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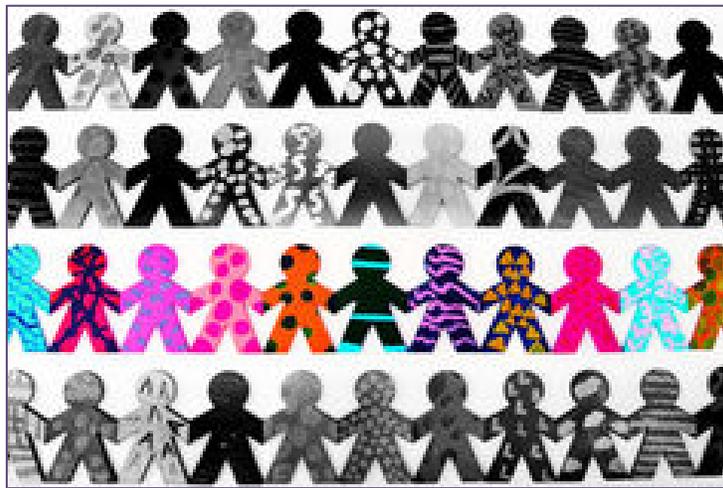
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## ReCAST

# Grantee Manual

### *Resiliency in Communities after Stress and Trauma*

*October 21, 2016*



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Mental Health Promotion Branch  
Division of Prevention, Traumatic Stress, and Special Programs  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
United States Department of Health and Human Services

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# Section 5: Conducting Your Community Needs and Resource Assessment

Careful and thoughtful planning is critical for successful implementation and meaningful evaluation of the ReCAST Program. In its simplest form, what the Needs and Resource Assessment does is provide you with a formal tool for identifying needs, placing needs in order of priority/importance, and targeting resources to help resolve local problems deemed to be of critical importance to the well-being of the community. A focus on trauma-informed resources and gaps in trauma-focused strategies should be maintained as you develop the Needs and Resource Assessment. **Appendix F** includes a suggested template for documenting information and data collected through the Needs and Resource Assessment process.

The Needs and Resource Assessment process provides you with an opportunity to engage with important stakeholders from every level of the community. The findings from this Assessment can help inform policy and decision-making and should help inform the community about the gaps in services, needs, resources, and trauma-informed practices. The Assessment process also informs the community about the contextual factors that influence the issues ReCAST will address and how goals will be achieved.

Participation by a diverse range of community stakeholders is essential to the Assessment process. Their involvement will ensure that the needs of all sectors of the community are addressed and community-defined resources are considered. Youth and families must be engaged in this process in order to integrate the perspective and experiences of those impacted by trauma and in a position to drive ameliorative efforts. Their involvement will help underscore the importance of the collaborative effort required for ReCAST to be successful.

The needs and resources assessment process will assist you with the following:

- Engaging community stakeholders, including families and youth that reflect the diversity of populations within the selected communities, as well as members of the community that have been affected by the traumatic event(s)
- Prioritizing your population of focus
- Improving the alignment, integration, and effectiveness of systems- level, trauma- focused efforts

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- Strengthening existing partnerships and identifying new and expanded opportunities for community-based organizations with which to partner
- Building support between ReCAST program partners and other public and private sector partners and agencies.

## **Overview of the Needs and Resource Assessment Process**

The process for conducting the assessment must be a collaborative effort involving the coalition of stakeholders. ReCAST leadership and the coalition of community stakeholders should take the following steps as part of the process:

1. Defining the priority population of focus and disparate populations;
2. Compiling information on the risk and protective factors of the priority and disparate populations of focus as each relates to the five ReCAST goals; e.g., reviewing results of research, reviews of scholarly literature;
3. Compiling information on currently available local resources intended to promote or bolster protective factors that are available to the population(s) of focus and disparate sub-populations in your community; e.g., surveys, focus groups, interviews;
4. Identifying the limitations and challenges with available resources;
5. Identifying the gaps and unmet needs in local services and available resources for the population of focus, as well as any possible redundancies.

## **Defining the Priority Population(s) of Focus and Disparate Sub-populations**

The ReCAST FOA expected you to focus your programmatic efforts on high-risk youth and families that recently faced civil unrest, resulting in concomitant individual, familial, and community trauma. As part of the Needs and Resource Assessment process, you are asked to further define your selected priority population(s) of focus. For example, you may have decided to focus your ReCAST efforts on high risk youth between the ages of 12 and 18 years of age.

Further, due to the requirement to address behavioral health disparities, the Needs and Resource Assessment must also include information about the disparate populations you selected to focus on when you developed your Behavioral Health Disparities Impact statement. Disparate population(s) refers to racial and ethnic minorities within the population of focus, as well as populations based on gender, religion, sexual orientation, geographic location, or socio-economic status.

## **Compiling Information on Risk and Protective Factors**

You should gather information on risk and protective factors that are relevant to your priority populations(s) and disparate sub-populations. This can be done, for example, via a review of literature (e.g., findings from published research).

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**Risk factors** are measurable characteristics that can be associated with a negative or problematic outcome. Risk factors can occur on multiple levels, including biological, psychological, family, community, and cultural levels. Examples of risk factors include bullying; academic failure; aggressive/anti-social behavior; school and neighborhood violence/crime; alcohol and drug abuse; areas of high poverty; family conflict; and, child abuse and maltreatment.

**Protective factors** are resources or characteristics within an individual, family, or community that are associated with a lower likelihood of negative problematic outcomes. They reduce the likelihood of risk factors and promote resilience in the face of adversity. Examples of protective factors are positive and supportive relationships with others; adequate social supports; access to quality health services; supports for early learning; high academic schools; individual emotional resilience; and, feelings of safety in the neighborhood and/or at school.

Related to protective factors are assets. An asset is a useful or valuable quality, person, or thing - an advantage or resource. Civic and business associations and cultural and faith-based organizations can be considered assets. Public, private and nonprofit organizations like institutions of higher education, hospitals and social services agencies, public schools, police and fire departments, libraries, and parks and recreation are other notable assets. Physical assets can include vacant land, commercial and industrial structures, housing, energy and waste resources, community bulletin boards, and community meeting spaces. Assets that are considered informal organizations and “intangibles” may include community reputation, community pride, and a sense of history.

### **Compiling Information on Currently Available Local Resources**

The Needs and Resources Assessment should identify currently available programs, services, resources, supports intended to facilitate protective factors in your population(s) of focus and disparate sub-populations. For each available resource, you should also identify the agency or organization that provides the resource and how it is funded.

Risk and protective factors can also help identify relevant resources, services, and supports. For example, for students in grades 9-12 living in communities that have high levels of community violence, the exposure to community violence is a risk factor. A potential protective factor would be supportive relationships with adults and access to mentors. A local resource that could facilitate the protective factors for this population could be programs that provide youth with access to mentors and/or help to foster supportive relationships with adults.

### **Identifying the Limitations, Challenges, and Resources with Local Resources**

It is not enough to merely identify the resources currently available without also considering if there are any limitations or challenges with these resources. As an example, an available local

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resource could be a mentoring program for high-risk youth but a limitation could be that there are an insufficient number of mentors to be matched with the youth. Another example might be there are trauma-informed service providers within the community but transportation to these providers is limited or non-existent.

### **Identify the Gaps in Local Services and Resources.**

The last step of the Needs and Resources Assessment process is to compare the available resources to the needs of the population of focus (i.e., supports that can promote or serve as protective factors) to identify gaps in services and resources. You should compare the available resources with the gaps in services, resources, and funding streams to identify currently unmet needs that your ReCAST activities/strategies and funding might possibly address.

Needs and gaps are identified when no relevant resources are available to serve as or facilitate protective factors for those who are at-risk. In this important step, you will identify where and how services, resources, and policies related to your population of focus and intended outcomes should be created or enhanced.

Your proposed activities should be intended to help your community meet the needs that were identified as being currently unmet. When you compare available resources to your community's needs in order to identify gaps, you may work with your GPO to use the ReCAST Resilience Framework to draw conclusions that will help bring about project goals. These conclusions will inform the development of the Community Strategic Plan.

### **Using Geographic Information Systems (GIS) Mapping and Infographics**

While this is not a requirement, you may want to consider using GIS maps and infographics to illustrate the needs and resources of your community. GIS is a method of digital, computerized mapping that can show you where particular people, events, things, or conditions are, and give you other information about them as well. GIS links data to its geographic location.

The following list highlights the many ways GIS mapping might be useful to you:

- **It can help you determine how seriously an issue affects an area or the community as a whole.** The layering of several factors on a map can give you a clearer picture of, or new insight into, the nature, extent, and distribution of a condition, and make it easier to compare it with other issues in the same area.
- **It can clarify the relationships among several factors, populations, or issues.** Often, being able to see a picture of the interaction of various factors makes it much easier to understand how they influence one another. Relationships jump out at you from a map in a way that they do not from a column of numbers.
- **It can demonstrate how differently an issue affects different populations or geographical areas.** This can be important information for a number of reasons. It can

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pinpoint problem areas or populations, give clues to the origin or cause of a condition, and suggest means of addressing the problem.

