

# **B'MORE FOR YOUTH!**

## **COLLABORATIVE**

**Baltimore City's  
Plan to Prevent  
Violence  
Affecting Youth**

September 30, 2015



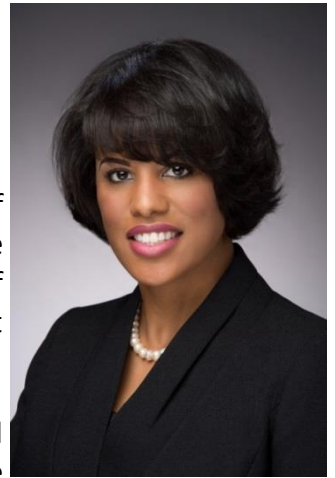
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September 30, 2015

Dear Residents of Baltimore,

I am pleased to introduce the *B'more for Youth Collaborative!*, the City of Baltimore's comprehensive plan to prevent violence affecting youth and reduce the number of people going into the criminal justice system. It is the product of collaboration among local, state, and federal partners, and identifies root causes and recommends a coordinated, multi-sector, multi-tiered approach.



Improving the lives of Baltimore's children, youth, and families is a central priority of my administration. For too long, senseless violence has taken the lives of too many of our young people under the age of 25. We know that we cannot fundamentally improve their lives if they are not safe – in their homes, schools, neighborhoods, and in our city. That is why I called for this plan. *B'more for Youth!* is our plan for the future. It reflects our vision that *all young people in Baltimore City are valued and protected in thriving communities and a safe city, where there is an abundance of opportunities for young people to dream and to realize their dreams.*

The goals of this plan are to ensure that:

1. Early childhood is safe and nurturing;
2. Families are supported, connected and empowered;
3. All young people are connected to a trusted adult;
4. Neighborhoods engage young people in positive opportunities; and,
5. People and neighborhoods have economic opportunities.

The plan reflects thoughtful and strategic efforts to align with my Children's Cabinet agenda to build Baltimore's Cradle to Career Pipeline, and the emerging direction of our KidStat efforts to measure and track our City's progress in building this Pipeline. The release of this plan marks the formalization of the *B'More for Youth! Collaborative* and my charge to the collaborative to implement the goals and strategies outlined within.

I want every young person in Baltimore to dream big and to realize their dreams. I hope you will become involved to help make Baltimore a safer, thriving city in which our young people have reason to have hope for the future.

Sincerely,

A handwritten signature in black ink that reads "Stephanie Rawlings-Blake". The signature is fluid and cursive.

Stephanie Rawlings-Blake  
Mayor of Baltimore



# B'More for Youth! Collaborative: Baltimore City's Plan to Prevent Violence Affecting Youth

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# **B'More for Youth! Collaborative**

## **Baltimore City's Plan to Prevent Violence Affecting Youth**

### **BACKGROUND**

While the City of Baltimore, community and faith-based organizations, and individuals have made progress in reducing violent crime, the levels of violence affecting young people remains a significant problem. Homicides and non-fatal shootings increased significantly in 2015 to levels not seen in more than a decade. In 2014, Mayor Rawlings-Blake launched a planning process to address violence affecting youth (under age 25) by calling upon a broad and diverse group of stakeholders to develop a comprehensive multi-sector plan to prevent violence affecting youth, reduce the number of youth entering the juvenile justice system, and foster positive youth development.

The B'More for Youth! Collaborative emerged out of this multi-sector planning process, which is part of Baltimore City's participation in the National Forum on Youth Violence Prevention (the Forum)\* and the UNITY City Network (UNITY).† Prevention Institute‡, a national nonprofit based in Oakland, California, facilitated the planning process in collaboration with Baltimore City. The intent of this process and the implementation of the Plan is to recognize, build on, and coordinate the related and complementary efforts underway in Baltimore, as part of achieving better outcomes for young people.

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\* The National Forum on Youth Violence Prevention (the Forum) is a network of communities and federal agencies that work together, share information and build local capacity to prevent and reduce youth violence. Established at the direction of President Obama in 2010, the Forum brings together people from diverse professions and perspectives to learn from each other about youth and gang violence and to build comprehensive solutions on the local and national levels. Participating Federal agencies include the Departments of Justice, Education, Health and Human Services, Housing and Urban Development, Labor, and the Office on National Drug Control Policy. <http://youth.gov/youth-topics/preventing-youth-violence/about-national-forum>

† UNITY (Urban Networks to Increase Thriving Youth) is a national initiative of the Prevention Institute that began in 2005 as an 8-year cooperative agreement with CDC that continues with philanthropic support from the Langeloth Foundation, the Kresge Foundation and The California Wellness Foundation. UNITY focuses on multi-sector prevention of urban violence using a public health approach. Working with the largest cities in the US, UNITY provides tools and resources and fosters sustained violence prevention efforts in urban areas and nationally. Baltimore is a member of the UNITY City Network, which includes representatives from 25 large US cities.

‡ Prevention Institute is a non-profit national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. Determined to improve health and safety for everyone, Prevention Institute builds prevention and equity into key policies and actions to transform the places where people live, work, play and learn. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on community prevention, injury and violence prevention, health equity, healthy eating and active living, positive youth development, transforming our health system and mental health and well-being.

## **B'MORE FOR YOUTH! VISION**

*All young people in Baltimore City are valued and protected  
in thriving communities and a safe city,  
where there is an abundance of  
opportunities for young people to dream and to  
realize their dreams.*

## **B'MORE FOR YOUTH! PRINCIPLES**

1. Young people, families and local residents must shape the City's priorities and drive change.
2. Positive youth development principles and practices from cradle to career,<sup>§</sup> including extended education and economic opportunities, empowerment, and social, emotional, and spiritual supports are key to ensure our young people thrive.
3. Efforts to improve outcomes for young people must promote equity, and strengthen whole families and neighborhoods.
4. We recognize and build on the City's rich history, cultures, and existing assets, in a neighborhood-centered way.
5. We address the impact of intergenerational trauma and work to heal trauma, build resilience, and restore safety, connectedness and support among youth and among families and other caring adults.
6. Multiple forms of violence co-occur in homes, schools and neighborhoods, and experiencing or witnessing each form of violence is a risk factor for other forms of violence. We recognize these relationships and the need for a comprehensive strategy to be most effective in improving outcomes for young people.
7. Robust cross-sector coordination and infrastructure in Baltimore City, and implementation of evidence-informed approaches (based on best available research, and contextual and experiential evidence<sup>i</sup>), will ensure the safety and success of every Baltimore City youth, and improve outcomes for families, neighborhoods and the entire city. Together we can accomplish more than we could accomplish alone.
8. We are all responsible for the safety, health, and wellbeing of Baltimore's youth.

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<sup>§</sup> Children's Defense Fund has a campaign entitled The Cradle to Prison Pipeline that focuses on disproportionate incarceration rates experienced by African American and Latino males.

## Findings about Violence Affecting Youth in Baltimore City

### *Rates and Types of Violence*

Violence and trauma are pervasive in young people’s lives in Baltimore City. In Baltimore, violence manifests as a spectrum of aggressive and harmful behavior among and against children, youth and adults and includes homicide, shootings, stabbings, assaults, fights, dating abuse, and bullying. Youth are at risk for violence perpetration, victimization, or a cycle of both.

Several valuable reports have been produced that document the problem of violence in Baltimore City, including analysis of fatal and non-fatal shootings at the census tract and neighborhood level.<sup>ii iii iv</sup> These reports present a picture of violence in Baltimore in which progress is being made, and yet the problem of violence affecting youth remains significant. For example, overall, violent crime throughout Baltimore City has declined. Between 2006 and 2013, there was a 19.4% reduction in violent crime in Baltimore.<sup>v</sup> However, Baltimore City continues to have one of the highest US rates of homicide per capita. In 2015, Baltimore City experienced a large increase in the number of non-fatal shootings and homicides with 56 juveniles either shot or killed, as of late September. Homicide remains the leading cause of death among Baltimore City residents 15-24 years old. Firearms are overwhelmingly the predominant cause of youth homicides. Each year, at least 55 youth under age 25 are killed by a firearm in Baltimore.<sup>vii</sup> Youth under 25 years old account for 51% of arrests for violent crime and 49% of weapons related arrests.<sup>viii</sup> More than 26,000 firearms were seized by Police in a recent 6.5 year span; 70% of the firearms are thought to have been used in a violent crime.<sup>ix</sup>

### *Underlying Factors*

Key informants spoke about a “culture of violence” in Baltimore, which includes the normalization of violence, as well as a cycle of violence in which the trauma of violence and witnessing violence, increase the likelihood of trauma-based responses to conflict (e.g., fight or flight responses), thereby increasing the likelihood of subsequent violence. The cycle of violence also includes the recurrence of violence in the context of ongoing challenging

*People are looking just at the youth and not at the whole puzzle. They look for one person to blame, instead of trying to figure out and deal with what the problem is. If you don’t fix the problem and you send them right back out [of DJS], they will do the same thing.”*  
– Youth focus group participant

\*\* Data-Gathering Methods: The planning process was informed by community and youth focus groups, interviews with key stakeholders (see Appendix A), a scan of key documents and data related to the problem and possible solutions to violence affecting youth in Baltimore, including data produced by the Planning Group’s Data Workgroup, and numerous community listening sessions and community engagement activities.



community conditions. Gun carrying and gun violence in Baltimore is often viewed as unavoidable, without cause or rationale, or unlikely to be reduced below certain levels, despite other cities' success in reducing firearm homicides.<sup>x</sup>

Violence is a learned behavior that is transmitted between individuals and sustained through a culture of violence, norms, and expectations where opportunities are scarce.<sup>xi</sup> Crime and gun violence is particularly concentrated and spread among certain individuals, their social networks, and places.<sup>xii xiii</sup> In addition, multilevel trauma (individual, family, community, and institutional) continues to predominate youth life experiences in Baltimore, although the effects of this trauma are not insurmountable with the aid of multiple coordinated supports and services.<sup>xiv</sup> Untreated, trauma often leads to substance abuse and mental health problems, and in many cases more violence.

There is a concentration of risk factors in many neighborhoods in Baltimore in which a culture of drugs and violence takes over in the absence of or exclusion of positive opportunities. A lack of economic opportunity is considered to be the most significant risk factor. The view that violence is related to economic stressors is supported by data analysis that reveals that there is a strong correlation between levels of poverty and rates of violent crime in each census tract in Baltimore City. Still, there are some areas of the city where the predicted youth homicide rates are higher or lower than expected. These areas require further assessment to understand why they are different.<sup>xv</sup> Interviewees and youth focus group participants have stated that young people want to earn money before the age of 16, and need opportunities to earn money for their own needs, and also to help out their family. An interactive map of Baltimore's social determinants of health and outcomes such as teen pregnancy, life expectancy, and violent crime can be found at: <http://arcg.is/1JuiBJz>.

*"We have young people who want to provide for their family. They begin to sell substances, trying to get out of poverty. Then the territorial wars begin."*

– Key stakeholder

Lack of economic opportunities are tied to, and compound, challenging household and neighborhood conditions. Youth focus group participants spoke to the importance of the family environment in shaping young people's attitudes, and behaviors, including their mechanisms for coping with trauma and stress. Families

*"Our neighborhoods are so bad. We are active, we are youth - we want to do things. We need a lot of money to clean up our neighborhoods, the playgrounds, everything. The basketball courts are run down and rusty, there is trash all over the place, and drug dealers. We could stop violence if there were more activities, more opportunities, and better transportation to get there."*

– Youth focus group participant

*"We have people living in neighborhoods with lots of boarded up housing and drug activity. And we have a large population of students who are homeless."* – Key stakeholder

living in neighborhoods highly impacted by violence in Baltimore City tend to be isolated, disconnected and heavily steeped in the culture of violence that surrounds them compounded by widespread gun availability.

Youth focus group participants specifically named the lack of recreation opportunities in their neighborhoods as a risk factor for violence. Interviewees and youth focus group participants named lack of educational opportunities as another significant risk factor. Youth focus group participants described school as not being a good training ground for job and career opportunities, and named elements of a punitive culture at school, including statements such as, “schools treat students like hoodlums,” “the food is like prison food,” and citing examples such as racial profiling and students being charged for crimes for “petty actions.” Despite improvements in funding youth services, youth focus group participants also expressed that support isn’t available to them unless they are involved with the juvenile justice system or identified as high-risk.

The risk factors for violence and the risk factors for involvement in the juvenile justice system in Baltimore are related, and while most juvenile arrests are not related to violence, involvement in the juvenile justice system (for truancy, riding bikes on sidewalks, drug possession, etc.) can exacerbate risk factors for violence.

*“The violence is perpetuated by rampant drug enforcement and zero tolerance where young people go to jail, and without reentry [support], they return to the community. We are generating and institutionalizing violence. We are training people to be criminals.” - Key stakeholder*

There are also rich and varied resilience factors to build on in Baltimore, including: family connection and relationships with other caring adults; school, community, and faith-based programs and services; recreation opportunities; and work force development programs, especially those that are neighborhood based. The importance of connecting young people to job opportunities is supported by research that shows that the earlier a young person gets connected to the work force, the more likely they will be to stay employed.<sup>xvi</sup> Youth participants also frequently mentioned consistent caring adults and mentors as being helpful for navigating challenges and exposing them to resources and opportunities.

*“Kids love mentors. They really do. I love my mentor. It’s like a big brother or sister. They really talk to you and take you places out in the community and help you with your school work.”  
– Youth focus group participant*

## **Findings about Structures and Systems to Prevent Violence in Baltimore City**

### *Leveraging Efforts to Prevent Violence in Baltimore City*

There are many positive efforts occurring throughout the City that can be leveraged, including: the Mayor's Summer Youth Jobs program, the Opportunity Youth initiative, the Baltimore City Public School system’s re-engagement efforts and expanded Alternative Learning Opportunities, the Baltimore City Department of Social Services’ *Ready by 21* Program, use of evidenced-based programs by the Maryland Department of Juvenile Services (DJS), the Safe Streets Baltimore’s gun violence interruption program, police diversion and training, increasing numbers of community schools, expansion of out-of-school time activities, and increased

participation by faith communities. The school system has also re-organized the way it supports students and created a Student Supports Office in an effort to improve school climate.<sup>xvii</sup> This Plan reflects a moment of opportunity to build on existing efforts to increase communication and collaboration in order to maximize resources.

### *Trends toward Trauma-Informed and Restorative Approaches*

Two interrelated and positive trends are occurring throughout the City. The first trend is an increasing understanding of trauma and its impact on individuals, homes, neighborhoods and systems. This is accompanied by a growing commitment to, and capacity for, implementing trauma-informed programs and services throughout the City. The second trend is an increasing shift toward restorative practices and away from zero tolerance, punitive approaches to addressing youth risk behavior.

