

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

Reporting Period:

September 30, 2021 – September 29, 2022

DUE to SAMHSA:

December 28, 2022

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, 2022. 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 the Notice of Award.

EXECUTIVE SUMMARY

The executive summary addresses the overall progress of the program's goals and objectives.

In Year 4, ReCAST continued to promote trauma informed strategies that drive systems change throughout Charlotte-Mecklenburg neighborhoods and among organizations that serve our most vulnerable residents. We continued to address the impact of trauma through intentional, evidence-based and evidence-informed initiatives that engage the community, honor lived experiences, create building blocks for new knowledge, navigate post-pandemic realities, and provide a vision for collective healing and open dialogue.

As a community, Charlotte-Mecklenburg has dealt with rising rates of violence and its impact on our youth over several years. Collective responses to pervasive issues require a collective lens that reflects diverse strategies and diverse voices. Through collaborations with our internal partner, Office of Violence Prevention, ReCAST provided violence prevention advocates with technical support and funding to expand the reach of their work in the community. Additionally, ReCAST continued to support community-led efforts through contracts with faith-based hubs and youth serving organizations.

Sustainability of our efforts over the past four years remains a key component of our strategic plan. We are also building our capacity to lead this work as a government partner, with the goal of creating pathways for innovation and sustainability of ReCAST initiatives and planning for a trauma informed certification program for organizations. Interest in training continued to be a strong asset for change, with nearly 1,000 additional participants trained in trauma informed and resilience strategies.

Strong partnerships with noted local nonprofits exemplified ways trauma informed can be implemented into existing work and sustained beyond ReCAST funding. ReCAST supported Promise Resource Network by providing transportation passes to mitigate reported transportation barriers for participants seeking behavioral health services. ReCAST increased the number of participants able to access no cost behavioral services through Mental Health America. ReCAST provided funding to HEAL Charlotte to deliver a racial equity pilot that has garnered funding interest by one of the hospital systems.

Trauma informed is a journey that requires commitment to long-term change. Investments in time and funding in Year 4 continued to build relationships within community stakeholders that we hope will build trust and support that allows for the sustained momentum of interest in trauma informed and resilience approaches.

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: Raynard Washington

Email: raynard.washington@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: Mykaela Johnson

Role: Health Policy Coordinator

Name/Title: Shanti Kulkarni

Role: Local Evaluator

PROGRAM ACTIVITIES

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

Goal 1: Build a foundation to promote well-being, resiliency, and community healing through community-based, participatory approaches
A. Approach and Objectives
Approach: 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.
Objectives (as identified in the approved strategic plan): <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
B. Key Activities and Accomplishments
Key Activities (as identified in the approved strategic plan): <ol style="list-style-type: none">1. Identify training that teaches trauma-informed approach in family and community; provider; and faith community settings2. Identify preferred mechanisms for community engagement and information sharing3. Identify best practices for facilitating/furthering local dialogue about racial justice through a community engaged process
Key Accomplishments: <ol style="list-style-type: none">1. By the end of Year 4, 953 participants completed resilience and trauma informed care training2. Ten health and human services organizations joined the year-long ReCAST Trauma Informed Learning Community (TILC) which includes advanced coaching and mentoring to implement systems change3. Provided 420 scholarships to support racial justice conversations, trauma awareness, and equity through training, conferences, and community conversations for community stakeholders and service providers
C. Reflections
Challenges and Barriers We Faced: Our recruitment numbers decreased this year. We are still observing the shifts of service accessibility post-COVID such as hesitancy to gather, interruption of work and social norms, and the continuing issues of lack of

connectivity among lower income youth and families. Recruiting participants for training was increasingly challenging because of virtual fatigue and oversaturation of virtual platforms which are not a perfect substitute for in-person engagement. Retention issues across organizations and agencies sometimes impacted the communication flow and planning between participants, facilitators, and executives.

Lessons We Learned, Wins, and Future Adjustments:

In recruiting for trauma informed training, we had to be acutely trauma informed in our approach. This year, an approach was taken to provide more training opportunities in several series as opposed to all-day training sessions. On the one hand, the series approach allowed for flexibility in scheduling by offering multiple dates and timeslots for community stakeholders to participate. On the other hand, participation tended to be higher in the beginning but trail off by the end of the various training series. Future training opportunities will be modified to include a mixture of both multi-series and one-time training sessions.

