We heal together.

SAMHSA ReCAST23

in partnership with
A4E
Crossnore Communities for Children | Center for Trauma Resilient Communities
Forsyth Futures

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Annual Evaluation Report
Reporting Period: 09/30/24 - 9/29/25

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Executive Summary

In its second year, the We Heal Together initiative made commendable progress across all seven goals of its Community Strategic Plan, advancing community-driven efforts to strengthen youth and family well-being in East Winston. Through a combination of outreach, engagement, training, mentoring, trauma-informed system-building, and community-guided evaluation, grant partners expanded local capacity, strengthened partnerships, and enhanced both awareness and access to mental health and supportive services. Year 2 achievements reflect a coordinated, multi-sector approach that centers resident voices, promotes equitable participation, and maintains the previous year's progress towards sustainable, data-informed improvements across the community. The following sections summarize progress and key outcomes for each goal.

Goal 1: Increase participation and capacity of East Winston residents and stakeholders, including youth, in community-based research and action

During Year 2, We Heal Together partners successfully engaged East Winston residents and community stakeholders in culturally relevant ways to increase participation and capacity for community-based research and action. Community listening sessions gathered input from residents and local partners to inform future informational sessions, summits, and trainings, while strengthening collaboration across organizations. Three public-facing events, the Roots and Routes gathering and two Healing Trains-Formation sessions, reached close to 200 participants, blending celebration, family engagement, and interactive learning on social determinants of health, advocacy, and youth mental health. Participant feedback reflected high satisfaction and perceived value, highlighting the importance of creating opportunities for skill-building, leadership development, and community connection. Overall, Year 2 progress demonstrates meaningful engagement, strengthened partnerships, and increased community capacity to participate in research and advocacy efforts.

Goal 2: Foster and facilitate greater collaboration among community partners and institutional stakeholders to streamline efforts that address community violence

In Year 2, We Heal Together Winston-Salem made meaningful progress toward fostering collaboration among community partners and institutional stakeholders to address community violence and improve service access for youth and families. Grant partners identified 13 trauma-informed organizations offering referral services and resource navigation, reviewed existing resource directories, launched HowAreTheChildren.org to consolidate information, and hired a facilitator to build a coordinated network of service providers. Six health and well-being events, including Roots and Routes, Church in the Streets, Back-to-School Community Health Fest, and Healing Trains-Formation gatherings, engaged approximately 770 community

members and 35 organizations, providing spaces for mental health awareness, resource navigation, and community connection. WHT-WS also began aligning its work with the broader Thrive Together movement by translating the Community Strategic Plan into the Aligned Contributions Model, engaging five organizations in identifying shared long-term goals and developing tools to support ongoing collaboration. Efforts to address gun violence as a public health issue included convening community initiatives and systems leaders, facilitating cross-sector coordination, and identifying opportunities for sustained, collaborative interventions. Collectively, these activities reflect progress toward creating a cohesive, multi-sector approach that strengthens partnerships, enhances service access, and promotes safety and well-being across East Winston.

Goal 3: Enhance family engagement and create a supportive, inclusive school community for all families by addressing barriers to parent involvement, building effective engagement strategies, and implementing community-centered practices

We Heal Together partners advanced Goal 3 during Year 2 by enhancing family engagement and fostering inclusive, supportive school communities within Winston-Salem/Forsyth County Schools, with particular attention to historically underrepresented Black and Brown families. Efforts included convening Parent and Family Engagement Coordinators to identify barriers and promising strategies for engaging Spanish-speaking and immigrant families, co-designing and hosting targeted listening sessions to gather family perspectives on school-community relationships, and implementing community-centered forums and workshops in partnership with schools and trusted local organizations. Across these activities, partners leveraged accessible locations and evening scheduling to reduce participation barriers and build trust. Dozens of families participated, providing valuable feedback that informed practical strategies, such as prioritizing proactive communication, utilizing trusted community messengers, and strengthening partnerships between families and schools. Collectively, these efforts laid the foundation for a more equitable, responsive, and positive school-family engagement ecosystem that centers the needs, voices, and leadership of families.

Goal 4: Reduce high-risk behaviors and increase protective factors for East Winston youth exposed to adversity and trauma by implementing a comprehensive trauma-informed advocacy and mentoring strategy and collapsing the school-to-prison pipeline

During Year 2, Full Circle Mentoring (FCM) made meaningful progress toward Goal 4 of the We Heal Together initiative. Goal 4 focuses on reducing high-risk behaviors and increasing protective factors for East Winston youth by implementing a comprehensive, trauma-informed advocacy and mentoring strategy.

FCM strengthened its comprehensive, relationship-based model to support youth and families during Year 2. Staff facilitated 743 individualized connections to community resources including

food, housing, transportation, legal advocacy, and extracurricular opportunities, partnering with 39 local organizations in the process. Parents reported that these supports reduced household stress, stabilized families, and enabled deeper engagement with schools. Mentors integrated academic support, homework assistance, social-emotional learning, and mental health awareness into everyday interactions with FCM scholars. Highly engaged youth showed promising trends in school attendance, with chronic absenteeism appearing to decline slightly from Year 1 to Year 2 and active FCM scholars exhibiting higher attendance than matched peers. While suspension rates remained similar to comparison groups, mentors and parents highlighted the program's role in promoting safe, structured environments and encouraging positive behavioral outcomes for these young people. Parents consistently emphasized that FCM strengthens protective factors for youth and their families through consistent mentorship, improved social-emotional skills, increased confidence, and academic support, while also fostering family engagement with schools, including IEP navigation.

In Year 2 FCM staff continued to increase their professional capacities by participating in seven professional development sessions, covering topics ranging from trauma-informed care and mental health first aid, to leadership and community collaboration. Mentor interviews highlighted the multifaceted nature of their roles, which spans tutoring, advocacy, transportation, and crisis intervention, as well as identifying potential opportunities to enhance program and staff capacity through additional staffing, ongoing targeted training, logistical supports, and expanded community resources. Parent feedback aligned with these insights, recommending increased mentorship and structured supports to maximize program impact.

During Year 2, WHT partners also continued work mapping and integrating local trauma-informed, SEL, and restorative justice initiatives. The STARS summer pilot program led by Triad Restorative Justice exemplified this work in Year 2. This six-week program served high-risk youth with intensive supervision needs, providing skill-building in anger management, life skills, SEL, restorative practices, and career exploration, while engaging families and community partners. The pilot demonstrated the potential for cross-sector collaborations that take a protective-factor bolstering approach.

Goal 5: Capacity-building - Enhance trauma-informed systems of care

In Year 2, We Heal Together (WHT) advanced its efforts to strengthen trauma-informed systems of care across East Winston and the broader community. Activities focused on building the capacity of Backbone Agencies (BBAs), increasing trauma-informed knowledge among community members, and equipping clinicians and human service personnel with evidence-based tools. Together, these efforts reflect substantial progress toward establishing a coordinated, sustainable, and community-anchored trauma-informed network.

Backbone Agency staff participated in a range of Trauma Resilient Communities (TRC) trainings, including multi-day Engagement and Embedding training sessions, TRC training booster sessions, TRC Champion coaching sessions, and TRC Communities of Practice. In Year 2, personnel from WHT BBAs and other local organizations, along with other community members, completed Engagement training, for a total of 67 trained staff across Years 1 and 2.

Additional Embedding training and TRC Champion coaching sessions reinforced trauma-informed knowledge, organizational application, and leadership development. Across all TRC-focused activities, participants reported measurable gains in knowledge of and comfort with trauma informed care.

CTRC also offered two half-day TRC Overview for Community sessions to local residents, providing an accessible introduction to trauma-informed concepts, resilience-building strategies, and community-level approaches. While participation was modest in Year 2, these sessions contributed to early-stage capacity building and the cultivation of a shared understanding of trauma-informed approaches within East Winston.

Thirteen clinicians and human service staff participated in a two-day S.E.L.F. (Safety, Emotions, Loss, and Future) training, while six local organizations, including one WHT BBA, received the full 50-lesson curriculum and institutional licenses. Two follow-up S.E.L.F. coaching sessions highlighted practical applications of S.E.L.F., including assessment, reflection, and shared language for supporting youth and families. These activities represent foundational and ongoing steps toward equipping local service providers with trauma-informed tools, with expanded training and coaching planned for Year 3.

Goal 6: Increase first responders' and youth-involved workers' knowledge of youth mental health risk factors through trainings to improve their outreach and interactions with youth

Goal 6 aims to equip first responders, school personnel, and youth-involved community members with the knowledge and skills to recognize and respond to youth mental health concerns through Youth Mental Health First Aid (YMHFA) training. Building on Year 1, Year 2 expanded participation to 86 individuals across six sessions, including the initiative’s first fully Spanish-language training, bringing the total trained since inception to 119 of the 200-person target. Participants demonstrated measurable gains in knowledge, confidence, and perceived ability to apply YMHFA's ALGEE (Approach, Listen, Give, Encourage, Encourage) action plan and other trauma-informed strategies across professional, school, and home settings. Qualitative follow-up feedback highlighted the value of the training's interactive activities, real-life examples, and access to community resources, with trainees reporting increased attentiveness and intentionality in their interactions with youth and successful connections to supports. Some challenges remained, including addressing stigma associated with mental health care, sometimes limited local resources, and some trainees' continuing uncertainty in identifying and addressing crisis situations, emphasizing the importance of ongoing support for those that might need to provide YMHFA. Overall, Year 2 results indicate steady progress toward building a more responsive community network capable of supporting youth mental health, while also identifying areas for continued outreach, particularly to first responders and school personnel.

Goal 7: Use community- and system-aligned measures to evaluate the impact of the We Heal Together initiative, sharing the results with and getting feedback from the community, and incorporating community feedback into continuous improvement work

In Year 2, the We Heal Together initiative made significant progress toward Goal 7, focusing on building a community-driven, transparent, and adaptive evaluation framework. Grant partners collaborated to improve Year 2 evaluation activities by expanding qualitative data collection where needed, and replacing certain other evaluation measures that proved uninformative or overly burdensome in Year 1. Key achievements included surpassing several SAMHSA IPP targets: 250 instances of workforce development training that was part of over the 270 mental health promotion trainings done, engagement with 84 collaborating organizations, Full Circle Mentoring serving another 58 additional youth, and mental health awareness outreach reaching more than 1,100 community members.

Community-driven evaluation was also advanced through structured processes involving the WHT Community Advisors (CAs), the Community Health Educator, and the evaluation team. In Year 2, CAs developed individualized work plans and completed Before and After Action Reviews (B/AARs) to document and communicate the outcomes of their activities. Year 2 Community Advisory Board meetings provided a platform for sharing progress among partners, including evaluation results, discussing lessons learned, and integrating community feedback into WHT's continuous improvement efforts. The collective work of WHT's four spotlighted CAs demonstrated the impact of outreach, youth engagement programs, and innovative initiatives, such as the Teen Talk Show, Mobile Peer Unit, and youth gardening programs. These aligned efforts served to strengthen the initiative’s connections to community members, fostering greater trust and supporting more equitable participation in WHT activities.

Year 2

Overall, Year 2 of We Heal Together demonstrated meaningful progress in building a community-centered, trauma-informed approach to supporting youth, families, and other residents in East Winston. Across all seven strategic goals, WHT partners were able to strengthen engagement, expand services and training, and continue advancing trauma-informed practices, building further on the previous year's foundation for continued impact. These accomplishments position the initiative to further deepen community partnerships, enhance program effectiveness, and sustain long-term positive outcomes in Year 3 and beyond.

Introduction

The We Heal Together Winston-Salem (WHT-WS) initiative is a four-year, community-driven program funded in large part by SAMHSA. Not all WHT activities described in this report were paid for with WHT funds. The aim of WHT is fostering resilience, reducing trauma exposure, and building stronger systems of care for youth and families in East Winston-Salem. This initiative focuses on addressing variations among populations disproportionately affected by adversity, trauma, and inequities, with an emphasis on providing trauma-informed services. WHT-WS operates through a partnership among key community stakeholders, local non-profits and Backbone Agencies (BBAs), the Community Advisory Board (CAB), the local school system, and other community organizations, with primary implementation support from Crossnore's Center for Trauma Resilient Communities (CTRC), A4E, and Forsyth Futures. By integrating capacity-building, direct service provision, and community-engaged research, WHT-WS is working to establish sustainable systems that promote mental health, educational success, and overall well-being for East Winston residents.

The initiative's work is structured around seven interrelated goals, each targeting specific areas of community, organizational, and individual capacity. Goal 1 centers on increasing participation of East Winston residents and stakeholders in community-based research to identify community needs and resources. In Year 1, the WHT-WS team successfully conducted a Community Needs and Resources Assessment (CNRA) using the Peoples' Research Council (PRC) framework, engaging over 202 residents through interviews, focus groups, surveys, and group meetings. The CRNA informed the development of the Community Strategic Plan (CSP), which reflects community-identified priorities, risk factors, and solutions, and incorporates feedback from residents, local organizers, and the CAB. In Year 2, partners continued to implement Goal 1 by engaging community members in various information sessions, community health events, and other modes of community engagement.

Goal 2 focuses on enhancing trauma-informed systems of care and fostering cross-sector collaboration to address community violence. During Year 2, WHT-WS made significant progress in strengthening partnerships among community organizations and institutional stakeholders. Efforts to improve resource referral and navigation included identifying and engaging 13 youth-serving organizations, reviewing existing service directories, developing a new online resource directory, and hiring a dedicated facilitator to coordinate a network of service providers. The initiative also hosted or participated in multiple community health and well-being events, including Roots and Routes, Church in the Streets, the Back-to-School Community Health Fest, and multiple Healing Trains-Formation events, which collectively engaged approximately 770 community members and 35 partner organizations. These events provided spaces for mental health awareness, resource navigation, and community connection. Under Goal 2 WHT-WS began aligning its work with the broader Thrive Together movement by translating the Community Strategic Plan into the Aligned Contributions Model, engaging five organizations in identifying shared long-term goals and building tools for ongoing collaboration. In addition, coordination efforts addressing gun violence as a public health issue included

convening initiatives and community members through Healing Trains-Formation and “Lunch and Listen” events, strengthening cross-sector networks, and identifying opportunities for sustained collaborative interventions.

Goal 3 is devoted to enhancing family engagement with the local school system, especially among historically underrepresented parts of the community. WHT-WS partners convened district Parent and Family Engagement Coordinators to surface key barriers and promising strategies for engaging Spanish-speaking families, co-designed and hosted targeted listening sessions to elevate family perspectives on school-community relationships, and implemented community-centered practices to foster trust, reduce barriers to participation, and help amplify underrepresented voices. These efforts brought together multiple community and school partners, engaged dozens of families, and resulted in practical insights, such as the importance of leveraging trusted messengers, prioritizing accessible times and locations, and centering positive, proactive communication strategies. Collectively, these activities laid essential groundwork for a more welcoming and positive school-family partnership ecosystem, one better aligned with the needs, strengths, and leadership of families.

