard program	0
Number of hours of individual or small group literacy instruction for all students (15 hours per student over the course of the program with a 90% attendance goal)	0
Average student attendance	0
Number of adults served through the South Blvd.	0
Number of Quarterly Family Workshops hosted	0
Number of adult ESL classes hosted	0
Attendance of family programs throughout the year	0

Outcome Measures (Percentages)	Current Year May-June 2022
% of families rating their experience at ourBRIDGE as valuable or useful for student’s education and socio-emotional health. Surveys are conducted and reviewed by the Family Support Team	0
% of students who show one year’s worth of reading and comprehension improvement as determined by BURT and/or SSRT assessments	0
% of students who show mastery of ourBRIDGE curriculum units	0
% of families accessing needed resources and achieving more stability. Family Support Team tracks access of needed resources.	0
% of families rating ourBRIDGE family events and family support as valuable or useful. Surveys are conducted and reviewed by the Family Support Team.	0

Afterschool Programming

Use of Evidence

OurBRIDGE for KIDS funding is invested in five lines of activity (LOA) that, together, are expected to lead to specific, measurable outcomes for the children, families, and communities we work with.

Staffing. ourBRIDGE invest in staff members and volunteers, to ensure the support they offer is effective and tailored to the communities they work with. Research indicates the quality of staff working at after school programs is one of the most important characteristics of program success, as quality of program staff affects every aspect of implementation (Cross, Gottfredson, Wilson, Rorie, & Connell, 2010). In order to ensure our staff is capable and delivers care consistent with our values and goals, ourBRIDGE provides recurring, culturally-sensitive, trauma-informed training with a focus on fostering Love, Education, Respect, and Diversity (L.E.R.D.).

- **Cultural Competence.** Research illustrates that cultural competence is a critical aspect of providing effective services and care to immigrants and refugees (Lau, & Rodgers, 2021; Hynes, 2003), and building and maintaining cultural competency around our evolving community of children and families is an enduring value at ourBRIDGE. Further, research illustrates that simply translating materials into the language of the user is not sufficient to enable immigrant families to fully advocate for their needs (Uttal, 2006).
- **Trauma-Informed Care (TIC).** A large percentage of immigrant families experience significant levels of trauma, to include pre-migration trauma in their home countries (e.g. war and violence), as well as traumas surrounding immigration and acclimation to the U.S. (Goodman, Vesely, Letiecq, & Cleaveland, 2017). Research illustrates that culturally competent trauma-informed care is highly effective in improving the healing journeys of immigrants at both the individual and family levels (Wylie et al., 2018). Central to our efforts is a commitment to providing fully trauma-informed care and classroom support. Trauma informed care seeks to understand, identify, and respond to the impact of trauma on the lives of children who have experienced it. Applying TIC practices is known to increase: (a) physical, psychological, and emotional safety; (b) trustworthiness, (c) choice, (d) collaboration, and (e) autonomy (Menschner, & Maul, 2016; Wilson, Pence, & Conradi, 2013), which enables participants in our program to be more receptive to the services we provide and to more fully engage with our afterschool programming.

Physical Space. Research indicates that built environment factors can contribute to up to 25% improvement in learning progression (Barrett, Zhang, Moffat, & Kobbacy, 2013). Further research demonstrates the therapeutic effects that culturally relevant art, design, and visual components can have on families and children who are adjusting to new environments after immigration (McGregor, & Ragab, 2016; Reyhner, Gilbert, & Lockard, 2011). To achieve an optimal environment for immigrant children and their families, ourBRIDGE invests in creating and maintaining safe and vibrant physical spaces where children can receive curriculum programming, support, and experience engaging relationships.

Curriculum Programming. Research suggests the use of structured, evidence-based curricula are important to the success of children who attend after school programs (Durlak, & Weissberg, 2007; Gerstenblith, Soule', Gottfredson, Lu, Kellstrom, Womer, et al. 2005). In keeping with this, ourBRIDGE for KIDS provides a standardized, trauma-informed, and culturally-specific curriculum to immigrant children from the South Boulevard area.

- **English language acquisition:** The majority of ourBRIDGE students are in the novice stages of learning English. Research has shown that learning English is correlated with higher educational attainment, earnings, social wellbeing, and improved mental health (Landgrave, 2019). The faster students and families can learn English, the faster they have access to opportunities and positive outcomes.
- **Socio-emotional wellbeing:** Research underscores that afterschool programs like ours provide children with a sense of stability when they might be experiencing a great deal of instability in other areas of life (e.g. home life, cultural transition, etc.; Seryak, 2011).
- **Acculturation to the U.S.:** Research indicates school-based programs play a central role in immigrant acculturation after resettlement (Bennouna, Brumbaum, McLay, Allaf, Wessells, & Stark, 2021). Additionally, research demonstrates that using a Culturally Responsive Pedagogy, which focuses more on who we teach, than what we teach, is an effective strategy for supporting acculturation and adjustment (Bennouna, Brumbaum, McLay, Allaf, Wessells, & Stark, 2021). Research supports using this style of Culturally Responsive Engagement with students in order to cultivate a welcoming and inclusive climate, and to develop strong relationships with immigrant families and communities (Bennouna, Brumbaum, McLay, Allaf, Wessells, & Stark, 2021).

Family Support. The mental health challenges of immigrant children are often based in that traumas affect several or all family members, and studies support the importance of offering supportive care to the entire family, which leads to overall improved family functioning that benefits the children who attend ourBRIDGE (Wylie et al., 2018).

Community Outreach and Support. Research has shown positive outcomes when connections are strengthened between a students' school and home community (Coward, 2016). This research underscores the importance of building a supportive community for refugee students between home and school.

