ReCAST Mecklenburg Evaluation
Final Report
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UNIVERSITY OF NORTH CAROLINA CHARLOTTE
COLLEGE OF HEALTH AND HUMAN SERVICES

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ReCAST Mecklenburg (RCM) was funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Resiliency in Communities After Stress and Trauma (ReCAST) program following two separate local officer-involved shootings, which heightened existing community tensions and surfaced underlying racial and social inequalities. In response to these community events, RCM received a five-year (2017-2023) $5 million dollar SAMHSA ReCAST award with dual aims—1) supporting local violence prevention and community youth engagement program implementation, and 2) advancing system linkages to trauma-informed behavioral health services. RCM efforts benefited from the early work of local champions for trauma-informed care and resiliency, which included important community-wide training efforts coordinated by the Community Resilience Project and Winer Foundation.

RCM envisions a thriving community-centered culture invested in the inclusion, success, and overall well-being of all Charlotte-Mecklenburg citizens. RCM's strategic plan was developed using a community-based needs and resource assessment process. RCM's role within the plan is as community connector and convener advancing the adoption of trauma-informed community-based solutions for addressing toxic stress and its impact on local youth, families, and systems. During the grant period, RCM launched four targeted initiatives: 1) trauma-informed care/resilience training; 2) organization-based learning communities for trauma-informed system transformation; 3) culturally specific youth violence prevention pilots; and 3) culturally specific faith-based healing hub pilots. These initiatives targeted change from the top-down through systems level interventions (trauma-informed care training and learning communities) and the bottom-up through direct community engagement (youth violence prevention and faith-based healing hubs).

The RCM evaluation team partnered with program staff to develop, implement, and evaluate initiatives using a developmental evaluation approach. RCM evaluators embraced a strengths-based orientation that seeks to understand: 1) what program elements are working well and why; and 2) what opportunities for improvement can be identified. Qualitative inquiry, modified case study design and secondary data were utilized during the evaluation process to allow for data triangulation and multi-focal perspectives across different initiatives. Evaluators synthesized findings across multiple initiatives to answer two overarching evaluation questions around 1) progress towards strategic goals and 2) next steps for Charlotte-Mecklenburg to become a more trauma-informed community.

Evaluation findings across all 4 initiatives suggest that RCM made progress towards improving behavioral services access for underserved communities; strengthening local youth violence prevention capacity; and increasing uptake of trauma-informed approaches and practices. Notably, the COVID-19 pandemic occurred less than two years into the award period and introduced significant upheaval by heightening community needs, stressors, and collective trauma and forcing adaptation in service delivery strategies. RCM and its community partners exhibited true resilience in the face of these unprecedented challenges.

Summary findings indicate:

>>**RCM initiatives were successful in building the foundation for community and systems level change by broadening community-level trauma-informed care knowledge and commitment** through its extensive training efforts and by investing in pilot projects designed to increase the organizational capacity of culturally specific service providers. **RCM community training had significant reach, with more than 2,500 participants trained across government, health, non-profit, education, faith, and justice sectors.** Trainees overwhelmingly indicated that they learned new trauma and resiliency skills, which they plan to use throughout their careers.

>>RCM made **meaningful investments in strengthening culturally-specific program capacity to deliver trauma-informed services** through Youth Violence Prevention and Healing Hub Initiatives. Investments were tailored to grantees' unique needs and marked by increasing trust in relationships over time. RCM funding allowed culturally specific organizations to hire staff, expand resources to support operations, strengthen data management systems, and adopt TIC practices and curriculum based on evidence-based programs. Grantees felt after managing these pilot awards made them more competitive in securing future funding.

>>**RCM foundational efforts offer a potential roadmap towards a more trauma-informed Charlotte-Mecklenburg community** through sustained commitment in embracing shared trauma-informed care vocabulary and frameworks; introducing evidence-based violence prevention strategies; and promoting collective coordinated responses, such *RCM Pathways to Healing Framework: Trauma-informed Implementation through a Public Health Lens.*

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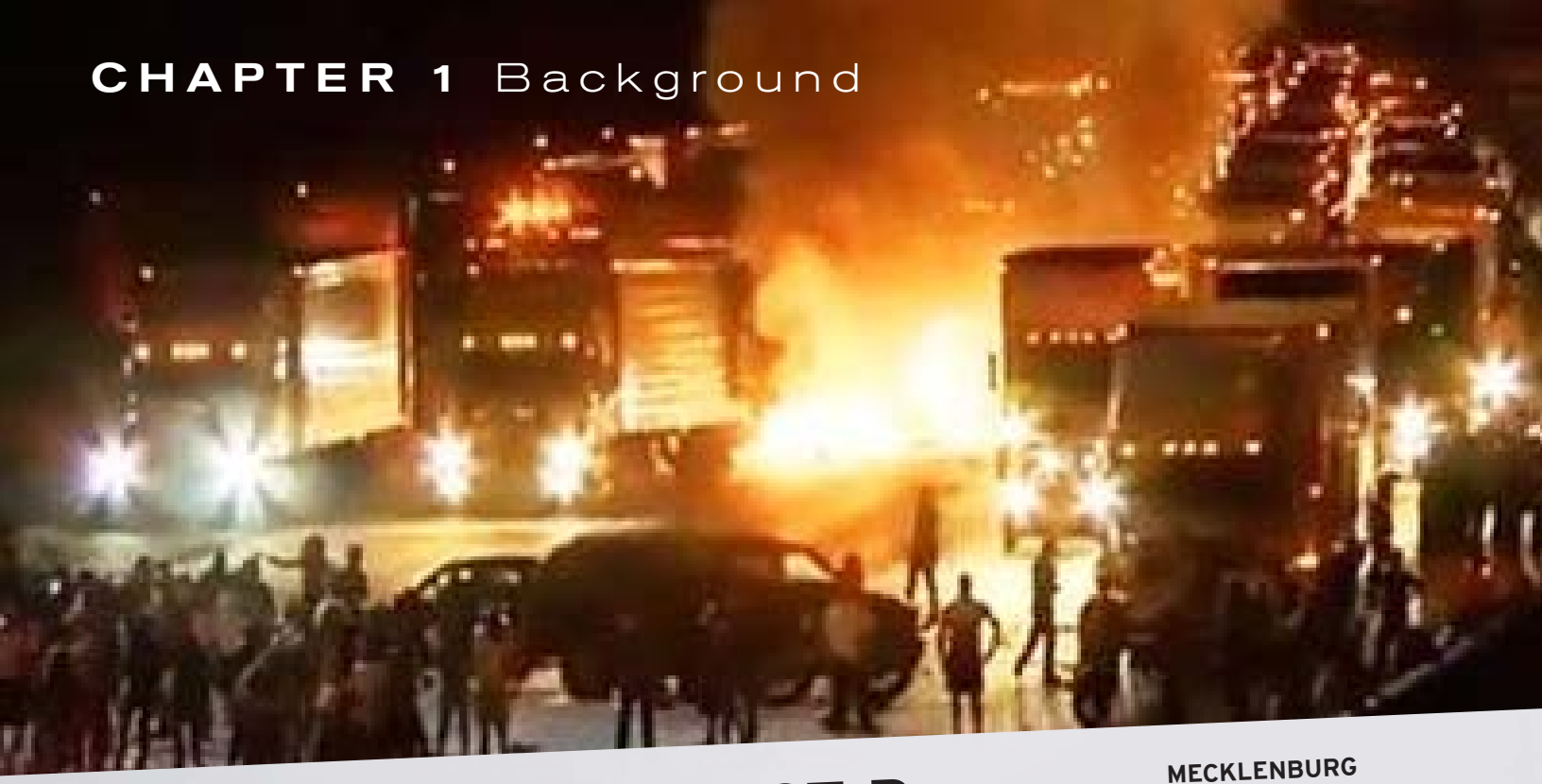


TRAUMA INFORMED & RESILIENCY

The ReCAST Press

MECKLENBURG COMMUNITY

COMMUNITY IN CRISIS

September 20, 2016

Marginalized Communities
Civil Unrest
Distrust

Racial Inequities
Toxic Stress
Violence

Sean Rayford/Getty Images

The Substance Abuse and Mental Health Services Administration's (SAMHSA) established the Resiliency in Communities After Stress and Trauma (ReCAST) Program in 2016. ReCAST was created specifically to support high-risk youth and families and promote resilience and equity in communities that have recently experienced civil unrest. SAMHSA funds ReCAST projects across the nation in order to: 1) support local implementation of violence prevention and community youth engagement programs, and 2) advance system linkages to trauma-informed behavioral health services. At the date of this report, SAMHSA has awarded 31 ReCAST grants to 25 communities nationwide. Appendix A identifies funded communities.

Early local champions for trauma-informed care and resiliency lay the groundwork for ReCAST Mecklenburg's (RCM) efforts to build upon. These efforts included important community-wide training efforts, such as the Community Resilience Project's awareness campaign and free "Resilience" documentary screenings and community dialogue convenings sponsored by the Winer Foundation.

In 2018, the Mecklenburg County Public Health Department received a five-year $5 million ReCAST award. The project was awarded in response to the 'inciting events' related to two high-profile police-involved shootings and the civil unrest that followed.

History of Community Trauma and Civil Unrest

In 2016, tensions between the Charlotte-Mecklenburg Police Department (CMPD) and local communities in Mecklenburg County were high. This was due, in part, to the fatal shooting of Johnathan Ferrell, a 24-year-old Black man, by a CMPD officer in 2013. Tensions further escalated, leading to civil unrest, when a CMPD officer fatally shot Keith Lamont Scott, a 43-year-old Black man, on September 20, 2016. The fatal shooting resulted in mass protests in Mecklenburg County. Community members protested Scott's shooting with many peaceful demonstrations, alongside some instances of vandalism, looting, and violence, which led to the imposition of a city-wide curfew, the declaration of a national emergency, and the mobilization of the National Guard and State Highway Patrol to assist CMPD in responding to the unrest. These mass protests increased community awareness about pre-existing racial disparities in wealth, opportunity, education, housing, and health in Mecklenburg County.

Local Context

ReCAST recognizes that while civil unrest may occur after an inciting traumatic community incident, underlying racial and social disparities within communities contribute to conditions of toxic stress and resource deprivation that have long festered. Community trauma is inextricably intertwined with inequalities that are reflected in the social determinants/drivers of health (SDHs).

Six Public Health Health Priority Areas (PHPA) (zip codes = 28205, 28206, 28208, 28212, 28216, and 28217) were designated as having disproportionately high rates of poverty, unmet basic needs, and poor health. These PHPAs form a crescent-shaped wedge of racially segregated poverty. As with many communities, current conditions are connected with historic practices of redlining and other housing discrimination.

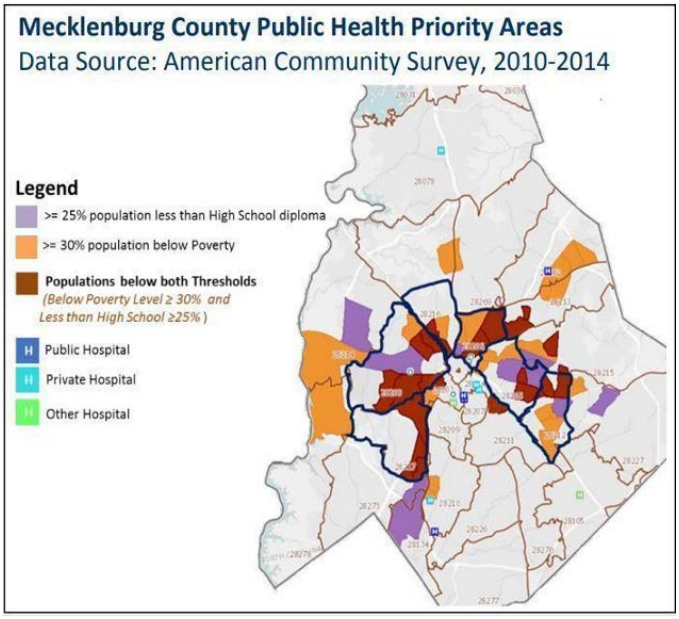


Figure 1 Mecklenburg Public Health Priority Areas

Building on SAMHSA's Guidance and Local Community Needs

ReCAST programs are encouraged to adopt participatory methods in working with communities to support high-risk youth and families. This participation requires investment in trust and relationships between local communities and ReCAST, which takes sustained time and effort. Because ReCAST programming is intended to reflect local community needs, culturally relevant programs and services are central. SAMHSA encourages programs to respond to community needs and priorities and then expand. The process of transforming behavioral health systems of care is rooted in addressing the needs of helpers, including burnout, vicarious trauma, and unhealthy workplaces.

Collective Impact Framework

ReCAST Mecklenburg (RCM) recognizes that effective community solutions to complex problems require focused, coordinated, and sustained responses at multiple levels. **Change requires both systems level commitment and community-based engagement.** RCM views a collective impact approach as the long-term destination for long-term system changes across government, health, non-profit, education, faith and justice sectors.

A collective impact (CI) model brings together diverse, cross-sector partners to problem solve, work toward common goals, and hold each other accountable for change. The relationships between diverse partners is necessary to implement coordinated efforts for change. CI partners commit to: 1) work from a common agenda, 2) develop standardized data and outcome measurements, 3) coordinate mutually reinforcing activities, 4) maintain open and continuous communication, and 5) form a convening and monitoring 'backbone organization.' Successful collective impact approaches require significant collaboration, consensus, and trusting relationships that typically develop over multiple years of working together.

CHAPTER 2
ReCAST Mecklenburg Program Development

Community Need and Resources Assessment

ReCAST Mecklenburg (RCM) **represents the evolving local response to community trauma and underlying disparities.** The funding for this project was administered by the Mecklenburg County Public Health Department. In the first year, RCM developed its' strategic plan with community partners. Strategic planning was an inclusive process that utilized findings from the local community needs and resources assessment process. These data were collected using mixed methods, such as surveys, focus groups, and key informant interviews. The assessment sought the perspectives of diverse and trauma-affected populations. Appendix B identifies community stakeholders engaged in the community needs and resource assessment. In the needs assessment, community members emphasized the difficulties experienced in accessing needed health, behavioral health, and housing resources. The needs assessment also **identified resource gaps in trauma-informed resources for individuals and families of color, racial equity training for healthcare and social service workers, culturally relevant youth programming, and focused collaboration among local agencies.**

RCM Strategic Planning

RCM vision, mission, and values emerged from and reflect this community-based process

VISION

Mecklenburg is a thriving community-centered culture that is invested in the inclusion, success, and overall well-being of all citizens.

MISSION

Advance equity for vulnerable youth and families through intentional and non-traditional goals and strategies that are community driven.

VALUES

Transparency	Clear and honest communication about decisions and expectations of the engagement process including goals, anticipated outcomes, roles and responsibilities, and key decision-makers Outcomes and results of decisions will be reported regularly and promptly
Accountability	Early engagement to understand how communities wish to participate in decision-making processes and/or engagement activities. Respect of participant time and investment will be shown by communicating how their involvement affects the outcome of decisions.
Inclusion	Barriers to participation in planning and decision-making for all unengaged groups and under-resourced communities will be removed. Engagement tools and strategies will be culturally and linguistically appropriate.
Equity	Community participation will reflect the racial, ethnic, cultural, linguistic, and socio-economic experiences and needs of those most impacted by health inequities and/or public health decisions.
Transformation	Long-term commitment to value communities as partners. Effectiveness of our engagement and partnerships will be open to continuous improvement based on evaluation results, and customer and stakeholder feedback.
Sustainability	Long-term commitment to expanding the strengths and assets of communities through training, data sharing, technical assistance, and other applicable resources.

Table 1

The RCM strategic plan is rooted in its vision, mission and values and is aligned to advance the overarching SAMHSA ReCAST goals. RCM has five strategic goals highlighted in Table below.

GOAL 1:

Promote Well-Being, Resiliency, and Community Healing

Build a foundation to promote well-being, resilience, and community healing through community-based participatory approaches.

GOAL 2:

Increasing Access and Equity

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

GOAL 3:

Strengthen Behavioral Health Integration

Strengthen the integration of behavioral health services and other community systems.

GOAL 4:

Community and Youth Engagement, Leadership Development Promotion to Build Capacity

Create community change through participatory approaches that promote community and youth engagement, leadership development, improved governance, and capacity building.

GOAL 5:

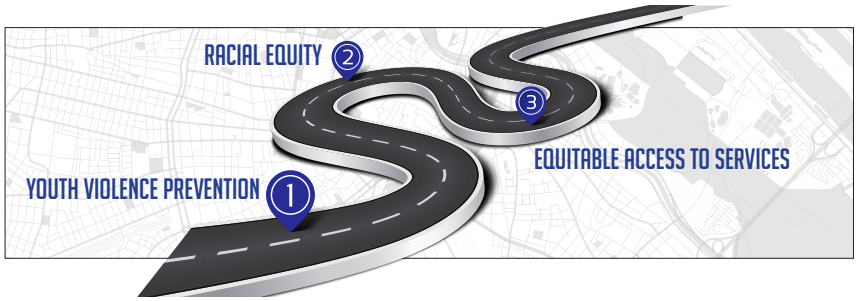
Culturally Specific and Developmentally Appropriate Services

Ensure program resources are culturally specific and developmentally appropriate.

The RCM Approach: Focus Areas and Initiatives

RCM views its role as bringing trauma-informed and resiliency approaches to Mecklenburg County to "provide a pathway for communities to better deal with toxic stress and its impact on health outcomes and overall well-being."

RCM designs initiatives around **three primary focus areas: 1) youth violence prevention, 2) racial equity, and 3) equitable access to services.** RCM invested in organizations with promising or proven track records of advancing impactful programming.



The website highlights RCM's role as a connector and convener by providing information about community impact, solutions, and resources on these topics.

During the grant period, RCM launched three distinct and targeted initiatives: 1) trauma-informed care; 2) youth violence prevention; and 3) faith-based healing hubs. These three initiatives targeted change from the top-down through systems level interventions (trauma-informed care) and from the bottom-up through direct community engagement (youth violence prevention and faith-based healing hubs). These initiatives align with the RCM focus areas and strategic goals as cross-walked below.

RCM Key Initiatives					
		TIC Learning Communities	Resiliency & TIC Training	Youth Violence Prevention	Healing Hubs
RCM Focus Areas	Equitable Access to Services	X	X	X	X
	Youth Violence Prevention			X	X
	Racial Equity			X	X
RCM Strategic Plan Goals	Goal 1: Promote Well-Being, Resiliency, and Community Healing	X	X	X	X
	Goal 2: Increasing Access and Equity	X	X	X	X
	Goal 3: Strengthen Behavioral Health Integration	X	X		
	Goal 4: Community and Youth Engagement Leadership Development Promotion to Build Capacity			X	X
	Goal 5: Culturally Specific and Developmentally Appropriate Services			X	X

Table 1

From 2018 to 2023, RCM developed and supported a wide range of initiatives. Appendix C displays a timeline of RCM activities.

In March 2020, less than two years after RCM was established, Governor Roy Cooper declared a state of emergency in North Carolina due to the COVID-19 pandemic. As in many communities across the United States, the local impact of the pandemic in Mecklenburg County was significant (Figure 2). Between March 2020 and April 2023 (Figure 3), an estimated 371,088 Mecklenburg County residents contracted COVID-19, resulting in 1,932 deaths. Black residents accounted for a disproportionate number of COVID-19 cases, aligning with historic trends of racial health disparities within Mecklenburg County.

COVID-19 IMPACT

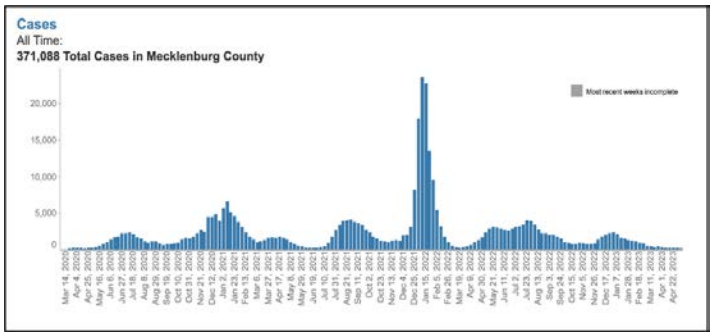


Figure 2 COVID-19 Cases in Mecklenburg County

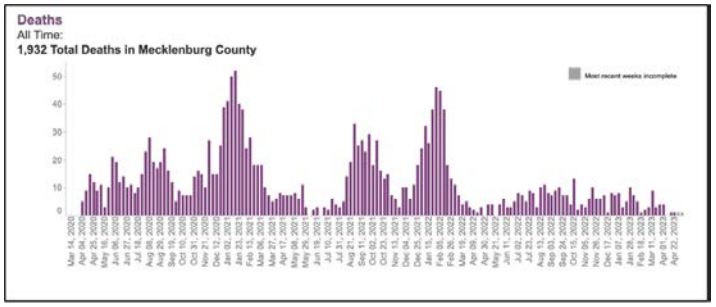


Figure 3 COVID-19 Deaths in Mecklenburg County

In addition to the direct health-related impact on community members who contracted COVID-19, the pandemic caused a surge in unemployment (Figure 4). As unemployment surged, many community members experienced financial hardships, contributing to an increased, sustained demand for community health and social services to meet residents' basic needs. Simultaneously, frontline healthcare and social assistance workers were responsible for **responding to increased community need, leading to high levels of burnout, evidenced by an increase in quits in essential healthcare and social assistance roles** (Figure 5).

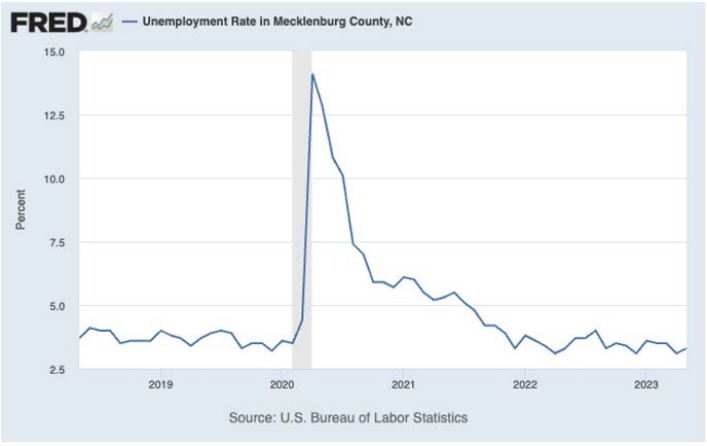


Figure 4 Mecklenburg County Unemployment Rates During COVID-19 Pandemic

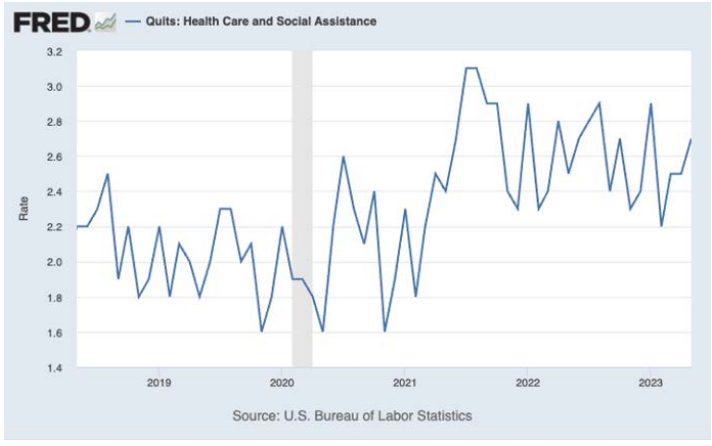


Figure 5 Healthcare and Social Assistance Quits

Less than two years in, RCM was forced to quickly adapt activities to address emerging collective trauma due to the pandemic and help community members meet their basic needs. In all its activities, **RCM embodied a trauma-informed, resiliency mindset, transitioning to a virtual format for many services and adjusting programs to meet emerging community needs during the pandemic.**

Prior to the COVID-19 pandemic the Trauma informed Learning Community initiatives and community training efforts were in person. However, in March 2020, RCM pivoted and within just a month began offering virtual self-paced and live webinar trauma and resilience training sessions for frontline workers and community members. These virtual training sessions and webinars focused on managing anxiety and burnout and promoting resilience during COVID-19. Many trainings were open to all community members, while some trainings were specifically designed to respond to Mecklenburg County Public Health Department staff needs.

RCM Youth Violence Prevention (YVP) initiatives began the second year of the COVID-19 pandemic when providers were still responding to high levels of client, community, and provider stress and trauma. Access to TIC behavioral health services became as essential to the nation's recovery from COVID-19 as food, shelter, and health protection equipment did early in the pandemic.

