



# **The Arc Prince George's County**

Healthy Transitions Project LIVE

2023-24 Annual Report

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December 2024

## Executive Summary

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In 2023, The Arc Prince George's County received a five-year Healthy Transitions grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to fund Project LIVE. The purpose of the Healthy Transitions grant is to improve and expand access to developmentally, culturally, and linguistically appropriate services and supports for transition age youth (TAY) and young adults (ages 16-25) who either have, or are at risk for developing, serious mental health conditions. Given their longstanding role in Prince George's County, Project LIVE focuses specifically on TAY with IDD who also have, or are at risk for developing, serious mental health conditions, especially those in need of services in Spanish. This report summarizes Project LIVE's Year 1 activities, including:

- Establishing the partnership with their external evaluator
- Submitting a disparity impact statement, implementation plan, and training plan to SAMHSA
- Conducting a community needs assessment
- Providing professional development trainings to mental health professionals and those working in related fields
- Convening an Advisory Council comprised of at least 50% TAY with IDD and/or their families
- Providing services to TAY with IDD

## Community Needs Assessment

The community needs assessment, which identified the available resources, resource gaps, training needs, opportunities, and barriers that could potentially impede implementation and coordination of services across child/youth and adult systems, specifically related to individuals with intellectual and/or developmental disabilities (IDD) in Prince George's County, produced the following key findings:

- Prince George's County has some infrastructure to support young people with IDD.
- However, there are still resources that Prince George's County lacks or could use more of.
- Additionally, there are numerous barriers to accessing the services and programs that are available.
- Given the racial/ethnic and socioeconomic diversity of the population in Prince George's County, there is also a need for culturally responsive services.
- Lastly, there are training gaps across the continuum of care for TAY with IDD.

Given these key findings, Sharp Insight made the following recommendations:

- Increase collaboration across organizations in the county
- Increase the availability of services in languages other than English.
- Bolster the training of providers and staff

## Project LIVE Advisory Council

**40%**

(n=10)

**TAY with IDD and/or family members**

**9.7**

(out of 10)

**Satisfaction with how the Council is operating**

**100%**

(n=2 TAY with IDD)

**Agreement that the Council is helping people like them**

## Project LIVE Community Professional Development

**163**

**Professionals trained (unduplicated)**

**>80%**

**gained knowledge & skills**

**>85%**

**self-efficacy & likely future action**

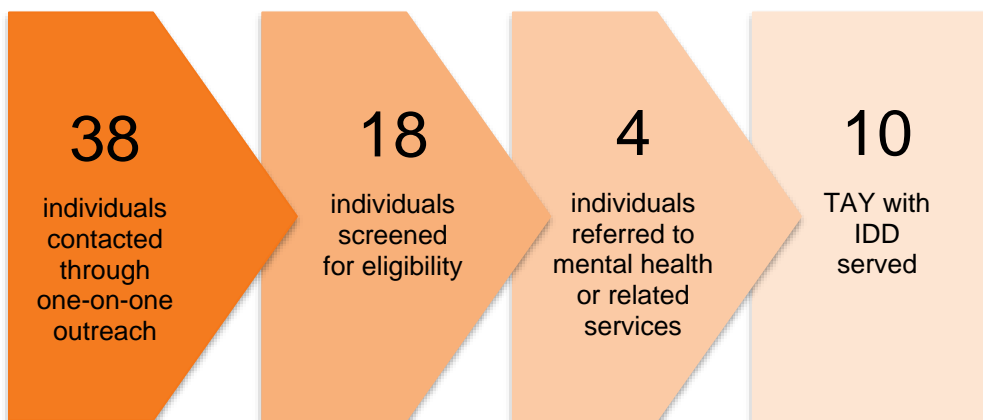
**>90%**

**satisfaction with the training**

**>95%**

**satisfaction with the facilitator**

Outreach for Project LIVE began in March of 2024. Since that time The Arc has collected contact and demographic information from 99 people, performed one-on-one outreach (as defined by SAMHSA) to 38 people (IPP O1), screened 18 TAY to determine eligibility for Project LIVE (IPP S1), referred four people for mental health or related services beyond those offered by the Project LIVE team (IPP R1), and has served 10 clients. Given how recently services started, there is not enough data to report on client outcomes or changes in mental health indicators at the end of Year 1. Future reports will include baseline and follow-up measures of mental health.



## Background

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### About The Arc Prince George's County

The Arc is a national organization that promotes and protects the human rights of people with intellectual and developmental disabilities (IDD) and actively supports their full inclusion and participation in the community throughout their lifetimes. The Arc Prince George's County (The Arc), located in Largo, MD, was founded in 1952 with the mission of providing support, understanding, and opportunities for a lifetime to persons with IDD and their families. The Arc is the largest developmental disability service provider serving Prince George's County residents. The Arc offers a comprehensive array of programs designed specifically for transitional age youth (TAY) and their families and caregivers including community inclusion; education advocacy; employment training and career planning; housing search; financial literacy; and education, screening, and assistance to individuals over 18 years old for core federal benefits and community resources.

### About Healthy Transitions

In 2023, The Arc Prince George's County received a five-year Healthy Transitions grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the Healthy Transitions grant is to improve and expand access to developmentally, culturally, and linguistically appropriate services and supports for TAY and young adults (ages 16-25) who either have, or are at risk for developing, serious mental health conditions. As an award recipient, The Arc is expected to identify and provide appropriate behavioral health interventions to TAY and young adults who have or are at risk for a serious emotional disturbance or serious mental illness. With this program, SAMHSA aims to improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and lead full and productive lives.

Given their longstanding role in Prince George's County, The Arc has opted to focus specifically on TAY with IDD who also have, or are at risk for developing, serious mental health conditions, especially those in need of services in Spanish. In the 2023-24 program year, The Arc partnered with two behavioral health organizations: Volunteers of America Chesapeake and Carolinas (VOACC), a licensed mental health treatment provider organization that aligns health, housing, and human services; and Synergy Family Services (SFS), an outpatient mental health center focused on providing strength-based, culturally proficient services to enhance the social, emotional, behavioral health and wellness of individuals and families.

