ReCAST Community Needs and Resource Assessment

Grantee Site:	Mecklenburg County
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Stakeholder Participation

Below is a description of who participated in your Needs and Resource Assessment process; how your coalition of stakeholders were engaged; and how you ensured inclusion of diverse perspectives, including those of youth and families representing the diversity of populations within the community, and those impacted by the trauma.

Agency, Community Group, and/or Role *(e.g., youth impacted by trauma, caregiver of youth impacted by trauma, behavioral health service provider, law enforcement agent, legislator, faith-based organization, youth and family advocate)*	**Number of Individuals Represented**
Mecklenburg County Government (Health Department, Commissioners, Mental Health Task Force, Judicial System, Department of Social Services)	8
Cardinal Innovations- Managed Care Organization for Behavioral Health	2
Charlotte-Mecklenburg Police Department	1
Foundation for the Carolinas & Winer Family Foundation- Local non-profit community foundations	2
Local Universities (Johnson C. Smith & University of North Carolina at Charlotte)	2
Charlotte-Mecklenburg Schools- Public school district serving over 150,000 students	2
Health Care Providers (Atrium Health and Novant Health)	2
Faith Community (Local Congregation Leaders)	4

Describe the methods and efforts used to engage the above stakeholders *(e.g., we reached out to a variety of local organizations and asked for recommendations regarding individuals to serve on the coalition; we partnered with our local NAMI chapter to identify peers with lived experience; we informed coalition members about the project and this particular phase; we worked with the group to develop a document that summarizes the roles and responsibilities of group members; we asked them for input via a range of methods, such as interviews and meetings; we asked for feedback on draft materials)***:**

Stakeholder engagement began with an initial gathering of interested stakeholders. This group included representatives from Cardinal Innovations Mental Health, Charlotte-Mecklenburg Schools, Foundation for the Carolinas, and the Winer Family Foundation. Stakeholders hosted a local symposium referred to as the Mecklenburg Resilience Symposium. This event brought together a total of 300 service providers and community advocates. Dr. Bruce Perry, Senior Fellow of the Child Trauma Academy and a leading researcher in childhood trauma, attended as the keynote speaker. This symposium served to educate community stakeholders and gather input. Input from this group led to the broader coalition outlined above. The coalition outlined above worked collaboratively to develop both the proposed scope of work and the disparity impact statement. Input from these stakeholders is also included in the needs and resource assessment.

Describe the steps you took to ensure inclusion of diverse perspective throughout the Community Needs and Resource Assessment process *(e.g., we sued a participatory approach; we invited individuals who represent demographic subpopulations of interest to participants; we provided multiple means of participation to encourage ease of and comfort with sharing/participating)*

To ensure the inclusion of diverse perspective in the Community Needs and Resources Assessment process, we utilized several strategies. First, we utilized a mixed-method approach. By utilizing both quantitative and qualitative data for the process, we worked to ensure that voices that were often marginalized would be included. This also allowed for multiple means of participation including surveys, focus groups, and key informant interviews.

Also, focus groups were targeted to organizations serving community members who have been historically marginalized. These organizations also serve community members who represent specific subpopulations of interest, including LGBT Youth (Time Out Youth), Latino/a children and families (Alianza, Camino, and Latin American Coalition), low-income African American families (St. Luke's Church), and high-risk African American youth (100 Black Men of Charlotte).

Finally, for key informant interviews, we intentionally targeted community members who worked in different professional sectors including non-profit, youth services, education, healthcare providers, mental health providers, university faculty, community volunteers, and philanthropists. This insured that data collected represented perspectives from various viewpoints in the community.

It is important to note that during the initial stakeholder engagement process, many stakeholder groups expressed a general distrust of government agencies in general and Mecklenburg County government more specifically. We recognized that this is a challenge that must be addressed through all phases of the grant process. We made efforts to be inclusive of a variety of community voices through the needs assessment process and will continue to do this through the strategic planning process.

Methodology

Below is a description of the methods used for gathering information needed for our Community Needs and Resource Assessment.

