ReCAST Community Strategic Plan

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Project Manager Name:	*Ebony Adedayo*
Project Manager Email:	*ebony.adedayo@minneapolismn.gov*
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GPO:	*Joyce Sebian*

Introduction

Project Overview (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)

ReCAST Minneapolis exists to address the root cause of stress and trauma by lifting up community-based solutions that are anchored in undoing racism and a commitment to healing. We will do this work by building the capacity of communities affected by historical trauma to lead in decision making processes; repair trust, and build relationships between the community and the City of Minneapolis Enterprise; and collectively healing from the damage done by a history of policymaking that has devastated African Americans, American Indians, and immigrants including Latinos, SE Asians, and Somalis.

The shooting of Jamar Clark, an unarmed African American male, by police officers is the impetus behind the creation of ReCAST Minneapolis. In our city, African Americans and American Indians are disproportionately discriminated against by the police which also echoes other indicators of wellbeing where there are greater disparities between our African American and American Indian population and the rest of the populace. However, racism also negatively impacts and limits access to opportunity in our immigrant and refugee population, with the intersection of ethnicity, religion, immigration status, and sexual orientation making things worse. ReCAST Minneapolis, then, seeks to achieve health and healing for all of our populations of color and American Indians recognizing that even though race impacts each demographic differently, that it creates a disproportionate rate of stress and trauma in these communities compared to the rest of the population.

In addition, we place a heavy emphasis on addressing the needs of City employees. Employees have also experienced stress and trauma themselves, as a result of interfacing with residents who are experiencing trauma and coming to the job with their own personal traumatic experiences. We will pursue this work by promoting healing and resilience in city staff, providing training through a trauma-informed lens, and pursuing healing between community members and the City.

Summary of Community Needs and Resource Assessment

Overwhelmingly, participants identified historical and present day structural racism as the root cause of the trauma that shows up in community. As a result of this structural barrier, communities of color and American Indian communities, have disproportionate health and wellness outcomes measured by the lack of affordable housing, poverty, lack of food access, school to prison pipeline, unemployment, and community-police relations. The absence of these social determinants of health in communities further intensifies trauma and can further lead to disrupted family and social ties, community-level violence, and poor mental health. That being said, community members feel that there are already community cultural assets in place to get at the root of these disparities including vibrant social and community networks; art, cultural, and spiritual institutions and places; community based organizations; recreational activities, and mental health care services.

Likewise, city of Minneapolis staff felt that the lack of training of race, culture, and implicit bias is a key driver in how front line staff interfaces with community. In addition, many front line staff, including Minneapolis Police Officers, experience secondary traumatic stress as a result of living and working in a community that experiences trauma – not to mention their own personal histories of trauma that they carry into the workplace. Staff from communities of color and American Indian communities feel particularly vulnerable as a result of working for a city that has a history of racism in public policy making while at the same time being a part of communities that are directly affected by the cities policies and decision making. Fortunately, there are increased training opportunities around race, culture, and increased awareness about how implicit bias drives negative outcomes and safe spaces for conversation.

Summary of Behavioral Health Disparities Impact Statement

We are specifically targeting youth, their families and residents who live in certain neighborhoods in North Minneapolis (Folwell, Webber-Camden, McKinley, Jordan, Hawthorne, Harrison, Willard Hay, Near North, and Sumner Glenwood); South Minneapolis (Elliot Park, Ventura Village, Phillips West, Midtown Phillips, East Phillips, Powderhorn, Longfellow, and Corcoran), and Cedar/Riverside. Although structural racism exists throughout the city, it is easier to identify these disparate trends at the neighborhood level rather than at the community or city level.

The selected neighborhoods have a significant Black, Indigenous, People of Color (BIPOC) population who are experiencing high levels of poverty and trauma as a result of structural racism. Families and individuals in these areas of the city have higher unemployment rates, more cost burdened households (families who are pay more than 30% of their income on housing), low incomes levels, lower educational

outcomes, and low homeownership rates in comparison to other communities across the city. In addition, these areas of the city can be further defined by the demographics that live there. Neighborhoods in North Minneapolis are primarily comprised of African American, Hmong, Lao, and Latino residents – though there is a higher Somali population in the Heritage Park neighborhood. South Minneapolis and Cedar Riverside neighborhoods have high populations of American Indian, Latino, African American and East African.

The data across multiple levels shows that the disparities are concentrated the greatest among the African American and African populations of all nationalities and American Indians. However, the intersection of language, immigration status, country of origin, religion, and sexual orientation marginalizes all residents of color. As a result of these disparities and conditions, our communities of color and American Indian communities experience disproportionate levels of stress and trauma evidenced by substance abuse; intracommunity and interpersonal violence; mental health crises; and poor health outcomes.

Process Used to Develop Strategic Plan (including how our coalition of stakeholders was involved)

City staff convened a coalition of stakeholders from community based organizations and other City staff. These stakeholders were associated with the following organizations and City departments: Minneapolis Urban League, Kente Circle, Native American Community Development Institute, ISAIAH, Minneapolis Public Schools, Minnesota Health Department, Neighborhood Hub, Northpoint, Washburn Center for Children, Stairstep Foundation, Hennepin County Human Services and Public Health Development, Communidades Latinas Unidas en Servico, Masjid An Nur, Lao Assistance Center of Minnesota, University of Minnesota Urban Research and Outreach-Engagement Center, Southside Coalition, Minneapolis Foundation, Northpoint Health and Wellness, Minneapolis Health Department, Minneapolis Police Department, City of Minneapolis Promise Zone Initiative, and City of Minneapolis Arts and Creative City Making. These organizations have a history of public engagement and advancing equity in the city, county, and state through direct service, policy change, and advocacy.

