

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

**Reporting Period:
September 30, 2019 – September 29, 2020**

**DUE to SAMHSA:
December 31, 2020**

**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 31st 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: DGMPProgressReports@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.

Although the broad implications of the COVID-19 pandemic created crises that have shaped and adapted responses to the needs of the community, the important work of ReCAST continued in Mecklenburg despite the obvious impediments of social distancing. Year 2 provided unique challenges and opportunities in the commitment to delivering trauma informed responses for youth and families in Mecklenburg. Building on the momentum and success of trauma informed and resilience training in Year 1, training activities expanded for community stakeholders, with a particular focus on service providers and first responders, and became a trusted source by which common language emerged. Plans and schedules were modified, but the scope of the work continued to align with previously set objectives – redefine ways to address the impact of trauma and stress in the community and amplify the importance of collaborative approaches.

Strategies were deliberately focused on scale and sustainability. Activities included capacity-building components for individuals and organizations that provide a foundation for systems-level change. New partnerships emerged and commitments were made to collaborate differently. Training was expanded to provide interventions for frontline service providers who were coping with new designations of essential, mandatory, caregiver, parent-educator, and educator-parent. The transition from in person to virtual formats offered options to support training for stress and trauma at a critical time, as noted by high participation rates.

Notably, four well-established faith communities contracted with ReCAST in Year 2 to provide Navigators through Healing Hub pilots. Embedded training supports the Navigators across the area as they help expand the capacity of community based networks; gain knowledge trauma informed approaches; and support non-traditional entryways into services for youth and families through a myriad of existing resources. The number of participants in a Trauma Informed Learning Community increased by 9. The yearlong commitment to sustainable trauma informed approaches provides opportunities for organizations to examine how service can be enhanced and transformed when service provision is grounded in healing and safety.

Unfortunately, a record number of homicides in Mecklenburg persisted and escalated from Year 1 to Year 2. As violence was deemed a public health crisis by county government, community conversations increased. ReCAST Mecklenburg was invited to be a part of planning for focused interventions. A community response committee was developed with the selection of Cure Violence as a primary intervention model. A Violence Prevention Coordinator position was created which provides a natural fit for collaboration with ReCAST on the common agenda of youth violence prevention.

As formal and anecdotal data confirmed a need for multi-dimensional efforts to address the urgent and diverse needs of neighborhoods, ReCAST Mecklenburg continued to support focused efforts to address gaps in services, equity, access, and the new realities of COVID for youth and families.

PROJECT IDENTIFICATION AND KEY CONTACTS

Project Identification Information

Please note the year that your grant was awarded.

September 2018

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.

Build a foundation to promote well-being, resiliency, and community healing through community-based, participatory approaches
Briefly describe your approach to this goal and list the specific objective(s) developed for this goal
<p>Approach:</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>Objectives:</p> <ol style="list-style-type: none">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 22. Offer 42 opportunities to disseminate information and gather feedback about grant activities from community stakeholders by the end of Year 23. Increase focused conversations around racial justice for community healing from 0 to 12 by Year 2
A. Major Activities and Accomplishments
<p>Major activities:</p> <ol style="list-style-type: none">1. Identify training that teaches trauma-informed approach in family and community; provider; and faith community settings2. Engage in a train-the-trainer model that will expand the reach of the initial trainings exponentially3. Identify ways to sustain evidence-based training that teaches trauma-informed approach in various settings4. Identify preferred mechanisms for community engagement and information sharing5. Develop a communication plan that could involve community meetings, newsletter, social media, and other appropriate channels6. Identify best practices for facilitating/furthering local dialogue about racial justice through a community engaged process7. Identify appropriate facilitators to implement community conversations on racial justice <p>Accomplishments:</p> <ol style="list-style-type: none">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 2, 1,598 participants completed the training