Method Used *(e.g., review of scholarly literature, review of existing local data, administered survey, held focus groups, interviewed individuals)*	**Information Obtained** *(e.g., information on populations of focus, risk and protective factors, currently available local resources, what agencies/systems are providing those resources and how they are funded, programs/practices that can bolster resilience/wellness in our target population)*
Review of Scholarly Literature	To inform this needs assessment, the Recast team identified a wide variety of research related to trauma-informed practice/care and resilience, with a strong focus on the body of research affecting minority communities. One key theme in the literature is the importance of looking at the cultural implications for trauma and resilience, and not solely through the lens of western values (Tummala-Narra, 2007). In one particular mixed-method study, researchers studied resilience across cultures looking at 1500 youth among five different continents. Their major findings include, "1) there are global, as well as culturally and contextually specific aspects to young people's lives that contribute to their resilience; 2) aspects of resilience exert differing amounts of influence on a child's life depending on the specific culture and context in which resilience is realized; 3) aspects of children's lives that contribute to resilience are related to one another in patterns that reflect a child's culture and context; 4) tensions between individuals and their cultures and contexts are resolved in ways that reflect highly specific relationships between aspects of resilience (Ungar, 2008)." In other words, while certain resilience programs may be effective for certain youth, this may not hold true for youth coming from a different cultural setting or community (Ungar, 2008). There is a growing literature around the use of trauma-informed practice/care in medical care, schools, and other institutions. In one study, in Washington DC, four random primary care sites were chosen to participate in the study which looked at the relationship between primary care providers that received trauma-informed practice/care training and patient-provider relationships and communication outcomes (Green, 2015). The study showed that such patient-provider relationships when the provider was trauma-informed, in fact, lead to better relationships and increased satisfaction between the patient and provider (Green, 2015). Trauma-informed schools are also important to the outcomes of students who are affected by traumatic events. In one particular US meta-analysis study, schools that provided social and emotional programming resulted "...in a marked decrease in disruptive behavior, noncompliance, aggression, delinquent acts, and office discipline referrals (Plumb, 2016)." Having trauma-informed resources in the school also helped students to reach their academic goals as well as resulted in the improvement of academic performance (Plumb, 2016). At the policy level, creating policies with a trauma-informed context can be beneficial for communities that are faced with limited resources and historical backgrounds of traumatic events (Bowen, 2016).

	The research on trauma and resilience also examines cultural and ecological contexts. One article evaluated studies specifically looking at violence from an ecological perspective as well as developed resilience principles to reduce violence (Mccrea, 2018). Findings from the study suggest that "single-factor programs and policies developed for other populations tend to be ineffective for addressing the many injustices with which youth in high-poverty, high-crime communities of color contend (Mccrea, 2018)." With African Americans disproportionately experiencing the effects of community violence compared to other ethnic groups, the perspectives considered in this study may be able to help further inform how to address issues in these communities (Mccrea, 2018). This research on trauma and resilience deeply informs the work of the Charlotte-Mecklenburg ReCAST grant. Following the major events in Charlotte NC, ranging from the police involved shootings to the recent removal of undocumented peoples from our region, such traumatic events have had an impact on our communities. The research suggests that the ReCAST grant must pay particular attention to the traumas of youth in our community, the need for trauma-informed practice/care, and the unique needs of ethnic minority and immigrant communities. In addition, the approach from Charlotte-Mecklenburg's ReCAST grant should focus on collaboration and systems change rather than single-factors programs which are often not relevant to all populations.
Local Study of Community Violence Data including Data Maps	• Homicide deaths show gender, race, and income disparities. Homicides occur more often among Non-Hispanic Black Males than Non-Hispanic White males. Five-year, age-adjusted, death data for 2013-2017 shows Non-Hispanic African Americans were eight times more likely to die from homicide than Non-Hispanic Whites and six times more likely to die from homicide than Hispanics. • The number of homicides from 2015 to 2017 by zip code in Mecklenburg County show the highest occurrences located in the zip codes of the Public Health Priority Areas (28212, 28205, 28206, 28208, 28216, 28217) and surrounding zip codes. This supports the assertion that areas of lower socio-economic status and lower educational attainment are differentially exposed to violence. • The Charlotte-Mecklenburg Police Department utilizes a program provided by Mecklenburg County Health Department's Child Development-Community Policing (CD-CP), which is a group of mental health professionals who are on call at all times to respond immediately to police calls involving child victims or witnesses to violence or other trauma. The highest rates of referrals for this program come from low-income communities of color. • African Americans are disproportionately represented among all infant and child deaths, injury-related deaths, infant mortality, and preventable deaths. Of the 153 child deaths, 57% were African American 22% were White, 12% were Hispanic, and 9% were another Non-White, Non-Hispanic ethnicity.
Review of Local Data Reports (Leading on Opportunity Report, Navigating the Maze: Assessment of Mental Health Resources Report, Charlotte-Mecklenburg Schools Breaking the Link Study, Mecklenburg	• There are disparate outcomes in education, health, and mental health, for low-income and ethnic minority families. • These disparate outcomes have persisted for years. • In Charlotte, families experiencing generational poverty have few opportunities to escape poverty as there is limited economic and social mobility.