Afterschool Programming

References

- Barrett, P., Zhang, Y., Moffat, J., & Kobbacy, K. (2013). A holistic, multi-level analysis identifying the impact of classroom design on pupils' learning. *Building and environment*, 59, 678-689.
- Bennouna, C., Brumbaum, H., McLay, M. M., Allaf, C., Wessells, M., & Stark, L. (2021). The role of culturally responsive social and emotional learning in supporting refugee inclusion and belonging: A thematic analysis of service provider perspectives. *Plos one*, 16(8), e0256743.
- Cross, A. B., Gottfredson, D. C., Wilson, D. M., Rorie, M., & Connell, N. (2010). Implementation quality and positive experiences in after-school programs. *American journal of community psychology*, 45(3), 370-380.
- DeCapua, A., & Marshall, H. W. (2011). Reaching ELLs at risk: Instruction for students with limited or interrupted formal education. *Preventing school failure: Alternative education for children and youth*, 55(1), 35-41.
- Durlak, J. A., & Weissberg, R. P. (2007). *The impact of after-school programs that promote personal and social skills*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning. Retrieved February 12, 2007, from www.casel.org
- Gerstenblith, S. A., Soule', D. A., Gottfredson, D. C., Lu, S., Kellstrom, M. A., Womer, S. C., et al. (2005). ASPs, antisocial behavior, and positive youth development: An exploration of the relationship between program implementation and changes in youth development. In J. L. Mahoney, R. W. Larson, & J. S. Eccles (Eds.), *Organized activities as contexts of development: Extracurricular activities, after-school and community programs* (pp. 457-478). Mahwah, NH: Lawrence Erlbaum & Associates.
- Goodman, R. D., Vesely, C. K., Letiecq, B., & Cleaveland, C. L. (2017). Trauma and resilience among refugee and undocumented immigrant women. *Journal of Counseling & Development*, 95(3), 309-321.
- Hynes, T. (2003). The issue of "trust" or "mistrust" in research with refugees: Choices, caveats and considerations for researchers (UNHCR Working Paper No. 98).
- Kolano, L., & Wang, C. (2019, August 5). Evaluation of ourBRIDGE for KIDS Year 2 [Comprehensive Report]. Charlotte, North Carolina: University of North Carolina - Charlotte.
- Lau, L. S., & Rodgers, G. (2021). Cultural competence in refugee service settings: a scoping review. *Health equity*, 5(1), 124-134.
- Menschner, C., & Maul, A. (2016). *Key ingredients for successful trauma-informed care implementation*. Trenton: Center for Health Care Strategies, Incorporated.
- McGregor, E., & Ragab, N. (2016). *The Role of Culture and the Arts in the Integration of Refugees and Migrants*. European Expert Network on Culture and w (EENCA).
- Reyhner, J., Gilbert, WS, & Lockard, L.(Eds.).(2011). Honoring Our Heritage: Culturally Appropriate Approaches for Teaching Indigenous Students. *International Journal of Multicultural Education*, 13(2).
- Seryak, C. M. (2011). *After School Programs as Protective Resources for Homeless Children: An Exploratory Study*. University of Illinois at Chicago.
- Uttal, L. (2006). Organizational cultural competency: Shifting programs for Latino immigrants from a client-centered to a community-based orientation. *American Journal of Community Psychology*, 38(3), 251-262.
- Wilson, C., Pence, D. M., & Conradi, L. (2013). Trauma-informed care. In *Encyclopedia of social work*.
- Wylie, L., Van Meyel, R., Harder, H., Sukhera, J., Luc, C., Ganjavi, H., ... & Wardrop, N. (2018). Assessing trauma in a transcultural context: challenges in mental health care with immigrants and refugees. *Public health reviews*, 39(1), 1-19.

Childcare Licensing Assistance

Funding amount: \$393,725 

Project Expenditure Category: Negative Economic Impact
2.11 Healthy Childhood Environments: Childcare

Project overview

CCSA at First Baptist Church-West seeks to become a 4-5 star licensed childcare provider program for 4-year-olds to address the need for affordable, high-quality childcare for black and Latino families.

- Building Code issues have stalled the licensing process for this organization, and they are now requesting funds to address code issues, including installing fire-resistant doors, fire alarms, carbon monoxide detectors constructing sidewalks, fencing, and a playground.
- Program will add staffing for one-year of operational support: 2 Lead Teachers, 1 Assistant Teacher, and 1 Substitute Teacher.

www.charlottccsa.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Replacement of 40 doors to 45-minute fire resistant doors through bid process	No
Fire alarm and inspection services and installation of approximately 23 carbon monoxide detectors by Fire Control Systems (company selected through bid process)	No
Sidewalk construction (contractor selected through bid process)	No
Fence relocation (contractor selected through bid process)	No
Playground equipment and installation	No
Number of staff recruited and hired	2

Outcome Measures (Percentages)	Current Year May-June 2022
Number of children served by Mecklenburg County ARPA Grant through enrollment in the childcare center.	0
Received NC state licensure as 4- or 5-star childcare center	0
Percent of staff retained	0

Use of Evidence

This project is not being used for evidence-based interventions.

Home Visiting

Funding amount: \$342,500



Project Expenditure Category: Negative Economic Impact
2.12 Healthy Childhood Environments: Home Visiting

Project overview

SSMC is expanding their current home visiting services to expectant and parenting families (850 residents currently served, increase to 1,400) by developing a platform to facilitate an integrated system of home visiting care in the community. Visits are intended to promote infant and child health, foster educational development, and school readiness and help prevent child abuse and neglect. Implementation will occur in three phases:

- Planning: the organization will assess and evaluate the current landscape of existing home visiting services and perform a gap analysis to determine community need.
- Marketing: the organization will raise awareness and present results to communicate both needs and opportunities.
- Implementation: the organization will resource earlier results from the planning phase to recruit new organizations to provide home visiting services, encourage existing ones to adopt more evidence-based home visiting models, and assist in expanding programming.

www.smartstartofmeck.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Fiscal modeling conducted and sustainable funding plan developed	0
Integrated data collection system created and tested	0



Home Visiting

Performance Measures continued

Outcome Measures (Percentages)	Current Year May-June 2022
Percentage of caregivers participating in community-based home visiting expansion planning process who report satisfaction with the process	0
Percentage of home visitors who report increased participation in professional development opportunities	0
Percentage of home visitor supervisors who report increased participation in professional development opportunities	0
Percentage of home visiting programs/models under Smart Start that are evidence-based or evidence-informed	0
Percentage of participants that receive an industry recognized credential	0
Percentage of home visiting programs/models under Smart Start that are expanded according to the stated community need	0

Use of Evidence

The primary outcome for this project is the expansion of home visiting services in Mecklenburg County. The evaluation design consists of the annual collection and reporting of outputs and outcomes.

The disaggregation of outcomes by demographics can be calculated both by targeted saturation (census tracts, socioeconomic, etc.) of home visiting services and in the evaluation plan for each home visiting model. Currently, Smart Start collects demographic data from all funded EB/EI home visiting programs and reports this data to the North Carolina Partnership for Children. Also, we will analyze components of both program- and system-level implementation that are critical to the replication of high-quality home visiting programs. Recently, Smart Start funded and released the Landscape Study of Prenatal to age 3 Services and Supports in Mecklenburg County which can serve as a baseline for relevant demographic data.