2. Twenty-three 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. A Trauma Informed Learning Community was formed consisting of organizations in healthcare, education, government, faith, and nonprofits. Nine organizations engaged in the yearlong activity to expand trauma informed, resilience, and compassionate leadership approaches in their operations and policies. This activity was inherited from the Health Department's Community Mental Health and Wellness Group which is anticipated to sustain this activity post award funding
4. A new partnership was formed with the Charlotte Mecklenburg Public School System to increase the number of teachers and staff trained in trauma informed and resilience approaches, extending the capacity of the school district to implement strategies that benefit student mental health and wellness and instructional support
5. Continued implementation of a communication plan to disseminate information about grant activities and offer channels for feedback by community stakeholders, including the development of a website.
6. 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)
7. Initiated racial justice subject matter and conversations through training models that focused on resiliency and trauma informed approaches and identified local facilitators interested in partnering around racial equity training

B. Challenges/Barriers

Although implementation of training and participant recruitment was strong, the inability to fully spend down Year 2 funding created carryover. Due to COVID-19 and contributing factors, the training calendar was modified from in person to virtual which slowed anticipated participation and in person opportunities for marketing and communication. Local and federal mandates initially created challenges to community gathering, creating a need for full virtual interactions

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

Modification of ReCAST Mecklenburg in person training to virtual expanded the subject matter, audience (especially those persons considered essential during COVID-19), and increased accessibility for some residents. Planned trainings on stress and trauma expanded to webinars on managing anxiety and worry and promoting self care, which supported the community's immediate need for stress management tools during the pandemic

Feedback from REAP participants and evaluation data revealed the need for expanded options for a train-the-trainer approach. Although REAP was successfully implemented on a programmatic level, the expectations for a quick implementation within the community was underestimated. Therefore, the scope of Year 3 training will include more opportunities for REAP participants to use resilience strategies

learned in the REAP training and a more introductory level resource that can be adopted quickly and by all levels of authority

Changing from the large Trauma Informed Summit format to the smaller Compassionate Leadership training is a more inclusive and comprehensive recruitment tool for joining the Learning Community. Additionally, smaller trainings support alignment with the Learning Community model and provide an introduction to compassionate leadership models in a more intimate setting

E. Activities Planned and Anticipated for the next 12 Months

1. Continued recruitment for trauma informed, resiliency, and compassionate leadership training in the priority areas
2. Expand the train the trainer and learning community models to build long-term sustainability of resiliency and trauma informed approach training
3. Expand the use of a dedicated website to increase community engagement and partnership development
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 5

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 twenty-one providers willing to expand their services and agreeable to participation in trauma informed care and resiliency training
2. Provided training to 216 service providers in compassionate leadership models
3. Provided training in trauma and resiliency for individuals and provider organizations in six sectors (education, justice, government, nonprofit, faith based, and health)
4. Contracted with four faith based organizations to provide a Navigator in priority health areas through Healing Hubs
5. Strengthened relationships among some faith leaders and county government to expand access to community resources using holistic approaches
6. Developed a partnership with NCCARE360, a state-based referral platform, to strengthen the ability of the Healing Hubs to be an entryway into services and refer to existing resources
7. Joined a senior leadership cohort to increase access to child maltreatment services for at-risk youth and families

B. Challenges/Barriers

Implementation of the Healing Hubs were delayed due to COVID-19; the expected date of implementation was March, however, the eventual contractual process resumed in September. A challenge for faith based organizations is securing required assurances such as increased insurance, compliance with local vendor processes, and changes to infrastructure due to COVID-19

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 and coalitions

The pandemic exacerbated access, equity, and trust concerns which contributed to the unwillingness of some faith based organizations to participate in the Healing Hub pilot at this time. Historically, community based organizations view county requirements as a barrier. Therefore, there is a need for a continued focus on dialogue, outreach, and education to build partnerships, trust, and understanding about the Healing Hub concept and community needs

E. Activities Planned and Anticipated for the next 12 Months

1. Continue partnering with community mental health leaders to determine how ReCAST can support access to trauma-informed care and capacity building to serve more families in the priority area
2. Provide funding and support for additional Faith Healing Hubs through the Healing Hub pilot
3. Identify common elements to create a replicable Healing Hub model

4. Identify youth serving organizations willing to participate in a youth and families pilot to serve the priority health area