After informing the Community Needs and Resource Assessment and recognizing that structural racism – influencing policy decisions, practices, and infrastructure planning – is the culprit behind the stress and trauma that shows up in communities of color, stakeholders in this coalition determined that the strategic plan should focus on activities to 1) promote greater trust and understanding between community and the City, 2) increase community capacity and health through multi-faceted, multi-layered authentic community response to trauma, and 3) Ensure shared decision making in a way that reflects real power, buy-in, and leadership from community.

The coalition co-created a mission, vision and values for the strategic plan over the course of five 2-2.5 hour meetings. After creating the mission, vision, and values, the coalition determined three goals from principles that had been distilled from the vision. The coalition divided into small groups, and each group developed the objectives, activities, and persons responsible for the activities.

The evaluation portion of the strategic plan was co-created through the evaluation task force. Members included three youth participatory

action researchers who live in and focus their research on North Minneapolis, evaluation consultants from The Improve Group, two City staff with evaluation skills, and two community members who were familiar with evaluation. The advisory group revisited the goals, objectives, activities and persons responsible prior to the submission of this template. The advisory group was then given a one week review period before City staff finalized the evaluation plan.

Mission, Vision, and Project Value Statements

Mission Statement:
ReCAST Minneapolis exists to address the underlying cause of stress and trauma in our community. We believe the solutions to healing and addressing trauma start with those affected by the problem educating others and telling the real history of how we got here. We believe deepening our understanding around race and culture is paramount to this process. And that in partnership, those closest to the problems in our community and city government can lead on solutions to everyday challenges.
Vision Statement:
We envision a Minneapolis full of thriving communities, families, and individuals – no one is excluded on account of their race, culture, religion, gender or immigration status. Residents and policy makers alike have understood the impact of historical trauma on communities of color and American Indian communities. Through this understanding, we have taken a concentrated step in ensuring that the city's policies and practices do not do any further harm to communities of color and American Indian communities resulting in healing, trusted relationships, and increased access to opportunity. The inherent cultural wealth in our communities of color and American Indian communities are valued and cherished, and these communities have the agency and power to see these assets be a part of city decision making structure.
Project Values:
We value: - Policies, programs, and practices that prioritize the needs of high-risk youth, their families and neighbors within our communities of focus. - Trauma informed and culturally responsive care and services - Healthy cross racial, cross cultural relationships which are characterized by empathy and respect. - Processes and solutions that build on the community cultural assets including power, love, and ways of knowing.

- Undoing the hold of racism on city policies, practices, and programs.
- Community wellness and healing so that community is equipped with tools to address trauma. There is a high value placed on "non-traditional" or cultural practices around healing.
- Transparency and accountability within community itself and between community and city government.
- Broad-based community ownership where people live, work and play in the city.

Goals, Objectives, and Program/Policy Activities and Strategies

Goals	Objectives	Activities	Persons Responsible
Goal 1 Greater Trust and Understanding: Establish, improve and increase trust between community and the City.	Objective 1: Utilize place-based artist teams to deepen understanding of self and one another through an exploration of the role of government policy and practice over time in communities of color and Native American communities.	Activity 1: Define geographically-relevant project scope and work plan.	• Minneapolis City Coordinator Equity & Inclusion Team • Minneapolis City Council Ward 4, Ward 5, Ward 8, and Ward 9 Offices • City of Minneapolis Department of Neighborhood and Community Relations • City of Minneapolis Civil Rights Department • Minneapolis Urban League • Native American Community Development Institute • Arts, Culture & Creative Economy • Minneapolis Police Department
		Activity 2: Identify anchor community-based organizations to lead the work in partnership with City of Minneapolis staff.	
		Activity 3: Secure participation from City staff to support planning and implementation of place-based engagement strategies.	
		Activity 4: Develop process to collect stories from staff and residents about their experiences in identified geographies	
		Activity 5: Contract with culturally-appropriate mental health provider to ensure health and well-being of participants in community engagement process.	
		Activity 6: Develop a data collection framework to measure progress and support ongoing reporting on efforts.	
		Activity 7: Regularly publish stories across mediums to continuously communicate and build connectedness.	

	Objective 2: Increase knowledge of structural and present day racism for City staff, MPS staff, and community leaders	Activity 1: Continue to provide training for employees on racial equity and inclusion, increase participation and buy-in to this training within staff and city leadership	• Minneapolis City Coordinator Equity & Inclusion Team • Minnesota Department of Health • Kente Circle • Minneapolis Public Schools
		Activity 2: Develop a communications toolkit for employees to increase their learnings around racial equity including but not limited to a framework for communicating with people across race and culture	
		Activity 3: Acknowledge and identify where prejudice exists city systems, including the structures that have caused trauma and oppression.	
		Activity 4: Work with individual schools to connect them to anti-bias and cultural competency training for faculty and staff	
		Activity 5: Develop a racial equity impact statement that measures how policies and practices affect communities of color and American Indian communities	
	Objective 3: Involving residents of color in city processes around engagement	Activity 1: Quarterly community listening sessions with targeted community groups and decision makers.	• Minneapolis Youth Congress • Southside Coalition • Minneapolis Neighborhood & Community Relations Department • City of Minneapolis Mayor's Office – My Brother's Keeper Initiative
		Activity 2: Use Blueprint for Equitable Engagement from NCR as a model for inclusion and engagement to build from	
		Activity 3: Support culturally appropriate bridge builders – those who are recognized as being able to mediate between community and city without being the sole representation of community voice.	
		Activity 4: City and community come together in healing spaces after traumatic incidents.	