We learned that casting a deep net, by marketing trainings directly to specific stakeholder groups, is more effective than casting a wide net to stakeholder sectors without a clear leadership contact. Using established leaders as a go-to person to promote trainings and the TILC within their teams provided a level of endorsement and increased participation within those groups.

Finally, we learned that a broader approach can be taken to furthering local dialogue about racial justice. Community events, such as conferences and community-led conversations, often incorporate racial justice in discussions about trauma and equity. There are opportunities to promote more cross-sectional dialogue about these topics, thus leading to more rich and impactful takeaways for participants.

D. Deviations from Original Plan (includes description of changes from application or implementation plan and the reason(s) for change)

N/A

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

A. Approach and Objectives

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 (as identified in the approved strategic plan):

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

B. Key Activities and Accomplishments

Key Activities (as identified in the approved strategic plan):

1. Identify provider organizations that may be willing to participate in evidence-based training to increase knowledge of adequate trauma-informed services
2. Identify provider organizations that may be willing to expand their services
3. Identify faith-based organizations willing to participate as healing hubs and trauma first responders

Key Accomplishments:

1. Provided advanced coaching to the Department of Social Services to implement an innovative peer support model grounded in trauma informed principles
2. Contracted with three community-based organizations (CBO) to implement a Youth Violence Prevention Initiative pilot
3. Extended contracts with four faith-based organizations (FBO) to expand the reach of the Healing Hub pilot. A video project was produced highlighting the achievements of the Healing Hubs thus far and was shared with community
4. Developed a new partnership between Mental Health America (MHA) and FBOs in the Healing Hub pilot to expand free counseling sessions for eligible community residents from 6 to 10 sessions
5. Provided funding for six CBOs to purchase materials to expand mental health literacy and trauma informed community resources for youth and families

C. Reflections

Challenges and Barriers We Faced:

Recruiting potential contractors to do accessibility work continues to be a challenge because of reported hesitancy and complexity of the county's contracting system, especially among smaller CBOs. Exploring non-traditional ways to provide funding is a continued priority.

Although access to behavioral health services is consistently noted as a concern in the community, the process of identifying needs, providing referrals to services, and receiving counseling sessions is not always straightforward. The stigma around mental health and lack of familiarity with behavioral health counseling is a barrier for individuals to pursue counseling once referred. Even when eligibility criteria were expanded for individuals to be referred to free counseling sessions, this did not always result in increased receipt of services. Additionally, we consistently hear from mental health providers that there is a shortage of trained providers to serve the whole community.

Lessons We Learned, Wins, and Future Adjustments:

Mecklenburg County has made great strides in supporting the capacity of contracting organizations to connect youth and families to behavioral health services. The Local Managing Entity (LME) for Medicaid-supported mental

health services was changed. The new LME appears to have a stronger orientation for community engagement. This change in LME has created new partnership opportunities for ReCAST.

However, there are still barriers within the current referral structure. We learned that there is a need for continued dialogue, outreach, and education to reduce stigma related to mental health and increase mental health literacy within the community. In the future, one approach may be supporting the expansion of in-house services, thus reaching individuals that have established trust and familiarity with certain organizations. Additionally, finding new ways to support CBOs in expanding their reach to providing behavioral health services is also important.

D. Deviations from Original Plan (includes description of changes from application or implementation plan and the reason(s) for change)

N/A

Goal 3: Strengthen the integration of behavioral health services and other community systems to address the social determinants of health

A. Approach and Objectives

Approach:

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

Objectives (as identified in the approved strategic plan):

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

B. Key Activities and Accomplishments

Key Activities (as identified in the approved strategic plan):

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

Key Accomplishments:

1. In Year 4, the ReCAST project was moved to the Case Management and Health Partnerships unit to better align with the Health Department's mission of expanded community engagement related to behavioral health. Case Management and Health Partnerships is the home of the Community Mental Health and Wellness Collaborative, a key initiative to the coordination and sharing of community behavioral health resources

2. Expanded internal partnership with the Office of Violence Prevention and Trauma and Justice Partnerships unit, both of which reside in the Health Department, to build strategies for engaging violence prevention advocates to become more trauma informed
3. Increased access to resilience based, collaborative approaches and trauma informed strategies through the first Community of Practice (a five-part introductory series) for organizations unable to commit to the year-long TILC

C. Reflections

Challenges and Barriers We Faced:

Our challenge is to continue to promote public health approaches for the prevention of complex and exasperating issues such as community violence. Community violence and rising violence data continues to be a significant concern for Mecklenburg County, especially incidences involving youth. Community-based solutions require input, action, and accountability across all sectors as well as a willingness to commitment to long-term strategies.