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. Identified 46 community based resources that provide services within the priority health area through a community needs assessment and mapping project
2. Hosted a networking event on how to develop an organizational structure around trauma informed care and certification featuring guest speaker Assistant City Manager of San Antonio, Texas
3. Added nine additional provider organizations for participation in a trauma informed learning community activity including Maternal Child Health within the Health Department
4. Continued collaboration with the Health Department's Community Mental Health and Wellness Group to sustain the learning community activity
5. Continued participation in city-county violence prevention efforts, including information sessions on the selection of the Cure Violence Model as the primary intervention for Mecklenburg

B. Challenges/Barriers

COVID-19 presented challenges to in person engagement for learning community events as well as new partnership events, creating the need for full virtual interactions

<p>Over the course of year 2, city and county government-led efforts responded to increased violence by convening various stakeholders to address the wide range of stakeholder priorities including youth violence prevention. Without immediate consensus, alignment and implementation of ReCAST support for this effort was delayed</p>
<p>C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)</p> <p>N/A</p>
<p>D. Lessons Learned</p> <p>Stakeholder support is more easily garnered through individuals and organizations embedded in the community</p> <p>Although COVID-19 presented challenges, there were numerous growth opportunities for ReCAST resilience and trauma informed approaches through full virtual interactions. Additionally, COVID-19 increased the need for outreach to a broader audience of stakeholders</p>
<p>E. Activities Planned and Anticipated for the next 12 Months</p> <ol style="list-style-type: none"> 1. Continue to engage with law enforcement 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

<p>Create community change through community-based, participatory approaches that promote community and youth engagement, leadership development, improved governance, and capacity building</p>
<p>A. Briefly describe your approach to this goal and list specific objective(s) and activities related to this goal</p> <p>Approach:</p> <p>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</p> <p>Objective:</p> <p>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.</p>
<p>B. Major Activities and Accomplishments</p> <p>Major activities:</p> <ol style="list-style-type: none"> 1. Identify a transparent process to determine youth and community leadership to join efforts in carrying out ReCAST goals and objectives 2. Identify a transparent process to determine community leadership group membership 3. Identify transparent processes for allocating funds and prioritizing activities

<p>Accomplishments:</p> <ol style="list-style-type: none"> 1. Identified community stakeholders interested in prioritizing trauma informed care in service delivery 2. Developed a relationship with community leaders at Heal Charlotte (a nonprofit organization formed due to the 2016 civil unrest qualifying event) interested in supporting ReCAST work around youth violence prevention and work force development 3. Developed a relationship with Alianza, a Latino youth coalition focused on preventing youth substance use, interested in supporting ReCAST work around trauma informed care and youth violence prevention 4. Developed a relationship with community leaders in the UCityCivic and Faith Leadership group interested in prioritizing trauma informed care and equity in service delivery 5. Collaborated with the Office of Population Health within the Health Department to identify faith based organizations interested in becoming a Healing Hub and develop a transparent process for allocating the funding 6. Continued support of the Charlotte Resilience Project through the conclusion of the project funding period, post evaluation, and transition to the new Community Resilience Project. Additionally, ReCAST provided REAP certification to leaders of the new organization for continuation of trauma informed approaches in the community
<p>C. Challenges/Barriers</p> <p>COVID-19 presented challenges to in person engagement for youth violence initiatives as well as new partnership events, postponing the implementation of the youth guided pilot projects</p>
<p>D. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)</p> <p>N/A</p>
<p>E. Lessons Learned</p> <p>Gaps in behavioral health services and developmentally appropriate resources for youth create challenges to access and technology in some priority areas</p> <p>Stakeholder support is more easily garnered when goals and objectives are flexible to input and feedback</p>
<p>F. Activities Planned and Anticipated for the next 12 Months</p> <ol style="list-style-type: none"> 1. Facilitate innovative ways to engage community participation 2. Provide funding and support for youth-serving organizations through youth-guided pilot projects

<p>Ensure that program services are culturally specific and developmentally appropriate</p>
<p>A. Briefly describe your approach to this goal and list specific objective(s) and activities related to this goal</p>

