

Goal/Aim 1: Build on an extensive range of local programs and partnerships to empower the Flint community to support at-risk youth and families in developing resilience, reducing violence, and developing a vibrant community in Year 1

| Objectives | Activities | Process Measures | Outcomes & Indicators |
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| Objective 1 (WD3, R1): Organize training for 100 families with skills for psychological recovery by the end of Year 1, with at least 2 follow-up visits to offer psychoeducation to the families, and to address concerns. | Activity 1: Provide psychological first aid training for 50 families of youth in Flint area schools. | # families trained | # referrals based on # relevant encounters, captured at each point of contact |
| | Activity 2: Provide training sessions on skills for psychological recovery training for 50 families of youth in Flint area schools. | # families trained | Focus Groups (held at 3 months from training): (1) training utilized in daily lives, and (2) relevance to your life |
| | Activity 3: Recontact trained families from Activities 1 and 2 at 3-6 and then 9-12 months after training to address concerns with using these skills. | # recontacts made # concerns addressed | |
| Objective 2: Engage and secure memorandums of understanding from 25 Flint area organizations (including but not limited to organizations focused on health, arts, education, sports, faith-based, culture, and others) to use trauma-informed mental health promotion services and activities for Flint area families and youth. | Activity 1: Share*11 trauma-informed approach training with 25 Flint area organization representatives. | # organizations with who have attended trauma-informed trainings twice per year | -what trauma informed tools being used Survey organizations re: tools & policies -what organizational policies established for engagement with youth and families Collect organizational policies Record policy types developed, dates developed, implemented, record of when organization employees/members trained & by whom -what organizational policies are established to reduce barriers to services, reduce trauma, or prevent re-traumatization of youth and families when providing services |
| | Activity 2: Engage* 25 organizations to use trauma-informed approaches in their activity planning through organizational policy adaptations (such as Open Table). [2] | # orgs secured to deliver trauma-informed programming/services # of organizations that develop trauma informed policies # of policies or agreements that are developed between organizations to improve trauma informed services | |
| | Activity 3: Train organization staff (mandatory minimum of 3 staff directly interacting with youth or families per organization) implementing youth and family programs on the trauma-informed approach implementation. | # organizations with at least 3 trauma-informed staff members | -what sustainability plan is established for continued use of trauma-informed activities Sustainability- record of when organization employees/members trained & by whom; establish policy revision dates and parties responsible; determine when organization members are updated on policies and trainings and who is responsible for trainings, revisions, and updates. . # persons doing self-care activities regularly #new partnerships developed to support sustainability |
| | Activity 4: Support implementation of trauma-informed, strengths-based, evidence-informed community programming [3] | | # of grant opportunities sought and awarded for sustainability |
| | Activity 5: Identify sustainability strategies with the organizations to maintain trauma-informed training into activity programming training (e.g. build grant writing capacity, etc) | | |
| Objective 3 (WD3, PC2): Engage 50 youth to serve as ReCAST program ambassadors, providing these youth (aged 11-21) with skills for psychological recovery training, and creating youth liaison training for these youth across the 25 Flint area organizations that commit to the project (as outlined in Aim1 Objective 2 above). | Activity 1: Establish youth ambassador program for 25 youth age 11-15 from 6 area middle and high schools, with mental health trainings for identifying the signs, symptoms, resources, and referrals for peers and family. | -location for meetings identified -meeting times scheduled | -youth program established for ages 11-15 -mental health training curriculum established -peer mediator trained youth -prepared to intervene and refer -increased knowledge and skills 80% of participants for peer mediation practices...or pre-post test for mental health first aid training -increased knowledge of role of local mental health agencies or prevention -knowledge of 5 local mental health agencies -skills for implementing approaches in their school setting Pre-post assessment 3 and 6 mos follow up to determine if used approaches, comfort level in using approaches, success/effectiveness of approaches Could have students do some artistic performance of how the approaches impacted their lives and lives of others |
| | Activity 2: Establish youth ambassador program for 25 young adults age 16-21 from 6 area high schools/ universities/ colleges, and provide them with youth mental health first aid training. | # complete GISD mental health first aid training | |
| | Activity 3: Provide training for youth in trauma-informed approaches for communication, personal growth, and violence prevention that are applicable in the school setting, using Community Resiliency Model and STRIVE constructs as guiding topics | | Consider booster/refresher trainings for youth after 6 mos. (perhaps at 12 mos.) Add additional 12 mos. Follow up. |
| | Activity 1: Plan 2 trainings per quarter to educate community partners and youth on trauma-informed approach practical applications (using the Community Resiliency Model) in the community setting. | -4 trainings held | # organizations applying 2+ TIA skills from CRM increased by x% by December 2019. |
| | | -10 youth present at each training | |
| | | -2 representatives per community partner organization attends over the year | -each attendee can identify at least two marginalizing experiences that contribute to traumatic stress responses |
| | Activity 2: Plan 1 training on the use of trauma-informed approaches among local decision making bodies | -1+ member of the Genesee County Medical Society knowledgeable of TIA -1+ member of the Genesee County Board of Commissioners knowledgeable of TIA -2+ City of Flint officials knowledgeable of TIA | |
| | Activity 3: Receive training on the implementation of the Community Resiliency Model | | -locally present trainer for the Community Resiliency Model implementation efforts |