		Activity 5: Incentivize and limit barriers to participation from community members on boards and commissions and other decision making spaces in the City	
		Activity 6: Provide training to youth, their families, and residents around city processes including policymaking and budgeting.	
Goal 2 Increase community and City capacity in such a way that is multi-faceted, multi-layered, and is authentic community response to trauma	Objective 1: Provide educational opportunities for first point of contact City staff and community members to increase understanding of trauma and resiliency.	Activity 1: Identify departments and front line staff who are in need of education and training opportunities.	• Minneapolis City Coordinator Equity & Inclusion Team • Minneapolis Police Department • Minneapolis Emergency Communications • City of Minneapolis Mayor's Office – My Brother's Keeper Initiative • Minneapolis Health Department • Kente Circle
		Activity 2: Implement training programs for first point of contact City staff to understand historical and intergenerational trauma and to foster resilience and self-care in the wake of primary and secondary traumatic experiences.	
		Activity 3: Identify range of responses to trauma (such as substance use, mental illness) and train front line staff on the signs and symptoms of trauma responses.	
		Activity 4: Collaborate with multijurisdictional partners to review policies and practices through a trauma informed lens.	
		Activity 5: Through the use of circles and/or other culturally appropriate facilitation methods, promote healing and resiliency as trauma arises.	
		Activity 6: Develop protocol to ensure that all training and engagement is done through a community healing lens	
		Activity 7: Working with My Brother's Keeper Initiative and trauma informed providers, host Youth Day of Action which will equip participants with tools to recognize and speak to trauma in their lives and	

		communities.	
	Objective 2: Have a range of non-licensed community leaders and cultural healers who are effective, accessible, and adhere to culturally and linguistically appropriate standards.	Activity 1: Different neighborhoods within Minneapolis are mapped to identify neighborhood generational non-institutional (government or nonprofit) community leaders and healers.	• Minneapolis City Coordinator Equity & Inclusion Team • Dr. Joi Lewis • University of Minnesota Urban Research and Outreach-Engagement Center – Trauma Recovery Project • Masjid An Nur • Stairstep Foundation • New Creation Church • Kente Circle
		Activity 2: Do an assessment of current capacity of community healers and how they can be supported.	
		Activity 3: Establish protocol for access/ activation of community healers, including invisible emotional laborers.	
		Activity 4: Establish protocol to track who is being referred to community healers for services under ReCAST.	
	Objective 3: Have a range of licensed mental and behavioral health providers who provide culturally and linguistically appropriate services.	Activity 1: Identify and map community organizations and institutions that provide trauma informed care for youth, their families, and community residents	• Minneapolis City Coordinator Equity & Inclusion Team • Trauma Recovery Project • Kente Circle • Stairstep Foundation • University of Minnesota Urban
		Activity 2: Identify pathways for organizations to increase the awareness and capacity around the services they provide	
		Activity 3: Develop mechanism that activates these organizations as community needs arise.	

		Activity 4: Explore and implement Open Table process as means to provide a broader spectrum of trauma informed services.	Research and Outreach-Engagement Center
		Activity 5: Implement Minneapolis Health Department based Blueprint for Action which is a community-driven, grassroots response to the issue of youth violence	• City of Minneapolis Health Department – School Based Clinic Team and Youth Violence Prevention Team
		Activity 6: Through use of Inspiring Youth program in the Minneapolis Health Department, provide prevention and intervention services to youth who are at risk of involvement with violence.	
	Objective 4: Aligning resources and community infrastructure to increase capacity of organizations meeting the needs of youth, their families, and other residents.	Activity 1: Mapping organizations providing services related to community identified needs in housing, employment, and re-entry around the city.	• Southside Coalition • Masjid An Nur • Hennepin County Juvenile Detention Alternatives Initiative
		Activity 2: Foster a healing environment that increases and promotes collaboration between these organizations and community leaders.	

		Activity 3: Connecting youth and their families to community based services.	• Stairstep Foundation
Goal 3 Shared Decision Making through Participatory Budgeting.	Objective 1: Develop participatory governing model.	Activity 1: Explore best practices for community/city participatory budgeting frameworks for dollars allocated for ReCAST Minneapolis.	• Minneapolis City Coordinator Equity & Inclusion Team • City of Minneapolis Finance Department • Minneapolis Neighborhoods Organizing for Change
		Activity 2: Design framework for participatory budgeting process that utilizes and promotes leadership among youth and community members.	
		Activity 3: Develop and release RFP for programs and services that meet the goals and objectives identified under ReCAST Minneapolis.	
		Activity 4: Through process, identify and select providers.	
		Activity 5: Implement evaluation plan to measure progress and success on objectives identified.	