Parent Child +

Funding amount: \$300,000



Project Expenditure Category: Negative Economic Impact
2.12 Healthy Childhood Environments: Home Visiting

Project overview

Charlotte Bilingual Preschool is assisting Spanish speaking Latinx families prepare their children for pre-k by supporting healthy development and school readiness

- Families will receive bi-weekly visits from Early Learning Specialists, as well as books and educational toys that support literacy
- Families will also be connected to food, housing, medical, and educational resources

www.bilingualpreschool.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of children served annually by Mecklenburg County ARPA Grant.	10
Number of books/educational toys provided	50
Number of families served annually by Mecklenburg County ARPA Grant.	10
Number of home/virtual visits	117
Number of community building activities	16



Parent Child +

Performance Measures continued

Outcome Measures (Percentages)	Current Year May-June 2022
% of children demonstrating at least a 15% improvement across school readiness domains over the year as measured by the Child Behavior Traits (CBT) assessment	0
% of graduating families enrolling their child(ren) in CltBP preschool following PC+ program graduation	0
% of families receiving an overall “strength” rating on the PICCOLO assessment by the end of the program	0
% of families engaging in community building activities each month	0
% families engaging in community building activities over the year	0

Use of Evidence

ParentChild+, an evidence-based intervention that aims to support families, caregivers, and communities in order to prepare children from diverse backgrounds for success in school. Several studies and evaluations have been conducted to understand the impacts of ParentChild+ (formerly known as the Parent Child Home Program) on child and family outcomes. Examples of this research are described below.

- Long-Term Academic Outcomes of Participation in the Parent-Child Home Program (PCHP) in King County Washington
- Playful learning, school readiness, and urban children:
- Lasting effects of early education: A report from the Consortium of Longitudinal Studies.
- Long-term impact of a verbal interaction program for at-risk toddlers: An exploratory study of high school outcomes in a replication of the Mother-Child Home Program.
- Home Again.

For additional research, see <https://www.parentchildplus.org/knowledge-center/#research>

References

ORS Impact (2015). Long-term academic outcomes of participation in the Parent-Child Home Program (PCHP) in King County, WA. Seattle, WA.

Astuto, J. (2014). Playful learning, school readiness, and urban children: Results from two RCTs. PCHP Annual Meeting. Uniondale, NY. May 2014. New York University.

Lazar, I., & Darlington, R. (1982) Lasting effects of early education: A report from the Consortium of Longitudinal Studies.

Monographs of the Society for Research in Child Development, 47.

Levenstein, P., Levenstein, S., Shiminski, J.A., & Stolzberg, J.E. (1998). Long-term impact of a verbal interaction program for at-risk toddlers: An exploratory study of high school outcomes in a replication of the Mother-Child Home Program. *Journal of Applied Developmental Psychology*; 19, 267-285.

Maddon, J., O’Hara, J.M., & Levenstein, P. (1984). Home Again. *Child Development*, 55, 636-647.

Rafoth, M., & Knickelbein, B. (2005). Cohort One Final Report: Assessment Summary of the Parent Child Home Program. An evaluation of the Armstrong Indiana County Intermediate Unit PCHP Program.

Center for Educational and Program Evaluation located at Indiana University of Pennsylvania

Parent Child +

Funding amount: \$510,000



Project Expenditure Category: Negative Economic Impact
2.12 Healthy Childhood Environments: Home Visiting

Project overview

CORE Programs, Inc, is expanding their Parent Child+ program to accommodate 22 additional students.

- Parent Child+ is a home visiting program that aims to help with early literacy and school readiness with 92 twice-weekly home visits.
- Children graduate from the program at the end of 46 weeks.

www.coreclt.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of families served by Mecklenburg County ARPA Grant	0
Number of home visits (92 per family divided between the two cycles)	0
Number of partnerships with local community programs addressing literacy and/or parenting	0
Number of children served annually by Mecklenburg County ARPA Grant.	0
Number of books/educational toys provided	0



Parent Child +

Performance Measures continued

Outcome Measures (Percentages)	Current Year May-June 2022
Percentage of families who show improved interaction with their child(ren) by the end of cycle 2 according to the PICCOLO assessment	0
Percentage of families who participate in local community literacy programs	0
Percentage of customers who state community literacy programs were useful or valuable	0
Percentage of children who complete cycle one and move on to cycle two	0
Percentage of children demonstrating at least a 15% improvement across school readiness domains (averaged) over the year as measured by the Child Behavior Traits (CBT) assessment	0
Percentage of children who complete cycle two and graduate from the program	0

Use of Evidence

Parent Child+, a research-proven home visiting model, prepares young children for school success by increasing language and literacy skills, enhancing social-emotional development, and strengthening the parent-child relationship. Three overarching goals guide program implementation: 1) to increase verbal and non-verbal interaction between the parent and the child; 2) to develop and enhance positive child behaviors; and 3) to promote and encourage early literacy skills. Embedded in the model are quality assurance activities designed to help sites track the following outcomes: parent-child verbal and non-verbal interaction, children's behavior traits and some aspect of early literacy. ParentChild+ is delivered exclusively in the homes of participants. Services are provided to parent-child dyads through twice-weekly home visits over a two-year period. Each week a gift of a book or educational toy is given to the family, creating a permanent home-library for the family. During the home visit, parent-child dyads are involved in reading, play activities, quality verbal interaction, and developmentally appropriate tasks. The site Coordinator and the Early Learning Specialist also connect families to other community services. ParentChild+ targets families with two- and three-year-old's who face multiple obstacles to educational and economic success. These risk factors include, living in poverty, being a single or teen-age parent, low parental education status, literacy and language barriers (e.g. immigrant families), and social or geographic isolation.

References

Allen, L., Sethi, A. & Astuto, J. (2007). An Evaluation of Graduates of a Toddlerhood Home Visiting Program at Kindergarten Age. *NHSA DIALOG*, 10(1), 36-57.

Kamerman, S.B. & Kahn, A.J. (1995). *Starting Right*. New York: Oxford University Press.

Lazar, I. & Darlington, R. (1982). Lasting Effects of Early Education: A Report from the Consortium of Longitudinal Studies. *Monographs of the Society for Research in Child Development* 47 (serial #195).

Levenstein, P. & Sunley, R. (1968). Stimulation of verbal interaction between disadvantaged mothers and children. *American Journal of Orthopsychiatry*, 38, 116-121.