- **It can show you exactly where to concentrate your efforts.** If a community is concerned with youth violence prevention, for example, GIS can help to identify areas where the population is at the highest risk, where youth development programs are located, or where other preventive measures would do the most good.
- **It can help you better understand the area or community in which you're working.** A GIS map can show a large amount of information all at once. It may, for instance, illustrate for a specific neighborhood abandoned buildings, population density, and the age, income, ethnicity, incidents of gun violence, and education level of the population. The ability to see all these factors together can be a powerful tool for assessment and planning. It can also confirm or negate impressions or unsupported assumptions about an area, giving you a clearer and more objective view upon which to base conclusions.
- **It can allow you to isolate and examine individual aspects of the situation or area.** By choosing layers to display, you can look at the interaction of various pairs of factors, or just look at the geographic spread of specific ones.
- **It can provide a picture of the community or area assets and strengths.** Seeing these graphically can make clear just how many positive aspects there are to the community and the degree to which resources already exists and can be mobilized to address problems. At the same time, it shows where assets are lacking, and can suggest ways to deal with that.
- **It can help in designing, implementing, and evaluating interventions.** GIS provides the evidence on which to base planning and implementation decisions, as well as a basis on which to justify those decisions to community stakeholders.
- **It can show you change over time.**

Chapter 3, Section 16 of “The Community Toolbox” provides detailed information on Geographic Information Systems as tools for community mapping<sup>1</sup>. The “Community Toolbox” is a free, online resource for those working to build healthier communities and bring about social change.

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<sup>1</sup> Community Tool Box. (n.d.). [Geographic Information Systems: Tools for Community Mapping, Chapter 3, Section 16. Retrieved on 8/31/2016 from <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/geographic-information-systems/main>.

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## Submitting the Needs and Resources Assessment Report

The ReCAST Program Manager, in collaboration with the coalition of stakeholders, is expected to take the lead in organizing the needs and resources assessment process and to compile all of the assessment data into a Needs and Resource Assessment Report.

ReCAST grantees should submit an electronic version of the Community Needs and Resource Assessment report to their GPO no later than December 30, 2016.

As stated earlier, **Appendix F** includes a suggested template for documenting information and data collected through the Needs and Resource Assessment process. The template provides an outline of all required elements of the report and also includes brief example of responses relevant to each required section. The table below identifies the components and recommended page count for the report.

Needs and Resources Assessment Report Components	Suggested Page Count
<b>Stakeholder participation:</b> A description of who participated in the process and how stakeholders, including youth and families representing the diversity of populations within the community and those impacted by the trauma, were engaged, and the inclusion of diverse perspectives ensured.	1-2 pages
<b>Methodology:</b> A description of the methods used for gathering information needed for the Assessment (e.g., literature reviews, review of existing local data, focus groups, surveys, etc.).	1-2 pages
<b>Results of Needs and Resource Assessment:</b> The information that has been collected on defined populations of focus/sub-populations, risk and protective factors, and available resources that will lead to identifying needs, existing gaps, and redundancies in relevant systems. Grantees should submit a table that captures an inventory of the information/results of your assessment.	At least one page for each of the five ReCAST goals
<b>Summary of Findings and Conclusions:</b> This section should include a summary of the findings or results of and any conclusions that can be drawn from the assessment process, especially in relation to helping the project define its goals, objectives, and outcomes. Overall, it should synthesize the results of your comparison of available resources for your population of focus to the gaps in those services, resources, and funding streams that were identified via your assessment.	3-5 pages
<b>Total</b>	10-14 pages

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Delays in completing the Needs and Resource Assessment could result in further delays in the strategic planning process and subsequent implementation of the program. If you are unable to complete Needs and Resource Assessment by December 30, 2016, you should contact your GPO to discuss and agree upon a timeline for completion.

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# Section 6: Developing Your ReCAST Community Strategic Plan

ReCAST grantees are required to submit a Community Strategic Plan within 6 months after grant award, i.e., no later than March 30, 2017. The ReCAST Community Strategic Plan should be informed by the Behavioral Health Disparities Impact Statement and the Community Needs and Resource Assessment, both of which will have identified needs, gaps and redundancies in services, and opportunities for developing partnerships with stakeholders. In addition, you should continue to draw from the ReCAST Resilience Framework to guide development of your Strategic Plan. **Appendix G** contains a template you can use for your Community Strategic Plan.

## Analyzing and Prioritizing ReCAST Activities

The following questions are intended to help you draw upon your Needs and Resource Assessment to identify and prioritize ReCAST activities that you would like to include in your Community Strategic Plan.

- What needs of families and youth are going unmet?
- What community partners are currently working with your population of focus, or working to help bring about your project's intended goals and outcomes?
- What available programs, supports, and services are designed to meet these needs?
- Are there any major problems not being addressed by a service, program, or activity?
- Are the families and youth at greatest risk receiving trauma-focused services, prevention programs and supports? If not, why not?
- Are there duplicative services, programs, and supports attempting to address the same problem? If so, which are more effective and which are less so?
- Are those who are implementing the separate programs coordinating their efforts in any way?
- Are there documented policies and procedures for addressing disparities?
- Is there a blending of funding across these various programs and efforts?

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In addition to the questions above, consider what is needed at a broader level (e.g., from local government, community agencies, task forces, or interagency work groups) to support strategic planning, implementation, and workforce development efforts. For example, other considerations include:

- **Community-level coordination** issues (e.g., would it be beneficial to involve multiple community partners? If so, are all the relevant partners engaged with your project?);
- **Workforce development** issues (e.g., Does your community have the needed workforce to build and maintain identified services and supports?); and,
- **Information sharing within the community** across sectors and agencies (e.g., Is infrastructure in place to allow sharing of data for evaluation and quality improvement purposes? Are policies in place to allow for sharing of data?).

Having a more complete understanding of both the currently unmet needs and the available resources at the community level will lead to greater clarity about where the gaps and the most critical unmet needs exist. In addition, this process will highlight ways in which service delivery, policies, and funding structures can be improved to meet local needs.

Your ReCAST Community Strategic Plan should address how financial resources will be structured to achieve project goals and objectives during the grant period. The Plan should also address sustainability beyond the grant, including references to services that will be directly connected to the implementation of ReCAST but may be funded by sources other than ReCAST. For example, if training in mental health literacy for first responders will be supported by another funding source, include that information in the Strategic Plan.

In addition, your Community Strategic Plan should describe how you will meet all data collection and evaluation requirements of the ReCAST grant. Development and implementation of meaningful evaluation methods allows SAMHSA to understand the collective impact of the ReCAST grants (via collection of the GPRA and Outcome Performance Measures), and allows you to understand the impact of your local programs. Furthermore, your local evaluation should be used to drive decision-making and quality improvement processes.

Your ReCAST Strategic Plan will be a living document—evolving as part of an ongoing, iterative process. As your community meets objectives, identifies new needs and strategies, and reviews evaluation findings from your ReCAST activities, your community should continue to plan and adjust implementation accordingly and make note of revisions within your Strategic Plan. **You should review and revise your Plan annually to reflect the goals achieved and set new priorities that may have surfaced within your community.**

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The following sequence represents steps that are important to address when developing your Community Strategic Plan. You should describe how you completed the following steps in the final Strategic Plan documents that you submit to SAMHSA:

1. **Engage your coalition of stakeholders** to guide development and implementation of your Strategic Plan. Remember—you should use a community-based, participatory approach with your stakeholders to build on strengths and resources within the community, facilitate collaborative partnerships, and to promote a co-learning and empowering process that attends to social inequities.
2. **Review and refine the ReCAST vision, mission, and project values statements**, as well as your goals and objectives.
3. **Build upon your findings and conclusions from the Community Needs and Resource Assessment** in order to develop and refine program and policy activities/strategies (i.e., the specific activities/strategies you will carry out to help meet project goals and objectives).
4. **Develop a logic model**, including all the intended outcomes of your ReCAST activities/strategies and how you will measure those outcomes (i.e., indicators) within your local evaluation. Your logic model should include links between all proposed Goals, Objectives, Activities, and how you will measure achievement of those objectives, i.e., identifying both process and outcome measures associated with each activity.
5. **Identify how you will meet all data collection, performance measurement, and local evaluation requirements** (see **Section 8** for more details). This process will include identifying how you will collect GPRA measures data. You will also identify your two Outcome Performance Measures, one focused on high risk youth and one focused on family engagement, and how you will measure and collect data for each. Finally, you will identify all additional process and outcome measures, as well as how you will collect data for each of these, which will make up your local evaluation.
6. **Identify policies and procedures to address health disparities.**
7. **Plan for future financing and sustainability of programs** and policies that are found to be beneficial for your community.
8. **Identify responsible parties for all tasks.**

### **Elements of the Strategic Plan**

The Community Strategic Plan should describe the activities to be implemented to meet your project goals and objectives, including how you plan to measure achievement of those objectives (i.e., outcomes, indicators, and associated data collection methods). The table below

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lists each component of the Plan. Please refer to **Appendix G** for a template to help you complete your Community Strategic Plan.