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. Developed a relationship with Race Matters for Juvenile Justice, a local entity, to address historical and racial trauma for youth and families
2. Integrated historical and racial trauma in trauma informed care and resiliency trainings
3. Identified community partners that primarily serve the LGBTQ community; provided trauma informed care and resiliency training opportunities
4. Continued to nurture relationships with organizations that serve primarily Latino clients, including contracting with two primarily Latino faith based organizations for the Healing Hub pilot; providing trauma informed training opportunities for Latino community based organizations serving youth and families in the priority health area; and participated in monthly stakeholder meetings with a Latino youth coalition
5. Modified resilience training based on participant feedback to include Spanish translation
6. Developed language-accessible resources to prioritize cultural competence and increase inclusion of diverse stakeholders
7. Continued identification of language-accessible needs for providers that provide trauma-informed services

C. Challenges/Barriers

COVID-19 presented challenges to in person engagement for community events as well as new partnership events

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

<p>E. Lessons Learned</p> <p>The use of the state based NCCARE360 Referral Platform was anticipated to be a major tool for the Healing Hub pilot. However, during onboarding of the Healing Hub participants, it was learned that the platform was not Spanish language accessible. ReCAST Mecklenburg has voiced concerns to the host of the platform regarding this matter as a barrier. We learned that resources designed to eliminate barriers often miss the opportunity to build critical relationships and improve service delivery. Community input and feedback assures that needs are appropriately and holistically addressed.</p>
<p>E. Activities Planned and Anticipated for the Next 12 Months</p> <ol style="list-style-type: none"> 1. Continue to include cultural competence as a priority when planning training events, pilots, and community conversations 2. Partner with local facilitators to address historical and racial trauma through community events, specifically focused on youth and family services

<p>ReCAST Coalition Activities</p>
<p>A. Major Activities and Accomplishments</p> <ol style="list-style-type: none"> 1. Identified existing groups interested in trauma informed approaches 2. Facilitated 3 stakeholder meetings to provide information about the grant and community approaches to coalition building
<p>B. Challenges/Barriers</p> <p>Our identified strategy of creating a community led coalition requires significant community stakeholder buy-in, with the intention that ReCAST trainings offered will drive shared agendas to increase opportunities for sustainability. It is often difficult to develop formal structures that require community input when a longstanding history of distrust exists. In addition, this activity was impeded by COVID-19.</p>
<p>C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)</p> <p>N/A</p>
<p>D. Lessons Learned</p> <p>One of the most important lessons learned this year continues to be the importance of building coalitions around trust, consistency, and necessity. Building through existing coalitions often expands partnerships and supports the work already in progress without creating a new agenda unnecessarily.</p>
<p>E. Activities Planned and Anticipated for the Next 12 Months</p> <ol style="list-style-type: none"> 1. Establish a formal structure for ReCAST coalition to include existing groups interested in trauma informed approaches

2. Continue building relationships

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, with exception of the implementation of the youth guided pilot. The prevalence of COVID-19 impeded the launch; however, a new target date of Spring 2021 has been set. We are on track to address Goals 4 & 5 more fully in subsequent years.

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)?

Yes, activities in Year 2 addressed the needs of high risk youth and families through foundational training in trauma informed care and resiliency approaches to service providers and first responders; through focused training for 200 public school teachers and staff; through REAP certification for 23 community providers to increase the number of trainers in the community; and through contracting with faith based organizations for implementation of a Healing Hub pilot.

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

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; some new partnership activities were hampered by social distancing. 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:

Reconnect for Resilience™ Extended Learning for REAP Trainers: Developed an extended learning opportunity that offers REAP Trainers an opportunity to practice the resiliency tools and network with trainers. 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™

Becoming a Trauma-Informed Organization: Two-day training for Learning Community participants as they begin the yearlong activity. Equipped participants with knowledge of trauma's impact throughout organizations, benefits of trauma-informed care, and additional information about the Learning Community. Continuing Education Units (CEUs) were available. Provided by National Council for Behavioral Health.