Levenstein, P. (1970). Cognitive growth in preschoolers through verbal interaction with mothers. *American Journal of Orthopsychiatry*, 40, 426-432.

Levenstein, P. (1970). Cognitive growth in preschoolers through verbal interaction with mothers. *American Journal of Orthopsychiatry*, 40, 426-432.

Levenstein, P. (1972): But does it work in homes away from home? *Theory Into Practice* 11, 157-162.

Levenstein, P. & Staff of Verbal Interaction Project. (1976). *Child's Behavior Traits (CBT)*. In O.G. Johnson, ed. *Tests and measurements in child development: Handbook II, Volume I*. San Francisco: Jossey-Bass.

Levenstein, P., Levenstein, S., Shiminski, A.J., & Stolzberg, E.J. (1998). Long-term impact of a verbal interaction program for at-risk toddlers: An exploratory study of high school outcomes in a replication of the Mother-Child Home Program. *Journal of Applied Developmental Psychology* 19(2): 267-285.

Levenstein, P., Levenstein, S. & Oliver, D. (2002). First grade school readiness of former child participants in a South Carolina replication of the Parent-Child Home Program. *Journal of Applied Developmental Psychology*, 23: 331-353.

U.S. Office [Department] of Education, National Center for Educational Communication. (1972). *Mother-Child Home Program*, Freeport, New York: Model Programs, Compensatory Education. Washington, D.C.: U.S. Government Printing Office

Summer Camp Scholarships

Funding amount: \$791,000



Project Expenditure Category: Services to Disproportionately Impacted Communities
 2.37 Economic Impact Assistance: Other

Project overview

The Summer Camp Fund seeks funding to provide low-income children with summer camp scholarships.

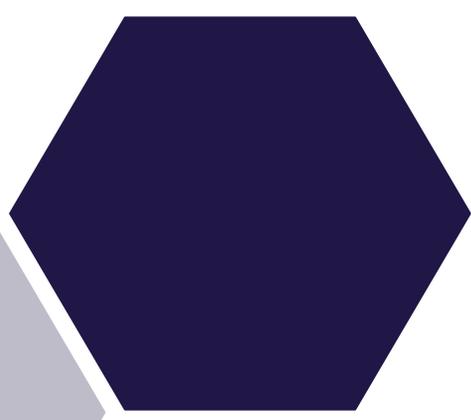
- The Summer Camp Fund anticipates sending 176 kids to camp in 2022, 645 kids in 2023, and 645 kids in 2024.

www.summercampfund.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of children receiving scholarships funded by Mecklenburg County ARPA Grant	182
Number of camps receiving funding from Mecklenburg County ARPA Grant	10
Number of camp weeks funded by ARPA	205

Outcome Measures (Percentages)	Current Year May-June 2022
Literacy score from American Camp Association outcomes survey	0
Problem-Solving Confidence score from American Camp Association outcomes survey	0
Camp Connectedness score from American Camp Association outcomes survey	0
Independence score from American Camp Association outcomes survey	0



Summer Camp Scholarships

Use of Evidence

Program provides camp scholarships to children of low-income families who otherwise would be unlikely to have this experience that is a regular and valued part of the lives of their more affluent peers. Thereby:

- Providing a nature-based experience which stimulates appreciation for the environment, at the same time offering high-quality programming and activities which build independence, problem-solving and team skills.
- Helping to bridge summer learning loss by ensuring our partner camps offer a literacy component in their programming.
- Offering swimming and/or water safety lessons, skills often lacking in children from low-income families, a significant safety issue.
- Exposing children to new experiences and people from diverse backgrounds, in order to expand their vision of what could be.

While all of these outcomes were valuable pre-pandemic, they are even more so after two years of isolation for many children, resulting in learning loss and mental health issues for so many youth.

Citations for Our Evidence-Based Interventions:

Peterson, T.K., Ph.D., and Anthony II, K.A., Ed.D., Evidence Base for Summer Enrichment and Comprehensive Afterschool Opportunities (2021).

https://www.afterschoolalliance.org/afterschoolsnack/Evidence-Base-for-Summer-Enrichment-and-Comprehensive_06-24-2021.cfm

Replace Lead Pipes

Funding amount: \$250,000



Project Expenditure Category: Negative Economic Impact
2.20 Social Determinants of Health: Lead Remediation

Project overview

Cherry Community Organization will contract with professional vendors and subcontractors to replace all existing lead pipes with nonlead-based materials for housing owned by the organization built between 1921 and 1925. Mediation assessments are also included. The replacement of the pipes will mitigate the effects of toxic contaminants for the tenants that reside in the 10-11 homes identified.

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of eligible households identified (Owned by Cherry Community Organization)	0
Number of households contracted for service	0
Number of households with 100% replacement service lines	0

Outcome Measures (Percentages)	Current Year May-June 2022
Percentage of households identified with lead pipes	0
Percentage of households contracted for service	0
Percentage of households with replacement non-lead service lines	0

Use of Evidence

This project is not being used for evidence-based interventions.



Archdale Park

Funding amount: \$4,000,000



Project Expenditure Category: Public Health
1.14, Other Public Health Services

Project overview

The project is to begin design and construction of improvements and expansion of amenities within Archdale Park, which is an existing 16.6-acre park located in a south region QCT and defined as a “priority community” in the Meck Playbook. Existing amenities include a basketball court, picnic shelter, playground, and multipurpose field. The County Park and Recreation Master Plan found this park to be in poor condition in comparison to other parks in the County. Design work is expected to begin the Fall of 2022 and construction is expected to begin the Summer of 2024.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Druid Hills Park

Funding amount: \$1,000,000



Project Expenditure Category: Public Health
1.14, Other Public Health Services

Project overview

The project is for the final phase of the Druid Hills Park master plan, which includes an expanded shelter with restrooms to support outdoor community programming, additional picnic shelters, expanded walking trails, and a larger community garden. Construction is expected to begin the Summer of 2022.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Historic Stewart Creek Enhancement Project

Funding amount: \$3,582,500



Project Expenditure Category: Public Health
1.14, Other Public Health Services

Project overview

The project executes the final phase of the Historic Stewart Creek Enhancement Project, which is expected to create stable stream banks, reduce bacteria levels, restore the habitat, and improve aquatic life for one mile of stream.

