

**Resiliency in Communities After Stress and Trauma (ReCAST)  
End of Year Progress Report  
TEMPLATE**

**Reporting Period:  
September 30, 2018 – September 29, 2019**

**DUE to SAMHSA:  
October 31, 2019**

**Mental Health Promotion Branch  
Division of Prevention, Traumatic Stress and Special Programs  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
Department of Health and Human Services**

## **Resiliency in Communities After Stress and Trauma (ReCAST)**

### **Annual Progress Report**

#### **Instructions**

The purpose of the Annual Report is to for you to share information about how grant funds have been used to pursue your programmatic objectives, and to demonstrate program progress in meeting those objectives. This process should assist you in documenting the implementation of your grant, and will also help ReCAST program staff to inform the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Health and Human Services (HHS) and Congress about the progress of the ReCAST program.

We appreciate the time you take to share your accomplishments and challenges with us, and look forward to providing assistance and guidance as needed. If you have any questions, please contact your Government Project Officer (GPO).

This report is due October 31<sup>st</sup> of each year and should be completed in Microsoft Word. Feel free to increase the space in any section if you need more room. Send an electronic copy to of your completed report to your GPO and to the grants management mailbox: [DGMPROGRESSREPORTS@SAMHSA.HHS.GOV](mailto:DGMPROGRESSREPORTS@SAMHSA.HHS.GOV). (Do not send the report to the Grants Management Specialist directly). As always, be sure to include your grant number on all correspondence.

#### **PLEASE NOTE:**

**Activities reported here are those conducted during the past 12 months of the grant unless otherwise noted in your Notice of Award.**

## EXECUTIVE SUMMARY

**The executive summary should not exceed two pages and should address the overall progress of the program's goals and objectives.**

Since the inception of ReCAST Mecklenburg, the goal in year 1 was to make a difference in how community stakeholders plan, collaborate, connect, and communicate to build more resilient communities. The qualifying event in 2016, compounded the history of fragile relationships between law enforcement and the African American community in Mecklenburg. It was part of a broader history of the consequences of distrust, racial disparities, and marginalization. Due to historical factors, the awarding of the grant to Mecklenburg County Health Department was met with mixed reactions. As ReCAST staff began reaching out for community input and feedback, many stakeholders voiced concerns about the usual landscape of prescriptive and reactionary responses that are historically implemented in communities. Their apprehension questioned the sincerity of the intentions of ReCAST. It was found that many initiatives were spawned from the event of 2016 with no cohesive movement in advancing resilient and trauma informed solutions. Mecklenburg continues to be faced with the challenge of dealing with contributing factors that erode the goals of community resilience. This has been revealed in one of the greatest challenges ReCAST faced in year 1 – moving forward the work during a year of record homicides.

Framing out the initiative with obvious community feedback was critical to the success of ReCAST Mecklenburg. Within the process of completing the Behavioral Health Disparities Statement, strategic plan, the resources and needs assessment, and the MOU agreements, ReCAST activities began to take shape starting with training in resiliency and trauma informed care approaches for providers, first responders, faith leaders, educators, law enforcement, and other front facing stakeholders. The intentionality to begin training with the respective groups was to develop a common language, common agenda, and set a tone of change for how services are rendered in the community. Training addressed building capacity, equitable access, and strengthening integration of services in collaborative and innovative ways. This was a successful effort that exceeded goals and will be continued in year 2. Throughout the training in year 1, traditional institutions evolved to adopt resilience and trauma informed approaches. Inroads were also made in addressing culturally relevant and developmentally appropriate resources.

The first year was a strong start for establishing a foundation for ReCAST. A foundation that established ReCAST as a facilitator in empowering communities to determine their own needs. Through the lens of ReCAST, the focus on resiliency was prominent in conversations throughout the community on individual, organizational, and community levels. Mecklenburg showed a strong commitment to redefining ways to address the impact of trauma and stress in the community and the importance of collaborative approaches.

## **PROJECT IDENTIFICATION AND KEY CONTACTS**

### **Project Identification Information**

Please note the year that your grant was awarded.

September 2019

**Grant Number:** H79SM080228-01M001

Project Name: ReCAST Mecklenburg County

Grantee Organization: Mecklenburg County Public Health

### **Grantee Staff Contact Information**

Provide a short narrative that identifies if any staff positions were filled, vacated, or changed within the reporting period.

