

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

Reporting Period:

September 30, 2020 – September 29, 2021

DUE to SAMHSA:

December 28, 2021

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

This report is due December 28, 2021. Feel free to increase the space in any section if you need more room. Upload your report in the eRA Commons. Do not send the report to the Grants Management Specialist directly. Upload the report into eRA Commons

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.

During Year 3, implementation of ReCAST Mecklenburg activities continued onward as communities endured the second year of a pandemic. Navigating the nuances of a pandemic requires the ability to redirect, adapt, and change. In Year 3, each of these actions frequently guided the strategies necessary to expand the work of previous years and develop opportunities for new ideas to thrive.

Unique partnerships continued to develop and deepen across sectors as community stakeholders were creative in how to broaden their footprint of service, engagement, and stewardship in delivering trauma informed responses. From the initiation of activities in year 1, the clear focus of ReCAST Mecklenburg has been to establish a common agenda regarding trauma informed approaches and common language about how stress and trauma impacts communities. For ReCAST Mecklenburg, strategies for addressing trauma provided timely opportunities for learning, building new partnerships, and expanding ways to re-imagine the journey of building a more resilient community.

ReCAST Mecklenburg continued to focus on developing activities using a racial equity lens and facilitating the advancement of racial justice conversations. Key partnerships included Race Matters for Juvenile Justice, a local entity committed to engaging the community and expanding education about the impact of inequity and racial bias.

Trauma informed and resilience training was adapted to meet new and changing community needs. As pandemic-related concepts gained a foothold into daily interactions, the concept of “return to work/school/play” generated a wide range of perspectives that ranged from trepidation to dismissiveness. The breadth of perspectives warranted specific and agile responses to continue to meet the objectives of ReCAST’s strategic plan and adjust accordingly within unplanned circumstances. ReCAST provided workforce development training to support service providers and first responders in enhancing their responses to stress and trauma within the workplace and the community and learn more about self-care and preventing burn-out.

Through the Trauma Informed Learning Community pilot, leaders engaged in compassionate leadership training to better understand how to listen to the needs of communities and respond in a more culturally appropriate manner.

The Faith Healing Hub pilot took significant strides as the hubs began to show how community-based organizations, especially faith-based organizations, can expand access to services for youth and families.

The dedicated ReCAST website strengthened communication and provided tools and resources related to trauma and stress within a centralized space.

Embedding trauma informed youth violence prevention approaches in communities across diverse values, experiences, and priorities is challenging. Over the past two years, leaders in Mecklenburg have dedicated substantial resources in response to increasing community violence, including the adoption of the Cure Violence model; hospital emergency room initiatives; and the creation of an Office of Violence Prevention within Public Health. ReCAST is a strong partner with city-county efforts as well as other key partnerships. The

CDC's VetoViolence community engagement model was adopted to guide ReCAST's evidence-based interventions.

Year 3 provided important lessons in change, especially change integration and flexibility. The commitment to change in Mecklenburg County was evident as the community embraced more trauma informed approaches in community-led activities, service delivery, and organizational practices. Moving forward the concepts of trauma informed, resilience, equity, and the willingness to change will continue to be key factors in sustainability.

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

Name/Title: Shanti Kulkarni

Role: Local Evaluator

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. By the end of Year 3, 2,641 participants completed resilience and trauma informed care training2. Twelve participants within four Faith Healing Hubs completed Mental Health First Aid Certification3. Five organizations joined the trauma informed learning community (TILC) and were provided advanced coaching and mentoring to implement systems change4. Trained an additional 200 teachers in the Charlotte Mecklenburg Public School System in trauma and resilience approaches

5. Provided more than 300 scholarships to support racial justice conversations through racial equity training

B. Challenges/Barriers

Due to the continuation of the pandemic and contributing factors, shifts in priorities sometimes created a challenge in recruiting all levels of community stakeholders, especially parents and caregivers dealing with the transition to virtual schooling.