Elements of the Community Strategic Plan
Brief Introduction (concise narrative to include context for ReCAST program, summary of Needs and Resource Assessment, summary of Disparities Impact Statement, and process used to develop Strategic Plan, including how your coalition of stakeholders was involved)
Mission, Vision, and Project Values Statements
Goals, Objectives, and Program/Policy Activities/Strategies (i.e., how you intend to achieve the goals and objectives), with Persons Responsible for Each Activity
Logic Model
Plans for meeting all Data Collection, Performance Measurement, and Local Evaluation Requirements and Persons Responsible
Policies and Procedures for Health Disparities and Persons Responsible
Sustainability Strategies and Persons Responsible

### **Engage Stakeholders**

Effective collaboration is critical to the success of ReCAST. This is a key area that should be focused on during the strategic planning process and throughout the life of the grant. As described in prior sections of this Manual, you are required to convene a coalition of community stakeholders that represent the local municipality and its agencies, faith and community based organization, families and youth, and individuals affected by the trauma/civil unrest. This stakeholder coalition is vital to the planning process and should be engaged in such a way that their insight and perspective guide the development of the Strategic Plan.

Using a participatory action approach emphasizes participation of community members and stakeholders in all aspects of project planning and implementation, as well as development of action-oriented guidance. Members of the community that are most affected by the issues at hand partner with those charged to lead the project (e.g., Project Coordinator and Evaluator) to guide planning, implementation, and evaluation. Project plans should be guided by the people who are most in need, and project outcomes are intended to help those same individuals. This approach can be helpful since community members can help obtain information from others that might be less willing to share with those they don't know from outside the community. Individuals affected by the issues may also have unique ideas and information about the

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circumstances that may otherwise not be provided. Finally, communities that are involved in project planning, implementation, and evaluation may be more likely to be supportive of resultant policies and programs.

### **Develop the Vision, Mission, Project Values Statements, Goals, and Objectives**

In your ReCAST program application, you included proposed goals and objectives. The identification of gaps from the Community Needs and Resource Assessment and related strategic planning activities provide an opportunity for stakeholders to revisit the goals and objectives and reflect more deeply on the proposed mission and vision for ReCAST.

To facilitate this process and ensure that your partners have a shared understanding, stakeholders should agree on the definitions of key terms. ReCAST definitions for a number of planning terms are listed in the following box.

#### **ReCAST Definitions**

**Mission:** A statement that describes the purpose of the project, what the project does, how it does it, and for whom

**Vision:** An idealized description that inspires, energizes, and creates an image of the desired outcome

**Goal:** A broad, overarching statement of what the project hopes to accomplish

**Objective:** A specific, measurable condition that must be attained in order to accomplish a particular project goal

At this stage of the process, ReCAST leadership might engage stakeholders in a facilitated discussion, guided by the following questions:

- **What is the mission of the project?** Consider the aim of the ReCAST, whom it serves, how it serves, and why it exists.
- **What is the vision for ReCAST?** What will the ReCAST community look like if the project is successful?
- **Does the ReCAST Resilience Framework include values that will guide our work?**
- **Are the goals defined in the ReCAST application supported by the results of the community needs and resource assessment?**
- **Do the goals reflect both programmatic and policy-level changes?**
- **How will these changes be achieved? Are they realistic?**
- **Which goals should be retained? Eliminated? Added to or modified?**

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- **Which objectives will serve as interim steps in achieving the broad goals?**

### **Develop and Refine Program and Policy Activities/Strategies**

Successful ReCAST projects will (1) design and deliver programs and services to meet the needs of high-risk youth and families in the ReCAST community of focus; and (2) institute policy, financial, and other infrastructure changes that will promote trauma-informed approaches and the implementation of evidence-based trauma -focused strategies. Overall, the programs and policies that you are developing and/or refining through this strategic planning process will make up the activities that you will carry out in Years 2-5 of the grant.

**Programs, Services, and Supports:** In your ReCAST Application, it is likely that you proposed a number of program-related goals, e.g., improve behavioral health and wellbeing of target population through offering services using a trauma-informed approach. For each program goal, you also proposed a set of objectives, e.g., a trained health and human services workforce skilled in administering evidence-based trauma-focused strategies.

After working with your coalition of stakeholders to refine those goals and objectives, you should identify the activities you will carry out in Years 2-5 of the grant in order to achieve your specified objectives, e.g., conduct 5 trainings per year for health and human services workforce members on identified evidence-based trauma-informed strategies. As you reflect on the selected EBPs and plan for specific activities/strategies to implement them, resources provided by the National Implementation Research Network (<http://nirn.fpg.unc.edu/>) may be helpful. These resources include information and tools to ensure implementation of evidence-based programs with fidelity; in other words, running a program the way it was intended to be run so that it achieves its intended outcomes.

**Policy Strategies:** You should develop (or review and refine) strategies related to the following:

- Updating local policies to create a more integrated and streamlined trauma-focused service system that promotes the wellness and resilience of high risk youth and their families. It is important to recognize that, in some communities, policies guiding law enforcement interaction with community members may not be changed at the community level. This highlights the importance of partnership across all sectors of the community from the beginning of the project.
- Developing a cross-agency fiscal strategy to promote sustainability of the activities and local infrastructures developed through the grant; reduce program redundancy/duplication; and support the incorporation of culturally and linguistically competent evidence-based programs and practices.

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- Aligning, as part of the evaluation process, indicators/ measures of wellness or well-being for youth and community members across service systems, including health, mental health, child welfare, substance abuse prevention, education, and employment.

When identifying policy strategies, you may want to consider whether there are specific policies, legislation, regulations, and memorandums of understanding (MOUs), and/or resolutions that would help you achieve your goals. Identifying the resources and stakeholders needed to support policy reform is another important step in developing an effective approach to creating trauma-informed communities through ReCAST.

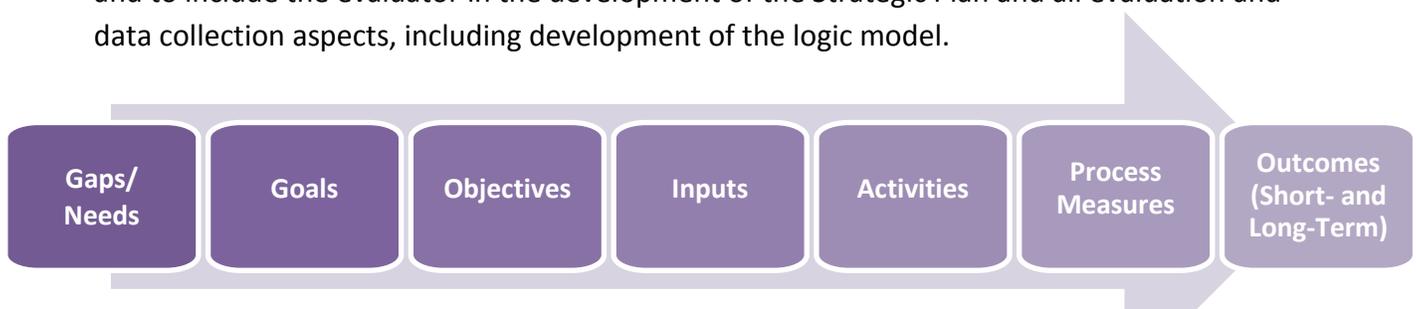
### **Develop the Logic Model**

Logic models can be used as a tool to identify the sequencing of activities that should be implemented. Logic models visually depict how specific activities/strategies were identified as action steps intended to achieve goals and objectives, as well as how those goals and objectives were developed based on needs and gaps. Logic models can also help focus an evaluation and determine what to measure. They may include “inputs” that are available to support or help facilitate activities and strategies (e.g., funding, staff, coalition of stakeholders, program partners, curricula). Logic models often include process measures—the specific steps in a process that are expected to lead to the intended outcomes. For example, if a specified activity is to conduct training, process measures would include things such as how much training took place and how many people were trained. Tracking process measures can help determine why an outcome may or may not have been achieved. Logic models will also include outcomes; outcomes may be separated into those that are intended to be achieved in the short- versus long-term.