## Project LIVE Year 1 Activities

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Year 1 of Project LIVE primarily focused on grant kick-off and creating the infrastructure to support client services. *\*Indicates activities that are described in detail in subsequent sections of this report.*

### Evaluation Partnership\*

The Arc has partnered with Sharp Insight, LLC, a Maryland-based evaluation firm that supports mission-driven organizations in the DC-Maryland-Virginia region and beyond. As the evaluation partner for Project LIVE, Sharp Insight conducted the needs assessment (described below), developed tracking tools and surveys, and supported reporting to SAMHSA.

### Disparity Impact Statement

As required by SAMHSA, The Arc wrote and submitted a disparity impact statement that identified behavioral health disparities in Prince George's County and outlined how they plan to address these disparities using Healthy Transitions funding.

### Community Needs Assessment\*

The Arc conducted a needs assessment for Prince George's County that identified the available resources, resource gaps, training needs, opportunities, and barriers to implementing Project LIVE

### Implementation Plan

The Project LIVE team developed and submitted to SAMHSA a detailed implementation plan that outlined their process for providing services to potential clients.

### Community Professional Development & Training Plan\*

The Project LIVE team offered professional development trainings to mental health professionals and professionals in related fields. The Arc created a training plan that enumerated the goals of the Year 1 trainings, who would conduct them, and the skills they intended participants to gain.

### Advisory Council\*

SAMHSA requires that Healthy Transitions grantees convene an Advisory Council comprised of at least 50% TAY with IDD or their families alongside a multi-sectorial group of community members and professionals. The Council serves as a forum for discussing the Arc's progress towards grant objectives, ideas for programmatic changes, and processing of evaluation findings.

### Serving TAY with IDD\*

Ultimately, Project LIVE seeks to support the mental health and wellbeing of TAY with IDD by connecting them with mental health providers who are qualified to meet their unique needs. Outreach to determine eligibility and enroll clients into the program began in March 2024.

## Evaluation Activities

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To support Project LIVE, The Arc partnered with an external evaluation firm, Sharp Insight, LLC (Sharp Insight). In Year 1, evaluation activities consisted primarily of evaluation planning and tool development. A summary of evaluation activities is provided below.

**Grant kick-off support:** Sharp Insight engaged as thought partners with The Arc in the development of grant kick-off materials required by SAMHSA, including the implementation plan, disparity impact statement, and training plan. Although The Arc led the development of these materials, Sharp Insight reviewed drafts and provided suggestions with the eventual evaluation of Project LIVE grant activities in mind.

**Community needs assessment:** SAMHSA requested that The Arc conduct a needs assessment for Prince George's County that identified the available resources, resource gaps, training needs, opportunities, and barriers that could potentially impede implementation and coordination of services across child/youth and adult systems, specifically related to individuals with intellectual and/or developmental disabilities (IDD). Sharp Insight led this process, as outlined in the *Community Needs Assessment* section on page 7.

**Institutional Review Board (IRB) application:** In addition to using evaluation findings to inform programmatic decisions, The Arc also intends to use data gathered from Project LIVE in a research context (e.g., conference presentations, publications, etc.). As such, Sharp Insight led the submission of an application to a private Institutional Review Board which reviewed the evaluation activities and ensures the ethical treatment of Project LIVE clients and security of their data. The evaluation of Project LIVE was verified as exempt (Solutions IRB protocol #0488).

**Data collection planning and tool development:** In partnership with Sharp Insight, The Arc developed a plan for collecting data at various points in the provision of services and associated tools. This process was informed by the implementation plan, training plan, disparity impact statement, and Infrastructure Development, Prevention, and Mental Health Promotion (IPP) indicators laid out by SAMHSA. The associated tools included:

- Advisory Council survey: administered after each Advisory Council meeting, this survey collects Council member perspectives on The Arc's progress towards each of a handful of goals, satisfaction with Council member activities, and desired future directions for the Council
- Training exit survey: administered after each training for community mental health professionals and those working in related fields, this survey collects training participants' satisfaction with the training, knowledge and skills gained, and recommendations for future training topics.
- Client mid-year and exit survey: administered every calendar six months to all Project LIVE clients (regardless of start date) and again at discharge, this survey captures client satisfaction with the Arc and the mental health provider, as well as reason(s) for discharge (exit only).

Data from these tools, as well as the Arc's internal systems, were analyzed for this report.

## Community Needs Assessment

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In response to the Healthy Transitions grant, The Arc conducted a community needs assessment to assess the resources and barriers to implementation that may influence Project LIVE. The needs assessment utilized a multi-method approach, as outlined in the section below, relying on quantitative and qualitative data to gain a comprehensive understanding of the existing resources and community needs in Prince George's County.

### Needs Assessment Methods

**Quantitative Component:** The needs assessment included a review of selected county-level health indicators, primarily using data from the U.S. Census Bureau and the 2023 County Health Rankings. Pertinent health indicators were selected based on their relevance to The Arc's target population (TAY with IDD), mental health, and service providers. General population characteristics were also included for context relative to the state of Maryland and the broader United States.

**Qualitative Components:** The needs assessment also included two qualitative components. The first was a compiled list of existing community assets. This was developed based on the expertise and relationships held by The Arc staff members, as well as research conducted by Sharp Insight, and was reported in the full report. Secondly, the needs assessment included 13 confidential key informant interviews conducted by three Sharp Insight team members with representatives from The Arc and VOACC (n=3); community-based organizations and faith institutions (n=8); and parents of children with IDD (n=2). Interviewees were asked about:

- The resources available to young people ages 16-25 with IDD and their families in Prince George's County (e.g., mental health care, suicide prevention, culturally appropriate services, benefits coordination, transportation, respite support)
- The supports still needed in Prince George's County for young people ages 16-25 with IDD and their families (e.g., mental health care, suicide prevention, culturally appropriate services, benefits coordination, transportation, respite support)
- The training needs of staff at The Arc and their community partners
- The factors (e.g., interpersonal, structural) that support or hinder implementation/coordination of services across youth and adult systems

The interviews, of approximately 60 minutes each, were conducted in November and December 2023. Interviews were conducted using the Zoom video communications platform, recorded using Zoom's in-app recording feature, and auto-transcribed using Otter.ai. The three interviewers from Sharp Insight collaboratively identified themes from the interviews; these themes and supporting quotes are included in the full report.

As required by SAMHSA, the results of the needs assessment informed the development of The Arc's Healthy Transitions implementation plan in Spring 2024.