Logic Model

Goals (What do we want to accomplish?)	**Inputs** (What do we have available to invest/contribute?)	**Strategies/Activities** (What are we going to do?)	**Outputs / Process Measures** (What happens as a direct result of what we do?)	**Outcomes** (What do we hope is going to happen in the long term as a result of what we do?)	**Indicators** (How will we know what happens?)
Goal 1: Greater Trust and Understanding: Establish, improve	Space, community relationships and networks, resources from grant	O1: Define geographically-relevant project scope and work plan.	Scope of work and workplan are created Number of community-	Short-term outcomes for Goal 1: A deepened understanding of self	Increase in ability for community to be at

and increase trust between community and the City.		Identify anchor community-based organizations to lead the work in partnership with City of Minneapolis staff. Secure participation from City staff to support planning and implementation of place-based engagement strategies. Contract with culturally-appropriate mental health providers to ensure health and well-being of participants in community engagement process. Develop a data collection framework to measure progress and support ongoing reporting on efforts. O2 Continue to provide training for employees on racial equity and inclusion; increase participation and buy-in to this training within staff and city leadership	based organizations identified Number of meetings, events, and activities Number of participants and people served Number of City staff recruited and engaged Contract signed with culturally-appropriate mental health providers Evaluation plan complete Number of racial equity training and culturally responsive approaches offered Common plan complete Racial impact statement completed.	and one another within community and the City of Minneapolis City staff increase in knowledge of structural and present day racism Long-term objectives for Goal 1: More representation of communities of color and American Indian communities engaged in City processes including department leadership, community agency leaderships, and boards and commissions. A shared sense of the history that has gotten the City and community to the place of civil unrest and other persistent racial disparities.	tables as it pertains to policy and practices decisions as evidenced by key informant interviews and document review. Increased recognition of how policy effects community as evidenced by key informant interviews and City staff survey. Increased racial, cultural, experiential, and socio-economic diversity representation on boards and commissions as evidenced by document review and key informant interviews. Increased value

Develop a communications toolkit for employees to increase their learnings around racial equity and culture	Number of city officials attending and participating in community convening and listening sessions.	A greater understanding of how certain policy decisions can have either a positive or negative impact on communities of color and American Indian Communities	placed on notion of "sharing power" as evidence by key informant interviews and City staff survey.
Acknowledge where prejudice exists in city systems	Number of community events held		Increased empathy towards others from underrepresented racial backgrounds as evidenced by key informant interviews and City staff survey.
Work with individual schools to connect them to anti-bias and cultural competency training for faculty and staff	Number of community organizations or members in leadership positions in creating and facilitating trainings.	Deeper relationships between City and community that is built on trust and mutuality	
A racial equity impact statement that measures how policies and practices affect communities of color and American Indian communities	Number of opportunities for community members to be involved in boards and commissions	School policy change for procedures responding to behavioral issues; default to trauma-informed interventions (therapeutic techniques).	Increased understanding of commonalities across cultures as evidenced by key informant interviews and City staff survey.
O3			
Quarterly listening sessions with community groups and decision makers	Number of dollars for incentives		Increased understanding of the value of differences and diversity as evidenced by key informant interviews and City staff survey.
Use Blueprint for Equitable Engagement from NCR as a model for inclusion and	Number of precautionary steps to validate community-related		

		engagement to build from\n\nSupport Culturally appropriate bridge builders\n\nCity and community come together in healing spaces after traumatic incidents	stories.\n\n"Cultural interpreter" hired.\n\nBridge-builders identified\n\nTechnical assistance and resources needed by bridge-builders are identified.		Decreased suspensions, detentions, and expulsions for behavior issues as evidenced by document review.
Goal 2:\n\nCommunity capacity and health: multi-faceted, multi-layered authentic community response to trauma	Space, community relationships and networks, resources from grant	01\n\nIdentify departments and front line staff who are in need of education and training opportunities.\n\nImplement training programs for first point of contact City staff to understand historical and intergenerational trauma and foster resilience.\n\nIdentify range of responses to	# of and ongoing frequency of trainings\n\n# of individuals trained\n\n% of individuals trained\n\nAssessment criteria established\n\nEvaluation framework established	Short-term outcomes for all objectives under Goal 2:\n\nIncreased funding of previously underfunded or non-traditional organizations.\n\nIncreased awareness of different types of healers and availability.	% in increase funding allocated to organizations not traditionally funded by City or County as evidenced by invoices, key informant interviews and document review.\n\nIncreased awareness of different types of healers and

trauma (such as substance use, mental illness) and train front line staff on the signs and symptoms of trauma responses.

Collaborate with multijurisdictional partners to review policies and practices through a trauma informed lens

Through the use of circles and/or other culturally appropriate facilitation methods, promote healing and resiliency as trauma informed.

Develop protocol to ensure that all training and engagement is done through a community healing lens.

O2

Different neighborhoods within Minneapolis are mapped to identity | Number of dialogues held

Number of community healers available and effectively working

Percent of funding dollars going to community healers

Catalog of community healers and services (at least 25)

Number of teachers/administrators interviewed

Age range of participants involved in discussion on community trauma

Protocol established that activates community healers and invisible emotional laborers | First responders have increased buy-in to the idea that they have power to positively or negatively affect trauma.

Increased trust between community members receiving services and first responders.

Invest in and increase the obligation to attend and participate in trainings about cultural awareness (specific to ways of trauma) – first responders, inspectors, 9-11, 311, fire, polices Invest in leaders from marginalized communities (e.g., participating in decision making)

Longer-term: | availability as evidenced by document review and City staff survey. Decision making tools (e.g. rubrics) reflect criteria determined by community as evidenced by document review . Increased understanding and concern about effects of own behavior as evidenced by key informant interviews and City staff survey.