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

Because COVID-19 generated an oversaturation of virtual communication and shifts in priorities for many organizations, ReCAST Mecklenburg implemented modifications to trauma informed care and resilience trainings that reduced the time commitment while continuing to support the community's immediate need for stress management tools during the pandemic.

We learned that community outreach often requires adopting more flexible and creative communication methods, such as Canva and Paperless Post.

E. Activities Planned and Anticipated for the next 12 Months

1. Continue recruitment for compassionate leadership training in the priority areas
2. Expand the use of a dedicated website to increase community engagement
3. Continue to initiate racial justice conversations among communities

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. Contracted with four faith based organizations (FBO) to implement a Healing Hub pilot
2. Partnered with Mental Health America (MHA) to provide Mental Health First Aid Certification in the community
3. Provided training to over 300 service providers in compassionate leadership models
4. Supported Department of Social Services in implementing a customized peer support model grounded in trauma informed principles

B. Challenges/Barriers

Recruiting potential contractors to do accessibility work is historically challenging because of reported hesitancy and complexity of the county’s contracting system, especially among smaller community-based organizations (CBO).

Limited availability of Spanish language translation through the statewide referral platform NCCARE360 presented challenges for Faith Healing Hubs supporting Spanish speaking community residents.

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

We learned that there is a need for a continued dialogue, outreach, and education to build partnerships, trust, and understanding about community needs. Although ReCAST Mecklenburg has made great strides in communicating a common agenda in the community, the pandemic exacerbated access, equity, and trust concerns which contributed to the historical feelings of marginalization among some community residents.

E. Activities Planned and Anticipated for the next 12 Months

1. Continue partnering with community mental health leaders to support capacity building to serve more families in the priority area
2. Provide funding for additional Faith Healing Hubs

3. Identify youth serving organizations for a youth violence prevention pilot

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. Provided additional counseling opportunities through Mental Health America for youth and families in Mecklenburg County
2. Broadened the scope of the TILC model to include a Community of Practice and advanced mentoring and coaching for service providers
3. Continued collaboration with the Health Department's Community Mental Health and Wellness Group to sustain relationships with diverse partners interested in advocacy mechanism for systems and individuals
4. Developed partnership with the county's Office of Violence Prevention to increase community conversations related to youth violence prevention
5. Strengthened partnership with Heal Charlotte (a community empowerment and youth advocacy nonprofit organization formed due to the 2016 civil unrest qualifying event) to launch developmentally appropriate youth violence prevention initiatives

B. Challenges/Barriers

It was challenging to recruit community-based organizations for funded pilots. Some reasons include perceptions of the complexity of the county procurement system and history of perceived unfairness of funding distribution.

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
<p>D. Lessons Learned</p> <p>We learned that building relationships and trust among community stakeholders is a long-term commitment that requires flexibility, transparency, and a unique understanding of different perspectives within the community, especially during the pandemic as organizational and stakeholder priorities shifted.</p>
<p>E. Activities Planned and Anticipated for the next 12 Months</p> <ol style="list-style-type: none"> 1. Encourage county leadership to adopt trauma informed certification 2. Connect with organizations interested in expanding youth violence work in the community

<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. Supported Heal Charlotte’s community awareness activities around youth violence prevention. Activities included a Stop the Violence Day, Stop the Violence Concert Style event, and Stop the Violence Social Media Marketing Campaign. 2. Identified partners committed to creating community change through community engagement and messaging around youth violence prevention. Partners include the University of North Carolina at Charlotte, faith-based organizations, Heal Charlotte, Moms Demand Action, Bringing You Excellence (BYE), Living Waters, Charlotte Mecklenburg Police Department, the District Attorney’s office, government officials both internally and externally, and grassroot organizations