## Synthesized Needs Assessment Key Findings

Together, secondary data about Prince George's County, a compiled list of community resources, and key informant interviews resulted in the following key needs assessment findings.

**Prince George's County has some infrastructure to support young people with IDD.** At the state and county level, there are governmental agencies dedicated to supporting people with disabilities, including those with IDD. These entities primarily offer benefits, including subsidies for case, housing support, and assistive technology. There are also school-based supports for youth with IDD, including transition coordinators in high school, who can educate young people and their families about life beyond the K-12 context. Lastly, numerous community organizations are either dedicated to supporting this population (e.g., The Arc) or, more often, have divisions that are equipped to meet the needs of young people with IDD (e.g., church ministries).

**However, there are still resources that Prince George's County lacks or could use more of.** Chief among them is additional housing support that is equipped to meet the needs of TAY with IDD. Interviewees also noted that affordable respite care for caregivers is rarely available and that more academic supports are needed for TAY with IDD who are still in the K-12 school system.

**Additionally, there are numerous barriers to accessing the services and programs that are available.** The need for more funding was often discussed by interviewees as a barrier to program implementation. Interviewees also often discussed the siloed nature of working with this population; although partnerships certainly exist, Prince George's County would benefit from increased partnerships between community organizations and/or county- and state-level agencies. This separation between entities may be a factor in the lack of awareness among families about the services and programs available to them in the county. It also likely contributes to the lack of centralized sources of information available to TAY with IDD and their families, especially as young people transition into benefits systems intended for adults. Without a centralized "resource hub," interviewees described families struggling to know what benefits they are eligible for, lacking awareness of the programs available in the County, or being "ping ponged" between organizations via multiple referrals.

**Given the racial/ethnic and socioeconomic diversity of the populous in Prince George's County, there is also a need for culturally responsive services.** Interviewees often lamented the lack of information and programming in languages other than English. This limits the accessibility of services for families where the youth and/or their guardian(s) do not speak English. There are also citizenship requirements for accessing many governmental benefits, leaving some of those most in need of financial support without it.

**Lastly, there are training gaps across the continuum of care for TAY with IDD.** Those who are trained and experienced in supporting this population often lack a knowledge of how to navigate benefits systems to help meet basic needs like housing or employment. Similarly, those who work in systems providing wraparound services (e.g., transportation staff) often lack training in working with those with IDD. This training gap is especially apparent among professionals who work with young people who have IDD and a co-occurring mental health diagnosis; many providers are ill-equipped to attend to the whole person and focus either on mental health needs or disability needs.

## Needs Assessment Recommendations for Organizations in Prince George's County

The following recommendations were grounded in the needs assessment findings and were respectfully offered to The Arc for exploration and consideration as they sought to improve and expand access to developmentally, culturally, and linguistically appropriate services and supports for TAY and young adults who either have, or are at risk for developing, serious mental health conditions.

**Increase collaboration across organizations in the county**, not only in the provision of services/programs, but also in advocating for policies/funding and raising awareness about the importance of providing services to this population. The disjointed relationship between organizations makes it difficult for TAY and their families to access services and understand the resources available to them.

**Increase the availability of services in languages other than English.** Given the racial/ethnic diversity in Prince George's County, and the number of people who speak languages other than English (specifically Spanish) at home, TAY with IDD and their families would benefit from services and informational resources in their native language.

**Bolster the training of providers and staff** who have direct and indirect contact with TAY with IDD. TAY with IDD and their families would benefit from increased staff training across the continuum of care, including staff working in wraparound service agencies.

## Advisory Council

The Healthy Transitions grant mechanism requires that grantees develop and regularly convene an advisory council. This group, which The Arc aims to include a minimum of 50% consumers and/or family members, is intended to provide the Project LIVE team with insight from their lived and professional experiences to ensure that services appropriately meet the needs of TAY with IDD.

### Members

Between March and September 2024, 10 individuals accepted roles on the Advisory Council. Of these 10, four (40%) were consumers and/or family members (IPP A4), comprised of three parents and one youth. Of the remaining six members, half (three members) were from mental health organizations, one represented a faith-based community, one was from local government, and one was a self-advocate. Half (five of the 10 members) were on the Advisory Council for the entirety of its 2024 activity, while the other half (five members) joined after the second meeting.



### Meetings

The Arc held three advisory council meetings in 2024 in March, June, and September. The table below describes the topics covered and discussions held during each meeting.

Meeting Month	Topics Covered
<b>March 2024</b> <i>(Inaugural Meeting)</i>	<ul style="list-style-type: none"> <li>• Expectations of the Advisory Council and its members</li> <li>• Overview of Project LIVE</li> </ul>
<b>June 2024</b>	<ul style="list-style-type: none"> <li>• Opportunities and strategies to reach the target audience</li> <li>• Status of active initiatives</li> <li>• Upcoming trainings and resources</li> </ul>
<b>September 2024</b>	<ul style="list-style-type: none"> <li>• Updates on staffing, partnerships, recent activities, and future events</li> <li>• Status of program goals and the training summary report provided by the external evaluator</li> <li>• Presentation: Mobile Mental Health Team</li> <li>• Presentation: De-stigmatizing mental health care</li> <li>• Idea-sharing on how to improve access to mental health for youth with IDD</li> </ul>

## Survey Responses

Ten Advisory Council members responded to the survey to provide feedback. Of these respondents, two attended the Council meeting in March, three in June, and four in September. One did not indicate the date of the meeting they attended. When asked to identify themselves, four individuals selected 'Other' which included a parent broker and those in the faith community; two were Arc youth; two were family or parents/caregivers; one represented a community partner/non-profit; and one was a service provider.

Advisory Council Member Roles	Count
<b>Other</b> ( <i>parent broker, faith community</i> )	4
<b>Youth</b>	2
<b>Family/Caregiver</b>	2
<b>Non-profit/Community Partner</b>	1
<b>Service Provider</b>	1

Survey questions asked participants to reflect on Advisory Council activities and their role, the progression of Council objectives, and their experience on the Advisory Council.