County Health Disparities Report, College and Career Readiness Ecosystem Report, Juvenile Justice Data Reports)	• Limited economic mobility is linked to residential segregation and a lack of individual social capital. • There are clear data on social determinants to health and their links to race and income. • There are both gaps in services and barriers to treatment for families in need of mental health services. • There are a large number of youth programs in the areas of college and career readiness. • There are few programs that are expressly designed to meet the needs of children and families experiencing stress and trauma. • According to the Navigating the Maze Report, the American Academy of Child and Adolescent Psychiatry says Mecklenburg County has a "severe shortage" of practicing child and adolescent psychiatrists.
Focus Groups	• Individual and community level risk and protective factors. • Specific needs of individuals and communities experiencing trauma. • Types of trauma exposure experienced by community members and marginalized populations in particular
Survey Data from Local Community Members and Service Providers	• Practices and efficacy of local human service resources including education, healthcare, and faith-based organizations • Level of local trauma-informed practice/care • Barriers to care for clients • Level of collaboration between organizations
Key Informant Interviews	• Community needs • Community resources • Gaps in services • Practices and efficacy of local human service organizations including education, healthcare, and faith-based organizations • Level of local trauma-informed practice/care • Barriers to care for clients • Level of collaboration between organizations • Many providers lack cultural competence training to effectively serve low-income families and/or families of color
Trauma and Resilience Policies Local Service Providers Including: The Charlotte Resilience Project, UrbanPromise, Freedom Communities, Renaissance West Community Initiative, UCity Family Zone, and the Charlotte-Mecklenburg My Brother's Keeper Initiative	• The community does not have a shared language for addressing issues of adverse childhood experiences, toxic stress, resilience, or trauma-informed practice/care. • Resources are needed to build resilience in children and families. There is a particular need for peer supports and mentors in low-income families of color.

Results of Needs and Resource Assessment

Below is an inventory/summary of the information/results of the Community Needs and Assessment pertaining to each of the five ReCAST goals. The summary for each should always begin with the priority focus populations and disparate populations that were identified through the assessment process.

Goal 1: Build a foundation to promote well-being, resiliency, and community healing through community-based, participatory approaches					
Priority Focus and Disparate Subpopulations	**Risk Factors for Population**	**Protective Factors for Population**	**Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource**	**Limitations, Challenges, and Issues with Available Resources**	**Gaps/Unmet Needs**
High-risk youth; Youth in the juvenile justice system	• Incarceration	• Access to community-based supports and solutions • Individual resilience	• Court diversion programs that lessen incarceration rates	• Few programs for engaging youth inside and outside of custody	• Lack of adult supports • Programs don't address prevention • Few programs for those in the juvenile justice system
High-risk youth; Youth in foster care system	• Housing insecurity • Lack of supportive adult relationships • Lack of secure attachment to primary caregivers	• Foster care system prevents homelessness • Individual resilience • Supportive adult relationships (where present)	• County foster care system. • Training for foster parents	• Few programs for assisting youth who age out of foster care • Limited understanding and training about the trauma of foster care and the impact of that trauma	• Additional trauma-informed practice/care for foster parents • Mental health supports for children and families in the foster care system