Increased measures of trust as evidenced by key informant interviews and City staff survey. Increased presence of culturally and racially diverse mentors and healers in schools as |

		neighborhood generational non-institutional (government and nonprofit) community leaders and healers Do an assessment of current capacity of community healers and how they can be supported Establish protocol for access/activation of community healers and how they can be supported Establish protocol to track who is being referred to community healers for services under ReCAST 03 Identify and map community organizations that provide trauma informed care for youth, their families, and community residents	Number of neighborhoods mapped that identify non-institutional cultural healers Protocol established that tracks who is being referred to cultural healers and institutional mental and behavioral health providers Number of mapped organizations providing services Number of youth and families connected to services Number of community listening sessions Number of session attendees Pathway established Number of structures city	Increase in mentors ("healers") that have shared cultural backgrounds with populations of focus. Trauma-informed lens integrated into government agencies, funders processes and philosophy, and services provided by mentors, healers, 1st responders. City staff are aware of sources of trauma identified by community and have structures in place to identify future systems.	evidence by invoices and document review. Increased accounts of trauma-informed behaviors as evidenced by observations and key informant interviews. Increased access to key indicators that determine health and wellbeing Decreased City systems causing community trauma as evidenced by key informant interviews, document review, and observation.

		Identify pathways for organizations to increase the awareness and capacity around the services they provide Develop mechanism that activates these organizations as community needs arise Explore and implement Open Table process as means to provide a broader spectrum of trauma informed services O4 Map organizations providing services related to community identified needs in housing, employment, and re-entry around the City of Minneapolis Foster a healing environment that increases and promotes collaboration between these organizations and community leaders	and community have identified as trauma-causing		

		Connect youth and their families to community based services			
Goal 3: Shared Decision Making through Participatory Budgeting	Space, community relationships and networks, resources from grant	O1 Explore best practices for community/city participatory budgeting frameworks.

Design framework for participatory budgeting process that utilizes and promotes leadership among youth and community members

Develop and release RFP for programs and services that meet the goals and objectives identified under ReCAST Minneapolis

Through process, identify and select providers

Implement evaluation plan to measure progress and success on objectives identified | Best practices framework established

Number of mapped neighborhoods
Number of community leaders, healers, and activists identified.

Number of community members attending trainings.

Number of budgeting meetings held in community.
Number of community members who attend budgeting meetings.

Number of meetings with sustained participants | Short-term outcomes for all objectives under Goal 2:

Increased opportunities for community members to participate in governing.

Increased opportunities for reflection around personal and collective (historical) trauma (general/self-awareness)

Longer-term outcomes

Increased community concerns reflected in governing decisions. Improved rates of personal connection | Increased trainings as evidenced by document review. Increased time spent reflecting as evidenced by document review and key informant interviews. Increased attendance to trainings as evidenced by document review. Increased participation in trainings (e.g., number of questions raised, comments shared, level of attention) as evidenced by document review. Increased incentives |

			Number of participants from previously underrepresented backgrounds	mental health, crime, social cohesion	to participate in trainings and disincentives not to participate as evidenced by document review and key informant interviews.
				Increased honesty within public policy making about systemic racism (e.g., equity, open-mindedness) Increased trust between city staff and community Composition of city staff and community leadership better reflects the community	Increased resources provided to marginalized community members to support role in decision making as evidenced by document review and key informant interviews. Decrease in crime, increase in social cohesion as evidenced by document review, key informant interviews, observation, and focus groups. Frequency of public

					acknowledgement of practices and policies that are structurally and systemically racist as evidenced by document review. Increased trust as evidenced by key informant interviews, City staff survey, community focus groups. Increased racial, cultural, experiential, and socio-economic diversity among decision-makers as evidenced by document review and key informant interviews.

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

GPRA WD2: The number of individuals in the mental health or related workforce trained in behavioral/mental health trauma-informed approaches as a result of the ReCAST grant.						**Persons Responsible**
How will you collect this data?	Sign-in sheets at trainings					Minneapolis City Coordinator Equity & Inclusion Team
Who will you collect this data from and at what time points?	City staff, school staff, community members who receive trainings; annually					Minneapolis City Coordinator Equity & Inclusion Team
What are your annual targets for this measure?	Year 1	Year 2	Year 3	Year 4	Year 5	Minneapolis City Coordinator Equity & Inclusion Team
	65	125	125	125	125	

GPRA TR1: Number of individuals who have received training in trauma informed approaches, violence prevention, mental health literacy, and other related trainings mental health or related workforce trained in behavioral/mental health trauma-informed approaches as a result of the ReCAST grant.						**Persons Responsible**
How will you collect this data?	Sign-in sheets at trainings					Minneapolis City Coordinator Equity & Inclusion Team
Who will you collect this data from and at what time points?	City staff, school staff, community members who receive trainings; annually					Minneapolis City Coordinator Equity and Inclusion Team Partner Organizations
What are your annual targets for this measure?	Year 1	Year 2	Year 3	Year 4	Year 5	Minneapolis City Coordinator Equity and Inclusion Team Partner Organizations
	150	300	300	300	300	