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**On a scale of 1 to 10 with 10 being the highest, all respondents (100%) rated their satisfaction with frequency of council meetings, how the advisory council operates, and their understanding of their own role on the council at a 9.7, 9.7, and 9.5, respectively. The average rating for each survey statement is reflected below.**

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**9.7**

**Satisfaction with the frequency of Advisory Council meetings (n=6)**

**9.7**

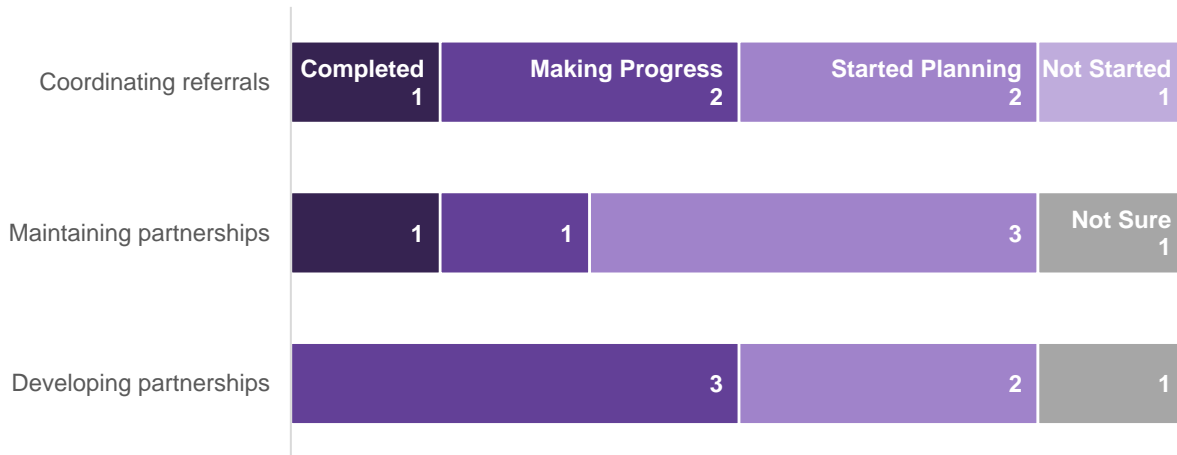
**How well the Advisory Council, as a whole, is operating. (n=6)**

**9.5**

**Advisory Council Members' understanding of their role on the council. (n=6)**

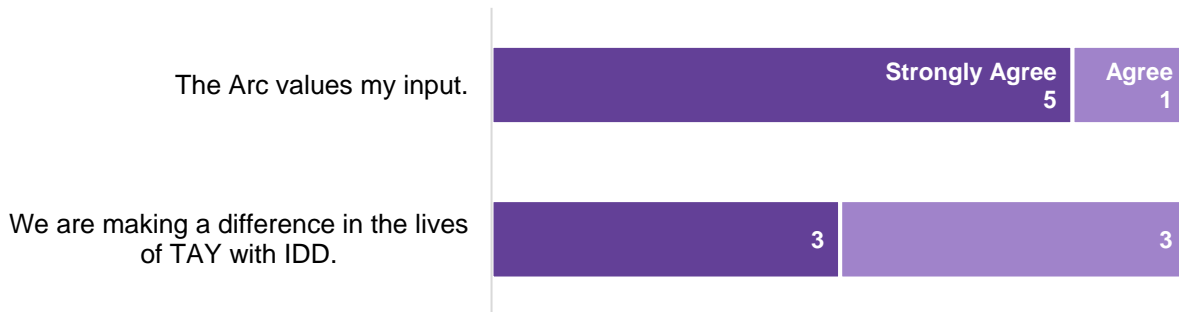
**When asked to describe the stage to which each Council objective had progressed, six individuals responded to the question; respondents varied widely in their assessment of the stage to which each objective had progressed, suggesting that further discussion may be warranted.**

*How would you describe the Council's progress towards reaching the following objectives?*



**All respondents (n=6) reported that they feel that the Advisory Council values their input and that the Council is making a difference in the lives of transition-age youth (TAY) with intellectual and developmental disabilities (IDD).**

*During my experience on the Council, I feel...*



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**Two individuals responded to questions about their overall experience on the Advisory Council. Of these, one strongly agreed and one strongly disagreed with all statements with the exception of one, which was only answered by one respondent.**

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*Please tell us how much you agree with these sentences:*

- I am glad I am a part of this group
- This group is helping people like me (youth with IDD)
- When I share my ideas, people listen to me
- I get to share my ideas at these meetings
- I like how often this group meets
- I like coming to these meetings (*n=1 strongly agree*)

## Community Professional Development

With funding from SAMHSA, The Arc Prince George's County held six online trainings for 163 mental health professionals and other professionals in related fields (IPP WD2). *Note: some of these participants may have participated in more than one training session.*

Training Date and Title	Description
<b>7/9/2024: Trauma-Informed Care about People with IDD</b>	52 people, including BCBA's, social workers, mental health therapists, and special educators attended a 3-hour virtual session and learned the guidelines for therapists working with individuals with IDD, 5 common sources of trauma for individuals with IDD, and introduction to positive identity development, and practical tools to use this approach.
<b>7/12/2024: Generation Rx</b>	14 people, including mental health therapists, transitioning youth coordinators, social workers, community health workers, a licensed professional counselor (LPC), and a peer specialist attended a 1-hour training session to learn about the relationship between early trauma and substance use, as well as the role of protective factors and resilience.
<b>8/2/2024: Understanding Neurodiversity</b>	42 people, including mental health professionals, primary care providers, workforce development, and social workers, attended a 1.5-hour virtual training session and learned to increase awareness and understanding of neurodiversity and its impact on individuals with IDD and mental health and to identify strategies for promoting acceptance and inclusion of diverse neurotypes in practice settings.
<b>8/9/2024: Removing the Shame and Stigma of Addiction</b>	30 people, including social workers, transitional youth coordinators, community health workers, and case managers, attended a 1-hour virtual training session to learn about the effects that shame and stigma have on addiction and learn new solutions for combatting it. These solutions help participants implement activities and practices that promote better mental health outcomes in working with youth and young adults.
<b>9/13/2024: This is Not About Drugs</b>	13 people, including transitional youth coordinators, transitional youth project managers, and case managers attended a 1-hour virtual training session to learn about opioid use and other substances through an evidence-based, universal program by youth. Participants gained insight into substance use from the perspective of young people. This knowledge equips them to better communicate with and support youth in addressing substance use issues.
<b>9/20/2024: Talk Saves Lives</b>	12 people, including project directors, case workers, Transitioning Youth Coordinators, a public health intern, and a psychology intern, attended a one-hour evidence-informed educational program, Talk Saves Lives. This program provided essential information on suicide prevention, including recognizing warning signs and risk factors. Participants were equipped with the knowledge and tools to support individuals at risk and foster open discussions about mental health and suicide prevention.