- Phase I construction is complete
- Phase II construction is underway with an anticipated completion date of Spring 2023.
- Phase III will build upon prior investments, resulting in 3.3M+ miles (64.3%) of Stewart Creek being restored. Phase II construction should be completed in Spring of 2024.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

LC Coleman Park

Funding amount: \$2,000,000



Project Expenditure Category: Public Health
1.14, Other Public Health Services

Project overview

The project will replace existing park amenities, invest in new amenities to expand park offerings, and improve accessibility from all entrances into the park. Design work is expected to begin the Fall of 2022 and construction is expected to begin the Summer of 2024.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Monroe Road Park

Funding amount: \$2,500,000



Project Expenditure Category: Public Health
1.14, Other Public Health Services

Project overview

The project is to begin design and construction of Monroe Road Park, anticipated to begin in the Fall of 2022 and Summer of 2024, respectively. These improvements will also align with the relocation of a County recycling center currently under design on a small portion of this site.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Wi-Fi for Parks and Recreation Centers

Funding amount: \$1,310,000



Project Expenditure Category: Public Health
1.14, Other Public Health Services

Project overview

The project is to provide free or boosted public Wi-Fi service at eight recreation centers or pavilions and six parks. The service would be accessible inside the facilities and in the parking areas outside of the facilities. The outdoor Wi-Fi would allow for free public usage, and indoor Wi-Fi would bolster the Department's ability to offer programming requiring Internet access. The project will also provide Internet access for neighborhood residents who do not have it at home. The sites are located in a Meck Playbook "priority area." Mecklenburg County IT staff and contractors would be involved in the Wi-Fi installation and services provided. Design work is expected to begin the Fall of 2022 and construction is expected to begin the Summer of 2024.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Wi-Fi for Detention Center

Funding amount: : \$800,000



Project Expenditure Category: Services to Disproportionately Impacted Communities
3.4, Public Sector Capacity: Effective Service Delivery

Project overview

The project is to install a wireless network for internet access, an expressed need due to requests from the Courts, CJS, and contracted healthcare providers to conduct evaluations, telemedicine, and various court proceedings in a virtual environment. Wi-Fi would be available in all detention facilities, including Detention Center Central, the Juvenile Detention facility, and the Courthouse.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.



ARPA Administration

Funding amount: \$2,943,755



Project Expenditure Category: Administrative
7.1: Administrative Expenses

Project overview

The County committed SLFRF funds to establish the ARPA Program Team, made up of a Program Manager, Management Analyst, Procurement Analyst, Auditor, and Accountant II. The Team's responsibility is to administer all funding in accordance with Treasury and County guidelines, manage all reporting and compliance requirements, and coordinate with recipients to monitor project goals and outcomes.

The Team also developed a public facing website to serve as an information hub of how SLFRF funds are being resourced, how local nonprofits and businesses can request funding, and how other sources of pandemic relief are supporting community needs.

The County also committed ARPA funds to a marketing campaign to encourage community participation in the development of plans and priorities for allocation of SLFRF funds. The campaign helped ensure everyone, especially communities disproportionately impacted by the pandemic and those historically marginalized, were represented in plan development.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

ESL and Citizenship Preparation

Funding amount: \$677,538



Project Expenditure Category: Negative Economic Impact
2.37 Economic Impact Assistance: Other Districts

Project overview

International House is expanding their education and workforce development programs that aim to help immigrants become proficient English speakers and prepare for citizenship.

- The program includes citizenship classes, individual tutoring programs, and career coaching
- The provider will add three new ESL classes (Navigating the Community, Financial Literacy, and Employment in the US) that will last 8 weeks.
- In addition, the provider will add another Immigration Attorney that will increase the capacity of its Immigration Law Clinic.

www.ihclt.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Adult immigrants enrolled in Workforce Development ESL classes and/or Citizen Preparation classes.	60
Adult immigrants will be paired with tutors annually to support them in their integration process	3
Number of instruction hours offered per client per 8-week cycle	32
Increased capacity of Immigration Legal Clinic due to this grant	0
Number of immigration documents that could lead to more stable employment based on legal representation by our Immigration Law Clinic	0
Adult immigrants holding professional credentials from other countries will receive one-on-one career coaching	0
Adult immigrants who will receive one-on-one career coaching	0
Average number of coaching hours provided to each adult immigrant receiving 1:1 career coaching	0

Outcome Measures (Percentages)	Current Year May-June 2022
Workforce Development ESL class participants who pre and post-test will increase their English language and career readiness skills.	0
Percentage of students will be retained for an entire 8-week cycle	0
Success rate in cases filed by the Immigration Law Clinic with USCIS	0
% of ESL students who maintain or increase employment opportunities	0
% of participants who complete the program's requirements	0

ESL and Citizenship Preparation

Use of Evidence

Project focuses on providing workforce development centered educational services to adults through group ESL classes, individual tutoring, and career counseling. Our program utilizes evidence-based research to drive the development and implementation of these programs. In 2015, World Education Service (WES) conducted a research study to look for patterns and trends in the immigrant community that increase one's likelihood of achieving success in the U.S.; "The online study surveyed 4,002 respondents, producing exciting new findings which shed light on the essential role that social capital, English skills, workplace acculturation, and other factors play in helping immigrant professionals succeed." (Bergson-Shilcock, 2015). The findings produced from research studies like these, drive the development of best-practices in our own programs.

For example, one of the key findings from this research was that "English really matters: Across the board, stronger English language skills were correlated with virtually every possible measure of immigrant economic success. Nearly half of respondents (40%) who reported speaking English as their primary language had achieved earnings success." (Bergson-Shilcock, 2015). Our Adult Education programs emphasize the importance of learning English and provide free courses for adult learners in the community at the Beginning, Intermediate, and Advanced levels. Our ESL teachers go through a rigorous 9-hour training course on working with adult learners, cultural sensitivity, growth-mindset, and strategies for correcting grammar and speech. The teacher training incorporates a variety of evidence-based teaching practices including Growth Mindset and Malleable Intelligence Theory and the Four Principles of Language Learning. The latter comes from textbook, "Teaching Adults ESL: a teacher resource book" published by New Readers Press, the publishing branch of the renowned ProLiteracy organization.