GPRA PC2: Number of community organizations and agencies that are collaborating, coordinating, and/or sharing resources with each other as a result of this grant.						**Persons Responsible**
How will you collect this data?	Interviews with community organizations and agencies					Minneapolis Health Department Evaluation Team Partner organizations
Who will you collect this data from and at what time points?	Advisory board organizations, grantees, affiliated organizations, annually					Minneapolis Health Department Evaluation Team Partner organizations
What are your annual targets for this measure? 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	Minneapolis Health Department Evaluation Team Partner organizations
	60	70	80	90	105	

GPRA T3: The number of individuals (youth and family members) receiving services for trauma informed behavioral health services as a result of the ReCAST grant.						**Persons Responsible**
How will you collect this data?	Develop voucher for people referred to providers that are collected at intake, providers ensure and report back the referral data.					Minneapolis Health Department Evaluation Team Partner organizations
Who will you collect this data from and at what time points?	Partner organizations providing trauma-informed mental health services.					Minneapolis Health Department Evaluation Team Partner organizations
What are your annual targets for this measure? Note that annual targets and obtained data/measures need to be	Year 1	Year 2	Year 3	Year 4	Year 5	Minneapolis Health Department Evaluation Team Partner organizations
	50	100	150	200	250	

submitted quarterly into the TRAC system.						

(2) Outcome Performance Measures

Outcome Performance Measure Focused on High-Risk Youth		Persons Responsible
What specific outcome performance measure will you focus on for high-risk youth?	Number of therapeutic opportunities available to youth in schools within neighborhoods of focus; degree to which programming and services is able to meet demand (where demand = number of students with disciplinary actions on their school records); number of youth engaged in decision making around solutions for structural racism (youth will be contacted through YouthLink and Dr. Joi Lewis. This process is itself intended to push back on structural racism).	Minneapolis City Coordinator Equity & Inclusion Team Minneapolis Health Department Evaluation Team City of Minneapolis Health Department – School Based Clinic Team Dr. Joi Lewis YouthLink Partner organizations
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)?	A spreadsheet to track types of opportunities by school, MPS data on disciplinary actions	
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) ?	A spreadsheet to track types of opportunities by school, MPS data on disciplinary actions, interviews with school staff	
Who will you collect the data from and when/at what time points?	Will collect data at beginning of implementation, then annually	
How will you establish that/when you have achieved your desired result/outcome?	When Schools have changed their discipline policies to prioritize therapeutic interventions, and when schools have sufficient capacity to meet	

demand	

Outcome Performance Measure Focused on Family Engagement		Persons Responsible
What specific outcome performance measure will you focus on for family engagement?	Number of youth participating; number of parents participating; total amount of compensation distributed to families and youth	Minneapolis City Coordinator Equity & Inclusion Team Partner organizations
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) ?	Sign out sheets for compensation; subcontracts awarded to parents and youth	
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)?	An Annual audit of the participation mechanisms in place	
Who will you collect the data from and when/at what time points?	Will collect data from youth and their families at the beginning of implementation and then annually.	
How will you establish that/when you have achieved your desired result/outcome?	When youth and families are integrated throughout decision making processes and identify a sense of ownership with the outcomes of decisions.	

(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.

Goals	Objectives	Activities	Process Measures	Outcomes/ Indicators
Goal 1 Greater Trust and Understanding: Establish, improve and increase trust between community and city.	Objective 1: Utilize place-based artist teams to deepen understanding of self and one another through an exploration of the role of government policy and practice over time in communities of color and Native American communities.	Activity 1: Define geographically-relevant project scope and work plan.	Scope of work and workplan are created.	Increased understanding of cultural identity as evidenced by key informant interviews and City staff survey. Increased understanding of relationships between community and city as evidenced by key informant interviews and City staff survey.
		Activity 2: Identify anchor community-based organizations to lead the work in partnership with City of Minneapolis staff.	Number of community-based organizations identified. Prioritized organizations from community resource inventory	
		Activity 3: Secure participation from City staff to support planning and implementation of place-based engagement strategies.	Number of meetings Number of participants Number of city staff recruited and engaged	
		Activity 4: Develop process to collect stories from staff and residents about their experiences in identified geographies	Number of stories collected from staff and residents	
		Activity 5: Contract with culturally-appropriate mental health provider to ensure health and well-being of participants in community engagement process.	Number of events and activities Number of people served Contract signed with culturally-appropriate mental health provider	
		Activity 6: Develop a data collection framework to measure	Evaluation plan complete	

		progress and support ongoing reporting on efforts.		
		Activity 7: Regularly publish stories across mediums to continuously communicate and build connections	Number of stories published	
	Objective 2: Increase knowledge of structural and present day racism within the City staff and leadership, MPS, and the county.	Activity 1: Continue to provide training for employees on racial equity and inclusion, increase participation and buy-in to this training within staff and city leadership	Number of trainings offered Number of participants	City staff and leadership, MPS, and the county have increased knowledge and understanding of structural and present day racism as evidenced by key informant interviews and City staff survey.
		Activity 2: Develop a communications toolkit for employees to increase their learnings around racial equity including but not limited to a framework for communicating with people across race and culture	Common plan complete Number of participants reached	Decreased suspensions, detentions, and expulsions for behavior issues as evidenced by document review.
		Activity 3: Acknowledge and identify where prejudice exists in city systems, including the structures that have caused trauma and oppression	Survey of city policies – both present and past that have created conditions in the city.	
		Activity 4: Develop a racial equity impact statement that measures how policies and practices affect communities of color and American Indian communities	Impact statement completed	