### *Prevention*

There is varying understanding of prevention, its efficacy, and systems throughout the City, so building a stronger understanding will have value. This step forward can build on the growing commitment to cultivate resilience and to give young people hope, opportunity and ability to dream. This also applies to family-focused prevention that helps adults be better prepared to assist their children in navigating through risks. Systems can play a strong role in protecting youth and supporting the foundation for them to thrive.

### *Coordination and ongoing engagement*

There is strong coordination of efforts in tandems and trios in Baltimore. Much of the strongest collaboration often relies on personal relationships or takes places at the highest level of City agencies. However, communication and coordination doesn't always trickle down throughout the remaining levels of the systems. A mix of City, County and State jurisdictions add a layer of complexity to the task of coordination and collaboration. There is a need to have a better understanding of existing efforts and effective programs as well as how they fit together. There is also a strong need for a more systematic and ongoing mechanism to support citywide multi-sector collaboration and coordination in support of outcomes for youth under age 25.

Given that Baltimore is a city of neighborhoods, residents are apt to engage in their own communities, therefore, thoughtful attention needs to be given to coordinating efforts at that level. There is the opportunity for ongoing community and youth engagement in the development and implementation of the plan. The City needs a formal structure for engagement, coordinating a range of efforts and ensuring that gaps are addressed, 'wheels are not re-created' and efforts are not duplicated.

### *Information, awareness and maximizing existing resources*

Given the challenge to ongoing coordination and engagement, staff and providers are not always aware of the wealth of resources and efforts that are occurring, and youth, family members, and community members are often not aware of the resources available to them, or how to access these resources when they are known. For example, seven Judy Centers located in city schools provide a range of early childhood and family support services.<sup>xviii xix</sup> There are emerging opportunities to build on State and City efforts to make systems and organizations more interoperable (i.e., able to share information and work together), and to use data mapping at the neighborhood and block level to increase coordination of violence prevention and youth development efforts.

### *Leadership and staffing*

There is a need for a stronger understanding around roles and how various elements fit together to maximize violence prevention activities across the city. This is accompanied by a need for strategies and efforts to come together in a cohesive way that reduces redundancy, and increases appreciation for clear direction and communications. These activities should formally engage the leadership of community residents, including youth, as efforts move forward. For example, Baltimore City Public Schools has undertaken a significant effort to engage students in creating and implementing efforts to improve school climate and school engagement. This effort includes developing procedures for increasing student input into efforts to deal with trauma and to increase student commitment to positive outcomes.

### *Training*

Cross-sector training on key topics and prevention priorities will support effective implementation and enhanced coordination. Some key topics for city and community and faith-based programs include trauma and trauma-informed approaches, youth development, multi-sector collaboration, and strategies to integrate prevention with intervention and enforcement. For example, Baltimore City Schools is working to increase the use of common strategies and linkages within community schools--increasing engagement with neighborhood and faith leaders in schools.

### *Readiness for action and measurable outcomes*

The positive efforts, emerging trends, Mayor's directive, and a strong and diverse city network of leaders and organizations ready for action and change have created a moment of great opportunity to collectively increase investment in and improve outcomes for young people. Indicators and benchmarks to measure results, and ongoing mechanisms for reviewing progress and making course corrections will support effectiveness and accountability.

## PRIORITIZED RISK AND RESILIENCE FACTORS

Risk factors are conditions or characteristics in individuals, families, communities and society that increase the likelihood that violence will occur.<sup>xx</sup> Resilience factors are conditions or characteristics in individuals, families, communities and society that are protective, thus reducing the likelihood that violence will occur, even in the presence of risk factors.<sup>xxi</sup> No one factor alone can be attributed to causing or preventing violence; it is the accumulation of risk factors without compensatory resilience factors that puts individuals, families and communities at risk.<sup>xxii</sup> Effective violence prevention efforts reduce risk factors and strengthen resilience factors.

Overview of Baltimore’s Prioritized Risk and Resilience Factors

<i>Prioritized and clustered risk factors</i>	<i>Prioritized and clustered resilience factors</i>
<ul style="list-style-type: none"> <li>▪ Poverty/lack of economic opportunity</li> <li>▪ Social inequities</li> <li>▪ Lack of quality educational opportunities</li> <li>▪ Disenfranchised neighborhoods</li> <li>▪ Culture of violence</li> <li>▪ Trauma, mental illness and substance use</li> <li>▪ Family stressors and family isolation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Economic development</li> <li>▪ Academic achievement and youth development</li> <li>▪ Access to trauma-informed mental health and substance use services</li> <li>▪ Connections with family, other caring adults, faith groups, and the community</li> <li>▪ Strong families</li> <li>▪ Strong neighborhoods</li> </ul>

### Priority Risk Factors

The selection of priority risk factors for violence affecting youth in Baltimore informed the development of goals and strategies. The list of risk factors reflects a prioritized ranking. The factors are in alignment with statistically significant factors associated with youth shootings (unadjusted) in Baltimore City, including: births to teens; single female-headed households; poverty; school suspensions/expulsions; liquor outlets; and, vacant buildings.<sup>xxiii</sup>

- **Poverty/lack of economic opportunity**, including a strong drug culture being directly related to poverty.
- **Social inequities**, including neighborhood disinvestment stemming from racism and oppression, social exclusion, lack of power and disempowerment.
- **Lack of quality educational opportunities**, including disconnection from school; a zero tolerance approach to school discipline; and disengagement from school, including suspensions/expulsions.
- **Disenfranchised neighborhoods**, including a lack of neighborhood-based recreational activities and outlets, neighborhood disinvestment, and high density of liquor outlets.
- **Culture of violence**, including harmful norms about violence, experiencing and witnessing violence, and a lack of skills for behavior and anger control, and associating

with delinquent peers. Illegal firearms especially carried in the streets, public places, schools, and vehicles.

- **Trauma, mental illness and substance use disorders**, including community-level trauma, experiencing trauma, mental health issues, low self-worth, and alcohol and drug use.
- **Family and household stressors and family isolation**, including disconnection from family and other caring adults, and stress from parenting as a teen and/or as a single parent.

### Priority Resilience Factors

The selection of priority resilience factors for violence affecting youth in Baltimore informed the development of goals and strategies. The list clusters related resilience factors and reflects a prioritized ranking. It is consistent with findings from the youth focus groups in which young people identified consistent, caring adults and mentors as being helpful for navigating challenges and exposing them to resources and opportunities.

- **Economic development**, including opportunities to develop employment and entrepreneurial opportunities, especially those that are neighborhood-based and linked to increased retention and training programs; promoting wealth creation; creating alternatives to four-year colleges.
- **Academic achievement and youth development**, including the availability of night and online learning, skills in solving conflict non-violently, opportunities for meaningful participation/youth development, restorative practices in schools, association with pro-social peers and activities, and positive self-worth/high self-esteem.
- **Access to mental health and substance use services**, including integrating mental health check-ups into regular medical check-ups.
- **Connections with family, other caring adults and the community**, including engagement in positive activities such as mentoring, as well as school, home, community, and faith-based programs and services; and restorative practices.
- **Strong families**, including family involvement; engaged parents, and skills to support healthy childhood development.
- **Strong neighborhoods**, including community connectedness; strong social networks neighborhood conditions that support health and safety, such as neighborhood-based recreation activities; community and faith-based programs and services; improvement of safety in public facilities, coordination of resources and services among community agencies; and neighborhood-specific violence interruption strategies.

### CHILDREN'S CABINET: CRADLE TO CAREER SYSTEMS-LEVEL CHANGES

In initiating the development of this Plan, Mayor Rawlings-Blake charged the Planning Group with devising strategies to prevent violence affecting youth, support positive youth

development, and reduce the number of youth entering the juvenile justice system. Building on the findings used to inform the plan including prioritized risk and resilience factors, the Planning Group identified the need to work at the systems level to maximize impact and sustainability. Toward this end, the Plan to Prevent Violence Affecting Youth intentionally aligns and integrates with mutually reinforcing Citywide systems-level changes to build Baltimore's Cradle to Career Pipeline. These systems-level changes include: the Mayor's Children's Cabinet agenda, OutcomeStat, KidStat, and the City's budgeting process.

### **Mayor's Children's Cabinet Agenda**

The Mayor's Children's Cabinet agenda is also focused on building Baltimore's Cradle to Career Pipeline. In fact, the Plan to Prevent Violence Affecting Youth informed the direction of the Cabinet's agenda, including the decision to incorporate a Cabinet goal of ensuring that Baltimore's youth are safe. The Mayor's Children's Cabinet is a collaborative initiative involving multiple City departments and offices with the vision that every Baltimore City youth will be ready to learn when they enter school and ready to earn when they leave school. The Children's Cabinet agenda includes six Cradle to Career Pipeline goals that align with the B'More for Youth! Collaborative's goals (described in the Goals, Outcomes, and Strategies section). The alignment between the Mayor's Children's Cabinet agenda and the B'More for Youth Plan includes common outcomes, strategies, and actions.

### **OutcomeStat and KidStat**

OutcomeStat and KidStat are components of CitiStat, a data-driven management system designed to monitor and improve government performance. The B'More for Youth! Collaborative Plan's outcomes also align with the emerging direction of the City of Baltimore's OutcomeStat and KidStat efforts to measure and track Baltimore City's progress in ensuring the City's safety and economic vitality and building the Cradle to Career Pipeline.

### **Budget**

Finally, by integrating with the Children's Cabinet agenda and KidStat, the Plan aligns with upcoming changes to the City's budgeting process. This process, overseen by the City's Finance Office, is working to align the City's budgeting process with CitiStat. As a result, the budgeting process will shift from a siloed and disjoint process, to one that is more collaborative. For the Mayor's Children's Cabinet Cradle to Career Pipeline agenda and KidStat, this means that the City's budgeting for all programs and services that relate to the health, safety, and well-being of children and youth will be made in a strategic and coordinated manner for greater transparency and impact.

## NEW ACTIVITIES AND COLLABORATIVE INITIATIVES

As part of the Plan, the B'More for Youth! Collaborative will seek alignment and collaboration with the following new activities and ongoing collaborative initiatives:

**Emergency Room Violence Interruption Program:** A partnership between the Baltimore City Health Department and local hospitals to encourage emergency room doctors to stop treating traumatic injuries as only medical problems. To ensure continuity of care, treatment begins in the hospital resulting in physicians referring victims of violence to appropriate services in the community. As a preventive measure, this program will provide resource cards and other tools to youth.

**Youth Job Training Program, Mayor's Office of Employment Development:** Baltimore has received a \$5 million dollar federal grant to train youth in a wide array of fields including construction, automotive, and healthcare. It is estimated that upwards of 700 youth from across the city will receive training and other supports to improve socio-economic well-being. Awards will be made to several agencies to assist in job training and employment development. Additionally, MOED was able to leverage additional funding to provide nearly 7,000 summer jobs through its YouthWorks program; a 25% increase from the previous summer.

**Mayor's Youth Fellowship Program:** The program accepts referrals from partners in non-profit and City and State agencies for young people seeking employment beyond the summer opportunities afforded by YouthWorks. Partner organizations are recruited by the Mayor's Office and include the Mayor's Office of Human Services, the Housing Authority of Baltimore City, the Baltimore City Health Department, the Environmental Control Board, the Family League of Baltimore, Community Law in Action, and the YES Drop-In Center.

**Youth Health and Wellness:** The Baltimore City Health Department is leading strategic planning and coordination focused on the prevention of illness and well-being of youth from the cradle to age eighteen. Essentially, this is an "umbrella strategy" to the B'More for Youth Collaborative with a primary focus on a wide array of health related strategies.

**Dating Matters Communications Campaign:** Baltimore City Health Department is leading a collaborative youth-focused communications campaign about teen dating violence. The campaign is intended to reinforce messages learned in school curricula, but uses technology and language that is appealing and relevant for youth. The campaign was developed based on formative research and focus group testing. The campaign will be carried out using print, social, and text communication messaging.

**Baltimore City Temporary Cash Assistance Employment and Training Program:** Baltimore City Health Department, with funding from the Baltimore City Department of Social Services, will provide Baltimore City Temporary Cash Assistance customers an employment and training



program that offers transportation to hard-to-reach job and education sites and provide wrap around employment services.

**Baltimore City Schools Reengagement Strategy:** The BCPS Re-Engagement Center is designed to support the re-entry of students who have left the system before achieving a HS diploma. The Re-Engagement Center's three primary purposes: 1) Re-entry through a multifaceted intake process, 2) Transition support by using a step down approach to academic placement for students coming to us from correctional settings or those who have spent several months to several years outside of an educational environment, and 3) Crisis support for students who experience acute trauma and are unable to function in school.

**Baltimore City Child Fatality Review Team:** The multidisciplinary review board examines deaths of children less than 18 years old in Baltimore City, on a case-by-case basis and through data analysis and makes recommendations to mitigate child deaths.

**US Attorney's Office Project Safe Neighborhoods:** The program aims to reduce gang-related gun crime by coordinated federal, state, and local prosecution and law enforcement.

**Baltimore Police Chaplaincy Program:** This program addresses issues that impact police-community relations. The chaplains are clergy of diverse religious denominations who are assigned to high crime areas where they have influence.

**Upton/Druid Heights BUILD Health Challenge: Healing Together: Preventing Youth Violence.** The collaboration will develop a comprehensive youth violence prevention plan for the Druid Heights and Upton neighborhoods. The initiative is led by the Druid Heights Community Development Center, the University of Maryland School of Social Work, the Adams Cowley Shock Trauma Center at the University of Maryland Medical Center, the Baltimore City Health Department, and community based organizations.

## GOALS, OUTCOMES, AND STRATEGIES

The overarching purpose of this plan is to support positive youth development and career trajectories in Baltimore City and to prevent violence affecting youth. Moreover, the B'More for Youth! Plan is fundamentally about shifting the "Cradle to Prison Pipeline"<sup>††</sup> to a "Cradle to Career Pipeline." The Plan is focused on the following overarching outcomes:

- Over the next five years, increase the percent of citizens that report feeling "safe" or "very safe" at night in their neighborhood to 75 percent through a range of community-based public safety, legal, and public health efforts.

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<sup>††</sup> Children's Defense Fund has a campaign entitled The Cradle to Prison Pipeline, which focuses on disproportionate incarceration rates experienced by African American and Latino males.