High-risk youth; Homeless Youth	• Housing insecurity	• Individual resilience • Supportive adult relationships	• McKinney-Vento services in schools • Schools are working to expand trauma-informed practice amongst teachers • Youth homeless shelters	• Limited resources • Families and youth who don't seek out services • Unreported homelessness • Lack of affordable housing	• Additional trauma-informed practice/care for service providers • Mental health supports for homeless children and families • Additional sheltering options for youth and families
High-risk youth; Children and Families of Color	• Exposure to institutional racism and racial prejudice • Lack of positive peer and adult models in the ecological system (Ogbu) • High degree of residential segregation	• Racial identity development • Racial socialization • Positive peer and adult models in the ecological system (Ogbu)	• Mentoring programs • Race Matters for Juvenile Justice Racial Equity Training	• Most programs address racial prejudice but fail to address systemic racism that leads to increased trauma • Resource limitations for mentoring programs	• Additional African American and Latino male mentors • Additional training for service providers and volunteers on racial equity and cultural competence
High-risk youth; Children and Families in Poverty	• Housing insecurity • Food insecurity • Exposure to violence	• Individual resilience • Supportive adult relationships • Resourcefulness	• Food pantries • Local safety net agency (Crisis Assistance Ministry) • Faith-based community service providers • Employment/Career development programs and services	• Programs respond to basic needs but rarely work on preventative factors or the traumatic impacts of poverty	• Expanded capacity of programs and services to address the traumatic impacts of poverty • Expanded capacity of programs and services to build the resilience and resourcefulness of youth and families

Goal 2: Create more equitable access to trauma-informed community behavioral health resources					
Priority Focus and Disparate Subpopulations	**Risk Factors for Population**	**Protective Factors for Population**	**Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource**	**Limitations, Challenges, and Issues with Available Resources**	**Gaps/Unmet Needs**
High Risk Youth; Families with Private Insurance	• Challenges accessing care • Failure to identify traumas during visits to health care providers	• Some insurance available • Individual resilience	• Behavioral health providers that accept private insurance • Medical providers who do trauma assessments upon initial intake	• High cost of deductibles and co-pays • Private insurance that does not cover behavioral health	• Access to affordable behavioral healthcare • Shortage of practicing child and adolescent psychologists • Not enough trauma certified counselors
High-risk youth; Children and Families in Poverty	• Challenges accessing care • Lack of social supports • Lack of transportation • Failure to identify traumas during visits to health care providers	• Social supports where available • Individual resilience • Family connectedness	• Behavioral health providers that accept Medicaid • Sliding scale behavioral health providers • Social workers from government agencies • Social support from other faith-based and/or human service agencies • Medical providers who do trauma assessments upon initial intake	• Complexity of the system • May be denied services on technical grounds or for being "noncompliant" • High Medicaid denial rates • Many providers operate outside of communities where support is needed	• Access to affordable behavioral healthcare • Shortage of practicing child and adolescent psychologists • Not enough trauma certified counselors

High-risk youth; Children and Families of Color (Including Immigrant Communities)	• Challenges accessing care • Stigmas attached to behavioral healthcare • Failure to identify traumas during visits to health care providers • Traumas created as part of the immigrant experience • Not seeking care because of undocumented status and fear of deportation	• Social supports where available • Individual resilience • Family connectedness	• Behavioral health providers • Social support from other faith-based and/or human service agencies • Medical providers who do trauma assessments upon initial intake • Schools are working to expand trauma-informed practice amongst teachers	• Unique culture and needs of children and families of color experience trauma are often not considered • Failure to consider the impacts of historic and vicarious trauma on individuals and communities of color • Failure to understand potential traumas that accompany immigration and undocumented status	• Access to affordable behavioral healthcare • Shortage of practicing child and adolescent psychologists • Not enough trauma certified counselors • Lack of cultural-competence in providers

Goal 3: Strengthen the integration of behavioral health services and other community systems to address the social determinants of health, recognizing that factors, such as law enforcement practices, transportation, employment, and housing policies, can contribute to health outcomes					
Priority Focus and Disparate Subpopulations	**Risk Factors for Population**	**Protective Factors for Population**	**Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource**	**Limitations, Challenges, and Issues with Available Resources**	**Gaps/Unmet Needs**
High Risk Youth	• Large and complex systems for care and services	• Social supports • Individual resilience • Resourcefulness	• Human service agencies who assist with navigating the system • Assistance and mentors supplied by non-profit organizations • Assistance and mentors provided through faith-based organizations	• Limited resources for non-profit and human service agencies • A limited number of volunteers • Volunteers not trained in cultural competence or trauma-informed practice/care	• Additional social supports and mentorship provide human service, non-profit, and faith-based organizations
High-risk youth; Children and Families in Poverty	• Large and complex systems for care and services • Lack of access to transportation and childcare	• Social supports • Individual resilience • Resourcefulness • Family connectedness	• Human service agencies who assist with navigating the system • Assistance and mentors supplied by non-profit organizations • Assistance and mentors provided through faith-based organizations • Schools are working to expand trauma-informed practice amongst teachers	• Services frequently provided outside of clients' community • Limited resources for non-profit and human service agencies • Limited number of volunteers • Organizational staff and volunteers not trained in cultural competence or trauma-informed practice/care	• Additional social supports and mentorship provide as part of place-based initiatives • Recruitment of volunteers • Additional cultural competence and trauma-informed practice/care training for organizations and volunteers