Lessons We Learned, Wins and Future Adjustments:

Providing flexible resources that are responsive to the needs of community violence prevention advocates, versus cookie-cutter approaches, is critical to supporting continued work.

In response to feedback from managers and leaders, the TILC introduction session was clarified to highlight how expanding trauma informed practices can directly impact retention, peer support, and employee morale issues. Successful recruitment for the year-long TILC and Community of Practice was due in part to promoting trauma informed as an aspect of improving organizational culture.

The Community of Practice was developed to support trauma informed implementation within a shorter time frame for those organizations who were not able to commit to a year-long TILC activity. This was a successful approach that will be included in future planning. This approach will also help to increase our non-traditional collaborations, especially among smaller CBOs.

D. Deviations from Original Plan (includes description of changes from application or implementation plan and the reason(s) for change)

N/A

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

A. Approach and Objectives

Approach:

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

Objectives (as identified in the approved strategic plan):

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

B. Key Activities and Accomplishments

Key Activities (as identified in the approved strategic plan):

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

Key Accomplishments:

1. Promoted trauma informed community engagement by developing a customized self-care training series and capacity building program for 74 community violence prevention advocates working directly with the Office of Violence Prevention
2. Supported Heal Charlotte’s second annual Stop The Violence Summit, an event that has spawned additional trauma informed community engagement events such as the Stop the Violence Basketball Tournament, Gun Violence Prevention Workshop Series, and a Legacy Conversation event with FBO Grace Legacy
3. Facilitated a new capacity building collaboration between two CBOs, Heal Charlotte and Christ Centered Community Counseling (C4), to develop a trauma informed pilot for middle school students in the public-school setting focused on violence prevention
4. Promoted community-led change by sponsoring the annual Living Water Mental Health Summit, a conference led by a prominent local faith-based organization that promotes systems change for behavioral health

C. Reflections

Challenges and Barriers We Faced:

Despite the issuance of an RFP with increased funding for youth violence prevention, ReCAST struggled with recruiting organizations interested in applying for the funding. Some of the challenges that exist in full implementation of community-led work includes the need to build more trust and relationships among CBOs and between CBOs and government.

We feel strongly that CBOs are instrumental in leading community change. Although CBOs may have a passion to help the community, more technical assistance is needed to ensure that the passion and vision of CBOs is coupled with evidence-based approaches that can leverage long-term funding opportunities. Additionally, we learned that there is isolation among champions of the work; multiple CBOs are in the same line of work yet do not always strategically partner with one another to leverage funding, facilities, or networking opportunities.

Lessons We Learned, Wins, and Future Adjustments:

In Year 4, there was an intentional focus on expanding the reach of local CBOs by funding initiatives and ensuring that activities reflected their mission, voices, and the neighborhoods they serve. ReCAST Mecklenburg developed a flexible Scope of Work template that could be used to enhance trauma informed delivery of services and leverage future funding for a variety of purposes. Using this technical assistance approach, we have established relationships across sectors with community-based entities that can help support future collaboration related to community engagement and lay the foundation to become a trauma informed hub.

We collaborated with the county's Office of Violence Prevention (OVP) to develop a Technical Assistance Hub pilot. The OVP Director identified potential participants within the OVP advisory council, comprised of local violence prevention advocates, that have shown interest in expanding trauma informed strategies within their organizations.