After refining your goals and objectives and specifying activities that will enable you to achieve each goal and objective, you should develop a logic model that demonstrates the connections among the identified needs/gaps, goals and objectives, proposed approach to meeting those needs (i.e., specific activities and strategies you will carry out to achieve your objectives), and expected outcomes. In other words, map out why you proposed specific activities, and how your proposed activities will help you achieve your goals, objectives, and associated outcomes.

You should regularly review and update your logic model so that it continues to represent the most current theory of change—or how the project’s resources and activities/strategies are expected to produce the desired results (i.e., outcomes). You can also articulate your project’s strategic direction through the outcomes and indicators reflected in the logic model.

It is important to consider the local evaluator as an integral part of the coalition of stakeholders and to include the evaluator in the development of the Strategic Plan and all evaluation and data collection aspects, including development of the logic model.



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### ReCAST Definitions

**Outcomes:** Results or consequences of an action or intervention

**Indicators:** Outcomes stated in measurable and observable terms to help stakeholders assess achievement toward intended outcome

**Outcomes** represent the results of program implementation. They can be expressed in terms of changes in knowledge, skills, behavior, attitudes, values, and status, or life condition; these are the things that you are likely aiming to *decrease, increase, or reduce* as a result of implementing your ReCAST activities

Outcomes can be short term, intermediate, or long term. Short-term and intermediate outcomes focus on the immediate effects of the program on the children and families served, and community in general. Long-term results are the systemic changes the program may influence for children, families, the community, or other organizations over time, including lasting changes in attitudes, behaviors, achievement, policies, or capacity.

**Indicators** represent outcomes in measurable and observable terms. Outcomes are measured by specific and concrete indicators that provide evidence that a specific change has occurred. For example, if your outcome is to reduce disparities in access to care, your indicator (i.e., the information that tells you whether or not this outcome has been achieved) might be the number of ethnic minorities in your local community that started services within a designated period of time. Questions to consider in developing indicators for each of your outcomes include the following:

- Is the indicator a reasonable and accurate measurement of the outcome?
- Is anyone currently collecting data for this indicator?
- Can data collection instruments be adapted or created to collect data for this indicator?
- Will the indicator provide sufficient evidence that a change has occurred or progress has been made?

Using a participatory approach to the development of your outcomes and indicators can help ensure that you collect data that is meaningful to your community. Ultimately, you should plan to share results of your evaluation with community members. Considering their perspective of what you will eventually be able to share can provide insight regarding the usefulness of

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outcomes and indicators in question (i.e., if you don't think that community members will find the data useful/meaningful, it may not be worthwhile to collect it in the first place).

### **Plans for meeting all Data Collection, Performance Measurement, and Local Evaluation Requirements**

**Evaluation Methods** are the steps that will be taken to collect data on all proposed outcomes, including the GPRA measures, your two chosen Outcome Performance Measures, and all data needed for your local evaluation, including process and outcome measures. Please refer to **Section 8** for all data collection, project performance assessment, and local evaluation requirements.

Using your logic model as a guide and working with your evaluator as the lead, identify how you will meet all data collection, performance measurement, and local evaluation requirements. This process will include identifying how you will collect GPRA measures data. You will also identify your two chosen Outcome Performance Measures (one focused on high risk youth and one focused on family engagement) and how you will measure and collect data for these. Finally, you will identify all additional process and outcome measures, as well as how you will collect data for each of these.

For each Outcome Performance Measures and all other process and outcome measures you plan to include in your local evaluation, your evaluation methods should describe the instruments that will be used to collect data (e.g., surveys, interview protocol), who the data will be collected from (e.g., directly from service recipients, from local providers, from an agency that collects relevant data from your community), and the timing of data collection (e.g., before and after receipt of services). Whenever possible, be as specific as possible when stating your outcomes rather than simply suggesting more or less / increases or decreases in the indicator.

Your evaluation methods should describe how you will disaggregate data to focus on your intended focal population, as well as your plans to assess changes in disparities in access to and use of care and outcomes.

Lastly, your evaluation methods should describe how you plan to evaluate the use and efficacy of your stakeholder engagement strategies and involvement of your stakeholder coalition overall.

### **Identify Policies and Procedures to Address Health Disparities**

As noted earlier, reducing behavioral health disparities among identified racial, ethnic, and sexual minority subpopulations is a priority for both ReCAST and for SAMHSA. To this end, the Community Strategic Plan should document the way behavioral health disparities will be addressed within each of the major goals of the grant. If you have an existing policy or

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procedure appropriate for reducing any disparities related to the activities of that goal, this information may be summarized or attached to the plan. If you do not have an existing policy or procedure, then you should state the process for developing a policy or procedure in collaboration with key stakeholders. The Community Strategic Plan should reflect the Behavioral Health Disparities Impact statement submitted to SAMHSA. It should also address the plan for addressing disparities in access/outreach, service use and quality, and behavioral health outcomes.

### **Sustainability Planning**

Developing a vision and a plan for sustainability should begin in the first year of the ReCAST grant. Sustaining ReCAST program efforts requires action and creativity in multiple domains, including leadership, strategic planning, partnership and collaboration, capacity building, communications and marketing, public policy, evaluation, and financing. Embracing this complex and comprehensive view of sustainability can help you carry on program elements and outcomes, regardless of whether you receive additional funding.

A systemic approach to financing and sustaining the services, supports, and infrastructures developed through ReCAST involves the identification, understanding, and utilization of *all* existing financial and other resources. *Collaboration* among involved agencies, providers, families, and community members *is essential* to a sustainability plan.

To ensure that the Community Strategic Plan planning process leads to thoughtful and timely implementation of ReCAST, it is important to identify the project staff and stakeholders that are responsible for carrying out identified tasks. You should develop a structured mechanism to easily review, revisit, and possibly revise the plan on a regular basis (e.g., placing review of the Strategic Plan on the Coalition/Stakeholder meeting agenda), and to use it to inform ongoing decision-making. One option to consider is using the Community Strategic Plan to develop an abbreviated work plan. This may help to ensure that the work being done on the ground reflects your stakeholders' strategic direction.

[Type text]

# Section 8: Data Collection and Project Performance Assessment

As a ReCAST grantee, you are required to complete several evaluation components, including but not limited to (1) data collection and performance measurement, which is consistent across all ReCAST grantees (i.e., collection and reporting of GPRA measures); (2) collection of data for at least two Outcome Performance Measures; and, (3) a local performance assessment and evaluation which is specific to your grant activities. The information below provides you with guidance and information about each. As noted previously, all grantees must incorporate proposed evaluation strategies into the Community Strategic Plan.

## Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. The collection and reporting of this GPRA data enables SAMHSA to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health.

As noted in Section 2.3, of the ReCAST FOA, you are required to report performance data on four GPRA performance measures. Data for these measures is reported by you on a quarterly basis into SAMHSA’s data platform.

A “quick” look table below shows the generic GPRA measure, the customized ReCAST measure, and the frequency of data collection.

Measure Identifier	TRAC Measure	ReCAST Customization	Frequency of Data Reporting
WD2	The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the	The <u>number of individuals</u> in the mental health or related workforce trained in behavioral/mental health trauma-informed approaches as a result of the ReCAST grant.	Quarterly

[Type text]

Measure Identifier	TRAC Measure	ReCAST Customization	Frequency of Data Reporting
	goals of the grant.		
TR1	The number of individuals who have received training in prevention or mental health promotion.	The number of individuals who have received training in trauma-informed approaches, violence prevention, mental health literacy, and other related trainings as a result of the ReCAST grant.	Quarterly
PC2	The number of organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant.	The number of community organizations and agencies that are collaborating, coordinating, and sharing resources with each other as a result of the ReCAST grant.	Quarterly
T3	The number of people receiving evidence-based mental health-related services as a result of the grant	The number of individuals (youth and family members) receiving services for trauma-informed behavioral health services as a result of the ReCAST grant.	Quarterly

As noted earlier, data for these four measures will be gathered via SAMHSA’s data platform beginning in the third quarter of Year 1. Detailed information about the data platform, including training on how to use the platform, will be provided at a later date. Technical assistance for the web-based data entry will also be made available to you. More specific guidance about the data collection and reporting for these four GPRA performance measures can be found in **Appendix I** of this Manual.

### Outcome Performance Measures

As was noted in the Section I.2.4 of the ReCAST FOA, you were asked as part of the application process to identify at least one outcome performance measure pertaining to high-risk youth and at least one outcome performance measure related to family engagement as it pertains to high-risk youth.