High-risk youth; Children and Families of Color (Including Immigrant Communities)	• Large and complex systems for care and services	• Social supports • Individual resilience • Resourcefulness • Family connectedness	• Human service agencies who assist with navigating the system • Assistance and mentors supplied by non-profit organizations • Assistance and mentors provided through faith-based organizations • Schools are working to expand trauma-informed practice amongst teachers	• Limited resources for non-profit and human service agencies • A limited number of volunteers • Organizational staff and volunteers not trained in cultural competence or trauma-informed practice/care	• Additional social supports and mentorship provide as part of place-based initiatives • Recruitment of volunteers • Additional cultural competence and trauma-informed practice/care training for organizations and volunteers

Goal 4: Create community change through community-based, participatory approaches that promote community and youth engagement, leadership development, improved governance, and capacity building					
Priority Focus and Disparate Subpopulations	**Risk Factors for Population**	**Protective Factors for Population**	**Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource**	**Limitations, Challenges, and Issues with Available Resources**	**Gaps/Unmet Needs**
High Risk Youth and Families	• Multiple community agencies that lack collaboration and communication • Agencies utilizing different methods, resources, and desired outcomes	• Social supports • Individual resilience • Resourcefulness • Family connectedness • Individual social capital	• Some agencies provide services to help navigate this array of services • Several place-based initiatives that try to provide community-level solutions	• Lack of shared language and models for how to describe and support individuals and families in trauma • Limited means of monitoring community progress because of a lack of shared goals	• The creation of a singular community plan/language to support • Need for a collective impact model and backbone organization to engage the community in the development of shared goals • Expanded capacity of existing place-based initiatives who agree to utilize shared language and metrics

Goal 5: Ensure that program services are culturally specific and developmentally appropriate					
Priority Focus and Disparate Subpopulations	**Risk Factors for Population**	**Protective Factors for Population**	**Available Local Resources that Serve as or Bolster Protective Factors for this Population, including who offers and funds each resource**	**Limitations, Challenges, and Issues with Available Resources**	**Gaps/Unmet Needs**
High Risk Youth and Families	• Organizations and programs designed to meet the needs of individuals but fail to consider broader family systems	• Individual resilience • Resourcefulness • Family connectedness	• Some programs and services beginning to utilize system-of-care approach	• Lack of shared training opportunities for program staff on system-of-care and multigenerational approaches	• Broad community-based training options in systems-of-care and multi-generational approaches
High-risk youth; Children and Families in Poverty	• Organizations fail to understand the unique needs of families in poverty	• Individual resilience • Resourcefulness • Family connectedness • Self-esteem • Positive identity development	• Crisis Assistance Ministry provides the nationally-known "Bridges Out of Poverty" workshop and poverty simulation, as well as other training/advocacy efforts for families in poverty • Similar efforts were undertaken by Goodwill of Southern Piedmont and a small number of other non-profit organizations • The Human Development Group provides cultural competence training to officers utilizing a cohort approach	• Lack of shared training opportunities for program leaders and staff on the impacts of poverty	• Broad community-based training options and development in cultural competence and racial equity
High-risk youth; Children and Families of Color (Including Immigrant	• Organizations fail to understand or value cultural differences • Distrust of	• Individual resilience • Resourcefulness • Family connectedness	• The Human Development Group provides cultural competence training to officers utilizing a cohort approach	• Lack of shared training opportunities for program leaders and staff on	• Broad community-based training options and development in cultural competence and racial equity

Communities)	program providers based on language differences, cultural differences, and/or immigration status	• Racial socialization • Racial identity development	• C.A. Friend Consulting has recently been contracted to provide Government Alliance on Racial Equity training to Mecklenburg County employees • Right Moves for Juvenile Justice offers racial equity training	cultural competence and racial equity	

Summary of Findings and Conclusions

Below is a summary of the findings and conclusions drawn from our Needs and Resource Assessment. We have highlighted how our conclusions contribute to our project goals and will enable us to next identify specific objectives and related outcomes. The gaps and unmet needs that were identified by comparing currently available local resources for our priority focus and disparate populations to resources that may serve as or bolster protective factors are summarized below. These gaps will be used to generate proposed project activities in our forthcoming Community Strategic Plan.