Goal 4 aims to reduce high-risk behaviors and increase protective factors for youth exposed to trauma through Full Circle Mentoring (FCM). Since its launch in November 2023, FCM has provided after-school programming that fosters emotional self-awareness, self-regulation, and trauma awareness for enrolled youth. FCM provides advocacy, mentoring, and resource connections for students and families. In year 2, 58 additional youth not previously served participated in FCM, exceeding the Year 2 enrollment target. These youth represent populations disproportionately impacted by poverty, school absenteeism, and other adversities. In Year 2, qualitative data from FCM parents and staff showed the value of this programming in increasing protective factors for East Winston youth.

Goal 5 focuses on enhancing trauma-informed systems of care by implementing the Trauma Resilient Communities (TRC) model across the WHT Backbone Agencies. Staff from the WHT BBAs have participated in multiple comprehensive TRC trainings, including 3-day engagement and embedding workshops, coaching support, and booster sessions. CTRC also provided Overview for Community sessions to provide information about trauma-informed care to additional interested community members. In Year 2, CTRC trained 21 professionals as TRC champions, providing internal leadership to embed trauma-informed practices across agencies. Pre- and post-training evaluations demonstrate significant increases in participants’ beliefs and comfort regarding trauma-informed principles. Goal 5 also aims at increasing the capacity of mental health and related practitioners to provide trauma-informed care through implementation of the S.E.L.F. Trauma-Informed Psychoeducational Curriculum. In Years 1 and 2, CTRC established the groundwork for delivering the curriculum and creating supporting tools.

Goal 6 centers on increasing the knowledge and skills of first responders and youth-serving workers in recognizing and responding to youth mental health risk factors through Youth Mental Health First Aid (YMHFA) training. Building on Year 1, when 33 community members completed training with significant gains in knowledge and confidence, Year 2 expanded implementation

with six additional sessions, training 86 more participants, including the initiative's first fully Spanish-language YMHFA session. While outreach to first responders and broader school system personnel remains a priority, a total of 119 community members have now completed YMHFA training since the grant's inception, demonstrating steady progress toward the long-term goal of equipping 200 participants with the skills to support youth mental health effectively.

Goal 7 emphasizes community-driven evaluation to track and communicate the impact of WHT-WS. Forsyth Futures has collaborated with A4E, Crossnore, and the CAB to ensure data collection aligns with CSP objectives and IPP indicators. The evaluation team has continued to refine data collection methods and ensured ongoing community engagement in evaluation processes. This work allows the initiative to measure impact authentically, refine programming, and incorporate feedback in the name of continuous improvement.

Looking ahead to Year 3, WHT-WS will continue to build on these accomplishments while expanding reach and deepening impact. Efforts will include additional TRC and YMHFA trainings for BBAs and community members, delivery of the S.E.L.F. curriculum to clinicians and human services professionals, and continued expansion of FCM programming to reach additional youth and families. Year 3 will also emphasize sustaining gains made in trauma-informed practice, strengthening internal leadership through TRC champions, and ensuring continuous community-driven evaluation and feedback. Collectively, these efforts will support the initiative's overarching mission: promoting healing and resilience for all residents of East Winston-Salem.

Goal 1: Increase participation and capacity of East Winston residents and stakeholders, including youth, in community-based research and action.

During Year 2, We Heal Together continued to deepen community participation and leadership by expanding opportunities for residents, families, and local partners to contribute to research, planning, and healing-focused activities across East Winston. Building on the foundation established in Year 1, the partnership broadened its engagement efforts through collaborative listening sessions and information-sharing events that centered community voices. This section describes how residents were engaged in a fall 2024 listening session meant to reinforce the importance of community-guided decision-making. It also highlights ongoing efforts to assess community needs and priorities through information sessions, including a session with the Forsyth County Health and Human Services Department that served to strengthen cross-sector collaboration. Finally, this section summarizes major community events such as the Roots and Routes celebration and the Healing Trains-Formation gatherings, which provided accessible spaces for learning, wellness, and connection. Together, these activities demonstrate sustained progress toward increasing community participation, building local capacity, and ensuring that East Winston residents are central to shaping the goals and outcomes of the We Heal Together initiative.

Objective 2: Community members continue to be engaged in culturally relevant and responsive ways to direct informational sessions about SDOH and vital conditions and audience- and topic-specific summits and trainings / workshops around advocacy.

Activity 1: Conduct ongoing assessments of community needs and interests to inform informational sessions, summits, and trainings using asset-based community development approaches.

A4E, in partnership with the Forsyth Industrial Areas Foundation (IAF), conducted a community listening session designed to assess local needs, interests, and priorities in a culturally relevant manner, guiding future informational sessions, summits, and trainings on social determinants of health and advocacy. The session leveraged asset-based community development approaches, inviting residents, primarily parents and families served by Full Circle Mentoring, to provide input on community strengths, gaps, and opportunities (see also Goal 2 Objective 1 Activity 2, and Goal 3 Objective 1 Activity 3).

Participants were invited to complete a feedback survey as part of the event to gather their perspectives on the experience. Detailed methodology and participant demographics are provided in the IAF Listening Session Survey Report (see Appendix A). A total of 22 community members participated in the IAF listening session and provided responses to the feedback survey. Participants' feedback demonstrated high satisfaction with the engagement. They were asked to rate their agreement with the statement "*After tonight's session, I feel encouraged that my voice matters in making changes in my community*", with all respondents agreeing or strongly agreeing that their voices were heard and valued in shaping the discussion. The survey also asked participants "*why do you agree or disagree? And, is there anything else you would like us to know?*" Participants' responses to this open-ended question were also overwhelmingly positive, with many explaining they felt heard during the session and encouraged that change is possible. Said one "*I felt like very valuable questions was asked and we was all given a chance to discuss our views and opinions. Giving everyone a chance to elaborate.*" Feedback from the participants indicated high satisfaction with the engagement process, with all respondents agreeing or strongly agreeing that their voices were heard and valued.

Activity 2: Identify community partners to collaborate in providing informational sessions, summits, and trainings.

As part of efforts to strengthen community-led approaches to addressing social determinants of health (SDOH) and vital conditions, a "Lunch and Listen" Community Listening Session and Data Walk was held in April, 2025, in partnership with the Forsyth County Health and Human Services Department (HHS). The purpose of this session was to identify and engage community partners in collaborative dialogue with the Health Department, aligning local data, community expertise, and shared priorities to inform future informational sessions, summits, and trainings.

The event brought together eight community partners, representing diverse sectors and areas of expertise: A4E, Anthony's Plot Community, Atrium Health Wake Forest Baptist, Crossnore, Everytown for Gun Safety, Forsyth County Health and Human Services, K.B. Reynolds Charitable Trust, My Brother's Keeper Winston-Salem, and Triad Restorative Justice. Participants engaged in data-informed discussions, using the BART framework (Boundaries, Authority, Role, Tasks) to clarify HHS's role and build transparency around partnership expectations. A data walk facilitated collective reflection on gun violence (see also Goal 2 Objective 3 Activity 2), the 7 Vital Conditions, and local community strengths. Participants discussed personal connections to the data, identified gaps and missing perspectives, and strategized around development of a list of feasible, community-driven interventions that could be pursued collaboratively.

Activity 3: Provide informational sessions, summits, and trainings.

Roots and Routes event

One event hosted during Year 2 that emphasized culturally relevant community engagement was the Roots and Routes gathering (see also Goal 2 Objective 1 Activity 7). This event, hosted by Forsyth Family Power, brought together approximately 100 attendees for a celebration of

empowerment, engagement, and pride within local communities. Designed as a family-centered gathering, the event featured performances, child-friendly activities, snacks, and interactive tables from local initiatives such as the People's Research Council and Full Circle Mentoring. Parents, caregivers, and youth were able to participate in leadership workshops and connect with Forsyth Family Power's leadership and caucus groups. In honor of Mexican Mother's Day and Mother's Day weekend, mothers were celebrated with roses and cards recognizing their essential role in the community. The Center for Trauma Resilient Communities (CTRC) shared Youth Mental Health First Aid (YMHFA) messaging with participants, promoting awareness of signs and symptoms of youth mental health challenges

Participant survey results from Roots and Routes reflected strong satisfaction with the event. Among the ten participants responding to the survey, they gave an overall satisfaction rating of 4.6 out of 5, and 4.4 out of 5 for agreement that they learned something useful or valuable through their participation. Open-ended responses highlighted community appreciation for events like this that blend celebration and learning, with calls for more frequent and engaging gatherings. Participants expressed interest in educational opportunities such as practical life skills classes (e.g., swimming, financial literacy), youth leadership development, and learning experiences. Many emphasized the importance of fostering connection, unity, and cross-community relationships through future events that encourage storytelling, collaboration, and shared celebration (see also Goal 2, Objective 1, Activity 7). The survey did not include questions asking participants to rate cultural competency, given the desire to keep the survey as concise as possible. Additionally, it was not clear that there were any concerns about this event lacking cultural competency, therefore an assessment to ensure it was did not seem warranted.

Healing Trains-formation events

Also during Year 2 of the grant, two Healing Trains-Formation events were held to promote community connection, learning, and wellness through relevant programming. These events brought together approximately 95 community members across both events to engage in discussions and activities centered on mental health awareness, stress management, and holistic well-being. Each event featured presentations and interactive workshops led by local practitioners and community organizations, offering participants practical strategies for maintaining mental and emotional health. The sessions also created space for open dialogue about mental health stigma and the ways systemic factors influence well-being in East Winston. The strong attendance and engagement by the community suggests these events were a meaningful response to community needs. The events exemplified effective collaboration among community partners and demonstrated the value of community-driven education around social determinants of health and vital conditions (see also Goal 2, Objective 1, Activity 7, and Goal 2, Objective 3, Activity 1). These events were originally orchestrated outside the purview of We Heal Together grant partners, with WHT partners being invited to participate after the initial planning for the event. Additionally, a short time frame between when the evaluation team received notice of these events and when the events were scheduled to occur precluded the opportunity to collaboratively design a participant survey that would be relevant and useful.

Activity 3 Summary

During Year 2, We Heal Together partners delivered multiple community events and trainings that promoted learning, connection, and healing. The Roots and Routes gathering engaged roughly 100 participants and blended celebration with learning through performances, family activities, and leadership workshops, while also sharing youth mental health resources; survey responses indicated high satisfaction (4.6/5) and strong agreement that participants gained valuable knowledge (4.4/5), along with calls for continued, skills-focused events. Additionally, two Healing Trains-Formation events reached approximately 95 community members, offering interactive workshops and dialogue on mental health, stress management, and community wellness. Taken together, these events reflect progress toward Activity 3 by providing spaces that strengthened community ties, increased knowledge, and supported wellness across East Winston.

Summary of Goal 1

Overall, Year 2 activities under Goal 1 demonstrated meaningful progress in strengthening community participation and ensuring that East Winston residents continue to shape the direction of the We Heal Together initiative. Through listening sessions and large-scale community events, partners created multiple pathways for residents to share their experiences, identify priorities, and engage with local organizations. These activities not only reinforced the value of community voice in planning and decision-making but also expanded opportunities for learning, collaboration, and collective problem-solving. Together, they represent significant steps toward building a more connected, informed, and empowered community.

Goal 2: Foster and facilitate greater collaboration among community partners and institutional stakeholders to streamline efforts that address community violence.

Goal 2 of the Community Strategic Plan is designed to strengthen collaboration among community partners and institutional stakeholders to more effectively address community violence. The goal emphasizes creating cohesive systems that improve resource access, coordination, and advocacy for youth and families in East Winston, while also aligning broader community efforts to prevent violence and promote public health approaches to gun safety.

Objective 1 focuses on improving resource referral and navigation processes for youth and families. Activities under this objective include identifying key community partners who provide referrals, assessing barriers to resource access, compiling a unified directory of services, developing a network of organizations providing case management, creating and implementing a collaborative action plan to improve resource navigation, and hosting health and well-being events that provide education and mental health awareness. Together, these activities aim to create a more seamless continuum of care and ensure families can access the support they need efficiently.

Objective 2 emphasizes aligning and coordinating We Heal Together (WHT) initiatives with the broader Thrive Together movement. Activities include connecting WHT work to the overall Thrive Together framework, developing a unified advocacy agenda across the Thriving Conditions, and coordinating services and funding. This alignment ensures that WHT's work complements and strengthens other community-driven efforts, maximizing collective impact.

Objective 3 targets the coordination and sustainability of community efforts to address gun violence, framing it as a public health issue. Activities include convening existing community initiatives to improve coordination, engaging systems leaders to address key issues, fostering public recognition of gun violence as a public health concern, establishing a central hub for violence prevention initiatives, and encouraging community institutions to adopt the Reimagine Public Safety Pledge. These efforts aim to create a unified, sustained approach to reducing gun violence while fostering community safety and accountability.

This comprehensive framework under Goal 2 provides a roadmap for collaborative, coordinated action to reduce community violence, improve access to critical services, and strengthen advocacy and prevention strategies across East Winston. The following sections describe the activities implemented across the grant partnership in Year 2 along with results from those activities.

Objective 1: Improve resource referral and navigation processes for youth and families.

Activity 1: Identify community partners who provide referrals and resource navigation.

Results Narrative

During Year 2, the We Heal Together initiative continued to strengthen the identification of community partners providing referrals and resource navigation to support youth and families. As of this reporting period, grant partners have compiled an initial list of 13 trauma-informed organizations offering referral services and resource navigation. These organizations include Family Services of Forsyth County, Big Brothers Big Sisters, Inc., Full Circle Mentoring, Life of Victory in Christ Ministries, Comunidad Mujer Valiosa, The Parenting PATH, School Health Alliance, Triad Restorative Justice, Crossnore Communities for Children, Delta Arts Center, Imprints Cares, Love Literacy, and Smart Start of Forsyth County. This list represents a significant step in mapping the local ecosystem of organizations providing critical support for youth and families in East Winston.

Recognizing the importance of expanding beyond the initial group of Backbone Agencies recruited in Year 1, grant partners have actively pursued strategies to engage a broader network of community organizations. One key initiative was the coordination and execution of the Rooftop Gathering networking event, designed to convene youth-serving organizations, build connections across agencies, and foster synergy in referral and resource navigation efforts. This event not only strengthened relationships among existing partners but also created opportunities to identify additional organizations contributing to the local service continuum.