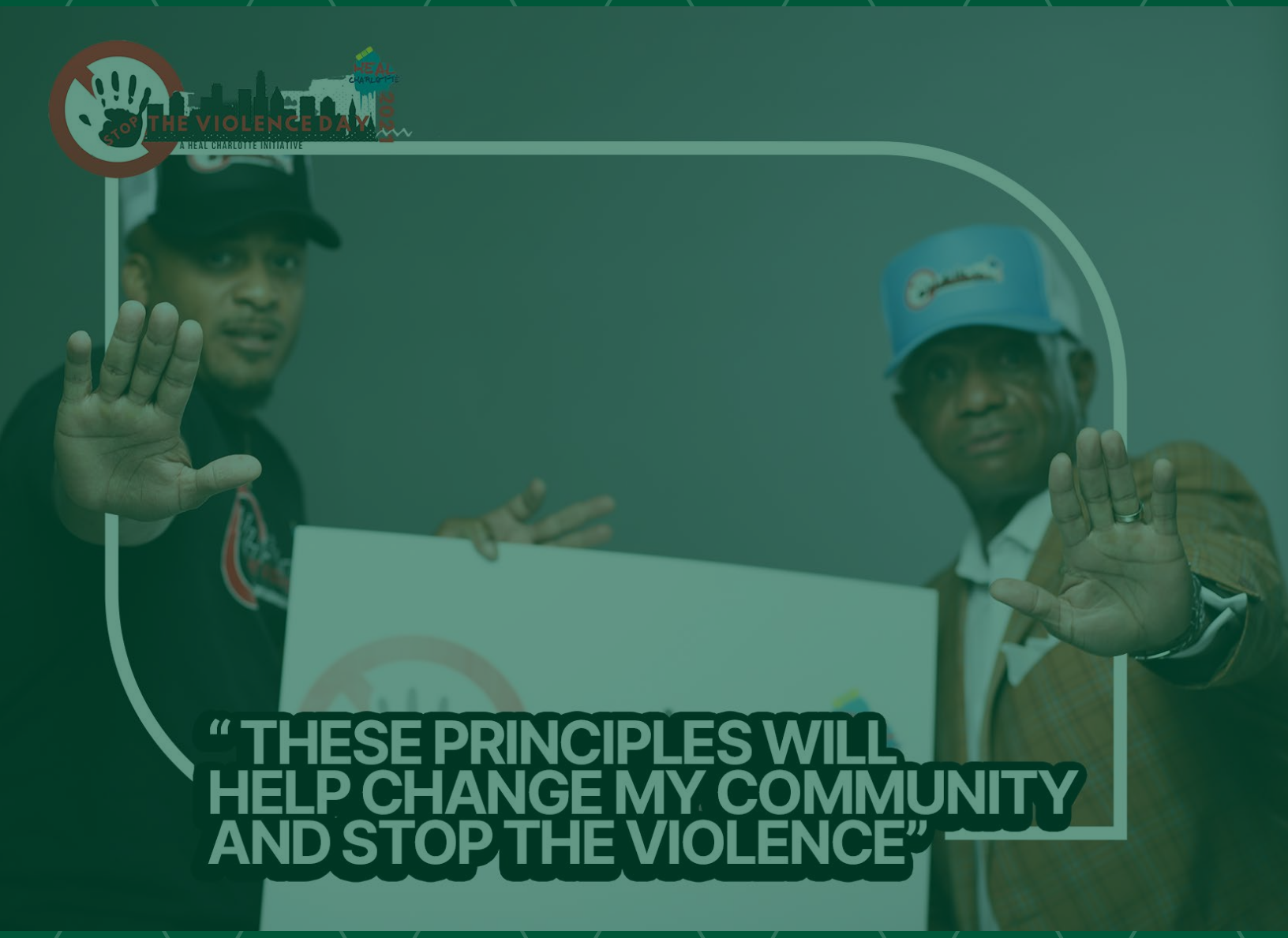
Youth well-being was particularly undermined in families on the lower end of the socioeconomic scale who faced greater academic challenges in virtual learning environments and higher levels of exposure to interpersonal conflict in the community. **RCM supported YVP subgrantees who delivered TIC as an extension of crisis intervention services at a time when the public deeply desired pathways** to a post-COVID 'new normal'. Therefore, RCM's TIC with youth efforts became intertwined with helping families meet basic needs as a protective factor against trauma.

The Faith-based Health Hub (FHH) pilot program launched during the height of the COVID-19 pandemic and continued through the COVID-19 lockdown period. Public health directives limited in-person gatherings therefore the FHH had to learn how to provide virtual service delivery options. Reduced in-person events also made it difficult for the FHH to make their presence and services known within the community.

FHH served people seeking support with basic needs, such as food and financial assistance. Community members reached out with increased requests for behavioral health concerns related to stress and grief over loss of jobs, routines, and loved ones. **FHH functioned both as a referral agency to behavioral health and other community support services, as well as community locations for COVID-19 testing, supplies and/or vaccinations.** Early activities increased the visibility of FHH within the community and increased service delivery knowledge and transitioning to a hybrid service model.

The impact of the COVID-19 pandemic on society is well documented in the public sphere and throughout this evaluation report. The pandemic presented an incredible service challenge to nonprofit, faith and health sectors. It was also a unique opportunity for RCM and their community partners to 'level up' their work to serve more community members during an unprecedented period of collective trauma.

CHAPTER 3
Methods



The RCM evaluation and program team worked in partnership to develop, implement, and evaluate RCM initiatives. RCM evaluators embraced a strengths-based orientation that seeks to understand: 1) what program elements are working well and why; and 2) what opportunities for improvement can be identified.

A developmental evaluation approach was employed to continuously assess and provide feedback to improve RCM program processes, with the goal of gathering evidence for future initiatives and achieving progress toward RCM's strategic project goal for promoting community resilience, well-being, and healing.

> **RCM evaluators sought to understand: 1) what program elements are working well and why; and 2) what opportunities for improvement can be identified.**

Evaluation methods included conducting needs and resources assessments, creating and analyzing community surveys, conducting individual interviews and group listening sessions, attending RCM's sponsored events, providing capacity-building assistance to community stakeholders, and regularly meeting with RCM's program staff to provide data-based feedback for ongoing project improvements.

Qualitative inquiry, modified case study design and secondary data were utilized during the evaluation process. Utilizing different methodologies allowed for a multi-focal perspective across different initiatives and for potential triangulation of data sources.

ReCAST Mecklenburg Evaluation Team

RCM's core evaluation team consisted of three faculty members from the University of North Carolina at Charlotte's School of Social Work–Drs. Shanti Kulkarni and Tianca Crocker and Marie White, LCSW. Evaluators brought deep content expertise in trauma-informed care/healing-centered engagement, culturally specific services, community engagement methods, racial health disparities, and evaluation methods.

DEVELOPMENTAL EVALUATION

As an approach, developmental evaluation is especially well suited for innovative programs, such as RCM, seeking to address complex problems in changing environments. Developmental evaluation strategies include evaluating program processes, evaluating outcomes of quick iterations of initiatives, collaboratively reflecting on ongoing data with program staff, and tracking decisions and changes to initiatives. Unlike traditional process and outcome evaluations, developmental evaluations simultaneously engage in planning, implementation, and evaluation activities (Figure 6).

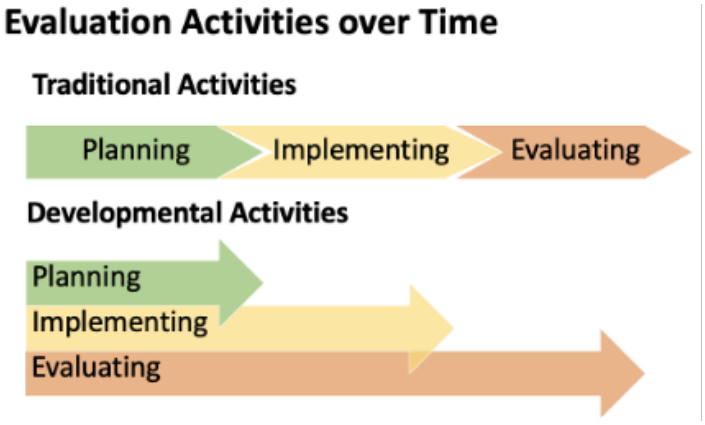


Figure 6 Traditional vs. Developmental Evaluation

The RCM evaluation team adopted a developmental evaluation approach to assess and evaluate RCM's initiatives. This approach allowed RCM to continuously improve initiatives based on ongoing evaluations and emerging community needs and resources, while still tracking useful information for future, similar initiatives.

The RCM Evaluation Team partnered closely with the program team throughout the five-year project meeting regularly with the RCM program staff, supporting subgrantee planning and development processes, assisting with implementation and capacity building with funded pilot projects, and providing expertise in trauma-informed care, violence prevention and organizational capacity building (Figure 7).

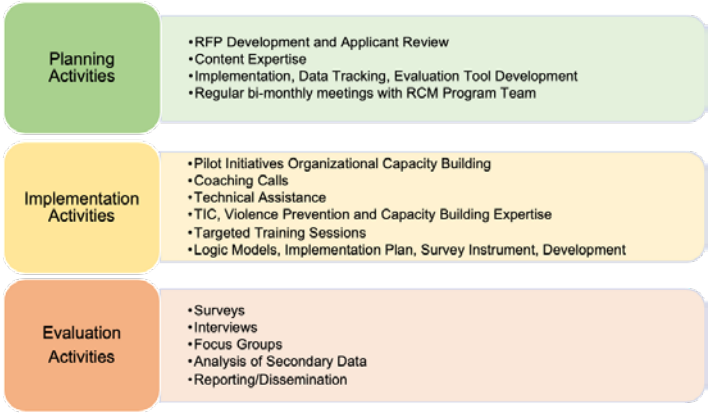


Figure 7 RCM Evaluation Team's Developmental Evaluation Activities

GUIDING EVALUATION RESEARCH QUESTIONS

The RCM evaluation focuses on two guiding research questions

1. What progress has RCM made towards its' strategic goals?

2. What are the next steps for Charlotte-Mecklenburg to become a more trauma-informed community?

The following four chapters review evaluation findings from RCM's four key initiatives: Resiliency and TIC Training, TIC Learning Communities, Youth Violence Prevention, and Healing Hubs. Each chapter will provide a background that describes core activities, a brief summary of data collection/analysis, findings, and lessons learned/recommendations. Chapter 8 synthesizes findings across all four initiatives in order to answer overarching evaluation questions about RCM's progress towards goals and next steps for Charlotte-Mecklenburg to become a more trauma-informed community.

CHAPTER 4
Resiliency & Trauma-informed Care Training Findings

ReCAST Mecklenburg's (RCM) community training efforts provided the public health education foundation to support knowledge and skills shifts toward trauma-informed and healing centered practices across all RCM initiatives. These training initiatives introduced trainees to trauma and resilience concepts and frameworks. Shared language and understanding is essential as a collective basis to promote community level well-being, resilience, and healing.

RCM's commitment to delivering content aligned with the community needs and preferences was exhibited in the range of basic and specialized trainings offered. RCM partnered with different content experts to create community trainings–each tailored to meet the needs of various community groups. Health educators from the National Council for Mental Wellbeing (NATCON), Resources for Resilience (RFR) and Mental Health America (MHA) facilitated the majority of community-based trainings.

Some training was geared towards professional helpers. Others were designed to support specific RCM funded pilot program needs, such as the Learning Communities, Healing Hubs, and Youth Violence Prevention Initiatives. Some training was developed in direct response to emergent needs like a training that was developed to support the resilience of public health department employees returning to the office as the pandemic eased. For more information on a description for training topics see Appendix D. **The program and evaluation teams worked closely together so that programming changes were data driven and rooted in current best practices.**

RCM's community-focused training included structured sessions, which RCM either funded or promoted, focused on teaching participants skills related to trauma, resilience, and/or mental health. Community training did not include other networking events without a training component, technical assistance focused on organizational capacity building, or trauma and resilience training sessions specifically offered to Charlotte-Mecklenburg Schools (CMS) employees. Networking events, capacity building events, and training sessions offered to CMS employees are part of separate initiatives and are not included in the definition or analysis of general community training data. Many of these non-training activities are described elsewhere in the report.

From July 2019 until February 2020, all community training sessions were conducted in person. However, in March 2020, **when North Carolina's Governor declared a state of emergency due to the COVID-19 pandemic, within just a month RCM began offering virtual self-paced and live webinar trauma and resilience training sessions for frontline workers and community members.**

These virtual training sessions and webinars focused on managing anxiety/burnout and promoting resilience during COVID-19. Some training sessions aimed to support frontline workers and community members during the COVID-19 pandemic in 2020 included:

- *Compassion Fatigue: How to Promote a Culture of Wellness*
- *Managing Anxiety and Worry: On the Front Line of a Crisis*
- *On the Frontline: Promoting Self-Care Practices and Psychological Well-Being During a Crisis*
- *Self-Care and Regulation Strategies During Times of Crisis*
- *Trauma-Informed, Resilience-Oriented Considerations Upon Return to the Office*

Most trainings had some open sessions to community members, and some sessions that were limited to Mecklenburg County Public Health Department staff only. When public health department staff were required to return to in-person work in 2021, RCM offered two additional *Trauma-Informed, Resilience-Oriented Considerations Upon Return to the Office* training sessions.

DATA COLLECTION/ANALYSIS

The RCM Evaluation Team analyzed secondary data collected by South Piedmont AHEC and NATCON. As part of their RCM contracts, South Piedmont AHEC and NATCON collected training participant registration and evaluation data. De-identified data from the post evaluation survey were shared with the RCM Evaluation team for analysis. Quantitative and qualitative participant responses were analyzed to describe program activities, trends, and participant satisfaction. The RCM evaluation team also assessed data quality and interviewed AHEC staff for additional context.

FINDINGS

RCM offered training sessions over four years engaging the community in a variety of trauma and resilience topics. The section below focuses on participant engagement, sectors engaged, data quality findings.

Finding #1: Trainings by Year

From July 2019 to August 2023, RCM **offered approximately 129 training sessions to over 2500 local community members.** RCM's community training sessions ranged in depth and content, with the longest training sessions lasting for four days, and the shortest training sessions lasting for only one hour.

Training Sessions by Year

Year	Months Offered	Training Sessions Offered	Total Participants
2019	Jul. - Dec.	12	479
2020	Jan. - Dec.	20	726
2021	Jan. - Dec.	38	636
2022	Jan. - Dec.	36	498
2023	Jan. - Aug	23	270*

*Table 3 *Limited participant data available in 2023*

Training Content

ReCAST Toolbox: Resilience Tools for Today, a four-hour workshop, was most frequently offered with 30 total training sessions offered, reaching 373 participants. *Managing Anxiety and Worry: On the Front Line of a Crisis*, a self-paced module created in response to the COVID-19 pandemic, had the highest number of participants with 389 total participants. Table 4 and 5 highlight the most frequently offered and attended trainings.

4 Most Frequently Offered Training

Training Title	Training Sessions Offered	Total Participants
1. ReCAST Toolbox: Resilience Tools Today	30	373*
2. Reconnect for Resilience™	19	388*
4. Countywide Staff Training	8	177
3. Stressed Out, Burned Out, Time Out	8	81*
5. Trauma-Informed, Resilience-Oriented, and Equitable (TIROE) Supervision	6	152

*Table 4 *Data is missing for some training sessions. Total participant number is likely higher.*

Highest Number of Participants		
Training Title	**Training Sessions Offered**	**Total Participants**
1. Managing Anxiety and Worry: On the Front Line of a Crisis	3	389
2. Reconnect for Resilience™	19	388*
3. ReCAST Toolbox: Resilience Tools Today	30	373*
4. Compassion Fatigue: How to Promote a Culture of Wellness	5	365
5. Two Day Trauma Summit	2	315

*Table 5 *Data is missing for some training sessions. Total participant number is likely higher.*

Trainer Partnerships

Of 129 training sessions offered to community members, health educators from the NATCON facilitated most of the training sessions (49% or 63 training sessions). Health educators from RFR facilitated 44% of training sessions (57 training sessions), and health educators from MHA facilitated 2% of training sessions (3 training sessions). RCM directly funded training sessions facilitated by NATCON and RFR, and promoted, but did not fund, training sessions facilitated by MHA. In partnership with RCM, the South Piedmont AHEC collaborated with RCM to coordinate logistics for many community training sessions.

Participant Trainees

Over 1800 community members participated in one or more RCM community training sessions between July 2019 and January 2023. Although most participants (65%, or 1,229 participants) attended only one RCM community training session, many participants (35%, or 649 participants) attended multiple RCM training sessions. One participant from the government sector attended 17 training sessions, more than any other participant. Figure 8 highlights percentages of participant repeat attendance through January 2023.

2019-2023 Number of Trainings Attended (n=1,878)

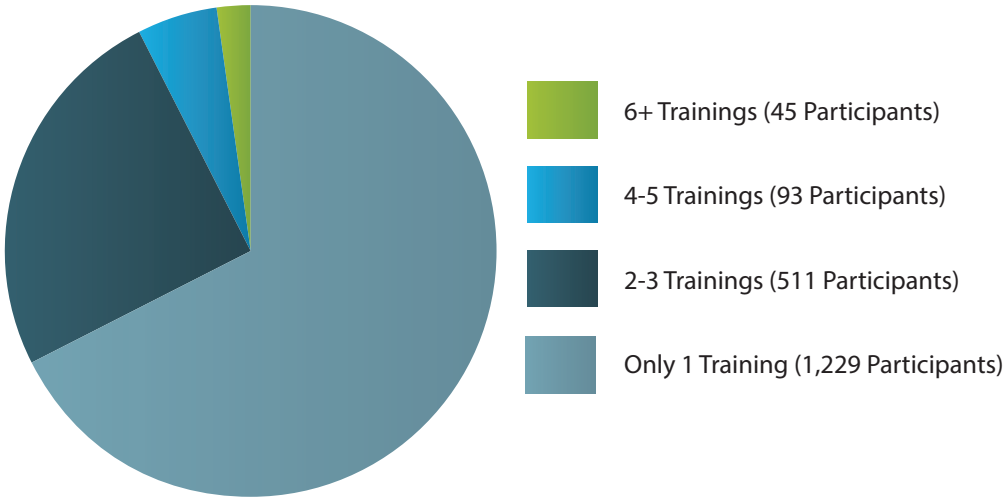


Figure 8 Repeat Attendance (July 2019-January 2023)

Participants in **training sessions represented a wide range of sectors, contributing to a community-wide cross-sector foundation to promote well-being, resiliency, and healing.** Government (623 participants, 33%) and health (577 participants, 31%) sectors had the highest number of RCM community training participants. The nonprofit (210 participants, 11%) and education (200 participants, 11%) sectors also had a high participation level. Faith (50 participants, 3%) and justice (43 participants, 2%) sectors had the lowest number of RCM community training participants. Additionally, 175 participants (8%) were either employed in an unlisted sector, did not report what sector they worked in, or data was not collected about what sector they worked in. For additional information on the operational definition of the sectors, see Appendix E.

2019-2023 Sector Trends (n=1,878)

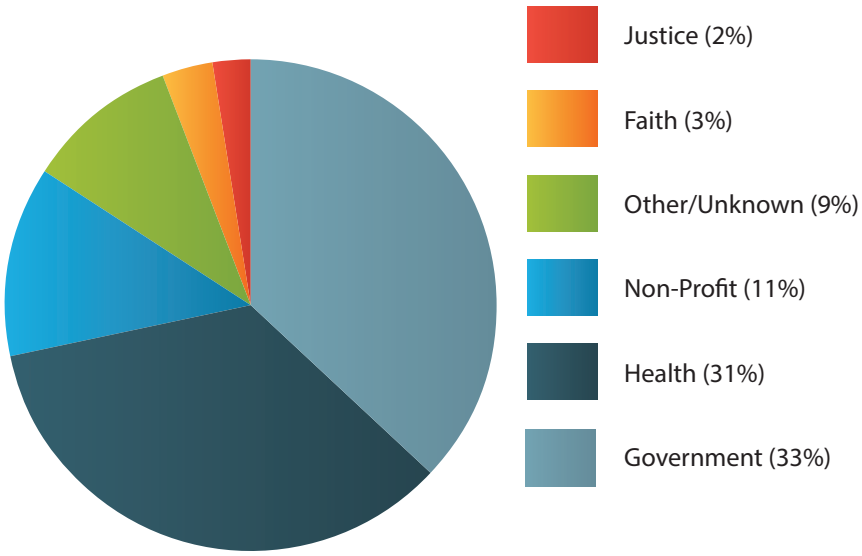


Figure 9 Sector Participation (July 2019-January 2023)

New Participants Sector Trends by Year (n=1,878)

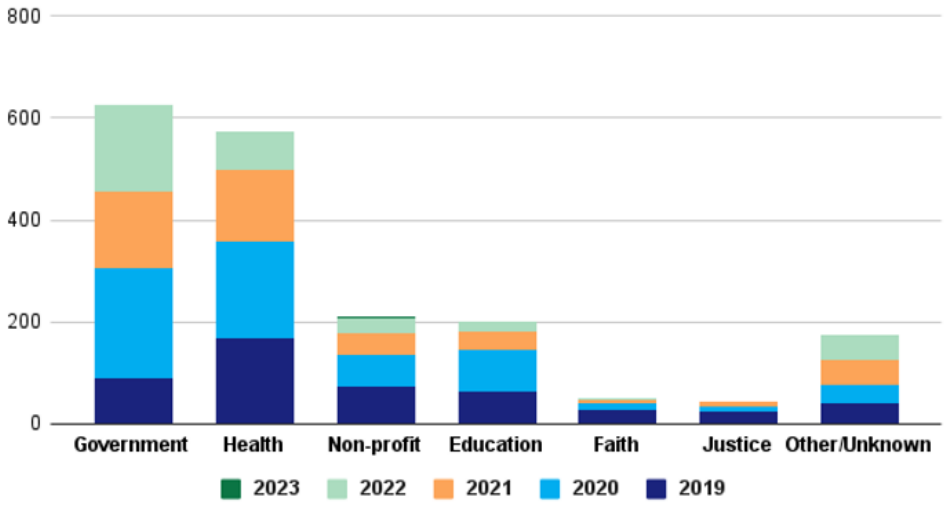


Figure 10 New Participant Sector Trends by Year (July 2019-January 2023)

Finding #2: Trainee Evaluation of Training Quality

Participants completed brief post training surveys with items related to trainee experiences, lessons learned, and feedback for future training. RCM's program staff, evaluation team, and community training partners continuously reviewed survey results for relevant feedback. Overall survey response rate was 70%, with 21 training sessions (20% of all training sessions) for which no survey data was collected. Most training sessions (71%) with missing survey data occurred in 2022 and 2023 concurrent with a change in contracted vendors. Survey items captured similar themes across all four years of community training although questions evolved over time.

Usefulness of Training

Overall, survey respondents consistently reported that community training sessions were useful and had helped them learn new concepts related to trauma and resilience. Altogether, **96% of respondents either agreed or strongly agreed that "The information presented will enhance my practice or daily work."**

The information presented will enhance my daily practice or work. (n=1,866)

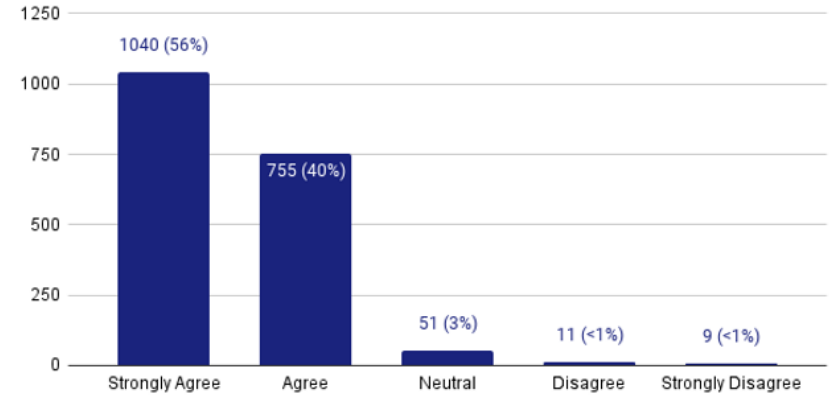


Figure 11 July 2019-January 2023 Usefulness of Training

Below are example quotes from respondents asked to "List one thing you learned that will be incorporated into your daily work/practice":

> I am resilient.
>
> Community Training Session Participant, 2020

> Everything I learned in this training is applicable and worthy of integrating into the way I approach clients.
>
> Community Training Session Participant, 2019

> One thing that really impacted me was the need to do some self-care activities every day.
>
> Community Training Session Participant, 2019

> I learned the importance of prioritizing our senses in learning about and managing emotional health of self and others.
>
> Community Training Session Participant, 2022

Community Partner Feedback

South Piedmont AHEC, a local expert in public health education, played a major role in strategic planning and coordination for all RCM trauma and resilience community training sessions. The evaluation team interviewed the South Piedmont AHEC staff member who worked most closely on the training initiatives provide additional context with regard to the training and primary data collection.