To conduct the needs assessment above, researchers utilized several methods including focus groups, an online survey, key informant interviews, a review of the academic literature, and a review of existing local data and studies. In addition, to providing an overview of the work to address trauma and stress in communities, the data collected and analyzed within this community needs assessment have allowed us to draw several conclusions. These conclusions will help us shape strategies and guide the project activities in the forthcoming Community Strategic Plan. These conclusions and a discussion of each are outlined below.

First, all planning and implementation efforts must be culturally competent and inclusive. It is clear that in Mecklenburg the greatest needs for addressing issues of trauma and stress are in low-income communities and communities of color, including immigrant communities. Here it is important to note the correlations between race, ethnicity, geography, and social-economic status. The maps in Appendix A paint a clear picture of how, in Mecklenburg County, low-income and ethnic minority families often live in economically and racially segregated communities. These communities not only lack resources but as the map in Appendix B makes clear there is a higher rate of exposure to violence. The map reveals that these same communities had higher numbers of deaths by homicide between 2015 and 2017. The map in Appendix C also shows us that these zip codes had higher numbers of Child Development- Community Policing referrals between 2016 and 2018. This means that there were more traumatic incidents where police, as first responders, thought it was appropriate to call in psycho-social supports for the family or families involved. These referrals are another indicator of higher levels of exposure to trauma in these communities. What emerges as we look at these geographic data is a clear picture of segregated, low-income, communities of color who are exposed to higher levels of violence and traumatic events.

The data, from both national and local sources, clearly demonstrate that low-income communities of color have higher exposures to traumatic events than more affluent, white community members. Work to address individuals and families experiencing stress and trauma in Mecklenburg County must be targeted to meet the needs of these communities. Thus, approaches to addressing the needs of these community members must be culturally competent and inclusive. In addition to ensuring that future programs and services are trauma-informed, the planning team must be trained on and ensure that all stakeholders have access to cultural competence and racial equity training. Planners and providers must understand for example that immigrant communities may bring their own cultural norms to the discussion, including a lack of trust of government officials, a cultural stigma associated with mental illness, and a stronger sense of privacy. An inclusive approach also requires continued community input and intentionality around stakeholder engagement to ensure the inclusion of diverse voices in all phases of the planning and implementation efforts.

Next, there is a need for a holistic, collaborative, community effort. The needs assessment reveals that there are many, disparate efforts to address issues of trauma and stress. These factors operate at different levels of context with limited collaboration. There is, therefore, a need to develop a collective impact effort that examines and addresses factors at all levels of context (micro-, mezzo-, and macro-systems). For example, micro-system efforts can be providing more mentors and home visitations to low-income families of color, mezzo-system

efforts could be supporting the efforts of existing place-based initiatives in Mecklenburg County to ensure they are collaborating and utilizing trauma-informed practices, and macro-system efforts can be broad community-wide education efforts or policy changes. The organization or entity that leads all of this work must be a backbone organization that is focused on the work of providing community-wide solutions that advocate for system-of-care principals as well as shared language, goals, and metrics for addressing issues of trauma and stress in Mecklenburg County.

Finally, the results of the needs assessment show a need for a continued strengths-based approach in future planning and implementation efforts. There are a number of community resources as well as individual and population protective factors that can be supported and developed to create impact. Community resources include a variety of human service agencies and programs who have begun work to address issues of trauma and stress. Some of these are place-based initiatives with the unique ability to identify and address the needs of a target population. In addition, populations of focus have protective factors that include informal social supports, social capital, family connectedness, and individual resilience. Future efforts should seek to develop these protective factors while still address community needs and gaps.