As a nation-wide leader in the field of adult literacy and basic education research, materials published by ProLiteracy's New Readers Press are widely regarded as top-choice selections for educators. ProLiteracy's citizenship textbooks are also used by our citizenship-preparation program. Additionally, our citizenship-preparation program utilizes study materials published directly from USCIS, the federal agency that conducts naturalization interviews. Our traditional ESL classes will use a curriculum that is aligned to the English Language Proficiency Standards for Adult Education with correspondences to College and Career Readiness Standards for English Language Arts and Literacy, and Mathematical and Science Practices—the same content standards used by NC Community College adult basic education programs. Teachers will be introduced to this curriculum and these content standards during their training, to ensure class quality and that the content being covered is relevant to adult learners and level-appropriate. All courses of English-language instruction contribute to an immigrant adult's employability and likelihood of achieving career success here in Charlotte. The curriculum covers topics like Healthy Living, Financial Literacy, Emergency Preparation, Navigating the Community, with one 8-week class session specially devoted to Employment-focused English. Our Citizenship-preparation program is on-going throughout the year.

Citations:

Bergson-Shilcock, Amanda and Witte, James. Steps to Success: Integrating Immigrant Professionals in the U.S. New York, NY: World Education Services, 2015. WES: <https://www.wes.org/partners/global-talent-bridge/>

Teaching Adults: an ESL Resource Book, New Readers Press: a ProLiteracy Publishing Company, 2012. ProLiteracy: <https://www.proliteracy.org/What-We-Do/Overview>

USCIS: www.uscis.gov

U.S. Department of Education, Office of Career, Technical and Adult Education. Adult English Language Proficiency Standards for Adult Education. Washington, DC, 2016. Web: <https://lincs.ed.gov/publications/pdf/el-p-standards-adult-ed.pdf>

Yeager, D. S., & Dweck, C. S. (2020). What can be learned from growth mindset controversies? *American Psychologist*, 75(9), 1269–1284. <https://doi.org/10.1037/amp0000794>

Healthcare Workforce Development

Funding amount: \$600,000



Project Expenditure Category: Negative Economic Impact
2.10 Assistance to Unemployed or Underemployed Workers

Project overview

Expansion of the Health Cares-Healthy Careers program, which is an online training platform to train and develop young professionals for entry-level positions in healthcare (focus on dental assisting).

- The program helps secure certifications and offer participants an opportunity to train with healthcare professionals, while receiving a \$15/hr stipend for 20 hrs per week for 12 weeks (\$180K).

www.cltblkchamber.com

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of unduplicated individuals served by Mecklenburg County ARPA Grant	0

Outcome Measures (Percentages)	Current Year May-June 2022
Percent of individuals served from target census tracts	0
Percent of individuals served from LGBTQIA+ communities	0
Percent of individuals served who have transitioned from foster care	0
Percent of individuals served from immigrant communities	0

Use of Evidence

This project is not being used for evidence-based interventions.



PACE Program

Funding amount: \$1,575,600 

Project Expenditure Category: Negative Economic Impact
2.10 Assistance to Unemployed or Underemployed Workers

Project overview

The Pre-Apprenticeship Construction Experience (PACE) program allows up to 80 participants to train-work 40 hours a week with different employers, obtaining general knowledge from different trade paths, and earn a salary (\$12/hour or \$5,760) for the 12-week training period (divided into three phases)

- Phase 1: 20 students receive an Intensive Induction training centered around construction safety, career mindset, and skills developed specifically around the needs of the employers and their trade.
- Phase 2: Craft & Trade Academy partners with different construction employers that host participants as interns. Employers offer experiences in trades such as Electrical, Carpentry, Tile, and HVAC. 20 participants are divided into groups of four that rotate among employers every two weeks for 10 total weeks. (Employers may extend employment offers at end of rotation)
- Phase 3: Upon program completion and job acceptance, participants are placed solely under the care of the employer with monthly check-ins from the Craft and Trade Academy. Candidates who complete the program satisfactorily receive a set of tools at no cost, allowing them to enter the construction marketplace with the proper tools for their trade path.

<https://craftandtradeacademy.org>

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of individuals entering program	0
Number of individuals successfully graduating from PACE Program instructional course	0
Number of individuals successfully completing employer rotation	0
Number of individuals receiving and accepting an offer of employment	0
Average number of job offers per individual	0
Number remaining in employment at six months	0

Outcome Measures (Percentages)	Current Year May-June 2022
Graduation Rate	0
Percent of student completing the employer rotation	0
Percent increase in average hourly wage	0
Percent receiving/accepting an offer of employment	0
6-Month Employment Retention Rate	0
6-Month Participant Satisfaction Rate	0

Use of Evidence

This project is not being used for evidence-based interventions.

Pathway Tutoring and Education

Funding amount: \$854,906



Project Expenditure Category: Negative Economic Impact
2.37 Economic Impact Assistance: Other

Project overview

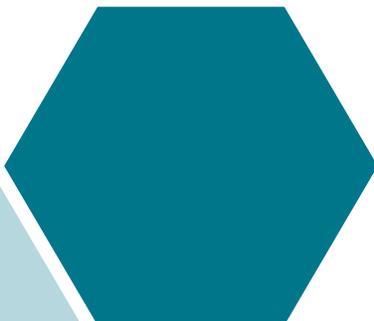
Angels & Sparrows is expanding their two-generation education program, which includes tutoring for children (to bridge learning gaps resulting from COVID 19), as well as ESL classes for parents. The program plans to add high school equivalency classes, Accelerated Career Training, and Vocational Training through partnerships with other local agencies.

www.angelsandsparrows.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of High School Equivalency class attendees	0
Number of students receiving facilitated Accelerated Career Training	0
Number of students enrolled in Vocational Training	0
Number of students receiving high-quality tutoring school year	0
Number of teens taking SAT/ACT Test preparation class	0
Number of children enrolled in Pathway Program	0

Outcome Measures (Percentages)	Current Year May-June 2022
Percent pass rate for High School Equivalency Class attendees	0
Percent of students in Accelerated Career Training continue to Stackable Certification	0
Percent of HSE graduates continue into vocational training	0
Percent of students passing previously failed subjects	0
Percent of teens complete SAT/ACT preparation class	0
Percent of children in tutoring re-enrolled for following year	0



Pathway Tutoring and Education

Use of Evidence

Angel and Sparrows plans to employ a Two Generation Approach to connect the families we serve with tutoring for children and foundational education programs for their parents

“The two-generation framework draws on a history of efforts to address the needs of both children and parents while capitalizing on the implications of what science has demonstrated: the development of children and parents is inextricably linked.” Lombardi, J., Mosle, A., Patel, N., Schumacher, R., & Stedron, J. (2014). *Gateways to Two Generations: The Potential for Early Childhood Programs and Partnerships to Support Children and Parents Together*. Aspen Institute. Washington DC: Ascend at the Aspen Institute.