To further enhance access to information about available youth services, grant partners implemented an online resource directory, HowAreTheChildren.org, which consolidates links to 30 different entities providing programming and support for youth. This directory serves as a practical tool for both families and community partners, helping to streamline referrals and increase awareness of the local service landscape.

The We Heal Together initiative staff have also supported the partner network Thriving Together's work to align and streamline local resource directory work. In September of 2025, 16 organizations that maintain resource directories met to share their work and gauge interest in creating a collaborative database that is collectively maintained and feeds their public-facing platforms. The group generally expressed enthusiasm for this idea and also began to discuss the potential of improving public-facing resource directories. They plan to meet again in December to continue this discussion and work.

Collectively, these efforts reflect a deliberate, coordinated approach to identifying and connecting community partners, laying the groundwork for improved resource referral and navigation processes. Continued expansion of this network and ongoing development of

centralized information resources will further advance the initiative's goal of fostering collaboration among community and institutional stakeholders to support youth and families in Forsyth County.

Activity 2: Assess barriers and challenges of youth and families to accessing and connecting to resources

Results Narrative

During Year 2, grant partners made foundational progress toward assessing the barriers and challenges youth and families experience when accessing community resources. In addition to the knowledge gained about youth and families' struggles accessing resources from the Forsyth IAF listening session described below, a group including WHT leaders and Institutional Advisors convened specifically to address the referral navigation process. Planning efforts focused on developing strategies for data collection, including the design of surveys and focus groups intended to capture the perspectives of both youth and family members. These preparatory activities represent critical steps in establishing a structured approach to understanding access barriers and ensuring that future assessments are responsive to community needs.

In addition to this methodological planning, grant partners engaged in preliminary discussions regarding access challenges. Key themes identified in these discussions included fragmented referral systems and the importance of emphasizing human-centered, relational approaches to resource navigation. These conversations helped inform the planned survey and focus group protocols, and highlighted the need to prioritize relational strategies in assessing and improving service access.

As of the end of Year 2, implementation of the survey and focus group assessments has not yet occurred. Consequently, organizations and community members will not be assessed until Year 3, and qualitative data on resident satisfaction or perceptions of referral accuracy will not be available until then. While the direct data collection is pending, the planning work completed during Year 2 establishes the framework for systematic assessment of access barriers in Year 3, ensuring that future findings will be actionable and grounded in the lived experiences of youth and families.

Activity 3: Assess existing resource directories and work towards compiling a unified directory of resources that creates a more cohesive continuum of services.

Results Narrative

During Year 2, grant partners advanced efforts to assess existing resource directories for youth and families and lay the foundation for a unified, cohesive directory designed to streamline access to services. The work began with a review of existing directories. Partners examined two existing models, the Spark Community platform and the Community Resource Platform, to identify best practices and inform the design of a locally tailored resource tool.

Using what they learned from assessing existing directories, grant partners implemented a new online resource directory, HowAreTheChildren.org, which consolidates links to 30 different entities providing programming and support for youth. This directory marks a first step toward compiling a unified directory that creates a more cohesive continuum of services for youth and families.

Building on this assessment of existing directories and preliminary development of a new online directory, grant partners reframed their discussion of what a unified directory would entail. The directory was reframed as a success pipeline, as a systems-change tool rather than a static listing, emphasizing its role in strengthening the local service ecosystem. Five essential “layers” were identified to guide its development: raw data, technology infrastructure, relational trust, trauma-informed certification, and community interface. Being attentive to these layers during the development of the unified directory is intended to ensure the directory will be comprehensive, user-centered, and supportive of both youth-serving organizations and families navigating the system. Additionally, the directory would be organized according to the Seven Vital Conditions framework, aligning resources with a broader, holistic vision of community well-being.

Together, these activities position the initiative to develop a unified resource directory that not only consolidates information but also enhances relational connections, improves navigation processes, and supports continuous system improvement for youth and families in Forsyth County.

Activity 4: Develop a network among organizations providing resource navigation/case management services and explore pathways to streamline and improve resource navigation/case management.

Results Narrative

During Year 2, We Heal Together partners initiated the next phase of work to strengthen coordination among organizations providing resources and case management services. A key milestone was the hiring of a dedicated consultant to lead this effort, serving in the role of Umoja Youth Council Fellowship & Family Engagement Network Development Facilitator. The facilitator’s charge is to co-develop and guide a community-rooted network that connects youth-serving organizations with youth voice and leadership via a youth council.

The facilitator began implementation by meeting with partners in small-group settings to establish personal rapport and trust with service providers. These initial conversations are intended to surface best practices, understand organizational needs and resources, and gain perspective on the local referral and case management services landscape. As this work progresses, these early relationship-building activities will expand into a learning cohort model, bringing together youth-serving and family-engagement organizations to collaboratively discuss strategies for improving navigation processes and building a more cohesive support system.

The facilitator’s scope of work for the next year includes developing the Umoja Youth Council

Fellowship, aligning community leadership development curricula, designing a youth-led recruitment and engagement strategy, and supporting the creation of aligned contribution models for youth-serving organizations. These four deliverables explore pathways to streamline and improve resource navigation, and will collectively advance the development of a family engagement network that strengthens collaboration among partners and lays the groundwork for the subsequent activities under this objective: creating a collaborative action plan (Activity 5) and implementing system-wide improvements to resource navigation and case management (Activity 6).

Implementation of Activity 4 to develop a network is just beginning. There is not yet an exact number of agencies that will be included in the network, and qualitative data capturing partner satisfaction with network collaboration has not yet been collected, since collaboration on the network is only just beginning.

Summary of Goal 2, Objective 1, Activities 1-4

In Year 2, the We Heal Together initiative made important progress toward improving resource referral and navigation processes for youth and families. Grant partners successfully identified an initial set of community partners providing referral and navigation services, reviewed existing directories, and began developing a unified, systems-focused directory organized around key operational and relational layers. Planning efforts also laid the groundwork for assessing barriers and challenges faced by youth and families in accessing resources, including the development of survey and focus group strategies. The hiring of a dedicated facilitator near the end of Year 2 marked a major step toward developing a coordinated network among organizations providing resource navigation and case management services for youth and families.

Collectively, these efforts establish a strong foundation for the next phase of work, which will focus on creating a collaborative action plan to enhance system-wide navigation processes (Activity 5), and implementing that plan to strengthen service delivery and coordination across the local service ecosystem (Activity 6).

Activity 7: Conduct / collaborate with others to conduct 3 health and well-being events in East Winston, including information on mental health awareness.

Roots and Routes event

To support Goal 2, Objective 1, Activity 7, the Roots and Routes event served as a collaborative health and well-being initiative in East Winston, providing community members with access to mental health awareness information and other supportive resources (see also Goal 1, Objective 2, Activity 3). The event brought together multiple community partners and institutional stakeholders to streamline efforts and ensure youth and families could connect with relevant services and supports.

The event welcomed approximately 100 attendees, including youth, parents, and caregivers

from Black and Latino communities. Participants engaged with performances, child-friendly activities, and interactive informational tables hosted by local initiatives such as Forsyth Family Power, the People's Research Council, A4E, Forsyth Futures, Full Circle Mentoring, and the Center for Trauma Resilient Communities. Leadership workshops provided opportunities for participants to develop skills and connect with Forsyth Family Power's leadership and caucus groups. Mental health awareness messaging from the Center for Trauma Resilient Communities emphasized the importance of recognizing signs of mental health challenges in young people. Around 20 informational Youth Mental Health First Aid flyers were distributed to attendees, further supporting resource navigation and promoting awareness.

Participant feedback indicated high satisfaction with the event. Survey responses averaged 4.6/5 for overall satisfaction and 4.4/5 for agreement with the statement, "I learned something useful or valuable during the event." Open-ended responses highlighted interest in continuing similar community gatherings and suggested additional educational opportunities, including practical life skills classes, youth leadership development, and learning activities. Themes of connection and unity were emphasized, with participants expressing interest in events that foster storytelling, shared experiences, and bridges across community lines.

Community Advisor outreach at Church in the Streets events

During the 2024-2025 program year, one of the WHT Community Advisors collaborated with one of the WHT Backbone Agencies, Life of Victory in Christ Ministries (LVCM), to participate in two *Church in the Streets* events held in April and June. These events were held as part of LVCM's recurring outreach series that brings health, wellness, and resource navigation directly into East Winston neighborhoods and other parts of the city. These events are meant to strengthen trust, promote mental health awareness, and connect residents to essential community supports.

At these events, the Community Advisor's effort focused on increasing awareness of local resources addressing mental health, substance use, and homelessness (see also Goal 7 Objective 1 Activity 2). Seventeen community and faith-based organizations collaborated with LVCM to host the first event attended by the Community Advisor, including Novant Health, Latino Community Services, Trellis Supportive Care, Forsyth Freedom Federation, Crossnore Center for Trauma Resilient Communities, and others. Several partner organizations expressed interest in ongoing collaboration to extend resource outreach and follow-up engagement in the neighborhood. Approximately 75 residents attended, representing a diverse mix of Black, Latino, and White community members. The event provided opportunities for residents to meet with service providers, engage in family-oriented activities, and learn about local health and counseling resources. The presence of bilingual staff helped ensure Spanish-speaking residents could be fully included. A single-question, paper-and-pencil satisfaction survey reflected overwhelmingly positive feedback, with 14 out of 14 survey responses indicating attendees felt "Very Satisfied" with the event.

The Community Advisor attended a second *Church in the Streets* event that was held in Southeast Winston-Salem. Again, multiple organizations participated, representing health

systems, community service providers, and local churches. Community turnout exceeded the previous event, with approximately 100 community members from underserved neighborhoods attending and being made aware of available health and wellness resources.

These events exemplified the collaborative, community-centered approach envisioned under Goal 2 of the WHT Community Strategic Plan. Through intentional partnerships and on-the-ground outreach, the Community Advisor made progress towards improving access to health and wellness information for local residents.

Back-to-School Community Health Fest event

As part of efforts to improve resource referral and navigation processes for youth and families in East Winston, WHT partners from the Center for Trauma Resilient Communities participated in the Back-to-School Community Health Fest, a collaborative event hosted by Big Brothers Big Sisters Services, Inc., in partnership with Novant Health and BOND Cares. The event, held at the YMCA Reach Center at Winston Lake in East Winston, aimed to support families with students returning to school by providing essential items, health resources, and educational information.

The event brought together approximately 400 community members, including children, youth, and adults, to access backpacks filled with school supplies, new shoes and clothing, free vaccinations, and adult health screenings provided by LabCorp in partnership with Novant Health. Additional features included music, food, and family-focused activities. Local organizations were invited to set up vendor tables to share program information and resources, providing attendees with direct connections to community supports. CTRC's Community Health Educator reached 40 participants through one-on-one conversations about mental health awareness at their vendor table.

Three organizations led the collaboration to deliver the event, with many more community-based service providers and local partners invited to attend, including CTRC. The event was another local example of strong inter-organizational collaboration, with volunteers from partner organizations supporting event registration, navigation, and engagement with families.

The Health Fest facilitated meaningful connections between families and local resources, helping to increase awareness of services addressing mental health and general well-being. The event successfully connected families with health and social supports while providing opportunities for organizations to strengthen collaboration and outreach efforts in the community.

During the planning phase, the evaluation team had initiated a collaboration with the event organizers to design and implement a participant survey. However, after having a more detailed discussion with the event organizers, the evaluation team learned that a participant survey would not be appropriate for this event, and so that particular form of data collection was discontinued.

Healing Trains-formation events

During Year 2, two Healing Trains-Formation events were conducted as part of ongoing efforts to improve resource referral and navigation processes for youth and families of East Winston (see also Goal 1, Objective 2, Activity 3, and Goal 2, Objective 3, Activity 1). These events were collaborative, involving six community organizations: CTRC, Nourish Forsyth, Goodwill Northwest NC, Love Out Loud, In Deed Youth & Family Empowerment, and Mothers of Angels. The events focused on health and well-being, using arts, storytelling, and expression to provide mental health awareness information to participants. Across both events, approximately 95 community members attended and were exposed to messages about recognizing signs and symptoms of youth experiencing mental health challenges, as well as receiving Youth Mental Health First Aid (YMHFA) materials. These collaborative gatherings strengthened connections among community partners and created opportunities for participants to access mental health resources in a welcoming, community-centered environment. See Appendix J: “A Story of Hope”, for a detailed account of one especially uplifting example of how participants were engaged and connected to mental health resources.

These events were originally orchestrated outside the purview of We Heal Together grant partners, with WHT partners being invited to participate after the initial planning for the event. Additionally, a short time frame between when the evaluation team received notice of these events and when the events were scheduled to occur precluded the opportunity to collaboratively design a participant survey that would be relevant and useful.

Summary of Goal 2 Objective 1 Activity 7

Across the six health and well-being events conducted or collaborated on during Year 2, there were approximately 35 agency or organization collaborations, 770 community members taking part in events, and highly favorable ratings of satisfaction with events by participants. These efforts demonstrate substantial progress in creating accessible spaces that promote healing, increase knowledge, and strengthen cross-sector collaboration in support of community wellness.

Objective 2: Align and coordinate WHT work with the broader community work happening with the Thrive Together movement and create a unified community plan for advocacy and coordination of services and funding.

Activity 1: Connect WHT work with the overall Thrive Together framework.

Methodology

During Fiscal Year 2, We Heal Together Winston-Salem (WHT-WS) staff from Crossnore, Forsyth Futures, and A4E began translating the WHT-WS Community Strategic Plan into the Aligned Contribution Model (ACM), a logic model tool that Thriving Together is using for community coordination and continuous improvement. Staff from all three organizations met to discuss and build consensus around the long-term community goals implied by the CSP's activities and outcomes. Forsyth Futures staff drafted an ACM diagram for Goal 1 of the CSP and gathered feedback from the other partners.

WHT-WS plans to utilize the ACM to support the Community Advisory Board (CAB) and other partners in understanding how their work aligns with the long-term goals of WHT-WS, ensuring that work towards these outcomes can continue after the grant concludes. To this end, the grant partners collaborated around the creation of an interview protocol to gather information about work aligning with the CSP from institutional CAB members. Pilot interviews have been conducted with CAB members from two organizations, and organization partners are collaborating on revising the interview protocols after these pilots.

During the next fiscal year, the partnership plans to complete the work of translating the CSP into the ACM, adding the work of the CAB members, and identifying other aligned community work to include in the model to facilitate coordination across agencies and initiatives.

To measure the work completed so far, the evaluation team counted the number of organizations that have contributed information toward the WHT-WS ACM during Fiscal Year 2.

Findings

During Fiscal Year 2, work on the WHT-WS ACM involved coordinating with five organizations. Three of the organizations (Crossnore, A4E, and Forsyth Futures) are WHT partners, and two (Forsyth County and Habitat for Humanity) are members of the CAB. These organizations have reviewed and learned about the CSP and shared information about programming that aligns with the CSP's long-term goals, with the intent of aligning work more closely in the future.