- Decrease the number of youth under 25 being arrested by 5 percent per year by improving police-community relations and providing alternatives to entering the criminal justice system.
- Sustain and increase the juvenile diversion to arrest ratio, decreasing the number of people under 25 entering the justice system.
- Decrease the number of young people experiencing or witnessing violence by reducing the annual number of juvenile homicide and non-fatal shooting victims (combined) to less than 20 per year in the next five years.
- Decrease the rate of Disproportionate Minority Contact (DMC) among youth of color as measured by the Relative Rate Index (RRI) for juveniles and youth ages 18 to 24.
- Increase the number of young people by one percent per year in Baltimore’s Cradle to Career Pipeline.

Building on and connecting with many assets and a number of other initiatives, the plan’s overarching purpose primarily will be accomplished through the following five goals:

Goal 1: Early childhood is safe and nurturing.

Goal 2: Families are supported, connected and empowered.

Goal 3: All young people are connected to a trusted adult.

Goal 4: Neighborhoods engage young people in positive opportunities.

Goal 5: People and neighborhoods have economic opportunities.

### **Goal 1: Early childhood is safe and nurturing**

*“You have to start younger, reach people earlier.”*

– Youth focus group participant

#### *Outcomes*

- Annually, increase the percent of WIC mothers breastfeeding by two percent (a measure of attachment and bonding).
- Annually, decrease by 5 percent measures of intimate partner violence; the number of 911 calls for service and victims of domestic violence.
- Annually, decrease the number of child abuse and neglect substantiations by 5 percent.
- Annually, increase the number of subsidies for high quality affordable child care by 2 percent.

## Background and Rationale

Decades of research on violence prevention have resulted in the understanding that violence prevention needs to start earlier and that acting as early as possible, in the first five years of life, is critical to success.

Early childhood is a critical time during which essential intellectual and emotional abilities form.<sup>xxiv</sup> The attachment and bonding process during infancy is the foundation upon which future relationships and interpersonal skills are based.<sup>xxv</sup> Attachment between an infant and caregiver is fundamentally important to helping develop skills such as cooperation, empathy, and negotiation, all of which help in developing positive and healthy relationships later in life. In addition, attachment to parents, parental supervision, and consistent discipline have been found to be the most important family protective factors in preventing delinquency in high-risk youth, counteracting negative influences of peers.<sup>xxvi xxvii xxviii xxix</sup>

Further, cognitive skills developed during the early years of life lay the foundation for later educational success and academic achievement,<sup>xxx</sup> <sup>xxxi</sup> factors that are highly protective against involvement in violence.<sup>xxxii</sup> <sup>xxxiii</sup> On the other hand, experiencing and witnessing violence can result in a ‘re-wiring’ of a child’s brain such that survival skills are preferentially developed at the expense of learning and other social skills. However, brain research confirms that if trauma, stress, and early onset mental health conditions are recognized and addressed during the first few years of life, structural and functional changes in the brain that would otherwise compromise a child’s success and self-sufficiency can be avoided or reversed.<sup>xxxiv</sup> Safe and nurturing early childhoods can protect Baltimore’s young people against lifelong problems, including the risk of becoming involved in violence.

*“We are being brought up around violence. If that’s what you grow up around, that’s what you become, that’s what you are going to start doing.”*

- Youth focus group participant

## Ongoing and enhanced strategies, activities, and lead organizations/initiatives

The following are the key ongoing and enhanced strategies that will be a focus of implementation for **Goal 1 between 2015-2017**. Each strategy is focused on prevention, intervention, enforcement and/or re-entry (PIER). The set of strategies take a balanced approach of including all categories. The category(ies) of each strategy is indicated. The key activities, and lead/organizations and initiatives for implementation of each strategy are noted.

- **Strategy (P, I): Teach all caregivers about the developmental needs and milestones for children and about the harmful impact of children witnessing and experiencing violence in any form, and embed messaging into the places where parents go (e.g. markets, pediatricians, etc.).** Implementation of this strategy will include efforts by initiatives such as B’more for Healthy Babies and the Promise Heights Parent University’s parent outreach,

social support, and health education, Behavioral Health System Baltimore's Trauma-Informed Care training for behavioral health providers; and workshops and instructional videos provided by numerous other organizations, including the Department of Social Services, parent-teacher associations, Head Start Centers, daycare centers, and foster and adoptive parent organizations. *Lead organizations and initiatives: Baltimore City Health Department, Baltimore City Department of Social Services, Behavioral Health System Baltimore, B'more for Healthy Babies, BUILD Health Challenge, Druid Heights CDC, GM Research and Training Inc., PrimeStar Industries, Promise Heights Parent University.*

- **Strategy (P, I): Infuse fatherhood and male responsibility programs into settings with men and boys whereby men teach males about gender norms and gender roles.** Implementation of this strategy includes partnering with initiatives such as B'More for Healthy Babies to provide information during Dads Groups and conduct outreach efforts to teach men about their role in keeping their children healthy. *Lead organizations and initiatives: Druid Heights CDC, BUILD Health Challenge.*
- **Strategy (I): Institutionalize trauma-informed and trauma-sensitive practices into all child and family-services agencies, institutions and organizations.** This strategy will build on numerous efforts to transform Baltimore into a trauma-informed city, including widespread training for professionals and residents that took place during the summer of 2015 and continues with technical assistance to support teams from City agencies that implement trauma-informed practices *Lead organizations and initiatives: Baltimore City Health Department, Behavioral Health System Baltimore, Promise Heights, BUILD Health Challenge, Druid Heights CDC, The Living Well Center for Social and Economic Vibrancy.*
- **Strategy (P, I): Partner with Baltimore Healthy Babies initiative to expand Mom's Clubs and other networks of support, education, and employment training for women in conjunction with service providers, faith-based groups, businesses, schools, and community leaders and to improve policy and practice related to maternal and child health, such as expanded support services for new parents, families and non-traditional and/or informal family structures, so parenting classes and home visitation programs become community-wide affairs, emphasizing community connections and support.** Implementing this strategy will include the expansion of the Baltimore Healthy Babies initiative into additional neighborhoods and housing developments and efforts to educate new mothers on parenting skills and healthy brain development through parent-led self-help groups and the creation of informational handouts distributed through various community outlets. This strategy will also focus on identifying additional training needs for new moms, creating networks in which mothers feel supported and connected, and creating a resource guide to support service providers in their work with parents and caregivers. *Lead organizations and initiatives: Baltimore City Health Department, Druid Heights CDC, Behavioral Health System Baltimore, GM Research and Training Inc., Child Fatality Review Meetings, Preventing Substance Exposed Pregnancies.*

- **Strategy (I): Ensure that all parents and caregivers with mental illnesses and substance use disorders receive effective supports, services and treatment.** Implementation of this strategy includes the efforts of initiatives such as Baltimore Healthy Babies to link pregnant women and new moms to mental health and substance abuse services, implementing screening, brief intervention, and referral to treatment services at community health centers and other locations; and offering services and support groups for families with a loved one who has a substance use disorder. This strategy also includes efforts to reduce barriers to mental health and substance abuse treatment and to help ensure that mental health problems are adequately addressed in the primary care setting. Lead organizations and initiatives: *Baltimore Health Babies, Druid Heights CDC, Behavioral Health System Baltimore, Communities United, GM Research and Training Inc.*
- **Strategy (P, I): Expand home visitation programs, such as the Nurse Family Partnership and Healthy Families America, in neighborhoods most impacted by violence, including linking youth in school who become pregnant with a home visitation program prior to birth, and conducting a home visit to welcome every new baby to Baltimore not already connected.** Implementation of this strategy will include linking Baltimore Healthy Babies with Druid Heights home visiting partner DRU/Mondawmin Healthy Families Inc., working with schools to provide case management and mental health services to pregnant teens, and efforts such as the Baltimore Children and Adolescent Response System, which provides short-term psychiatric treatment and support in the home or other community-based setting. Lead organizations and initiatives: *Druid Heights CDC, Baltimore Healthy Babies, Behavioral Health System Baltimore, Baltimore Children and Adolescent Response System, GM Research and Training Inc.*
- **Strategy (I): Ensure that all service providers are aware of the resources available to families with young children and can connect them to such resources in a coordinated web of appropriate services, enrollments and referrals.** This strategy will build on efforts to increase the capacity of service providers to connect families to resources, including conducting quarterly meeting with school personnel to educate them on resources, 24/7 information and referral lines that provide callers with referrals for mental health services, online resource directories for families, and the creation of the Community and Family Resource Center to assist families in locating services and connecting them directly to providers. Lead organizations and initiatives: *Druid Heights CDC, Behavioral Health System Baltimore, Health Care Access Maryland, GM Research and Training Inc., Department of Juvenile Services.*
- **Strategy (P, I): Embed parenting skill development, such as Triple P (Positive Parenting Program) and Strengthening Families Program, into child and family-services agencies, institutions and organizations.** Implementation of this strategy will include the collaboration of multiple organizations utilizing evidence-based parenting approaches that lead to increased family cohesion and parental skill development. Lead organizations and

initiatives: *Baltimore City Department of Social Services, Behavioral Health System Baltimore, Druid Heights CDC, The Strengthening Families Program.*

- **Strategy (P, I, R): Support incarcerated and formerly incarcerated parents and caregivers to develop and maintain strong relationships with their children. Work with family-serving organizations and institutions to model healthy, egalitarian relationships and build healthy relationship skills, such as through Dating Matters.** Implementation of this strategy will include efforts such as education to support incarcerated parents and initiatives such as the Chrysalis House Healthy Start Program, a transitional housing program for pregnant and post-partum women in lieu of incarceration. Lead organizations and initiatives: *Druid Heights CDC, Promise Heights B'more for Healthy Babies, Baltimore City Health Department Dating Matters, Behavioral Health System Baltimore, Chrysalis House Healthy Start Program.*

## **Goal 2: Families are supported, connected, and empowered**

*“Having a good supportive team helps. But a lot of people have family problems – issues with foster care, mothers struggling or on drugs, and fathers not being around. These are normal for a lot of people.” – Youth focus group participant*

### *Outcomes*

- Annually, increase the percentage by 2 percent the percentage of parents that feel they have the ability to give input into the school's decisions.
- Annually, increase the number of facilities and available treatment slots for inpatient and outpatient slots.
- Annually, increase the utilization rate by 5 percent of all mentally ill patients receiving appropriate mental health services.

### *Background and Rationale*

Young people need to be supported by strong families. Support, connection and empowerment are necessary for families to be strong. Families need supports such as access to quality, affordable child care and reliable, safe transportation.

Research shows that strong social networks and connections correspond with significant increases in physical and mental health, academic achievement, and local economic development, as well as lower rates of homicide, suicide, and substance use disorders.<sup>xxxv xxxvi</sup> Family empowerment is also critical for the prevention of violence. When families and communities come together in a neighborhood to address issues, referred to as collective

efficacy, they have the power to promote a number of positive outcomes, including reducing gang and gun violence, as well as other health and safety outcomes. Collective efficacy has been shown to be a “robust predictor of lower rates of violence.”<sup>xxxvii</sup>

### *Ongoing and enhanced strategies, activities, and lead organizations/initiatives*

The following are the key ongoing and enhanced strategies that will be a focus of implementation for **Goal 2 between 2015-2017**. Each strategy is focused on prevention, intervention, enforcement and/or re-entry (PIER). The set of strategies take a balanced approach of including all categories. The category(ies) of each strategy is indicated. The key activities, and lead/organizations and initiatives for implementation of each strategy are noted.

- **Strategy (P, I): Engage families through family-serving agencies in supports and activities to heal from trauma/traumatic stress and reduce the transmission of multi-generational trauma.** The Baltimore City Health Department and partner city agencies recently begun a citywide initiative to increase the awareness and capacity of staff to address trauma. Implementation of this strategy includes the formation of a trauma-informed team of mental health professionals and religious and community leaders to create trauma-informed initiatives, as well as community-wide events and activities. This strategy is also implemented through family grief support centers, such as Roberta’s House: A Family Grief Support Center. Lead organizations and initiatives: *BUILD Health Challenge, Druid Heights CDC, The Living Well Center for Social and Economic Vibrancy.*
- **Strategy (R): Create more viable connections between communities and inside detention facilities and support transition from detention to the community through mental health services, substance use disorder treatment, job training and employment services, housing and supports for family members.** Implementation of this strategy includes providing support to individuals as they transition back into the community through temporary housing, substance abuse and mental health services, resume writing and job assistance, and education for parents/guardians on how to navigate through the juvenile justice system and access services deemed appropriate for their child. Creation of initiatives such as the Forensic Alternative Service Team provides jail diversion services for individuals with mental health concerns and conducts assessments to determine eligibility for community-based services that would allow the individual to return to the community. Lead organizations and initiatives: *Forensic Alternative Service Team, Behavioral Health System Baltimore, Department of Juvenile Services, BUILD Health Challenge, Druid Heights CDC.*
- **Strategy (P, I): Provide affordable, high-quality child care for families in need.** This strategy includes efforts to provide free after school programs and summer camps for Baltimore City residents and services to link families to child care programs. Lead organizations and initiatives: *Baltimore City Recreation and Parks, Promise Heights, Druid Heights CDC, BUILD Health Challenge.*

- **Strategy (P): Support neighborhood-based organizations to create community events to bring people together to get to know each other and initiate longer term projects that bring the community together.** Implementation of this strategy includes efforts to hold community events such as movie nights, family picnics, block parties, and community clean-ups, and to support neighborhood associations within communities. Lead organizations and initiatives: *Communities United, The Living Well Center for Social and Economic Vibrancy, BUILD Health Challenge, Baltimore City Recreation and Parks, Druid Heights CDC, Promise Heights.*
- **Strategy (P): Engage faith-based leaders and organizations as active partners in connecting and empowering families.** Implementation of this strategy includes the coordination of services through faith-based organizations and initiatives such as Pastor’s Roundtable, which hosts bi-monthly meetings with clergy and faith-based leaders in the community. Lead organizations and initiatives: *McElderry Park, Druid Heights CDC, BUILD Health Challenge, The Living Well Center for Social and Economic Vibrancy.*
- **Strategy (P, I): Develop school-based family support systems including coordinated cross-sector diagnostic systems and practices for identifying and supporting families and youth at risk.** This strategy includes redesigning the delivery of school-based substance use services and identifying and implementing tools to be used by school-based mental health clinicians that assess the need for mental health services and measure progress in subsequent months. Lead organizations and initiatives: *Behavioral Health System Baltimore, Baltimore City Public Schools, University of Maryland, Baltimore.*
- **Strategy (P): Engage families in decision-making structures and governing bodies that make decisions about priorities and policies affecting them, including giving them shared leadership and defined leadership roles, such as indicated in the Shared Leadership in Action program.** Implementation of this strategy includes working with partners such as Equity Matters to identify opportunities for youth and families to have a voice in local community organizations and councils. Lead organizations and initiatives: *Equity Matters, The Living Well Center for Social and Economic Vibrancy, BUILD Health Challenge.*
- **Strategy (P): Enhance the availability of safe, mixed-income and affordable housing in neighborhoods highly impacted by violence.** Implementation of this strategy will entail the creation of additional newly constructed homes and community land trusts, as well as stability improvements in neighborhoods throughout Baltimore. Lead organizations and initiatives: *U.S. Department of Housing and Urban Development Choice Neighborhoods Grant Program, Druid Heights CDC, McElderry Park.*
- **Strategy (P): Maintain and develop programming and facilities (including park programs) to support social connection and recreation. In addition to programming supplied by the Baltimore City Department of Recreation and Parks,** this strategy includes the continuation and expansion of neighborhood programs and facilities to promote fitness, opportunities,



for artistic and cultural expression, and social connection. Youth development programs offered at various community organizations include tutorial and homework assistance programs and opportunities to reduce stress through dance, sports, and other physical activities. Lead organizations and initiatives: *Baltimore City Recreation and Parks, BUILD Health Challenge, the Living Well Center for Social and Economic Vibrancy, Druid Heights CDC, Community Development Block Grant Program.*

### **Goal 3: All young people are connected to a trusted adult**

*“We need role models and mentors who have changed their lives and can relate to our experience. One person can change one person’s life.” – Youth focus group participant*

#### *Outcomes*

- Each school year, increase the number of over-age and under credit students who are connected to relevant high quality support services through re-engagement.
- Each school year, decrease chronic absence/truancy by at least one percent for elementary and middle school students and at least two percent for high school students.
- Annually, increase the overall (all ages) resident perception of the Police Department as measured by the Annual Citizen Survey.

