ReCAST Community Strategic Plan

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Introduction

Project Overview (to include the context for our ReCAST Program, including the historical factors that led to the creation of the project and a brief description of the community and population of focus)

In 2016, the city of Charlotte, N.C. experienced civil unrest sparked by two (unrelated) fatal shootings of African American men by members of the Charlotte-Mecklenburg Police Department (CMPD). The shootings of Keith Lamont Scott and Johnathan Ferrell weakened an already fragile relationship between CMPD and the African American community. Demonstrations of mass protest took place, including acts of vandalism, looting and violence.

The city of Charlotte (population 827,097) is the largest city in North Carolina, the 17th largest city in the US, and the county seat of Mecklenburg County (population=1,054,835)[1]. The region is home to the second largest financial center in the US, an array of Fortune 500 companies, a professional football and basketball team, a major international airport, a collection of accredited colleges/universities, nationally recognized medical centers, and numerous galleries, museums, and performing arts theaters. The gross regional product, which exceeded $131 billion in 2014, accounts for one-third of the state's gross product. Furthermore, the per capita income of Mecklenburg county residents is 125% of that of other state residents.[2]

[1] US Census Bureau, QuickFacts, Population and Housing Unit Estimates, 2016.
[2] NC Poverty Research Fund (2016). Economic Hardship, Racialized Concentrated Poverty, and the Challenges of Low-Wage Work: Charlotte, North Carolina.

However, racial disparities in employment and education have resulted in concentrated areas of poverty in the Charlotte-Mecklenburg area. Such disadvantage falls heavily on African Americans, who make up approximately 30% of county's population. For example, the unemployment rate of African Americans in the region (14%) is more than twice that of whites (6%). Additionally, roughly 17% of whites had no more than a high-school degree, compared to 40% of African Americans. Given these differences in employment and education, it is not surprising that the median household income of whites in Mecklenburg County is far greater (86% higher) than that of African Americans. The racial disparity in wealth is especially pronounced in children. Whereas African Americans are three-times more likely to live in poverty than whites, the poverty rate for African American *children* (39%) is almost eight-times higher than that of white children (5%).[3]

The Charlotte-Mecklenburg region offers services (including mental health services) that can begin to address the unintended consequences of racialized poverty. However, these service organizations are not consistently trained to provide culturally sensitive, trauma-informed care to our community's marginalized groups. The absence of this type of care can dissuade individuals from seeking assistance, and thus become a barrier to receiving services.

Significantly, the urban unrest heightened awareness of racial and ethnic disparities in economic and social opportunity, housing, employment and health, as well as extensive lack of trust in local government and major employers' understanding of needs and willingness to effectively respond. It prompted new commitments to policy, systems and environmental changes that will address existing issues as well as "upstream" social determinants.

It is in this context that the ReCAST resources will be used to create a "backbone" aligning cross-sector initiatives, leveraging other investments in creating a healthier, more resilient community marked by broad constituent participation in a process using evidence-based interventions to achieve project goals. Mecklenburg County Public Health, as a trusted community partner and provider, will serve as the lead agency for the initiative.

Summary of Community Needs and Resource Assessment

Several methods guide the analysis and conclusions of the Community Needs and Resource Assessment, including focus groups, an online survey, key informant interviews, a review of the academic literature, and a review of existing local data and studies.

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. Mapping indicates low-income and ethnic minority families often live in economically and racially segregated communities. These communities not only lack resources but there is a higher rate of exposure to violence and higher numbers of deaths by homicide between 2015 and 2017. Mapping also reveals 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

[3] *Ibid.*

referrals are another indicator of higher levels of exposure to trauma in these communities. What emerges in the 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.

Summary of Behavioral Health Disparities Impact Statement

Incidents of civil unrest in Charlotte in 2016 greatly increased community awareness of the disparities in opportunity, wealth, education, housing and health. Some are a legacy of segregation; others the result of economic changes that have reduced manufacturing jobs with a service economy requiring higher levels of education and training. Clarity around these issues followed the release of the *Leading on Opportunity Report*, the result of a multi-sector, community-based research effort exploring the multiple, complex issues that impact generational poverty and access to opportunity. Using input from national experts and “community listening” events the report identified Early Care and Education,

College and Career Readiness and Child and Family Stability as the interrelated determinants most likely to have the greatest influence on an individual's opportunity trajectory. It also recognized the cross-cutting influence of segregation and social capital.
Evidence for these disparities is seen in the data. Race, poverty and segregation are closely related. When mapping health data, a crescent shaped area consisting of six zip codes (28205, 28206, 28208, 28212, 28216 and 28217) show poor health outcomes including high rates of poverty, uninsured populations and death from chronic diseases. These zip codes form a Public Health Priority Area (PHPA) and include over 210,000 residents (one fifth of the total county population). The PHPA represents a broad area containing numerous census tracts and diverse communities with unique service needs. In addition, the Harvard-developed "Chetty Study" showed a child born into poverty had a less than 5% chance of ever moving into the top fifth of income earners.

Using an "equity lens" and with a commitment to preventing trauma and enhancing community resilience, ReCAST Mecklenburg will maintain a focus on development and implementation of sustainable policies that effectively address the social determinants of health which are the root causes of community trauma.