This research pulls together data from a variety of sources and of many types. These data represent the diverse perspectives and voices of the Mecklenburg County community. In the analysis of the needs and resources, researchers have been able to identify clear priorities of 1) ensuring efforts are culturally competent and inclusive, 2) the need for a holistic, collaborative, community effort, and 3) a continued strengths-based approach in future planning and implementation efforts. These priorities will guide the forthcoming Community Strategic Plan and other future planning and implementation efforts of the ReCAST grant. As stated earlier, issues of community trust were a part of the conversation that informed this needs assessment process. It is of great importance that we continue to build trusting, healthy, inclusive relationships with community stakeholders, as we proceed with future ReCAST grant processes, including the Community Strategic Plan.

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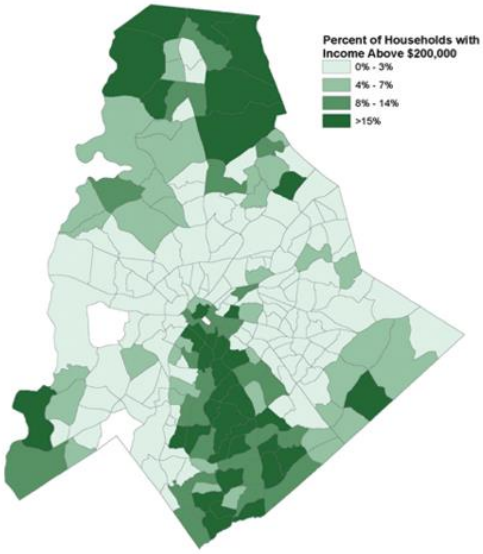
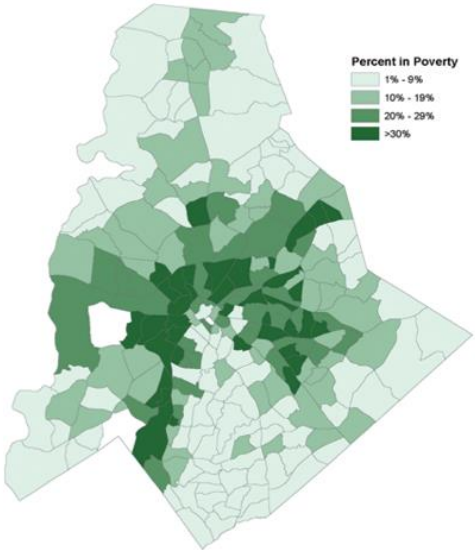
APPENDIX A