#### *Background and Rationale*

The importance of caring relationships is one of three primary protective factors identified in research on resilience in young people. Young people need positive, supportive, non-judgmental role models with whom they can form a strong and enduring bond.

The presence of a caring adult in young people’s lives is associated with “better development, social interactions and academic achievement”.<sup>xxxviii</sup> Caring relationships convey compassion, understanding, respect, and interest, are grounded in listening, and establish safety and basic trust. Within the context of caring relationships, high expectation messages communicate not only firm guidance, structure, and challenge but, and most importantly, convey a belief in the youth’s innate resilience and look for strengths and assets as opposed to problems and deficits.<sup>xxxix</sup>

A wide range of community role models and natural mentors can emphasize existing positive norms against violence and emphasize an understanding in the community about the importance of adult relationships to youth and provide model relationships. Caring relationships are possible, and important, with family members as well as teachers, counselors,

recreation staff and law enforcement officers. Caring relationships across multiple generations can further foster community connectedness and support healthy youth development.

*Ongoing and enhanced strategies, activities, and lead organizations/initiatives*

The following are the key ongoing and enhanced strategies that will be a focus of implementation for **Goal 3 between 2015-2017**. Each strategy is focused on prevention, intervention, enforcement and/or re-entry (PIER). The set of strategies take a balanced approach of including all categories. The category(ies) of each strategy is indicated. The key activities, and lead/organizations and initiatives for implementation of each strategy are noted.

- **Strategy (P, E): Foster positive youth-police relations by including youth on the Police Community Relations Council, via a sub-committee and continuing police training efforts designed to reduce racial bias.** Implementation of this strategy includes development of initiatives such as the Police Department’s Youth Commission and other initiatives that train police officers in crisis intervention, minimize arrests, and proactively engage community members in crime hot spots. Lead organizations and initiatives: *Baltimore Police Department and Community Collaboration Division Youth Explorers and Youth Matters, Behavioral Health System Baltimore, Druid Heights CDC, Communities United, BUILD Health Challenge, Behavioral Emergency Services Team, GM Research and Training Inc.*
- **Strategy (P, I): Maximize opportunities for youth and young adults to have connections with non-judgmental, interested adults in their communities who serve as community role models and natural mentors, such as coaches, teachers, grandparents and other non-parental family members.** This strategy incorporates efforts to connect young people to role models through community organizations, such as programs that pair middle and high school students with senior citizen mentors. Recreation centers provide fun and safe places for youth and young adults to connect with adult role models who can encourage youth to pursue positive social interactions with peers and other adults. For example, the Safe Streets program which uses credible messengers to directly relate to high-risk youth. Lead organizations and initiatives: *BUILD Health Challenge, Druid Heights CDC, Behavioral Health System Baltimore, The Living Well Center for Social and Economic Vibrancy, McElderry Park, Baltimore City Recreation and Parks, and Safe Streets Baltimore.*
- **Strategy (P): Enhance alternatives to suspension, expulsion and detention to keep young people in school and on track.** This strategy includes the implementation of restorative justice practices in community schools and the expansion of school mental health programs to promote mental well-being and success in school. Lead organizations and initiatives: *Baltimore City Public Schools, BUILD Health Challenge, Druid Heights CDC, Behavioral Health System Baltimore.*

- **Strategy (I, R): Institutionalize trauma-informed and restorative justice practices into youth-serving agencies, institutions and organizations, including schools, health care institutions, juvenile detention centers, the courts, and community-based organizations.** This strategy includes building community advocates for the implementation of trauma-informed and restorative justice practices and policies, mounting teams of trauma-informed mental health professionals, community leaders, and religious leaders to create trauma-informed initiatives within their organizations, and creating units such as the Centralized Intake Division within the Department of Juvenile services, which is able to divert some youth from formal detention. Lead organizations and initiatives: *Department of Juvenile Services, The Living Well Center for Social and Economic Vibrancy, Communities United, BUILD Health Challenge, Druid Heights CDC.*
- **Strategy (P): Provide high-quality formal mentoring opportunities for young people.** Implementation of this strategy includes school programs that connect mentors with students at high risk for school failure, opportunities for college students to shadow case managers at the Department of Juvenile Services, and male and female mentoring programs at recreation centers for youth and young adults. Lead organizations and initiatives: *Druid Heights CDC, Renaissance Academy, BUILD Health Challenge, The Living Well Center for Social and Economic Vibrancy, Baltimore City Recreation and Parks, Department of Juvenile Services.*
- **Strategy (P, I): Engage children of incarcerated parents/caregivers in mentoring.** This strategy includes school-based programs and efforts of centers such as Roberta’s House, which provides support for children of incarcerated parents. Lead organizations and initiatives: *Roberta’s House, BUILD Health Challenge, Communities United, Renaissance Academy, Druid Heights CDC.*
- **Strategy (I): Train mentors to be aware of the impact of trauma and how to connect young people to opportunities for healing.** Implementation of this strategy includes efforts to create trauma-informed mentors and teams of community and religious leaders through centers such as Roberta’s House and to train medical professionals on the impact of trauma. Lead organizations and initiatives: *Shock Trauma at the University of Maryland Medical Center, Roberta’s House, The Living Well Center for Social and Economic Vibrancy, BUILD Health Challenge, Druid Heights CDC.*
- **Strategy (P, I): Build up the places and spaces where intergenerational connections exist, and make these types of relationships common.** This strategy is implemented through events such as monthly Intergenerational Nights and mentoring programs in which youth are paired with a senior citizen to work on a school project together. Lead organizations and initiatives: *Druid Heights CDC, The Living Well Center for Social and Economic Vibrancy, and Mayor’s Office of Human Services.*

- **Strategy (P): Emphasize understanding in the community about the importance of adult relationships to youth and provide model relationships.** Implementation of this strategy includes involving adults and parents in all youth programs within the community and creating programs such as The Living Village to support parents and youth with training and interactive workshops on leadership, communication, health, and education. Lead organizations and initiatives: *Druid Heights CDC, The Living Well Center for Social and Economic Vibrancy, BUILD Health Challenge.*

#### **Goal 4: Neighborhoods engage young people in positive opportunities**

*“We have too much idle time to get into trouble. And this is the kicker – you have to get in trouble to get help. You only allow me to come to these anger management programs and chances for my voice to be heard because I got in trouble. We could stop violence if there were more activities, more opportunities, and better transportation to get there.”*

*- Youth focus group participant*

#### *Outcomes*

- Annually, increase the number of young people who report having a safe place to engage in positive recreation, arts, music, and other activities.
- Annually, decrease student suspensions and expulsions by 10 percent.

#### *Background and Rationale*

Young people need positive things to do, and when engaged in structured activities such as the arts, recreation and civic opportunities, they are “more likely to express anger appropriately, communicate effectively, engage less in delinquent behavior, have improved attitudes and self-esteem, and greater self-efficacy and resistance to peer pressure”.<sup>xi</sup>

Research has consistently supported the positive role of meaningful opportunities and participation for young people. In their report, *Community Programs to Promote Youth Development*, the National Research Council and the Institute of Medicine outlined characteristics of positive youth development settings.

These opportunities are vital for an adolescent’s social development. Opportunities for meaningful participation and contribution include having opportunities for valued responsibilities, for making decisions, for giving voice and being heard, and for contributing

one's talents to the community.<sup>xli</sup> Meaningful participation is a significant protective factor against violence. Environments that promote positive youth development must provide youth with real choices and with ample opportunities for decision-making authority. Efforts that promote meaningful inclusion can successfully counter anti-social behavior among youth.<sup>xlii</sup>

***Ongoing and enhanced strategies, activities, and lead organizations/initiatives***

The following are the key ongoing and enhanced strategies that will be a focus of implementation for **Goal 4 between 2015-2017**. Each strategy is focused on prevention, intervention, enforcement and/or re-entry (PIER). The set of strategies take a balanced approach of including all categories. The category(ies) of each strategy is indicated. The key activities, and lead/organizations and initiatives for implementation of each strategy are noted.

- **Strategy (P, I): Transform youth centers and youth-serving organizations into youth-driven, youth-centered resource centers that draw young people for meaningful engagement and connection and ensure that all places for young people, such as the Youth Connection Centers by the Mayor's Office of Criminal Justice (MOCJ), Baltimore City Recreation and Parks facilities and programming, and Community Schools and Out of School Time programming provide safe and supportive places for young people.** This strategy is implemented through efforts to deepen youth involvement in community organizations by having youth in the community manage programs and raise money for community events and activities. Efforts to identify barriers to youth community engagement and to ensure that more community centers for youth are located in distressed communities to promote youth involvement in civic affairs further support this strategy. Lead organizations and initiatives: *GM Research and Training Inc., McElderry Park, Communities United, Roberta's House, BUILD Health Challenge, Druid Heights CDC, Baltimore City Youth Commission, Youth Leadership and Advocacy Network.*
- **Strategy (P, I): Develop community-level approaches to prevent and reduce incidences of traumatic stress, such as reclaiming and improving public spaces; enhancing social connections and networks; promoting healing circles and other traditional/indigenous-based community healing opportunities; building intergenerational connections and networks; and organizing and promoting regular positive community activity.** Implementation of this strategy includes efforts to organize a trauma-informed team of mental health professionals, religious leaders, artists, and healers to create trauma-informed initiatives, events, and community-wide activities. Partnerships with organizations such as Urban Foli support this strategy to provide music-based education using traditional African art forms such as Djembe Drumming. Lead organizations and initiatives: *The Living Well Center for Social and Economic Vibrancy, Urban Foli.*
- **Strategy (P, I): Foster skills for violence prevention, conflict resolution, and de-escalation throughout youth-serving organizations.** This strategy seeks to expand the use of community-based programs to foster skills for violence prevention for at-risk youth, as well as family referrals to conflict resolution and de-escalation programs such as Community

Mediation. Lead organizations and initiatives: Safe Streets Baltimore, *Department of Juvenile Services, McElderry Park.*

- **Strategy (P): Provide non-school hour supports for every student to graduate from high school ready to participate in community and career.** Implementation of this strategy includes programs through Promise Heights Community Schools and the Living Village Program, which provides youth with training in an interactive workshop setting that focuses on leadership, communication, and informed decision-making regarding health, finances, and education. Lead organizations and initiatives: *Promise Heights Community Schools, BUILD Health Challenge, Druid Heights CDC, The Living Well Center for Social and Economic Vibrancy.*
- **Strategy (P): Engage young people in mapping assets and potential assets in their neighborhoods that could provide opportunities for safe, meaningful engagement during non-school hours and support development, restoration, maintenance and quality programming for these assets.** Implementation of this strategy includes an upcoming asset mapping activity with the goal of engaging young people in the community to help with the process. Another activity is youth involvement in the planning and execution of the restoration of vacant parcels and lots into green spaces. Lead organizations and initiatives: *Baltimore City Health Department, GM Research and Training Inc., Druid Heights CDC, Green Thumb Program, Peace Parks, Johns Hopkins Urban Health Initiative.*
- **Strategy (P): Increase opportunities for youth participation and leadership in neighborhood, school and city improvement efforts.** This strategy includes efforts to involve youth in monthly community meetings ensuring that youth voices are heard and youth involvement in organizations such as the Baltimore City Youth Commission, Youth Leadership, and Advocacy Network, and the McElderry Park Teen Council continues. Volunteer and employment opportunities for youth within Baltimore City Recreation and Parks (BCRP) support this strategy, as well as opportunities for youth to sit on the BCRP teen council. Lead organizations and initiatives: *BUILD Health Challenge, Druid Heights CDC, McElderry Park Teen Council, Baltimore City Recreation and Parks, B'More Health Communities for Kids.*
- **Strategy (I): Conduct an annual survey on the availability and appropriateness of meaningful opportunities and safe, supportive places for young people in neighborhoods highly impacted by violence.** This strategy is implemented through efforts such as community engagement projects, where young people are asked to express their concerns about safety in the neighborhood, and through surveys administered at all recreation facilities across through the city. Lead organizations and initiatives: *Druid Heights CDC, BUILD Health Challenge, Baltimore City Recreation and Parks, the University of Baltimore/City Bureau of the Budget and Management Research.*

- **Strategy (P): Provide access to physical releases for stress, such as exercising, working out, playing basketball, and dancing.** This strategy includes efforts to incorporate basketball and Zumba into community mentoring programs and developing partnerships with organizations to provide resources for dance, tai chi, and yoga. Baltimore City Recreation and Parks offers stress reducing activities such as fitness programs, swimming, martial arts, and other sports. Lead organizations and initiatives: *Baltimore City Recreation and Parks, The Living Well Center for Social and Economic Vibrancy, Urban Foli, BUILD Health Challenge, Druid Heights CDC.*

## Goal 5: People and neighborhoods have economic opportunities

*“The city is isolated and we don’t have connections to the outside to help young people get out and experience something new. People think that jobs in the industries are not for them. They think that drugs are the only option.”*  
 – Youth focus group participant

### Outcomes

- Over the next five to ten years, increase the percentage of the population (ages 16-24) participating in the labor force and employed.
- Over the next five to ten years, decrease the citywide unemployment rate and close the disparity with other jurisdictions in Maryland.
- Over the next five to ten years, increase the percentage of youth residents reporting earnings higher than the minimum wage.
- Over the next five to ten years, increase the number of residents that report working within the city limits.