D. Deviations from Original Plan (includes description of changes from application or implementation plan and the reason(s) for change)

N/A

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

A. Approach and Objectives

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 (as identified in the approved strategic plan):

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. Key Activities and Accomplishments

Key Activities (as identified in the approved strategic plan):

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

Key Accomplishments:

1. Developed a customized pilot, ReCAST Funding for Equity Initiatives, to support local facilitators that address historical and racial trauma, racial equity, and cultural competence
2. Provided 250 scholarships for the annual Race Matters for Juvenile Justice conference

3. Partnered with Heal Charlotte to develop community-led engagement forums that laid the groundwork for non-traditional activities to engage youth in violence prevention. Activities included an innovative gun violence prevention workshop focused on historical and racial trauma; a local artist initiative to increase dialogue among youth; and planning for future youth activities
4. Increased resources in the Latino community through the Healing Hub pilot and Spanish translation for trauma informed and resilience trainings

C. Reflections

Challenges and Barriers We Faced:

In Year 4, there continued to be a need to address the historical impact of inequity and racial trauma across sectors, especially among service providers and first responders. Additionally, instances of community violence, especially gun violence, continued in Mecklenburg County prompting a need for expanded and diverse strategies to address cumulative trauma in the community.

Lessons We Learned, Wins, and Future Adjustments:

In Year 4, we had an intentional focus on addressing cultural competence by engaging community stakeholders in planning community-led responses to the cumulative trauma of community violence and racial inequity.

ReCAST Mecklenburg continues to advocate for increased awareness of the need to provide accessible services and resources. We hosted a meeting between the ReCAST Healing Hubs and CBO Mental Health America to discuss ways to partner to increase access for underserved communities, including increasing language accessibility for the Latino community. As a result of this meeting, eligibility requirements for low-cost counseling services were expanded.

D. Deviations from Original Plan (includes description of changes from application or implementation plan and the reason(s) for change)

N/A

ReCAST Coalition Activities

A. Key Activities and Accomplishments

1. Sustained partnerships with groups willing and eager to implement trauma informed approaches and build opportunities for community engagement
2. Established new relationships with existing community-led initiatives to lay the foundation for trauma informed hub opportunity

B. Reflections

We continue to learn ways to build our capacity to connect people by engaging with and listening to diverse community voices. ReCAST Mecklenburg has developed relationships with influential community stakeholders

that have a strong voice in the community related to collective trauma and violence prevention by investing in the vision of existing initiatives and valuing community-led approaches.

ReCAST Mecklenburg's emphasis on addressing trauma in underserved communities connects strongly to the goals of the Community Violence strategic plan. Looking forward, to avoid duplication and leverage funding, there is opportunity to collaborate with the Office of Violence Prevention to recruit community stakeholders interested in systems change. We are hopeful that this alignment will create a footprint that contributes a greater range of voices, perspectives, expertise, and lived experiences that ensures a strong participatory process supports the needs of high-risk youth and families and leads to a formal coalition.

C. Deviations from Original Plan (includes description of changes from application or implementation plan and the reason(s) for change)

N/A

SUMMARY OF KEY PROGRAM ACCOMPLISHMENTS TO-DATE

- Successful development of a Faith Healing Hub pilot: using a Navigator model to support youth and families in increasing access to services through faith-based organizations
- Provided certification in Mental Health First Aid to Faith Healing Hub Navigators and staff in each of the four Healing Hub sites
- Successful implementation of a Youth Violence Prevention Initiative pilot: using the CDC VetoViolence model to guide implementation of community engagement initiatives related to youth violence prevention and participant recruitment through youth serving organizations
- Supported the Public Health Department's new Office of Violence Prevention to achieve goals within the community violence five-year strategic plan: provided self-care workshops and capacity building pilot to expand knowledge of trauma informed practices for violence prevention advocates
- Successful collaborations with noted community-based advocacy organization, Heal Charlotte: using community-led approaches to expand awareness of youth violence prevention across the county
- Successful investments in the development of a multi-faceted trauma informed training pilot: using evidence-based approaches to enhance the knowledge of trauma informed practices and resilience strategies among 3,323 community stakeholders thus far
- Successful partnership with Atrium Health System/Charlotte Area Health Education Center (AHEC) to expand the reach of trauma informed and resiliency training within the county
- Successful implementation of a Trauma Informed Learning Community: using evidence-based approaches to support systematic change within organizations
- Successful implementation of summer workshops for 450 educators and school staff: using evidence-based approaches to expand ways resilience strategies can be implemented within classroom settings
- Successfully certified 23 community stakeholders in evidence-based train-the-trainer approaches
- Successfully promoted trauma informed practices, such as peer support and compassionate leadership, within organizations