**163**

**Professionals trained**

At the end of each training, The Arc distributed an online survey for participants. Sixty-three attendees provided feedback on the survey; their responses are summarized below. *Note: survey respondents may have attended more than one training and therefore may have completed the survey more than once.*

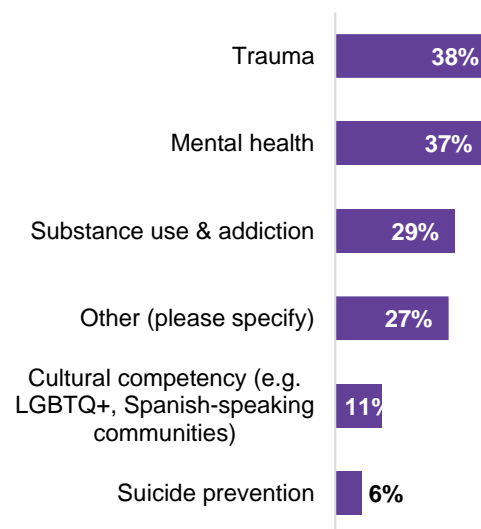
## Training Characteristics

When asked to describe the topic(s) of the training they attended, most respondents selected trauma, mental health, or substance abuse and addiction. The next most common response was “Other” with all but one respondent specifying that these trainings focused on neurodiversity or trauma-informed care.

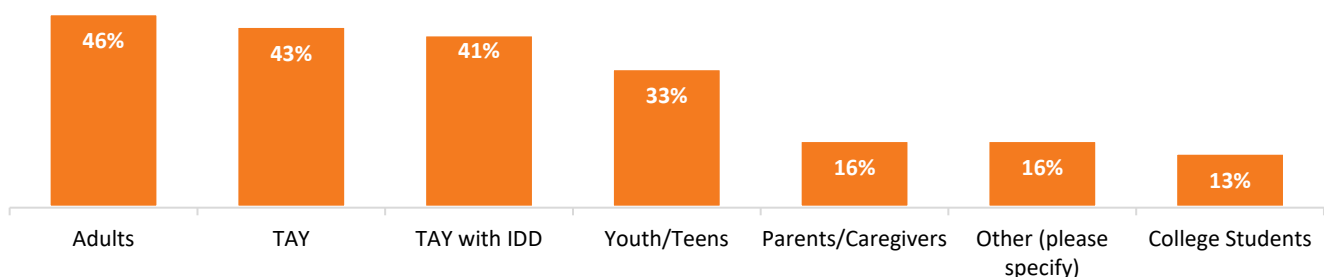
When asked to indicate the population(s) of focus for the training, over 40% of respondents marked some combination of adults (46%), TAY (43%), and TAY with IDD (41%), followed closely by one-third of respondents selecting youth/teens (33%).

*Note: Trainings often focus on more than one topic and/or population; percentages do not total 100%.*

Training Topics (n=63)



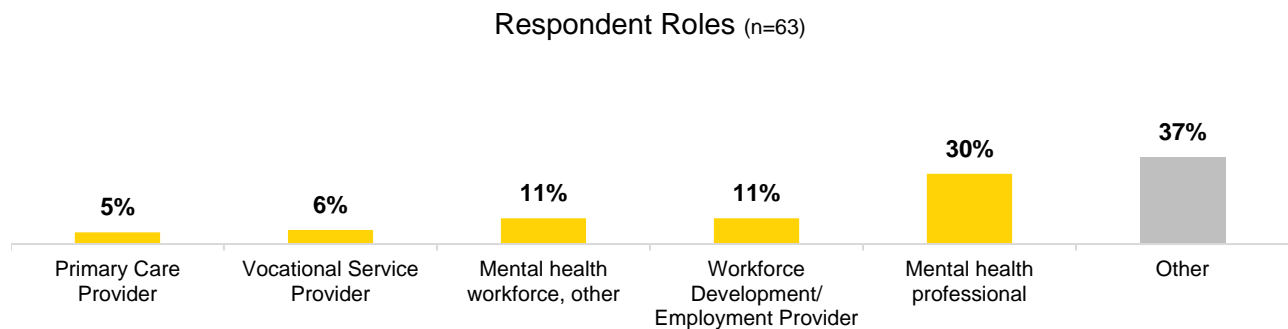
Populations of Focus (n=63)



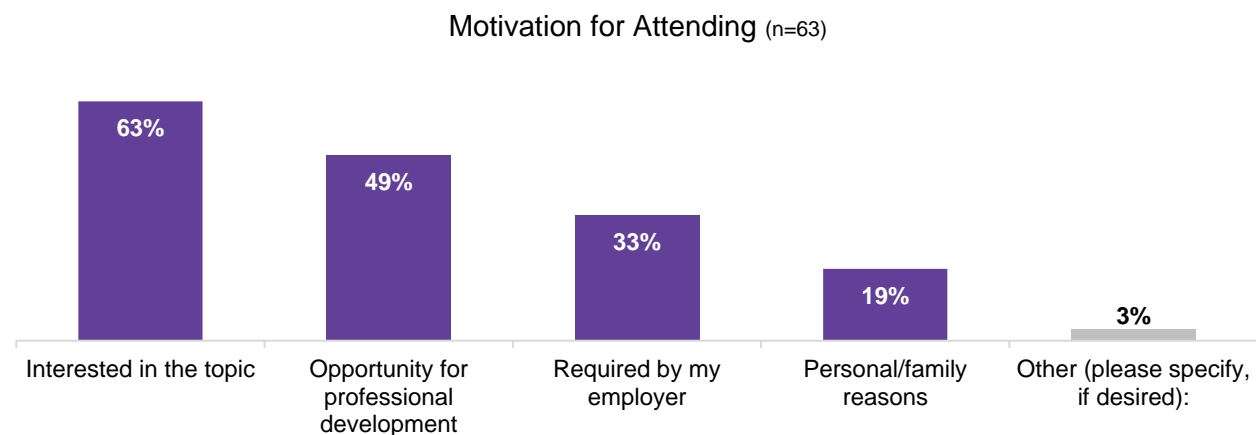


## Respondent Characteristics

Respondents indicated their professional role. Over one-third (37%) of respondents selected “Other” for their role, including consultant, community education program manager, data coordinator, bilingual liaison, director, special educator, outreach coordinator, community service provider, family navigator, intern, and parent/caregiver/family member. Just under another one-third selected “mental health professional” and the adjacent “mental health workforce, other” was selected by an additional one-tenth.