### Background and Rationale

Poverty and high unemployment rates are major risk factors for violence, particularly in areas with high concentrations of disadvantage. Neighborhoods without employment opportunities deny residents the means to earn a living wage as part of the mainstream economy, and people without access to job training, support services, and loans and investment capital may turn toward drug-dealing or other illegal activities for income.<sup>xliii</sup>

Violence also contributes to diminished economic opportunities for neighborhoods. Violence and lack of safety discourage investment in cities and neighborhoods, and fear of violence interferes with people’s shopping habits and ability to travel to work and stores.

On the other hand, employment and economic opportunities protects against violence. Economic development has contributed to the reduction in violence rates in many cities throughout the U.S.<sup>xliv</sup> Communities have benefitted from reductions in violence due to increased economic opportunities for residents, and small business growth.<sup>xlv xlvii</sup>

#### *Ongoing and enhanced strategies, activities, and lead organizations/initiatives*

The following are the key ongoing and enhanced strategies that will be a focus of implementation for **Goal 5 between 2015-2017**. Each strategy is focused on prevention, intervention, enforcement and/or re-entry (PIER). The set of strategies take a balanced approach of including all categories. The category(ies) of each strategy is indicated. The key activities, and lead/organizations and initiatives for implementation of each strategy are noted.

- **Strategy (E,R): Remove barriers to employment for formerly incarcerated individuals and others who have had contact with the juvenile or adult/criminal justice system.** For example, Baltimore City State’s Attorney created the Aim to B’More program for non-violent youth offenders (ages 18 to 27) and the program includes record expungement, internship, and finding employment.<sup>xlviii</sup> Implementation this strategy will also include programs such as Druid Height’s Job Readiness Program, which can provide assistance with resumes and job interviews and provide a list of employers who hire youth who have had previous contact with the juvenile justice system. Lead organizations and initiatives: *Mayor’s Office of Human Services-Reentry, Baltimore Police Department – Community Collaboration Division, Baltimore City State’s Attorney’s Office, Druid Heights CDC, BUILD Health Challenge, GM Research and Training Inc.*
- **Strategy (P): Work with large employers to develop summer and year-round internships, fellowships, apprenticeships and part-time and full-time jobs for Baltimore youth.** Implementing this strategy includes efforts by community-based organizations to provide youth employment referrals to large employers such as Home Depot, the Maryland Food Bank, Bed, Bath, and Beyond, and Gibson Porter Landscaping company. This strategy also includes collaborative efforts between Baltimore City Recreation and Parks and the Mayor’s Office of Employment Development to offer summer employment opportunities for youth. Lead organizations and initiatives: *Mayor’s Office of Employment Development, Baltimore City Recreation and Parks, Druid Heights CDC, BUILD Health Challenge, theCONNECT (Baltimore City Opportunity Youth Coalition).*
- **Strategy (P,I,E,R): Expand Safe Streets Baltimore and Operation Ceasefire to neighborhoods most impacted by violence, which can facilitate conditions that support economic development.** Implementation of this strategy entails continuing to investigate the steps to expand Safe Streets into other communities and developing a partnership between Safe Streets and Baltimore City Recreation and Parks. Lead organizations and initiatives: *Mayor’s Office on Criminal Justice, Baltimore City Recreation and Parks, BUILD*



*Health Challenge, McElderry Park, Druid Heights CDC , Park Heights Renaissance, Johns Hopkins Center to Prevent Youth Violence.*

- **Strategy (P): Establish opportunities for all young people to learn about multiple career paths through information exchange, internships, and apprenticeships and bolster literacy and vocational skills to maximize entry into desired careers and fields.** This strategy includes creating partnerships to establish opportunities for youth to learn about multiple career paths, holding workshops that cover topics such as resume writing and how to dress for success, and programs such as Youth Works through the Mayor’s Office of Employment Development. Lead organizations and initiatives: *Mayor’s Office of Employment Development, Druid Heights CDC, BUILD Health Challenge, Behavioral Health System Baltimore, Baltimore City Recreation and Parks, theCONNECT (Baltimore City Opportunity Youth Collaborative).*
- **Strategy (P,E): Institute planning, zoning and land use strategies that reduce alcohol outlet density, increase lighting and visibility, promote pedestrian/foot traffic, and increase ‘eyes on the street’, such as using Crime Prevention Through Environmental Design (CPTED) principles and engage public works, property owners and landlords to reduce blight and graffiti and promote community art and mural projects, all of which is more welcoming for investment.** This strategy includes efforts by community-based organizations to strategize with community members on ways to improve lighting and safety and increase the number of community gardens and murals in neighborhoods. Lead organizations and initiatives: *Druid Heights CDC, BUILD Health Challenge, and Baltimore Police Department.*
- **Strategy (P): Engage business leaders, investors and neighborhood residents in prioritizing economic development that will serve the needs of the community; establish Business Improvement Districts.** Implementation of this strategy includes providing impactful opportunities for youth to engage with businesses and promoting collaboration between community organizations, business owners, and organizations such as the Merchant’s Association to develop ways to prioritize economic development and provide employment opportunities. Lead organizations and initiatives: *Baltimore Development Corporation, BUILD Health Challenge, Druid Heights CDC, The Living Well Center for Social and Economic Vibrancy.*
- **Strategy (P): Tie job training and placement programs for community residents to neighborhood beautification/maintenance and infrastructure and commerce development.** This strategy includes the employment of young people as environmental stewards within community-based organizations, employing youth to support the art merchandising needs of communities, and creating teams of youth to clean up neighborhoods, recycle, and help maintain alleyways, roads, vacant lots, and houses. Lead organizations and initiatives: *Department of Juvenile Services, Department of Public Works,*

*The Green Cadet Program, The Living Well Center for Social and Economic Vibrancy, BUILD Health Challenge, Druid Heights CDC.*

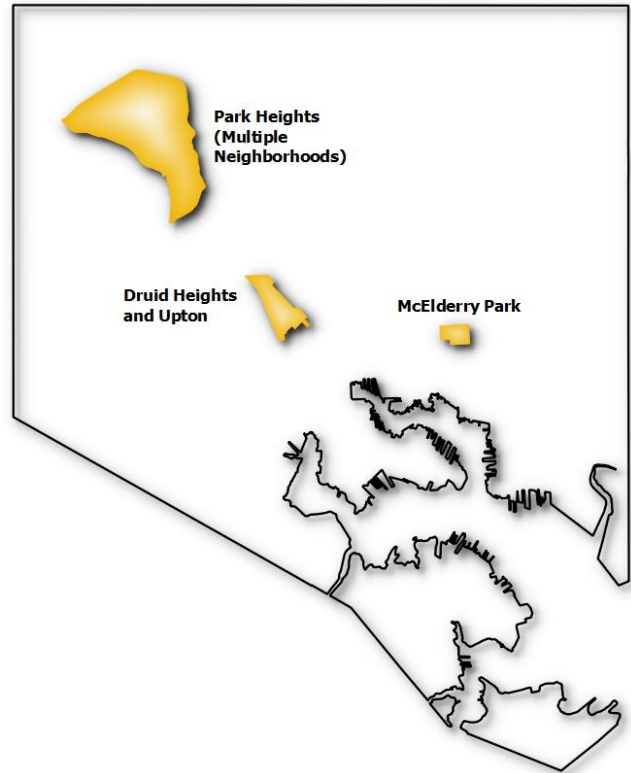
## PILOT IMPLEMENTATION SITES AND SELECTION CRITERIA

Neighborhoods for pilot implementation of the plan were selected based on high violent crime rates and ongoing collaborative work between city agencies and partner community and faith-based organizations.

*An overview map of these locations appears at right. For a more detailed map, see Appendix D.*

Initial pilot neighborhoods and community and faith-based organizations include:

- Druid-Heights and Upton: Druid-Heights Development Corporation
- McElderry Park: Center for Graceful Living, Amazing Grace Church, McElderry Park Community Association, Banner Neighborhoods, and Byrne Criminal Justice Innovation (BCJI) Revitalization Coalition:
- Park Heights (Arlington, Central Park Heights, Cylburn, Greenspring, Langston Hughes, Levindale, Lucille Park, Park Circle, Parklane, Pimlico Good Neighbors, Towanda-Grantley, Woodmere): Park Heights Renaissance



## B'MORE FOR YOUTH! COLLABORATIVE STRUCTURE

The release of this Plan marks the formalization of the *B'More for Youth! Collaborative* and the Mayor's charge to the collaborative to implement the Plan's goals and strategies. As shown in the diagram on the following page, the collaborative structure includes: Co-Chairs, Citywide Coordinating Team, Data and Evaluation Team, Druid Heights/Upton Pilot Neighborhood Team, Park Heights Pilot Neighborhood Team, McElderry Park Pilot Neighborhood Team, and Baltimore City Health Department Staff. The Citywide Coordinating Team includes members that are considered to be a part of a Core team, as indicated, and members who are a part of the Mayor's Children's Cabinet.

# B'More for Youth! Collaborative Structure

## Co-Chairs:

**Leana Wen, MD, M.Sc., Honorable Kurt Schmoke, Shaleece Williams**

Commissioner of Health

President, Univ. of Baltimore  
& Former Mayor of Baltimore

Youth Program Director,  
Druid Heights CDC

## Citywide Coordinating Team

### Data and Evaluation Team

Includes Core Team Data Staff and Academic Institutions (JHU, UMD)

### Baltimore City Health Department Staff

- Director, Office of Youth Violence Prevention
- Epidemiologist
- Youth Violence Prevention Coordinator

- Mayor's Office of Criminal Justice \*<sup>+</sup>
- Mayor's Office of Employment Development \*<sup>+</sup>
- Mayor's Youth Commission \*
- Mayor's Office of Human Services \*<sup>+</sup>
- Baltimore City Health Dept. \*<sup>+</sup>
- Chair BCHD Health and Wellness \*
- Baltimore Police Dept. \*<sup>+</sup>
- Baltimore City Schools \*<sup>+</sup>
- Baltimore City Recreation and Parks \*<sup>+</sup>
- Baltimore City State Attorney's Office
- Maryland Department of Public Safety and Correctional Services
- Baltimore City Housing \*<sup>+</sup>
- Baltimore City Department of Planning
- Baltimore Development Corporation
- Build Faith Collaborative
- Maryland Department of Juvenile Services \*<sup>+</sup>
- Baltimore City Department of Social Services \*<sup>+</sup>
- Behavioral Health System Baltimore \*
- Family League of Baltimore \*<sup>+</sup>
- Criminal Justice Coordinating Council
- Johns Hopkins Center for the Prevention of Youth Violence
- Maryland Coalition of Families
- University of Maryland Shock Trauma
- U.S. Dept. of Housing and Urban Development/Baltimore Regional Office

\* = Core team

+ = Mayor's Children's Cabinet member agency

### Druid Heights/Upton Pilot Neighborhood

- Residents
- CBOs
- Youth
- Businesses
- Faith

### Park Heights Pilot Neighborhood

- Residents
- CBOs
- Youth
- Businesses
- Faith

### McElderry Park Pilot Neighborhood

- Residents
- CBOs
- Youth
- Businesses
- Faith

## **B'MORE FOR YOUTH! COLLABORATIVE ROLES AND RESPONSIBILITIES**

**THE CO-CHAIRS** will provide oversight and policy guidance, and will be accountable for moving the work forward. Dr. Leana Wen (Baltimore City Commissioner of Health), Honorable Kurt Schmoke (former Mayor of Baltimore), and Ms. Shaleece Williams (youth representative) will facilitate quarterly meetings, to assess the implementation progress, receive updated assessments, review committee reports and provide strategic direction to the **Citywide Coordinating Team**.

**THE CITYWIDE COORDINATING TEAM** is comprised of representatives from multiple sectors that represent prevention, intervention, enforcement, and re-entry strategies, including community and faith-based organizations, Baltimore City Staff, the **Core Coordinating Team**, and a community-based representative and youth representative from each of the **Pilot Neighborhood Teams** (Druid Heights/Upton, Park Heights, and McElderry Park). The Citywide Coordinating team includes significant representation from the agencies that comprise the Mayor's Children's Cabinet. The citywide coordinating team will meet quarterly and will be responsible for coordinating all aspects of implementation, evaluation, and monitoring at the neighborhood and citywide levels.

**THE CORE COORDINATING TEAM** is comprised of key agencies within the **Citywide Coordinating Team** who will provide on-the-ground, day-to-day coordination for all aspects of implementation, evaluation, and monitoring. The Core Coordinating Team will meet monthly and led by Baltimore City Health Department's Office of Youth Violence Prevention.

**THE DATA AND EVALUATION TEAM** will track key outcome indicators and will work on developing outcome driven programs, as well as evaluating current programs for outcomes and effectiveness. The Data Working Group will include an epidemiologist, a research analyst, at least two members from higher education institutions, and two leaders of community-based organizations (one faith-based). The group will continue to evaluate existing data resources and seek out potential new sources, citywide and detailed data in the implementation areas. The group will track meetings with city agencies and community partners to help determine the most salient datasets and what is feasible. Contacts, data, and reports will be collected and organized in a central location. The group will also help to promote and recommend the posting of additional datasets to Baltimore City's Open Data Portal. The group will explore creating "story-maps" and maps created by Baltimore youth to help visualize problems and potential solutions about violence and health in Baltimore City. The group will meet on regular basis with the Collaborative and its various teams, as well as with local colleges and universities and the City's OutcomeStat office, to ensure that implementation efforts are informed by data and evaluation findings.

**THE DRUID HEIGHTS/UPTON , McELDERRY PARK, and PARK HEIGHTS PILOT NEIGHBORHOOD TEAMS** will be comprised of a diverse and robust group of community- and faith-based

organizations, community residents, and others, who will adapt and implement strategies at the neighborhood level. A community-based representative and a youth representative from this team will participate in the **Citywide Coordinating Team**. These representatives will participate in Citywide activities, including coordinated evaluation and monitoring.

**THE BALTIMORE CITY HEALTH DEPARTMENT TEAM** will be responsible for ongoing dedicated staffing of the collaborative. Staff will coordinate activities, facilitate communication between key sectors and the community, provide staffing support to the collaborative and the various teams, implement activities, and help ensure accountability.

## WORK PLAN, 2015-2017

The following Work plan identifies some of the key activities that will be implemented between October 2015 and October 2017 in the areas of: pilot neighborhood implementation (Druid Heights/Upton, McElderry Park, and Park Heights Neighborhood); data, evaluation and monitoring, Citywide youth, community and stakeholder engagement; training; communications; fund development; and ongoing meetings and coordination activities of the Co-Chairs, Citywide Coordinating Team, Core Coordinating Team, and Baltimore City Health Department staff.