Project Director

Name/Title: Alma "Gibbie" Harris

Email: gibbie.harris@mecklenburgcountync.gov

### **Persons completing this form (if different from or in addition to the Project Director)**

Name/Title: Andrea Quick

Role: Program Manager

Name/Title: DeNay Adams

Role: Health Policy Coordinator

## PROGRAM ACTIVITIES

In the tables below please provide information on services delivered in the last 12 months of the grant year. Describe progress, changes, and accomplishments for each goal ReCAST goal.

<b>Build a foundation to promote well-being, resiliency, and community healing through community-based, participatory approaches</b>
<b>Briefly describe your approach to this goal and list the specific objective(s) developed for this goal</b>
<p><b>Approach:</b></p> <p>Utilizing a collective impact approach, engage stakeholders through training and consistent messaging in developing a common agenda and common language about the significance of resilience and trauma informed care approaches and racial justice in care and service delivery.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"><li>1. Increase shared knowledge of trauma-informed approach by offering evidence-based training to 528 community, providers, and faith leaders by the end of Year 2</li><li>2. Offer 42 opportunities to disseminate information and gather feedback about grant activities from community stakeholders by the end of Year 2</li><li>3. Increase focused conversations around racial justice for community healing from 0 to 12 by Year 2</li></ol>
<b>A. Major Activities and Accomplishments</b>
<p><b>Major activities:</b></p> <ol style="list-style-type: none"><li>1. Identify training that teaches trauma-informed approach in family and community; provider; and faith community settings</li><li>2. Engage in a train-the-trainer model that will expand the reach of the initial trainings exponentially</li><li>3. Identify ways to sustain evidence-based training that teaches trauma-informed approach in various settings</li><li>4. Identify preferred mechanisms for community engagement and information sharing</li><li>5. Develop a communication plan that could involve community meetings, newsletter, social media, and other appropriate channels</li><li>6. Identify best practices for facilitating/furthering local dialogue about racial justice through a community engaged process</li><li>7. Identify appropriate facilitators to implement community conversations on racial justice</li></ol> <p><b>Accomplishments:</b></p> <ol style="list-style-type: none"><li>1. Through a contract with Charlotte AHEC (Area Health Education Center), two entities, Resources for Resilience and National Council for Behavioral Health, provided evidence-based resilience and trauma informed care training to community stakeholders, respectively. By the end of Year 1, 178 participants completed the training.</li></ol>

2. Eight individuals completed a train-the-trainer module through a contract with Resources for Resilience (REAP, Resilience Educator Apprenticeship Program) to become community resilience trainers. In addition to ongoing learning support, this program provides certification.
3. The Community Mental Health and Wellness Group, a long-standing task force of MPHD agreed to become a work group of ReCAST in their re-organization this past year. The group comprised of influential leaders involved in behavioral health work redefined their purpose to include mentorship for yearlong trauma informed learning community cohorts provided by ReCAST.
4. Developed a communication plan to disseminate information about grant activities and offer channels for feedback by community stakeholders
5. With the approval by county leadership to use funding from other sources, exceeded training participant goals by offering scholarships for eligible individuals to minimize and eliminate cost barriers (unallowable food costs)

**B. Challenges/Barriers**

Although implementation of training and participant recruitment was strong, the inability to fully spend down Year 1 funding created carryover. The initial expectation for the training contract was completion of all training events by the end of Year 1. Contributing factors were slow processes for contract execution from all parties; the inability to confirm vendor training dates without a signed contract; and inflexibility of local procurement guidelines for advance payment for activities.

**C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)**

N/A

**D. Lessons Learned**

Feedback from some Trauma Informed Care training participants revealed there is a need for more advanced training beyond the introductory offerings of Year 1. Therefore, the scope of Year 2 training will include introductory as well as broader, more advanced tools to engage as many providers as possible.

Making the effort to engage internal stakeholders in different ways enhances cross-functional understanding of department objectives.