Summary of Goal 2 Objective 2 Activity 1

During Fiscal Year 2, WHT-WS partners began creating and implementing Thriving Together's ACM model as part of the WHT-WS strategic plan. This work involved the collaboration of five

organizations and has so far included identifying shared long-term goals associated with the work of WHT-WS and its strategic plan, identifying how the work of WHT-WS CAB members aligns with this work, and creating tools to continue building collaboration during the next fiscal year.

Objective 3: Coordinate, align, and sustain community efforts working to address gun violence and ground gun violence as a public health issue

Activity 1: Convene community efforts that work to address gun violence to identify how to better coordinate activities.

Healing Trains-formation events

During Year 2, the Healing Trains-Formation events served as a convening opportunity to coordinate community efforts addressing gun violence and to ground such efforts as a public health issue. As part of this activity, the Healing Trains-Formation series was implemented, bringing together six community organizations including CTRC, Nourish Forsyth, Goodwill Northwest NC, Love Out Loud, In Deed Youth & Family Empowerment, and Mothers of Angels. These events provided a platform to explore potential opportunities for collaboration across participating organizations, including coordination of mental health awareness, trauma-informed practices, and community wellness activities. By engaging a total of 95 participants through arts, storytelling, and wellness activities, the events demonstrated how collective, intergenerational, and cross-sector collaboration can strengthen the local network of initiatives that address gun violence as a public health concern, while fostering connections that may support future coordinated action.

Activity 2: Bring systems leaders together to hear about the issues

“Lunch and Listen” event with Forsyth County Health Department

To advance efforts to coordinate and align community responses to gun violence as a public health issue, partners convened a “Lunch and Listen” session in April 2025 in collaboration with the Forsyth County Health and Human Services Department (see also Goal 1, Objective 2, Activity 2). This convening brought systems leaders and community partners together to discuss emerging needs, share expertise, and strengthen cross-sector alignment around strategies to prevent gun violence. A total of nine organizations were represented, including A4E, Anthony’s Plot Community, Atrium Health Wake Forest Baptist, Crossnore, Everytown for Gun Safety, Forsyth County Health and Human Services, K.B. Reynolds Charitable Trust, My Brother’s Keeper Winston-Salem, and Triad Restorative Justice. Through facilitated discussion and a data walk, participants examined local data on gun violence, clarified agency roles and expectations using the BART framework, and explored opportunities for collaborative interventions. This session served as a key touchpoint for systems-level coordination, grounding violence

prevention in public health principles and advancing shared priorities across institutions and community partners.

Summary of Goal 2

During Year 2, We Heal Together Winston-Salem made significant progress in fostering collaboration among community partners and institutional stakeholders to address community violence. Efforts to improve resource referral and navigation included identifying and engaging an initial set of 13 youth-serving organizations, reviewing existing directories, developing a new online resource directory, and hiring a dedicated facilitator to build a coordinated network of service providers.

There were multiple health and well-being events, including Roots and Routes, Church in the Streets, Back-to-School Community Health Fest, and Healing Trains-Formation events, that engaged approximately 770 community members and 35 partner organizations in total, providing spaces for mental health awareness, resource navigation, and community connection.

WHT-WS also began aligning its work with the broader Thrive Together movement by beginning the process of translating the WHT Community Strategic Plan into the Aligned Contributions Model, engaging five organizations in identifying shared long-term goals and building tools for ongoing collaboration.

Finally, coordination efforts to address gun violence as a public health issue included convening initiatives and community members through Healing Trains-Formation and “Lunch and Listen” events, strengthening cross-sector networks, and identifying opportunities for future sustained, collaborative interventions.

Collectively, these activities reflect progress toward creating a coordinated, multi-sector approach that enhances service access, strengthens partnerships, and promotes safety and well-being across East Winston.

Goal 3: Enhance family engagement and create a supportive, inclusive school community for all families by addressing barriers to parent involvement, building effective engagement strategies, and implementing community-centered practices

Goal 3 of the We Heal Together Community Strategic Plan focuses on improving family engagement within Winston-Salem/Forsyth County Schools, with particular attention to historically underrepresented Black and Brown families. Year 2 efforts advanced this goal through three key activities: collaborating with Parent and Family Engagement Coordinators to identify and address barriers to parent participation in schools, building strategies for effective engagement of the most vulnerable families by leveraging practitioner experience and best practices, and implementing community-centered forums and workshops to foster welcoming school environments.

Activities included convening Parent Family Engagement Coordinators (PFECs) to discuss engagement challenges and strategies, supporting a listening session with Spanish-speaking families to inform district decision-making, and hosting a forum in partnership with Forsyth IAF, A4E, and Full Circle Mentoring to hear more from parents about barriers to school engagement they have experienced. Collectively, these efforts sought to surface community-identified barriers and solutions, strengthen trust between families and schools, and promote sustainable engagement practices.

Objective 1: Improve Winston-Salem/Forsyth County Schools family engagement.

Activity 1: Work with Winston-Salem/Forsyth County Schools Parent and Family Engagement Coordinators to identify and explore solutions to address barriers to parent engagement in schools.

Results Narrative

As part of efforts to enhance family engagement within Winston-Salem/Forsyth County Schools (WS/FCS), a Parent and Family Engagement Coordinators (PFECs) Latine Partnership Meeting convened in March, 2025. The session was organized collaboratively by five entities: A4E, My Brother's Keeper (MBK), Center for Trauma Resilient Communities (CTRC), Love Out Loud (LOL), and Winston-Salem/Forsyth County Schools. The purpose of the meeting was to engage

district PFECs in discussion about barriers and supports to parent engagement among Spanish-speaking and immigrant families, and to identify practical strategies and resource connections to strengthen family-school relationships.

Approximately 25 Parent and Family Engagement Coordinators were in engaged in the discussion, representing schools across the district. The meeting featured a brief presentation and facilitated dialogue. Coordinators shared their experiences working with Spanish-speaking families and provided feedback on challenges, successes, and resource needs.

Through facilitated dialogue, coordinators identified at least seven key barriers to effective family engagement among Spanish-speaking and immigrant families:

- Limited trust and communication gaps between families and schools, often due to negative or one-sided communication.
- Frequent phone number changes or blocked numbers, hindering consistent contact with families.
- Fear and misinformation among undocumented families, contributing to absenteeism and avoidance of school contact.
- Insufficient access to culturally and linguistically appropriate resources for Spanish-speaking families.
- Limited staff diversity, with increased engagement noted where bilingual coordinators are present.
- Economic barriers, including concerns about costs associated with greater school engagement.
- Lack of clear referral pathways to trusted immigration and community support organizations.

In addition to identifying barriers, coordinators also surfaced promising strategies to address them, such as proactive positive communication with families, peer-to-peer trust-building, resource fairs (rather than immigration-specific events), and partnerships with trusted organizations like El Pueblo, Siembra NC, and Una Bendición.

Overall, this meeting advanced Activity 1 by establishing a shared understanding of family engagement barriers, strengthening collaboration between district PFECs and community organizations, and generating actionable insights to inform ongoing strategies for more engagement with Spanish-speaking families in WS/FCS.

Activity 2: Build strategies for Effective Family Engagement with the most vulnerable families in our community by leveraging the experiences of those “Doing the Work” and the Best Practices that have emerged from those successful efforts.

Results Narrative

As part of efforts to build strategies for effective family engagement with the most vulnerable families, We Heal Together partners collaborated with the Winston-Salem/Forsyth County Schools' Fostering Diverse Schools Project team to design and implement a listening session specifically for Spanish-speaking families to learn about and respond to the school district's new proposed school boundaries. This session drew on the experiences of local practitioners “doing the work” to identify best practices for increasing participation and engagement among Spanish-speaking families. Partners worked together to select a centrally located and accessible venue. Partners also scheduled the session at a convenient evening time, addressing some common barriers to participation. These two strategies helped create more favorable conditions for effective family engagement at the listening session. This collaboration involved one of the WHT Community Advisory Board members who represents Winston-Salem/Forsyth County Schools and CTRC's Community Health Educator. Together, these representatives from two organizations strategized to improve engagement of underrepresented families in district decision-making for the event.

Activity 3: Implement and sustain community-centered practices that address the specific needs of Black and Brown families, fostering a more inclusive and supportive school community by organizing community forums and workshops in partnership with Winston-Salem/Forsyth County Schools and local organizations

In addition to the collaboration with Winston-Salem/Forsyth County Schools' Fostering Diverse Schools Project team to design and implement a listening session specifically for Spanish-speaking families described above, WHT partners had also engaged families in a listening session in collaboration with the Forsyth Industrial Areas Foundation (IAF), to learn more about families’ engagement with their school communities. This listening session by Forsyth IAF has already been mentioned in this report in sections under Goal 1 Objective 2 Activity 1 as well as Goal 2 Objective 1 Activity 2.

Forsyth Industrial Areas Foundation listening session results

As part of the work aimed towards improving family engagement within Winston-Salem/Forsyth County Schools, A4E, in partnership with the Forsyth IAF, conducted a community listening session in the fall of 2024, designed as a participatory forum to identify barriers to parents' engagement with their children's school. The listening session was designed to, in part, gather input to inform strategies for a more inclusive and supportive school community. The session engaged parents and families primarily served by Full Circle Mentoring, providing an opportunity

for participants to share their experiences and priorities in a structured, community-centered setting.

This session was intended to contribute to the development of community-centered engagement strategies by documenting family experiences and identifying barriers and supports for school engagement. There were 22 parents and family members who participated in the session, which was co-hosted by A4E and Forsyth IAF, with participation from Full Circle Mentoring as a local program partner. Survey results indicate high levels of satisfaction among participants, with all respondents agreeing or strongly agreeing that their voices had been heard. Detailed methodology, participant demographics, and survey results are included in the IAF Listening Session Survey Report (Appendix A).

Activity 3 Summary

Together, these two listening sessions described above demonstrate progress in implementing community-centered practices designed to elevate the voices of Black and Brown families. Across both events, partners implemented multiple intentional strategies, such as selecting accessible locations, offering evening scheduling, and leveraging trusted community organizations to reduce participation barriers and strengthen engagement. In total, two community forums were hosted through collaborative efforts shared among four organizations, engaging dozens of parents. Survey feedback from the Forsyth IAF session showed unanimously positive perceptions among participants, who agreed that their voices were heard, demonstrating both satisfaction and trust in the process. These sessions not only surfaced community-identified priorities and barriers, but also set the stage for future family engagement that centers the needs and expertise of historically underrepresented families.

Summary of Goal 3

Across the three activities implemented under Goal 3 Objective 1 during Year 2, We Heal Together partners made progress toward enhancing family engagement with Winston-Salem/Forsyth County Schools. Partners convened district Parent and Family Engagement Coordinators to surface key barriers and promising strategies for engaging Spanish-speaking families; co-designed and hosted targeted listening sessions to elevate family perspectives on school-community relationships; and implemented community-centered practices to foster trust, reduce barriers to participation, and help amplify underrepresented voices. These efforts brought together multiple community and school partners, engaged dozens of families, and resulted in practical insights, such as the importance of leveraging trusted messengers, prioritizing accessible times and locations, and centering positive, proactive communication strategies. Collectively, these activities laid essential groundwork for a more welcoming and positive school-family partnership ecosystem, one better aligned with the needs, strengths, and leadership of families.

Goal 4: Reduce high-risk behaviors and increase protective factors for East Winston youth exposed to adversity and trauma by implementing a comprehensive trauma-informed advocacy and mentoring strategy and collapsing the school to prison pipeline.

This section of the report highlights progress in Year 2 of the We Heal Together WS initiative in achieving Goal 4: Reduce high-risk behaviors and increase protective factors for East Winston youth exposed to adversity and trauma by implementing a comprehensive trauma-informed advocacy and mentoring strategy and collapsing the school-to-prison pipeline. This includes the ongoing development of the Full Circle Mentoring program, its engagement with vulnerable youth and families, and the provision of resources to address basic needs, social and emotional well-being, and academic engagement. Key outcomes, challenges, and future priorities are explored, underscoring Full Circle Mentoring's impact in Year 2 and areas for refinement going forward.

Year 2 Community Strategic Plan Implementation and Evaluation Reporting

In Year 2, implementation of the We Heal Together (WHT) community strategic plan continued to follow the objectives and activities outlined in the original plan. However, the approach to evaluating this work was intentionally updated from the measures originally proposed. Based on feedback from grant partners following the Year 1 evaluation, Year 2 emphasized a more holistic approach to data collection and analysis, aimed at authentically representing the work and capturing the story behind it. This shift prioritized qualitative data collection, including perspectives from Full Circle Mentoring (FCM) parents and staff, to provide richer insights into both successes and challenges. This approach aims to improve upon the quantitative data gathered in Year 1, which in some cases proved less informative or could not be fully utilized. The intent of this shift is to ensure the evaluation remains responsive to the information needs of grant partners, supporting continuous improvement while fully reflecting the scope and impact of the work conducted under Goal 4. In fact, the work being done by Full Circle Mentoring is not limited to Goal 4 of the CSP, but overlaps with other goals as well. However, for the sake of keeping this report as concise as possible, results from Full Circle Mentoring are only discussed under Goal 4.

The following section presents findings from Year 2 evaluation activities focused on Full Circle Mentoring, highlighting insights from program staff and parents about how the program has supported scholars and families, the challenges encountered, and the strategies used to promote well-being and resilience in the community.

Objective 1: By the end of the grant period, engage 200 East Winston youth and families in the Full Circle Embedded Mentoring Program.

Activity 1: Identify target neighborhoods and recruit youth and families to participate.

During Year 2, Full Circle Mentoring (FCM) continued efforts to identify target neighborhoods and recruit additional youth and families for program expansion; however, establishing the relationships and infrastructure necessary to launch new neighborhood-based mentoring cohorts remained a significant challenge. Program staff reported that, despite consistent outreach, they were unable to secure sufficient community buy-in or identify local champions who could help build trust and facilitate entry into the primarily Hispanic/Latino neighborhoods prioritized for growth. In addition to these trust-building challenges, FCM also faced structural barriers when attempting to expand into the Highland Avenue and 14th Street communities. Securing access to the 14th Street Recreation Center proved difficult due to overlapping programs already operating through the Winston-Salem Justice Center and the Sheriff's Office. Many youth participating in those programs were court-mandated to attend, making it difficult to engage them, or to convince them to return, for a voluntary mentoring program, even one offering substantial benefits.