Your GPO will work with to review the outcome performance measures you proposed to ensure that they align with your needs and are attainable. They will also be looking to see if the

[Type text]

measure is “SMART”. SMART performance measures are **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**imely. When reviewing your proposed outcome measures, you should consider the following questions:

- *Is the measure clearly defined and **SPECIFIC** in what you want to achieve?*
- *Can the results be **MEASURED** at certain intervals to determine progress?*
- *Is the measure **ACHIEVABLE** with the resources you have available?*
- *Is the objective **RELEVANT** and aligned with your program mission?*

*AND*

- *Does the measure have a **TIMEFRAME** that is realistic?*

Involving your program partners in developing and revising your outcome performance measures helps everyone understand the intended outcomes of the ReCAST program, including data that program partners may need to provide, and facilitates any mid-course adjustments or modifications if your outcomes are not showing favorable results.

### **Local Evaluation**

As noted in the ReCAST FOA, you must put into place a way to assess and evaluate your progress and use this information to improve and manage your project. This evaluation process should be designed to help you determine if the goals, objectives, and outcomes are being achieved and if any adjustments or modifications need to be made as you carry out your activities and strategies.

The plans for your local project evaluation should be incorporated into your Community Strategic Plan and will be reviewed by your GPO. As noted in the ReCAST FOA, your evaluation plan should be designed to do the following:

- Help you assess your progress and use evaluation data and information to improve management of the grant;
- Help you achieve the goals, objectives, and outcomes of the grant; and
- Help you determine whether and how any program adjustments need to be made.
- Help you determine stakeholder engagement across all phases of grant implementation
- Help utilize findings for the purpose of continuous quality improvement

The **goal of an evaluation** is to generate information or data about a program to help determine the program’s impact or worth. Evaluation is also used to collect useful feedback about a program. This feedback can help show whether a program is bringing about the desired

[Type text]

goals or changes. Evaluation can also be used to identify whether a program is not working as expected and if revisions need to be made along the way.

At a minimum, your local evaluation should include process and outcome measures established to assess the specific goals, objectives, and activities of your ReCAST program. As you further refine the plans for your local evaluation, you should consider outcome and process questions such as the following:

### **Process Questions**

- How closely did implementation of the ReCAST program match the ReCAST strategic plan?
- As the ReCAST program progressed, what types of changes were made to the original training plan and what led to these changes?
- What factors facilitated or hindered implementation of the strategic plan?
- What types of activities did community coalition partners engage in that supported the coordination of services and programs to improved outcomes?
- How did community based participatory research practices inform evaluation methods?
- How many new programs were offered in the community?

Examples of process measures include the number of stakeholder coalition members involved in each phase of the grant; the number of meetings held with the coalition of stakeholders; the number of providers trained in trauma-informed approaches; the number of trainings held on trauma-focused evidence-based practices; the number of partnerships/collaborative activities initiated; and the numbers of family and youth participants in the community coalition.

### **Outcome Questions**

- What program and contextual factors were associated with project outcomes?
- How effectively did the ReCAST program reach youth who were experiencing emotional distress, problems with substance use and may be at elevated risk for mental, emotional, or behavioral disorders?
- What elements of the overall program (e.g., training and workforce development, coordination of community-based services and resources, availability of resource lists) were instrumental in achieving the goals and objectives?
- What were the barriers to community collaboration and partnership development and how were they addressed?

[Type text]

- Did program activities lead to more equitable access to trauma-informed community behavioral health resources?
- Were disparities in access to care, use of care, and outcomes in the intended population reduced?
- Did youth impacted by grant activities show increased resilience and wellbeing?

Examples of outcome measures include resilience and wellbeing in the target population; disparities in access to care/use of care/outcomes; equitable access to trauma-informed behavioral health resources; community collaboration; and integration of behavioral health services and other community systems.

### **Reporting**

Note that GPRA data is required to be entered into SAMHSA's data platform quarterly, starting the third quarter of Year 1. Data for the two Outcome Performance Measures and your local evaluation are required to be included in your Annual Performance Report, which is due within 30 days after the end of each grant year.

# Appendix D: ReCAST Resilience Framework Terminology

The ReCAST Resilience Framework is based on SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach<sup>2</sup>. The terms and definitions explain how the SAMHSA developed framework for trauma and trauma-informed approaches apply within the scope of the ReCAST program. This section defines key terms of the ReCAST Resilience Framework such as resilience and the concept of trauma. It also includes key assumptions and principles of a trauma-informed approach, discusses the ten domains that guide implementation of a trauma-informed approach and defines the context of ReCAST at the macro, mezzo and micro levels.

**Addressing Disparities:** ReCAST projects address behavioral health disparities based on race and ethnicity by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served.

**Capacity and Infrastructure Development:** Activities designed to improve and enhance an organization’s or system’s ability to achieve its goals and objectives and to sustain itself over time. ReCAST activities may include organizational and stakeholder assessments, partnership development, strategic planning, trainings for staff, policy review and development and planning for sustainability

**Collaboration and Partnership:** Although each ReCAST partner has a unique role to play in a trauma-informed approach, the organizations and individuals partnering for ReCAST must view each other as necessary and equals, they must share power and engage in shared decisions making.

**Community Developed Supports:** Innovative strategies and approaches that do not have a rigorous research base but have demonstrated positive impacts and have been vetted by the community. ReCAST projects are strongly encouraged to implement innovative trauma- focused strategies based on community needs.

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<sup>2</sup> Substance Abuse and Mental Health Services Administration. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration

[Type text]

**Cross-sector Collaboration and Information-sharing:** ReCAST is built on a shared understanding of trauma, as defined by the community, and principles of a trauma-informed approach. Across the various sectors collaborating, the shared understanding of trauma ensures that community members presenting with significant trauma histories are appropriately supported at every point of service.

**Cultural, Historical, and Gender Awareness:** ReCAST brings an equity lens to address stereotypes and biases based on socioeconomic status, race, ethnicity, sexual orientation, age, gender identity, geography and religion. Strategies recognize the impact of race based and historical trauma and employs cultural practices to promote healing. Trainings and workforce development activities emphasize the importance of being culturally competent and responsive.

**Developmentally Appropriate:** ReCAST interventions respect the age and needs of youth and other individuals to be supported by the project. Supports and services for youth should consider their academic, social, and emotional needs.

**Empowerment, Voice and Choice:** ReCAST's trauma-informed approaches build on the strengths of individuals, community members, and providers. There is a focus on the potential of individual and community resilience to serve as a way to heal and recover from trauma. Everyone's voice is heard and choices are respected. This approach is reflected at every level of the project from leadership to service provider.

**Engagement and Involvement:** The entire ReCAST community, including youth, families, providers and other stakeholders has a significant and meaningful role within the project at all levels of the project (e.g., assessment of needs and resources, strategic planning, project development, selecting trauma-informed approaches, ensuring cultural competency and evaluation.)

**Evidence Based Programs/Practices:** Programs that are based on rigorous research and have demonstrated effectiveness in achieving the outcomes that it is designed to achieve. These programs have been replicated and proven effective. Wherever possible, ReCAST projects should implement evidence based practices.

**Evidence-Informed Practices:** Involves using various types of evidence and data when making decisions about implementing trauma focused practices and policies. ReCAST should strive to use evidence informed practices when sufficient evidence based programs have not been identified to meet community needs.

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**Existing Promotion/Prevention Interventions:** The range of interventions currently available within the community. These interventions may be part of other violence prevention initiatives or trauma focused projects.

**Family-driven:** Means that families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory, and nation. The needs of families should help direct the ReCAST strategy.

**Financing:** ReCAST funding supports trauma-informed approaches and includes resources for engaging youth, families and other community members. Financing also supports all aspects of required ReCAST activities and allows for implementation of innovative approaches. ReCAST funding can be leveraged to bring in additional funds and resources through partnerships and collaboration efforts.

**Governance and Leadership:** Within the context of ReCAST, governance and leadership of the project support and invest in implementing and sustaining trauma-informed approaches, there are identified points of contact within the lead organization and in the community coalition to lead and oversee the work, and inclusion of community voice in all aspects of decision making.

**Knowledge Generation:** As ReCAST is implemented with both evidence-based practices and innovative approaches, new information about the efficacy of the community's ReCAST strategy is created. The community and other ReCAST stakeholders develop new knowledge that reduces the impact of trauma and supports individual and community resilience.

**Monitoring of Progress:** Ensuring that ongoing assessment, tracking and monitoring of ReCAST activities regularly occurs and informs all stakeholders on the progress of the project. It also serves as a way to improve the project as it is being implemented, i.e., quality assurance.

**Peer Support Activities:** Activities and services that delivered by individuals who have common life experiences with the people they are serving. ReCAST peer support activities promote as sense of belonging within the community and support the development of self-efficacy through role modeling and assisting peers through finding meaning, purpose and social connections in their lives. Peer support is a required activity of ReCAST.

**Peers:** ReCAST peers are those individuals with lived experiences of trauma. This may also include family members of children who have experienced traumatic events and are key caregivers in their recovery.