Managing Anxiety and Worry: On the Front Line of a Crisis: One-day webinar that provided a brief overview of how anxiety can impact general functioning and functioning in crisis. It offered various strategies that can be used

to decrease the impact of anxiety during COVID-19. Continuing Education Units (CEUs) were available. Provided by National Council for Behavioral Health.

Self-Care and Regulation Strategies During Times of Crisis: One-day webinar that provided knowledge about the impact that crisis has on the brain and provided strategies for self-regulation as part of building compassion resilience as public health work continues. Continuing Education Units (CEUs) were available. Provided by National Council for Behavioral Health.

Trauma-Informed, Resilience-Oriented Considerations Upon Return to the Office: One- day webinar that provided knowledge about reentry into the workplace with trauma-informed, resilience-oriented considerations and strategies. Continuing Education Units (CEUs) were available. Provided by National Council for Behavioral Health

On the Frontline: Promoting Self-Care Practices and Psychological Well-Being During a Crisis: One-day webinar that equipped participants with strategies to manage during a crisis and how to prevent burnout. Continuing Education Units (CEUs) were available. Provided by National Council for Behavioral Health

Compassion Fatigue: One-day training that provided strategies on ways to create a culture of wellness, compassionate leadership, and trauma-informed care. Continuing Education Units (CEUs) were available. Provided by National Council for Behavioral Health

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 service providers through Trauma Informed Learning Communities comprised of 8 organizations including Mecklenburg County Public Health, Communities in Schools, Center for Prevention Services - Alianza, YMCA, National Alliance on Mental Illness (NAMI), Department of Social Services, and Mental Health America. Additionally, a faith Healing Hub pilot was initiated to provide non-traditional entryways into care for youth and families using a Navigator approach. With ReCAST support, Atrium Hospital System, a regional leader in healthcare education, has become a leader in the delivery of trauma informed training modules.

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.

1. ReCAST Mecklenburg successfully completed phase 1 of the Community Mapping project to identify available resources, gaps in services, and unique resources in the priority health area. Through this initiative, 46 grassroots organizations participated in a needs based assessment to identify service population and training needs around trauma informed care. The mapping project serves to connect often marginalized community based organizations to networking opportunities and to the broader work.
2. Despite significant delays due to COVID-19, ReCAST Mecklenburg successfully implemented the faith Healing Hubs with 4 faith based organizations. This pilot will provide non-traditional entryways into services for youth and families, promoting trauma informed and resilience within the community for high risk youth and families. Using a Navigator approach, Healing Hubs will serve as a trusted community resource and build on the legacy of the faith community and its leadership role in the community.
3. Although the prevalence of COVID-19 caused a transition from in-person to virtual training, ReCAST Mecklenburg successfully implemented virtual training for 477 participants, including service providers,

first responders, and community stakeholders thrust in frontline roles. These trainings focused on self-care, managing anxiety, compassionate leadership, and resiliency approaches.

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 to promoting resilience in the community was responding to community needs around prevailing issues of racism and violence. A record number of homicides exacerbated the record tally from last year. Unfortunately, issues around equity and engagement continue to be a challenge. A planned youth violence event in partnership with a leading community advocacy group was postponed due to COVID-19. Efforts this year and ongoing will be continued support for violence prevention initiatives.
2. COVID-19 hindered the momentum of many opportunities to develop new partnerships and collaborate with existing activities and events in Mecklenburg. Plans to engage in person were altered, delayed, and sometimes cancelled due to COVID-19 restrictions. Although virtual training was an option, all community stakeholders did not have access to technology necessary to participate equitably. As staff, the challenge is to continue to be creative. Efforts this year and ongoing will be continued support for equitable access for all.

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 a made a difference.

VIGNETTE #1:

“The most helpful part of Mental Health First Aid was learning how to start the conversation and ask questions. Also learning how to treat people who are in crisis and being able to contrast physical first aid with mental health first aid. The experience of the class exposed me to the whole arena of mental health first aid.”

VIGNETTE #2:

“One thing I learned from the Compassion Resilience training that would be incorporated in my daily work/practice is trying to be more compassionate towards clients and really considering what a person has been through but also not letting that affect my everyday life once I go home.”