Collectively, these barriers limited the feasibility of launching a new neighborhood-based site in Year 2. While the program manager has been diligently cultivating relationships with community leaders, organizations, and residents, those connections were not yet strong enough to support expansion. Progress during this period reflects both ongoing commitment to outreach and a clear need for longer-term trust-building and partnership development to ensure any future expansion is community-driven, accessible, and sustainable.

The original CSP evaluation framework called for the program manager to document the number of activities conducted to recruit youth and the number of youth recruited to participate each year as part of this activity. In order to reduce the burden of documentation on program staff, the evaluator instead shifted information gathering on this activity to be part of the qualitative interview conducted with the program manager, where part of the interview focused on discussing the opportunities and limitations associated with expanding the FCM program to reach more neighborhoods and families. The number of new youth participating in the program during Year 2 was documented as part of quarterly IPP reporting to SAMHSA. In Year 2, 58 new youth were engaged in FCM.

Activity 2: Provide embedded mentoring services to youth.

Full Circle Mentoring Administrative Data Analysis Methodology

As part of the regular operation of the Full Circle Mentoring program, staff maintain various administrative records and datasets recording relevant information about program activities, including participant demographic information, program attendance, parent contact information and records of monthly touchpoints, lists of the various connections to services and resources provided to participating youth and their families during the year, etc. FCM staff coordinated with the evaluation team to share these sources of data for regular reporting to the grant funder and to support data analyses for each year's annual evaluation report. In line with the WHT community strategic plan's evaluation framework, FCM administrative data was used to generate some descriptive demographic information about the youth served during Year 2 of the grant. This includes whether youth come from a high-poverty neighborhood. This was determined using the Census tract in which the individual resides, and whether 20% or more of residents in that Census tract are below the poverty line. The information also includes whether the youth has ever been chronically absent from school, meaning they were absent from school 10% or more of the days in which they were enrolled. School suspension status was determined as having ever experienced out of school suspension (OSS) or in-school suspension (ISS). Youths' household vehicle access, gender, race/ethnicity, and language spoken at home were ascertained and documented directly by program staff.

Full Circle Mentoring Administrative Data Analysis Results

The following table presents demographic information describing the youth served by FCM during Year 2. FCM's cumulative roster of youth served during Year 2 of the grant had a total of 78 individual youth. Of all the youth served in Year 2, 92% lived in high-poverty neighborhoods. Specifically, 90% came from Census tract 16.02, 9% came from Census tract 7, 1% came from Census tract 17, and 5% were missing this data. In Year 2, roughly half, 48%, of participants had ever been chronically absent or suspended from school. In terms of household vehicle access, 48% of participants did not have access in Year 2. While participants were equal parts female and male, the majority (86%) were Black/African American, with 8% were identified as Hispanic/Latino. Similarly, 85% spoke English at home while 8% spoke Spanish at home. FCM served the full range of school-aged youth from Kindergarten through high-school, where the average age of participants was 10.8 years old. About 38% of the participants were twelve years old or older.

Table 4A: Full Circle Mentoring Year 2 Demographics

Variable	Category	Count	Percent
High Poverty Neighborhood?	Yes	73	92%
	No	1	1%

Ever Chronically Absent?	Yes	27	34%
	No	49	62%
Ever Suspended?	Yes	27	34%
	No	47	59%
Chronically Absent OR Suspended?	Yes	39	48%
	No	37	46%
Household Vehicle Access?	Yes	36	46%
	No	38	48%
Gender	Female	36	46%
	Male	37	47%
Race / Ethnicity	Black	68	86%
	Hispanic	6	8%
Language Spoken at Home	English	67	85%
	Spanish	6	8%
	Average	**Minimum**	**Maximum**
Age	10.8	5	17

Program Manager Interview Methodology

The evaluation employed a qualitative approach to explore the Full Circle Mentoring program's operations, priorities, and outcomes, from the perspective of the FCM Program Manager. The evaluator developed a semi-structured interview protocol (see Appendix B1) to guide a conversation with the FCM program manager. The protocol was designed to capture both programmatic details and reflections on implementation, successes, and challenges, while allowing flexibility for the program manager to elaborate on topics of importance. A live interview

was conducted, recorded, and subsequently transcribed to ensure an accurate and detailed account of the program manager's perspectives.

Following transcription, the analyst conducted an initial review of the interview data, taking brief notes and recording first impressions to begin organizing their understanding of the content. Drawing on these initial observations and the key concepts outlined by the interview protocol, the analyst developed a list of codes to structure the analysis. The interview transcript was then re-read, and the codes were systematically applied to relevant segments of the text to capture recurring themes and illustrative examples.

After coding was complete, the analyst reviewed the coded text segments and drafted a synthesis for each code, summarizing the information and highlighting key insights. The codes were then grouped into related categories to identify broader patterns and thematic connections across the program manager's responses. These categories served as the foundation for the results write-up, providing a structured presentation of the program's operations, priorities, challenges, and successes. The program manager was then asked to review the analyst's results and provide any clarification or additional detail needed to ensure an accurate and authentic representation of the interview. This systematic process ensured that the analysis was both comprehensive and grounded in the perspectives of the program manager, while maintaining alignment with the evaluation's objectives.

FCM Program Overview and Development Over Time

The FCM program manager described the program as a holistic support system designed to guide youth through academic, social, and emotional development within a community-centered structure. They emphasized that the initiative was built from a deep understanding of the community context and from prior work serving local youth and families. The program emerged from earlier work focusing on consistent mentorship and establishing trusting relationships with scholars and the adults at their schools. Over time, it formalized structures for engagement with schools and adopted a broader range of roles. In its current iteration, FCM operates directly from the neighborhood where most of the scholars reside. The manager highlighted that FCM operates not only as after-school enrichment but as a proactive intervention strategy that supports youth in navigating school, home, and community environments.

As the program has developed, intentional systems and partnerships have been added to increase impact and sustainability. The manager noted that earlier phases relied heavily on professional relationships and on-site engagement with schools, while the current model incorporates more expanded community partnerships with a broader range of partners to meet complex family needs. According to the manager, these changes reflect lessons learned from working closely with families and scholars, and a commitment to strengthening long-term support systems rather than short-term interventions alone.

Engaging FCM Youth and Families

The program manager described how FCM addresses a range of needs presented by scholars, spanning both academic and social-emotional development. Many youth served face challenges that extend beyond the classroom, including struggles with basic needs, family instability, and social skills development. The program works directly with scholars to not only provide structured academic support and tutoring, but also mentoring and guidance in navigating emotionally complex situations. Staff focus on helping scholars develop strategies to manage stress and build resilience, and experience consistent positive relationships, creating the conditions necessary for long-term success both in school and in broader life contexts. Individualized attention allows mentors to respond to each scholar's unique circumstances, ensuring that support is tailored to the challenges they face.

Parents and caregivers also present challenges that the program actively seeks to address. Families often require support in navigating the school system bureaucracy, understanding the educational rights of their children, not to mention accessing resources for basic household stability, including food, secure housing, and financial security. The program also assists parents by connecting them with mental health resources when necessary. By addressing these family-level needs, the program aims to reduce stressors that can negatively affect a scholar's academic and social progress, recognizing that family well-being and student success are closely intertwined.

The program faces a number of persistent challenges that require ongoing attention. Helping families access basic necessities such as food, clothing, housing, and healthcare requires coordination across multiple community entities and sustained effort from program staff. Staffing limitations can create additional operational challenges when the need outpaces the capacity of staff. Building and sustaining trust with scholars, families, and school personnel also demands time and consistent engagement. Despite these challenges, FCM staff employ a combination of individualized support, community collaboration, and problem-solving to address barriers and facilitate success.

FCM has documented a range of positive outcomes for both scholars and their families. Successes include scholars achieving academic growth through individualized interventions, such as securing necessary IEP accommodations, improving engagement, and building social-emotional skills. Staff have supported families in accessing stable housing, securing employment, and obtaining essential household items, thereby enhancing overall household stability. The program manager shared detailed accounts of scholars progressing from disengagement or instability to academic achievement, college enrollment, and personal development, highlighting the transformative impact of sustained, hands-on mentorship and family support.

One such account details the two-year turnaround process that FCM facilitated for a scholar needing an IEP. The scholar struggled with academic engagement, and an IEP had been suggested, but the parent had not been able to successfully complete the process. Through multiple engagements with FCM staff, where FCM facilitated arranging the necessary appointments, providing transportation, and helping the parent better understand the IEP

process, the scholar was able to get the academic accommodations they needed. With the IEP in place, FCM saw this scholar grow, from struggling to complete assignments to "*be a great learner, a great listener, be a great student... We've watched him grow into a really great scholar*". This account included supporting the parent, who struggled with the multistep process required to secure an IEP for their child. With hands-on support from FCM, the parent was able to get the necessary appointments and testing required to show their child to be IEP ready. Once IEP supports were in place, the scholar's academic turnaround could begin. That academic success would not have been possible without the care, patience, advocacy, and encouragement that FCM provided.

Building Protective Factors, Broader Reflections, and Looking Ahead

The program manager described how FCM was designed to enhance protective factors that support both scholars and their families, recognizing that youth success is closely linked to the stability and well-being of the household and broader community. Staff intentionally work with parents to help them navigate school system bureaucracy and advocate for their children, and to access resources that address financial, housing, and health-related needs. For scholars, the program emphasizes academic support, social-emotional development, and mentorship that fosters resilience and positive decision-making. By attending to these interconnected domains, FCM strengthens the family unit and promotes a sense of security, enabling young people to thrive in school and the broader community. The program manager described how collaborative partnerships with schools, community organizations, and service providers enable and enhance protective factors by ensuring coordinated support and access to a broader range of resources.

The program manager reflected on FCM's impact not only at the individual level but also across the community. By connecting families to necessary services and facilitating access to supports that might otherwise be unavailable, the program contributes to collective healing and resilience. Relationships with community entities are nurtured through ongoing trust-building and shared commitment to youth and family well-being. The program manager notes that these collaborative efforts help create a stronger safety net for families while fostering a sense of connectedness and support within the broader community. These reflections highlight the dual focus of the program: supporting immediate needs while reinforcing the structural and relational foundations that protect youth over time.

Looking ahead, the program aims to sustain and expand these protective factors by continuously refining strategies to address emerging challenges and leverage community partnerships. The program manager expressed a vision of building on existing successes by deepening connections with families, schools, and community partners, ensuring that the generalist intervention model remains responsive to evolving needs. By maintaining a focus on both individual and community-level outcomes, the program will continue to promote academic engagement and social-emotional growth for scholars, long-term stability for families, and ultimately a stronger, more resilient community in which young people and families can flourish.

Objective 2: Increase protective factors, including access to basic needs, improved academic engagement and performance, and improved social and emotional skills, for youth engaged in the Full Circle Embedded Mentoring Program

Activity 1: Build trusting relationships with families and use a generalist intervention model to connect families with resources to meet their basic needs.

FCM Administrative Data Results

In Year 2, Full Circle Mentoring (FCM) continued to strengthen its generalist intervention model by building trusting relationships with youth and families and facilitating connections to a wide range of services aimed at meeting basic needs. Program staff supported families in accessing nutritional assistance (such as local food banks), legal advocacy related to school-based Individualized Education Program (IEP) processes, extracurricular enrichment opportunities like youth dance performances and youth hockey, transportation assistance, safe and stable housing resources, and numerous other supports aligned with participant needs. Over the course of the year, FCM facilitated 743 service connections, a number that reflects the program's ongoing, individualized support and the fact that many participants and family members received multiple forms of assistance throughout the year. In addition, FCM collaborated with 39 distinct community organizations in order to connect youth and families to these services, demonstrating strong cross-sector partnership and the program's expanding role as a connector within the local ecosystem of youth- and family-serving resources.

FCM Parent Survey Results

Local community researchers associated with partner organization A4E once again collaborated with the evaluation team to collect data from Full Circle Mentoring families using a data collection protocol consisting of multiple-choice survey questions and open-ended interview questions. There were 25 parents and caretakers of Full Circle Mentoring youth participants who consented to participate in the data collection and were compensated for their time. The questions asked were focused on the extent to which parents and caretakers had experienced improved access to supports associated with their children's educational needs, the family's food, housing, & employment security, helpful resources like extracurricular activities, and the parents' and caretakers' perceptions of the Full Circle Mentoring program in general.

Parents were first asked to indicate which (if any) basic needs they had had trouble accessing in the past year (see Table 4B). Parents could select any that applied from a list of resources that FCM had reported providing, as well as write in any additional options not on the list. Among the 25 parents who completed the survey, 40% reported difficulty obtaining clothing during the year, 36% experienced trouble accessing school supplies, and 32% indicated trouble accessing childcare, employment, and financial assistance. Another 28% indicated trouble accessing resources associated with their children's education, and 24% had trouble with transportation.

Table 4B. FCM Parents' Access to Basic Needs.

"In the past year, which of the following resources (if any) did your family have trouble accessing?"

Basic Needs	Count	Percent
Clothing	10	40%
School Supplies	9	36%
Childcare	8	32%
Employment	8	32%
Financial Assistance	8	32%
Child Education (eg., IEP support)	7	28%
Transportation	6	24%
Home Furnishings (eg., beds)	4	16%
Healthcare (physical, mental)	3	12%
Extracurricular / Recreation Activities	2	8%
Food and Nutrition	2	8%
Housing	2	8%
Legal Support	2	8%
Adult Education	1	4%

Next, parents were asked to rate the extent to which FCM had been able to provide access to the resources they had experienced difficulty accessing. For each basic need from the previous list, parents used a 4-point scale to indicate how much support FCM had provided, from 1 ("No support"), to 2 ("A little support"), to 3 ("Moderate support"), to 4 ("A great deal of support").

The highest-rated supports included employment, transportation, extracurricular/recreation activities, school supplies, and child education, indicating that parents felt FCM was able to provide high levels of support for these needs (see Table 4C). Perceptions of the support FCM provided for housing were rated lowest, at 2.33 out of 4, indicating parents felt the amount of support for housing that FCM could provide was little to moderate.

Table 4C. FCM Parents' Perceptions of FCM Support.

How much support was Full Circle Mentoring (FCM) able to provide your family for {basic needs}?

Basic Needs	Count	Average Rating
Employment	3	4
Transportation	10	3.7
Extracurricular / Recreation Activities	6	3.67
School Supplies	9	3.56
Child Education (eg, IEP support)	6	3.5
Childcare	10	3.4
Financial Assistance	5	3.4
Food and Nutrition	5	3.4
Legal Support	3	3
Adult Education	4	3
Clothing	10	2.8
Healthcare (physical, mental)	5	2.8
Home Furnishings (eg, beds)	5	2.8
Housing	3	2.33

FCM Parent Interview Results

In addition to the above survey results, community researchers also conducted a qualitative analysis of interview data from FCM parents to address the question "To what extent have parents and families experienced support from FCM in meeting their family's needs and navigating challenges"? The community researchers reviewed parent interview transcripts with that question in mind to help generate a preliminary list of codes for organizing the data. The analysts applied their codes across all of the interviews and then reviewed the collective evidence compiled for each code. After reviewing the data by codes, the analysts identified emergent trends and commonalities between the codes to develop themes from the interview data. The result was a narrative description of the themes that emerged related to the above question.