Data Collection

South Piedmont AHEC coordinated many activities for RCM community training sessions including:

- Finances and budgeting
- Marketing
- Registration
- Post-survey collection
- Speaker management
- Providing continuing education credits

In 2022, some training responsibilities, including registration and post-survey collection, shifted from South Piedmont AHEC, to contracted training facilitators. However, South Piedmont AHEC collected the highest quality data, and received the highest survey response rates compared to contracted facilitators. When asked about high survey response rates, staff from South Piedmont AHEC described their clear, automated survey processes programmed to send out reminders until surveys have been completed. Additionally, South Piedmont AHEC staff explained that participants were unable to download certifications or receive their continuing education credits until they have completed post-surveys.

Community Collaboration and Cultural Impact

South Piedmont AHEC staff emphasized the key role RCM's program team played in collaborating with community partners. Additionally, South Piedmont AHEC staff mentioned the role RCM has played in shifting local communities toward trauma-informed mindsets:

> **"To be honest, I've learned a whole lot from them [RCM program team] over the past four years as well, just this space. I think the whole community has learned a lot around what trauma-informed care [is], what trauma is because of ReCAST. It was getting some traction, but ReCAST helped it get more launched into…hey, this needs to be really a bigger initiative."**
>
> **– South Piedmont AHEC Staff Member**

This feedback was notable in that RCM training has not only influenced the trainees directly but is also influencing the knowledge, awareness, and begun to build a foundation of committed community partners interested in promoting well-being, resilience, and community healing.

Finding #3: Data Quality

The quality of attendance and survey data collected for community training varied based on who was responsible for data collection. Data quality for training sessions significantly declined in 2022, when RCM began contracting directly with training facilitators, rather than with South Piedmont AHEC, to collect attendance and survey data for training sessions that they facilitated. Given data quality issues, it is important to note that training participation numbers, sector percentages, and survey feedback is not fully accurate or comprehensive.

Attendance Data

From July 2019 through January 2023 attendance data was not collected for five training sessions (5% of training sessions). Additionally, names and emails were the only data items that were consistently collected from every RCM community training. Due to this, the total number of participants who attended RCM's community training sessions may be higher than reported, and it is possible that some participants may have been inaccurately coded into sectors based only on email addresses provided.

Attendance Responsibility	# Training Sessions	# Training Sessions with Missing Data	Name	Email	Job Title	Org.	MH Pro	Degree/ Cert.	Registr.
AHEC	76	0	✔	✔	✔	✔	✔	✔	✔
			✔	✔			✔		✔
NATCON	27	5	✔	✔		✔			
MHFA	3	0	✔	✔					
RFR	1	0	✔	✔					✔

Table 6 July 2019-January 2023 Attendance Data Quality

Survey Data

Survey data was not collected for 21 training sessions (20% of training sessions) between July 2019 and January 2023. Most missing survey data was for 15 training sessions that occurred in 2022. For almost half of all training sessions in 2022 (42% or 15 training sessions) the responsible community partner did not collect survey data. Additionally, overall response rates were low in 2022, at only 49%. Due to these issues, survey results may not be representative of all RCM community training session participants, especially for participants who attended a community training session in 2022.

July 2019-January 2023 Survey Data Quality

Survey Responsibility	# of Trainings	# of Trainings Missing Evaluation Data	Evaluation Response Rate	Format
AHEC	76	6	77%	pdf and excel
NATCON	27	15	27%	pdf
MHA	3	n/a	n/a	n/a
RFR	1	0	7%	excel; combined with CMS training data
Total	107	21	70%	pdf and excel

Lessons Learned/Recommendations

Despite unexpected challenges due to COVID-19, RCM's community training sessions had a significant reach, with over 2,500 participants trained over four years from government, health, non-profit, education, faith, justice, and other sectors. Participants who completed surveys overwhelmingly indicated that they learned new trauma and resiliency skills, which they plan to use throughout their careers. A community partner attributes that RCM has helped shift Mecklenburg County community mindsets to be more trauma-informed. Based on data, RCM appears to have achieved progress toward its first goal to promote well-being, resiliency, and community healing.

RCM community training data provides useful insights and possible research questions for future initiatives related to engaging diverse participants, training content, data quality, and longitudinal data collection.

1 **Participant Characteristics.** Community training participant demographics, including race and gender, were not collected by any community partners. To ensure RCM is having an equitable impact, future initiatives could consider collecting demographic information from participants.

2 **Sector Outreach.** Underrepresented sector community training participants included faith and justice, which had participation rates that decreased from the first year. Further research is needed to assess the cause of attendance discrepancies across sectors and to determine how to promote high levels of attendance and buy-in across diverse sectors in future initiatives.

3 **Review Best Practices for Equity Training.** Although respondents overwhelmingly (96%) experienced RCM's training content as impartial and unbiased, a few respondents (n=20, 4%) disagreed. These responses were isolated to 2019 training events and qualitative comments tended to reflect sentiments of being misunderstood as White individuals or law enforcement officers. This feedback did not extend into subsequent years; therefore, it is possible that training delivery on these topics improved in terms of engaging all audiences. However, based on the sector data, law enforcement engagement and participation appears to have declined after year one. Future efforts may explore opportunities to re-engage the law enforcement sector in productive dialog on these very difficult and sensitive topics.

4 **Registration Dropout Rates.** Training registration was often capped at varying numbers of participants. A staff member from the South Piedmont AHEC mentioned that registration dropout was a recurring problem with community training. Individuals frequently signed up for training sessions and did not attend. Future programming should explore ways to reduce these gaps.

5 **Future Training Topic Interest.** When asked what training topics they would like to see at future training sessions, several respondents expressed interest in completing more practice activities, hearing more examples, and receiving more handouts related to the trauma and resilience skills they were learning. Additionally, several survey respondents indicated that they would be interested in learning how to apply resiliency training concepts to diverse populations, including immigrant populations, LGBTQ+ populations, populations that have experienced poverty, survivors of domestic violence, and survivors of human trafficking. Many participants were also interested in learning how to navigate toxic, stressful work environments. Future initiatives could consider adding additional topics based on trainee feedback.

6 **Data Quality.** There were several documented data quality issues, especially in 2022 when RCM began contracting directly with training facilitators, rather than with South Piedmont AHEC. Notable differences in data quality may reflect differences in community partners' data collection processes, RCM staff turnover, community partner staff turnover, and/or breakdowns in communication between RCM and community partners. Further research can identify the cause of disparities in data quality and to ensure more reliable data in the future. RCM program staff may consider updating language in scope of work agreements with all community partners to ensure adequate collection, appropriate data collection processes, and clear communication among community partners in the future.

7 **Longitudinal Data Collection.** Post survey training survey responses indicate that respondents planned to put the trauma and resilience skills that they acquired into immediate practice. Data collection over time is needed to determine whether participants use these skills regularly, and to determine whether Mecklenburg County residents report experiencing a more trauma-informed environment and higher ratings of well-being and resilience. These data will require greater resources to capture, particularly given high levels of staff turnover and challenges maintaining response rates over time.

CHARLOTTE-MECKLENBURG SCHOOLS TRAINING

In collaboration with Charlotte-Mecklenburg Schools (CMS), Resources for Resilience (RFR), and the South Piedmont Area Health Education Center (AHEC), ReCAST Mecklenburg (RCM) offered 26 resiliency training sessions specifically for CMS employees between July 2021 to August 2023 (Table 8). These training sessions occurred over three summers July to September 2021, June to August 2022, and June to August 2023. Training focused on equipping educators, administrators, and support staff with trauma responsive knowledge and skills. These training sessions contribute to Goal 1 of RCM's Strategic Plan: Build a foundation to promote well-being, resilience, and community healing through community-based participatory approaches. A description of the training topics can be found in Appendix F.

All CMS trainings were facilitated by health educators from RFR, a local nonprofit dedicated to sharing practical, science-based tools designed to build resilience. Additionally, the South Piedmont AHEC helped coordinate logistics for CMS training. Due to reporting deadlines, CMS training data from 2023 is not included in this report.

Training Sessions Offered by Year

Year	Months Offered	Format	Total Sessions Offered
2021	Jul. - Sept.	virtual	9
2022	Jun. - Aug.	virtual	10
2023*	Jun. - Aug.	in-person	7

*Table 8. *Participant and survey data from 2023 is not included in this report.*

Training sessions ranged in depth and content (Table 9). The most frequently offered training, Reconnect for Resilience™, was a 14-hour training, offered 21 times, which aimed to teach CMS employees practical strategies to promote well-being in the face of ongoing stress or adversity.

Training Sessions Offered by Title

Training Title	Year(s) Offered	Length	Training Sessions Offered
Reconnect for Resilience™	2021, 2022, 2023	14 hours	21
Reconnect for Resilience™ Orientation for CMS	2022	1 hour	3
Virtual Champions and Implementation Coaching	2022	3 hours	1
Champions Workshop	2023	6 hours	1

Table 9 RFR Training Session Duration

Participants by Role

In total, 241 professionals attended at least one CMS training session from July 2021 to August 2022. All CMS employees, excluding administrators, were provided a stipend for completing resiliency training. A diverse representation of CMS employees attended resiliency training sessions including educators, support staff, and administrators.

Most participants (63%) indicated that their professional role was related to teaching and/or curriculum. This group included teachers from all grade levels and subject areas, academic facilitators, curriculum coordinators, literacy facilitators, and an English learner graduation coach. Additionally, 21% of participants indicated that they held positions related to student support, including counselors, social workers, psychologists, occupational therapists, and social and emotional learning (SEL) specialists. An additional 7% of participants indicated that they were classroom support professionals, including Behavior Modification Technicians (BMT) and Teachers Assistants (TA), and 6% of participants indicated that they were administration professionals, including Principals, Assistant Principals, and Deans (Figure 12). There were six participants who were either not employed by a school or had unknown roles, including two police officers, three nonprofit employees, and one individual who did not provide information on their role.

CMS Trainings Attended by Role (n=241)

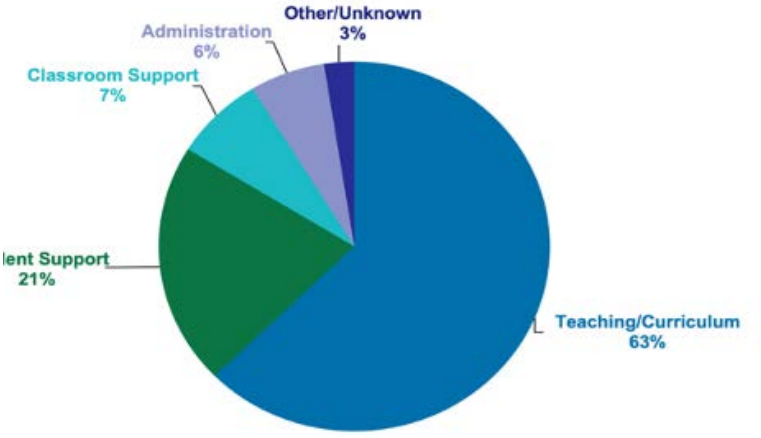


Figure 12 CMS Training Attendance by Role

Participants by School

In 2021 and 2022, staff from 72 schools across North Carolina participated in resiliency training (See Appendix G). Table 10 highlights the Charlotte-Mecklenburg Schools with the highest participation. Of the 72 schools participating, 71 (99%) were geographically located in Mecklenburg County (Figure 13). Most participants (29%) worked in high school settings, followed by elementary school settings (27%), combined K-8, K-12, or 6-12 school settings (17%), and middle school settings (7%). There were many unknown participants (17%) who either reported their workplace as "CMS" or did not provide a workplace (Figure 14). Additionally, there were 3% of participants who reported non-school workplaces including three participants who worked for local nonprofits (Motherhood Beyond Bars and PivotPoint WNC), three participants who worked with students who are on a 504 plan and homebound, and two participants who were employed by the Charlotte-Mecklenburg Police Department.

CMS Schools with Highest Participation from 2021 to 2022	
School	**Number of Attendees**
1. Myers Park High School	27
2. Mallard Creek High School	11
3. Julius Chambers High School	9
4. Druid Hills Academy (PreK-8)	7
5. Davidson K-8 School	6
5. River Gate Elementary School	6

Table 10 CMS Highest Participating Schools

CMS Trainings Attended by Role (n=241)

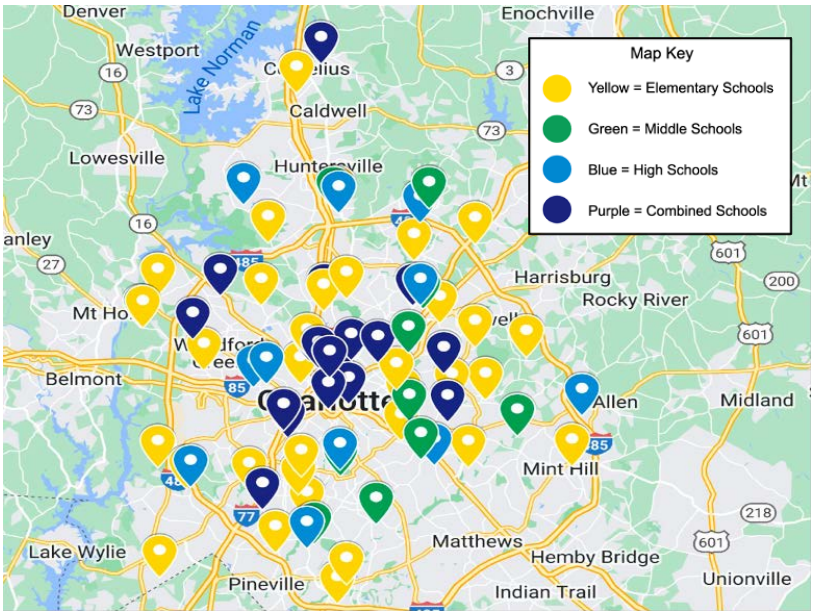


Figure 13 Map of Schools with CMS Training Participants from 2021 to 2022

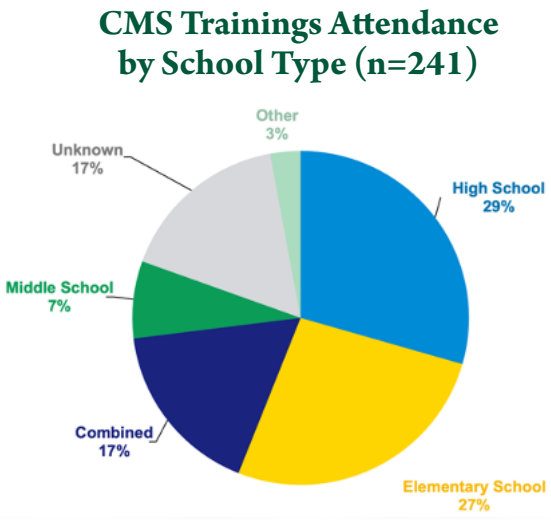


Figure 14 CMS Training Attendance by School Type from 2021 to 2022

Survey Feedback

Following the completion of CMS resiliency training, all participants were asked to complete an anonymous, 28-question post-survey. In 2021, 130 participants (69% of participants) completed a post-survey. In 2022, only 22 participants (32% of participants) completed a post-survey. In both 2021 and 2022, survey results indicated that respondents learned new strategies for responding to trauma and enjoyed participating in resiliency training.

Usefulness of Training

Almost every survey respondent, 99%, either agreed or strongly agreed that the information presented in resiliency training would enhance their practice or work (Figure 15).

The information presented will enhance my practice or daily work. (n=154)

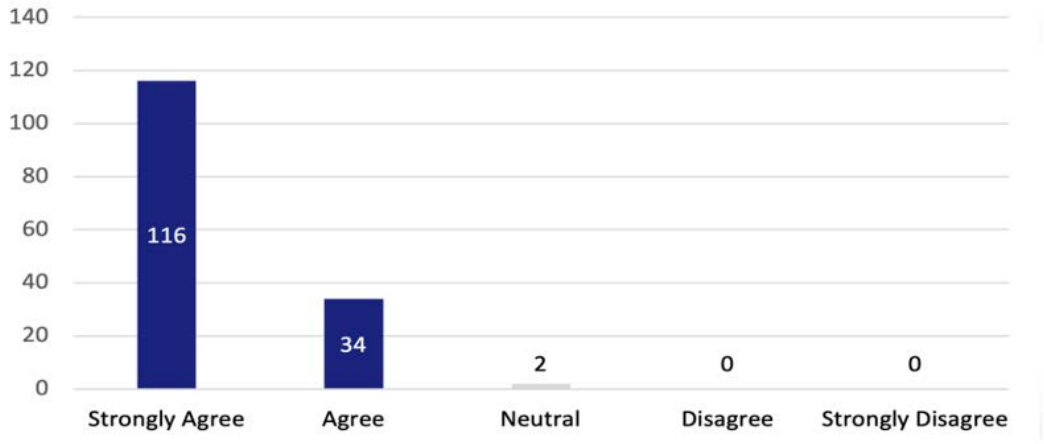


Figure 15 Usefulness of Training

More specifically, when asked whether they had been able to "Learn about the impact of stress and trauma on the brain and nervous system," 99% of respondents reported that the learning objective had been met. Additionally, when asked whether they had learned to "Identify resilience skills and tools that participants can begin using immediately," 100% of respondents reported that the learning objective had been met. These responses are promising evidence that CMS employees who attended training and responded to this survey learned skills to better understand and respond to trauma.

Promoting Well-Being, Resilience, and Community Healing

In addition to building trauma and resiliency skills, when asked whether they had learned to "share knowledge [related to trauma and resiliency] with others," 100% of survey respondents reported that the learning objective was met. Additionally, when asked whether they had learned to "Promote common language and strategies in Mecklenburg County about resilience" 100% of survey respondents reported that the learning objective was met. These results indicate that survey respondents feel confident in discussing trauma and resilience to create a more trauma-informed environment within CMS.

> "I loved the hand/brain example. This helps me to understand when children act out, they are not using the thinking part of the brain."
> 2021 CMS Training Participant

> "Awesome professional development session."
> 2021 CMS Training Participant

> "I really enjoyed the class. It was not what I expected but just what I needed in working in the public school system."
> 2022 CMS Training Participant

Future Training Ideas

When asked what training topics they would like to see in the future, several survey respondents requested more in-depth training on working with specific populations, including LGTBQ+ individuals, adults with trauma, students with disabilities, younger students, and families and parents. Additionally, several respondents indicated a desire for more specific examples embedded in training, along with training on different techniques that can be used to improve classroom management, including positive discipline and restorative practices.

Lessons Learned/ Recommendations

RCM's collaboration with CMS, RFR, and the South Piedmont AHEC led to the participation of 241 employees in training sessions focused on building individual and community resilience with additional CMS employees being trained during the summer of 2023. Furthermore, survey results indicated that respondents enjoyed attending resiliency training, and learned new resiliency skills which they planned to use in the future. Based on available evidence, RCM appears to have achieved progress toward their first goal of promoting well-being, resiliency, and community healing by equipping educators with skills to use with students who have experienced or are experiencing trauma.

RCM's CMS training data offers useful insights and lessons learned that can inform similar initiatives, or partnerships with CMS in the future.

Training Participation and Registration Dropout Rates.

The overall number of training participants significantly decreased between 2021 (188 participants) and 2022 (68 participants). Additionally, the rate of registrants who did not attend training increased between 2021 (19%) when compared to 2022 (66%). During this time the responsibility to manage marketing and registration shifted from South Piedmont AHEC to RFR. Possible causes participation and registration dropout rate differences could be related to differences in marketing strategies between years, differences in registration processes between years, an increase in nationwide rates of teacher burnout in 2022, or that most CMS employees interested in resiliency attended training the first year training was offered and did not want to repeat training in 2022. Further research is needed to understand differences in participation between 2021 and 2022 and to ensure high rates of participation in future, similar initiatives.

Review Training Content.

The majority of respondents (99%) agreed that the training content was fair, balanced, and free from bias. However, one respondent mentioned noticing bias related to 1) a stereotypical depiction of a young Black boy fighting, and 2) the discussion of the generational trauma of slavery without acknowledgement of persisting modern racism. In alignment with Goal 5 of RCM's Strategic Plan: Ensure program resources are culturally specific and developmentally appropriate, program staff could consider reviewing all training materials for possible stereotypes and biases.

Future Training Topic Interest.

Several survey respondents indicated that they would be interested in learning how to apply resiliency training concepts to diverse populations in addition to how to use specific, restorative classroom management strategies. In future initiatives, if staff are interested in expanding training offerings, they could consider adding additional topics based on survey feedback.

Survey Response Rates.

Between 2021 and 2022, survey response rates decreased from 69% to 32%. During this time, the responsibility to collect survey data shifted from South Piedmont AHEC to RFR. Possible causes of decreased response rates could include differences in data collection processes, breakdowns in communication between RCM and community partners, and/or other unknown causes. Further research is needed to identify the cause of survey response rate decreases to ensure adequate data quality for future initiatives. on working with specific popula

Longitudinal Data Collection.

Evaluation data was collected from survey respondents soon after training and suggests that respondents planned to use the skills that they had learned. Data collection is needed to assess medium-term and long-term outcomes, such as whether participants use skills regularly and whether CMS employees and students report a more trauma-informed educational environment.

CHAPTER 5
Trauma-Informed Care Learning Communities Findings

Organizational change requires significant shifts in culture, norms, policies, and practices. **These organizational changes are necessary for the implementation of trauma-informed systems of care.** Learning communities offer structured and supported engagement that brings together organizational change agents for co-learning, knowledge sharing, problem-solving, and support. These initiatives support the building of a local system of care that increases access and equity to trauma-informed services, and over time strengthens behavioral health integration across Mecklenburg County.

ReCAST Mecklenburg (RCM) recruited local organizations across many sectors to participate in Trauma-Informed Learning Communities (TILC) and Communities of Practice (CoP). Because the TILC participation involved significant commitments, not all interested organizations were able to participate. In 2021-2022, RCM worked with the NATCON to develop a less intensive version of the TILC curriculum to increase accessibility to more organizations.

Over the RCM award period, 17 organizations including five Mecklenburg County Departments participated in RCM's TILCs and/or CoPs, taking advantage of the opportunity to join a local, growing coalition of advocates for trauma-informed leadership. Appendix H describes the organizations' TILC and/or CoP participation.

RCM worked closely with the NATCON to develop and launch the curriculum for the learning community program and later more abbreviated communities of practice cohorts. The TILC curriculum spanned 12 months and included a Kickoff Meeting; three coaching calls per team; two cohort calls per cohort; Midyear Meeting; and Final Summit Meeting.

TILC participants engaged in a range of training, coaching, technical assistance, and networking opportunities designed to foster trauma-informed organizational culture. Participants were introduced to a specific framework for TIC/Resilient Organizations that delineated 7 Core Domains (Table 11). TILC participants began by conducting an organizational assessment. The assessment offered insights into the organizational strengths and weaknesses and guided learning community teams to focus on specific domains to target for change during the year.

TILC/CoP Assessment Domains	
Domain 1	Early Screening and Comprehensive Assessment
Domain 2	Person-Driven Care and Services
Domain 3	Trauma-informed, Resilient, Educated and Responsive Workforce
Domain 4	Provision of Trauma-informed, resilience-oriented Evidence-Based and Emerging Best Practices
Domain 5	Create Safe and Secure Environments
Domain 6	Engage in Community Outreach and Partnership Building
Domain 7	Ongoing Performance Improvement and Evaluation

Table 11 Learning Community/Communities of Practice Organizational Assessment Domains

DATA COLLECTION/ANALYSIS

Participating organizations (n=17) were selected utilizing purposive sampling in order to receive feedback from organizations representing different sectors and size. The evaluation team conducted interviews with nine TILC and COP participants representing five unique programs. Interview questions explored participants' perceptions of organizational needs, program experiences, and specific outcomes related to their participation using a semi-structured interview guide (see Appendix I). Interviews lasted between 30 to 55 minutes and were digitally recorded and then transcribed verbatim.

Transcripts were thematically coded in alignment with guiding research questions regarding program impacts and recommendations. Three program impact findings (with five subthemes) emerged with three recommendations. Findings are described below with illustrative participant quotes.

FINDINGS

Finding #1 TILC Enhanced Organizational Commitment

1. Subtheme: Developing TI Champions. A critical objective of the TILC initiative was to develop internal trauma champions who would bring trauma-informed changes to participating organizations. Many TILC participants were program managers, as well as front-line staff from programs that had established an interest in becoming more trauma-informed. Participants were recruited in a number of ways. Some volunteered for the opportunity. Others were 'voluntold' by their supervisors due to their perceived knowledge and interest in trauma. One participant indicated that he was recruited due to his identity as an African American male:

> **They (leadership) wanted a male voice and they wanted a strong personality, somebody that would speak up and take charge and they felt like that was me.**

Many participants reported positive personal and professional benefits from their TILC experiences. According to one participant: **"the experience has grown me and the things that I've learned have grown me in my personal life and my professional life. I'm grateful for that."** Another participant credited the TILC program with helping her to find her voice: **"It took me a while to find my voice. I'm just using it all over the place."** Other participants appreciated the opportunity to strengthen their professional expertise. For example, one participant became certified as a "Resiliency Educator" and a "Listening Circle Facilitator" which allowed her to facilitate community-wide training.