<b>Druid Heights/Upton Pilot Neighborhood</b>			
<b>Tasks</b>	<b>Timeline</b>	<b>Responsible Parties</b>	<b>Performance Measures (Outputs)</b>
Launch site	Q1	All parties	Number of meetings  Amount of time spent meeting as a group and between meetings (in days/weeks/months)
Identify youth liaison to solicit youth feedback	Q1	Druid Heights/Upton Team members	Youth participation (number)
Implement and evaluate neighborhood-specific priority strategies.	Monthly meetings	Druid Heights/Upton Team members, Citywide Coordinating Team, and Data and Evaluation Team	Number of new ideas, decisions, and changes pursued  Number signed-off, approved by group Number in progress, delayed, and completed  Number of handoffs (work passed to another entity)
Participate in establishing baseline outcome data with data and evaluation team.	Q1	Data and Evaluation Team and Druid Heights/Upton Team members	Number of new datasets and reports identified; Number of informal agreements  Number of formal agreements (including MOUs/MOAs)  Survey of the satisfaction of forum members and youth with the implementation process  Number of online “story” maps created by youth

			Number of blogs, articles, or related briefs published.
Explore creation of a cross-site B'More for Youth club.	Q1	Youth Co-Chair, Baltimore City Health Department Staff, and all Pilot Site Members	Yes/No
Conduct neighborhood engagement efforts to promote and solicit feedback on neighborhood-specific priority strategies.	Ongoing	Druid Heights/Upton Team members, and Data and Evaluation Team	Number of attendees: Youth, City agency, Community partners, etc. Number and reason if partners disengage.
Meet quarterly with other sites to provide cross-site support.	Quarterly	Baltimore City Health Department and all Pilot Site Members	Number of meetings; Amount of time spent meeting as a group and between meetings (in days/weeks/months); Number of meetings re-scheduled/postponed/cancelled and reason; Number of attendees
<b>McElderry Park Pilot Neighborhood</b>			
<b>Tasks</b>	<b>Timeline</b>	<b>Responsible Parties</b>	<b>Performance Measures (Outputs)</b>
Launch site	Q1	All parties	Number of meetings Amount of time spent meeting as a group and between meetings (in days/weeks/months)
Identify youth liaison to solicit youth feedback	Q1	McElderry Park Team members	Youth participation (number)
Implement and evaluate neighborhood-specific priority strategies.	Monthly meetings; ongoing	McElderry Park Team members, Citywide Coordinating Team, and Data and Evaluation Team	Number of new ideas, decisions, and changes pursued Number signed-off, approved by group Number in progress, delayed, and completed Number of handoffs (work passed to another entity)
Participate in establishing baseline outcome data with data and evaluation team.	Q1	Data and Evaluation Team and McElderry Park Team members	Number of new datasets and reports identified; Number of informal agreements Number of formal agreements (including MOUs/MOAs) Survey of the satisfaction of forum

			members and youth with the implementation process  Number of online “story” maps created by youth  Number of blogs, articles, or related briefs published.
Explore creation of a cross-site B’More for Youth club.	Q1	Youth Co-Chair, Baltimore City Health Department Staff, and all Pilot Site Members	Yes/No
Conduct neighborhood engagement efforts to promote and solicit feedback on neighborhood-specific priority strategies.	Ongoing	McElderry Park Team members, and Data and Evaluation Team	Number of attendees: Youth, City agency, Community partners, etc. Number and reason if partners disengage.
Meet quarterly with other sites to provide cross-site support.	Quarterly	Baltimore City Health Department and all Pilot Site Members	Number of meetings; Amount of time spent meeting as a group and between meetings (in days/weeks/months); Number of meetings re-scheduled/postponed/cancelled and reason; Number of attendees
<b>Park Heights Pilot Neighborhood</b>			
<b>Tasks</b>	<b>Timeline</b>	<b>Responsible Parties</b>	<b>Performance Measures (Outputs)</b>
Launch site	Q1	All parties	Number of meetings  Amount of time spent meeting as a group and between meetings (in days/weeks/months)
Identify youth liaison to solicit youth feedback	Q1	Park Heights Team members	Youth participation (number)
Implement and evaluate neighborhood-specific priority strategies.	Monthly meetings; ongoing	Park Heights Team members, Citywide Coordinating Team, and Data and Evaluation Team	Number of new ideas, decisions, and changes pursued  Number signed-off, approved by group Number in progress, delayed, and completed  Number of handoffs (work passed to another entity)
Participate in establishing baseline	Q1	Data and Evaluation Team and Park	Number of new datasets and reports identified; Number of informal



outcome data with data and evaluation team.		Heights Team members	<p>agreements</p> <p>Number of formal agreements (including MOUs/MOAs)</p> <p>Survey of the satisfaction of forum members and youth with the implementation process</p> <p>Number of online “story” maps created by youth</p> <p>Number of blogs, articles, or related briefs published.</p>
Explore creation of a cross-site B’More for Youth club.	Q1	Youth Co-Chair, Baltimore City Health Department Staff, and all Pilot Site Members	Yes/No
Conduct neighborhood engagement efforts to promote and solicit feedback on neighborhood-specific priority strategies.	Ongoing	Park Heights Team members, Data and Evaluation Team	Number of attendees: Youth, City agency, Community partners, etc. Number and reason if partners disengage.
Meet quarterly with other sites to provide cross-site support.	Quarterly	Baltimore City Health Department and all Pilot Site Members	Number of meetings; Amount of time spent meeting as a group and between meetings (in days/weeks/months); Number of meetings re-scheduled/postponed/cancelled and reason; Number of attendees
<b>Data, Evaluation, and Monitoring</b>			
<b>Tasks</b>	<b>Timeline</b>	<b>Responsible Parties</b>	<b>Performance Measures (Outputs)</b>
Determine integrated data sharing needs and mechanisms, including tracking of key indicators and other evaluation needs.	Ongoing	Data and Evaluation Team members; Co-Chairs	<ul style="list-style-type: none"> <li>Number of new datasets and reports identified</li> <li>Number of informal agreements</li> <li>Number of formal agreements (including MOUs/MOAs)</li> </ul>
Establish baseline for outcomes for 3 pilot neighborhoods.	Q1	Data and Evaluation Team members; Pilot Team Members	Number of blogs, articles, or related briefs published.
Conduct an assessment of the needs of each pilot neighborhood, including data	Q1	Data and Evaluation Team members; Pilot Team Members; Citywide	Number of assessments conducted.

collection, stakeholder input, and key informant interviews.		Coordinating Team	
Write evaluation plan specifying objectives, evaluation questions, and indicators and delineate timeline and who is responsible for each component of evaluation.	Q1-Q2	Data and Evaluation Team members; Pilot Team Members; Citywide Coordinating Team	Completion: Yes/No
Develop evaluation questions to assess the effectiveness of the plan implementation and whether proposed change moved in the expected direction.	Q2	Data and Evaluation Team members	Number and quality of questions developed.
Consider developing a Community Safety Scorecard or other measurement tool to track measures and communicate broadly about efforts and impact.	Q2	Data and Evaluation Team members	Completion: Yes/No
Compile data and share with teams	Q4	Data and Evaluation Team members; Pilot Team Members	Number of data sharing sessions
Map data collected for each pilot neighborhood	Q4	Data and Evaluation Team members; Pilot Team Members	Number of online “story” maps created by youth
Provide periodic progress reports to City Council, CitiStat Office, and others as appropriate.	ongoing	Data and Evaluation Team members; Pilot Team Members; Core Coordinating Team	Number of reports, length between
Disseminate results via reports, newsletters, news releases/press conferences, journal articles, workshops, public meetings, discussions with city officials and	Q7-Q8	Data and Evaluation Team members	Number of blogs, articles, or related briefs published.

stakeholders, etc.			
Citywide Youth, Community and Stakeholder Engagement			
Tasks	Timeline	Responsible Parties	Performance Measures (Outputs)
Conduct broader citywide community and stakeholder engagement efforts to promote and solicit feedback and engagement on vision and priorities	Ongoing	Citywide Coordinating Team members and others as appropriate	Number of community events; number attended by media/press events
Conduct community engagement meetings and listening sessions to gather community input on priorities and strategies.	Ongoing	Pilot Team Members and Citywide Coordinating Team	Number of engagement meetings; participation
Engage faith-based organizations in planning, priority setting, and implementation	Ongoing	Baltimore City Health Department, Pilot Team Members	Number of faith-based organizations participating and size of membership
Engage the business sector in planning, priority setting, and implementation	Ongoing	Core Coordinating Team	Number of businesses involved (small, medium, large).
Engage youth in planning, priority setting, and implementation	Ongoing	All parties	Number of youth involved
Involve community members in B'More for youth governance	Ongoing	All parties	Number of community members involved
Training			
Tasks	Timeline	Responsible Parties	Performance Measures (Outputs)
Identify groups to benefit from training and establish a training plan	Q1	Citywide Coordination Team members and others as appropriate	Training plan complete: Yes/No
Develop training materials	Q2	Core Coordinating Team	Number of training materials created
Conduct training and other capacity building efforts for practitioners, service providers, program and agency	Quarterly training activities	Core Coordinating Team, Baltimore City Health Department	Number of training sessions

directors, elected officials			
<b>Communications</b>			
<b>Tasks</b>	<b>Timeline</b>	<b>Responsible Parties</b>	<b>Performance Measures (Outputs)</b>
Announce the B'more for Youth! Collaborative plan	Q1	Citywide Coordinating Team members and others as appropriate	Completed: Yes/No
Hold a release event	Q1-Q2	All parties	Completed: Yes/No
Develop a plan to share information about the plan and its goals widely	Q1	Baltimore City Health Department and Core Coordinating Team	Creation of a centralized public website/workspace/social media account (Facebook or Twitter) and updating a current Access Database for contacts and Baltimore Forum Members.
Develop collateral products/talking points for participants to use with their constituents and partners	Q2-Q3	Baltimore City Health Department	Completed: Yes/No
Engage the media	Q3	Core Coordinating Team, Baltimore City Health Department	Number of media outlets, stories
<b>Fund Development</b>			
<b>Tasks</b>	<b>Timeline</b>	<b>Responsible Parties</b>	<b>Performance Measures (Outputs)</b>
Develop a funding plan that includes a mix of philanthropic asks, in-kind contributions and potential tax measures or other funding supports to institutionalize operations into city government and ensure sustainability	Ongoing	Core Coordinating Team members and others as appropriate	Completed: Yes/No
Establish priority areas for fund allocation	Ongoing	Core Coordinating Team, Data and Evaluation Team	Completed: Yes/No
<b>Co-Chairs</b>			
<b>Tasks</b>	<b>Timeline</b>	<b>Responsible Parties</b>	<b>Performance Measures (Outputs)</b>
Develop structure for accountability	Q1	Co-Chairs and Core Coordinating Team	Completed: Yes/No
Elicit multiple	Ongoing	Co-Chairs, Citywide	Number of partnerships

partnerships between the public and private sector		Coordinating Team, and Pilot Team Members	
Coordinate financial and staffing resources to ensure they are directed to preventing violence	Ongoing	Co-Chairs and Core Coordinating Team	Number of collaborations
Serve as lead framer or spokesperson in the eye of the public, insisting that violence must end	Ongoing	Co-Chairs and Baltimore City Health Department	Completed: Yes/No
Develop potential multi-sector partnerships to prevent violence	Ongoing	Co-Chairs and Core Coordinating Team	Number of multi-sector partnerships
Continually represent a unified voice that articulates shared sense of purpose and direction for preventing violence	Ongoing	Co-Chairs and Citywide Coordinating Team	Completed: Yes/No
<b>Citywide Coordination Team</b>			
<b>Tasks</b>	<b>Timeline</b>	<b>Responsible Parties</b>	<b>Performance Measures (Outputs)</b>
Oversee citywide coordination	Ongoing; meet quarterly	Citywide Coordinating Team members	Completed: Yes/No
Develop structure for accountability	Q1	Citywide Coordinating Team members	Completed: Yes/No
Develop structure for collaboration among organizations and team members	Q1	Citywide Coordinating Team members	Completed: Yes/No
Identify community liaison to ensure ongoing representation of community voice	Q1	Citywide Coordinating Team members	Number of liaisons identified
Annual review and updates of the plan and progress	Q4	Citywide Coordination Team, All parties and neighborhoods teams	Completed: Yes/No, Findings
<b>Core Coordination Team</b>			
<b>Tasks</b>	<b>Timeline</b>	<b>Responsible Parties</b>	<b>Performance Measures (Outputs)</b>
Coordinate and oversee all aspects of implementation	Monthly meetings; ongoing	Core Coordinating Team members/Baltimore City Health Department Staff	Completed: Yes/No

Develop structure for collaboration among agencies	Q1	Core Coordinating Team members/Baltimore City Health Department Staff	Completed: Yes/No
Coordinate training efforts	Q2	Core Coordinating Team members/Baltimore City Health Department Staff	Completed: Yes/No
Coordinate communications effort	Q3	Core Coordinating Team members/Baltimore City Health Department Staff	Number of joint communications
<b>Baltimore City Health Department Staff</b>			
<b>Tasks</b>	<b>Timeline</b>	<b>Responsible Parties</b>	<b>Performance Measures (Outputs)</b>
Develop structure for accountability	Q1	Baltimore City Health Department Staff	Completed: Yes/No
Develop appropriate sub-committees for implementation	Q1	Baltimore City Health Department Staff	Completed: Yes/No
Ensure continuous coordination of Core Coordination team	Ongoing	Baltimore City Health Department Staff	Completed: Yes/No

## APPENDICES

### **Appendix A: Key Stakeholder Interview Participants and Youth Focus Group Organizers** **Listed alphabetically by last name**

#### **Key Stakeholder Interview Participants**

- Ernest Dorsey, Assistant Director, Youth Services, Mayor's Office of Employment Development
- Marshall Goodwin, Chief, Baltimore City School Police
- Charles Harper, Youth Commission Chair for Violence Prevention, Mayor's Youth Commission
- Angela Johnese, former Director, Mayor's Office on Criminal Justice
- Dwain Johnson, Regional Director Baltimore City, Departmental of Juvenile Services
- Dawn Kirstaetter, Deputy Mayor, City of Baltimore
- Franklin Lance, Doctor of Ministry, Senior Pastor, Mount Lebanon Baptist Church
- Dr. Phillip Leaf, Professor, Johns Hopkins Bloomberg School of Public Health, Center for the Prevention of Youth Violence and Urban Health Institute
- Dr. Rita Mattison, Director of Prevention Services, Behavioral Health System Baltimore
- Bernard McBride, former Executive Director, Behavioral Health System Baltimore
- Jamaal Moses, Former Executive Director, Mayor's Office for Children, Youth and Families
- Lynn Mumma, Director of Family Resources, Behavioral Health System Baltimore
- Amanda Owens, Program Officer, Criminal Justice & Addictions, Abell Foundation
- Senator Elect Shirley Nathan Pulliam, District 44
- Jonathan Rondeau, Chief Executive Office, Family League of Baltimore City
- David Thompson, Interim Director, Baltimore Department of Social Services
- Dr. Marie Washington, Chief Executive Officer, East Baltimore Community Corporation
- Karen Webber-Ndour, Executive Director, Student Support, Baltimore City Schools

#### **Youth, Focus Group and Community Listening Session Organizers**

Many thanks to participating youth and the following people who were instrumental in making youth focus groups and listening sessions possible: Dwain Johnson and Wallis Norman from the Department of Juvenile Services; Terra L. Harris and Lisa Steeple from the Thomas J. S. Waxter Children's Center; Lewis Smith, Allen Blackwell and Ricky Moyd Jr. from the Baltimore City Health Department; Ernest Dorsey from the Mayor's Office of Economic Development; Allison Burgundi from YO! Eastside Community Center; and Sharon Leeds from Westside YO!