- Successful development of a Technical Assistance Hub pilot: using evidence-based approaches to increase ways trauma informed strategies can be implemented within community-based organizations
- Successful development of a dedicated website: using an online platform as a resource tool to expand the reach of trauma informed knowledge within the community
- Provided 525 scholarships to community stakeholders for conferences, workshops, and community events focused on equity and racial justice
- Successful collaborations with racial justice advocates through community conversations, such as a 12-week workshop on race and equity hosted by Heal Charlotte and a youth leadership development forum hosted by Race Matters for Juvenile Justice
- Developed a referral system between Mental Health America and the Faith Healing Hubs to increase access to no and low-cost behavioral health services for youth and families
- Successful promotion of mental and behavioral health resources: provided mental health literacy tools and resources to 15 community partners to disseminate to program participants
- Successful video production showcasing community-led initiatives: candid interviews with the Healing Hub leaders highlighting accomplishments and unique approaches to community-led work
- Supported the public health response to COVID-19 by providing free training to community stakeholders, especially service providers, first responders, and frontline retail staff, during the height of the pandemic
- Collaborating with community-based organizations to mitigate transportation barriers and increase access to services: providing 350 public transportation passes to youth and families seeking services through Promise Resource Network, a peer support organization that has received national recognition as a leader in trauma informed approaches

BRIEF VIGNETTES

“The resiliency zone is something that I will incorporate with students on a daily basis. I will also create lessons for students to learn about how their brain connects to their emotions.” – Public school educator who participated in the summer Reconnect for Resilience™ workshops

“The importance of a safe environment for my staff is critical for maximum benefit. It's about the whole person, not just their skills.” – Supervisor in the TILC advanced coaching session for the Department of Social Services

“The partnership with ReCAST is likeminded, completely aligned, and always being creative and innovative. They give [Heal Charlotte] resources and opportunities to be able to serve the community in a greater capacity.” – Greg Jackson, founder of Heal Charlotte

“The most rewarding aspect of being a Healing Hub in this community is the connection and relationships that we harbor with the members. Being able to assist someone holistically and actually see growth from that is great.” – Demi Garcia, Navigator at Faith Healing Hub site

“We thank ReCAST for the opportunity to be able to provide these services. It's a desire of the church to help people in the community to do better, to get better. And for someone to believe in a dream for us to go out a

do outreach ministry in the community has been tremendous.” – Rev. Ralph Williamson, program lead at Faith Healing Hub site

PERFORMANCE MEASURES REPORTING

The table is used 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). The reported data is for the 12-month reporting period. The accompanying narrative for all measures includes 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.	250	Two hundred and fifty mental health providers trained in evidence-based trauma informed care and resiliency approaches by National Council for Mental Wellbeing and Resources for Resilience™ in Charlotte, NC from October 1, 2021 – September 29, 2022. 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.	621	Six hundred and twenty-one 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, 2021 – September 29, 2022. This result is ahead.
REQUIRED GPRA Performance Measure PC2: The <u>number of organizations</u> collaborating/coordinating/sharing resources with each other as a result of the ReCAST grant.	80	Eighty partner organizations that include healthcare, behavioral health, education, government, youth serving, and nonprofits collaborated,

		<p>coordinated, and shared resources. Partnerships include organizations that 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>	129	<p>Of the youth and families in the priority health area that were interviewed by a Navigator, Faith Based Healing Hubs indicate that one hundred and twenty-nine individuals were referred to behavioral health services in Charlotte, NC from October 1, 2021 – September 29, 2022.</p> <p>This result is ahead.</p>
<p># of at-risk youth engaged by ReCAST community partners:</p>	1140	<p>One thousand one hundred and forty at-risk youth were engaged by ReCAST activities such as ReCAST Faith Healing Hubs and ReCAST Youth Violence Prevention Initiative pilot from October 1, 2021 – September 29, 2022.</p>
<p># of family members of at-risk youth engaged by ReCAST community partners:</p>	416	<p>Four hundred and sixteen family members of at-risk youth were engaged by ReCAST activities such as ReCAST Faith Healing Hubs and ReCAST Youth Violence Prevention Initiative pilot from October 1, 2021 – September 29, 2022.</p>

ADDITIONAL END OF YEAR REQUIRED DOCUMENTATION (ATTACHMENTS):

A: FEDERAL FINANCIAL REPORT

A completed FFR (Federal Financial Report, SF-425) will be submitted to the Division of Grants Management by December 31.