| | Activity 4: Organize and facilitate training on the project frameworks for the steering committee and community advisory board: THRIVE Factors Framework, Community Resiliency Model for Practical Skill Implementation, and STRIVE Model Factors for Youth Violence Prevention across Project Domains of Influence. | -standards of acceptability established with agencies, stakeholders, and steering/advisory board members | -program protocols established -multiplicity addressed -ethics/beneficence addressed -accountability addressed -justification established -accuracy established (Need some information about this) |
| | Objective 5: Create a once-monthly workshop series for Year 1 to diversify and inform the perspectives of our community partner network (CPN) ReCAST project team, and Flint area agencies/ organizations/ residents of the various approaches currently in practice to promote resilience for Flint area family and youth at high risk for traumatic stress symptomatology. | Activity 1: Deliver 2 trainings on use of the Community Resiliency Model for CPN | # attended # demographics (focal populations of the 7 specified) reached |
| Activity 2: Deliver 2 trainings on the role of historical trauma and violence for CPN | | # attended # demographics (focal populations of the 7 specified) reached | -develop a pre- and post test for attributes of a trauma-informed program -each advisory board member can identify a referral resource/organization for the 7 focal population subgroups |
| Activity 3: Deliver 2 trainings on use of skills extracted Skills for Psychological Recovery (official program) for CPN | | | -identify two referral options for use in relevant interactions with community residents -report active use of two self-care practices at next community advisory board meeting |
| | | | -Community advisory board can highlight 1 organization using exemplary trauma-informed approaches within each of the 7 focal subgroups |
| Activity 4: Deliver 2 informational sessions on use of trauma-informed applications in other ReCAST communities for CPN | | | -1 sustainability strategy identified for each of the 7 focal subgroups |
| Activity 5: Deliver 2 trainings on use of trauma-informed approaches for first responders responding to community members with mental health needs, for awareness for CPN | | | Develop procedures and processes for continued use and trainings including opportunities to discuss challenges and barriers to use of TIAs |
| Activity 6: Organize 2 trainings on use of Psychological First Aid for CPN | | | |
| Activity 7: Organize and facilitate 2 sessions for Flint community partners to provide a presentation of their ongoing activities that intentionally promote resilience from traumatic stressful experiences tailored to families and youth (independently or collectively). | | | |
| Activity 8: Identify sustainability practices (encouraging their long term use post-ReCAST) for using trauma-informed approaches within the CPN, and for partner organizations of the CPN members (AKA Community Facilitators) | | | |
| Objective 6: Using information gathered during the proposal and strategic planning meeting phases, engage a minimum of 10 youth and adult community members to comprise the Community Partner Network (CPN) by the end of Year 1. | Activity 1: Plan, host, and fund an initial broad formation meeting for community members that will have been asked to consider serving as CPN members. Flint ReCAST program, activities to date, and the Community Based Participatory principles will be discussed and used to ultimately form the group.[4] | # of persons contacted to attend | # of attendees agreeing to serve on the Flint ReCAST CPN |
| | | # of youth based resources sourced to invite potential youth members | |
| | | # of persons representing Flint area residents invited to attend | |
| | | # of invitees who actually attend this event | |
| | Activity 2: Convene a series of three early work meetings that will solidify the formation of this group to discuss: Community Based Participatory program planning, decision making process, meeting process, meeting scheduling (including joint meetings with Steering Committee), communication planning, plan for further community participation, and immediate tasks that will be undertaken by the CPN. | # of youth residents present at all three meetings | # attendees expressing agreement with the resulting Community Based Principles that will guide the work of the CPN |
| | | | Consensus upon selection of participatory strategies that will guide the CPN |
| | | # of adult members present at all three members | Consensus upon decision making process. |
| Activity 3: Based on the direction of the CPN, make any necessary adjustments Flint ReCAST project as it is currently planned. | | # of persons committed to the CPN by meeting number three of this formation process | |
| | | # of youth CPN members that will also serve on the Steering Committee | |
| | | # of action items scheduled to be accomplished generated by the CPN by the end of meeting three | |
| | # of CPN members who have fully reviewed key documents for the Flint ReCAST including the proposal, budget, need assessment, and strategic plan. | # of adjustments suggested by CPN for changes/ adjustments in the ReCAST project | |

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| | # of youth CPN members involved in this process | # of new activities added to the project on the direction of the CPN |
| | # of adult members involved in this process | |

[1] Through our various personal relationships, partnership networks, professional networks, organizational networks, and specifically because of our connectedness in response to the FWE, we are successfully building our ReCAST network of grassroots, institutional, agency, organizational, and individual members to disseminate trauma-informed training opportunities.

[2] Organizations have already engaged in the ReCAST informational sessions held October-February, and identified missing partners, who have since been added to the conversation.

[3] With staffing support (implementation/fidelity liaison and administrative assistant support), support includes periodic check ins between ReCAST staff and the program/activity, quality improvement activities (including data review), and quarterly evaluations for program practices in alignment with the scholarly literature on the activity.

[4] ISRAEL, B.A., SCHULZ, A.J., PARKER, E.A., & BECKER, A.B. (1998). Review of community-based research: assessing partnership approaches to improve public health. Annual Review of Public Health, 19, 173-202.