Analysis of parent interviews revealed that families consistently experienced FCM as a reliable and responsive source of support that helps them navigate daily challenges and meet basic needs. Across interviews, families described a program that not only meets immediate material needs but also builds trust, strengthens family stability, and opens pathways for deeper engagement with mentoring and school advocacy. Fourteen interrelated themes emerged from the data.

Basic Needs Support, Household Needs Requests, and Basic Needs Requests describe the core ways FCM helps families meet immediate needs such as food, transportation, school supplies, clothing, and household essentials. Parents framed these supports as dependable,

non-stigmatizing, and critical for stabilizing family life. Quick, respectful assistance reduced stress and made it easier for caregivers to focus on work, appointments, and parenting responsibilities.

Child Care and Care Relief emerged as another key form of support. Parents linked access to reliable care, especially during out-of-school hours, to reduced family stress and improvements in children's mood and social behaviors. The continuity of trusted mentors was highlighted as particularly valuable.

Full Circle Program Engagement captured how mentorship itself operates as an anchor for families. Mentors were consistently described as compassionate, reliable adults who check in both at home and at school, notice emerging issues, and act as advocates and connectors to resources. This relationship-based model underpins much of the program's perceived success.

Several themes focused on children's behavioral and developmental progress. Under Behavior and Discipline Support and Social-Emotional Readiness, parents described growth in children's respectfulness, communication, confidence, and emotional regulation. They attributed these improvements to the combination of structured activities, consistent modeling, and caring adult relationships.

Themes related to the broader community context, including Community Related, Parent Seeking Initiative, Extracurricular Activities, and Growth Opportunities Related, show how FCM extends beyond direct service to foster a sense of community and belonging. Families viewed the program as "*community glue*" that connects families, normalizes seeking help, and creates opportunities for both youth and caregivers to lead and contribute. Participation in enrichment and recreational activities was linked to improved behavior, motivation, and peer relationships, while exposure to new experiences helped children build confidence and discover strengths.

Themes centered on caregiver well-being, Parent Needs Support, Parent Needs Request, and Special Needs/Neurodiversity, highlight that addressing parent stress and logistical challenges is integral to children's progress. Parents valued check-ins from staff, assistance with documentation or employment referrals, and guidance on navigating special education processes. When mentors helped families understand and coordinate around IEPs or ADHD supports, parents reported stronger advocacy and more consistent follow-through across home and school settings.

Taken together, these themes illustrate that parents and families experience Full Circle Mentoring as a deeply supportive presence in their lives, one that helps stabilize households, strengthen family–school connections, and foster both youth and caregiver growth. The patterns across themes align with three overarching success drivers identified in the analysis:

1. Relationship-based mentoring makes youth feel seen and supported.
2. Rapid response to basic needs helps stabilize families and builds trust.
3. Proactive communication with schools leads to improved behavior and increased academic engagement of youth.

Together, these drivers form the foundation of families' positive experiences with Full Circle Mentoring, positioning the program as both a safety net and a catalyst for ongoing family and youth development in the eyes of the parents.

Activity 2: Provide homework assistance to youth

Year 2 Evaluation Methodology Updates

In the original WHT Community Strategic Plan (CSP), evaluation of FCM's homework assistance activities was expected to include tracking each participant's homework completion, analyzing changes in GPA, and reviewing yearly school attendance. Over time, this framework shifted to better match program context and partner needs. Early discussions with WS/FCS partners indicated that GPA was not an appropriate outcome measure, and they recommended using End-of-Grade (EOG) and End-of-Course (EOC) test scores instead. However, after Year 1, analysis of standardized test scores did not yield actionable insights for the program or grant partners.

Follow-up conversations between the evaluator and FCM staff clarified the broader purpose of the program: while academic support is one component, FCM is not designed as an academic intervention. Instead, it aims to promote whole-child wellbeing, with school engagement being just one domain of support. Given this broader scope, the evaluator recommended discontinuing GPA, standardized test scores, and homework completion as evaluation measures and shifting toward more relevant indicators.

For Year 2, the evaluation of Activity 2 under Goal 4, Objective 2 drew on two primary sources: (1) chronic absenteeism data from the school system to understand patterns of school engagement, and (2) qualitative interview data from FCM mentors describing their academic support efforts, school-related concerns, and observations of participants' experiences. This revised approach provides a more holistic understanding of how FCM contributes to youth wellbeing and school engagement.

FCM Mentor Interview Methodology

To better understand the experiences and perspectives of mentors participating in the FCM program, one-on-one interviews were conducted by the community researchers who also facilitated the FCM parent interviews. Each mentor was asked a series of structured questions from a standardized interview protocol (see Appendix B2) designed to capture their experiences, practices, and perceptions related to supporting program youth and families. Due to logistical constraints, interviews were not audio-recorded or transcribed. Instead, researchers took detailed notes of mentors' responses to each question, ensuring that the key points and examples shared were documented.

For analysis, mentors' responses were organized into a single spreadsheet, allowing researchers to review responses to each question across all mentors and to examine each mentor's full set of responses across questions. The researcher then analyzed responses for patterns, themes, and illustrative examples, generating a summary for each interview question.

To ensure accuracy and fidelity to mentors' perspectives, member checking was conducted: mentors were given the opportunity to review the analysts' summaries and provide clarifications or elaboration on how their responses were interpreted.

Finally, the summarized results from the individual interview questions were aggregated to provide a comprehensive description of mentor practices and experiences for key activities outlined in the Community Strategic Plan (CSP) under Goal 4: increasing protective factors for youth by providing homework support and offering activities and resources to support social-emotional learning and mental health, as well as constraints and opportunities for increasing mentors' capacity. These results informed the evaluation of program implementation, highlighting how mentors contribute to youth development and family support within the FCM program.

FCM Mentor Interview Results

Mentors repeatedly highlighted how homework assistance often intersects with other program supports, such as providing basic resources, navigating school systems, and supporting families, reinforcing the interconnected nature of academic, social, and emotional development for youth in the program.

Mentors at Full Circle Mentoring emphasized consistent, hands-on support to help their scholars stay engaged academically. Homework assistance is not treated as a standalone task, but as part of a broader approach to building relationships and trust. Mentors describe structuring their time to meet the academic needs of these scholars while also addressing the social, emotional, and logistical challenges that can interfere with learning. They frequently check in with scholars to ensure understanding, help organize assignments, and provide additional one-on-one guidance as needed. Mentors also maintain communication with families and school staff, which supports scholars in completing assignments and staying on track academically. Through this engagement, mentors provide stability and personalized attention that many scholars may not receive elsewhere, which encourages consistent participation in schoolwork and learning activities.

Mentors integrate homework support with the development of broader social and emotional skills. Mentors noted that their role in promoting academic engagement involves patience, encouragement, and recognizing incremental progress. By helping scholars navigate challenges with homework, mentors are also fostering confidence, self-efficacy, and problem-solving abilities. Mentors reported that seeing a scholar independently complete tasks and/or demonstrate better understanding of a topic are important, observable indicators of growth. This approach reflects a holistic understanding of academic engagement, where success is measured not only by task completion but also by scholars' willingness to participate and their confidence in their abilities.

In Year 2, each mentor brought a unique perspective to their work, shaped by their own experiences overcoming personal obstacles or receiving critical guidance at formative moments in their lives. These experiences help them to anticipate challenges these scholars might face, from managing assignments to dealing with systemic barriers at school. Mentors can serve as

authentic role models, demonstrating persistence, organizational skills, and resilience to their scholars. Their consistent presence, combined with individualized academic support, helps scholars view school as a space where they can succeed.

FCM Student Attendance Data Results

Methodology

The local school system was able to provide attendance data associated with a sample of Full Circle Mentoring participants and a matched comparison sample not enrolled in Full Circle Mentoring. Participants' parents/guardians provided consent to the school system to allow their child's data to be shared with the grant's evaluation partner for analysis. Among the children participating in Full Circle Mentoring in the 2024-2025 school year, consent was obtained for a sample of 37 children. The school system provided data associated with those 37 children whenever it was available.

Analysts from Forsyth Futures and WS/FCS collaborated to inspect school attendance outcomes for the sample from the 24-25 school year alongside data from the previous year, 2023-2024. To account for the influence of FCM participants' degree of engagement in the FCM program itself on outcomes of interest, the analysis sample was limited to FCM participants that attended the program for at least 50% of the days it operated during the 24-25 school year. School attendance was calculated as the number of days in membership, i.e. days enrolled, minus the number of days counted absent, expressed as a percentage using days enrolled as the denominator. Analysts used the Kruskal-Wallis rank sum test to test for statistically significant differences between Full Circle Mentoring participants and the comparison group during both the 23-24 school year (to confirm the comparison was a valid match) and the 24-25 school year.

Numbers

Analysts examined school attendance for the entire consented sample of 37 Full Circle Mentoring participants, as well as for an analysis sample of twelve participants that attended FCM at least half the time. Of the 37 consented FCM participants, twenty of these met the criteria for chronic absenteeism in the 24-25 school year, meaning they were absent from school for 10% or more of the school days in which they were enrolled; this means about 54% of these participants were chronically absent. In comparison, the previous grant year's annual evaluation reported thirteen of the twenty FCM participants with available data met criteria for chronic absenteeism for the 23-24 school year, about 65%. This comparison provides some very limited evidence of a desirable trend from Year 1 to Year 2 in terms of declining chronic absenteeism.

Analysts compared school attendance between an analytic sample of twelve FCM participants that had attended at least half of FCM's programming during the 24-25 school year and a comparison group of WS/FCS students that were matched based on demographics. In the 23-24 school year, the twelve Full Circle Mentoring participants with non-missing data had an average attendance rate of 88%. During the next year, 24-25, the twelve FCM participants with non-missing data had an average attendance rate of about 92%. There was a statistically

significant difference in 24-25 attendance rates between the analytic sample and the matched comparison group, $H(1) = 4.78$, $p < 0.05$.

Table 4D: Average Proportion of Days in Attendance 23-24 and 24-25

Average Proportion of Days in Attendance	2023-2024	2024-2025
Full Circle Participants	88.2% (n = 12)	91.6% (n = 12)
Matched Comparison Group	87.7% (n = 37)	84.0% (n = 37)

Conclusion

Overall, these results are encouraging, suggesting that participation in Full Circle Mentoring may be associated with improved school attendance for some youth. Chronic absenteeism appeared somewhat lower among participants in 2024-2025 compared to the prior year, and youth who were most engaged in the program showed slightly higher average attendance rates than a matched sample of peers. This evidence suggests a trend in the right direction, though the small sample size and limited time frame mean these findings should still be interpreted cautiously. Continued monitoring over future grant years will help deepen understanding of how the FCM program influences academic engagement in terms of school attendance.

Activity 3: Provide youth and families with resources and activities to increase mental health awareness and social and emotional learning

FCM Administrative Data Results

In Year 2, Full Circle Mentoring (FCM) continued implementing its process for tracking when youth and families were connected to mental health information, resources, or referral pathways. Program staff documented referrals in a centralized spreadsheet. To determine the number of youth and families provided with resources and activities specifically focused on mental health awareness, the evaluation team reviewed documented referrals and information-sharing instances made by FCM staff over the course of the year. In total, 42 family members and/or youth received individualized mental health awareness resources or referrals during Year 2.

In addition to these individualized supports, FCM continued to integrate mental health awareness and social and emotional learning (SEL) activities into its routine mentoring curriculum. Youth participated in structured activities such as emotion word check-ins, feelings wheel exercises, and age-appropriate mental health–themed puzzles and games designed to build emotional vocabulary, strengthen coping skills, and normalize conversations about mental well-being. These embedded SEL activities were delivered to all enrolled mentees throughout

the program year, complementing the individualized referrals provided to families with mental health needs. Together, these efforts reflect FCM's continued commitment to promoting emotional wellness and increasing mental health literacy among East Winston youth and their families.

FCM Parent Survey Results

Parents responded to an open-ended question on the survey asking, "Since participating in Full Circle Mentoring, how has your child's behavior changed, if at all?" Parents overwhelmingly described seeing positive behavioral and social-emotional growth. Many noted their children being more respectful, confident, and social, with several highlighting improvements in communication, cooperation, and helpfulness at home and school. One parent shared that their child had become "*more self-aware and confident in herself*," while another said, "*It has helped keep them out of trouble.*" A few parents noted limited or mixed changes, with some saying their child already demonstrated positive behavior, or that certain challenging behaviors were ongoing.

Parents responded to another open-ended survey question asking "If possible, list two or three ways that Full Circle Mentoring has impacted your family." Many families reported the increased access to resources and support that strengthened both their children's development and their family's stability. Several parents emphasized academic improvements, with one sharing "*his grades have improved*" while another noted "*help with tutoring*" and "*being motivated*" to stay engaged in school. Others highlighted the importance of mentorship and emotional guidance, describing FCM as "*a lending ear for my family*" and a source of "*hope… and counseling*" for the youth. Parents also valued the program's practical supports, including help with childcare, transportation, food, and clothing, as well as the safe and structured environment it provides their children to socialize and grow.

FCM Mentor Interview Results

In their interviews, FCM mentors described how they implemented social-emotional learning and mental health support through consistent, relationship-centered engagement with youth and families. Mentors emphasized being present by "*showing up*", checking in with scholars regularly, and creating a safe, supportive environment where children feel heard and valued. They facilitated conversations to help youth recognize and express their emotions, manage stress, and develop coping strategies. Mentors reported that observing changes in scholars' confidence, self-expression, and interpersonal skills served as a key indicator of progress. By embedding SEL and mental health awareness into regular interactions, mentors normalize emotional growth and provide tools that youth can use both in and outside of the program setting.

Again, mentors described how providing access to tangible resources helps support mental wellness for both youth and their families. For example, mentors helped families connect with community services, provide assistance with basic needs, and organize structured activities that promote positive social interactions, such as recreational play or small group learning exercises.

Mentors cited examples such as supporting family engagement during program events, facilitating creative outlets like arts and mindfulness activities, and ensuring youth have access to safe spaces for physical activity. These mentor efforts strengthen family support networks and reinforce the development of protective factors that contribute to overall well-being, illustrating the interconnected nature of SEL, mental health, and academic engagement.