**E. Activities Planned and Anticipated for the next 12 Months**

1. Continue focused recruitment for resiliency and trauma informed approach training in the priority areas
2. Strengthen the train the trainer and learning community models to build long-term sustainability of resiliency and trauma informed approach training
3. Further the implementation of a communications plan that consists of a dedicated website
4. Initiate racial justice conversations among communities with a resiliency and trauma informed approach

**Create more equitable access to trauma-informed community behavioral health resources**

**Briefly describe your approach to this goal and list specific objective(s) and activities related to this goal.**

**Approach:**

Utilizing a collective impact approach, identify service providers willing to engage in innovative ways of addressing equitable access to behavioral health and willing to develop new partnerships that increase trauma informed community resources.

**Objectives:**

1. Increase the number of providers who are trained in adequate trauma-informed responses for vulnerable youth and families within 16 providers by Year 2
2. Increase capacity for adequate trauma-specific resources for 62 youth and families by Year 2
3. Increase the number of faith-based organizations that serve as entryways into traditional behavioral health systems as a result of the grant from 0 to 12 by the end of Year 2.

**A. Major Activities and Accomplishments**

**Major activities:**

1. Identify provider organizations that may be willing to participate in evidence-based training to increase knowledge of adequate trauma-informed services
2. Meet with leadership to determine steps for eliminating identified barriers to trauma informed care at 4 locations
3. Identify provider organizations that may be willing to expand their services
4. Identify faith-based organizations willing to participate as healing hubs and trauma first-responders
5. Identify needed training and supports to support faith community in addressing trauma

**Accomplishments:**

1. Identified seven providers willing to expand their services who agreed to participate in trauma informed care and resiliency training as a first step in the process
2. Engaged monthly with faith leaders interested in the healing hub concept to get feedback about community needs and resources
3. Provided training in trauma and resiliency for individuals and provider organizations in six sectors (education, justice, government, nonprofit, faith based, and health)
4. Strengthened relationships among faith leaders related to the need for more holistic approaches

**B. Challenges/Barriers**

No notable challenges or barriers

**C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)**

N/A

#### **D. Lessons Learned**

Continual assessment of priorities, needs, and resources is key to building strong partnerships.

Although Mecklenburg data reveals the strongest needs in the Priority Health Area, gentrification and transiency often impact equitable access which encourages recruitment of providers county-wide to ensure all youth and families have appropriate services.

#### **E. Activities Planned and Anticipated for the next 12 Months**

1. Continue meeting with leadership at provider locations to determine how ReCAST can support eliminating identified barriers to trauma-informed care and building capacity to serve more families in the priority areas
2. Provide funding and support for faith community through healing hub pilot projects

### **Strengthen the integration of behavioral health services and other community systems to address the social determinants of health**

**Briefly describe your approach to this goal and list specific objective(s) and activities related to this goal.**

#### **Approach:**

Utilizing a collective impact approach, engage provider organizations in ways to strengthen systems integration through resilience based, collaborative approaches.

#### **Objective:**

Increase the number of providers who are coordinating and sharing resources with each other as a result of the grant from 0 to 32 by Year 3

#### **A. Major Activities and Accomplishments**

##### **Major activities:**

1. Identify provider organizations that may be willing to participate in a behavioral health collaborative
2. Identify provider organizations that may be willing to participate in a service provider learning community
3. Meet with leadership to determine steps for creating an advocacy mechanism for systems and individuals

##### **Accomplishments:**

1. Completed the ReCAST MOU requirement in June with 12 organizations agreeing to support ReCAST work in the community
2. Completed a resource list of 19 provider organizations with staff trained in resilience-based approaches to recruit for behavioral health collaborative and learning communities

3. Great potential for sustainability of learning community and a behavioral health collaborative moving forward through collaboration with the Community Mental Health and Wellness Group
4. Invited to participate in conversations between government and community organizations regarding violence interventions and priorities

**B. Challenges/Barriers**

Continuing to move forward within the dynamics of a year of a record number of homicides in Mecklenburg. Addressing the wide range of stakeholder priorities can present challenges because there are many varied activities and initiatives occurring in Mecklenburg with competing missions.

**C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)**

N/A

**D. Lessons Learned**

Trust and relationships are important. Stakeholder support is more easily garnered through individuals and organizations embedded in the community.