<p>3. Promoted community-led change by contracting with 4 Faith Healing Hubs to promote community engagement for youth and families related to accessibility</p>
<p>C. Challenges/Barriers</p> <p>Gaining buy-in on the value and importance of evaluation and data collection can sometimes be challenging, especially when partnering with smaller community-based organizations, who may not view evaluation as an opportunity to build sustainability.</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>We learned that implementing pilots with community-based organizations often requires flexibility considering that there are varying levels of capacity.</p>
<p>F. Activities Planned and Anticipated for the next 12 Months</p> <ol style="list-style-type: none"> 1. Implement VetoViolence as a community engagement model 2. Facilitate innovative ways to engage youth to build leadership and governance capacity

<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> <p>Approach:</p> <p>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</p> <p>Objectives:</p> <ol style="list-style-type: none"> 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
<p>B. Major Activities and Accomplishments</p> <p>Major activities:</p> <ol style="list-style-type: none"> 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

<p>Accomplishments:</p> <ol style="list-style-type: none"> 1. Provided 250 scholarships for community members to attend the annual Race Matters for Juvenile Justice conference 2. Increased resources in the Latino community through the Healing Hub pilot and Spanish translation for trauma informed and resilience trainings 3. Developed a plan for youth violence prevention initiatives based on VetoViolence model
<p>C. Challenges/Barriers</p> <p>In year 3, there was an increased need for education around the historical impact of inequity; considering the implications of COVID-19 and the heightened environment of distrust, negative perceptions related to bias in service delivery and government contracting were exacerbated. Additionally, instances of violence, especially gun violence within communities of color, continued in Mecklenburg County prompting a need for expanded and diverse strategies to address the needs of youth and families.</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>Community needs assessment responses indicated a need for increased knowledge about community resources. In response, a Community Resources page was added to the ReCAST website (vision.recastmeck.com) to serve as a centralized location for ReCAST tools and resources.</p>
<p>E. Activities Planned and Anticipated for the Next 12 Months</p> <ol style="list-style-type: none"> 1. Partner with local facilitators to address historical and racial trauma through community events, specifically focused on youth and family services 2. Partner with local facilitators to address bias, specifically focused on the LGBTQ community

<p>ReCAST Coalition Activities</p>
<p>A. Major Activities and Accomplishments</p> <ol style="list-style-type: none"> 1. Provided information about ReCAST strategies and objectives to groups interested in trauma informed approaches 2. Supported existing community-led approaches to coalition building focused on integration of youth voices
<p>B. Challenges/Barriers</p> <p>Although an obvious barrier during the pandemic has been the inability to gather, investing in the vision of existing initiatives has increased opportunities for community-led coalition activities.</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>We learned that flexibility and patience is necessary to build a sustainable coalition that is not a “one size fits all” model. We attribute the success of our current relationship with Heal Charlotte to a significant time commitment to build trust.</p>
<p>E. Activities Planned and Anticipated for the Next 12 Months</p> <ol style="list-style-type: none"> 1. Establish an appropriate structure for ReCAST coalition to include existing groups 2. Continue building unique partnerships

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 have been addressed.

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 3 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 over 300 public school teachers and staff; through trauma informed advanced coaching and mentoring for the Department of Social Services to integrate trauma informed approaches into organizational culture; and through contracting with faith based organizations for implementation of a community-led Healing Hub pilot.

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

Yes, activities in Year 3 included peer support activities through Mental Health America’s Coffee and Conversation training with Faith Healing Hubs. Participants were linked to a storyteller with lived experience to further efforts to destigmatize conversations around mental health. Future plans include developing a partnership with Promise Resource Network (PRN), a survivor-led peer support counseling network, to include peer support services in the Faith Healing Hubs and future youth violence prevention initiatives.

PART III: INFRASTRUCTURE & SYSTEMS CHANGE ACTIVITIES

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

Trauma Informed Learning Community – Advanced Mentoring and Coaching: Yearlong technical assistance for implementation of trauma informed approaches into organizational culture. Provided by National Council for Mental Wellbeing.