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).

See attached

- 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.)

Minor changes were made to the strategic plan to clarify program implementation and language. Within goal 2, objective 3, full implementation of the Healing Hub was moved from year 2 to year 4 in consideration of COVID-19 delays that will likely impact the grant period. Within goal 4, objective 1, the term “fair” was changed to “transparent” to reflect stakeholder feedback.

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

Activity	Time Period
Developed local evaluation plan	November 2019
1 st information session with faith community about Faith Healing Hub RFP	December 2019
Faith Healing Hub RFP opened	December 2019
Trauma Informed Learning Community application opened	December 2019
Dedicated ReCASTMeck email created	December 2019
Selection of ReCAST Learning Community applicants	January 2020
Submission of YR 3 continuation application	February 2020
Identified ReCAST Program Assistant	February 2020
Start of ReCAST 2020-2021 Learning Community	February 2020
Review and selection of Faith Healing Hub proposals	February 2020
Start of extended learning training for REAP participants through Resources for Resilience™	February 2020
Awarded Healing Hubs delayed due to COVID-19	March 2020
Dedicated website approved by the county	March 2020
Community presentation on developing trauma informed coalitions by Dr. Colleen Bridger, Assistant City Manager of the San Antonio Metropolitan Health District	March 2020
Provided transportation passes for displaced residents at the onset of COVID-19	March 2020
Completion of Community Mapping (Phase 1)	April 2020

Community webinars on managing anxiety and self care during COVID-19 begins	April 2020
Identification of referral resources and data platforms for Healing Hubs	April 2020
Joined leadership cohort on prevention of child maltreatment	May 2020
Participated in impact surveys for the Charlotte Resilience Project close out and transition	June 2020
Trauma-Informed, Resilience-Oriented Considerations Upon Return to the Office webinars begin	July 2020
Public school resilience training series begins	August 2020
Completion of REAP Cohort 1	September 2020
Learning Community Midyear Meeting (virtual)	September 2020
Faith Healing Hubs begin	September 2020
Compassionate Leadership training series for community stakeholders	September 2020
Compassionate Leadership training series for public health staff	October 2020

Section 6: SUSTAINABILITY

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

During the past 12 months, in order to support sustainable systems change, ReCAST strengthened the relationship with the Community Mental Health and Wellness Group to support the continuation of a Trauma Informed Learning Community (TILC) beyond ReCAST funding. This activity aligns with the new vision and mission of the group to include support for evidence-based trauma informed approaches within community partners. Also, we hope to build on the work between the Health Department’s Population Health unit and local faith communities beyond ReCAST funding through the implementation of the faith Healing Hub pilot. This activity aligns with the vision of increasing health ministries in Mecklenburg faith communities.

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

List the top three areas you plan to work on during the next 12 months.				
Priorities	Action Steps	Timelines	Key Leaders or Staff	Benchmark for Progress
Trauma Informed Learning community	Increase the number of participants interested in joining a TILC to implement evidence-based	Jan-Dec 2021	National Council for Behavioral Health	10 additional participating organizations in the TILC

	trauma informed approaches within their organization.		Participants from Compassionate Org Seminars Community Mental Health and Wellness Group ReCAST staff ReCAST Evaluation Team	
ReCAST Faith Based Healing Hub Initiative pilot	Increase the number of faith based organizations interested in becoming a non-traditional entryway into care using a Navigator approach.	Jan-Dec 2021	Faith Based Organizations who serve youth and families in ReCAST priority areas Mental Health America Community Mental Health and Wellness Group Population Health, Meck Co. Health Department ReCAST staff ReCAST Evaluation Team	4 additional participating faith based organizations in the Healing Hub pilot
Youth Guided Pilot	Contract with youth serving organizations to implement trauma informed violence prevention interventions	Jan-Dec 2021	Youth serving orgs who serve youth and families in ReCAST priority areas Mental Health America	5 new youth serving organizations in the Youth Guided pilot