**Physical Environment:** The "space" in which ReCAST takes place promotes a sense of safety and collaboration. All staff, partners and individuals involved in the project experience ReCAST

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space as safe, inviting, and risk free to their physical and psychological safety. ReCAST space supports the collaborative aspects of a trauma-informed approach through openness, transparency and shared spaces

**Policy:** Policies and Procedures developed under the scope of ReCAST establish trauma-informed approaches are an essential part of the vision, mission, goals and objectives of the project. Every aspect of ReCAST-developed policies and procedures reflect trauma-informed principles, are representative of community needs and are embedded into the fabric of the project.

**Safety:** Safety is a priority of a trauma-informed approach. Every aspect of ReCAST must be mindful of safety for youth, families, community members, providers and other stakeholders. Safety must be considered in the physical spaces or environment and in interactions with all involved.

**SAMHSA's Concept of Trauma:** Developed by a panel of experts after a review of definitions, SAMHSA's concept of trauma posits that individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social emotional or spiritual well-being. This concept can be expanded to define trauma experienced by communities that have experienced civil unrest and are impacted by historical, economic, and race-based trauma.

**Screening, Assessment, Treatment Services:** Trauma screenings are administered to an individual to determine whether he or she has experienced trauma, displays symptoms related to trauma exposure, and/or should be referred for a comprehensive trauma-informed mental health assessment. A trauma-informed assessment refers to a process that includes a clinical interview, standardized measures, and/or behavioral observations designed to gather an in-depth understanding of the nature, timing, and severity of the traumatic events, the effects of those events, current trauma-related symptoms, and functional impairment(s).

**Social Marketing/Messaging:** ReCAST projects may apply commercial marketing techniques to address social problems related to trauma caused by civil unrest. Social marketing and messaging activities should change behavior for the benefit of the individual or community.

**Sustainability:** Planning for sustainability of ReCAST activities is considered during needs and resources assessment and strategic planning. Capacity building activities, trainings and workforce development, policy development, partnerships and cross-agency collaborations support ReCAST sustainability along with creation of funding streams to support trauma-informed services.

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**Training and Workforce Development:** ReCAST provides opportunities for educators, health and human services providers, law enforcement officers, first responders and others within the community to receive education and build capacity on trauma-informed approaches and supports for youth and families. Ongoing training on trauma and peer support is critical components within ReCAST. Organizations partnering to support ReCAST should incorporate trauma-informed principles and an equity lens in hiring and supervision. Procedures are in place to support staff who have experienced trauma and those who have vicarious trauma resulting from exposure to working in communities with complex trauma.

**Trauma-focused Strategies:** Realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and actively resist re-traumatization.

**Trustworthiness:** Trust requires transparency in decision making. The success of ReCAST and the projects ability to support trauma-informed services relies on trust being built between the community and providers and everyone involved in ReCAST.

**Youth-guided:** Youth involvement and meaningful youth engagement that should happen at every phase of ReCAST. The needs of youth are considered because there is youth input.

[Type text]

# Appendix F: Community Needs and Resource Assessment Template

The template below is intended to be filled in directly by grantees as they develop their Community Needs and Resource Assessment report and submit to their GPO by December 30, 2016. The template includes sections for all required report components. *Please note that brief examples of the concepts that are required/to be inserted by grantees are provided in italics throughout the template.*

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## ReCAST Community Needs and Resource Assessment

Grantee Site:	
Grant #:	
Project Manager Name:	
Project Manager Email:	
Data Report Submitted:	
GPO:	

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[Type text]

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### Stakeholder Participation

Below is a description of who participated in your Needs and Resource Assessment process, as well as how your coalition of stakeholders were engaged, and how you ensured inclusion of diverse perspectives, including those of youth and families representing the diversity of populations within the community, and those impacted by the trauma.

<b>Agency, Community Group, and/or Role</b> (e.g., youth impacted by trauma, caregiver of youth impacted by trauma, behavioral health service provider, law enforcement agent, legislator, faith-based organization, youth and family adocate)	<b>Number of Individuals Represented</b>
<b>Describe the methods and efforts used to engage the above stakeholders,</b> (e.g., we reached out to a variety of local organizations and asked for recommendations regarding individuals to serve on the coalition; we partnerd with our local NAMI chapter to identify peers with lived experience; we informed coalition memebers about the project and this particular phase; we worked with the group to develop a document that summarizes the roles and responsibilities of group members; we asked them for input via a range of methods, such as interviews and meetings; we asked for feedback on draft materials):	
<b>Describe the steps you took to ensure inclusion of diverse perspectives throughout the Community Needs and Resource Assessment process,</b> (e.g., we used a participatory approach; we invited indiviudals who represent demographic sub-populations of	

[Type text]

*interest to participants; we provided multiple means of participation to encourage ease of and comfort with sharing/participating)*



[Type text]

## Results of Needs and Resource Assessment

Below is an inventory/summary of the information/results of the Community Needs and Assessment pertaining to each of the five ReCAST goals. The summary for each should always begin with the priority focus populations and disparate populations that were identified through the assessment process.

Goal 1: Build a foundation to promote well-being, resiliency, and community healing through community-based, participatory approaches					
Priority Focus and Disparate Sub-Populations	Risk Factors for Population	Protective Factors for Population	Available Local Resources that Serve as or Bolser Protective Factors for this Population, including who offers and funds each resource	Limitations, Challenges, and Issues with Available Resources	Gaps/Unmet Needs
<i>e.g., High Risk Youth (priority focus); African American males in the juvenile justice system</i>	<ul style="list-style-type: none"> <li>• <i>Exposure to community violence</i></li> <li>• <i>Poverty</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Presence of caring and involved adults</i></li> <li>• <i>Opportunities to engage with mentors</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>After school mentorship program offered in 3 school districts; funded through local taxes</i></li> <li>• <i>Prevention program for youth exposed to community violence; offered at local non-profit; funded through federal grant</i></li> <li>• <i>Parent-skills training program offered in some neighborhoods by health and human services agency; funded through state-wide initiative</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Prevention program funds only available for next year</i></li> <li>• <i>Parent-skills training program is not evidence-based</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Mentorship program is not offered at all schools throughout county/district</i></li> <li>• <i>Need to sustain prevention program after current funding runs out</i></li> <li>• <i>No resources to address poverty risk factor and ensure basic needs are being met</i></li> <li>• <i>No programs for those in juvenile justice system specifically</i></li> </ul>
	•	•	•	•	•

[Type text]

	•	•	•	•	•
	•	•	•	•	•

[Type text]

<b>Goal 2: Create more equitable access to trauma-informed community behavioral health resources</b>					
<b>Priority Focus and Disparate Sub-Populations</b>	<b>Risk Factors for Population</b>	<b>Protective Factors for Population</b>	<b>Available Local Resources that Serve as or Bolser Protective Factors for this Population, including who offers and funds each resource</b>	<b>Limitations, Challenges, and Issues with Available Resources</b>	<b>Gaps/Unmet Needs</b>
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•

[Type text]

<b>Goal 3: Strengthen the integration of behavioral health services and other community systems to address the social determinants of health, recognizing that factors, such as law enforcement practices, transportation, employment, and housing policies, can contribute to health outcomes</b>					
<b>Priority Focus and Disparate Sub-Populations</b>	<b>Risk Factors for Population</b>	<b>Protective Factors for Population</b>	<b>Available Local Resources that Serve as or Bolser Protective Factors for this Population, including who offers and funds each resource</b>	<b>Limitations, Challenges, and Issues with Available Resources</b>	<b>Gaps/Unmet Needs</b>
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•

[Type text]

<b>Goal 4: Create community change through community-based, participatory approaches that promote community and youth engagement, leadership development, improved governance, and capacity building</b>					
<b>Priority Focus and Disparate Sub-Populations</b>	<b>Risk Factors for Population</b>	<b>Protective Factors for Population</b>	<b>Available Local Resources that Serve as or Bolser Protective Factors for this Population, including who offers and funds each resource</b>	<b>Limitations, Challenges, and Issues with Available Resources</b>	<b>Gaps/Unmet Needs</b>
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•

[Type text]

<b>Goal 5: Ensure that program services are culturally specific and developmentally appropriate</b>					
<b>Priority Focus and Disparate Sub-Populations</b>	<b>Risk Factors for Population</b>	<b>Protective Factors for Population</b>	<b>Available Local Resources that Serve as or Bolser Protective Factors for this Population, including who offers and funds each resource</b>	<b>Limitations, Challenges, and Issues with Available Resources</b>	<b>Gaps/Unmet Needs</b>
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•
	•	•	•	•	•

[Type text]

### **Summary of Findings and Conclusions**

Below is a summary of the findings and conclusions drawn from our Needs and Resource Assessment. We have highlighted how our conclusions contribute to our project goals and will enable us to next identify specific objectives and related outcomes. The gaps and unmet needs that were identified by comparing currently available local resources for our priority focus and disparate populations to resources that may serve as or bolster protective factors are summarized below. These gaps will be used to generate proposed project activities in our forthcoming Community Strategic Plan.