A few mentors highlighted how their personal histories have allowed them to empathize with the challenges these youth face and to offer relevant guidance when it comes to social-emotional development. Mentors see themselves as role models, demonstrating resilience, emotional regulation, and problem-solving skills in real time, ensuring scholars have an example of these traits and capacities. Mentors also reported leveraging outside program supports and peer networks to respond more flexibly to each child's and family's unique needs, recognizing that social-emotional growth often requires individualized attention and ongoing support. Through these combined strategies, mentors foster safe, nurturing relationships, equip youth with practical and emotional tools for success, and create a foundation for long-term positive outcomes in mental health and social-emotional development.

FCM Student Discipline Data Results

Methodology

The local school system was able to provide discipline data in the form of In-school and Out-of-school suspension counts associated with a sample of Full Circle Mentoring participants and a comparison group of students not enrolled in Full Circle Mentoring. Participants' parents/guardians provided consent to the school system to allow their child's data to be shared with the grant's evaluation partner for analysis. Among the children participating in Full Circle Mentoring in the 24-25 school year, consent was obtained for a sample of 37 children. The school system provided data associated with those 37 children whenever it was available.

To help account for the influence of greater engagement in the FCM program by participants, analysts developed an analytic sample of twelve FCM participants who had attended at least half of FCM's programming during the 24-25 school year, and a comparison group of WS/FCS students who were matched based on demographics.

Analysts examined the prevalence of In-school and Out-of-school suspensions for the sample of Full Circle Mentoring participants and the matched comparison group, combining ISS and OSS counts into a total count of suspensions per participant. Analysts used the Kruskal-Wallis rank sum test to confirm that the comparison group was similar to the Full Circle Mentoring participant analysis sample during the 23-24 school year, and to test for differences in discipline prevalence during the 24-25 school year.

Numbers

In the 24-25 school year, nineteen of the 37 Full Circle Mentoring participants with non-missing data had been suspended a total of 74 times during the year, for an average of two suspensions per participant. Among the analytic sample of twelve FCM participants that attended the program at least half of the time, the average suspension rate was one suspension per participant. In comparison, the matched comparison group had an average of 1.2 suspensions per child in 24-25. While the FCM group appeared to have slightly fewer suspensions than the comparison group, 1.0 vs. 1.2, the difference in average number of suspensions in 24-25 between the FCM participant analytic sample and comparison groups was not statistically significant, $H(1) = 0.95$, $p > 0.05$, potentially due in part to the small sample of FCM participants available for the analysis.

Table 4E: Average Number of Suspensions (ISS and OSS) 23-24 and 24-25

Average Number of Suspensions (ISS and OSS)	**2023-2024**	**2024-2025**
Full Circle Mentoring Participants	0.3 suspensions (n = 12)	1.0 suspensions (n = 12)
Matched Comparison Group	0.7 suspensions (n = 37)	1.2 suspensions (n = 37)

FCM Student Discipline Conclusion

Analysts did not observe a significant difference in suspension rates between the analytic sample of FCM participants and the comparison group. These results match those from the same analysis done for the previous year's evaluation report, where there was no significant difference in suspension rates between FCM participants and a matched comparison group during the 23-24 school year. These findings can be interpreted to mean FCM participants continue to need support developing strategies associated with successful behavioral outcomes at school. However, it is worth considering an additional framing of these results, which is that the systems which result in the disproportionate disciplining of students from communities like those served by FCM may not have changed meaningfully during the first two years of the WHT initiative. Hence, in year 2, FCM participants still don't appear any different in terms of being disciplined when compared to demographically similar children. While the intent of the FCM program is to change these children's behaviors at school to help minimize their being disciplined, any beneficial impact of the program in this regard may be insufficient to overcome the systematic barrier which children like these face when it comes to how their challenging behaviors are addressed by local institutions. Unfortunately, the current analysis is not sufficient to address the extent to which systematic barriers influence the extent to which children are disciplined. The results presented here do not decisively support one interpretation over the other. This data was included for transparency. The evaluation team recommends against

drawing strong conclusions about the merit or worth of the FCM program based on these results alone.

Summary of Activity 3 Results

Activity 3 of Objective 2 under Goal 4 focuses on providing youth and families with resources and activities to increase mental health awareness and social-emotional learning (SEL). The original evaluation plan included youth self-reports on self-awareness, self-management, prosocial decision-making, and justice involvement, but accessing justice records was deemed inappropriate and surveys did not yield reliable data for this population. In response, Year 2 evaluation shifted to qualitative interviews with FCM mentors and staff to capture program strategies and impact. Results indicate that FCM continues to provide individualized mental health referrals alongside embedded SEL activities, with mentors fostering emotional growth, confidence, and coping skills. Parents reported improvements in children's behavior, social skills, and emotional well-being, highlighting the program's role in strengthening protective factors and supporting both youth and family development.

Activity 4: Support parents in advocating for their students and engaging with the school system

To evaluate Activity 4: "Support parents in advocating for their students and engaging with the school system", the evaluation team analyzed data from FCM's administrative records of monthly touch points with parents, along with surveys and interviews from FCM parents to describe their experiences of IEP support from their school and the FCM program. Under Activity 4 of Objective 2, the original evaluation plan included measuring "Change in parent engagement with school as measured by the Panorama survey", but this measure was replaced in Year 2 with "Qualitative data describing parents' experiences engaging with the school system and advocating for their children". This measure was changed in order prioritize qualitative interview data from parents, and based on the expectation that Panorama survey data from FCM parents would be non-trivially time intensive to retrieve from the school system, and likely to be too sparse to be useful or informative in a quantitative analysis.

FCM Administrative Data Results

To assess progress on supporting parents in advocating for their students and engaging with the school system, Full Circle Mentoring (FCM) staff continued using a shared tracking spreadsheet to document whether a parent or caregiver had at least one touchpoint with program staff during each month of the fiscal year. The evaluation team calculated the percentage of months in which each family received a touchpoint relative to the number of months they were enrolled in the program. These family-level percentages were then averaged to produce a single overall rate of monthly touchpoints for the program in Year 2.

Across all participating households, families had a documented touchpoint with FCM staff during 53% of the months they were enrolled during Year 2. While this represents a decrease from the first fiscal year, FCM staff continued to maintain regular communication with many families and provided support tailored to each household's needs. The program will continue building and strengthening parent engagement strategies in Year 3 to better support family advocacy and sustained communication with schools.

FCM Parent Survey Results

As part of the Year 2 data collection done with FCM parents by community researchers, parents answered survey and interview questions about their experiences with their children's education and schooling. The survey questions asked parents about children's Individualized Education Plans (IEPs), if they had them, if parents thought their children might be eligible for IEPs, how school support for children with IEPs has changed, and the extent to which parents felt FCM had supported their IEP experiences.

Parents were asked to indicate if their child already had an IEP at school or if the parent believed their child was IEP-eligible. Among the 25 parents surveyed, 15 indicated their child either already had an IEP at school or they believed their child was eligible for an IEP. Among the 15 IEP-implicated parents, eight indicated their child had received increased IEP support during the recent school year. Only one of these parents indicated their child's support at school had decreased. When asked to what extent they felt FCM had had an effect on the amount of support their child received at school, eight of these 15 parents felt FCM had a great deal of effect on their child's support at school, two felt FCM's effect was moderate, two felt it was little, and only one indicated FCM had no effect.

FCM Parent Interview Results

In addition to survey results, community researchers also conducted a qualitative analysis of interview data from FCM parents to address the question "How do parents describe the ways that Full Circle Mentoring's services have influenced their children's education, behavior, and overall well-being, in and out of school?" The community researchers reviewed parent interview transcripts with that question in mind to help generate a preliminary list of codes for organizing the data. The analysts applied their codes across all of the interviews and then reviewed the collective evidence compiled for each code. After reviewing the data by codes, the analysts identified emergent trends and commonalities between the codes to develop themes from the interview data. The result was a narrative description of the themes that emerged related to the above question.

Parents consistently described FCM as a powerful, positive influence on their children's academic engagement, behavior, and social-emotional growth. Across interviews, parents emphasized that FCM provides not only structure and supervision, but also trusted relationships that motivate children to learn, behave responsibly, and participate actively at home, in school, and in the community. Eight major themes emerged from the analysis.

Deterrent of Trouble: Parents repeatedly credited FCM with keeping their children "*out the streets*" and away from negative influences by providing safe, structured activities after school and during summer months. The program's consistent presence gives working parents peace of mind and offers youth a productive alternative to idle time. As one parent explained, "*When school is out, y'all keep him occupied until I get home.*" Another reflected, "*It helped us out a whole lot—kept him away from gang activities and stuff like that.*"

Barrier of Communication with Educational Staff: Many parents described frustration with inconsistent communication from schools, noting that they often learn about issues only after they have escalated. One parent said, "*They wait till the last minute till everything done blew up.*" This lack of proactive communication makes it difficult for parents to intervene early or feel like true partners in their child's education. These accounts underscore how programs like FCM can serve as a bridge, ensuring families remain informed and supported in addressing challenges before they become crises.

Hands-On Support with Educational Staff and IEPs: Parents described FCM mentors as active collaborators with schools, checking in on academic progress and behavior, and offering crucial help for families navigating special education services. "*They go outside of this program and go to the schools and check in,*" one parent explained, "*even when a child is facing suspension*." Another shared, "*They helped me understand IEP more*" and taught ways to communicate with their child "*without getting frustrated or angry.*" However, a few parents noted limited involvement with IEPs, suggesting that some families may benefit from more consistent advocacy or guidance.

Positive Attitude: Across interviews, families observed noticeable improvements in children's attitude and outlook. Parents described their children as more respectful, sociable, and happy. One shared that their daughter's attitude "*just been better*," while another said both their children's attitudes are "*better than what it was.*" Parents linked these changes to the program's positive environment and engaging activities: "*He doesn't want to sit up, hold up in his room anymore,*" one parent said, adding that their child now enjoys "*trips and activities*" with Full Circle.

Sports Enrollment: Several parents noted that mentors encouraged and facilitated participation in organized sports, such as football and basketball. One parent said FCM "*helped with extracurricular activity*" by getting their child involved in both sports leagues. These experiences provided healthy outlets, structure, and a sense of teamwork that help children channel energy productively while building confidence and social skills.

Child Development and Positive Habits: Parents attributed growth in social skills, self-management, and leadership to the mentorship and activities offered by FCM. Children who were once withdrawn became more outgoing—one parent said their child is now "*more out his shell*" and "*more open*." Another shared that their daughter "*know how to be a friend and how to learn to be herself because of this program.*" Mentors were described as role models who teach resilience and responsibility; one parent said Ms. Shantae "*really take time with them and let them know… they can still have a positive attitude and outlook.*" Parents also reported

academic gains and stronger motivation—children were "*more focusing on doing work*" and showing a greater "*desire to learn.*"

Community and Family Connection: Parents described FCM as an extension of family, "*a village*", that strengthens community ties and reinforces family values. Mentors, particularly male role models, provide guidance and positive examples that some children lack at home. One parent said, "*Mr. Blue say this, Mr. Blue say that,*" reflecting how deeply mentors influence children's thinking. These relationships ripple into family dynamics: "*He's even talking to me, be able to hold a conversation with me,*" a parent shared. "*Now he want[s] to do stuff with us.*"

Overall Influence on Children's Education, Behavior, and Well-Being: Across these themes, parents consistently portrayed Full Circle Mentoring as a stabilizing and transformative presence in their children's lives. The program's combination of structured engagement, relationship-based mentoring, and hands-on school collaboration not only deters negative influences but also promotes emotional maturity, academic persistence, and positive family relationships. The community researcher also observed that when some parents described little or no change with children's attitudes or behaviors during the year, those parents also tended to mention their child not attending the program as frequently as they would like. This suggests that regular participation is important for youth and families to experience the full benefit of FCM, and that finding a strategy to incentivize attendance could be beneficial.

Parents' stories highlight that FCM's impact extends well beyond tutoring or behavior management—it provides a village of care that keeps children safe, confident, and motivated to grow. Through mentorship, communication, and community connection, Full Circle Mentoring fosters the protective factors—belonging, accountability, and optimism—that help young people thrive in and out of school.

Objective 2 Summary

During Year 2, Full Circle Mentoring (FCM) continued advancing Objective 2 by increasing protective factors for youth through comprehensive, relationship-centered mentoring and family support. Across activities, FCM demonstrated consistent efforts to meet families' basic needs, with staff facilitating 743 individualized connections to services, including food assistance, housing support, transportation, legal advocacy, and extracurricular opportunities, and collaborating with 39 community organizations. Parents reported that these supports reduced household stress, strengthened family stability, and created pathways for deeper engagement in mentorship and school advocacy. Mentors reinforced these outcomes by integrating academic support, social-emotional learning (SEL), and mental health awareness into everyday interactions with youth, promoting emotional growth, confidence, and problem-solving skills.

Evaluation findings indicate that FCM participation is associated with encouraging trends in school engagement. Chronically absent youth showed a modest decline in absenteeism from Year 1 to Year 2, and highly engaged participants had higher average attendance rates than matched peers. Youth received individualized referrals and resources to support mental health, and embedded SEL activities reached all mentees, fostering emotional literacy and resilience.

While suspension rates remained similar to matched peers, parents emphasized that FCM provides a safe, structured environment that deters negative influences and supports children's behavioral and social development. Parent engagement efforts yielded monthly touchpoints for 53% of enrolled families, and parents reported that mentors actively supported their involvement in school, including navigating IEP processes. Taken together, these results highlight FCM's holistic, multi-domain approach: stabilizing families, promoting youth development, and fostering protective factors that enhance academic engagement, social-emotional competence, and overall wellbeing.

Objective 3: Increase capacity of Full Circle mentors

FCM Administrative Data Results

During Year 2, FCM staff participated in a range of professional development and capacity-building activities designed to strengthen their skills in mentoring, mental health support, leadership, and community collaboration. FCM staff engaged in seven different training and professional engagement sessions. The series began in October 2024 with A4E's Equitable Results Sequence, which focused on identifying supportive measures and strategies to promote equitable progress for youth and families. Later that month, FCM staff completed Youth Mental Health First Aid training, provided by the Center for Trauma Resilient Communities (CTRC), enhancing their ability to recognize and respond to signs of mental distress among the youth they serve. In November, staff attended the Thriving Together Convening, a collaborative strategic planning event that emphasized cross-organizational transparency through asset mapping.

In December, FCM staff deepened their learning through two key opportunities: participation in an Industrial Areas Foundation (IAF) Assembly, where community partners collectively identified top local priorities around housing, education, and mental health, and another mental health professional development hosted by A4E, which centered on wellness check-ins, wellness action planning, breathing exercises for grounding, and self-care. In March 2025, the staff members completed a Leadership and Personal Development workshop led by Consortium Consults, focusing on identifying leadership strengths and aligning action plans with values. Finally, in April 2025, a few of the staff attended Legacy and Liberation, an A4E training that explored the impact of intergenerational trauma on mental health and resilience. Collectively, these experiences have supported FCM staff in expanding their capacity to deliver trauma-informed mentoring while fostering both professional growth and community alignment within the We Heal Together initiative.