			Resources for Resilience™ ReCAST staff ReCAST Evaluation Team	
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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
REQUIRED GPRA Performance Measure WD2: 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.	730	Seven hundred and thirty individuals trained in an evidence-based trauma informed approach by National Council for Behavioral Health in Charlotte, NC on October 23, 2019, October 24, 2019, February 26, 2020, February 27, 2020, April 28, 2020, May 12, 2020, July 10, 2020, July 28, 2020, August 11, 2020, September 3, 2020, September 1, 2020, September 2, 2020, and September 17, 2020. This result is ahead.
REQUIRED GPRA Performance Measure TR1: The <u>number of individuals</u> who have received training in trauma-informed approaches, violence prevention, mental health literacy, and other related trainings as a result of the ReCAST grant.	704	Seven hundred and four individuals trained in an evidence-based resiliency and trauma informed approach by Resources for Resilience™ and National Council for Behavioral Health in Charlotte, NC on October 14, 2019, December 5, 2019, March 11, 2020, April 22,

		<p>2020, April 23, 2020, May 6, 2020, May 7, 2020, July 14, 2020, July 29, 2020, August 25-28, 2020, September 1-4, 2020, September 8-11, 2020, September 18, 2020, and September 22-25, 2020.</p> <p>This result is ahead.</p>
<p>REQUIRED GPRA Performance Measure PC2: 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.</p>	43	<p>Forty-three partner organizations that include healthcare, behavioral health, education, government, youth serving, and nonprofits are collaborating, coordinating, and sharing resources. Partnerships include individuals who have agreed to participate in learning communities, faith Healing Hubs, and Resiliency Educators.</p> <p>This result is ahead.</p>
<p>Required GPRA Performance Measure T3: The <u>number of individuals (youth and family members)</u> referred to trauma-informed behavioral health services as a result of the grant.</p>	0	<p>Four faith based organizations agreed to participate in a Healing Hub pilot to increase the number of youth and families referred to trauma informed behavioral health services as a result of the grant. Contract execution was delayed due to COVID-19.</p> <p>This result is behind.</p>
<p># of at-risk youth engaged by ReCAST community partners:</p>	14	<p>Fourteen at-risk youth were engaged by ReCAST Resiliency Educators using REAP tools and resources from December 3, 2019 – September 18, 2020.</p>
<p># of family members of at-risk youth engaged by ReCAST community partners:</p>	29	<p>Twenty-nine family members of at-risk youth were engaged by ReCAST Resiliency Educators using REAP tools and resources from December 3, 2019 – September 18, 2020.</p>

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

The ReCAST evaluation team has worked closely with the program team to adapt to the unprecedented context of the Covid-19 pandemic. Public health requirements, including periods of ‘shutdown’ and implementation of PPE and other safety protocols, have forced ReCAST Mecklenburg to revise activities and reevaluate the evolving community’s needs. For example, trainings have been redesigned as virtual offerings, new trainings have been developed to enhance community members’ resilience to Covid-19 related stressors, and the launch of the Healing Hub pilot program was delayed. These delays have been incorporated into the revised strategic plan timeline. Despite unexpected changes, the program has made progress with respect to current strategic plan Goals 1, 2, & 3 and is on track to address Goals 4 & 5 in subsequent years of the award.

Goal 1: Build a foundation to promote well-being, resiliency, and community healing through community-based, participatory approaches.

ReCAST has been successful in increasing community knowledge about trauma and resilience. The ReCAST Evaluation team submitted a training report in January 2020 from qualitative data gathered from listening sessions conducted at some of the trainings. Key recommendations encouraged future trainings to:

1. Explore more efficient focused training models. Participants felt that 2-day trainings were too long and found it difficult to be away from work that long.
2. Engage organizational leaders to support change efforts. Leadership academies and learning communities are potential strategies.
3. Provide tailored resources and information to support organizations wanting to make changes.

These recommendations were shared with trainers who were able to incorporate suggested improvements into 2020 training offerings. To date, ReCAST has trained 704 individuals in evidence-based trauma and resilience approaches. Training evaluation data received during the most recent reporting period indicates that training has been extremely well-received with 98% either agreeing (46%) or strongly agreeing (52%) with the statement: Information presented will enhance my practice or daily work. Trainings held early in the pandemic that addressed topics, such as managing work stress, returning to work after lockdown, and general self-care, were particularly timely and well-attended.