		Activity 5: Work with individual schools to connect them to anti-bias and cultural competency training for faculty and staff	Schools identified Number of trainings	
	Objective 3: Involving residents of color in city processes around engagement	Activity 1: Quarterly community listening sessions with targeted community groups and decisionmakers	Number of members attending sessions (listening) Number of city officials attending and participating in community convening Number of community events held Number of community organizations or members on boards and commissions	Increase in ability for community to be at tables as it pertains to policy and practices decisions as evidenced by key informant interviews and document review.
		Activity 2: Use Blueprint for Equitable Engagement from NCR as a model for inclusion and engagement to build from		
		Activity 3: Support culturally appropriate bridge builders – those who are recognized as being able to mediate between community and city without being the sole representation of community voice		
		Activity 4: City and community come together in healing spaces after traumatic incidents		
		Activity 5: Incentivize and limit barriers to participation from community members on boards and commissions and other decision making spaces in the City		
Goal 2	Objective 1: Provide educational opportunities	Activity 1: Identify departments and front line staff who are in	Departments identified	Increased knowledge of frontline staff of resilience,

Community capacity and health: multi-faceted, multi-layered authentic community response to trauma	for first point of contact City staff and community members to increase understanding of trauma and resiliency.	need of education and training opportunities.		historical and intergenerational trauma, and responses to trauma as evidenced by frontline staff survey.
		Activity 2: Implement training programs for first point of contact City staff to understand historical and intergenerational trauma and to foster resilience and self care in the wake of primary and secondary traumatic experiences	Number of ongoing and frequency of trainings Number of individuals trained Percent of individuals trained Guidelines for continuing education, licensure, etc., especially first responders	City programming able to identify how it causes trauma and respond to trauma as evidenced by City staff survey and document review.
		Activity 3: Identify range of responses to trauma (such as substance use, mental illness) and train front line staff on the signs and symptoms of trauma responses.	Number of ongoing and frequency of trainings Number of individuals trained Percent of individuals trained	
		Activity 4: Collaborate with multijurisdictional partners to review policies and practices through a trauma informed lens	Assessment criteria established	
		Activity 5: Through the use of circles and/or other culturally appropriate facilitation methods, promote healing and resiliency as trauma arises.	Evaluation framework established	
		Activity 7: Develop protocol to ensure that all training and engagement is done through a community healing lens	Protocol established	

Objective 2: Have a range of non-licensed community leaders who are effective, accessible, and adhere to culturally and linguistically appropriate standards.	Activity 1: Different neighborhoods within Minneapolis are mapped to identify neighborhood, generational non-institutional community leaders and healers	Dollars invested in community healers Number of institutional and non-institutional healers identified Number of community healers available and effectively working Percent of funding dollars going to community healers Catalog of community healers and services (at least 25) Protocol established for community healer activation and tracking Catalog of community healers Number of community listening sessions Number of session attendees Pathway established Number of structures city and community have identified as trauma-causing	Increased funding of previously underfunded or non-traditional organizations as evidenced by key informant interviews and document review. Standard amount of funding goes to community healers as evidenced by key informant interviews and document review. Increased awareness of different types of healers and availability as evidenced by document review and City staff survey. City and funders increase use of community-determined criteria for legitimacy of approaches and organizations (e.g., effectiveness, best practice, quality care) as evidenced by document review. Increased empathy towards others from
	Activity 2: Do an assessment of current capacity of community leaders and how they can be supported		
	Activity 3: Establish protocol for access/ activation of community healers		
	Activity 4: Establish protocol to track who is being referred to community healers for services under ReCAST.		

			underrepresented racial backgrounds as evidenced by key informant interviews and City staff survey. Increased understanding and concern about effects of own behavior as evidenced by key informant interviews and City staff survey.
	Objective 3: Have a range of licensed mental health and behavioral health providers who provide culturally and linguistically appropriate services.	Activity 1: Identify and map community organizations and institutions that provide trauma informed care for youth, their families, and community residents.	Community organizations mapped Number of organizations and institutions providing care Mechanism developed that activates organizations and institutions	Across school district: Increase in mentors ("healers") that have shared cultural backgrounds with populations of focus as evidenced by document review. School policy change for procedures responding to behavioral issues; default to trauma-informed interventions (therapeutic techniques) as evidenced by document review and key informant interviews.
		Activity 2: Identify pathways for organizations to increase the awareness and capacity around the services they provide.		
		Activity 3: Develop mechanism that activates these organizations as community needs arise.		

		Activity 4: Explore and implement Open Table process as means to provide a broader spectrum of trauma informed services.		
	Objective 5: Aligning resources and community infrastructure to increase capacity of organizations meeting the needs of youth, their families, and other residents.	Activity 1: Mapping organizations providing services related to community identified needs in housing, employment, and re-entry around the city.	Number of organizations mapped

Scope of needs in housing, employment, re-entry and other key determinants of health identified

Number of healing circles and other culturally relevant healing spaces

Number of youth and families served

Number of organizations and institutions collaborating with each other | City staff are aware of sources of trauma identified by community and have structures in place to identify future systems as evidenced by document review, key informant interviews, and City staff survey.