Respondents were also asked about their motivation for attending the training. Nearly two-thirds of respondents (63%) noted their interest in the topic, nearly half (49%) cited the opportunity for professional development, one-third (33%) indicated that the training was required by their employer, one-fifth (19%) noted personal/family reasons, and 3% cited other reasons, including an increase in their work with this population. *Note: respondents could select more than one option; percentages do not total 100%*



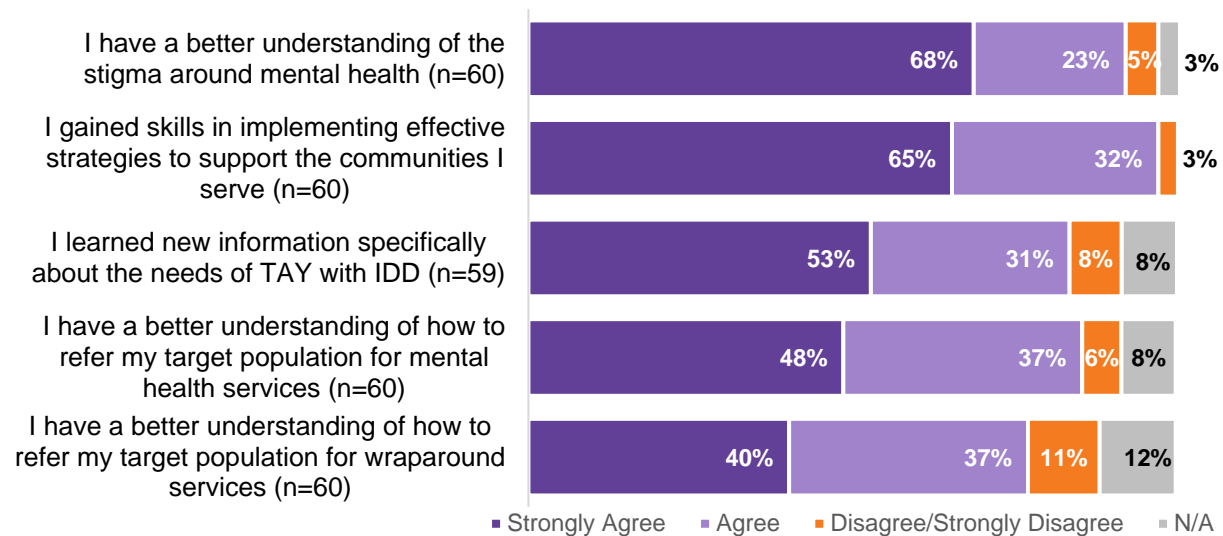
## Survey Responses

After each training, participants were asked to reflect on their knowledge and skill gain, self-efficacy and future action, and overall satisfaction with the training and the facilitator.

### Knowledge and Skill Acquisition

**Most respondents (>80%) reported that, because of the training, they gained knowledge or skills about mental health stigma, strategies to support the communities they serve, and the needs of TAY with IDD.**

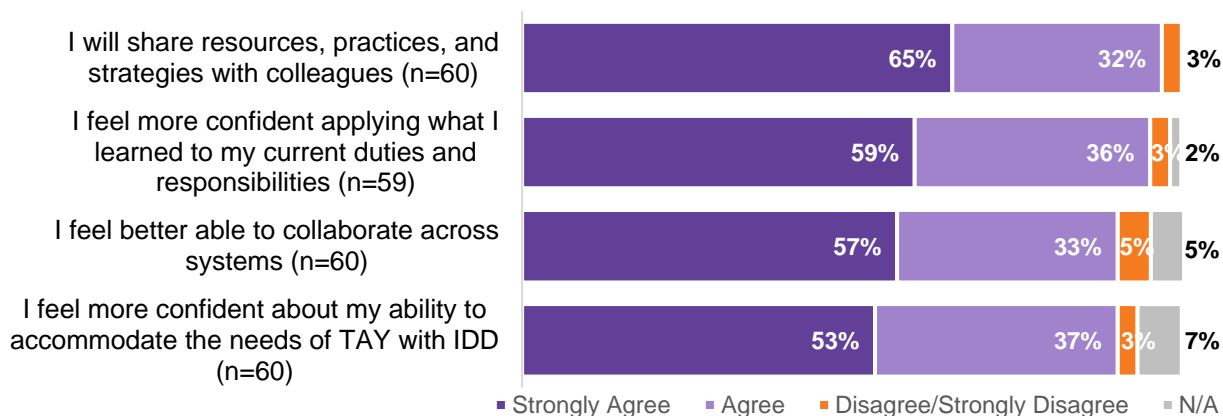
*Because of today's training...*



### Self-Efficacy and Future Action

**Most respondents (>85%) reported that, because of the training, they will share resources, feel more confident applying what they learned, feel better able to collaborate across systems, and feel better able to accommodate the needs of TAY with IDD.**

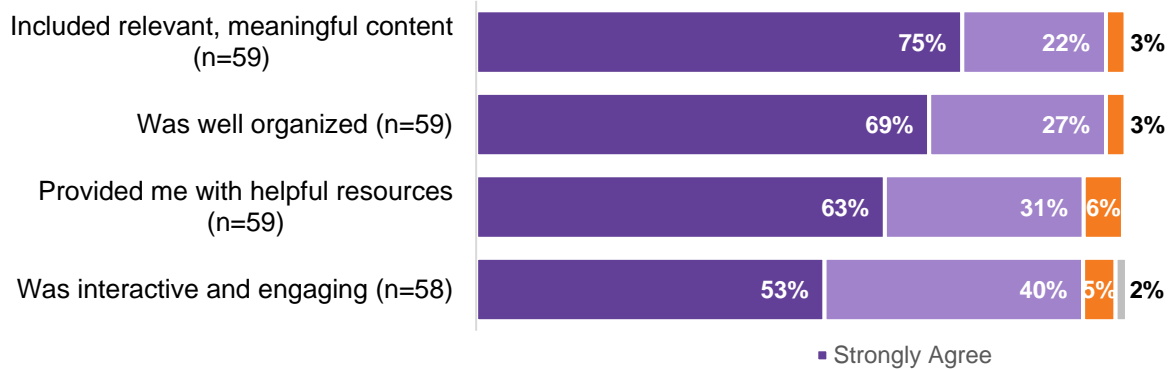
*Because of today's training...*



## Training Satisfaction

**Nearly all respondents (>90%) agreed or strongly agreed that the training included relevant, meaningful content; was well organized; provided them with helpful resources; and was interactive and engaging.**