Trauma Informed Learning Community – Community of Practice: Five training sessions on improving access to and quality of services. Provided by National Council for Mental Wellbeing.

Trauma Informed Learning Community – Individual Coaching for Department of Social Services (DSS): Yearlong coaching for systems level change. Provided by National Council for Mental Wellbeing.

Mental Health First Aid: Mental Health First Aid Certification for Faith Healing Hub staff. Provided by Mental Health America.

Darkness to Light Training: Recognition of child maltreatment for Faith Healing Hub staff. Provided by Pat’s Place Child Advocacy Center.

International Leadership Conference: Faith-based leadership conference related to leadership development and community capacity building. Provided by T.D. Jakes Ministries.

Implicit Bias in Our Daily Work: Webinar on the impact of bias in the workplace. Provided by National Council for Mental Wellbeing.

Compassion Resilience Webinar: Webinar on how to prevent burnout. Provided by National Council for Mental Wellbeing.

Compassion Fatigue: How to Promote a Culture of Wellness: Training on healthy work environments and compassionate leadership. Provided by National Council for Mental Wellbeing.

Preparing for Return to the Office: Webinar on stress management strategies for return to office during the pandemic. Provided by National Council for Mental Wellbeing.

The Spirit of Motivational Interviewing through a Trauma Informed Lens: Webinar on motivational interviewing and relationship building techniques to prevent re-traumatization. Provided by National Council for Mental Wellbeing.

Trauma 101: Putting your Mask on First: Trauma and self-care training for Mecklenburg County Public Library staff. Provided by National Council for Mental Wellbeing.

3. Briefly describe your efforts to collaborate with youth and family serving providers or experts in your community during the past 12 months. Include highlights and challenges related to family/youth service provider relationship development.

Developing unique partnerships was challenging. However, ReCAST Mecklenburg successfully collaborated across sectors with youth and family service providers to provide training on how trauma informed approaches can be implemented into workplace practices and community-based approaches. Partnerships included the public school system, health department, youth serving organizations, and faith based organizations to facilitate communication and integrate services among various partners.

ReCAST identified four faith based organizations (Camino Church, Clinton Chapel Ministries, Iglesia Puerto Nuevo, and New Beginnings Community Counseling Center) interested in expanding trauma informed approaches in the community and supporting youth and families in different ways. Although implementation of the pilot was delayed due to COVID-19, four contracts were awarded for a Faith Healing Hub pilot to provide non-traditional entryways into care for youth and families using a Navigator approach. This partnership is developing unique relationships between Mental Health America, the University of North Carolina-Charlotte (ReCAST Local Evaluator), government, and the faith community.

With ReCAST support, Heal Charlotte, a local community-based non-profit focused on community empowerment and youth advocacy, has strengthened their role as a community leader in youth violence prevention awareness initiatives using trauma informed approaches. Gaining trust took a considerable amount of focus, time, and commitment to understand how to support the vision of the project and to develop a better partnership in the process. The collaboration developed around Heal Charlotte's Stop the Violence campaign has significantly increased community engagement and youth involvement.

The collaboration between ReCAST and Area Health Education Consortium-Atrium Hospital System (AHEC), a community leader in healthcare education, has exponentially expanded the delivery of trauma informed training to create common language in the community related to trauma and stress. Although the transition from an in-person training model due to COVID-19 was challenging, AHEC was willing to continue their support of this work by transitioning to a fully virtual model to continue to train service providers and community stakeholders.