**E. Activities Planned and Anticipated for the next 12 Months**

1. Continue to engage with education and justice leaders on ways ReCAST can support their training goals
2. Meet with leadership to determine steps for creating an advocacy mechanism for systems and individuals

**Create community change through community-based, participatory approaches that promote community and youth engagement, leadership development, improved governance, and capacity building**

**A. Briefly describe your approach to this goal and list specific objective(s) and activities related to this goal**

**Approach:**

Utilizing a collective impact approach, identify ways to support community change that reflects community priorities and builds resiliency tools for community engagement and capacity building

**Objective:**

Increase the number of youth and community members participating in community participatory approaches as a result of the grant from 0 to 54 by Year 2.

**B. Major Activities and Accomplishments**

**Major activities:**

1. Identify fair process to determine youth and community leadership to join efforts in carrying out ReCAST goals and objectives

2. Identify fair process to determine community leadership group membership
3. Identify fair processes for allocating funds and prioritizing activities

**Accomplishments:**

1. Identified a draft community engagement framework to use as a starting point for input and prioritization of ReCAST activities
2. Developed a relationship with a faith leader who leads a health coalition spanning 20 Latino churches and is interested in supporting RecAST work in the Latino community

**C. Challenges/Barriers**

Recruitment for stakeholder participation can be challenging in the absence of compensation for time and effort

**D. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)**

N/A

**E. Lessons Learned**

Stakeholder support is more easily garnered when goals and objectives are flexible to input and feedback.

**F. Activities Planned and Anticipated for the next 12 Months**

1. Facilitate innovative ways to engage community participation
2. Provide funding and support for youth-serving organizations through youth-guided pilot projects

**Ensure that program services are culturally specific and developmentally appropriate**

**A. Briefly describe your approach to this goal and list specific objective(s) and activities related to this goal**

**Approach:**

Utilizing a collective impact approach, identify ways to engage providers in enhancing organizational structures and policies that reflect inclusive and responsive approaches to service delivery for all

**Objectives:**

1. Increase the number of providers who are trained in evidence-based cultural competence and developmentally appropriate support education within 28 providers by Year 4
2. Increase the number of providers that provide language-accessible trauma-informed services within 24 providers by Year 4

**B. Major Activities and Accomplishments**

**Major activities:**

1. Identify specific resources to address historical and racial trauma
2. Identify specific resources to address needs of the LGBTQ community
3. Identify specific resources to address trauma-informed services that are language-accessible

**Accomplishments:**

1. Identified multiple vendors that may serve as a resource to address historical and racial trauma through trainings, pilot activities, and community conversations
2. Each of the training events integrated historical and racial trauma topics within the resources

**C. Challenges/Barriers**

No notable challenges or barriers

**D. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)**

N/A

**E. Lessons Learned**

Language is a critical component in building relationships. Common language and references differ, as cultural specificity and developmental appropriateness definitions vary significantly from organization to organization and among groups.

**E. Activities Planned and Anticipated for the Next 12 Months**

1. Include cultural competence as a priority when planning training events, pilots, and community conversations. Specifically, continue to nurture relationships with groups such as TimeOut Youth, a LGBTQ organization that participated in strategic planning, to gain feedback and ensure needs are addressed
2. Include language-accessibility as a priority when planning training events, pilots, and community conversations.

**ReCAST Coalition Activities**

**A. Major Activities and Accomplishments**

1. Identified a community engagement framework to use as a starting point for developing a ReCAST coalition
2. Facilitated 4 stakeholder meetings to provide information about the grant and receive feedback on implementation and overall strategy

**B. Challenges/Barriers**

Some stakeholders are reluctant to participate without compensation

<p><b>C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)</b></p> <p>N/A</p>
<p><b>D. Lessons Learned</b></p> <p>One of the most important factors in building coalitions is building relationships, which in turn, relies on trust and consistency. Building through existing coalitions expands partnerships and supports the work already in progress without creating a new agenda unnecessarily.</p>
<p><b>E. Activities Planned and Anticipated for the Next 12 Months</b></p> <ol style="list-style-type: none"> <li>1. Formal structure for ReCAST coalition will be in place</li> <li>2. Continue building relationships</li> </ol>

**PART II: SCOPE & BREADTH OF SERVICES**

**Question 1. If you have not yet addressed one or more of the 5 required ReCAST program goals (above), please explain what your challenges have been and what your plans are for overcoming those challenges and addressing these goals in the future (including time frame).**

Each of the required program goals has been addressed within the scope of ReCAST activities this year to some extent, with full implementation of all planned activities expected by end of Year 2.