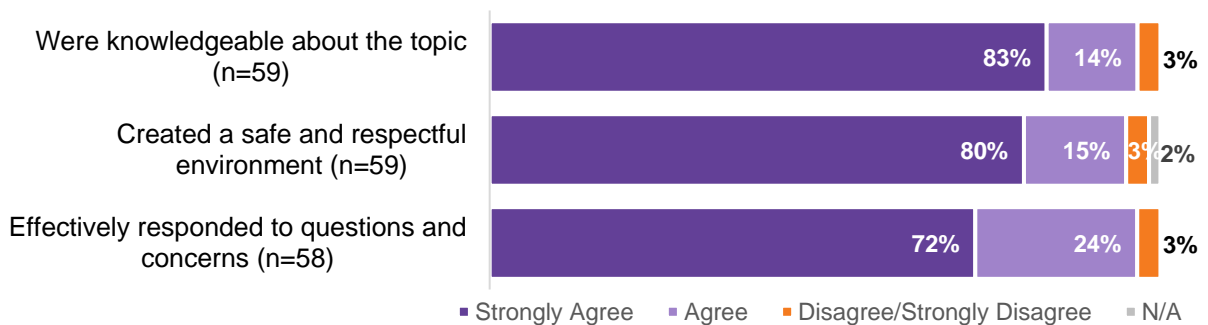
Today's training...



## Facilitator Satisfaction

**Nearly all respondents (>95%) reported satisfaction with the facilitator, agreeing or strongly agreeing that they were knowledgeable about the topic, created a safe and respectful environment, and effectively responded to questions and concerns.**

Today's presenter(s)...



## Open-Ended Responses

Training participants were asked three open-ended questions about the training to gather information about what was most valuable about the training, what could be improved, and what topics they would like to learn more about.

### *Most Valuable Aspects of the Training*

In the first open-ended question, participants were asked, “What was most valuable about today’s training?” Fifty-one participants responded to this question; of these, one provided a non-response of “*Everyone deserves to be understood.*” Of the remaining responses (n=50), key themes are listed in the table below, along with exemplary quotations.

Most Valuable Aspects (# of times mentioned)	Exemplary Quote(s)
<b>Specific content and information (11)</b>	<ul style="list-style-type: none"> <li>• <i>I loved the emphasis on relationships which are so pivotal for healing, and I love the approach of finding the good in every single person, especially the ‘hard to love’ people.”</i></li> <li>• <i>“Learning how to navigate the work environment.”</i></li> </ul>
<b>Personal stories that were shared (7)</b>	<ul style="list-style-type: none"> <li>• <i>“The stories of people with IDD’s that [the presenter] provided were most value about today’s training because she provided insight and created an understanding that cannot be taught in professional development. Hearing people’s stories and the support that allowed them to thrive was inspiring.”</i></li> </ul>
<b>Information on substance use and addiction (7)</b>	<ul style="list-style-type: none"> <li>• <i>“Today’s training helped me empathize more with people who suffer from addiction and helped me be more prepared to help someone in crisis.”</i></li> </ul>
<b>Information on neurodivergence (6)</b>	<ul style="list-style-type: none"> <li>• <i>“Understanding neurodiversity - the challenges, differences and stigmas. How to understand and help persons who have neurodiversity - to listen, support, create safe environments for them, to care, let them feel that they are included and accepted.”</i></li> </ul>
<b>General / Overall training (6)</b>	<ul style="list-style-type: none"> <li>• <i>“Everything, the information was very extensive and really helpful.”</i></li> </ul>
<b>Presenter (4)</b>	<ul style="list-style-type: none"> <li>• <i>“The presenter was very knowledgeable.”</i></li> </ul>
<b>Resources provided (4)</b>	<ul style="list-style-type: none"> <li>• <i>“The prescription disposal locations link.”</i></li> </ul>
<b>Interventions shared (4)</b>	<ul style="list-style-type: none"> <li>• <i>“The adjustments I can make to make the environment better for sensory inputs.”</i></li> </ul>
<b>Presentation / Content delivery (3)</b>	<ul style="list-style-type: none"> <li>• <i>“The video with real people experiencing substance abuse.”</i></li> </ul>
<b>Career application (2)</b>	<ul style="list-style-type: none"> <li>• <i>“Applicable to my career.”</i></li> </ul>

*\*Some participants mentioned more than one item*

## Additional Training

In the second open-ended question, participants were asked, “*What additional training topics, resources, or supports would be helpful for future trainings?*” Thirty-four participants responded to this question; five of these indicated no additional topics or “N/A” and one had a non-response of “Documents.” Of the remaining responses, key themes are listed in the table below.

Additional Training Topics	Number of times mentioned* (n=28)
<b>General / All available trainings</b>	7
<b>Mental health</b> ( <i>including comorbidities between IDD and mental health</i> )	6
<b>Substance Use</b> ( <i>including GenerationRx</i> )	4
<b>Interventions for the IDD population in both therapeutic and community settings</b>	4
<b>Clinical topics</b> ( <i>Postpartum, Physical Pain, ADHD management</i> )	3
<b>Grief training</b>	2
<b>Sexual education for transitioning adults</b>	1
<b>Supporting non-verbal kids</b>	1
<b>Train-the-trainer certification for mental health professionals</b>	1
<b>Empathetic communication</b>	1
<b>Training to find providers and resources for non-verbal individuals</b>	1