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. The four ReCAST Faith Healing Hubs fully integrated the Navigator model to establish non-traditional pathways to services for youth and families. All Healing Hubs met the hiring requirements for the number of Navigators in their respective proposals and completed Mental Health First Aid certification. Navigators represented diverse backgrounds and cultures.
2. Despite shifting priorities among organizations and residents during the pandemic, ReCAST Mecklenburg exceeded training goals for service providers, first responders, and community stakeholders. Trainings were modified to include options for reduced time commitment and focused on implementation of trauma informed principles into workplace practices, self-care tools, and compassionate leadership approaches.
3. ReCAST Mecklenburg adopted the CDC's evidence-based model VetoViolence to serve as a guide for youth violence prevention efforts. Using concepts from the VetoViolence Community Engagement criteria, we were able to align with the goals of Heal Charlotte's Stop the Violence campaign. We successfully supported the launch of a county-wide youth violence prevention awareness campaign in collaboration with Heal Charlotte. The Heal Charlotte Stop the Violence events were community-led and focused on gun violence messaging, youth engagement, and community advocacy.

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 in year 3 was adapting to community needs related to shifting priorities and pandemic fatigue. COVID-19 shifted priorities among organizations and residents making it challenging for some to attend trainings that required a longer time commitment. Additionally, even though there was increased awareness of the benefits of self-care and compassion fatigue training, there was also obvious burnout which made it difficult at times to recruit for trainings and potential contractors. Ongoing efforts will include continued creativity and flexibility in meeting community needs and maintaining standards of quality.
2. Another challenge in developing programmatic activities was continual consideration of transiency and the broadening Priority Health Area (PHA) in Mecklenburg County. Data reflects that 120 new people enter Mecklenburg County daily and there is also a considerable amount of movement from neighborhood to neighborhood. Exponential growth, changing demographics in Mecklenburg County, gentrification of historic neighborhoods, and the socio-economic ramifications of the pandemic requires ReCAST Mecklenburg to continually re-assess the target population.

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:

“My biggest take away from the Trauma 101 training is meeting people where they are at and looking through the lens. That video shown in the training was a reminder not to forget that someone may be going through something and you could be of service.”

VIGNETTE #2:

“...The resiliency and compassion fatigue trainings are not being done anywhere else. That is what is so special about ReCAST. It is so community driven and community focused and is making such a huge impact. It’s also something that should be replicated more on a statewide level... ReCAST is making a difference, making an impact, and touching folks on a different level.”

Section 4: STRATEGIC PLAN

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

- A. Please attach a copy of your updated or revised Strategic Plan(s).

N/A

- B. In narrative form, please briefly describe significant changes that were made to your Strategic Plan this year (e.g. goals accomplished, new priorities set, revised goals based on program successes or challenges, etc.)

No changes were made to the strategic plan in year 3.

Section 5: TIMELINE

Include a timeline of program planning and implementation activities

Activity	Time Period
Healing Hubs completed implementation plans	October 2020
Healing Hubs began service delivery	November 2020
Implemented Compassion Fatigue workshops for Public Health Department staff	December 2020
Modified the Learning Community to include advanced coaching and mentoring cohorts	January 2021
Completion of second cycle of ReCAST TILC cohort	February 2021
Implemented Spanish translation into resilience training	February 2021
Start of third cycle of ReCAST TILC cohort	March 2021
Start of DSS advanced coaching and mentoring	April 2021
Provided 100 scholarships for Atrium Hospital Youth Violence Prevention Conference	April 2021
Provided 10 scholarships for pastors to attend the International Leadership Conference	April 2021
Start of Implicit Bias trainings for service providers	May 2021
Implemented peer support training for Faith Healing Hubs (led by Mental Health America)	May 2021
Implemented child maltreatment prevention training for Faith Healing Hubs	June 2021
Launch of Heal Charlotte’s Stop the Violence campaign collaboration	June 2021
Completion of a Community Needs Assessment tool	June 2021
Implemented summer resilience workshops	July - August 2021
Launch of ReCAST Trauma Informed Community of Practice	September 2021

Section 6: SUSTAINABILITY

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

All ReCAST pilots are developed with the goal of sustainability and replicability for future funding opportunities. During the past 12 months, to support sustainable systems change, ReCAST continued to strengthen the Trauma Informed Learning Community (TILC) by continued partnership with the Community Mental Health and Wellness Group and advanced mentoring and coaching. These activities align with the vision of supporting community organizations using a trauma informed approach, establishing common language related to stress and trauma, and positioning organizations to continue the TILC beyond ReCAST funding. Furthermore, ReCAST increased the sustainability of Healing Hub strategies by funding Mental Health First Aid certification for Healing Hub staff.