**Question 2. Have your activities addressed the needs of high risk youth and families? If not, why, and what plans do you have for addressing the needs of high risk youth and families (including time frame)?**

Activities in Year 1 focused mainly on providing foundational training in trauma informed care and resiliency approaches to service providers and first responders that address the needs of high-risk youth and families regularly. Plans to continue and expand this focus in Year 2 include support for the school system’s safety efforts and collaborative efforts to provide navigation and service referrals to high-risk youth.

**Question 3. Have your activities included peer support activities during the past 12 months?**

Activities have not yet included peer support activities. However, we have identified some training participants and community leaders that have expressed a desire to participate in the future in peer support with youth and families. Future plans include developing a resource list of individuals for ReCAST events and other community activities.

**PART III: INFRASTRUCTURE & SYSTEMS CHANGE ACTIVITIES**

1. Briefly describe highlights of ReCAST workforce development activities during the past 12 months:

**Introductory Trauma Informed Care Training:** Two-day training on trauma-informed approaches, adverse childhood experiences (ACES), and the neuroscience of stress and trauma for faith-based, justice, healthcare, education, government, and non-profit organizations, especially youth-serving organizations. Following participation in this event, participants were eligible to apply for a yearlong learning community program. Continuing Education Units (CEUs) were available. Provided by National Council for Behavioral Health.

**Reconnect for Resilience™ Training:** Two-day training that equipped participants to become more personally resilient and create more resilient workplaces and communities through tools to self-regulate, restore self-compassion, and re-connect to others. Following participation in this event, participants were eligible to apply to for the Resiliency Educator Apprenticeship Program (REAP). Continuing Education Units (CEUs) were available. Provided by Resources for Resilience™

**Resilience Educator Apprenticeship Program (REAP):** Four-day training that offered a deeper application of resilience tools and resources in a train-the-trainer mode, certification, and an apprenticeship opportunity. The long-term goal of this training is building capacity among non-traditional leaders (and possible recruitment for peer support). Provided by Resources for Resilience™

3. Briefly describe your efforts to collaborate with youth and family serving providers or experts in your community during the past 12 months:

ReCAST Mecklenburg collaborated with youth and family serving providers and experts with Community Mental Health and Wellness Group, a long-standing task force of the Mecklenburg County Health Department, to support mentoring for ReCAST learning communities and act as a repository for resilience-based behavioral health information and education in the county. Also, collaborations with YMCA and MOU partners including United Way, Novant Health System, Atrium Health System, Mental Health America, Communities In Schools, Teen Health Connection, Charlotte Resilience Project, and Mecklenburg County Department of Social Services, provided rich conversations about the sharing of resources for high risk youth and families.

4. Briefly describe your 2-3 **greatest accomplishments** in creating a trauma informed community and promoting resilience within the community over the last 12 months.

ReCAST Mecklenburg successfully implemented training for service providers and first responders in trauma informed care and resiliency approaches. The training provided education and tools that encouraged partnerships and engaged a diverse group of providers to promote trauma informed care and resiliency approaches in their workplaces. The resilience training, in particular, was in such high demand that additional events were added for the Year 2 calendar to meet training requests.

Another result of the training was building capacity for Charlotte Area Health Education Center (AHEC) to organize trauma informed care and resiliency training for the area beyond the ReCAST priority zip codes. As a result of the grant AHEC, who is managed by Atrium hospital system, has developed a track record as a strong advocate for trauma informed care and resiliency approaches within their daily practices.

ReCAST Mecklenburg was heavily involved in conversations with county leadership and community organizations regarding violence in the community. Inclusion provided a significantly front-facing role in discussing ways resilience and trauma informed approaches could be integrated into violence prevention and response strategies and provided opportunities to educate stakeholders on the grant.

5. Briefly describe your 2-3 **greatest challenges** in creating a trauma informed community and promoting resilience within the community over the last 12 months and what you have done or will do to overcome these challenges:

1. One of the greatest challenges this year was facilitating a unifying vision among competing priorities and agendas. Following the civil unrest in 2016, various initiatives and plans were instigated to address the county's needs and gaps in resources, but no prevailing response. Efforts this year and ongoing will be building the capacity of existing work and engaging individuals and organizations that have relationships in priority areas to support building community engagement.
2. Lack of community trust of government continues to be a pervasive factor. The historically fragile relationship between the community and government in Mecklenburg creates a challenge for ReCAST in quickly advancing intervention strategies. Efforts this year and ongoing will be transparency, open feedback loops, accessibility of program staff, and open communication channels with all levels (individuals, community, and organizational).