Segregation by Wealth

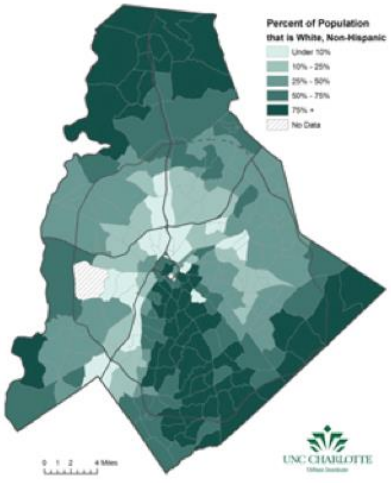


Segregation by Poverty

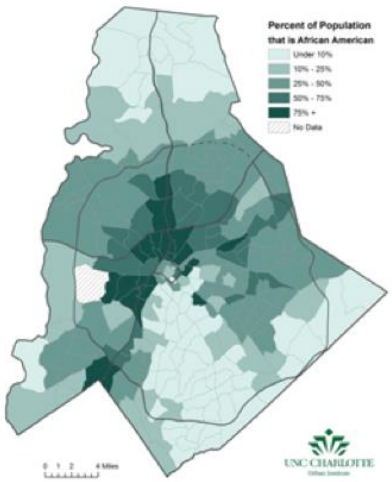


Segregation by Race and Ethnicity

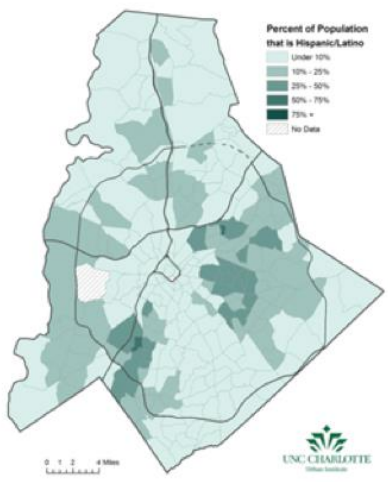
White, Non-Hispanic Population, 2010



African American Population, 2010

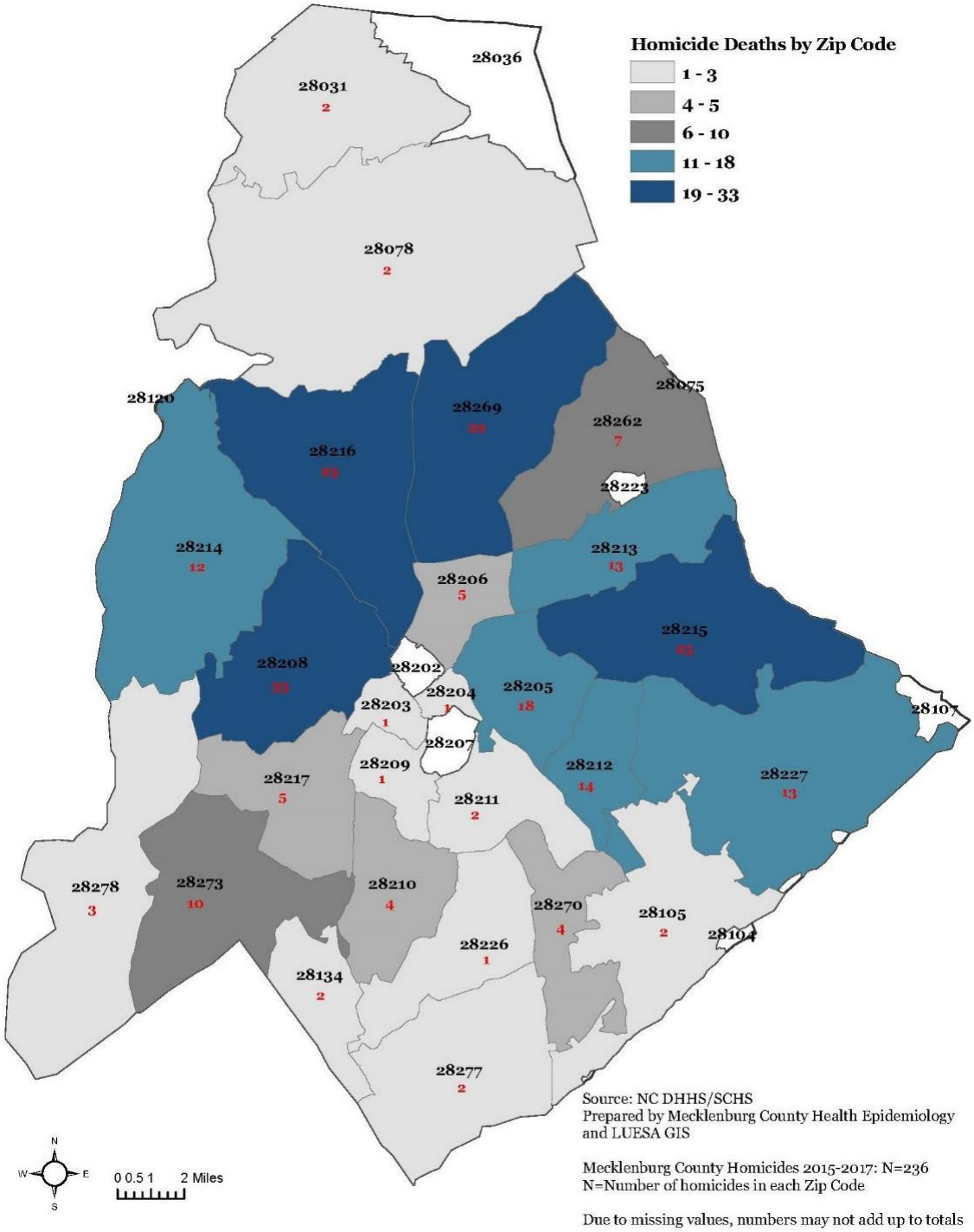


Hispanic/Latino Population, 2010



APPENDIX B

Homicide Deaths by Zip Code: Mecklenburg County 2015-2017



APPENDIX C

Child Development Community Policing (CD-CP) Referrals by Family Zip Code Mecklenburg County 2016-2018