Learning community participants participated in structured training, coaching, and technical assistance over the course of 12 months, as well as implementation activities outside of regular meetings. For some participants, these requirements were challenging on top of their usual job duties. In addition, participants were responsible for administering an organizational assessment and engaging leadership and staff in trauma-informed care efforts. TILC efforts required significant time and leadership investment. Participants preferred an approach that cultivated volunteers versus having their participation mandated. One participant suggested the need for "a process where you can find folks who may have a little bit of passion about it or an interest in trauma and try to build from there." This was similar to some participants' experience although most participants stated they did not really understand what their involvement would entail. "My supervisor shared it with me and I really wasn't 100% sure exactly what it was or what it would be like. It wasn't a direct voluntold type of thing. I think she had an understanding of what it would be and knew me well enough to know that it would align with some things that I was interested in, which it turned out that that was just the case."

Having the right people involved as TILC members was viewed as extremely important. Successful participants exhibited clear vision, decision-making skills, and an understanding of their role. According to one participant:

> **"You need a leader that understands…the real goals and focus… how to make a decision when decisions can't be made by the team…how to lead the team in a way that the team needs to be led. We don't just sit on meetings for forever and just figure out whatever. Sometimes it needs to be, this is what we're doing, let's move on from that. And leadership is really important…it's really important that they (leaders) understand what they're getting involved in.**

2. Subtheme: Sustaining TI Commitment Over Time. Participants shared the importance of sustained TI commitment needed to effect organizational change. At times, the change process was 'rocky" for some organizations due to changes in TILC group composition, which interrupted the "energy flow", "excitement", and "motivation." Participants also noted they had to become comfortable with the organic nature of the coaching process, which was initially frustrating for some but ultimately led to creative solutions.

> **"They were coaching us, but I was like, "Come on, just tell me what to do. I don't know what to do here." We finally got to a point where it was like, "Okay, well, what if?" We continued to ask that question and continue to ask that question throughout the whole time that we were involved with the grant, "What if this? What if that?" By golly, I mean, we would just say it, and then things came out of that what if.**

Engaging deeply in the change process was also emotionally challenging at times. As another participant noted:

> **"Sometimes (the process) is going to feel really connective and bonding. Other times it's going to feel like it is going to destroy everything that existed before. And that's a necessary part I think of the process…staying with that experience.**

Another participant echoed that changes in organizational culture were both tangible and intangible.

> **"It is a shift, it is ongoing, it may not look like a tangible thing, but some things are tangible. But when you're talking about shifts, shifts in mindset, shifts in leadership, shifts in people that have been in an agency and in this environment for decades, it's like how do you become okay with knowing that you are making changes that might not be visible overnight? So in terms of the work…I definitely sensed a shift in our energy as a team and what we feel is productive or not from the beginning to now. Understanding that this is a process."**

Participants viewed themselves as being on a trauma-informed journey that involved reinforcement over time. TILC team members also recognized that their journey was accelerated compared to colleagues who were not immersed in the process.

Finding #2 Learning Communities Expanded Engagement Across the Organization

3. Subtheme: Engaging All Levels of Organizational Leadership

TILC participants highlighted the importance of organizational leadership at all levels being well-trained in trauma-informed care. The training was viewed as important in helping supervisors understand what trauma-informed care could look like within the organization.

> **Even if they (leaders) were struggling with how to make that shift in their mind about being trauma informed, even if they were concerned about opening a can of worms and asking how people are doing. It offered tangible ways to be trauma-informed in leadership…it helped the supervisors to start to see and make some changes in their mindset…There still are some outliers that need a shift in mindset…the number that have made the shift far outnumber that. So we're very, very pleased with that.**

Senior leadership had an important role in endorsing trauma-informed care initiatives especially in the face of change resistance: "senior leadership can be there to say, 'Hey, this is an initiative that we support, so we need you to help support this group who's pushing this forward.'" Senior leadership was also viewed as key in holding the bigger picture for trauma-informed care within the organization.

4. Subtheme: Offering Broad-based Trauma-Informed Care Training.

Participants noted that some staff were reluctant to attend TILC training on top of their demanding work schedules. However, **organizational culture change was not viewed as possible without having clarity around a shared trauma-informed vocabulary and conceptual framework.** Many staff also appreciated the trauma-informed focus on their wellness as service providers. Through the process, staff were able to articulate their own needs around safety and to identify the types of training that would help them to feel safer in their roles.

TILC members intentionally sought broad staff engagement in support of change efforts: "we were strategic in ensuring that there was a person or persons from each division that was a part of the initial trauma-informed learning community." Some TILC teams built both external network and internal staff engagement by attending statewide trauma-informed trainings together, such as the Prevent Child Abuse North Carolina conference. Some TILC members emphasized their roles as "as ambassadors for our own teams." Broad-based efforts were seen as a mechanism for organizational culture to take root and sustain even as individual staff members might come and go. One team focused their efforts on the organization's human resources training unit—recognizing their importance in planning and implementing training across the organization.

5. Subtheme: Building Trust Across the Organization

All participants experienced challenges completing the required organizational assessment, a tool that would help guide their efforts. TILC participants found it difficult to achieve a strong survey response rate. Some TILC teams facilitated discussions within various units in the organization to solicit feedback. Trust was an important precondition for staff to share candid feedback.

> **There was a level of trust that they had with us. If they shared something with us, we were not going to go back and say, well, this person told me that this other person said. We honor their trust, but we took the information back to supervisors, managers and the senior manager for our department, and the supervisors.**

Finding #3 Learning Communities Launched Initiatives and Advocacy Efforts

TILC participants worked with facilitators to launch initiatives that would positively impact trauma-informed service delivery within their organizations. The focus of these initiatives was guided by individual organizational assessments that identified strengths and weaknesses associated with specific trauma-informed domains. As a result, TILC participants crafted creative responses uniquely designed to advance trauma-informed care within their organizations.

The Mecklenburg County Department of Social Services (DSS) Learning Community efforts focused on strengthening the trauma-informed care domain *Creating a Wellness and Trauma-Informed, Educated, and Responsive Workforce.*

This learning community established an employee working group with representatives from across the organization, including Economic Services (ESD), Services for Adults (SFA), Youth and Family Services (YFS), Operations, Strategy and Innovation (OSI) and Clinical and Contractual Services (CCS). This group worked together to advance new trauma-informed policies, including a new contract template for county subcontractors that included "clear and direct language regarding the expectation of subcontractors to have a system in place to include clients in influential roles in decision making about services, evaluation and continuous quality improvement." The learning community promoted TIC/Resiliency training opportunities that resulted in an additional 514 employees trained.

Learning community members advocated with senior leadership to maintain consistency in their Employee Assistance Program (EAP) providers to allow staff to continue access support. The DSS Learning community also implemented a CodeWeCare program. This program provides email outreach for DSS staff experiencing work-related trauma, such as a co-worker loss or traumatic event associated with one of their cases. With additional RCM funds, DSS established a staff library with trauma-informed/resiliency resources, expanded access to trauma-specific interventions for clients, and developed a program specific trauma-informed/resiliency supervision curriculum.

The Maternal and Child Health and Community Alternatives Programs within the Mecklenburg County Public Health Department learning community also targeted the domain *Creating a Wellness and Trauma-Informed, Educated, and Responsive Workforce.* The efforts of this learning community resulted in a number of TIC initiatives including: Feel Good Friday emails, Monthly Wellness Wednesday emails, TIC "WE CARE" bags, and an anonymous virtual suggestion box for staff to confidentially express ideas and concerns.

> **We put together a biweekly newsletter, a TIC team newsletter with some resiliency tips, some self-care tips, some tips about being trauma-informed. The responsibility rotated monthly so that each team or individuals from each team had an opportunity to incorporate information that they felt would be beneficial. And then in conjunction with that, we were doing a Wellness Wednesday segment where I offered either some type of breathing technique, stretching technique. It was a video, and so it got sent out to the team.**

Several **Charlotte Mecklenburg Library** staff participated in the communities of practice training that allowed them to more fully integrate trauma-informed services within the library. Librarians described their increased skill and comfort in responding to library patrons' experiences of trauma. One library utilized trauma-informed approaches in the launching of a book club. As a librarian participant shared:

> **For me, it's connecting literature to these topics, so finding ways to just have a conversation, not opening up a conversation just to open your trauma, but....but I feel that connection of literature to trauma-informed care, it's a big asset and a tool in our tool belt.**

Lessons Learned/ Recommendations

In all the interviews, participants were asked to reflect their perspectives on the next steps needed for Charlotte-Mecklenburg to become a more trauma-informed community. Three primary recommendations emerged across interviews.

1. Develop TIC Organizational Exemplars

Most TILC participants felt their trauma-informed care organizational work was just beginning. While they were proud of their accomplishments, they also worried how the work would be sustained going forward. Several TILC members noted that **with more investment their organizations could become community exemplars serving as models for other organizations even beyond traditional social service providers.**

"If we feel that trauma-informed care is a public health issue that needs to be addressed… then public health needs to be the model for how an agency operates in a trauma-informed way. Then that needs to spill into Mecklenburg County government with them being the model for how a corporation operates in a trauma-informed way. And then we can model that for Wells Fargo, Bank of America and other agencies that are huge in our area."

2. Embrace Trauma Prevention Activities

TILC participants valued that trauma-informed care was effective in preventing secondary trauma for service providers and those seeking help. They were troubled that so many community members they serve continue to experience primary trauma. **TILC participants advocated for different forms of trauma prevention.** Several TILC participants felt there needed to be more dialog about racial trauma but acknowledged that these were difficult and emotionally charged conversations to have.

"Somehow, the community needs to open its eyes more about racialized trauma and the impact that it has on the body, what's happening to our children in the schools, and systemic issues. Because there's a mindset that does not allow for what has happened to people and is still going with what's wrong with people, and that hinders the services that we receive, the progress in schools, even therapy, and things like that"

Another TILC participant shared her frustration about community resource limitations, particularly around safe housing access.

"Look at domestic violence numbers or sexual violence numbers, where do people go as they experience sexual violence? If it's not safe at home, where do they go? If they're in detention center because mom or dad hurt them, where do they go? Do they go to a shelter where they may not feel safe because it's a scary place? Then they go to the streets, or they have to find a place like a friend or a family member to stay with. So that's a little discouraging."

3. Plan Collective Impact Strategies

TILC participants desired **more coordinated community-wide trauma-informed care strategies to expand the reach and power of community efforts and to share innovation across organizations.** Some TILC participants had adapted materials created by others and wanted to pass along what they had learned to other organizations. Another TILC participant reported how her trauma-informed care lens led her to propose specific process recommendations about the Child Fatality Review Committee that she served on—this suggestion will be passed along to the state attorney general. Many TILC participants viewed coordinated action and a community-wide approach as key for sustainability of trauma-informed care efforts.

"when we talk about next steps, I'm going to pull in collective impact for Recast and just say, we need to pull in as many partners as we can to continue a work to make sure that they understand, so that whether or not Recast is in place, that team of people are brought into continuing the work."

From Organizational Change to Systems Transformation

Evaluation team embedded six items within the NATCON six month post program survey to assess 2021 community of practice graduates about their receptiveness towards a collective impact model focused on trauma-informed care practices and racial equity. Though the number of responses were small (n=7), they reflected exceptionally strong interest in the collective impact model as a valuable approach to increasing trauma-informed care and advancing racial equity.

All respondents agreed or strongly agreed that it would be *valuable to develop a coordinated community-wide approach* to increase trauma-informed care and racial equity practices across the community. All respondents also agreed or strongly agreed that they and their organizations were *willing to commit time and resources towards collective impact efforts* around trauma-informed care and racial equity and to adopt a *common set of indicators to track progress, and identify what is working or unsuccessful* in increasing trauma-informed care and racial equity locally. Respondents offered their qualitative perspectives regarding potential benefits and challenges of a collective impact approach.

Benefits identified included: "*Having a collective approach creates a more cohesive experience for children and families, which could potentially minimize the trauma associated with their contact with various social service entities," and "we can work on what's already being done and share resources."* Some respondents noted *"finding the middle ground among all of our policies, procedures, practices, etc."* as well as *"communication and goal setting within competing missions"* may challenge the collective impact implementation. Several respondents suggested that there may be challenges finding the right people and meeting structure would also be a challenge.

CHAPTER 6
Youth Violence Prevention

Youth exposed to violence are far more likely to experience negative physical and mental health challenges in the short term and across their lifespan . Gun violence and other traumatic events that occur before the age of eighteen are referred to as adverse childhood experiences (ACEs) and 64% of adults in the U.S. are believed to have experienced at least one ACE . **Youth violence is an avoidable ACE associated with PTSD and a host of physical and mental health ailments.** This public health challenge is costly to the community, and to the individual lives of those impacted by the loss of life , freedom , or opportunity to earn incomes associated with better health and happiness . RCM recognized this locally and invested in a small group of community partners from diverse disciplines to immerse themselves in the ecosystem of youth-centered trauma-informed providers in Charlotte. Their work was supported by training and conversations held by nationally recognized leaders of trauma-informed care. Trauma-informed care acknowledges the commonality of violent experiences and supports approaches to care that aim to minimize further harm.

RCM YVP pilots sought to recruit organizations engaged with local youth in a public health model of evidence-based and trauma-informed violence prevention programming to address key risk factors for Mecklenburg County youth, particularly those living the 28205, 28206, 28208, 28212, 28216, and 28217 zip codes. The initiative's goal was to 1) increase organizational capacity by centering youth as leaders of anti-violence activities, 2) increasing community-wide awareness of protective and risk factors, and 3) broadening the dissemination of effective practices that have been documented through the research process. The approach is captured in the diagram below.

YOUTH VIOLENCE PREVENTION (YVP): TARGETED OUTCOMES

Guided by the Veto Violence Framework, these three outcomes were shared targets of the three pilot YVP programs. The three-legged approach sought to enhance the local dialogue while building organizations' capacity to meet the community's needs through its service offerings.

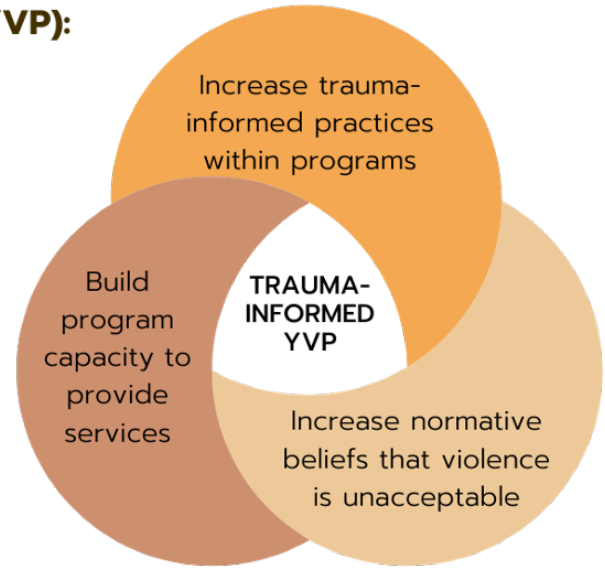


Figure 16 YVP Targeted Outcomes

DATA COLLECTION/ANALYSIS

A modified case study approach was utilized to provide in-depth understanding and contextual insights from the YVP pilot programs. Data was drawn from YVP grantee interviews (see Appendix I), administrative data, program material, and publicly available data. Interview transcript data was thematically analyzed across programs to identify lessons learned/recommendations.

ORGANIZATIONAL PROFILE AND PROPOSAL PROCESS

RCM YVP began as a 12-month pilot project for youth-serving organizations to promote a trauma-informed public health approach to violence prevention using the Centers for Disease Control and Prevention's Veto Violence resource(nd). Organizations awarded funding implemented their unique scope of work. Awardees were expected to show evidence of six core deliverables:

1. Partner with the RCM evaluation team to develop an implementation plan that included evaluation metrics
2. Track monthly program outcomes to include the numbers of high-risk youth served and youth serving in leadership positions
3. Host three events that center the Veto Violence approach to violence reduction
4. Participate in regular trainings on timely topics related to trauma-informed practice, resiliency, racial equity, mental health, and data privacy
5. Leverage the RCM evaluation team to enhance their capacity to execute and evaluate their scope of work
6. Submit a final report to RCM detailing the activities and impact resulting from their work

RCM YVP pilot projects began in October 2021 and closed in September of 2022. Five organizations were initially awarded contracts through the YVP pipeline of RCM during the Fall of 2021. Selected organizations participated in a series of onboarding meetings with RCM program and evaluation team members in October and November of 2021 before submission of the initial implementation plan that was due within 30 days. The pilot period for RCM YVP contracts was later extended an additional six months. RCM YVP awardees included five community-based organizations however the number of contractors declined to three after a few organizations faced challenges that impacted their ability to launch effectively during the project's established implementation timeline.

A fourth YVP contractor, Heal Charlotte, joined the YVP umbrella in 2022 through a citywide partnership with RCM to host a Stop the Violence event among other public health, criminal and social justice engagements across the County. The visibility of Heal Charlotte's community engagement work rose rapidly following the untimely death of Keith Lamont Scott. The event led to a partnership between RCM and Heal Charlotte to advance the work of anti-violence as a public health challenge.

Table 12 highlights the various services provided by the YVP pilot projects.

Services Provided	Christ Centered Community Counseling (C4)	Helping Adolescents Speak Out (HASO)	Iglesia Puerto Nuevo	Heal Charlotte
Community Events		x	x	x
Connection to Services	x		x	x
Youth Skill Building	x	x	x	x
Counseling for parents/youth	x			

Table 12 YVP Services Provided

The following profiles briefly describe the geographic location, community, programs, and early successes of RCM YVP organizations (Figure 17 and Table 13 and 14).

Quality of Life Explorer (2020)	Christ Centered Community Counseling (28208)	Helping Adolescents Speak Out (28227)	Iglesia Puerto Nuevo (28273)	Heal Charlotte (28206)	Mecklenburg County
Under 18	20.3%	21.0%	26.5%	18.3%	23.5%
Black/African American	47.9%	37.7%	32.4%	47.2%	29.1%
Hispanic/Latino	13.3%	23.0%	24.8%	10.6%	15.2%
Asian	6.0%	4.1%	7.0%	4.2%	6.4%
Caucasian/White	28.7%	29.1%	31.2%	33.8%	44.7%
Median Household Income	$46,540	$50,333	$70,088	$48,186	$69,240
Violent crime rate per 1,000 residents (2021)	13	7	5	14	5
Percentage of Charlotte-Mecklenburg Schools (CMS) students absent 10 percent or more of school days (2019)	22.3%	16.0%	14.5%	22.1%	13.5%
Percentage of Charlotte-Mecklenburg Schools (CMS) students graduating high school in 4 years (2019)	91.1%	88.2%	88.7%	90.1%	89.1%

Table 13 YVP Community Profiles

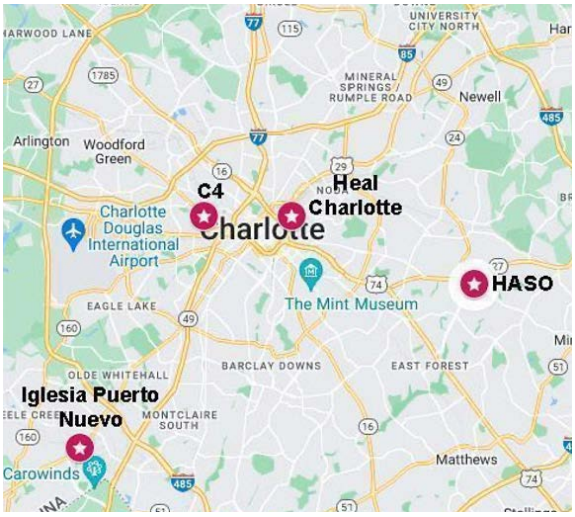


Figure 17 YVP Locations

Organization	Mission Statement	Org Type	Years in Service	Total Staff
Christ Centered Community Counseling	To provide trauma care that honors culture, restores dignity, and redeems story.	PLLC	7	17
Heal Charlotte	When communities come together to solve issues that impact them, the solutions and interventions are more sustainable, relevant, and relatable to the lived experiences of those community residents.	501(c)(3)	<5	<5
Helping Adolescents Speak Out	Our mission is to interrupt youth's current mindset through teaching self-advocacy, education, and creating an action plan of success.	LLC	6	1
Iglesia Puerto Nuevo	Connecting everyone with the life-giving message of Jesus, so that they know more about God, find liberation, discover their purpose in HIM. & go out to make a difference in our communities, city and in the world.	501(c)(3)	6	7

Table 14 RCM YVP Organization Details

Christ Centered Community Counseling (C4)

Christ Centered Community Counseling (C4) is a faith-based counseling organization located in West Charlotte that was born out of the co-founders' experience of not being able to secure local culturally competent family counseling services for themselves. Those experiences along with years of training led to the establishment of C4, which began offering 1:1 counseling services in 2016. C4 aims to increase the number of providers equipped to employ faith-based teachings in counseling and other trauma-based social emotional learning services in the community. The organization has grown from its earliest counseling roots to offer wraparound trauma-informed mental health and crisis response services to families across the Charlotte region, but particularly in some of the zip codes with the highest rates crime: 28208, 28212, 28202, 28213, and 28217. C4 partners with local churches to provide after school programs for youth and financial assistance to families experiencing food and housing insecurity. The organization led by its co-founders, JB and Melinda Bell. C4 staffs more than a dozen counselors and social emotional learning workers who reflect the Black and Brown communities they serve.

C4's partnership with ReCAST strategically aimed to increase the organization's capacity to deliver school-based trauma-informed curriculum to K-12 students using Miss Kendra Programs. C4 learned of the Miss Kendra model through the award winning documentary, *Resilience*, which highlighted the programs' effectiveness at reducing school suspensions and office referrals . Miss Kendra Programs reduce racial, gender, religious, gun, physical, and emotional violence by creating a trauma-informed culture using 'open classroom conversations' where students and teachers engage in regular dialogue to inquire about any stressful events in order to provide early intervention. **C4 partnered with six K-12 schools to deliver the Miss Kendra Programs in the classroom to roughly 6,000 students or approximately 4% of all CMS students.** Reaching as many as 20 classrooms in a school visit or as much as 1,000 students in a week, C4's work has been credited with averting at least 10 youth suicides and furthered the organization's partnership with the CMS system. C4 was contracted to lead behavioral health services in one school that lost its school social worker. In all, 9,452 people received services as a result of the C4 YVP contract through a combination of in-school activities, and summer school programs. C4 is poised to expand their trauma-informed work through a collaboration with Heal Charlotte to address the risk factor of housing instability as a precursor to ACEs and youth violence.

> **"Our Youth Violence Prevention Initiative has had many successes. One thing we are seeing consistently is students sharing their personal experience with school, home and neighborhood violence. This gives them a safe place to express feelings and tools to manage their triggers."**

Help Adolescents Speak Out (HASO)

Help Adolescents Speak Out (HASO) originally formed in 2017 as a mobile organization serving at-risk youth in Mecklenburg County through awareness campaigns during the annual back-to-school period. Their mission is to "interrupt the current mindset of youth through an action plan of success, education, and self-advocacy". HASO's early experiences with violence in the community lead the organization to target their YVP efforts to the needs of youth, aged 11-19, in the 28216, 28212, and 28205 zip codes of Mecklenburg County.

HASO's primary activities through the ReCAST funding included hosting family-inclusive training sessions and webinars to equip community members with information and tactics to avoid and/or resolve conflicts before violence occurs. The funding provided through ReCAST sought to increase internal understanding of the public health approach to violence reduction, to increase the number of people served by HASO, and lastly, to improve the infrastructure of HASO to deliver services during the COVID-19 pandemic through enhanced online trainings and website hosting.

Iglesia Puerto Nuevo

Iglesia Puerto Nuevo (Iglesia), a Latino ministry located in southwest Charlotte, began offering church services in 2017. The ministry believes in spreading the gospel of Jesus while providing physical and behavioral health services or referrals to the community as a part of their mission. Iglesia envisions being a valued trauma-informed leader in the health services fabric of South Charlotte. They have had strong partnerships for community engagement with Atrium, Novant, and formerly Cardinal Health systems. Since opening five years ago, Iglesia has welcomed the community to be a part of their multilingual congregation of parishioners, many of whom have migrated to the U.S. from more than a dozen nations.

Iglesia specializes in connecting with refugee and immigrant individuals and families in some of Mecklenburg County's most resource distressed neighborhoods. Language barriers make social service provider gaps feel particularly acute. The church responded to the need for a culturally competent community provider and liaison during one of their greatest calls to action as a one-stop resource for food and health services during the COVID-19 pandemic. Thousands of community members visited Iglesia for ongoing basic household support during the pandemic. YVP is an extension of Iglesia's work as a faith-based COVID-19 trauma-informed organization and as a Healing Hub partner of ReCAST. More than one in four residents in Iglesia's zip code is under the age of 18. See the Healing Hub profile for more background information on Iglesia's Healing Hub pilot.