Additionally, the ReCAST evaluation team conducted a survey with the REAP Apprenticeship Program which ended on 9/30/20. The ReCAST Evaluation Team gathered information about participants’ experiences to inform future RECAST programming. Participants reported using resiliency skills for themselves and with clients they worked with.

Goal 2: Create more equitable access to trauma-informed community behavioral health resources.

ReCAST has leveraged training activities as a means for expanding its’ network of trauma-informed trained behavioral health service providers. In turn, trainings serve as recruitment mechanisms for interested behavioral health service providers to become involved in trauma-informed organizational and systems efforts across key youth serving sectors. Systems change efforts have focused on identifying organizations and programs that exhibit readiness for change.

ReCAST has contracted with four faith-based organizations within the priority health area to develop Healing Hubs staffed with trauma-informed navigators. The evaluation team is supporting these Healing Hubs with on-going technical assistance and coaching to support program development, implementation, and evaluation efforts. The Healing Hubs have adopted three program goals which align with the ReCAST strategic plan: 1) faith communities will provide trauma informed support for youth and families in crisis; 2) Healing Hubs will link youth and families with needed resources, including behavioral health and supportive services; and 3) Healing Hubs will increase their capacity to collaborate and respond to community needs around trauma and resilience

Goal 3: Strengthen integration of behavioral health services and other community systems.

The ReCAST program has been recruiting and supporting trauma-informed learning communities in collaboration with the Community Mental Health and Wellness Group. The evaluation team has developed research questions and will conduct interviews and listening sessions with learning community participants in the Spring 2021. ReCAST has also been participating with violence prevention efforts led by the City of Charlotte, which include the selection and implementation of the CURE violence model locally. The evaluation conducted a community mapping assessment to identify resources and opportunities for engaging non-profit services within the priority health area. The evaluation team also conducted additional data collection and mapping for non-public schools to support efforts of the ReCast program team's development of more trauma-informed schools. Findings confirmed the need for trauma-informed services and training, especially for smaller non-profits, within the priority areas.

Revised Strategic Plan (revisions are highlighted in yellow)

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

		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	

		<p>Activity 2: Identify provider organizations that may be willing to expand their services</p>	
	<p>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 4.</p>	<p>Activity 1: Identify faith-based organizations willing to participate as healing hubs and trauma first-responders</p> <p>Activity 2: Identify needed training and supports to support faith community in addressing trauma</p>	
<p>Goal 3: Strengthen integration of behavioral health services and other community systems</p>	<p>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</p>	<p>Activity 1: Identify provider organizations that may be willing to participate in a behavioral health collaborative</p> <p>Activity 2: Identify provider organizations that may be willing to participate in a service provider learning community</p>	<p>ReCAST staff and community partners</p>

		<p>Activity 3: Meet with leadership to determine steps for creating an advocacy mechanism for systems and individuals</p>	
<p>Goal 4: Create community change through participatory approaches that promote community and youth engagement, leadership development, improved governance, and capacity building</p>	<p>Objective 1: 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</p>	<p>Activity 1: Identify a transparent process to determine youth leadership group membership</p> <p>Activity 2: Identify a transparent process to determine community leadership group membership</p> <p>Activity 3: Identify transparent processes for allocating funds and prioritizing activities</p>	<p>ReCAST staff and community partners</p>
<p>Goal 5: Ensure program resources are culturally specific and developmentally appropriate</p>	<p>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</p>	<p>Activity 1: Identify specific resources to address historical and racial trauma</p> <p>Activity 2: Identify specific resources to address needs of the LBGQTQ community</p>	<p>ReCAST staff and community partners</p>

	<p>Objective 2: Increase the number of providers that provide language-accessible trauma-informed services within 24 providers by Year 4</p>	<p>Activity 1: Identify specific resources to address trauma-informed services that are language-accessible</p>	