**Appendix B: Planning Group Members and Key Stakeholders in the Planning Process**  
**Listed alphabetically by last name**

Anthony Batts, Former Police Commissioner  
Baltimore City Police  
Alternate: Ganesha Martin, former Chief of  
Staff/current Chief Department of Justice  
Compliance Division

Kristin Blumer, Director of Community Affairs  
Baltimore City State's Attorney's Office

Anjelene Branch,  
Director, Violence Prevention Initiative  
Departmental of Juvenile Services

Devon Brown, Area Manager  
Department of Recreation and Parks

Shani Buggs, VCREI Coordinator and Policy  
Analyst  
Mayor's Office on Criminal Justice

Aisha Burgess, Director of Dating Matters  
Baltimore City Health Department

Stella Clanton, Director of Programs  
Department of Recreation and Parks

William Cole, Chief Executive Officer  
Baltimore Development Corporation

Damion J. Cooper, Director  
Office of Neighborhood Relations  
City Council President's Office

Shannon Cosgrove, former Deputy Director  
Mayor's Office on Criminal Justice

Vu Dang, Assistant Deputy Mayor  
Health, Human Services, Education, and Youth

Gary Dittman, Pastor  
Amazing Grace Lutheran Church

Ernest Dorsey, Director of Youth Opportunity  
Division  
Mayor's Office of Employment Development  
Alternate: Donnice Brown, Administrator

Jacquelyn Duval-Harvey, PhD., Executive  
Director, Mayor's Office of Human Services

Shannon Egan, Special Assistant  
Offices of Emergency Management and Public  
Safety

Tracey Estep, Chief  
Recreation Center Operations Department of  
Recreation and Parks

Olivia Farrow, Deputy Commissioner  
Youth Wellness and Community Health  
Baltimore City Health Department

David Garza, Economic Development Officer  
Baltimore Development Corporation

Marshall Goodwin, Chief  
Baltimore City School Police  
Alternate: Akil Hamm, Major

Jonathan Gross, Epidemiologist  
Office of Youth Violence Prevention  
Baltimore City Health Department

Lieutenant Colonel Melissa Hyatt, Chief of  
Patrol Division Baltimore Police Department

Angela Johnese, former Director  
Mayor's Office on Criminal Justice



Dwain Johnson, Regional Director Baltimore  
City  
Department of Juvenile Services

Dawn Kirstaetter, Deputy Mayor  
City of Baltimore

Franklin Lance, Senior Pastor  
Mount Lebanon Baptist Church

Dedra D. Layne, Director Safe Streets  
Baltimore City Health Department

Phillip Leaf, Ph.D., Director  
Johns Hopkins Center for the Prevention of  
Youth Violence and Urban Health Institute

Glenn Love, Director of Equity  
Family League of Baltimore

Rita Mattison, Director of Prevention  
Behavioral Health System Baltimore

Bernard McBride, former Executive Director  
Behavioral Health System Baltimore

Demaune Millard, Chief Strategy Officer  
Family League of Baltimore City

Rena Mohamed  
Baltimore City Department of Social Services

Glenda Mosley, CEO  
GM Research and Training, Inc.

Ricky T. Moyd Jr., Research Analyst Operation  
Safe Kids  
Baltimore City Health Department

Lynn Mumma, Director of Family Resources  
Behavioral Health System of Baltimore

Kerry R. Owings, Manager  
YO! Westside Community Center

Mayor's Office of Employment Development

Amanda Owens, Program Officer  
Abell Foundation

Carol Payne, Field Office Director  
U.S. Department of Housing and Urban  
Development

Lieutenant Colonel Melvin Russell,  
Commander  
Community Collaboration Division  
Baltimore City Police Department

Brandon Scott, City Councilman  
City of Baltimore

Lewis Smith, Director  
Office of Youth Violence Prevention  
Baltimore City Health Department

Maurissa Stone-Bass, CEO  
The Living Well

Sabrina Sutton, Special Assistant  
Mayor's Youth Commission

Theodore Thompson, Deputy Chief  
Academic Officer, Baltimore City Public Schools

Gregory Thornton, Chief Executive Officer  
Baltimore City Public Schools

Kim Trueheart  
Citizen of Baltimore City

Marie Washington, Ph.D.  
Chief Executive Officer  
East Baltimore Community Corporation

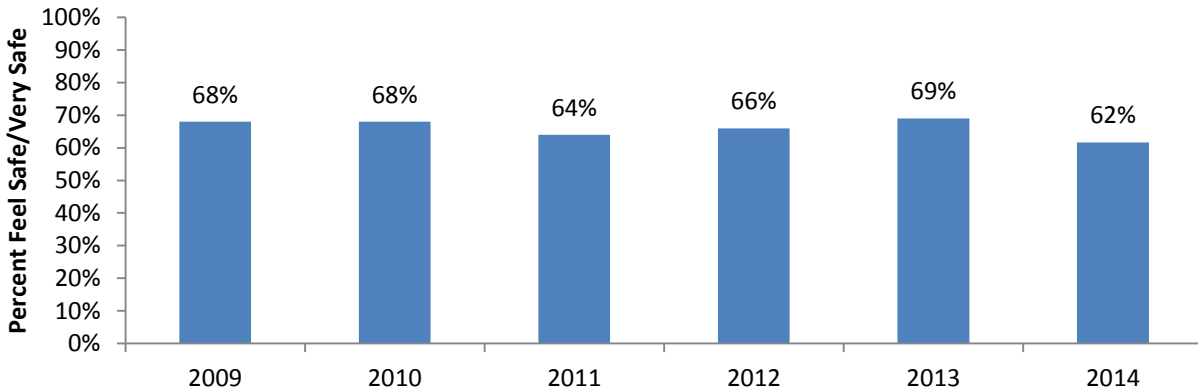
Dr. Leana Wen, Commissioner  
Baltimore City Health Department

Hope Williams-Blanton, Special Assistant  
Office of Congressman Elijah Cummings

## Appendix C: Baseline Data for Overarching Outcomes in Baltimore City

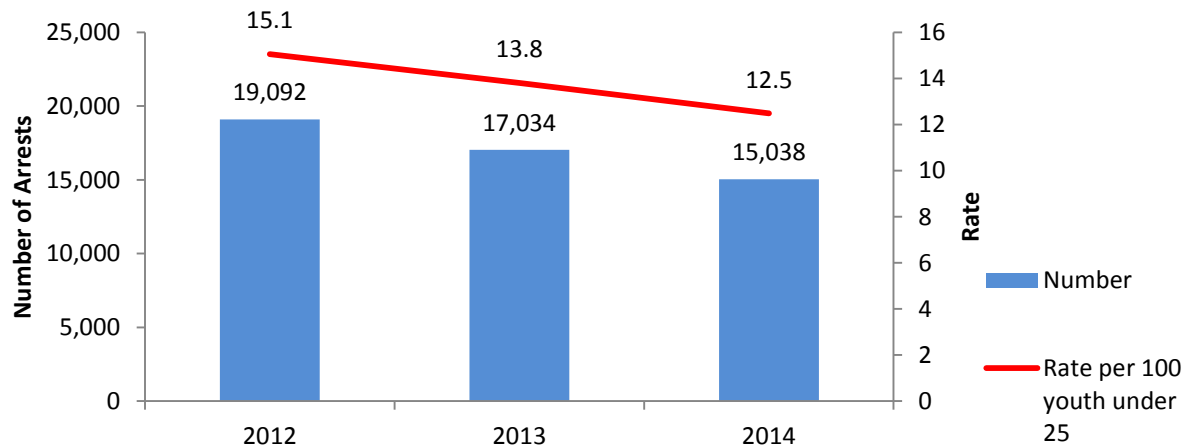
All data and graphs are for Baltimore City, unless otherwise specified

### Percent of Respondents to the Annual Citizen Survey that Feel "Safe" or "Very Safe" in Their Neighborhood at Nighttime



Source: The percent that feel safe/very safe has remained consistent (~60 percent) over the time period. Baltimore Citizen Survey. Data available at: <http://bbmr.baltimorecity.gov/OutcomeBudgeting/CitizenSurvey.aspx>.

### Number and Crude Rate of Arrests per 100 for Youth under 25 Years Old



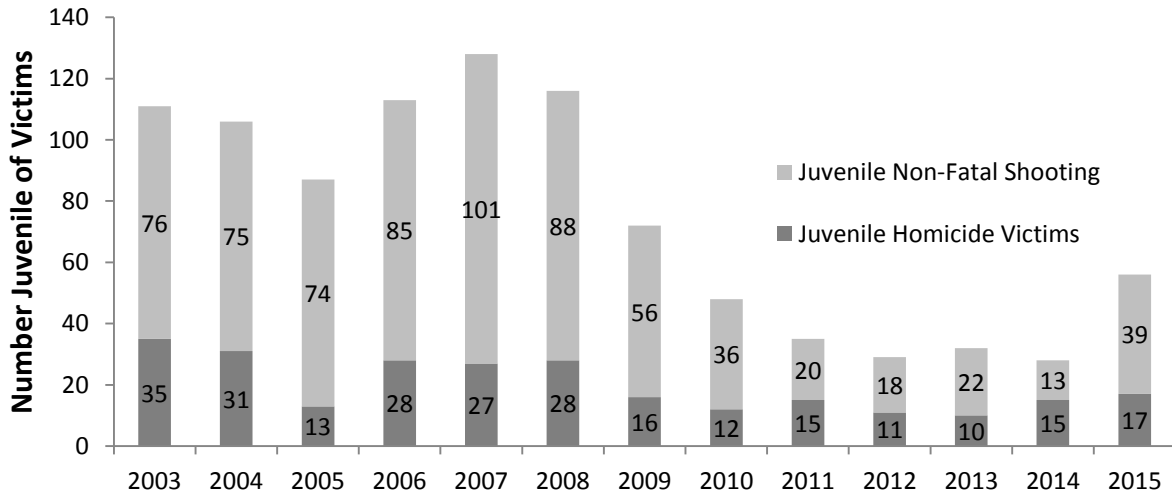
Sources: Baltimore City Police Department. Population estimates for ages 10 to 24 were from CDC Wonder, Race-Bridged Population Estimates, <http://wonder.cdc.gov/bridged-race-population.html>. Crude rates -- not age adjusted. An indirect standardized arrest ratio (2012) finds the arrest rate among Baltimore youth is more than twice as high as expected based on population size compared to arrest rates for youth nationally.

### Juvenile Diversion to Arrest Ratio

Year	Year-to-Date as of July
<b>2013</b>	1:12
<b>2014</b>	1:11
<b>2015</b>	1:8

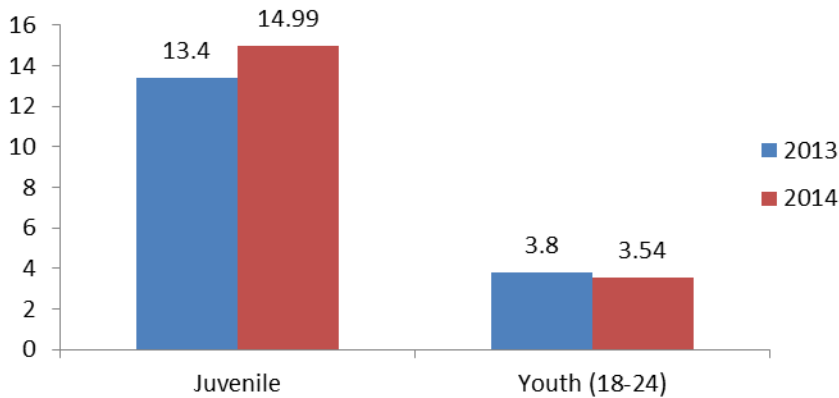
Source: For each diversion of a juvenile to other resources, 8 juveniles are arrested.  
 Baltimore City Police Department/Juvenile Booking Data Analysis Unit, Juvenile Arrest Monthly Report.

### Juvenile Homicide (All Weapons) and Non-Fatal Shooting Victims, January 2003 to Mid-Sept 2015



Source: Baltimore City Police Department

## Disproportionate Minority Contact (DMC): Relative Rate Index (RRI) for Arrests



How to interpret: For example, the youth (18 to 24) RRI means that arrest rates for black youth were more than triple the white arrest rate. Sources: Juvenile RRI as reported in the Data Resource Guide from the Maryland Department of Juvenile Services, 2014. Page 211. [http://www.djs.maryland.gov/drg/Full\\_2014\\_DRG.pdf](http://www.djs.maryland.gov/drg/Full_2014_DRG.pdf). Youth (18-24): Calculated based on arrest data from Open Baltimore, <https://data.baltimorecity.gov/Public-Safety/BPD-Arrests/3i3v-ibrt>. Population estimates were from CDC Wonder, Race-Bridged Population Estimates, <http://wonder.cdc.gov/bridged-race-population.html>.