7. Please identify any areas for which you would like to request technical assistance at this time, either program or evaluation-related.

No technical assistance requested at this time.

### **Section 3: BRIEF VIGNETTES**

Please provide 1 or 2 brief vignettes that describe individual, youth, family, community or provider experiences with ReCAST. The point of the vignette is to illustrate how ReCAST has impacted or made a difference.

#### **VIGNETTE #1:**

"The ReCAST training focused on building general awareness to resiliency, teaching skills to personally recognize an individual's own resiliency level as well as techniques to share with those around to understand the brain's responses to trauma and crisis.....The discussion surrounding trauma and the brain's natural responses, helps to initiate the necessary conversations in the community to promote awareness of the impacts of trauma, and more importantly, the skills to overcome challenging situations..... I very much enjoyed learning about the grounding techniques, which we practice in the office since our training and personally, I have used grounding techniques to help manage stress related to the workplace.

#### **VIGNETTE #2:**

"...The ReCAST training related to resiliency and trauma informed care is great to help those who are not informed understand the concept and possibly become more tolerant. The training was good for those who are new to the field or those who are indirectly serving these populations."

### **Section 4: STRATEGIC PLAN**

**ReCAST grantees should revisit and update Strategic Plans annually, with the exception of the first year of the grant. If you are in the first year of the grant, do not respond to this section.**

- A. Please attach a copy of your updated or revised Strategic Plan(s).  
N/A
- B. In narrative form, please briefly describe significant changes that were made to your Strategic Plan this year (e.g. goals accomplished, new priorities set, revised goals based on program successes or challenges, etc.)  
N/A

**Section 5: TIMELINE**     Include a timeline of program planning and implementation activities

Activity	Time Period
ReCAST grant awarded	October 2018
Began engagement with community stakeholders through focus groups and community meetings to guide and contribute to grant planning	November 2018
Developed Behavioral Health Disparities Impact Statement	November 2018
Identified ReCAST Program Manager	February 2019
Identified Project Evaluator	March 2019
Developed Community Needs and Resource Assessment	April 2019
Developed ReCAST Community Strategic Plan	April 2019
Developed training plan to include resiliency training through Resources for Resilience™	April 2019
Developed training plan to include trauma informed care training through National Council for Behavioral health	April 2019
Developed a Memorandum of Understanding with program partners	June 2019
Start of resiliency trainings	July 2019
Partnered with Community Mental Health and Wellness Group to implement trauma informed care approaches throughout organizations in ReCAST priority areas	August 2019
Start of trauma informed care trainings	September 2019
Start of Resiliency Educator Apprenticeship Program through Resources for Resilience™	September 2019
Start of resiliency train the trainers course	September 2019
ReCAST planning meeting held with MOU partners	October 2019

**Section 6: SUSTAINABILITY**

Include a brief description of the sustainability actions taken during the past 12 months.

In order to support the long-term viability of training provided in Year 1 and create sustainability, activities during the past 12 months focused on developing local trainers that can carry forward trainings to their workplaces and communities and continue to train individuals in evidence-based resiliency and trauma informed approaches.

Use the table to indicate three areas of program sustainability planning that you will address during the next 12 months.

<b>List the top three areas you plan to work on during the next 12 months.</b>				
<b>Priorities</b>	<b>Action Steps</b>	<b>Timelines</b>	<b>Key Leaders or Staff</b>	<b>Benchmark for Progress</b>
<b>Learning communities</b>	Build a learning community program for individuals who wish to implement evidence-based trauma informed approaches within their organization.	<b>Jan-Dec 2020</b>	National Council for Behavioral Health  Participants from Trauma Summit  Community Mental Health and Wellness Group  ReCAST staff  ReCAST Evaluation Team	
<b>ReCAST Faith Based Healing Hub Initiative pilot</b>	Create a community support system through faith-based organizations to drive community change and create linkages to trauma informed behavioral health services.  Furthermore, to invest in the resources and	<b>Jan-Dec 2020</b>	Faith Based Organizations who serve youth and families in ReCAST priority areas  Mental Health America  Race Matters for Juvenile Justice	