\*Some participants mentioned more than one item

## Training Improvements

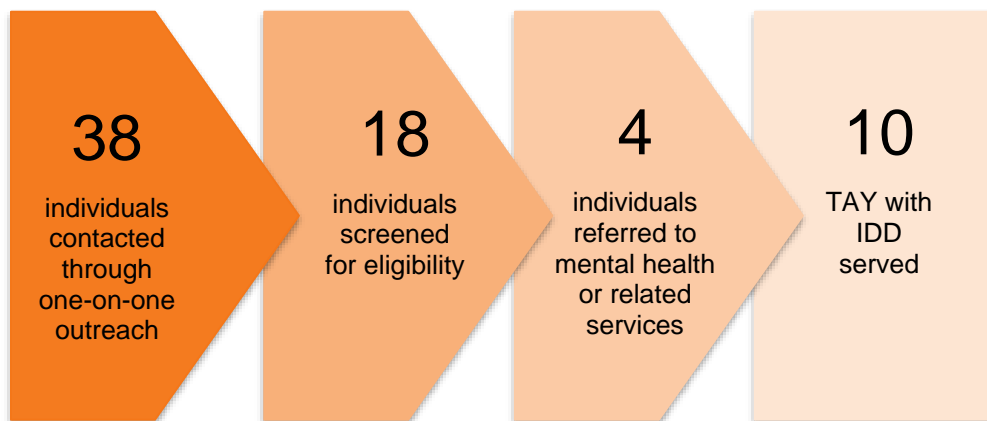
In the final open-ended question, participants were asked, “*How, specifically, could today’s training have been improved?*” Thirty-seven participants responded to this question; of these, 19 indicated “N/A” or provided a non-response and nine noted that the training did not need any improvements. The remaining nine comments included training process and, separately, content feedback. Exemplary quotes are provided below.

Training Improvements (# of times mentioned)	Exemplary Quote(s)
<b>Process feedback (6)</b>	<ul style="list-style-type: none"> <li>“<i>Maybe if it is taped so that we can access at another time to listen again because the information was really wonderful and insightful.</i>”</li> <li>“<i>Opportunities for breakouts or group discussions</i>”</li> </ul>
<b>Content feedback (3)</b>	<ul style="list-style-type: none"> <li>“<i>Including more information about people with intellectual and developmental disabilities.</i>”</li> <li>“<i>Maybe discuss more on how an individual can help a loved one who has substance abuse disorder (a script to follow, etc.).</i>”</li> </ul>

## Serving the Community

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Outreach for Project LIVE began in March of 2024. Since that time The Arc has collected contact and demographic information from 99 people, performed one-on-one outreach (as defined by SAMHSA) to 38 people (IPP O1), screened 18 TAY to determine eligibility for Project LIVE (IPP S1), referred four people for mental health or related services beyond those offered by the Project LIVE team (IPP R1), and has served 10 clients. Given how recently services started, there is not enough data to report on client outcomes or changes in mental health indicators at the end of Year 1. Future reports will include baseline and follow-up measures of mental health.



### Client Demographics

Out of the 10 Project LIVE clients for whom demographic data was reported, all (100%) were between the ages of 16-25, the vast majority identified as male (90%) while 10% identified as female, and most reported their race as Black or African American (70%) while 20% indicated White and 10% indicated Other.

Nearly all clients (90%) did not identify as Hispanic. Regardless of racial or ethnic identity, when asked if they spoke a language other than English at home, most (70%) did not.

Clients were also asked about their sexual orientation and their military experience. Of 10 clients, all (100%) identified as heterosexual. Most (80%) had never served in the Armed Forces, Reserves, or National Guard while the question was not applicable for 20%.

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**100%**

**Population age 16-25**

**90%**

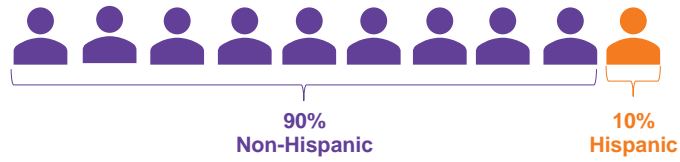
**Male**

**70%**

**Black/African American**

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**Client Ethnicity (n=10)**



**Language at Home (n=10)**



**Sexual Orientation (n=10)**

**100%**  
Heterosexual

**Ever served in the Armed Forces, Reserves, or National Guard (n=10)**

**80%**  
Never served

**20%**  
Not applicable

## Conclusion & Looking Ahead

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The needs assessment highlighted key recommendations, including enhancing collaboration across organizations, increasing language accessibility, and improving provider training.

**Enhanced collaboration across organizations:** The Arc partnered with Synergy Family Services to provide mental health services, the University of Maryland for substance use disorder training, iMind for Narcan training, and Pathways for vocational support. These collaborations strengthen the network of available resources and addressed critical gaps.

**Increased language accessibility:** The Arc ensured most project materials are available in English and Spanish, effectively engaging and supporting a more diverse range of families.

**Bolstered provider training:** The Arc hosted sessions with experts like Dr. Karyn Harvey on Trauma-Informed Care for People with IDD and Dr. Zipporah Levi-Shackelford on Understanding Neurodiversity. These trainings enhanced the skills and awareness of The Arc staff and partners, enabling them to better serve TAY with IDD.

Through these efforts, the Project LIVE team made significant progress in addressing the recommendations from the needs assessment while laying a strong foundation for ongoing program improvements. In Year 2 of the Healthy Transitions grant, The Arc is committed to:

**Fostering additional community partnerships:** Guided by the needs assessment, the Project LIVE team will collaborate with local organizations on advocacy efforts for policies, funding, and raising awareness about the importance of serving this population. To support these efforts, team members will participate in advocacy meetings and attend Developmental Disabilities (DD) Day at the state legislature.

**Increasing Spanish-language accessibility:** The Arc is also committed to ensuring *all* project materials are available in Spanish to improve accessibility.

**Continuing to provide professional development:** Project LIVE will provide a series of targeted trainings to mental health therapists and related professionals on better supporting TAY with IDD. The topics offered will incorporate feedback from the Year 1 exit surveys.

**Adjusting outreach efforts to better reach the populations specified in the disparity impact statement:** These include Spanish-speaking individuals and LGBTQ+-identifying young people.

**Expanding the Advisory Council:** The Arc seeks to add Council members from agencies representing welfare, juvenile and criminal justice, education, higher education, employment and vocational rehabilitation, housing providers, and primary care providers. As these representatives are brought onto the Council, the Arc will also add TAY with IDD and their families to maintain 50% representation from this population.

These actions will help expand Project LIVE's impact, address identified needs, and further align with stated program objectives.