Iglesia's YVP scope of work was focused upon creating conversations with youth through weekly youth-led discussions and activities at the church. The targeted period of engagement with youth was six weeks. Iglesia also purchased operational resources to enable the church to better engage with community members who received health or food services .

Heal Charlotte

Heal Charlotte, established in 2016, was created in response to the community's need to process and respond to the Keith Lamont Scott shooting in north Charlotte. Led by Greg Jackson, the organization promotes five core values to curb youth violence: integrity, passion, purpose, service, and legacy. In addition to a hotel-based transitional housing program and summer youth retreats, Heal Charlotte's primary programming centers around Stop the Violence (STV) summer activities that join public health approaches and creative arts to curb violence. Heal Charlotte partnered with ReCAST to implement STV and were later invited to participate in YVP activities to grow their ability to evaluate youth violence prevention activities. Through RCM partnership, **Heal Charlotte worked with the evaluation team to co-create event evaluation tools to measure outcomes and needs to support efforts to future funding.** Heal Charlotte's introduction to YVP and the TA Hub has proved valuable through their partnerships with peer organizations such as their upcoming plans to work with C4 to address housing-related stressors for youth violence.

COVID-19 IMPACT

The impact of the COVID-19 pandemic on society is well documented in the public sphere and throughout this evaluation report. The pandemic served as an incredible service challenge to organizations in the nonprofit and health sectors. It was also a unique opportunity for RCM YVP contractors to enhance their work to serve more community members by targeting youth during an unprecedented period of collective trauma. RCM invested in organizations with promising or proven track records of advancing impactful programming for youth violence prevention.

Each awarded organization submitted a scope of work for program development or expansion. Guided by their implementation plans and logic models submitted to the RCM evaluation team, organizations adapted their projects based on iterative feedback pertaining to resource availability, the contract's anticipated deliverables, and alignment with the organization's overall vision for the lasting impact of this work. The COVID-19 pandemic increased the receptivity.

> **RCM YVP partners shared two common values: a belief in the power of community-led interventions and a desire to employ strategies designed for diverse communities and backed by evidence**

Two organizations also shared a belief in the need for more impactful work driven by the faith community as a part of their mission. In addition to Veto Violence, RCM YVP received a yearlong calendar of no-cost training aimed to immerse providers in trauma informed concepts and the evidence-based violence prevention strategies.

> **"[ReCAST] has allowed us to reach into the community to really fast track the dissemination of trauma-informed practices."**

FINDINGS

Finding #1: YVP Incubator Increased Culturally Specific TIC

In all, RCM YVP partners **served over 12,000 members of the community** through a combination of community-based programs delivered in schools and at events held in recreational spaces or houses of faith across Mecklenburg County. Each organization was charged with hosting three community events to raise trauma-informed awareness and introduce youth as trauma-informed care leaders through the co-creation of organizational activities.

The majority of recurring programming and one-time events were held in facilities not managed by the contract organization but rather by partner organizations. RCM YVP partners **served over 7,500 youth and hosted over 80 community events to combat violence.** YVP partners offered overwhelmingly positive feedback for trust and value of RCM support in anonymous six and twelve month surveys. Several groups shared that their relationship with RCM gave them credibility in the community, particularly with CMS locations and teachers. **Organizations appreciated RCM's trust in their 1) existing work as a foundation for TIC and 2) their fiscal ability to make the autonomous decisions necessary to drive TIC service delivery.**

RCM developed a trauma-informed incubator for organizations complete with TIC training, technical support, and sound boarding to evaluate new program activities over the duration of the RCM YVP initiative. Data from YVP monthly contract reports and closeout contractor interviews were assessed to inform the evaluation of program outcomes. Findings suggest that the RCM YVP initiative broadened the cadre and reach of trauma-informed practitioners in Mecklenburg County, and that a need remains to sustain this work. RCM YVP organizations have begun to piece together an ecosystem or safety net of providers who refer or offer trauma-informed care preventative or crisis response services for youth and their families.

Finding #2: Structured Activities Supported YVP Capacity Building

A primary RCM YVP accomplishment was convening culturally specific organizations in order to strengthen their capacity for youth-serving work across Mecklenburg County. YVP grantees valued the support received in trauma-informed training, strategic guidance, and tangible resources to seek new community partnerships through a shared buy-in process. RCM YVP afforded providers the opportunity to strategically reflect on aligning their organizational vision and programming within a trauma-informed care framework to serve Charlotte youth in a mid- and post-COVID climate.

This strategic management process can be overlooked by human services organizations in favor of 'doing the work' which can cost providers the ability to be nimble when approaches to the work evolve and calls for programming proposals open. What's more, the grassroots nature of these organizations' work meant that several groups worked for at least five years in the community responding to social challenges as they arose, and thus broadening the topical focus of their work.

The RCM evaluation team worked with several groups to hone their YVP efforts using logic models and developing activities and messages that would resonate with potential philanthropic and programming partners. These activities culminated in the hiring of new trauma-informed staff, acquiring software and other resources to support operations, and the adoption of trauma-informed care curriculum based on evidence-based programs, to name a few actions. YVP provided a structured opportunity to work through opportunities to align their existing services with trauma-informed care as organizations learned the nuts and bolts of the framework during monthly training.

> **And we've actually told others to let us in, and there's been resistance or there [hasn't] been collaboration whatsoever…You guys are overburdened, don't have the staff. We have the social worker. We could help you. We got the language; we could translate things to parents if you let us help you. And again, the ones that have said yes, I mean it's opened amazing doors.**

YVP partners credited their relationship with RCM as instrumental to opening doors to serve the community on an even greater scale. Through this capacity-building process, an ecosystem of trauma-informed care providers began to emerge. An ecosystem of trauma-informed care organizations or interested parties were collected on monthly activity reports by RCM YVP partners and included grassroots vendors (i.e., social justice artisans, photographers, influencers, drivers, caterers). The RCM evaluation team echoed sentiments shared in feedback by organizations that a web of providers exist that are providing trauma-informed care or target the same populations without an understanding of how ACEs bind their distinct missions and programs. A list of noted partners and resources follows (Figure 18).

Youth-Centered Trauma-Informed Care Ecosystem

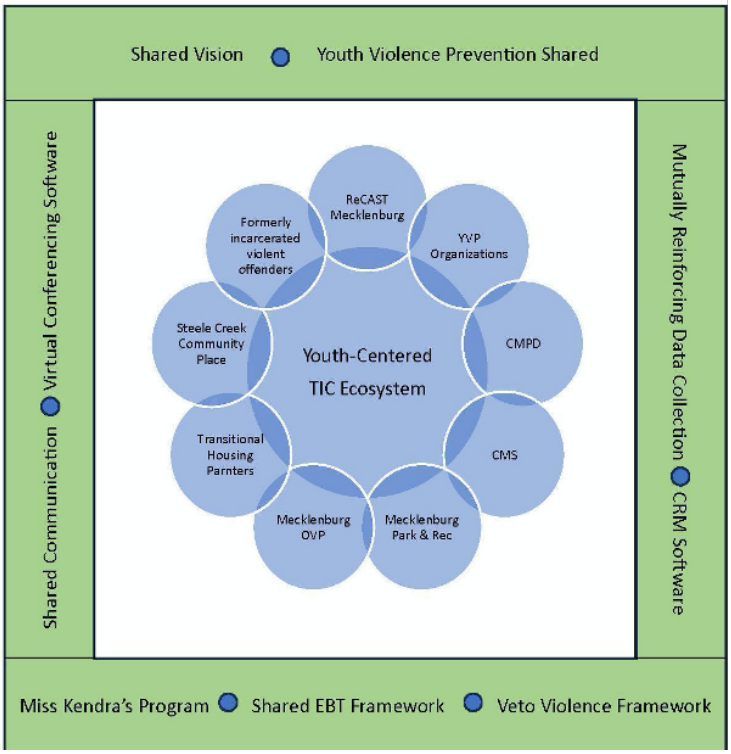


Figure 18 TIC Partners and Resources

Finding #3: YVPs Exceeded Community Reach Projections

In addition to capacity building, YVP partners successfully fulfilled contractual deliverables to directly offer trauma-informed care or to refer families with youth in need of services to known TIC providers or basic resource supports (i.e., food, housing, health). In all, **YVP organizations engaged more than 10,000 people in anti-violence efforts and referred approximately 7,000 individuals for additional services.** The types of trauma-informed events that were held varied and included food drives, youth violence forums, grief sessions, summer retreats, afterschool programs, self-care engagements, brunches, and holiday programs. Organizations exceeded funding requirements to hold three events open to the community with an average of 24 events held across the duration of the grant. Faith-based YVP organizations leveraged the winter holiday season to boost their monthly services delivered. Youth and families in need of additional violence prevention support were referred to community partners for counseling (See YVP profiles above for detail).

> **Youth expressed the need for more outlets to express themselves and [to find] find trained professionals to talk to.**

Finding #4: YVPs Invested in Youth Leadership

In the age of digital content creation and influencers, anti-violence leaders who represent youth and their lived experiences are critical to changing social norms related to violence prevention. The decades-long rise of social media use among youth has also been shown to be associated with offline youth violence and grief. Organizations reported that youth desired more opportunities to discuss societal shifts that impacted their daily lives from COVID-19 social distancing to dislocation associated with gentrification. **YVP organizations reported that their ability to build lasting relationships with youth was a result of their crisis response services and through ongoing programming where youth felt comfortable sharing basic and trauma-specific needs.** From these engagements, organizations have begun to create a pipeline for youth leadership. Several youth have delivered presentations on trauma-informed needs in the community or developed programs based on examples provided through the Veto Violence website hosted by the Centers for Disease Control (CDC).

> **"I've had reports from their principal that the kids are becoming leaders in their classroom just based off of our instructions on integrity and showing them what integrity is. They've been able to walk away from certain situations, they've been able to help their teachers out in certain situations.**

Lessons Learned/Recommendations

The following recommendations reflect lessons learned and recommendations from YVP providers immersed in the work of trauma-informed care:

1. **Mutual trust is paramount** to building relationships between emerging TIC community leaders and Mecklenburg County's health department.

2. YVP **validated the ongoing need for TIC,** yet resource barriers limit the future efforts of YVP partners to continue the work including a need for more Spanish-speaking providers, mental health providers accepting new clients, and the ability to offer greater in-house services.

3. YVP **helped organizations to identify TIC gaps in their current offerings** and opportunities to continue strategic development toward increased capacity for service.

4. **Mecklenburg County's leadership is important to continue mapping a TIC ecosystem** that is community-driven, welcoming of newly training TIC providers, and supportive of a climate of partnership along shared organizational values.

5. YVP organizations need **more visibility and inclusion in the local TIC ecosystem** as youth services providers, however they face barriers to providing services based on a disconnect between the existing service structure or a lack of organizational name recognition in times of need.

6. YVP programs are **on a path to offering sustainable TIC that requires additional resources** to support their internal evaluation of YVP programs and to acquire operational resources to replicate their work.

7. **Fidelity funding** is desired to document, audit, and evaluate the early successes of the YVP initiative in measurable ways that enable partners to continue the work through future fundraising and partnerships. This includes the acquisition of a customer resource management software to better inform the collection and use of program data.

8. More **formal pathways to CMS partnerships** are needed to ensure all school-aged children have access to TIC. The current patchwork approach of connecting with schools through networking is unsustainable for a school system with more than 100,000 students.

9. To promote sustainable careers in TIC, regular opportunities for staff counseling or self-care are needed to **avoid burnout among TIC providers which is a threat to growing and sustaining the network** of TIC human and social service providers.

10. YVP organizations **desire access to additional strategic development resources** to continue building their programs and the messages that resonate around TIC work with funders.

YVP TECHNICAL ASSISTANCE HUB

In the fall of 2022, RCM in partnership with Mecklenburg County's Office of Violence Prevention piloted a cost-effective mechanism to expand the reach of RCM YVP in Mecklenburg County communities at greatest risk for violence. RCM created a technical assistance consortium (TA Hub) open to additional youth-serving organizations already engaged with the Office of Violence Prevention. YVP TA Hub was designed to increase grantee organizations' capacity to serve targeted areas (zip codes 28205, 28206, 28208, 28212, 28216, and 28217) grappling with rising rates of violence.

The five TA Hub program goals included:

1) increasing knowledge about trauma-informed and resiliency approaches,
2) implementation of a public health approach to violence prevention,
3) enhancing ability to engage high-risk youth,
4) utilizing participatory approaches to promote youth engagement and
5) expanding community partnership and collaboration.

Successful grantees would align local strategies around racial equity and the Veto Violence framework, an evidence-based public health approach that centers risk and protective factors. Akin to YVP, ReCAST encouraged applications from organizations seeking to develop or extend programming that centered youths' voices and leadership in collaborative efforts to curb the increasing rate of youth-involved violence. An additional criteria for selection was membership in the Carolina Violence Prevention Collaborative (CVPC), a budding countywide anti-violence coalition made up of local government, community-based organizations and businesses who meet monthly to center strategies for change.

Unlike the original YVP cohort, TA Hub grantee applicants needed to possess previous knowledge of risk and protective factors for violence. Following registration with the county as a vendor, awarded TA Hub organizations were expected to 1) register on the CDC's Veto Violence web platform, 2) complete a capacity-focused needs assessment, 3) submit an implementation plan to address identified gaps, 4) participate in training seminars related to youth violence prevention, 5) participate in two networking events, and 6) submit a reflection at the conclusion of the TA Hub. TA Hub grantees received funding to engage in these activities over a six month period.

Nine organizations were awarded YVP TA Hub grants, including Bright Hopes, Inc., Carla A. Carlisle dba The Compassionate Companion, Concrete Roses Life Center, Family Mankind, Firm Foundations Youth and Family Outreach, Inc., Planet Improv, Project BOLT, Promise Youth Development, Inc., and Unique Blessings Non-Profit Organization. TA Hub organizations consisted of grassroots providers, most with a handful of staff members and volunteers but many years of community service, who approach youth engagement from varying perspectives that included trauma-informed improvisational theater, therapeutic mentoring,

and case advocacy on behalf of survivors of human trafficking. Most organizations reported missions that crossed several risk and protective factors and appeared to expand over time as opportunities to engage the community presented. Funding sources varied as well from well-known philanthropic groups such as Amazon or United Way to groups that were self-funded or crowdsourced by donations from the leaderships' personal networks. Some keywords from organizations' mission statements included "awareness", "resilience", "advocacy", and "recovery" which alluded to a multifaceted approach to tackle violence through direct restorative practices in community and a macro effort to support systematic change through an emergent public health approach. Service offerings included one-to-one counseling, self-guided print curriculum, group training or events intended to provide behavioral health support and skills training for youth. Several organizations noted their role as a connector who more often referred youth in need to service providers in the community. Most organizations began their projects in a fully remote or hybrid capacity as community institutions reopened as rates of COVID-19 transmission began to decline.

RCM staff offered a timeline for project submissions and upcoming training at an onboarding meeting in September of 2022, beginning with a "Trauma 101" training the following week. The RCM evaluation team next fielded input through the dissemination of a need assessment survey. Organizational needs identified by TA Hub partners centered around foundational organizational capacity needs that directly affected the sustainability of their youth work, such as pay for critical staff, acquisition of operational technologies, a dedicated physical space to offer regular programming, multi-year funders, or strategic planning resources to chart a course for organizational expansion. These resources would enable groups to either scale their existing programs or to offer new services aimed at tackling societal-level risk factors for violence, such as a lack of housing, behavioral health services, or skills training for livable wage employment. YVP TA Hub providers also sought to collaborate with a variety of community stakeholders ranging from broad groups to specific partnerships.

The RCM evaluation team used feedback from the needs assessments to develop individualized reports for YVP TA Hub partners. The goal was to concretize partners' scopes of work and perceived needs within the framework of the TA Hub offerings so that organizations could better visualize a path forward. This path would be captured in the implementation plans that were to be quickly actionable and within the scope of the project's six month timeline. Specific training opportunities and risk/protective factors were identified.

Capacity Building Opportunities

Over the six month grant period, sixteen YVP TA Hub training, technical assistance, and networking opportunities were offered to partner organizations. Training and technical assistance topics reflected common operational and development needs across organizations to include topics such as client relationship management (CRM) software for social service organizations, organizational storytelling, digital media, and open hours for tailormade feedback. TIC training topics also included Trauma 101, Implicit Bias, Building Youth Programs, and Resilience.

The YVP TA Hub activities received high marks (i.e., "excellent" or "above average" on a five-point Likert scale) across the board. Organizations were asked about their favorite YVP TA Hub opportunities. Aside from Trauma 101 or the two providers who noted "all" for their favorite training, no topic was overwhelmingly favored by groups. This solidified the importance of topic variance based on individual needs. Partners truly valued the opportunity to dialogue with other agencies in an inclusive environment designed for learning. Partners shared suggestions for future events:

- Recovery after violence for youth and families
- Building social support resources within your network
- What to do when your net is no longer working for the mission and how to expand beyond TA HUB for future opportunities.
- Updates on evidence-based and effective youth violence prevention curriculum and models
- Trauma-informed care trainings
- Opportunities to include youth in capacity building engagements

Lessons Learned/Recommendations

When asked about opportunities to improve YVP TA Hub offerings, partners shared a desire for more in-person activities and networking, scheduling flexibility for those working in CMS, and a way to acknowledge the value of their participation in the TA Hub such as a certification or a recommendation/endorsement from the Mecklenburg County Health Department. Several groups urged RCM to infuse a greater expectation for YVP TA Hub participants to collaborate in addition to building new partnerships.

Four areas for future training were identified from reflection responses to self-rated topical knowledge areas that did not exceed an "average" understanding when compared to the general public: 1) emotional regulation tools and strategies, 2) stress and anxiety impact the on body, 3) strategies to increase connections between providers, and 4) public health strategies for violence prevention. Based on the YVP TA Hub's centering of the Veto Violence framework, it is believed that the latter area reflects a desire to dive deeper into groups' new understanding of the interconnectedness between public health and violence prevention approaches. YVP TA Hub partners also expressed an interest in learning how to elevate and sustain youth voices in their work and restorative techniques to engage after violent impacts to the community to complement prevention activities. High confidence in the group's ability to do the work (i.e., youth identification, collaboration, evaluation) was reported. In all, the YVP TA Hub successfully closed gaps in the skills and knowledge of youth anti-violence service providers while highlighting a need for ongoing engagement post-contract.

CHAPTER 7
Healing Hub Initiatives

Faith-based Organizations (FBOs) have a long history of bringing people together who are already part of their church, synagogue, mosque or other place of worship to collectively address community-level social and health concerns. These FBOs have also served as a refuge for culturally oppressed communities to organize themselves and have their needs met. FBOs offer culturally specific support for community members for a range of spiritual, economic, material, social, and political needs. **Historically, many community members, especially those from Black and Brown communities, have turned to FBOs as a trusted source of assistance often before or instead of professional helping systems.**

Many FBO community projects grew from humble beginnings and through patience, collaboration, and commitment have become essential community resources. **The Healing Hub Initiative was developed by RCM to help interested faith-based organization programs strengthen capacity, knowledge, and skills to provide trauma-informed services thereby enhancing the behavioral and emotional health of the communities they serve.**

The ReCAST Mecklenburg Faith Healing Hub (FHH) Initiative funded four FBO pilot programs to increase behavioral health access through trauma-informed linkages and to provide culturally specific support to youth and families in need (Figure 19). The FHH pilot sites, Camino Church, Inc., Clinton Chapel Ministries, Inc., Iglesia Puerto Nuevo, and New Beginnings Community Life Center, were located in PHSAs serving predominantly Black and Latinx populations with unmet health needs.

FHH were contracted to implement a navigator model of care that utilized a holistic approach to behavioral health care, a trauma-informed referral process, and a navigator staff member to deliver these culturally and trauma-informed services. Navigators are paraprofessional helpers with linguistic, cultural, and community specific knowledge and skills that allow them to offer culturally relevant services to their communities. Though implementation of the navigator role varied across pilots, the FHH navigators provided culturally specific support, resource linkages, and care coordination. Healing Hub staff participated in a wide range of training to ensure their capacity to provide professional services and fulfill grantee expectations. Required training included confidentiality expectations, including HIPAA, ethics, and professional boundaries, and forty hours of RCM trauma informed/resiliency and racial equity training. FHH grantees attended monthly cohort meetings with the RCM's evaluation team during the first performance period to provide relevant content and technical support. The evaluation team met with FHH pilots one-on-one to develop and finalize implementation plans and provided site-based graduate student support to help pilot sites strengthen and systematize their data collection systems during Summer 2021.

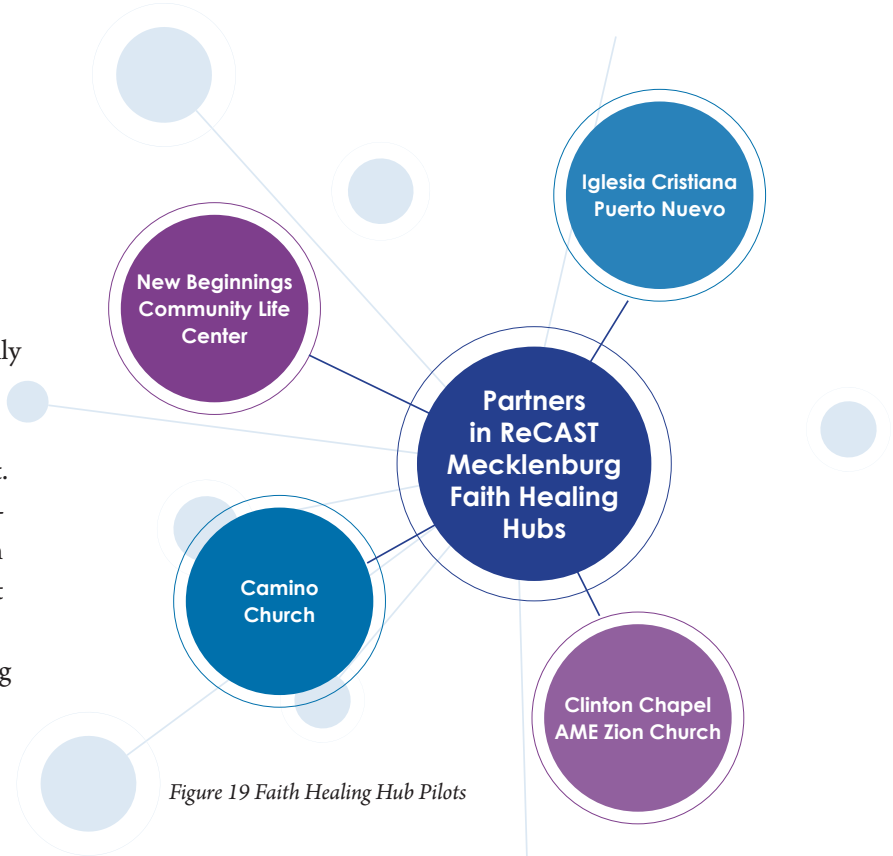


Figure 19 Faith Healing Hub Pilots

Data Collection/Analysis

The evaluation team utilized a modified case study method with multiple data sources to evaluate the Healing Hub pilot initiatives, including administrative data, program materials, participant observation, listening sessions, and interviews (See Appendix I). Interview data was thematically analyzed to identify themes related to program strengths, challenges, and lessons learned.

FHH Organizational Profile and Proposal Process

The FHH initiative was funded in two phases. Phase one, was an 18-month period from September 2020 to March 2022. A second round of funding, from April 2022 through September 2023, was awarded based on the strength of the pilot performance.

The FHH pilots worked collaboratively with the RCM program and evaluation teams to develop holistic service delivery strategies to increase access through non-traditional entryways into behavioral health services. Each faith-based organization employed 1-2 navigators with consistent roles and responsibilities described in Table 15.

Navigator Roles & Responsibilities	Supporting youth and families in connecting to services
	Considering the well-being of the complete person, including physical, psychological, social, and spiritual care
	Being knowledgeable about resources in the community
	Developing relationships with individuals of diverse cultures and backgrounds
	Developing relationships with community organizations
	Ongoing communication with individuals and organizations to monitor access and follow through of referrals
	Collaborating with other organizations in the Healing Hub network to strengthen community services
	Promoting trauma and resiliency approaches in the community
	Understanding compliance with mandatory reporting
	Handling privileged client information with integrity

Table 15 FHH Navigator Roles and Responsibilities

The FHH pilot sites worked with the RCM Program Team, FHH peer organizations and other community partners to establish a network of trauma-informed learning and collaboration. The FHH pilots were located in zip codes 28262, 28208, 28273, and 28105 (Figure 20). Three of the four pilots served communities that were predominantly communities of color with two providing Spanish-speaking services. Two of the four communities have a median household income lower than the Mecklenburg average. Table 16 highlights the demographics of the zip codes in which the FHH pilots were located.