“We know that a family’s earnings increase 1.5 times with an associate’s degree compared to a high school diploma.” The Aspen Institute & Georgetown University McDonough School of Business Global Social Enterprise Initiative. (2014). *The Bottom Line: Investing for Impact on Economic Mobility in the U.S.* Washington DC: The Aspen Institute.

“The share of U.S. jobs requiring a college degree will increase to 63% in the next decade.” The Aspen Institute & Georgetown University McDonough School of Business Global Social Enterprise Initiative. (2014). *The Bottom Line: Investing for Impact on Economic Mobility in the U.S.* Washington DC: The Aspen Institute.

“A \$3,000 difference in a parent’s income when their child is young is associated with a 17% increase in the child’s future earnings.” Lombardi, J., Mosle, A., Patel, N., Schumacher, R., & Stedron, J. (2014). *Gateways to Two Generations: The Potential for Early Childhood Programs and Partnerships to Support Children and Parents Together*. Aspen Institute. Washington DC: Ascend at the Aspen Institute.

“Children from low-income families often enter kindergarten 12 to 14 months behind their peers in pre-reading and language skills and over 84% of them are ‘below proficient’ in reading by fourth grade.” The Aspen Institute & Georgetown University McDonough School of Business Global Social Enterprise Initiative. (2014). *The Bottom Line: Investing for Impact on Economic Mobility in the U.S.* Washington DC: The Aspen Institute.

Annie E. Casey Foundation. (2010). *Early Warning! Why Reading by the End of Third Grade Matters*. Baltimore: Annie E. Casey Foundation.

“The parent’s level of education correlates with their level of expectation for their children’s success and results in encouragement for the child to develop high expectations of their own.” Long-Term Effects of Parent’s Education on Childhood Educational & Occupational Success. *Merrill Palmer Q* (Wayne State Univ Press). 2009 July. 55(3): 224-249. doi10.1353/mpq.0.0030.

“If women, minorities, and children from low-income families were to invent at the same rate as white men from high-income (top 20%) families, the rate of innovation in America would quadruple.” Bell, A., Chetty, R., Jaravel, X., Petkova, N., & Van Reenen, J. (2019, May). *Who Becomes an Inventor in America? The Importance of Exposure to Innovation*. *The Quarterly Journal of Economics*, 134(2), 647-713.

Program Expansion

Funding amount: \$275,000



Project Expenditure Category: Negative Economic Impact
2.10 Assistance to Unemployed or Underemployed Workers

Project overview

ASPIRE Community Capital's is expanding their current business training programs that focus on aspiring entrepreneurs of color from distressed, low- to moderate income communities, but with a focus on mental health, sector-specific business development.

- Business Readiness Program (BRP)- a virtual, seven-week, interactive course designed for small business entrepreneurs whose businesses may still be in the ideation phase or who require assistance to further develop their business model.
- Community Business Academy (CBA)-this 12-week course offers business training for entrepreneurs with emphasis on critical business fundamentals such as business planning, finance, marketing, problem-solving, and more.
- Business Accelerator Services (BAS) program, which provides one-on-one coaching and business development resources to further strengthen and grow the participant's business. Participants meet bi-weekly for 6 weeks with a business coach to develop 90-day action plans and assess the ongoing execution of the outlined action items, which are focused on the growth and sustainability of their small business.

www.aspirecommunitycapital.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of individuals who complete the Business Readiness Program	0
Number of individuals who complete the Community Business Academy (CBA)	0
Number of CBA participants who move into Business Accelerator Services (BAS)	0

Outcome Measures (Percentages)	Current Year May-June 2022
Percentage increase in business acumen/skills	0
Percent of participants who successfully complete the three milestones of their 90-day action plans	0
Percent of participants launching a new business	0
Percent of participants increasing household income by 25 percent within a year	0
Percent of participants remaining in business by Target Year 2 and 3	0

Use of Evidence

Aspire Community Capital will engage in program evaluation with this funding. They are planning to contract with UNC Charlotte for program evaluation. Aspire will provide the specifics of the program evaluation once they have time to plan with the external evaluator. The evaluation is included as part of our contract and deliverables.

REEP 3.0

Funding amount: \$962,800



Project Expenditure Category: Negative Economic Impact
2.10 Assistance to Unemployed or Underemployed Workers

Project overview

The ReEntry Entrepreneurship (REEP) program will provide comprehensive and applied workforce and entrepreneurial training to formerly incarcerated persons.

Program will offer training in 3 main phases over a 12-month period

- LEARN phase: Teaching tech fundamentals; cognitive skills + EQ/business communications (presentation & writing); business modeling (entrepreneur or employee). cognitive skills + EQ/business communications
- EARN Phase - Opportunity for additional credentialing + internships w/area (fair-chance) employers OR test entrepreneurial business-model + customer discovery
- BUILD Phase - participant will choose either an employment or entrepreneurial career path. Entrepreneurial path will be equipped with a Business-in-a-Box toolkit (including material resources, back-office support, coaching and kick-starter capital – participants would then be eligible for the RECONNEX program/ application) or building a new career as a value-added entry level employee through the internship. For those entering the entrepreneurial path, the program will provide 10 - \$5,000 kick starter grants per year to participants.

www.citystartuplabs.com

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of participants in REEP: LEARN/EARN/BUILD	0



REEP 3.0

Performance Measures continued

Outcome Measures (Percentages)	Current Year May-June 2022
% of REEP: LEARN/EARN/BUILD participants completing the “Learn” phase of LEB training	0
% of REEP: LEARN/EARN/BUILD participants completing the “Earn” phase of LEB training	0
% of REEP: LEARN/EARN/BUILD Build participants completing the “Build phase of LEB training	0
% of REEP: LEARN/EARN/BUILD participants who report feeling prepared for an entry level job or entrepreneurship as a result of training received through program	0
% of REEP: LEARN/EARN/BUILD participants choosing an employment career path after completing LEB training	0
% of REEP: LEARN/EARN/BUILD participants who make an average wage/salary of \$15+ /hr (\$35K/yr) or equivalent business profits after within a year of completing LEB training	0
% of REEP: LEARN/EARN/BUILD participants who report material improvements in lifestyle for self and family (w/o government assistance) within a year of completing LEB training	0
% of REEP: LEARN/EARN/BUILD participants choosing an entrepreneurship path after completing LEB training	0

Use of Evidence

The Learn, Earn and Build (LEB) model for entrepreneurship training takes participants through approximately six months of training to help them learn core competencies and entrepreneurship, earn via an apprenticeship where they seek validation of their business model, then build out their business with the aid of our funding and other supportive services.