Increased access to key indicators that determine health and wellbeing

Decreased City systems causing community trauma as evidenced by key informant interviews, document review, and observation. |
| | | Activity 2: Foster a healing environment that increases and promotes collaboration between these organizations and community leaders. | | |
| | | Activity 3: Connecting youth and their families to community based services | | |
| **Goal 3**
Shared | Objective 1: Develop participatory governing model. | Activity 1: Explore best practices for community/city participatory budgeting frameworks. | Best practices framework established
Number of mapped | Increased opportunities for community members to participate in governing as |

		Activity 2: Design framework for participatory budgeting process that utilizes and promotes leadership among youth and community members.	neighborhoods Number of community leaders, healers, and activists identified Number of trainings held Number of community members at trainings Number of budgeting meetings held in community Number of community members who attend budgeting meetings	evidenced by document review, key informant interviews, and community focus groups. Increased community concerns reflected in governing decisions as reflected by document review and key informant interviews.
Decision Making: Get the work done in a way that reflects real power, buy-in, and leadership from community.		Activity 3: Develop and release RFP for programs and services that meet the goals and objectives identified under ReCAST Minneapolis.		
		Activity 4: Through process, identify and select providers.		

Plans for Disaggregating Data to Focus on Intended Population of Focus and Disparate Subpopulations

Our plans for disaggregating our data so that we can focus on our intended population(s) and subpopulations include the following:
Our data collection tools will track the following participant information: Zip codes and/or neighborhoods Race and ethnicity Age Sexual orientation Gender identity We will take steps to ensure broad representation from the intended populations is included in decision making.

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:
We will assess the difference in the baseline number of participants served by healers and other therapeutic service providers affiliated with ReCAST as compared to the number being served at yearly grant intervals. We will assess the baseline number of therapeutic opportunities available to youth within the schools in targeted neighborhoods as compared to the number being served at yearly grant intervals.

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:

Principal Standard:
- Ensuring cultural and linguistic diversity on the advisory team. Proving translation services when requested – including print material.
- Contracting with organizations and institutions from Minneapolis' diverse cultural, religious, and linguistic community.

Governance, Leadership and Workforce:
- City staff and leadership participate in the Government Advancing Racial Equity cohort which advances health equity throughout the city's policies, practices and resources
- City staff and leadership committed to hiring culturally and linguistically diverse governance. Also commitment to support affinity groups.

Communication and Language Assistance

- The city has access to written translation services both for audio and visual purposes.
- City staff, including front line employees, reflect the cultural and linguistic diversity of the city.
- If there is a need to hire services for translation, we will require community references who can attest to the language ability of these translators.

Engagement, Continuous Improvement, and Accountability

- Through the help of the advisory team, we will ensure that ReCAST Minneapolis' goals, policies, and procedures reflect the cultural and linguistic diversity of the city. In addition, we will design a conflict and grievance policy to be adopted and signed by the advisory team. It will be a living document open to revisions as the need arises.
- We will promote intercultural dialogue as a community engagement strategy
- As part of our ongoing evaluation process, we will track demographic data and will ask participants whether or not they feel the services being offered are culturally and linguistically appropriate.
- Through our ongoing partnership with the health department, Minneapolis Public Schools, Minneapolis Police Department, and other community institutions and residents, we will be able to regularly ascertain the current needs in the community.
- In our communications and promotional materials we will summarize our strategy to adhere to these standards and also provide contact information should community members wish to provide input to our plan.

The persons responsible for overseeing and implementing this plan include:

ReCAST Minneapolis Team:
Joy Marsh Stephens, Project Director

Ebony Adedayo, Program manager

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:		
Sustainability Strategies	**Timeframe for Implementation**	**Persons Responsible**
List the components of the sustainability model from the Center for Public Health Systems Science of the George Warren Brown School of Social Work. The components of this model include: 1. *Environmental Support: garnering a supportive internal and external climate for your program.* 2. *Financial stability: Establishing a consistent financial base for ReCAST* 3. *Partnerships: cultivating connections between your program and its stakeholders* 4. *Organizational capacity: having the internal support and resources needed to effectively manage your program* 5. *Program evaluation: Assessing your program to inform planning and document results.* 6. *Program adaptation: Taking actions that adapt your program to ensure its ongoing effectiveness.* **7.** *Communications: Strategic communication with stakeholders and the public about your program.*	**September 2016 – ongoing.** **Many of the sustainability indicators we have built into our program from the beginning.** **1.** We were highly collaborative and have been working across City departments, elected officials, and the 100 Resilient Cities Initiative to elevate the profile of the work, align across efforts, grow capacity, and ensure equity and resiliency remain a central theme within the organization. #2 We have included cross-jurisdictional institutional partners in the work because the solutions to the issues we face can only be implemented by including a broad cross-section of stakeholders. #3 We are intentional about cultivating deep relationships with the stakeholders around the Advisory Team table and in the broader community. #4 Internal capacity growth for the work – both in addressing our trauma and supporting	**City of Minneapolis ReCAST Team ReCAST Advisory team**

| | others in our constituency facing trauma – is a key area of focus for our ReCAST program implementation.

#5 Evaluation is a built in component of the ReCAST Minneapolis program.

#6 Adaptiveness and the ability to change and be nimble are also key aspects of our program.

#7 We already began the process of developing a communications strategy for ReCAST. Transparency with community is a key value for us under this program and our intention is to use all available means through which to share progress, engage stakeholders and create vehicles for input. | |