Camino Health Center & Church, Spanish-speaking, 28262

58.4% POC
19.3% Under 18YO
Median Household Income $56,015

Clinton Chapel AME Zion Church, 28208

69.6% POC
23.2% Under 18YO
Median Household Income $44,195

Iglesia Cristiana Puerto Nuevo, Spanish-speaking, 28273

57.2% POC
26.5% Under 18YO
Median Household Income $70,088

New Beginnings Community Life Center, 28105

44.3% POC
22.9% Under 18YO
Median Household Income $97,35

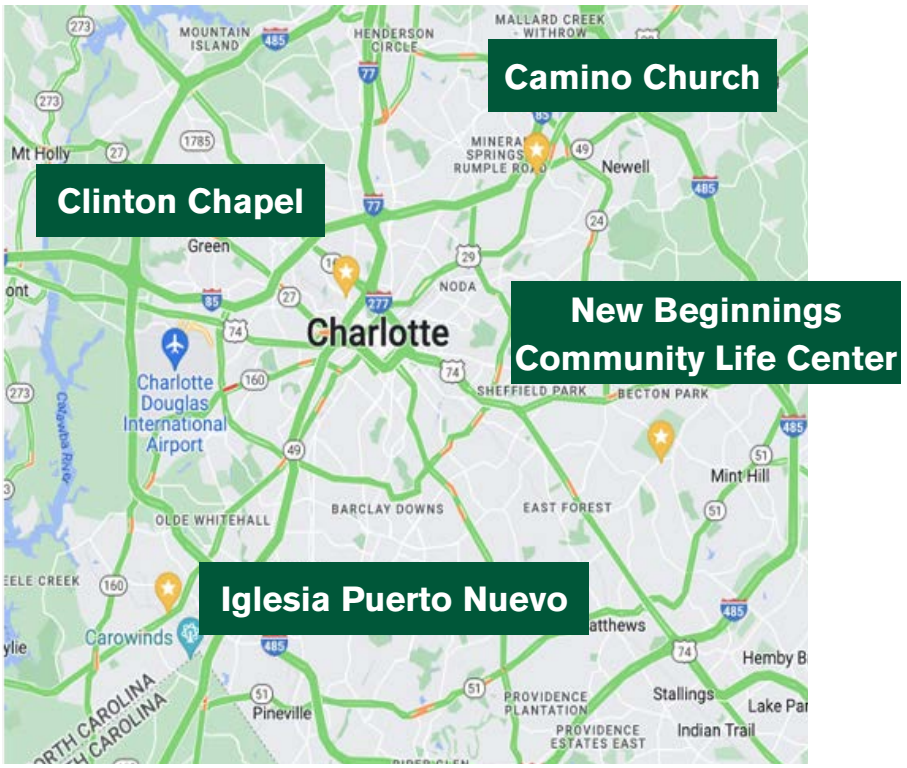


Figure 20 FHH Profiles and Locations

Quality of Life Explorer (2020)	Zip Code 28262	Zip Code 28208	Zip Code 28273	Zip Code 28105	Mecklenburg
65+	8.5%	8.9%	7.5%	15.4%	11.2%
Under 18	19.3%	23.2%	26.5%	22.9%	23.5%
Black/ African American	45%	54.6%	32.4%	13.6%	29.1%
Asian	10.9%	5.6%	7%	6.9%	6.4%
Hispanic/Latino	13.4%	15%	24.8%	11.1%	15.2%
Caucasian/ White	26.3%	20.8%	31.2%	63.3%	44.7%
Median Household Income	$56,015	$44,195	$70,088	$97,358	$69,240

Table 16 Demographics by FHH Zip Code

FHH pilot funding was announced and scheduled to begin in March 2020; however, due to the COVID-19 pandemic the launch was delayed six months. Delays allowed FHH pilots to make necessary service delivery pivots in order to address evolving and emerging community needs.

COVID-19 IMPACT

The FHH were active and responsive in providing community support and resources to the most underserved populations during the pandemic. Mecklenburg County experienced some of the highest COVID rates in North Carolina and the residents in the communities served by the FHH Pilots were impacted disproportionately. The FHH pilots saw a record number of community members seeking support for basic needs. Additionally, FHH pilot sites that functioned as COVID testing and/or vaccination centers served a high volume of both parishioners and non-affiliated community members. The FHH embedded in local Hispanic communities played an important role in disseminating Spanish language COVID-19 information, a critical public health need.

FHH offered a holistic response to heightened community levels of behavioral and social determinants of health needs by providing services, linkages, and health promotion and prevention information.

Capacity Building Through Technical Assistance

In addition to providing services to high-risk families and youth, FHH pilots participated in monthly technical assistance Zoom meetings and coaching calls, with the RCM evaluation team. Topics emerged in response to FHH emerging needs. Meetings were structured to offer technical assistance, training, content expertise, and capacity building support (Table 17).

RCM Evaluation Team Technical Support	Activities
Training	▪ CARES Act Updates and other policies that may benefit or impact the FHH ▪ Providing trauma-informed support for Mecklenburg youth and families in crisis. ▪ Data Risk and HIPAA ▪ Brief Data Risk Assessment Audit to be utilized to help them identify any risks presented to their health data ▪ ReCAST Goals and Collective Impact ▪ Data Collection, Data Storage and Tracking Outcomes ▪ Using Data to Tell Your Story-Data Driven Decisions and Communication ▪ Medical record training and organization: setting up EMR and contact databases ▪ Building Community Partnerships and Collaborations
Content Expertise	▪ Outcome measures and data collection plan development ▪ Develop and implement a community needs assessment; Administered in English and Spanish.
Capacity Building	▪ Strengthening capacity for enhanced documentation, data collection and data storage, including: 1. Use various platforms for client data tracking and reporting. 2. Individual follow up needed to fully understand need, barriers to collecting additional outcome measures. ▪ Troubleshooting issues experienced by the FHH ▪ Supporting RCM grantees to increase their capacity to collaborate and respond to community needs around trauma and resilience ▪ Supporting FHH linkage of youth and families in Mecklenburg County with needed resources, including behavioral healthcare and supportive services ▪ Support in developing program services plans as COVID-19 restrictions lifted ▪ Process Mapping Support (the screening/intake, referral, and service processes) ▪ Ensuring accurate data collection for community events ▪ Community engagement and strategies to bring community into the Healing Hubs ▪ Contact info database development ▪ Development of systems for tracking of FHH data

Table 17 RCM Evaluation Team TA Support

These technical assistance meetings provided the FHH pilots an opportunity to share resources, solutions and partnership ideas. The group requested resource development, capacity building and collaboration as desired topics.

The evaluation team developed and shared a brief Data Risk Assessment Audit to help FHH handle sensitive health data properly and develop service delivery plans as COVID-19 restrictions were lifted. **The RCM evaluation team assisted FHH in developing and implementing simple screening/intake, referral, and service delivery processes that allowed them to collect and manage data required for their contract and to describe their services.** The RCM evaluation team also embedded UNC Charlotte Graduate Research Assistants (GRAs) to provide hands-on, on-site technical assistance and evaluation within the FHH.

ReCAST Summer GRAs provided technical support to the FHH pilots throughout the summer of 2021. The goal of their assistance was to help the FHH pilots strengthen capacity by streamlining administrative tasks, and developing process maps to increase internal and external understandings of FHH services. RCM evaluation team GRAs assisted with the development of easy to use and efficient data collection systems, as well as assisting in other areas of need identified by the FHH. Support was provided in: 1) developing organizational data tracking systems, 2) linking community organizations for future event collaboration, 3) quality assurance audits on data tracking and reporting, 4) community engagement strategies research, 5) community needs assessment survey administration support, and 6) creating documentation, data collection and data storage processes.

The RCM evaluation team collected qualitative data– related to tracking strengths, challenges, COVID-19 impacts, and trauma informed care practices. This information helped to highlight additional technical assistance needs. These listening sessions revealed FHH core strengths in community engagement, collaborative partnerships, and resilience, particularly as sites began in-person community re-engagement efforts. Technical assistance needs included ongoing assistance in developing structured organizational processes, piloting data collection systems and facilitating internal communication. The FHH identified that the COVID-19 pandemic challenged them–first to offer services virtually and later transition again to hybrid service solutions–all while programs continued to grapple with tremendous increases in community resources requests.

ReCAST Mecklenburg Strategic Plan Goal	Faith Healing Hub Outcomes
Increasing Access & Equity	FHH support trauma-informed services that are low barrier and culturally responsive building a foundation that promotes well-being, resiliency, and community healing
Strengthening Behavioral Health Integration	FHH contribute to community-wide network capacity by introducing shared trauma-informed values, language, and goals and building relationships between organizations and service providers
Culturally Specific and Developmentally Appropriate Services	FHH contribute to providing an increase in culturally-specific and developmentally appropriate services for trauma-affected youth and families from vulnerable populations

Table 18 FHH Focus on RCM Strategic Goals

FINDINGS

Finding #1: Faith Healing Hubs Addressed Community Need

FHH pilots developed in collaboration with RCM were implemented in September 2020. The FHH pilots initially worked with RCM to develop each pilot site's navigator program focusing key RCM strategic outcomes (Table 18). Differences across sites reflected variations in the size of each FHH and the communities served. For example, well established organizations such as Camino had robust systems and staff support to collect data related to the FHH; whereas, FBOs such as Iglesia Puerto Nuevo (Iglesia) had a small dedicated staff who functioned in all areas of service delivery using informal systems and communications. While Camino was able to more easily pivot and adapt to providing services under COVID-19 restrictions, Iglesia needed additional support in program development and service provision planning. Some FHH pilots shifted their service delivery models during the second round of funding. For example, one site structurally moved the FHH navigation staff from their community health center to their church operations.

The FHH initiative utilized centralized communication tools to ensure ongoing mutual communication between RCM and the FHH pilots. The centralized communication was facilitated through the use of Google Classroom, shared data reporting, networking events and coaching calls hosted by the RCM evaluation team. Additionally, the FHH pilots participated in training and technical assistance sessions together as a cohort.

Community Connection. FHH pilots were able to provide a holistic range of community services. Table 19, describes services provided by each FHH pilot site. FHH participated in technical assistance and coaching activities with the evaluation team and training sessions to strengthen trauma-informed care and resilience. They also strategically deepened relationships with community partners. As part of the developmental evaluation approach, FHH pilots participated in two listening sessions with the RCM evaluation team to support implementation and improvement processes.

Services Provided	Camino	Clinton Chapel	Iglesia Puerto Nuevo	New Beginnings Community Life Cente
Food Services	X	X	X	X
COVID support	X	X	X	X
Support Groups	X			X
Prevention & Awareness	X	X	X	X
Behavioral Health Services	X			X
Behavioral Health Referrals*		X	X	

*Table 19 Services Provided by FHH. *BH Referrals to community- based organizations*

Over the three years of the FHH initiative, the FHH pilots served over 22,000 individuals and families, responding to community members' needs holistically and wherever possible connecting them to needed services and resources. Approximately 2% (n=423) of these individuals were referred for behavioral health services. In addition to direct services, the FHH **pilot engaged approximately 6,000 at-risk youth and their families in prevention and support services.**

Finding #2: FHH Actively Engaged in Capacity Building

FHH received training and support from RCM program and evaluation teams, as well as relevant community partners throughout the Phase I and Phase II. Capacity building support included the delivery of relevant training sessions based on FHH feedback, networking opportunities and direct, technical assistance from the RCM evaluation team (Table 20).

Phase I Training & Networking	
Training	Mental Health First Aid Trauma 101: More Than a Buzzword a NCCARE360 Software Training QPR Suicide Prevention ReCAST Toolbox: Resilience Tools Today How to Use Aunt Bertha Darkness to Light's Stewards of Children® Training
Networking	RCM Evaluation Team Coaching Calls South Piedmont AHEC's 15th Annual Youth Violence Prevention Conference The 2021 International Leadership Summit Coffee Talk with Mental Health America
Phase II Training & Networking	
Training	Meeting with Mental Health America Building Youth Violence Prevention Programs Domestic Violence Advocacy for Faith-based Organizations ReCAST Toolbox: Resilience Tools Today
Networking	2022 HEAL Charlotte Stop Violence Day RCM Evaluation Team Coaching Calls

Table 20 FHH Capacity Building

FHH Listening Sessions

Listening sessions were conducted with the FHH pilots over the 3 year funding period. Listening sessions were conducted by the RCM evaluation team using semi-structured interviews lasting 60-90 minutes. In March 2022, representatives from all four FHH participated in listening sessions. These listening sessions topics included: 1) behavioral health services, 2) resources used by the FHH pilots, 3) barriers to service delivery, and 4) program growth. Sessions were transcribed, thematically coded, and summarized as key findings. Listening session findings were presented to the FHH and program team. This allowed the RCM Program Team and the FHH to incorporate findings as process and program improvement during the extended funding period.

FHH second round of listening session topics included: 1) organizational capacity building, 2) FHH services, 3) resources used by the FHH, 4) data collection, 5) integrating trauma informed approaches, 6) collective impact, 7) impacts of COVID-19, and 8) successes and barriers to service delivery. The listening sessions were held in March and April 2023 with representation from all four FHH. Sessions were transcribed, thematically coded, and summarized as key findings. The findings of these listening sessions were presented to the FHH and program team by the RCM evaluation team in June 2023.

Overarching Themes

Several themes were strongly expressed in both listening sessions, especially the impact of COVID-19 and limited housing access in Mecklenburg County (Table 21). All four FHH noted the outsized impact that these issues had on service delivery, negatively affecting FHH internal operations while simultaneously heightening community members' needs.

Overarching Themes	
Phase I	▪ COVID-19 lead to increased service needs and led to stress in communities ▪ The lack of affordable housing was a barrier to service provision ▪ FHH each developed processes with several entry points for mental health referrals ▪ Several RCM training opportunities were more helpful than others, but overall were helpful in supporting FHH ▪ NCCARE360 was not useful for referring community members to services
Phase II	▪ Continued COVID-19 impact, but some of the impact was positive ▪ Lack of resources, including affordable housing, continued to be a challenge ▪ Diverse supportive services provided ▪ Organizational capacity building experienced ▪ Increase in community collaboration ▪ FHH maintained a united vision for holistic wellness and community resilience

Table 21 FHH Listening Session Themes

The impact of COVID-19 was lingering and concurrently experienced by FHH staff and community members. However, FHH staff also noted that the pandemic had spurred creative problem solving approaches to service delivery, including virtual services, that were actually quite positive. The FHH pilot program began in September 2020, during the COVID-19 pandemic lockdown. Due to public health directives limiting in-person gatherings and safety concerns, the FHH turned to virtual service delivery options.

COVID-19 IMPACT

The limitations on in-person events made it difficult for the FHH to make their presence and services known to the community. Concurrently, COVID-19 impacted the communities the FHH serve. The FHH saw an increase in people seeking behavioral health services due to the pandemic related stress. People expressed grief over the loss of their jobs and their normal way of life, as well as the loss of loved ones. Community members also needed financial assistance due to pressures of job loss and inflation. In response, **some FHH changed their services to respond to community needs and, in addition to serving as a referral agency to behavioral health and community services, served as locations for the community to receive COVID testing, supplies and/or vaccinations.**

These early impacts served to create future benefits. The FHH shared that the COVID-19 pandemic increased their visibility as a resource within the community. Additionally, FHH reported transitioning to a hybrid service model allowed them to increase the accessibility of their services, especially for community members with transportation constraints.

FFH pilots believed the COVID-19 pandemic influenced them to be more creative in their service provision as well as shed a light on health disparities as a priority area of focus for equity-driven service. Even with these positives coming in the wake of the COVID-19 pandemic, the FHH pilots saw exponential increases in community need, and negative impact on collaboration, a loss of contact with individuals who were not technology savvy and a loss of service providers due to burn-out.

All four FHH pilots supported community needs through the COVID-19 pandemic and beyond. They were able to provide an array of services, including:

- Social navigation/referrals
- COVID support
- Food services
- Behavioral health services
- Community events
- Health fairs

Limited Housing Access

FHH staff noted that affordable housing was a significant service barrier, as housing needs were great and housing resources were extremely limited. Lack of housing contributed to additional challenges not the least of which was high levels of individual and family stress and sometimes associated behavioral health concerns. FHH staff have embraced notions about holistic and trauma-informed care in ways that allowed them to center all of their clients' needs. However, when faced with housing needs in particular, staff felt increased stress in not being able to meet these needs due to inadequate community resources.

All four FHH reported that one of the major needs of their communities was affordable housing. Rent prices were increasing which has resulted long-time residents being forced out of previously affordable housing. Organizations and programs that offered housing assistance did not typically have assistance available immediately. Undocumented individuals faced the added barrier of not having Social Security numbers and or tax forms to provide proof of income. Over the course of the pandemic, housing and rental prices skyrocketed in Mecklenburg County, making an already difficult market to find affordable housing even more difficult.

In addition to Mecklenburg County's growing population, historic redlining in the 1930s and urban renewal projects in the 1960s and 1970s also contributed to the lack of affordable housing and displacement that Mecklenburg County community members are experiencing today. In the 1930s, Charlotte adopted redlining practices making it almost impossible for Black residents to purchase homes. In the 1960s and 1970s, Charlotte completed an urban renewal project displacing the residents of one of Charlotte's most prominent Black neighborhoods, Brooklyn. These targeted policies led to a legacy of local housing-related insecurity and trauma for many Black and Brown community members. Consequently, Black and Brown residents have been disproportionately impacted by Mecklenburg County's current housing affordability crisis. Due to this history, and a lack of accessible, affordable housing, in both All four FHH reported having difficulty supporting community members facing housing insecurity.

Service Delivery Enhancements

Behavioral Health Referral Process

Formalizing the behavioral health referral processes was a fundamental marker of success for the FHH. Each FHH developed a distinct behavioral health referral process (highlighted in Figure 21), sharing four common steps: 1) determine mental health services are needed, 2) identify a provider, 3) make contact with the provider, and 4) follow-up with the client.

Figure 21 Mental Health Referral Process

Step 1. The first step in the referral process was determining that behavioral health services were needed and desired. The FHH relied on the assessment of their staff and others to make this determination. Internally, FHH staff and volunteers used intake forms that asked about the client's current symptoms. Camino used a Social Determinants of Health questionnaire as an intake form and Iglesia Puerto Nuevo and the Community Life Center used the Mental Health America intake forms. Sometimes FHH staff asked the client directly about behavioral health challenges. Staff also relied on observable behaviors suggesting behavioral health concerns, like paranoia and agitation. The FHH also received referral requests from clients' family members, from clients themselves, and occasionally from others in the FHH, such as pastors.

Step 2. The next step was to identify an appropriate behavioral health provider referral for the client. Several factors were considered, including whether the provider accepted patients without insurance, whether they offered reduced fees or a sliding payment scale, whether services were available in Spanish, and whether providers were accepting new patients. The FHH used their connections in the community to identify providers. Mental Health America, Monarch, counselors with Atrium Health's Faith Community Health Ministry, and local counselors known to the FHH were the most utilized mental health providers.

Step 3. Once a behavioral health provider was identified, with client consent, FHH staff reached out to the provider via email or phone to make the referral. FHH staff explained the client's symptoms and concerns, as well as any other pertinent information, like their insurance coverage status or preferred language.

Step 4. After the client was connected, some of the FHH, where possible, followed up to ensure clients were connected with services. The wait time to receive services varied. Some referrals up to two weeks for clients to receive services. Specialized providers had longer wait lists, especially for clients seeking a Spanish-speaking therapist. When this occured, FHH staff urged clients to remain on the waitlist, and pastoral support was provided during the interim. In the event that clients were unsatisfied with their provider, the process of identifying a provider began again.

Behavioral Health Service Needs

Community members sought FHH behavioral health services and referrals for a variety of needs. FHH provided behavioral health services and referrals to community members ranging from elementary school-aged children to retired older adults. Some commonalities around service requests did emerge. Most community members sought counseling due to high levels of stress. For many community members, stress was related to COVID-19. FHH reported seeing people stressed about their health, their ability to access COVID testing and healthcare, and the indirect economic impacts of COVID, such as loss of wages, loss of life, life limiting complications, increased grocery prices and much more. As previously noted, many FHH served communities disproportionately impacted by COVID-19. For some community members, this stress was exacerbated by their recent immigration to the United States. Iglesia Puerto Nuevo and Camino both had clients who experienced isolation and stress as a result of the combined effects of the pandemic and their limited social support system in the United States.

Service Barriers

FHH faced some common service delivery barriers. These included: 1) scarce community resources; 2) limited awareness of the services that FHH offered; and 3) FHH staffing shortages. The ability to hire and retain qualified staff impacted the FHH service delivery during this period. FHH noted that resource access was particularly difficult for undocumented and non-English speaking populations. FHH served many individuals unable to access the services provided by community-based and governmental programs that required Social Security numbers, proof of income via tax forms, or health insurance. Due to a shortage of non-English speaking behavioral services, there were few places that FHH could refer community members with these needs.

Community Resources

NCCARE360.

FHH were initially encouraged to use the newly launched resource referral hub, NCCARE360. Although FHH participated in NCCARE360 training, ultimately FHH did not find this resource particularly helpful or appropriate to their needs and thus discontinued their use of NCCARE360 early on. FHH staff found NCCARE360 not particularly user-friendly and were not able to use it to follow up with referrals made through the system because they had no established point of contact for the referral agencies. The FHH also noted that information about providers, especially the types of programs currently being offered and the programs' eligibility requirements was often inaccurate. Confidentiality concerns were also raised since all four FHH were placed under the same account meaning sensitive client information potentially viewable by other FHH outside of the program serving the client. Finally, the resources offered for the most pressing community needs were often at capacity and not taking referrals. Rental assistance and other housing resources had inordinately long wait-times and few organizations provided immigration services. FHH did find NCCARE360 was helpful for specific referrals for recreational and senior services. Some FHH also used NCCARE360 to search for resources; however, did not place referrals through the platform. FHH found Findhelp.org and other community connections were more useful in terms of identifying needed resources.

Mental Health America.

Mental Health America (MHA) was the most widely used resource for behavioral health referrals; though these referrals were not without their own challenges. FHH referred community members to MHA's free COVID-19 counseling sessions as well as youth and families support groups. FHH staff found MHA intake forms straightforward, user-friendly, and had an easy time following up with MHA about referrals. An MHA limitation was the small number of Spanish-speaking therapists available. Another concern expressed was not all community members were interested in formal behavioral health services whether due to preference or stigma.

ReCAST Training.

FHH appreciated ReCAST training as informative and helpful. Training was valuable for FHH staff at various knowledge levels. Those with pre-existing behavioral health knowledge believed the training sessions were a good refresher, provided more in-depth information, and offered tools and tips for working with individuals with mental illnesses. FHH staff with more limited knowledge of behavioral health issues believed the training sessions increased their overall knowledge which changed how they viewed their clients, clients' needs, and FHH service delivery.

FHH staff training highlights included: *Trauma 101: More Than a Buzzword; Mental Health First Aid; ReCAST Toolbox: Resilience Tools Today; Trauma-Informed Care*; and content received on Gender Identity. Though some FHH staff expressed that content was occasionally repetitive, reinforcement of critical concepts across all trainings was important by design as most trainings were standalone. FHH staff requested additional training around the specific issues the FHH communities faced, for example, obtaining services without documentation and food insecurity.

Growth.

All four FHH saw an increase in the size and scope of their work over years they provided services. Community awareness about the presence and services provided by the FHH increased. FHH were conducting more community outreach beyond referrals that were originally primarily coming from their affiliated churches. This outreach increased the number of community members served and deepened their reach within the larger community.

Initially, some FHH felt a need for greater clarity from the program team regarding expectations for the grantees and the types of programming they were allowed to provide. The FHH also stated that more information about community resources, possibly in the form of a comprehensive directory, would have been beneficial when starting out. Despite these initial difficulties, all four FHH stated that they became more comfortable and confident with their role and received needed support over the course of the contract.

FHH increased their organizational capacity, in terms of referral and data collection process improvements and the integration of trauma-informed practices into their work. One FHH partner shared, *"We don't always see other people's trauma, unless we're taught to see it."* FHH increased their community collaboration with other churches expressing their own interest in replicating the Healing Hub pilot.

Lessons Learned/Recommendations

FHH participants were asked for their recommendations about future initiatives. All four FHH expressed the desire for more opportunities to collaborate and share ideas and resources as an FHH cohort. **Several FHH recommended extending the FHH program and were interested in exploring whether the FHH service delivery model could be studied as a best practice for connecting youth and families with behavioral health resources.** Finally, FHH emphasized the importance of directly including social navigators in more networking and planning processes, due to their valuable experience working directly with community members.

CHAPTER 8
Summary/Key Recommendations

Community level change is a long-term undertaking that requires multi-level engagement, collaboration, adaptability, and sustained commitment over time. A project, such as RCM, is guided by an aspirational vision, mission, and core values that guide its activities. Progress towards goals should be assessed both in terms of process and outcomes. In other words, we are interested in how initiatives are implemented, as well as what short-term successes have been achieved along the way.

VISION

Mecklenburg is a thriving community-centered culture that is invested in the inclusion, success, and overall well-being of all citizens.

MISSION

Advance equity for vulnerable youth and families through intentional and non-traditional goals and strategies that are community driven.