As the formerly incarcerated often faces stigmas and challenges that prevent them from getting viable employment, another alternative is entrepreneurship. According to Hwang & Phillips (2020), there is “supportive evidence that entrepreneurship provides formerly incarcerated individuals with higher income compared to their earnings from employment, helping individuals with criminal records to close the income gap.”

Should participants choose to become valued-added employees rather than or in addition to pursuing entrepreneurship, LEB also plans to address most of the foundational skills as outlined in the McKinsey Global Institute’s research regarding the future-proofing of citizen’s skills for the world of work. McKinsey identified 56 foundational skills, or DELTAs: “These skills showed that higher proficiency in them is already associated with a higher likelihood of employment, higher incomes, and job satisfaction.”

References

McKinsey & Co. Defining the Skills Citizens Will Need in the Future World of Work

By Marco Dondi, Julia Klier, Frédéric Panier, and Jörg Schubert, June 2021

<https://www.mckinsey.com/industries/public-and-social-sector/our-insights/defining-the-skills-citizens-will-need-in-the-future-world-of-work>

Hwang, Kylie & Phillips, Damon. (2020). Entrepreneurship as a Response to Labor Market Discrimination for Formerly Incarcerated People. 10.13140/RG.2.2.22562.38080.

Marco Dondi, Julia Klier, Frédéric Panier, and Jörg Schubert (June 25, 2021) McKinsey, “Defining the skills citizens will need in the future world of work” Retrieved from: <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/defining-the-skills-citizens-will-need-in-the-future-world-of-work>

Ramakers, A., Nieuwbeerta, P., Wilsem, J. V., & Dirkzwager, A. (2016). Not just any job will do: A study on employment characteristics and recidivism risks after release. *International Journal of Offender Therapy and Comparative Criminology*, 1-24. doi:10.1177/0306624X166361

STEAM Training

Funding amount: \$250,000



Project Expenditure Category: Negative Economic Impact
2.37 Economic Impact Assistance: Other Districts

Project overview

Powerup USA is providing after-school and summer programs focused on STEAM enrichment, activities, and instruction for youth, as well as training for adults

- Goal #1 – To facilitate and manage after-school and summer STEAM programs and provide STEM workshops and programs within the community to youth, low-income adults, displaced workers, and senior citizens.
- Goal #2 – To expose the community to cultural diversity in STEAM areas.

<http://powerup-usa.org>

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of registered adults in Job preparedness/Readiness	0
Number of Youth enrolled in the STEAM program (Afterschool or Summer)	0
Number of Artist participating in the Film Festival	0
Number of Artist participating in our monthly Meetups	0
Number of Artist in the Queen City Arts Festival	0

Outcome Measures (Percentages)	Current Year May-June 2022
Average Wage for those placed in employment	0
Graduation Rate (Adult Job Preparedness/Readiness)	0
Adult Employment Rate	0
Graduation Rate (Youth STEAM Program)	0
Percent of participants who show improvement from pre to post test	0
Percentage of Artist completing the Film Festival activities and training	0
Speaker/Training Series Attendance Rate	0
Queen City Arts Festival Participation Rate	0

STEAM Training

Use of Evidence

Power Up USA uses a Descriptive evaluation that does the following:

- Helps show whether our program is operating as planned, and provides us with feedback about the services we offer.
- Determine whether our program is producing the types of outputs and outcomes we want.
- Help clarify program processes, goals outputs and outcomes

Pre and post testing/outcome measurement of participants during the program period will allow us to see if our program is operating as intended.

Survey, interview or focus group data relating to program experiences. This might involve open-ended surveys, interviews or focus groups of a randomly or systematically selected group of program participants. These data collections can be designed to collect data from people who either fairly represent our service population (e.g. are selected using a randomization process) or who are targeted because they can provide useful information (e.g. only participants who have attended all program sessions are surveyed).

Power Up USA will use A multi-method evaluation (descriptive study) including a questionnaire, observation, test, and existing data to get information on the intended change as well as the relations between participants' program performance and self-confidence



Vocational Training

Funding amount: \$750,000



Project Expenditure Category: Negative Economic Impact
2.10 Assistance to Unemployed or Underemployed Workers

Project overview

NCIA is expanding their current vocational training program that focuses on veterans, justice-involved individuals, homeless residents, and other disadvantaged individuals. The program is broken into four steps:

- Step 1: Provide extensive, industry-recognized vocational certification in one of three vocational/credentialing tracks: Automotive Repair, Commercial Driver’s License (CDL) Class B, or HVAC/R
- Step 2: Deploy comprehensive Workforce Development Institute to teach job readiness skills, conflict management, financial literacy, and resume-writing strategies, as well as other necessary skills
- Step 3: Provide customized case management to eradicate barriers that have previously prevented gainful employment
- Step 4: Facilitate job placement by offering opportunities with the local companies with whom the applicant partners

www.ncianet.org

Performance Measures

Output Measures (Numbers)	Current Year May-June 2022
Number of individuals served by Mecklenburg County ARPA Grant	0
Industry Recognized Credentials Acquired (Goal: 75% or higher) Goal is cumulative to include all industry recognized credentials for all students in training. Credentials are as followed: - CDL Class B License - HVAC Employment Ready Certifications (Electrical, Heat & Gas, Refrigerant) and CFC Universal Certification - Automotive ASE Brakes Certification, Dayco Drive Belt Certification and ALLDATA Certification	0

Outcome Measures (Percentages)	Current Year May-June 2022
Percentage of participants that complete NCIA's Workforce Development Institute	0
Graduation rate	0
Job Placement Rate	0
90-day Job Retention Rate	0
Percentage of participants that receive an industry recognized credential	0
Average Hourly Wage	0
Participant Satisfaction Survey	0

Use of Evidence

NA

Sheriff's Office Bonus

Funding amount: \$792,000



Project Expenditure Category: Premium Pay
4.1 Public Sector Employees

Project overview

Treasury guidelines allow premium pay for essential workers. Public safety staff were funded a one-time bonus for their efforts to maintain safety and security in County facilities during the pandemic.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.

Community Support Services Staff

Funding amount: \$2,837,102



Project Expenditure Category: Public Health
3.2 Rehiring Public Sector Staff

Project overview

Treasury guidelines allow premium pay for essential workers. Public safety staff were funded a one-time bonus for their efforts to maintain safety and security in County facilities during the pandemic.

Performance Measures

This project does not have performance indicators.

Use of Evidence

This project is not being used for evidence-based interventions.