[Type text]

# Appendix G: Community Strategic Plan Template

The template below is intended to be filled in directly by grantees as they develop their Community Strategic Plans and prepare to submit this to GPOs by March 30, 2017. The template includes sections for all required report components. *Please note that brief examples of the concepts that are required/to be inserted by grantees are provided in italics throughout the template.*

**Grantees should revise the template tables to accommodate the goals, objectives, activities, and process and outcome measures that are being proposed (i.e., you may have more or fewer goals, objectives, activities, measures than the templates are structured for). The template tables are provided to give you a recommended way to structure the information being requested.**

**Similarly, grantees may feel free to revise the suggested Logic Model structure to meet their needs.**

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## ReCAST Community Strategic Plan

Grantee Site:	
Grant #:	
Project Manager Name:	
Project Manager Email:	
Data Plan Submitted:	

[Type text]

GPO:	
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**Introduction**

<b>Project Overview</b> (to include the context for our ReCAST Program, including the historical factors that led to the creation of the project and a brief description of the community and population of focus)
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<b>Summary of Community Needs and Resource Assessment</b>
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<b>Summary of Behavioral Health Disparities Impact Statement</b>
--

--

<b>Process Used to Develop Strategic Plan</b> (including how our coalition of stakeholders were involved)
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[Type text]

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**Mission, Vision, and Project Value Statements**

<b>Mission Statement:</b> Use this section to describe the purpose of your project, what the project does, how it does it, and for whom.
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<b>Vision Statement:</b> Use this section to paint a picture of the future the project is seeking to create.
--

--

<b>Project Values:</b> Describe the values that help shape the work of the project.
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[Type text]

**Goals, Objectives, and Program/Policy Activities and Strategies**

<b>Goals</b>	<b>Objectives</b>	<b>Activities</b>	<b>Persons Responsible</b>
Goal 1: <i>e.g., Create more equitable access to trauma-informed community behavioral health resources</i>	Objective 1: <i>e.g., Increase number of behavioral health service providers in community from 2 to 4 by the end of Year 4</i>	Activity 1: <i>e.g., identify physical location(s) where services could/should be provided</i>	
		Activity 2: <i>e.g., identify provider organizations that may be willing to expand their services</i>	
		Activity 3: <i>e.g., work with identified providers to recruit/identify staff for new sites</i>	
		Activity 4: <i>e.g., market new sites within target communities</i>	
	Objective 2: <i>e.g., Increase knowledge of trauma-informed approach within 2 behavioral health care service providers by end of Year 2</i>	Activity 1: <i>e.g., Identify evidence-based training that teaches trauma-informed approach in behavioral health care settings</i>	
		Activity 2: <i>e.g., Offer evidence-based training that teaches trauma-informed approach in behavioral health care settings at 2 provider locations twice per year</i>	
		Activity 3: <i>e.g., Identify ways to sustain evidence-based training that teaches trauma-informed approach in behavioral health care settings</i>	
	Objective 3: <i>e.g., Increase number of classes that promote use of trauma-informed approaches within behavioral health care settings at local community college from 0 to 1 by end of Year 2</i>	Activity 1: <i>e.g., Identify relevant class(es) that would contribute to credits needed to graduate from various programs</i>	
		Activity 2: <i>e.g., meet with leadership at college to determine steps for incorporating course into class offerings</i>	
	Goal 2:	Objective 1:	Activity 1:
Activity 2:			
Activity 3:			
Activity 4:			
Objective 2:		Activity 1:	
		Activity 2:	
		Activity 3:	

[Type text]

	Objective 3:	Activity 1:	
		Activity 2:	
	Objective 4:	Activity 1:	
Goal 3:	Objective 1:	Activity 1:	
		Activity 2:	
		Activity 3:	
		Activity 4:	
	Objective 2:	Activity 1:	
		Activity 2:	
		Activity 3:	
	Objective 3:	Activity 1:	
		Activity 2:	
	Objective 4:	Activity 1:	
Goal 4:	Objective 1:	Activity 1:	
		Activity 2:	
		Activity 3:	
		Activity 4:	
	Objective 2:	Activity 1:	
		Activity 2:	
		Activity 3:	
	Objective 3:	Activity 1:	
		Activity 2:	
	Objective 4:	Activity 1:	

[Type text]

## Logic Model

*Sample Logic Model Structure:*

<b>Goals</b> (What do we want to accomplish?)	<b>Inputs</b> (What do we have available to invest/contribute?)	<b>Strategies/Activities</b> (What are we going to do?)	<b>Outputs / Process Measures</b> (What happens as a direct result of what we do?)	<b>Outcomes</b> (What do we hope is going to happen in the long-term as a result of what we do?)	<b>Indicators</b> (How will we know what happens?)

[Type text]

**Plans for Meeting Data Collection, Performance Measurement, and Local Evaluation Requirements, and Persons Responsible**

Below is a detailed description of our plans to collect all required data, and carry out all required evaluation methods.

**(1) GPRA DATA**

<b>GPRA WD3: The number of individuals trained in behavioral/mental health trauma-informed approaches</b>						<b>Persons Responsible</b>
<b>How will you collect this data?</b>						
<b>Who will you collect this data from and at what time points?</b>						
<b>What are your annual targets for this measure?</b>	Year 1	Year 2	Year 3	Year 4	Year 5	

<b>GPRA TR1: The number of individuals who have received training in trauma-informed approaches, violence prevention, mental health literacy, and other related trainings</b>						<b>Persons Responsible</b>
<b>How will you collect this data?</b>						
<b>Who will you collect this data from and at what time points?</b>						
<b>What are your annual targets for this measure?</b>	Year 1	Year 2	Year 3	Year 4	Year 5	

<b>GPRA PC2: The number of community organizations and agencies that are collaborating, coordinating, and/or sharing resources with each other as a result of the grant</b>						<b>Persons Responsible</b>
<b>How will you collect this data?</b>						
<b>Who will you collect this data from and at what time points?</b>						

[Type text]

<b>What are your annual targets for this measure?</b> Note that annual targets and obtained data/measures need to be submitted quarterly into the TRAC system.	Year 1	Year 2	Year 3	Year 4	Year 5	

<b>GPRA T3: The number of individuals (youth and family members) referred to trauma-informed behavioral health services</b>						<b>Persons Responsible</b>
<b>How will you collect this data?</b>						
<b>Who will you collect this data from and at what time points?</b>						
<b>What are your annual targets for this measure?</b> Note that annual targets and obtained data/measures need to be submitted quarterly into the TRAC system.	Year 1	Year 2	Year 3	Year 4	Year 5	

**(2) Outcome Performance Measures**

<b>Outcome Performance Measure Focused on High Risk Youth</b>		<b>Person Responsible</b>
<b>What specific outcome performance measure will you focus on for high risk youth?</b>		
<b>What tool will you use to measure/identify a baseline for this outcome? (i.e., a tool that provides data that shows what the outcome was prior to program implementation)</b>		
<b>What tool will you use to measure/identify the impact of the program? (i.e., a tool that provides data that shows what the outcome will be after</b>		

[Type text]

<b>program implementation)</b>		
<b>Who will you collect the data from and when/at what time points?</b>		
<b>How will you establish that/when you have achieved your desired result/outcome?</b>		

<b>Outcome Performance Measure Focused on Family Engagement</b>		<b>Person Responsible</b>
<b>What specific outcome performance measure will you focus on for high risk youth?</b>		
<b>What tool will you use to measure/identify a baseline for this outcome? (i.e., a tool that provides data that shows what the outcome was prior to program implementation)</b>		
<b>What tool will you use to measure/identify the impact of the program? (i.e., a tool that provides data that shows what the outcome will be after program implementation)</b>		
<b>Who will you collect the data from and when/at what time points?</b>		
<b>How will you establish that/when you have achieved your desired result/outcome?</b>		

[Type text]

### (3) Local Evaluation Plan

Below is a table that describes all proposed process and outcome measures that we plan to include in our local evaluation. We have provided a process measure for each of the proposed activities listed previously. We have also included proposed outcomes and associated indicators to assess achievement of each of the previously listed objectives. Lastly, we have included our assessment of our coalition of stakeholders.