VALUES

Transparency, Accountability, Inclusion, Equity, Transformation, Sustainability

The Collective Impact Framework was RCM's guiding framework. Collective impact approaches were developed to enhance community engagement, ownership, and collaborative responses to complex social problems, such as community trauma and racial and social inequities. An equity focus has been lifted up in more recent collective impact frameworks and recognized as being an essential component for success. Indeed, collective impact experts caution that without attention to equity that collective impact efforts may actually reinforce existing structural conditions through focus and funding decisions.

Our evaluation findings suggest that RCM successfully used collective impact framework principles to guide its work in three focal areas: 1) improving access to services, 2) preventing youth violence, and 3) promoting trauma-informed approaches and community well-being. Key initiatives were implemented using core collective impact components, such as utilizing common agendas, shared measures, mutually reinforcing activities, continuous communication, equity focus, and backbone support from Mecklenburg County Public Health and ReCAST Mecklenburg (RCM) (see Appendix I for more detail).

Below we synthesize findings across multiple initiatives to answer two overarching evaluation questions:

1) What progress has RCM made towards its' strategic goals? and

2) What are the next steps for Charlotte-Mecklenburg to become a more trauma-informed community?

What progress has RCM made towards its' strategic goals?

Finding: Building the foundation for change

1.Broadening community-level TIC knowledge and commitment.

Broad-based training allows community partners to collaborate internally and externally using a shared vocabulary and foundational understanding of TIC and resiliency frameworks. Trusting relationships were essential to successful engagement and learning. In this process, it was critical that **community members and partners felt comfortable sharing gaps in their knowledge, discussing the impact of their work upon their personal/professional well-being, providing honest feedback, exploring solutions, and at times expressing fears or skepticism about the change process.**

Despite unexpected challenges due to COVID-19, RCM's community training sessions had a significant reach, with more than 2500 participants trained over four years from government, health, non-profit, education, faith, justice, and other sectors. Trainees overwhelmingly indicated that they learned new trauma and resiliency skills, which they plan to use throughout their careers.

Learning community initiatives leveraged foundational TIC knowledge in order to create organizational level changes. These initiatives enhanced organizational commitment for change by developing internal TIC champions and sustaining organizational culture changes over time. Learning community participants emphasized that the journey to trauma-informed systems was a process that required a paradigm shift to be embraced from leadership to management to front-line staff within the organization. **Understanding the magnitude of such shifts helped champions to sustain their commitment through expected cycles of progress and setbacks.** TILC participants greatly benefited from technical assistance and guidance as they shepherded change within their individual organizations.

2. Investing in culturally specific service providers.

Through Youth Violence Prevention and Healing Hub Initiatives, RCM made intentional investments to strengthen the organizational capacity of culturally-specific programs to deliver trauma-informed services. These investments were tailored to the specific needs of grantees and marked by increasing trust in relationships over time. **RCM funding allowed these culturally specific organizations to hire staff, expand resources to support operations, and adopt TIC practices and curriculum based on evidence-based programs.** YVP provided structured opportunities to align their existing services with TIC and youth violence prevention principles. YVP partners viewed their relationship with RCM as increasing their legitimacy and access with other community partners and potential future funders·

Similarly, **RCM made investments in non-traditional culturally specific faith-based organizations interested in serving their communities in new and expanded ways.** Faith-based health hubs increased access to behavioral health services in the underserved communities where they operated. FHH provided low-barrier, culturally responsive holistic services aligned with TIC principles. FHH benefited from technical assistance that helped them strengthen their organizational capacity to provide navigation services, track program outcomes, and maintain confidentiality of client information.

What are the next steps for Charlotte-Mecklenburg to become a more trauma-informed community?

Finding: Collectively moving towards a trauma-informed community

1. Embracing shared trauma-informed care vocabulary

RCM helped community partners to embrace shared language and goals for a trauma-informed community through large-scale community wide training efforts. **RCM training supported participants in expanding their TIC/resiliency knowledge, skill, and commitment.** Training efforts also increased the visibility of trauma-informed efforts across the community–raising overall awareness. Learning communities and communities of practice within organizations supported the adoption of trauma-informed practices into organizational culture, processes, and policies. These changes allowed community partners to collaborate in new ways and to integrate TIC into culturally specific interventions. As noted particularly in the learning community initiative, shared TIC vocabulary and conceptual framework deepened collaboration within and across organizations. This shared community-level understanding is an essential foundation for broader systems level changes. One next step should involve **engaging sector partners with lower participation rates to better understand participation barriers, increase motivation, and adapt training content and modules to meet specific sector needs.** Another important next step will be to **offer more advanced and practical trainings that can deepen trauma-informed care implementation.**

2. Introducing evidence-based violence prevention strategies

RCM YVP pilots received introductory training in the Centers for Disease Control and Prevention's Veto Violence model and trauma-informed violence prevention programming to address multi-level risk and protective factors. Pilots were supported in their engagement of local youth with the goal of centering youth as leaders of anti-violence activities, as well as increasing community-wide awareness of violence risk and protective factors, and broadening the dissemination of effective practices. Thus, participating **culturally specific organizations and their staff enhanced their capacity to deliver evidence-based violence prevention with local youth and families.** Next steps with regard to violence prevention efforts will be to build on foundation prevention knowledge and **strengthen efforts to promote youth-leadership and youth-led initiatives, and continue to invest in culturally specific service provider capacity development.**

3. RCM pathways to healing framework: trauma-informed implementation through a public health lens

RCM has developed a ***Pathways to Healing*** **framework that supports trauma-informed implementation utilizing a public health approach targeting multiple levels of the socioecology** (e.g. relationships, organizations, and communities). This framework incorporates strategies that focus on mobilizing caring peers through trauma-informed advocacy; resilient organizations that use trauma-informed principles to respond and adapt to changing conditions; and healing communities that redefine help-seeking pathways for trauma-informed and healing centered engagement. All pathways reflect trauma-informed and community-engaged principles and processes, which are embedded within program design, implementation, and evaluation. This framework describes the work of the current RCM program, but also offers a blueprint for future trauma-informed, community-engaged violence prevention efforts for Mecklenburg and other communities (Figure 22).

ReCAST Mecklenburg Pathways to Healing Framework

Trauma-Informed Implementation through a Public Health Lens

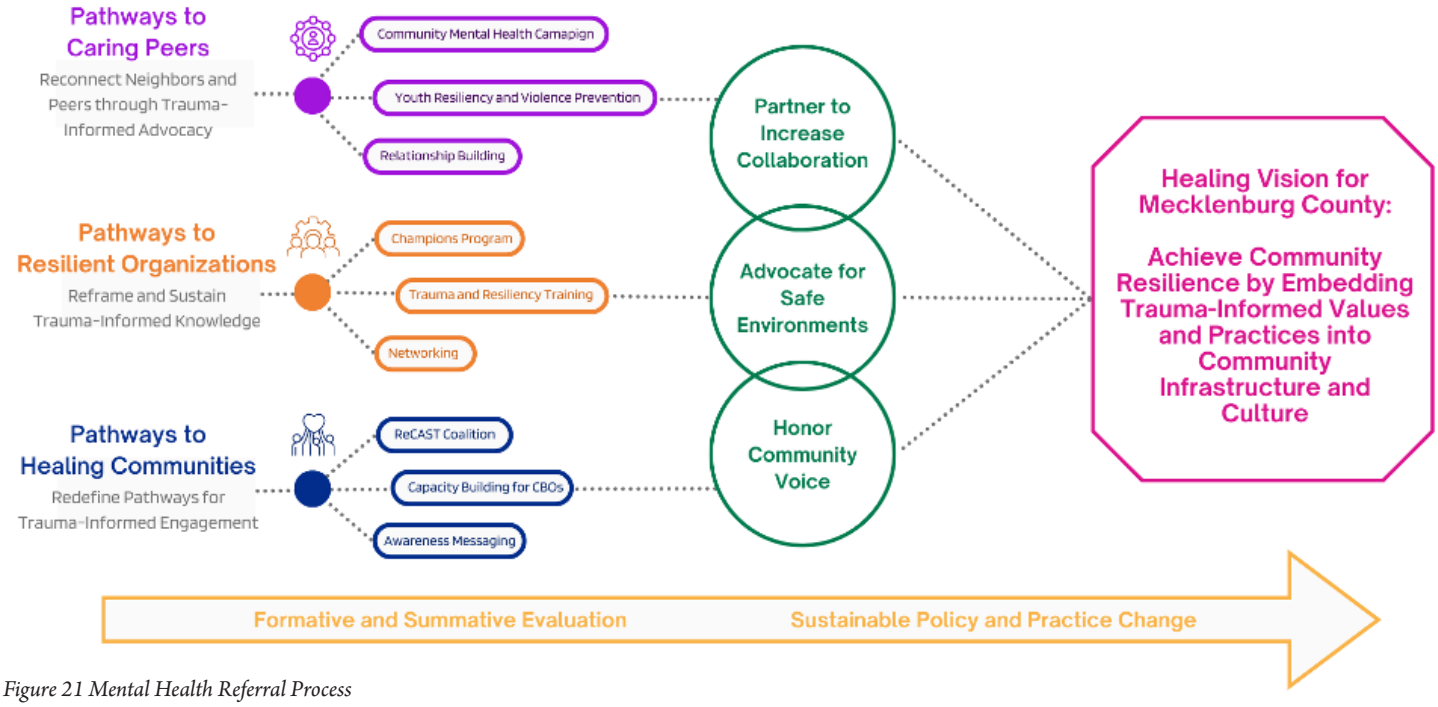


Figure 21 Mental Health Referral Process

Conclusion

RCM four key initiatives—TIC learning communities, resiliency and TIC training, youth violence prevention and faith healing hubs—have been responsive within their three focus areas--equitable access to services, youth violence prevention, and racial equity.

All initiatives are undergirded by three reinforcing change mechanism strategies: 1) training and technical support; 2) adoption of shared language/conceptual frameworks at the community-level; and 3) capacity building resource investments. These strategies were designed in response to community needs and refined over time utilizing developmental evaluation strategies in order to move the needle on strategic goals. As such, **RCM was able to engage with community partners in ways that was collaborative, adaptive and sustainable over time.**

The collective impact framework has been effectively used by many communities to address complex issues, such as violence and social equity. This framework relies on trusting collaboration among a broad range of stakeholders. The collective impact framework requires community partners to shift away from traditional mindsets when launching initiatives. These include assessing for equity around the inclusiveness of selecting 1) partnership members; 2) collaboration strategies; and 3) decision making. **The Charlotte-Mecklenburg community can build upon the RCM trauma-informed care and equity foundation to mobilize efforts to address violence, violence prevention and equity at the societal, community, relationship, and individual level.**

Appendix A: ReCAST Grant Recipients from 2016 to 2022

Funded in FY 2016	Baltimore City, MD; Chicago, IL; Minneapolis, MN; St. Louis County, MO; Oakland, CA; Bexar County (San Antonio), TX; Flint, MI; Milwaukee, WI
Funded in FY 2017	Baton Rouge, LA; Dallas, TX
Funded in FY 2018	Louisville, KY; **Mecklenburg County (Charlotte), NC**
Funded in FY 2021	Philadelphia, PA; Denver, CO; Lawrenceville, GA; Jacksonville, FL; Alleghany County (Pittsburgh), PA; Oakland, CA; Bexar County (San Antonio), TX; Flint, MI; Milwaukee, WI
Funded in FY 2022	Fairfield, CA; Los Angeles, CA; Miami, FL; Jacksonville, FL; New Orleans, LA; Bangor, ME; **Mecklenburg County (Charlotte), NC**; Santa Fe, NM; Albuquerque, NM; Cleveland Heights, OH

**FY = Fiscal Year*

Appendix B: Needs and Resources Assessment Participants

Agency, Community Group, and/or Role	Organization Type
100 Black Men of Charlotte	Local nonprofit serving Black youth
Alianza	Local non-profit serving Latino/a children and families
Atrium Health	Healthcare provider
Camino	Local non-profit serving Latino/a children and families
Cardinal Innovations	Managed care organization
Charlotte-Mecklenburg Schools	Local public school district serving over 150,000 students
Charlotte-Mecklenburg Police Department	Police department
Congregation Leaders	Local faith community
Diverse Local Professionals	Professionals from a variety of sectors including non-profit, youth services, education, healthcare providers, mental health providers, university faculty, community volunteers, and philanthropists
Foundation for the Carolinas	Local non-profit community foundation
Johnson C. Smith University	Historically Black college/university
Latin American Coalition	Local non-profit serving Latino/a children and families
Mecklenburg County Government (Health Department, Commissioners, Mental Health Task Force, Criminal Justice Services, Department of Social Services)	Local government
Novant Health	Healthcare provider
St. Luke's Church	Local church serving Black families
The University of North Carolina at Charlotte	Local urban research university
Time Out Youth	Local nonprofit serving LGBTQ+ youth
Winer Family Foundation	Local non-profit community foundation

Appendix C: ReCAST Mecklenburg Timeline

2013 and 2016
Civil Unrest in Mecklenburg County
Jonathan Ferrell and Keith Lamont Scott are fatally shot by CMPD officers, leading to protests in Mecklenburg County.

Sept 2018
RCM Receives Funding
SAMHSA awards $5 million in ReCAST funding to the Mecklenburg County Public Health Department, to be used over five years, following two local unrelated police-involved shootings and subsequent civil unrest.

SAMHSA
Substance Abuse and Mental Health Services Administration

ReCAST MECKLENBURG
Youth Violence Prevention • Racial Equity • Equitable Access to Services

Nov 2018 to April 2019
Establishing a Vision
RCM works with diverse community partners to understand behavioral health disparities, complete a needs and resources assessment, create a strategic plan, and establish a collective vision.

July 2019
Community Training Sessions Begin
RCM offers its first community training, Reconnect for Resilience™, to help promote well-being, resiliency, and community healing.

September 2019
REAP Training Sessions Begin
RCM offers its first Resiliency Educator Apprenticeship Program providing train-the-trainer resiliency tools for community members. More information here

February 2020
Phase I Learning Community Begins
Phase I of RCM's Learning Community begins at RCM's first Learning Community Kickoff event, during which 9 organizations committed to a common agenda for trauma-informed approaches and improving organizational culture, marking the beginning of Phase I of RCM's Learning Community. More information here

Appendix C: ReCAST Mecklenburg Timeline

March 2020
Community Presentation with Dr. Colleen Bridger
Dr. Colleen Bridger, Assistant City Manager of the San Antonio Metro Health District, hosts a community presentation about how San Antonio is implementing trauma-informed care within their community.

May 2020
Nationwide Civil Unrest
Mecklenburg County community members protest the fatal shooting of George Floyd by a police officer in Minneapolis, Minnesota.

March 2020
COVID-19 State of Emergency
Governor Cooper declares a state of emergency in North Carolina due to the COVID-19 pandemic.

May 2020
Responding to COVID-19
RCM begins to offer community training sessions focused on promoting resiliency using self-care strategies during COVID-19 for frontline workers and community members.

September 2020
Phase I Faith Healing Hub Pilot Begins
Phase I of the Faith Healing Hub pilot program begins, equipping faith communities with social navigators to help connect community members with needed services. More information here

January 2021
Phase II Learning Community Begins
Phase II of RCM's Learning Community begins, as additional organizations join RCM's Learning Community, receiving advanced coaching and mentoring on trauma-informed organizational practices.

Appendix C: ReCAST Mecklenburg Timeline

April 2021
15th Annual Youth Violence Prevention Conference Scholarships
RCM funds scholarships for students and service providers to attend South Piedmont Area Health Center's 15th Annual Youth Violence Prevention Conference. Conference Website

June 2021
Heal Charlotte Stop the Violence Day 2021
RCM partners with Heal Charlotte to host the first annual Heal Charlotte Stop the Violence Day, a city-wide summit focused on violence prevention, kicking off Heal Charlotte's Stop the Violence campaign.

July to September 2021
Charlotte Mecklenburg Schools Training
RCM partners with Charlotte Mecklenburg Schools (CMS) to offer resiliency training for CMS employees.

October 2021
Race Matters for Juvenile Justice 4th Biennial Conference Scholarships
RCM funds 250 scholarships for community members to attend the Race Matters for Juvenile Justice 4th Biennial Conference.

November 2021
Youth Violence Prevention Pilot Begins
RCM's Youth Violence Prevention pilot program begins, supporting youth-serving organizations to expand their work using the CDC's VetoViolence model. More information here

Appendix C: ReCAST Mecklenburg Timeline

February 2022
Heal Charlotte Gun Violence Prevention Workshops
RCM partners with Heal Charlotte to offer Heal Charlotte's Gun Violence Prevention Workshops, a workshop series focusing on gun violence prevention and building safer communities.

April 2022
Phase II Healing Hub Pilot Begins
Phase II of RCM's Healing Hub pilot program begins, continuing to connect community members with needed services.

April 2022
16th Annual Youth Violence Prevention Conference Scholarships
RCM funds scholarships for students and service providers to attend South Piedmont Area Health Center's 16th Annual Youth Violence prevention Conference. Conference Website

June 2022
Heal Charlotte Stop the Violence Day
RCM partners with Heal Charlotte to host the second annual Heal Charlotte Stop the Violence Day, a city-wide summit focused on violence prevention.

June to August 2022
Charlotte Mecklenburg Schools Training
RCM partners with Charlotte Mecklenburg Schools (CMS) to offer resiliency training for CMS employees. Click here to see upcoming training opportunities

Resources FOR Resilience
LEARN • PRACTICE • THRIVE

Appendix C: ReCAST Mecklenburg Timeline

September 2022
Youth Violence Prevention Technical Assistance Hub Begins

RCM's Youth Violence Prevention Technical Assistance Hub begins to support capacity building among violence prevention advocates.

September 2022
Living Waters Mental Health Summit Sponsorship

RCM sponsors Living Waters' 2022 Mental Health Summit, engaging community members in critical conversations about the additional pillars of response needed to identify, treat and support children and families suffering from grief and loss.
Click here to watch a recap of the event

October 2022
Phase III Learning Community Begins

Phase III of RCM's Learning Community begins as new organizations commit to a common agenda for trauma-informed approaches and improving organizational culture.

December 2022
RCM Receives Additional ReCAST Funding

SAMHSA announces that the Mecklenburg County Public Health Department will receive an additional $10 million in ReCAST funding to be used over four years to continue to support high-risk youth and families across Mecklenburg County.

cha CABARRUS HEALTH ALLIANCE

March 2023
CHASM Summit: Closing Gaps on Disparities, Opening Paths for Equity Scholarships

RCM funds scholarships for service providers to attend South Piedmont Area Health Center's CHASM Summit: Closing Gaps on Disparities, Opening Paths for Equity.
More information here

Appendix C: ReCAST Mecklenburg Timeline

April 2023
17th Annual Youth Violence Prevention Conference Scholarships

RCM funds scholarships for students and service providers to attend South Piedmont Area Health Center's 17th Annual Youth Violence prevention Conference. Conference Website

June to August 2023
Charlotte Mecklenburg Schools Training

RCM partners with Charlotte Mecklenburg Schools (CMS) to offer resiliency training for CMS employees.

September 2023
RCM Phase I Ends

RCM Phase I ends. RCM prepares to transition to Phase II.

Appendix D: ReCAST Mecklenburg Community Training Descriptions

Title	Facilitator	# of Training Sessions Offered	# of Participants
Addressing Implicit Bias through Moral Safety	**NATCON**	**3**	**175**

Addressing Implicit Bias through Moral Safety is a three-and-a-half hour training that explores and challenges implicit bias by working with the architecture of the brain, not against it. This training teaches participants to 1) understand the neuroscience behind cognitive bias and its impact on individuals and teams, 2) recognize where organizational missteps happen when attempting to roll out cognitive bias mitigation, and 3) learn practical science-based approaches to hack your brain's biased perceptions.

Adolescent Loneliness, Isolation/Suicide	**NATCON**	**1**	**28**

Adolescent Loneliness, Isolation/Suicide is a one-hour training that explores factors that lead to social isolation and loneliness; determines how both physical and emotional health can be influenced; and discusses ways to improve social integration and support in order to improve outcomes and life satisfaction for adolescents.

Becoming a Trauma-Informed Organization	**NATCON**	**2**	**77**

Becoming a Trauma-Informed Organization is a two-day, invitation-only training to teach learning community members what it means to be a trauma-informed organization and the necessary steps and components to becoming a trauma-informed organization. Trauma is treatable and organizations can become trauma-informed in order to best meet the needs of the people they serve. Participants will learn the change management strategies for creating sustainable culture change within their organization.

Building Your Toolbox: Reconnect for Resilience™ Orientation	**RFR**	**1**	**31**

Building Your Toolbox: Reconnect for Resilience™ Orientation is a one-hour orientation training that focuses on providing resilience tools for service providers.

Compassion Fatigue: How to Promote a Culture of Wellness	**NATCON**	**5**	**365**

Compassion Fatigue: How to Promote a Culture of Wellness is a one-day seminar geared toward public health and social service providers. This training explores compassion fatigue and how to create a culture of wellness and trauma-informed care and examines tough questions including: What does a culture of wellness and trauma-informed care look like? What hard conversations are necessary when focusing on workforce development? What real strategies advance wellness and trauma-informed care with your staff?

Compassion Resilience & Self Care Drop-In	**NATCON**	**2**	**39**

Compassion Resilience & Self Care Drop-In is a one-hour training that includes facilitated discussions regarding trauma-informed, resilience-oriented considerations.

Appendix D: ReCAST Mecklenburg Community Training Descriptions

Title	Facilitator	# of Training Sessions Offered	# of Participants
Countywide Staff Training	**NATCON**	**8**	**177**

Countywide staff training includes one-hour workshops aimed to improve overall Mecklenburg County government employees' well-being by enhancing stress management strategies and building a self-care plan. Participants learn 1) knowledge about the impact of stress and trauma on the brain, 2) strategies to prevent burnout and build wellness at home, in workplaces, and in the community, and 3) tools for stress management and self-care.

Learn Strategies That Help Your Organization Move From Good To Great	**NATCON**	**2**	**no data available**

Learn Strategies That Help Your Organization Move From Good To Great is a two-part, one-hour webinar series to answer questions for organizations and leaders who want to transform their organizations into a Trauma-Informed, Resilience-Oriented, Equitable culture. We will explore the first steps to moving from a trauma-specific service focus to a Trauma-Informed, Resilience-Oriented, and Equitable (TIROE) organizational culture through a TIROE Organizational Readiness Assessment as well as discuss the importance of transforming your organization from an accreditation perspective. We will also explore practical examples of implementation in the first three years of transformation including TIROE supervision and leadership models.

Managing Anxiety and Worry: On the Front Line of a Crisis	**NATCON**	**3**	**389**

Managing Anxiety and Worry: On the Front Line of a Crisis is a self-paced learning module that provides a brief overview of how anxiety can impact general functioning in a crisis. This online self-paced learning module will offer different strategies that can be used to decrease the impact of anxiety during the COVID-19 pandemic.

On the Frontline: Promoting Self-Care Practices and Psychological Well-Being During a Crisis	**NATCON**	**1**	**90**

On the Frontline: Promoting Self-Care Practices and Psychological Well-Being During a Crisis is a one-day training that reviews what we know about managing in crisis and what participants can do to ensure post-traumatic growth at the end of this time of crisis as opposed to burnout.

Posttraumatic Growth	**NATCON**	**1**	**25**

Posttraumatic Growth is a one-hour webinar that provides a brief overview on how anxiety can impact our general functioning, our functioning in crisis, and different strategies participants can use to decrease the impact of anxiety during and following the COVID-19 pandemic.

Appendix D: ReCAST Mecklenburg Community Training Descriptions

Title	Facilitator	# of Training Sessions Offered	# of Participants
Reconnect for Resilience Extended Learning	**RFR**	**3**	**21**

Reconnect for Resilience™ Extended Learning for Resiliency Educator Apprenticeship Program (REAP) Trainers is a drop-in training offering past REAP participants an opportunity to practice resiliency tools, ask questions, and share ideas and resources with one another. Participants can come for an entire 30-minute to 135-minute session, or for part of the session to practice, learn and discuss.

Reconnect for Resilience™	**RFR**	**12**	**268**

Reconnect for Resilience™ is a two-day training that offers participants a set of practical strategies to promote well-being in the face of ongoing stress or adversity. Reconnect for Resilience™'s simple, easy-to-understand tools are designed to support people of any age, education, or background. In this class, participants learn about the neuroscience of stress and trauma, and are given an "owner's manual to the body's threat and safety management system."

Resiliency Educator Apprenticeship Program (REAP)	**RFR**	**2**	**22**

The RFR Resiliency Educator Apprenticeship Program (REAP) is a four-day training that offers participants an opportunity to have their own team or community members trained as Resiliency Educators (REs). This apprenticeship program is designed both for those who serve individuals and communities affected by trauma, and those affected directly by trauma. The goal of training community members is to build capacity among non-traditional leaders who have been impacted by trauma and who can, in turn, become healers for their community or generation. This curriculum offers tools for well-being and does not require REs to be mental health professionals.