Process Used to Develop Strategic Plan (including how our coalition of stakeholders was involved)

In March and April 2019, multiple meetings were held with internal and external stakeholders to gain insight on current resources and opportunities to strengthen behavioral health systems. Twelve one-on-one informational meetings with possible partners from various community sectors provided feedback on the need for more informed policies, services, and practices related to trauma-informed responses in Mecklenburg. Included in these meetings were leaders from schools, youth-serving organizations, nonprofits, faith communities, behavioral health providers, hospital systems, and local government entities. Additionally, two strategic planning sessions were held with a coalition of grassroots community leaders with strong connections to neighborhoods in the ReCAST high priority areas to garner input about the impact of trauma from both a historical context and the implications of gaps in services. Within the strategic planning sessions, a facilitative approach was utilized to engage stakeholders in providing feedback on ways the grant can impact behavioral health systems, impact health equity, and create sustained community change. The strategic plan framework is a summary of the core themes reflected in those conversations. These communication and feedback processes will remain a critical component of how ReCAST transitions from planning to implementation.

Mission, Vision, and Project Value Statements

Mission Statement: Use this section to describe the purpose of your project, what the project does, how it does it, and for whom.
The mission of Mecklenburg ReCAST is to advance equity for vulnerable youth and families through intentional and non-traditional goals and strategies that are community driven.
Vision Statement: Use this section to paint a picture of the future the project is seeking to create.
The vision for Mecklenburg ReCAST is a thriving community-centered culture that is invested in the inclusion, success, and overall well-being of all citizens.
Project Values: Describe the values that help shape the work of the project.
The values and principles that will guide the practice of equitable and inclusive community engagement across ReCAST efforts are as follows: **Transparency** • Clear and honest communication about decisions and expectations of the engagement process including goals, anticipated outcomes, roles and responsibilities, and key decision-makers. • Outcomes and results of decisions will be reported regularly and promptly. **Accountability** • Early engagement to understand how communities wish to participate in decision-making processes and/or engagement activities. • Respect of participant time and investment will be shown by communicating how their involvement affects the outcome of decisions. **Inclusion** • Barriers to participation in planning and decision-making for all unengaged groups and under-resourced communities will be removed. • Engagement tools and strategies will be culturally and linguistically appropriate. **Equity** • Community participation will reflect the racial, ethnic, cultural, linguistic, and socio-economic experiences and needs of those most impacted by health inequities and/or public health decisions. **Transformation** • Long-term commitment to value communities as partners. • Effectiveness of our engagement and partnerships will be open to continuous improvement based on evaluation results, and customer and stakeholder feedback. **Sustainability** • Long-term commitment to expanding the strengths and assets of communities through training, data sharing, technical assistance, and other applicable resources.

Goals, Objectives, and Program/Policy Activities and Strategies

Goals	Objectives	Activities	Persons Responsible
Goal 1: Build a foundation to promote well-being, resilience, and community healing through community-based participatory approaches	Objective 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	Activity 1: Identify training that teaches trauma-informed approach in family and community; provider; and faith community settings Activity 2: Engage in a train-the-trainer model that will expand the reach of the initial trainings exponentially Activity 3: Identify ways to sustain evidence-based training that teaches trauma-informed approach in various settings	ReCAST staff and community partners
	Objective 2: Offer 42 opportunities to disseminate information and gather feedback about grant activities from community stakeholders by the end of Year 2	Activity 1: Identify preferred mechanisms for community engagement and information sharing Activity 2: Develop a communication plan that could involve community meetings, newsletter, social media, and other appropriate channels	

	Objective 3: Increase focused conversations around racial justice for community healing from 0 to 12 by Year 2	Activity 1: Identify best practices for facilitating/furthering local dialogue about racial justice through a community engaged process Activity 2: Identify appropriate facilitators to implement community conversations on racial justice	ReCAST staff and community partners
Goal 2: Create more equitable access to trauma-informed community behavioral health resources	Objective 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	Activity 1: Identify provider organizations that may be willing to participate in evidence-based training to increase knowledge of adequate trauma-informed services	ReCAST staff and community partners
	Objective 2: Increase capacity for adequate trauma-specific resources for 62 youth and families by Year 2	Activity 1: Meet with leadership to determine steps for eliminating identified barriers to trauma-informed care at 4 provider locations Activity 2: Identify provider organizations that may be willing to expand their services	

	Objective 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.	Activity 1: Identify faith-based organizations willing to participate as healing hubs and trauma first-responders Activity 2: Identify needed training and supports to support faith community in addressing trauma	
Goal 3: Strengthen integration of behavioral health services and other community systems	Objective 1: 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	Activity 1: Identify provider organizations that may be willing to participate in a behavioral health collaborative Activity 2: Identify provider organizations that may be willing to participate in a service provider learning community Activity 3: Meet with leadership to determine steps for creating an advocacy mechanism for systems and individuals	ReCAST staff and community partners
Goal 4: Create community change through participatory approaches that promote	Objective 1: Increase the number of youth and community members participating in community participatory	Activity 1: Identify fair process to determine youth leadership group membership	ReCAST staff and community partners

community and youth engagement, leadership development, improved governance, and capacity building	approaches as a result of the grant from 0 to 54 by Year 2	Activity 2: Identify fair process to determine community leadership group membership Activity 3: Identify fair processes for allocating funds and prioritizing activities	
Goal 5: Ensure program resources are culturally specific and developmentally appropriate	Objective 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	Activity 1: Identify specific resources to address historical and racial trauma Activity 2: Identify specific resources to address needs of the LBGTQ community	ReCAST staff and community partners
	Objective 2: Increase the number of providers that provide language-accessible trauma-informed services within 24 providers by Year 4	Activity 1: Identify specific resources to address trauma-informed services that are language-accessible	