Goals	Objectives	Activities	Process Measures	Outcomes & Indicators
Goal 1: e.g., Create more equitable access to trauma-informed community behavioral health resources	Objective 1: e.g., Increase number of behavioral health service providers in community from 2 to 4 by the end of Year 4	Activity 1: e.g., identify physical location(s) where services could/should be provided	# of locations identified	e.g., # of behavioral health service providers added to the community each year.
		Activity 2: e.g., identify provider organizations that may be willing to expand their services	# of providers identified	
		Activity 3: e.g., work with identified providers to recruit/identify staff for new sites	# of staff recruited/identified	
		Activity 4: e.g., market new sites within target communities	# of marketing resources created; # of locations materials made available	
	Objective 2: e.g., Increase knowledge of trauma-informed approach within 2 behavioral health care service providers by end of Year 2	Activity 1: e.g., Identify evidence-based training that teaches trauma-informed approach in behavioral health care settings	Name and # of training(s) identified	e.g., Knowledge of trauma-informed approach within 2 existing behavioral health care services providers; as measured by survey distributed to staff present at trainings; survey to be administered directly before and directly after trainings are administered.
		Activity 2: e.g., Offer evidence-based training that teaches trauma-informed approach in behavioral health care settings at 2 provider locations twice per year	# of trainings offered; locations where trainings offered; # of individuals in attendance at each training	
		Activity 3: e.g., Identify ways to sustain evidence-based training	# of sustainability options identified	

[Type text]

		<i>that teaches trauma-informed approach in behavioral health care settings</i>			
	<i>Objective 3: e.g., Increase number of classes that promote use of trauma-informed approaches within behavioral health care settings at local community college from 0 to 1 by end of Year 2</i>	<i>Activity 1: e.g., Identify relevant class(es) that would contribute to credits needed to graduate from various programs</i>	<i># of classes identified</i>	<i>e.g., # of classes that promote use of trauma-informed approaches within behavioral health care settings at local community collect at end of Year 2.</i>	
		<i>Activity 2: e.g., meet with leadership at collect to determine steps for incorporating course into class offerings</i>	<i># of meetings; # of leaders who attended meetings; outline of next steps</i>		
Goal 2:	Objective 1:	Activity 1:			
		Activity 2:			
		Activity 3:			
		Activity 4:			
	Objective 2:	Activity 1:			
		Activity 2:			
		Activity 3:			
	Objective 3:	Activity 1:			
		Activity 2:			
	Objective 4:	Activity 1:			
	Goal 3:	Objective 1:	Activity 1:		
			Activity 2:		
Activity 3:					
Activity 4:					
Objective 2:		Activity 1:			
		Activity 2:			
		Activity 3:			
Objective 3:		Activity 1:			
		Activity 2:			

[Type text]

	Objective 4:	Activity 1:		
Goal 4:	Objective 1:	Activity 1:		
		Activity 2:		
		Activity 3:		
		Activity 4:		
	Objective 2:	Activity 1:		
		Activity 2:		
		Activity 3:		
	Objective 3:	Activity 1:		
		Activity 2:		
	Objective 4:	Activity 1:		

[Type text]

**Plans for Dissaggregating Data to Focus on Intended Population of Focus and Disparate Sub-Populations**

**Our plans for disaggregating our data so that we can focus on our intended population(s) and sub-populations include the following:**

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**Plans to Assess Changes in Disparities in Access to Care/Use of Care/Outcomes**

**Our plans for assessing changes in disparities in access to care, use of care, and related outcomes include the following:**

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[Type text]

**Policies and Procedures for Health Disparities and Persons Responsible**

**Our plan, which aligns with the enhanced National CLAS Standards, for implementing policies and procedures that address behavioral health disparities for the populations indicated in our disparities impact statement include the following:**

--

**The persons responsible for overseeing and implementing this plan include:**

--

**Sustainability Strategies and Persons Responsible**

**The sustainability strategies and plans that we have identified in order to sustain the services, supports, and infrastructures developed through ReCAST include the following:**

<b>Sustainability Strategies</b>	<b>Timeframe for Implementation</b>	<b>Persons Responsible</b>

[Type text]

## **Final ReCAST Performance Report**

You are required to submit a final performance report within 90 days after the end of the Project ReCAST grant period, i.e., September 29, 2021. Please note that the Final Performance Report is a **cumulative report**, including information and data for the entire performance period of September 30, 2016 through September 29, 2021. The final performance report must be submitted not later than December 31, 2021.

The following outlines the required components of the Final Performance Report:

### **Executive Summary**

The Executive Summary should concisely address the overall progress towards meeting the project's goals and objectives during the entire grant period. This summary should not exceed five pages.

### **Project Identification and Key Contacts**

In this section, provide information about all key personnel positions designated within your grant throughout the entire grant period. Provide a description of all key staff position vacancies and changes. If personnel have changed over the course of the grant period please list each person, the position/role that they played and the date range of their participation.

### **Project and Program Narrative**

This section is limited to no more than 20 pages and should describe progress, changes, and accomplishments during the entire grant period. The areas to be addressed are as follows:

- Quantitative and qualitative progress towards meeting goals and objectives
- A final time line reflecting actual program implementation
- A description of all approaches and strategies proposed in the initially approved and funded application and a description of all changes or modifications that were made.
- A summary of all key program accomplishments.
- A description of any difficulties/problems encountered in achieving planned goals and objectives including any barriers and actions taken to overcome difficulties

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- A description of the sustainability actions taken throughout the grant period.

### **Required Performance Measure Reporting**

You are required to report data and a corresponding narrative for the ReCAST required GPRA performance measures, two additional performance measures required by the ReCAST FOA, and all other program-specific outcome performance measures that were included as a part of the funded grant application.

The Performance Section table used for annual reporting should be used to report data and corresponding narrative on the ReCAST required and any additional program outcome performance measures. You should report the **cumulative data** for the GPRA and all other required and programmatic outcome performance measures. The accompanying narrative for all measures should include information about whether the outcomes were achieved, exceeded, or not met. For those that were “not met”, the narrative should provide a detailed explanation as to the reasons.

### **Budget Narrative**

The Budget Narrative should describe how grant funds were expended during the entire grant period and provide a brief explanation if funds were not expended as originally planned. Describe any significant changes to the budget that resulted from any modification of project activities; this description should address the entire grant period. Address any changes to the budget that affected your ability to achieve your approved project activities and/or project objectives. If the grant application indicated that non-Federal funds (e.g., in-kind) would be used to support the project, a report on the level of non-federal (e.g., in-kind) funds expended and any changes.

### **Attachment A: SF-425 Federal Financial Report (FFR)**

A copy of the final SF-425 FFR should be included as Attachment A with the Final Performance Report.

### **Attachment B: Budget Report**

The Final Performance Report Budget Report should identify the cumulative, total amount budgeted for each cost category as compared to the cumulative, total amount expended during the entire grant period. Your Government Project Officer will send you a template which can be used for the Budget Report.

[Type text]

**Attachment C: Tangible Personal Property Report (SF-428)**

Please use this form to document any equipment purchased with ReCAST funds. Equipment is defined as a tangible item whose cost is \$5 thousand or more. Also list any tangible supplies purchased with ReCAST funds, e.g., computers, LED projectors

The Final Performance Report should be submitted electronically to your Government Project Officer.

A copy of the Final Performance Report should also be sent electronically to SAMHSA at [Grant.closeout@samhsa.hhs.gov](mailto:Grant.closeout@samhsa.hhs.gov)

[Type text]

## **Performance Reporting Frequently Asked Questions (FAQs)**

### **What is the difference between expended funds and obligated or encumbered funds?**

Expended funds are those for which actual payment has already been made. Obligated or encumbered funds are those that have been committed for an immediate or future expense but have not been actually paid out.

### **Who is the authorized representative?**

The authorized representative is the official within the lead agency awarded the grant funds with the legal authority to give assurances, make commitments, enter into contracts, and execute such documents on behalf of the lead agency. The ReCAST Project Director or Program Manager is never the authorized representative.

### **Who do I send the reports to?**

The Annual Performance Reports should be sent electronically to your Government Project Officer. A copy should also be sent to the CMHS Resource Box at [DGMPProgressReports@samhsa.hhs.gov](mailto:DGMPProgressReports@samhsa.hhs.gov)

The Final Performance Report should be sent electronically to your Government Project Officer and a copy should be sent to SAMHSA at [grant.closeout@samhsa.hhs.gov](mailto:grant.closeout@samhsa.hhs.gov)

The annual SF 425-FFR report must be sent electronically to the following URL: [CMHSFFR@samhsa.hhs.gov](mailto:CMHSFFR@samhsa.hhs.gov)

### **Do I submit a hard copy of the report or can I send it electronically?**

Unless requested otherwise, the report and any attachments should be submitted electronically.

### **What should I do if I cannot submit the report by the due date?**

If there are extenuating reasons for not being able to submit a report by the due date you should contact your Government Project Officer and Grants Management Specialist prior to the due date. In a majority of circumstances, they will work with you to meet your needs.