Self-Care and Regulation Strategies During Times of Crisis	**NATCON**	**2**	**83**

Self-Care and Regulation Strategies During Times of Crisis is an online self-paced learning module that will discuss the impact that crisis has on the brain and provide strategies for self-regulation as part of building compassion resilience as public health work continues during the COVID-19 pandemic.

Stressed Out, Burned Out, Time Out	**NATCON**	**8**	**81**

Stressed Out, Burned Out, Time Out is a one-hour training that offers self-care tools for community advocates and explores what compassion fatigue is and how to build compassion resilience. Participants will come away from this series understanding 1) what compassion fatigue is and how does one recognize it. 2) what is compassion resilience and how does one begin to identify their needs to begin building it, and 3) what are everyday strategies that can begin to build compassion resilience?

The Spirit of Motivational Interviewing through a Trauma-Informed Lens	**NATCON**	**1**	**34**

The Spirit of Motivational Interviewing through a Trauma-Informed Lens is a one-hour training that focuses on the spirit or mindset for using motivational interviewing skills to support autonomy and values the other person's perspective.

Appendix D: ReCAST Mecklenburg Community Training Descriptions

Title	Facilitator	# of Training Sessions Offered	# of Participants
Trauma-Informed, Resilience-Oriented, and Equitable (TIROE) Supervision	**NATCON**	**6**	**152**

Trauma-Informed, Resilience-Oriented, and Equitable (TIROE) Supervision includes 60 and 90-minute monthly specialized coaching calls to support the full integration of NATCON's Trauma-Informed, Resilience-Oriented Supervision Framework into agencies' practice with Andrews Centers Supervision Core Implementation Team (S-CIT). NATCON's Framework for TIROE Supervision provides a holistic approach to supervision and incorporates not only the day-to-day tasks of supervision but also the relationship-based and reflective supervision skills needed to become a trauma-informed, resilience-oriented supervisor.

Trauma 101: More Than a Buzzword	**NATCON**	**4**	**205**

Trauma 101: More Than A Buzzword is a four-hour training that teaches participants about trauma, its prevalence and its impact, including the latest information on trauma and the brain. By the end of this training, participants will be able to: 1) define trauma and resilience, 2) understand the prevalence and impact of trauma, including understanding findings from the ACE study, 3) be aware of the neuro/bio/psycho/social impact of trauma.

Trauma 201: Putting Out Fires	**NATCON**	**2**	**77**

Trauma 201: Putting Out Fires is a one-hour training that teaches participants about trauma, its prevalence, and its impact, including the latest information on trauma and the brain. Topics that will be discussed during this training include 1) what is trauma, how does trauma impact the body, 2) how to manage multiple challenges when it feels like there are many "fires" to put out, 3) the importance of and strategies for self-care.

Trauma-Informed, Resilience-Oriented Considerations Upon Return to the Office	**NATCON**	**4**	**102**

Trauma-Informed, Resilience-Oriented Considerations Upon Return to the Office is offered as both a 1 hour facilitated discussion and as an online, self-paced module that provides trauma-informed, resilience-oriented considerations and strategies to develop a clear reentry plan and create a "new normal" for participants returning to work following the COVID-19 pandemic.

Trauma-Informed, Resiliency Oriented Care Midyear Training	**NATCON**	**1**	**14**

Trauma-Informed, Resiliency-Oriented Care Midyear Training is a one-day, midyear training for learning community members focused on strategies to promote trauma-informed, resiliency-oriented care. This training provides learning communities with the opportunity to report on their progress thus far and to discuss challenges and barriers. This group process promotes shared learning and focuses on the Seven Domains, change management, sustainability of the initiative, and topics of interest identified by teams during the first six months of the Learning Community.

Appendix D: ReCAST Mecklenburg Community Training Descriptions

Title	Facilitator	# of Training Sessions Offered	# of Participants
Two Day Trauma Summit	**NATCON**	**2**	**315**
The Two Day Trauma Summit is a two-day training that introduces specific trauma-informed approaches for faith-based, justice, healthcare, education, government, and non-profit organizations, especially youth-serving organizations. This training discusses trauma-informed approaches related to adverse childhood experiences and the neuroscience of stress and trauma. Participants will leave the training with the tools needed to bring trauma-informed practices to their workplaces. The intensive delivered by NATCON includes a train-the-trainer focus and an option for inclusion in a year-long learning community.			
Where do we go from here? Building a Culture of Compassion and Resilience	**NATCON**	**1**	**50**
Where Do We Go From Here? Building a Culture of Compassion and Resilience is a three-and-a-half-hour webinar that explores the components of a culture of compassion and organizational resilience.			
Workshop: Mental Health First Aid	**MHA**	**3**	**11**
Mental Health First Aid is an eight-hour skills-based training course that teaches participants to identify, understand and respond to mental health and substance use challenges.			
Workshop: Stress and Trauma Management Tools	**NATCON**	**1**	**6**
Workshop: Stress and Trauma Management Tools is a 3-hour training to equip Healing Hub participants with knowledge about trauma, its prevalence and impact, including the latest information on trauma and the brain.			
Total		**107**	**3,171***

**Duplicates were not removed from this total number of participants. All participants who attended multiple training sessions were counted each time they attended a training session.*

Appendix Sector E: ReCAST Mecklenburg Community Training Sector Definitions

Government	Any government employee not employed in an education or justice related role including: Department of Social Services staff, Department of Public Health staff, Community Support Services staff, library employees, Guardian Ad Litem volunteers, military employees, and all other county and city government employees.
Health	Any non-government employees focused on providing healthcare and wellness services to community members including: Atrium Health staff, Novant Health staff, health focused non-profit staff, home health providers, hospice workers, Carolina RAIN staff, Center for Prevention Services staff, Developmental Disability Resources, Inc. staff, addiction treatment center employees, substance abuse counselors, licensed clinical social workers, licensed professional counselors, psychiatrists, psychologists, private mental health practice providers, and all other counselors and therapists.
Non-profit	Any professional employed in a non-health, non-ministry focused nonprofit organization including: organizations with a 501(c)(3) status.
Education	Any professional employed in a public school, private school, college, or university setting including: public school staff, charter school staff, private school staff, university and college staff, school nurses, school counselors, school health supervisors, school social workers, CMS student services, and graduate assistants.
Faith	Any professional employed in a religious organization, place of worship, or faith-based non-profit including: clergy members, faith-based non-profit staff, church staff, faith community health ministry coordinators, and Catholic Charities of Charlotte staff.
Justice	Any professional employed through an organization that's main focus is related to the enforcement of legal systems including: Mecklenburg County Court Services staff, Department of Justice staff, Department of Juvenile Justice staff, Department of Safety staff, law enforcement officers, attorneys, criminal justice analysts, pretrial analysts, re-entry coordinators, juvenile court counselors, and criminal justice services staff.
Other/Unknown	Other/UnknownAny professional who either worked in an unlisted sector, did not report what sector they worked in, or for whom no sector data was collected including: private corporation employees, for-profit organization employees, students, and participants with unknown titles and organizations.

Appendix F: ReCAST Mecklenburg CMS Training Descriptions

Training Title	Year Offered	Training Sessions Offered

Reconnect for Resilience™ for CMS — **2021, 2022, 2023** — **21**

Reconnect for Resilience™ is a two-day training that offers participants a set of practical strategies to promote well-being in the face of ongoing stress or adversity. Reconnect for Resilience™'s simple, easy-to-understand tools are designed to support people of any age, education, or background. In this class, participants learn about the neuroscience of stress and trauma, and are given an "owner's manual to the body's threat and safety management system."

Reconnect for Resilience™ Orientation for CMS — **2022** — **3**

Reconnect for Resilience™ Orientation for CMS is a one-hour orientation training that focuses on providing resilience tools for CMS employees.

Virtual Champions and Implementation Coaching for CMS — **2022** — **1**

After attending a 14-hour Reconnect for Resilience™ training, those who would like to deepen their knowledge, build their confidence using our resiliency tools and implement tools and concepts into their schools and lives are eligible to attend a 3-hour Resiliency Champions training and receive 5 hours of additional implementation coaching and technical assistance from the Resources for Resilience™ team. In between these 5 one-hour implementation hours, participants will receive resources and support from their implementation coach. This specialized package prepares Champions to share and implement resiliency-focused tools and practices into their day-to-day interactions to create a more resilient school culture. This is ideal for sustainability of the trauma informed and resiliency focused culture change in your school and classroom setting.

Champions Workshop for CMS — **2023** — **1**

After attending a 14-hour Reconnect training, those who would like to deepen their knowledge and build their confidence using our resiliency tools, are eligible to attend a six-hour Resiliency Champions workshop and receive additional coaching and technical assistance from the Resources for Resilience™ team. This specialized package prepares Champions to share and implement resiliency-focused tools and information with others in their community creating a more resilient and healthier community!

Appendix G: List of CMS Schools with CMS Training Participants

School	School Type	Zip Code
Bain Elementary School	Elementary School	28227
Berewick Elementary School	Elementary School	28278
Blythe Elementary School	Elementary School	28078
Bruns Avenue Elementary School	Elementary School	28208*
Endhaven Elementary School	Elementary School	28277
Hickory Grove Elementary School	Elementary School	28215
Huntingtowne Farms Elementary School	Elementary School	28210
J.V. Washam Elementary School	Elementary School	28031
Joseph W. Grier Academy	Elementary School	28215
Lawrence Orr Elementary School	Elementary School	28215
Long Creek Elementary School	Elementary School	28078
Mallard Creek Elementary School	Elementary School	28262
McAlpine Elementary School	Elementary School	28277
Merry Oaks International Academy	Elementary School	28205*
Montclaire Elementary School	Elementary School	28210
Nations Ford Elementary School	Elementary School	28217*
Newell Elementary School	Elementary School	28213
Oakdale Elementary School	Elementary School	28216*
Oakhurst STEAM Academy	Elementary School	28205*
Pinewood Elementary School	Elementary School	28210
Piney Grove Elementary School	Elementary School	28212*
Reedy Creek Elementary School	Elementary School	28215
River Gate Elementary School	Elementary School	28273
River Oaks Academy (K-5)	Elementary School	28214
Shamrock Gardens Elementary School	Elementary School	28205*
Statesville Road Elementary School	Elementary School	28269
Steele Creek Elementary	Elementary School	28273
Sterling Elementary School	Elementary School	28134
Stoney Creek Elementary School	Elementary School	28262
Tuckaseegee Elementary School	Elementary School	28214
University Park Creative Arts School	Elementary School	28216*
Whitewater Academy	Elementary School	28214

Appendix G: List of CMS Schools with CMS Training Participants

School	School Type	Zip Code
Winding Springs Elementary School	Elementary School	28269
Alexander Graham Middle School	Middle School	28211
Carmel Middle	Middle School	28226
Eastway Middle School	Middle School	28205*
James Martin Middle School	Middle School	28262
JM Alexander Middle School	Middle School	28078
McClintock Middle School	Middle School	28212*
Martin Luther King Jr. Middle School	Middle School	28213
Northeast Middle School	Middle School	28227
Quail Hollow Middle School	Middle School	28210
Ridge Road Middle School	Middle School	28269
Whitewater Middle School	Middle School	28214
East Mecklenburg High School	High School	28212*
Harding University High School	High School	28208*
Hopewell High School	High School	28078
Julius L. Chambers High School	High School	28262
Mallard Creek High School	High School	28269
Myers Park High School	High School	28209
North Mecklenburg High School	High School	28078
Olympic High School	High School	28273
Phillip O. Berry Academy of Technology	High School	28208*
Rocky River High School	High School	28227
South Mecklenburg High School	High School	28210
Charlotte East Language Academy (K-8)	Combined School	28212*
Charlotte Lab School (Lower)	Combined School	28202
Charlotte Lab School (Primary)	Combined School	28204
Charlotte Lab School (Upper)	Combined School	28217*
Charlotte Mecklenburg Academy (K-12)	Combined School	28269
Cochrane Collegiate Academy (6-12)	Combined School	28215
Davidson K-8 School	Combined School	28036
Druid Hills Academy K-8	Combined School	28206*
Exploris School	Combined School	27603; 27601

Appendix G: List of CMS Schools with CMS Training Participants

School	School Type	Zip Code
Governor's Village STEM Academy (Upper)	Combined School	28262
Governor's Village STEM Academy (Lower)	Combined School	28262
Highland Renaissance Academy (K-8)	Combined School	28206*
Marie G. Davis IB World School	Combined School	28203
Metro School (K-12)	Combined School	28202
Mountain Island Lake Academy (K-8)	Combined School	28216*
Northwest School of the Arts (6-12)	Combined School	28216*
South Academy of International Languages (K-8)	Combined School	28217*
Turning Point Academy (6-12)	Combined School	28214
Walter G. Byers (K-8)	Combined School	28206*
Oaklawn Language Academy (K-8)	Combined School	28216*

**School zip code is in a Mecklenburg County public health priority area.*

Appendix H: TILC and CoP Participation

Year	Offering	# Organizations (Participants)
2019 – 2020	TILC	8
2020 – 2021	TILC	9
2021 – 2022	Sustainability Cohort	5
2021 – 2022	DSS Supervision Cohort	1
2021 – 2022	Communities of Practice (CoP)	9 (20)
2022 – 2023	TILC Cohort	9 (20)

TILC Teams

Organization	Sector	2019-2020	2020-2021	2021-2022	2022-2023
Mecklenburg County	Government				
• Department of Social Services (DSS)		X	X	X	
• Public Health			X	X	
• PH/Maternal Child Health and CAP Program					X
• Community Support Services – Housing Innovation & Stabilization Services Division					X
• Park and Recreation – Community and Recreation Center Services					X
• Criminal Justice Services					X
Promise Resource Network (PRN)	Non-profit (mental health)	X			
NAMI-Charlotte	Non-profit (mental health, SA)	X	X		
Novant Health	Healthcare	X			
Pat's Place	Non-profit (youth serving, trauma)	X			
Charlotte-Mecklenburg Schools (CMS)	Education	X	X	X	
Teen Health Connection	Healthcare	X			
Mental Health America of Central Carolinas (MHA)	Non-profit (mental health)	X	X		
Life Assembly Worship Center	Faith-based organization		X		
Center for Prevention Services (Alianza)	Non-profit (youth serving, SA)		X	X	
My Brother's Keeper (MBK)	Non-profit (youth serving)		X		
Communities in Schools – Charlotte	Non-profit (education)		X	X	
Atrium Health – Community Outreach & Integration	Healthcare				X
Christ Centered Community Counseling (C4)	Healthcare (mental health, faith-based)				X
C.O.S. Kids	Non-profit (youth serving)				X
Common Wealth Charlotte – Trauma-Informed Financial Education and Counseling	Non-profit (economic mobility)				X
Charlotte-Mecklenburg Academy	Education				X

Appendix I: Semi-Structured Interview Schedules

LEARNING COMMUNITY/COMMUNITIES OF PRACTICE INTERVIEW SCHEDULE

1. Why did you decide to participate in the program? What kinds of needs does your organization have related to TIC?
2. What was your experience being part of this program? (prompts: did you have any challenges in participating? Was it what you expected?)
3. Tell us about any projects or specific outcomes that came out of the program.
4. How are you planning to sustain and build upon these efforts?
5. What lessons have you learned about implementing TIC within your organization? What advice would you give other organizations as they consider becoming more trauma-informed?
6. What do you think are the next steps for Charlotte-Mecklenburg in becoming a more TI community?
7. Is there anything else you would like to share?

YOUTH VIOLENCE PREVENTION (YVP) INTERVIEW QUESTIONS

1. Please tell us about your experience adopting the VetoViolence framework (i.e., the trauma-informed public health approach to youth violence reduction) in your work?
   a. *Prompts:* Have you used resources on the VetoViolence website? If so, how?
   b. Which risk factors does your organization target in its programming?
2. How has the YVP program aided your organization in addressing barriers to increasing or strengthening your work with youth in Mecklenburg County?
   a. Prompts: Are staff and/or volunteers more trauma-informed or mental health literate?
   b. Has your organization increased the number of youth served?
   c. Has your organization been able to address any organizational barriers?
3. Has the scope of your work changed since joining the VYP program? If yes, how so? If not, why not?
4. How have you been able to engage youth to further the mission of the organization as peer supports and/or leaders in the community?
5. What program successes of your YVP program activities have not been captured in the monthly reporting? Please describe.
6. What program challenges have you experienced implementing your YVP-supported programming? Please describe.
7. Do any partners you work with to identify at-risk youth or to deliver services employ a Veto Violence approach?
8. What resources do you need to continue your work with youth in Mecklenburg County?

HEALING HUB INTERVIEW SCHEDULE

1. How has the support provided by the ReCAST Mecklenburg program supported your data collection?
   1. Program Team
   2. Evaluation Team
2. How did your organization calculate the number of individuals receiving **services** as a result of your Healing Hub? (methodology clarification)
3. How did your organization calculate the number of individuals receiving **behavioral health services** as a result of your Healing Hub? (methodology clarification)

Appendix I: Semi-Structured Interview Schedules

COVID-19

4. How do you feel COVID-19 impacted the community's awareness of your Healing Hub activities/services
5. Is your Healing Hub well-known in your community? How have you gauged this/how do you know?
6. How have the services your organization's Healing Hub provides transformed over the course of the COVID-19 pandemic (grant period-Phase 1 under covid; Phase 2 post covid shutdown)?
7. How do you feel the ReCAST Mecklenburg program supported you with your Healing Hub Activities?
8. How do you feel the communication tools used by the ReCAST Mecklenburg program facilitated partnership, collaboration and working toward mutual goals?
    - Google Classroom
    - Networking events
    - ET Coaching Calls
    - Training Sessions
    - Other
9. What mutual goals do you feel your Healing Hub shared with the ReCAST team? the other Healing Hub programs?

Organizational Capacity Development

10. What did you learn about the approach to providing trauma-informed and/or behavioral health services as a result of participating in ReCAST Mecklenburg's Healing Hubs?
11. Can you share what your organization does differently as a result of participating in ReCAST Mecklenburg's Healing Hubs?

Challenges

12. What challenges did your organization face while participating in ReCAST Mecklenburg's Healing Hubs?
    a. In **providing Healing Hub services?**
    b. In **building partnerships and collaborations?**
    c. **Organizational** challenges?

Successes

13. What successes did your organization accomplish as a result of participating in ReCAST Mecklenburg's Healing Hubs?
    a. With **services** delivery
    b. With **partnerships and collaborations**
    c. With **organizational changes**

Appendix J: ReCAST Mecklenburg Collective Impact Activities by Focus Areas

Collective Impact Elements: Common Agenda

Equitable Access to Services

Healing Hub Participants and ReCAST Mecklenburg agree to establish important entryways into care for youth and families in Mecklenburg County through the Healing Hub Initiative by expanding partnerships and community resources and building a recognized model for the critical role the faith community plays in crisis intervention in the community. The Healing Hubs provide a holistic approach to behavioral health and increase non-traditional entryways into services. The Healing Hub/ReCAST Mecklenburg partnership supports a broader vision of a thriving community-centered culture that is invested in the inclusion, success and overall well-being of all citizens.

Youth Violence Prevention

RCM YVP pilots engage with local youth using the Centers for Disease Control and Prevention's Veto Violence model and trauma-informed violence prevention programming to address key risk factors. The initiative goal was to increase organizational capacity by centering youth as leaders of anti-violence activities, increasing community-wide awareness of protective and risk factors, and broadening the dissemination of effective practices.

TA Hub Participant program goals included:
1) trauma-informed and resiliency approaches,
2) implementation of a public health approach to violence prevention,
3) ability to reach high-risk youth,
4) participatory approaches that promote youth engagement and
5) community partnership and collaboration.

TA Hub Participants aligned local strategies around racial equity and the Veto Violence framework which centers risk and protective factors in the environment.

Trauma-Informed and Resiliency Approaches

Behavioral health educators, including the South Piedmont Area Health Education Center (AHEC), the National Council for Mental Wellbeing (NATCON), Resources for Resilience (RFR), and Mental Health America (MHA) collaborate with RCM to offer trauma and resilience training to community members. All community partners are working toward the commonly agreed upon goal to build a foundation to promote well-being, resilience, and community healing through community-based participatory approaches.

Appendix J: ReCAST Mecklenburg Collective Impact Activities by Focus Areas

Collective Impact Elements: Shared Measures

Equitable Access to Services

Healing Hub Participants Measures:

1. Referred to Services
2. Referred to Behavioral Health Services
3. Received HH Services
4. Community Self-Care Activities/Events
5. Partnership/Collaborations Established
6. At-risk youth engaged
7. Family members of at-risk youth engaged

Youth Violence Prevention

YVP Participants Measures:

1. Referred to Services
2. Receiving YVP Services
3. Community events hosted around the VetoViolence model
4. At-risk youth engaged
5. Family members of at-risk youth engaged
6. At-risk youth holding a leadership role in initiative

Trauma-Informed and Resiliency Approaches

Community Training Measures:

1. Community members trained
2. Professional sectors represented by training participants
3. Trauma and resilience skills learned in training
4. Intentions to use trauma and resilience skills in the future

Appendix J: ReCAST Mecklenburg Collective Impact Activities by Focus Areas

Collective Impact Elements: Mutually Reinforcing Activities

Equitable Access to Services

Healing Hub Participants engaged in:

Training

- MH First Aid
- Youth Violence Prevention
- ACEs are not Destiny: Introduction to Trauma
- Stress and Trauma Management Tools
- How to use NCCARE360

Monthly **Coaching Calls, Resources sharing,** and **community collaborations** to improve care and increase access to BH services

Youth Violence Prevention

YVP Participants and TA Hub Participants engaged in:

Training on topics related to trauma-informed practice, resiliency, racial equity, mental health, and data privacy

Coaching Calls, Resources sharing and **community collaborations**

Trauma-Informed and Resiliency Approaches

All community training partners worked on complementary tasks, including:

- Developing training curriculum
- Facilitating trauma and resilience training
- Promoting training opportunities
- Coordinating registration and post-survey data collection
- Managing training finances
- Facilitating collaborative meetings

NATCON, RFR, and MHA developed curriculum and facilitated training sessions with diverse, complimentary topics.

Appendix J: ReCAST Mecklenburg Collective Impact Activities by Focus Areas

Collective Impact Elements: Continuous Communication

Equitable Access to Services

Healing Hub Participants met monthly with the RCM evaluation team for technical assistance and relationship building during Phase I; these structured meetings became less frequent allowing for more organic relationships to take place between stakeholders

Youth Violence Prevention

YVP Participants and TA Hub met regularly with the RCM program and evaluation team for training, technical assistance and relationship building sharing successes and challenges

Trauma-Informed and Resiliency Approaches

Community partners regularly sent emerging participant registration and survey data to RCM for review. RCM regularly met with South Piedmont AHEC, NATCON, RFR, and MHA to brainstorm ideas for new trauma and resilience training topics, and for how to improve future training sessions.

Collective Impact Elements: Backbone Support

Mecklenburg County Public Health, RCM served as the independent, funded staff dedicated to the initiative providing ongoing support by guiding the vision and strategy, supporting aligned activities, establishing shared measures, building public will, advancing policy and mobilizing resources

Appendix K: Acronyms

Acronym	Meaning	Acronym	Meaning
RCM	ReCAST Mecklenburg	TILC	Trauma-Informed Learning Communities
ReCAST	Resiliency in Communities After Stress and Trauma	CoP	Communities of Practice
		TI	Trauma-informed
CMPD	Charlotte-Mecklenburg Police Department	LC	Learning Community
SAMHSA	Substance Abuse Mental Health Services Agency	DSS	Department of Social Services
		ESD	Economic Service Division
PHPA	Public Health Health Priority Areas	SFA	Services for Adults
SDHs	Social Determinants/Drivers of Health	YFS	Youth and Family Services
CI Model	Collective Impact Model	OSI	Operations, Strategy and Innovation
RFP	Request for Proposal	CCS	Clinical and Contractual Services
TIC	Trauma-informed Care	EAP	Employee Assistance Program
YVP	Youth Violence Prevention	ACEs	Adverse Childhood Experiences
FHH	Faith Healing Hub	PTSD	Post-Traumatic Stress Disorder
AHEC	Area Health Education Center	C4	Christ Centered Community Counseling
TIROE Supervision	Trauma-Informed, Resilience-Oriented, and Equitable Supervision	HASO	Help Adolescents Speak Out
		STV	Stop the Violence
NATCON	National Council for Mental Wellbeing	CDC	Centers for Disease Control
MHA	Mental Health America	TA Hub	Technical Assistance Hub
RFR	Resources for Resilience	CRM	Customer Relationship Management
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer	FBO	Faith-based Organization
		HIPAA	Health Insurance Portability and Accountability Act
CMS	Charlotte-Mecklenburg Schools		
SEL	Social Emotional Learning	ERM	Electronic Medical Record
BMT	Behavior Modification Technicians	GRA	Graduate Research Assistant
TA	Teachers Assistants		