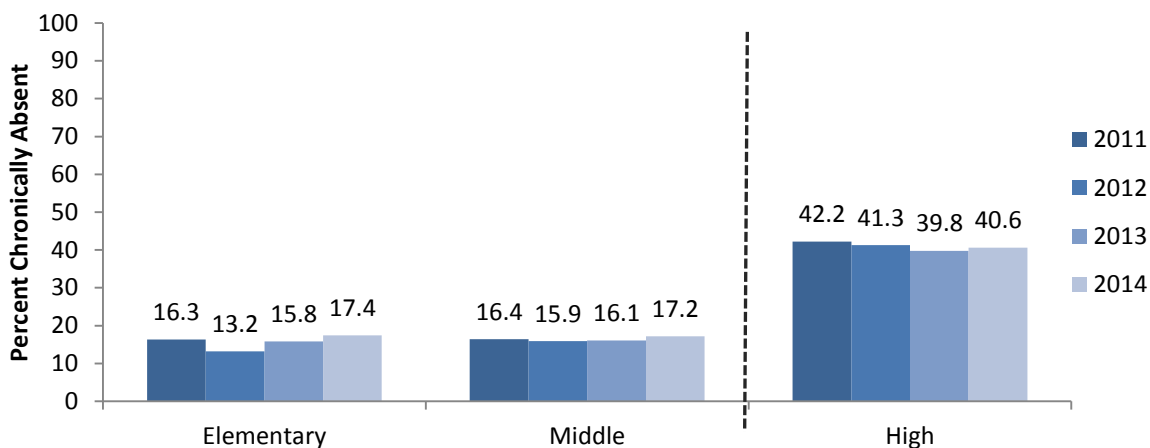
## Local, State, and National Prevalence of Adverse Childhood Experiences (ACEs)

Adverse Childhood or Family Experiences (ACEs)	Baltimore City	Maryland	National
Extreme economic hardship	34.2%	20.1%	25.7%
Family disorder leading to divorce/separation	22.1%	16.9%	20.1%
Has lived with someone who had an alcohol/drug problem	10.2%	8.3%	10.7%
Has been a victim/witness of neighborhood violence	13.2%	7.9%	8.6%
Has lived with someone who was mentally ill/suicidal	11.1%	7.2%	8.6%
Witnessed domestic violence in the home	8.6%	6.3%	7.3%
Parent served in jail	9.9%	6.1%	6.9%
Treated or judged unfairly due to race/ethnicity	6.4%	3.9%	4.1%

Adverse Childhood or Family Experiences (ACEs)	Baltimore City	Maryland	National
Death of parent	5.4%	2.7%	3.1%
Child had 1 or more of the above items	56.3%	41.6%	47.9%

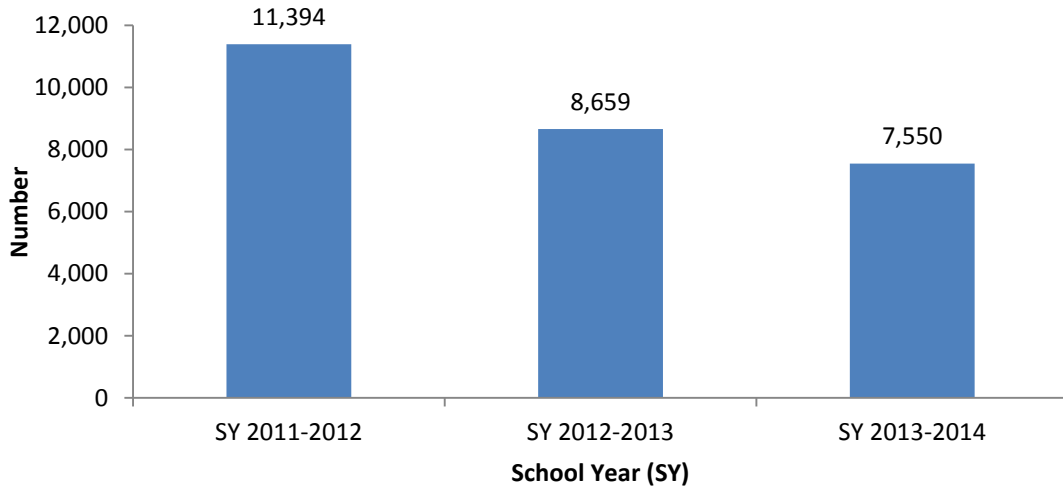
Source: Nearly one-third of children in Baltimore City have two or more ACEs. ChildHealthData.org and The Child Health Measurement Initiative (CAHMI). <http://childhealthdata.org/docs/local-area-synthetic-estimates/adverse-childhood-experiences-among-baltimore-maryland-s-children.pdf?Status=Master>

### Percent of Students Absent for More Than 20 Days, Who Were Enrolled for at Least 90 Days during the School Year



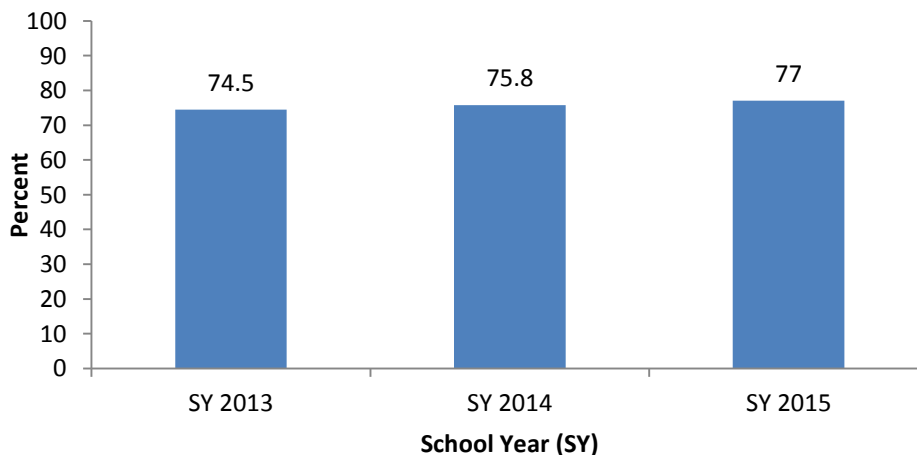
Source: Maryland State Department of Education, <http://reportcard.msde.maryland.gov/>. High School attendance available at: <http://goo.gl/A09brY>.

## Number of Suspensions and Expulsions in a School Year



Source: School Survey – District Level Results, 2007 to 2015. Baltimore City Public School System. Data available at: <http://www.baltimorecityschools.org/Page/24839>

## Percent of students that feel their school prepares them for college or to have a career



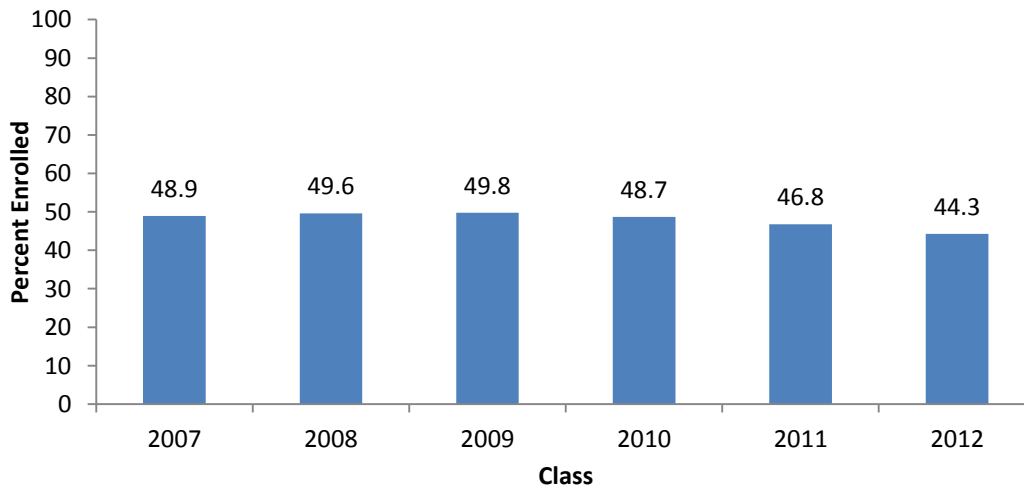
Source: School Survey – District Level Results, 2007 to 2015. Baltimore City Public School System. Data available at: <http://www.baltimorecityschools.org/Page/24839>

### Grade 12 Documented Decisions

	Percent
Attend a Four-year college	41.8
Attend a Two-year college	37.7
Specialized school or training	≤5.0
Enter employment (related to HS Program)	≤5.0
Enter employment (unrelated to HS Program)	6.7
Enter the military	≤5.0
Enter full-time employment and school	16.7
Enter part-time employment and/or school	51.3
Other and No Response	5.1

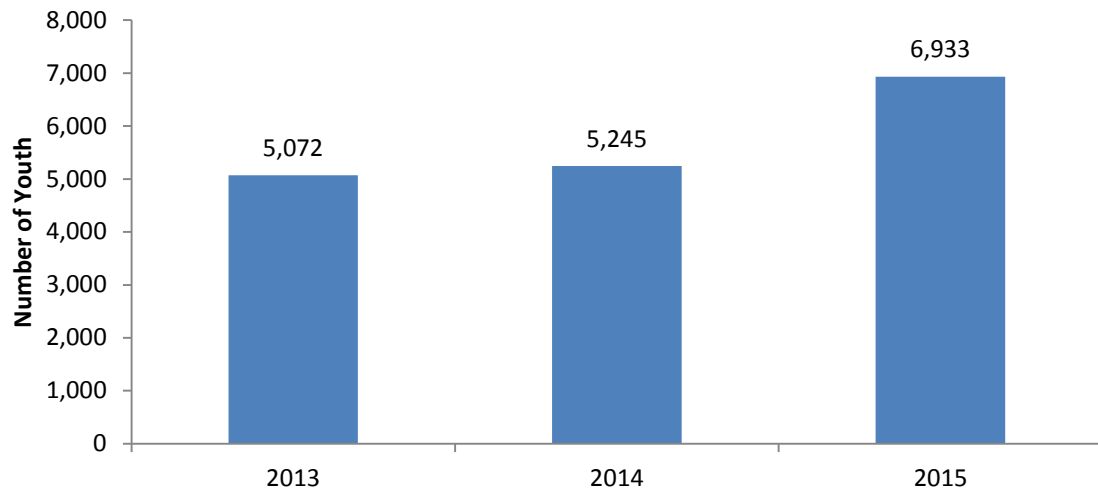
Source: Maryland State Department of Education, <http://reportcard.msde.maryland.gov/> and <http://goo.gl/2g6zx5>. Completed questionnaires (2,713). As of 11/2014.

### Percent of City Schools Students Graduating and Enrolling in College the Fall after Graduation



Source: Durham RE, Westlund E. Baltimore Education Research Consortium (BERC). A Descriptive Look at College Enrollment and Degree Completion of Baltimore City Graduates. <http://baltimore-berc.org/pdfs/CollegeEnrollmentFullReport.pdf>. August 2011. Note: numbers can be artificially low and increase over time as data and reporting is updated.

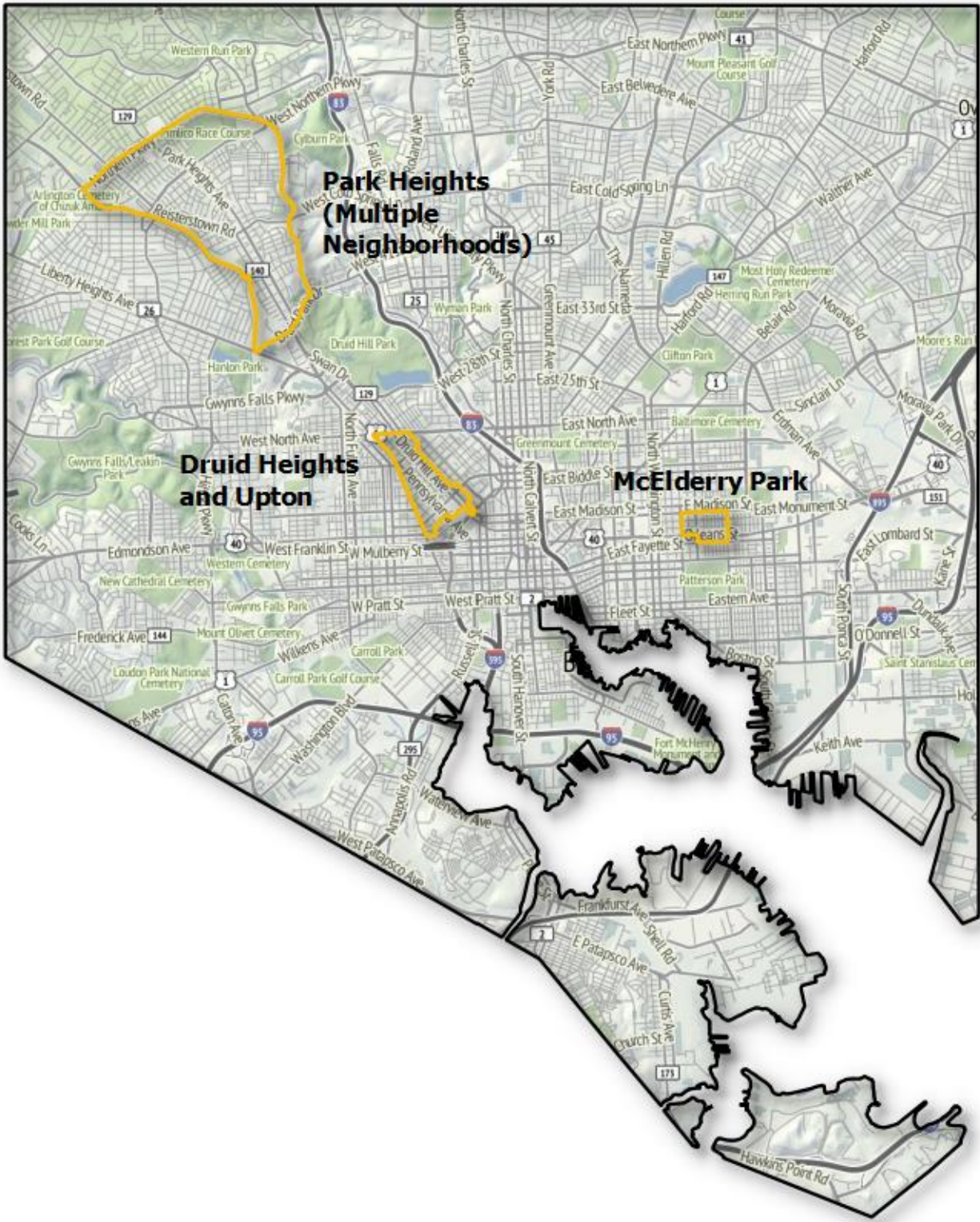
## Number of Youth Employed via YouthWorks by Year



Source: Mayor's Office of Employment Development (MOED)



**Appendix D: Map of Pilot Neighborhoods for Implementation**



## ENDNOTES

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- <sup>xv</sup> Data Review Subcommittee of the Youth Violence Reduction Working Group. (2014). Internal Report: *Recommendations of the Data Review Subcommittee of the Youth Violence Reduction Working Group*. Baltimore, MD.
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