B: DETAILED BUDGET AND NARRATIVE

A detailed budget narrative and budget expenditure report for the budget year that begins September 30th of each year will be submitted. This budget narrative follows the format originally requested in the FOA. The narrative describes how grant funds were expended during the entire grant period and provides a brief explanation if funds were not expended as originally planned. Includes description of any significant changes to the budget that resulted from any modification of project activities; this description addresses the entire grant period. Addressed are any changes to the budget that affected the ability to achieve approved project activities and/or project objectives.

LOCAL EVALUATION SUMMARY

Dr. Shanti Kulkarni leads a diverse and knowledgeable evaluation team who are working closely with ReCAST program leadership to plan and evaluate program activities and strategies. She collaborates with two additional faculty with complementary expertise. Ms. Marie White is an adjunct social work faculty with a strong background in administering violence prevention and intervention programming in Mecklenburg County. Dr. Tianca Crocker is an assistant professor of social work who conducts community-engaged research that focuses on strategies to foster economic and social opportunity through digital inclusion. Her expertise has been particularly welcome during the Covid-19 pandemic with increased virtual training and service delivery. The evaluation team is supported by a graduate research assistant. The team meets regularly and closely coordinates activities with the program staff to support the success of current and future ReCAST initiatives.

Over the past year, evaluation activities have documented ReCAST program initiatives and supported the roll-out and development of new initiatives. See below for highlights.

1) Increasing Knowledge and Skills Through Training

ReCAST has provided on-going community training with a variety of offerings to support wide ranging needs and interests from different community stakeholders. In 2022, over 50 trainings were offered including introductory topics on trauma, trauma-informed care, and ACEs, and more specialized and advanced trainings that support the implementation resilience, workforce wellness, and implementation of organizational change. Evaluation surveys analyzed thus far suggest that high levels of participant satisfaction and knowledge gain. As we approach the end of the original 5-year grant, the evaluation team will be compiling and analyzing training data to assess the reach and impact of training activities.

2) Increasing Access & Equity

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, including behavioral health and supportive services; and 3) increase faith community capacity to collaborate and respond to community needs around trauma and resilience. All Healing Hubs received contract extensions to continue services within their underserved communities. Mental Health America was engaged as a resource to reduce barriers for linkages to counseling services. The Healing Hub pilots are all tracking measures related to services, behavioral health referrals and community engagement. The evaluation team continues to provide technical support to Healing Hubs and will be working closely with them to evaluate their efforts over time.

3) Strengthening Behavioral Health Integration

The ReCAST program has launched trauma-informed learning communities in collaboration with the Community Mental Health and Wellness Group and others. These learning communities support transformation of systems of care by facilitating trauma-informed organizational change. Learning community participants implement projects to advance trauma-informed care within their organizations. The National Council for Mental Wellbeing (NATCON) learning community faculty provide training and 1:1 consultation over

a 12-month period. Participants have evaluated the learning communities favorably and are reporting successful outcomes from their projects, including positive changes in team culture, increased opportunities for staff and client feedback, and implementation of trauma-informed policies. ReCAST worked with NATCON to offer a more abbreviated communities of practice opportunity to assist organizations unable to participate in a year-long learning community experience. The evaluation team will be gathering data from learning community and community practice participants to assess the ongoing impact of these strategies.

4) Supporting Youth Engagement

ReCAST has funded several youth violence prevention pilots and has been collaborating closely with the newly established Office of Violence Prevention within the Public Health Department. As outgrowth of this collaboration, ReCAST funded 9 youth violence prevention programs in Fall 2022 to participate in a technical assistance hub pilot where they have been receiving training and consultation in trauma informed care, youth violence prevention strategies, and other areas of interest related to their organizational capacity. The evaluation team has provided needs assessment and technical assistance support and will continue working with grantees to evaluate their participation and efforts.