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

List the top three sustainability 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 implementing TI approaches within their organization	Jan-Dec 2022	Providers and CBO's serving youth and families across all sectors, National Council for Mental Wellbeing, ReCAST Team	Addition of 2 key HHS orgs in the TILC
Faith Healing Hub pilot	Increase the number of FBO interested in implementing a Navigator model	Jan-Dec 2022	FBO serving youth and families in ReCAST priority areas, MHA, PRN, Resource for Resilience™, National Council for Mental Wellbeing, ReCAST Team	Addition of 4 FBO's in the Healing Hub pilot
Youth Violence Prevention Pilot	Increase the number of youth serving organizations implementing trauma informed interventions	Oct 2021-Oct 2022	Orgs serving youth and families in ReCAST priority areas, MHA, ReCAST Team	Contract with 4 youth serving orgs in a Youth Violence Prevention pilot

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	427	Four hundred and twenty-seven mental health providers trained in evidence-based

<p>workforce trained in behavioral/mental health trauma-informed approaches as a result of the ReCAST grant.</p>		<p>trauma informed care and resiliency approaches by National Council for Mental Wellbeing and Resources for Resilience™ in Charlotte, NC from October 1, 2020 – September 29, 2021.</p> <p>This result is ahead.</p>
<p>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.</p>	<p>427</p>	<p>Four hundred and twenty-seven non-mental health providers and community stakeholders trained in evidence-based trauma informed care and mental health literacy by National Council for Mental Wellbeing, Resources for Resilience™, and Mental Health America in Charlotte, NC from October 1, 2020 – September 29, 2021.</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>	<p>67</p>	<p>Sixty-seven 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 Violence Prevention Initiatives.</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>	<p>57</p>	<p>Of the youth and families in the priority health area that were interviewed by a Navigator, Faith Based Healing Hubs indicate that fifty-seven individuals were referred to</p>

		behavioral health services in Charlotte, NC from May 24, 2021 – September 21, 2021. This result is behind. More specific training and reporting guidelines were developed for contractors related to determination of individuals served.
# of at-risk youth engaged by ReCAST community partners:	264	Two hundred and sixty-four at-risk youth were engaged by ReCAST Faith Healing Hubs from October 27, 2020 – September 21, 2021.
# of family members of at-risk youth engaged by ReCAST community partners:	298	Two hundred and ninety-eight family members of at-risk youth were engaged by ReCAST Faith Healing Hubs from October 27, 2020 – September 21, 2021.

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

This year the ReCAST evaluation team has worked closely with the program team during the unprecedented context of the ongoing Covid-19 pandemic. Virtual offerings have increased training access for many providers at the same time competing priorities and fatigue have hampered progress in other areas, such as sustained engagement over time. The program team continues to seek and refine community engagement strategies. Over the past year, the program has been able to make progress towards all goals.

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

ReCAST has advanced community knowledge about trauma and resilience through a variety of training activities. The ReCAST evaluation team recently analyzed registration and evaluation data from community trainings held between 2019-2021. These findings highlight the impact of these trainings and offer opportunities to build upon early successes.

Between January 2019 and October 2021, ReCAST trained more than 2,000 individuals in trauma-informed care and resiliency approaches. These individuals represented multiple service sectors within the community including: education, faith, healthcare/wellness, government, justice, and non-profit. Some indicators of success include strong overall training numbers. Trainees bring knowledge and skills back into their workplaces and hopefully encourage practice and systems changes within their respective sectors. Thirty percent (30%) of trainees attended more than one training suggesting that training offerings are well-received and as a result many trainees (449) are seeking deeper exploration of trauma-informed care and resilience-focused practices. Data also reveal that to date ReCAST has been particularly successful in making training inroads within local Government and Health/Wellness sectors. For example, ReCAST was intentional in expanding TIC knowledge and capacity within the Mecklenburg County Public Health Department (MCPHD) and has trained 324 MCPHD employees thus far.