	leadership in the community to strengthen collaboration, coordination, and sharing of resources.		Community Mental Health and Wellness Group ReCAST staff ReCAST Evaluation Team	
<b>Resiliency Educator Apprenticeship Program</b>	Provide a resiliency and trauma informed care apprenticeship for individuals who participate in ReCAST resiliency trainings and wish to take the training to their community and workplaces	<b>Jan-Dec 2020</b>	Resources for Resilience™ Participants from Resiliency trainings ReCAST staff ReCAST Evaluation Team	

**Section 7: PERFORMANCE MEASURES REPORTING**

Use the table to report data on the ReCAST GPRA performance measures and additional program outcome performance measures. The data reported for the required ReCAST measures should be the same as the data entered into SAMHSA’s Performance and Accountability Reporting System (SPARS). You will be reporting data for the 12-month reporting period. The accompanying narrative for all measures should include information about whether the results are on track, ahead, or behind, and what is being done or was done if there are any deficiencies.

Performance Measure	Data	Narrative
<b>REQUIRED GPRA Performance Measure WD2:</b> The <u>number of individuals</u> in the mental health or related workforce trained in behavioral/mental health trauma-informed approaches as a result of the ReCAST grant.	90	Introductory Trauma-Informed Care Intensive training delivered by the National Council for Behavioral Health. Ninety people trained in an evidence-based trauma informed approach in Charlotte, NC on September 25-26, 2019.  This result is ahead.
<b>REQUIRED GPRA Performance Measure TR1:</b> The <u>number of individuals</u> who have received training in trauma-	74	Reconnect for Resilience training and a Resiliency Educator

informed approaches, violence prevention, mental health literacy, and other related trainings as a result of the ReCAST grant.		Apprenticeship Program delivered by Resources for Resilience™. Seventy-four people trained in an evidence-based resiliency and trauma informed approach in Charlotte, NC from July 25, 2019 – September 20, 2019.  This result is on track.
<b>REQUIRED GPRA Performance Measure PC2:</b> The <u>number of organizations</u> and community representatives that are collaborating/ coordinating/ sharing resources with each other as a result of the ReCAST grant.	24	Twenty-Four partner organizations that include healthcare, behavioral health, education, government, youth serving, and nonprofits are collaborating, coordinating, and sharing resources. Partnerships include individuals who have signed an MOU and individuals who have agreed to participate in learning communities.  This result is on track.
<b>Required GPRA Performance Measure T3:</b> The <u>number of individuals (youth and family members)</u> referred to trauma-informed behavioral health services as a result of the grant.	0	ReCAST Mecklenburg is still in a planning year. Program staff are assessing needs and opportunities while identifying potential partnerships.  This result is on track.
[Required Youth Outcome Performance Measure]:	0	This performance measure will be framed in Year 2 within the context of high-risk youth receiving services through a youth-guided pilot project
[Required Family Engagement Performance Measure]:	0	This performance measure will be framed in Year 2 within the context of family engagement services through a pilot project

**ADDITIONAL END OF YEAR REQUIRED DOCUMENTATION (ATTACHMENTS):**

**A: FEDERAL FINANCIAL REPORT**

A completed FFR (Federal Financial Report, SF-425) must be submitted to the Division of Grants Management by December 31 of each year. Additional guidance on submission of the FFR can be found in the grantee manual and will also be sent via email.

**B: DETAILED BUDGET AND NARRATIVE**

Please submit a detailed budget narrative and budget expenditure report for the budget year that begins September 30th of each year. This budget narrative should follow the format originally requested in the FOA. In the narrative, describe how grant funds were expended during the entire grant period and provide a brief explanation if funds were not expended as originally planned. Describe any significant changes to the budget that resulted from any modification of project activities; this description should address the entire grant period. Address any changes to the budget that affected your ability to achieve your approved project activities and/or project objectives.

Use the budget expenditure template for report project related expenses. You will submit this template every year for the corresponding budget period.

**C: LOCAL EVALUATION PLAN**

**Thank you for taking the time to complete this progress report.**

**Please feel free to contact your GPO or GMS for assistance.**