ReCAST seems to be effectively transitioning training offerings to a virtual format, which has increased access and provided support for trainees during the stresses of the ongoing pandemic, which is affecting community members and service providers alike. Future evaluation efforts will focus on assessing how trainees are translating knowledge into practice and systems change initiatives.

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

ReCAST has adopted a collective impact framework in order to create more equitable access to behavioral health resources. In October 2020, ReCAST funded four Healing Hub pilot programs utilizing collective impact standards that included adopting shared goals and common outcomes and tracking measures across all programs. Healing Hub goals are to: 1) increase trauma informed support from the faith community for Mecklenburg youth and families in crisis; 2) link Mecklenburg youth and families with needed resources, included behavioral health and supportive services; and 3) increase faith community capacity to collaborate and respond to community needs around trauma and resilience. The Healing Hub pilots are all tracking measures related to services, behavioral health referrals and community engagement.

During the past year, the Healing Hub pilots were confronted with dramatic increases in Social Determinant of Health needs (housing, food, etc.) within the community. These strains contributed to high levels of stress that

created or exacerbated behavioral health issues. As community members themselves, Healing Hub staff also experienced increased personal and work life stress. The evaluation team worked closely with Healing Hubs to monitor internal and external needs and identify additional resources. The evaluation team met with Healing Hubs monthly and provided on the ground graduate research assistants to support capacity building around data collection and program operations.

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

Healing Hub programs were funded to help faith communities facilitate linkages between community members and behavioral health resources. Healing Hub programs increased their skill in identifying and responding to behavioral health needs through tailored trainings, including Mental Health First Aid, through Mental Health America. The evaluation team also supported the Healing Hubs in conducting data security risk assessments. While not all Healing Hubs are bound by Health Insurance Portability and Accountability Act (HIPAA) requirements, Healing Hubs were able to align their program practices with privacy and ethical standards of care. The Healing Hubs were also able to provide feedback to community resource referral networks about resource gaps and barriers, particularly as it pertained to Spanish speaking immigrant community members.

The ReCAST program has been recruiting and supporting trauma-informed learning communities in collaboration with the Community Mental Health and Wellness Group and others. The evaluation team has developed research questions and will conduct interviews and listening sessions with learning community participants in the Spring 2022. ReCAST has also been collaborating with the Office of Violence Prevention and supporting community violence prevention advocates.

The evaluation team conducted a community mapping assessment to identify resources and opportunities for engaging non-profit services within the priority health areas. 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 geographic areas.

Goal 4: Create community change through community-based, participatory approaches that promote community and youth engagement, leadership development, improved governance, and capacity building

In year 3 ReCAST identified the parameters of a youth violence prevention pilot RFP. The CDC's VetoViolence Community Engagement criteria will guide prevention strategies. The evaluation team supported the ReCAST Team in ensuring the pilot's goals and measures are aligned per the collective impact framework.

The evaluation team assisted with mapping Charlotte-Mecklenburg Schools in priority zip codes to assist the program team's efforts to further engage the public school system. The team also developed an evaluation tool for violence prevention events offered by Stop the Violence (Heal Charlotte), a ReCAST community partner. The tool can be administered to capture participants' engagement around violence prevention activities and personal definitions for safety and safe community.

Goal 5: Ensure that program services are culturally specific and developmentally appropriate

ReCAST has been intentional in funding pilot programs that serve priority zip codes and reflect the cultural diversity within those communities. The evaluation team conducted a community needs assessment during this past year to better understand the needs and priorities of local communities. These data are currently being analyzed and can inform ReCAST's approach in the coming year.