FCM Mentor Interview Results

During their interviews, FCM mentors described a wide range of capacities required to meet the complex needs of the youth and families they serve. Mentors noted several supports and resources that would allow them to do more, more effectively, and with a broader cohort of

children. Mentors described their roles as multifaceted, encompassing tutoring, advocacy, transportation, family support, and crisis intervention, often requiring long hours and personal commitment beyond the traditional workday. Across interviews, mentors identified key areas for increasing their capacity, including additional staffing to reduce the mentor-to-youth ratio, expanded access to community resources and structured activities, logistical support such as transportation, and infrastructural investments like dedicated recreational spaces. Mentors also hinted at the value of training, particularly in mental health, social-emotional learning, and in navigating systemic barriers, as part of sufficiently equipping them to meet the holistic needs of youth. By articulating those needs, mentors underscored that strengthening both programmatic supports and organizational infrastructure would directly enhance their ability to sustain high-quality engagement, extend services to more children, and amplify the overall impact of the Full Circle Mentoring program.

FCM Parent Survey Results

Parents' feedback about ways to strengthen FCM offers some insight into opportunities for continuous improvement and mentor capacity-building. While many respondents felt the program is already "*doing a great job*" and "*doesn't need to change,*" several parents shared suggestions centered on expanding mentorship and support structures. A few emphasized the need for "*more male mentors and community volunteers*," while others highlighted interest in providing "*more things for the parents.*" Some parents also pointed to areas where mentors could deepen their impact, such as offering "*more help with tutoring*," ensuring "*easy access to counseling,*" and maintaining consistency by "*enforc[ing] all rules all the time.*" One parent noted that the mentors "*do their part just fine,*" but acknowledged that "*everything has room for growth.*" These comments reflect parents' appreciation for the program's strong foundation, along with a vision for expanding mentor capacity and strengthening holistic supports for youth and families.

Summary of Objective 3

During Year 2, Full Circle Mentoring (FCM) staff participated in a series of professional development and capacity-building activities designed to enhance mentoring skills, mental health support, leadership, and community engagement. Staff completed seven training and professional learning sessions, including Youth Mental Health First Aid and leadership development, which collectively strengthened their ability to provide trauma-informed, holistic mentoring within the We Heal Together initiative. Mentor interviews highlighted the multifaceted nature of their roles, including tutoring, advocacy, transportation support, and crisis intervention, and identified opportunities to further increase capacity through additional staffing, logistical supports, community resources, and targeted training. Parent feedback similarly reinforced the importance of expanding mentorship resources, enhancing structured supports, and providing consistent engagement to maximize program impact. While the original evaluation plan proposed measuring Objective 3 through a survey question to estimate the percent reduction in perceived barriers to effective mentoring, this measure was not retained; instead, the Year 2 evaluation relied on administrative records, mentor interviews, and parent perspectives to provide a rich, qualitative understanding of mentor capacity and areas for growth.

Objective 4: Increase integration of existing TIC, SEL, and RJ programming and work.

Activity 1: Identify community organizations involved in trauma-informed care, Social and Emotional Learning, and Restorative Justice work

In Year 2, work toward Objective 4's Activity 1 pointed to a pilot program by one of the WHT Backbone Agencies, Triad Restorative Justice (TRJ). TRJ's program, called STARS (Students Taking Action and Reaching Success) ran for six weeks in the summer of 2025. It was designed to serve up to 15 youth referred by Juvenile Court Counselors who were on intensive or post-release supervision. Participants were all male and represented Black, Hispanic, and White communities.

The overarching goals of the STARS program were to identify the youth most vulnerable to engaging in violent crime, connect them to community supports, help them successfully complete their supervision or probation, and engage families to improve access to resources. Programming for youth focused on self-awareness, understanding others, developing a positive community role, and planning for the future, alongside structured skill-building in anger management, life skills and financial literacy, career exploration, social and emotional learning, and restorative justice practices. Weekly field trips were also incorporated to provide experiential learning opportunities.

This TRJ pilot serves as an example of the work being done to map and integrate local TIC, SEL, and RJ resources. The pilot was done in partnership with other local organizations: Project Safe Neighborhoods, Foundation 34 (aka the Sheriff's fund), Forsyth County Sheriff's Office, Winston-Salem Police Department, the Federal Attorney's Office, Fries Memorial Moravian Church, Department of Juvenile Justice, and The Twenty. The program illustrates how these nine community-based organizations are providing targeted, restorative, and skill-building supports for high-risk youth.

Summary of Goal 4

In Year 2, the Full Circle Mentoring program demonstrated substantial progress toward Goal 4 by reducing high-risk behaviors and enhancing protective factors for East Winston youth exposed to adversity and trauma. The program provided comprehensive, relationship-based support to youth and families, addressing academic, social-emotional, and basic needs while fostering resilience and stability. Parents consistently reported improvements in children's behavior, confidence, and school engagement, and highlighted the program's role in strengthening family and community connections. Mentors described their day-to-day trauma-informed work with program participants to address basic needs, academic engagement, and social-emotional learning. Complementary efforts, such as Triad Restorative Justice's summer pilot program for youth, reinforced a community-wide approach to promoting

protective factors among young people. Collectively, the activities of Full Circle Mentoring and similarly aligned efforts underscore the trend towards holistic impact, helping stabilize households, promoting youth development, and fostering a more resilient, supportive community, while laying a foundation for continued growth in future years.

Goal 5: Capacity-building - enhance trauma-informed systems of care

During Year 2, We Heal Together advanced its capacity-building efforts to strengthen trauma-informed systems of care across East Winston and the broader community. Partners made progress toward developing a cohort of Trauma Resilient Communities (TRC) champions within the WHT Backbone Agencies, expanding trauma-informed knowledge, and supporting organizational readiness for trauma-responsive practice. A wide range of TRC trainings, coaching sessions, and other community outreach and education engaged both BBA staff and members of the broader community. Together, these efforts reflect steady momentum toward the initiative's longer-term goals of deepening organizational capacity, strengthening trauma-informed practice, and elevating community leadership in shaping responsive systems of care.

Objective 1: By the end of year 4 of the initiative, the TRC training, coaching, and implementation support will be delivered to eight BBAs serving East Winston, resulting in a team of 40 internal organizational TRC champions.

Activity 1: Through a cooperative process, community agencies who serve youth and their families in East Winston will be encouraged to apply to become one of 8 backbone agencies (BBAs) to fully implement the TRC framework.

Implementation of Trauma Resilient Communities training and support in Year 2

In Year 2 of We Heal Together, grant Backbone Agencies participated in a range of TRC-focused offerings provided by CTRC. Six of the eight BBAs sent participants to training events during the year. These events consisted of TRC Engagement trainings, TRC Embedding/Champion trainings, TRC Booster sessions, TRC Champion Coaching sessions, and TRC Champion Community of Practice events. The following section provides a breakdown of participation trends across the various TRC-focused offerings during the second year of We Heal Together.

Engagement Trainings

In Year 2, there were three multi-day TRC Engagement training events. In Year 1, all eight WHT BBAs sent staff to participate in Engagement training. In Year 2, four of the eight WHT BBAs had continued participation in Engagement training. A total of 60 participants completed TRC Engagement training during Year 2. Of those 60, 22 participants came from the four participating

WHT BBAs, 23 came from KBR BBAs (which are funded and reported separately from WHT), and 15 participants were from other parts of the community.

Embedding Trainings

In Year 2, there were two multi-day TRC Embedding training events. In Year 2, five of the eight WHT BBAs had continued participation in Embedding training. A total of 21 participants completed TRC Embedding training to become TRC Champions during Year 2. Of those 21, eight participants came from WHT BBAs, nine came from KBR BBAs (which are funded and reported separately from WHT), and four participants were from other parts of the community. Combined with the 20 TRC Champions trained in Year 1, the 12 TRC Champions trained in Year 2 using WHT funds brings the cumulative total of TRC Champions trained to date using WHT funds to 31, just nine away from the CSP target set in Objective 1 of Goal 5 to train a team of 40 TRC Champions.

TRC Training Booster Sessions and Topics

In Year 2 there were six TRC Training Booster sessions. There were a total of 63 participant engagements over the six sessions, including some participants attending multiple Booster sessions. Of the 63 total Booster engagements, 31 were among participants from KBR BBAs, which were funded by and counted as part of a separate grant. The remaining 32 engagements consisted of 19 from WHT BBAs, and 13 were from other community agencies and groups.

These sessions expanded on concepts from the initial 3-Day Engagement Training, beginning with a focused exploration of competency, followed by sessions on personal and organizational well-being, effective facilitation of community meetings, and the role of faith and spirituality as resilience factors. Additional boosters addressed core trauma concepts such as understanding and “breaking down the trauma wall”, and reinforced the importance of ongoing wellness and self-care for helping professionals. Collectively, these trainings provided staff with practical tools to sustain trauma-informed approaches in their daily work and within their organizations.

TRC Champion Coaching Sessions

In Year 2, there were eleven TRC Champion Coaching sessions. There were a total of 91 participant engagements over the eleven sessions, including some participants engaging in multiple TRC Champion Coaching sessions. Of the 91 participant engagements, 33 were among participants from KBR BBAs, which were funded by and counted as part of a separate grant. The remaining 58 engagements consisted of 56 by WHT BBA participants and two from other community agencies and groups.

TRC Champion Community of Practice

In Year 2, there were four TRC Champion Community of Practice sessions. There were a total of 32 participant engagements over the four sessions, including some participants engaging in multiple TRC Champion Community of Practice sessions. Of the 32 participant engagements,

16 were among participants from KBR BBAs, which were funded by and counted as part of a separate grant. The remaining 16 engagements consisted of 13 by WHT BBA participants and three from other community agencies and groups.

Change in knowledge, beliefs, and comfort with trauma resilience

Engagement Training

Methodology

The TRC Engagement Training pre- and post-evaluation surveys assess three domains: Beliefs, Comfort, and Knowledge. The Beliefs domain consists of four questions that closely mirror those included in the *Embedding/Champions Workshop* post-survey, except for one question that was missing from many TRC Engagement Training surveys administered during the Year 2 data collection period. These questions ask workshop participants to rate the extent to which they agree with statements about aspects of trauma resilience, such as adverse childhood experiences (ACEs) and the effect of suppressing emotions.

The Comfort domain includes selected items that measure participants' confidence in applying trauma-informed strategies and principles and in engaging with individuals who have experienced trauma. The final domain, Knowledge, includes nine items designed to capture participants' understanding of key concepts related to trauma resilience, including adverse and positive childhood experiences (PACEs), the physiological impacts of trauma-related stress, symptoms of organizational chronic stress, and practices for enhancing resilience. The evaluation team excluded any survey items that did not appear in both the pre- and post-surveys to ensure comparability.

The Center for Trauma Resilience (CTRC) at Crossnore delivered three TRC Engagement Trainings during Year 2. Because attendees included both WHT and non-WHT participants and the surveys did not distinguish between them, the analysis reflects all participants with matched pre- and post-surveys. Beginning in Year 3, survey updates will allow results to be reported separately by participant type.

The evaluation team included only participants who completed both the pre- and post-surveys and could be matched across surveys in the analysis. This matching process resulted in an analytic sample of 44 participants.

Findings

Table 5A shows the demographic characteristics of the 44 participants who completed both the pre- and post-surveys. The vast majority of respondents were women (96%). Forty-one percent identified as Black or African American, 39% identified as White, and 20% identified as Hispanic/Latino. Most participants reported holding either a graduate degree (61%) or a bachelor's degree (25%), while a smaller number reported an associate/technical degree (4%) or a high school diploma or less (9%).

Table 5A: Characteristics of TRC Engagement Training Survey Participants

Group	Category	Count	Percent
Gender	Man	2	4%
	Woman	42	96%
Race/Ethnicity	Black or African American	18	41%
	Hispanic/Latino	9	20%
	White	17	39%
Highest Level of Education	High School Diploma/GED or Less	4	9%
	Associate's Degree/Technical Degree	2	4%
	Bachelor's Degree	11	25%
	Graduate Degree	27	61%
Years Employed in Field	Less than a year	4	9%
	1 – 3 years	5	11%
	3 – 5 years	5	11%
	5 – 10 years	4	9%
	More than 10 years	26	59%

Note: *Total sample size = 44*

Most respondents were employed in their field for at least 5 years. More than half (59%) reported over 10 years of experience, while only 9% had less than one year in the field.

Participants listed a wide range of job fields, with most working in education roles (including early childhood and other unspecified settings), followed by health care and human services. Other fields were represented by only one or two participants each, including nonprofit work, philanthropy, social services, and law enforcement (not shown in the table).

Table 5B: TRC Engagement Training Pre- and Post-Survey Domain Scores

Domain	Pre-Survey Mean Score (SD)	Post-Survey Mean Score (SD)	Count	P-values
Knowledge	6.7 (1.5)	7.9 (1.2)	44	< .001
Beliefs	3.5 (0.5)	3.7 (0.5)	44	< .01
Comfort	3.0 (0.5)	3.5 (0.4)	44	< .001

Notes:
• SD = Standard deviation
• Differences were tested using a nonparametric paired test (Wilcoxon signed-rank).

Table 5B above summarizes the overall pre- and post-survey scores for each of the three domains, showing statistically significant gains across all areas. The Knowledge domain, scored on a 0 to 9 scale, showed the greatest increase, rising from an average of 6.7 (SD = 1.5) before the training to 7.9 (SD = 1.2) afterward. The Comfort domain, measured on a 1 to 4 scale, also showed meaningful improvement, with average scores increasing from 3.0 (SD = 0.5) to 3.5 (SD = 0.4). Scores in the Beliefs domain increased more modestly but still demonstrated statistically significant gains. On a 1 to 5 scale, average scores slightly increased from 3.5 (SD = 0.5) to 3.7 (SD = 0.5).

Conclusion

Overall, participants entered the training with relatively strong baseline scores, which may reflect the high level of professional experience many reported in their fields. Even with those strong starting points, post-survey results showed measurable and statistically significant gains across all three domains.

Embedding Training

Methodology

The Embedding/Champions Workshop post-survey assesses three domains: Beliefs, Comfort, and Readiness. The Beliefs domain consists of five questions and closely mirrors those included in the *TRC Engagement Training* pre- and post-evaluation surveys. These questions ask workshop participants to rate the extent to which they agree with statements about aspects of trauma resilience, such as adverse childhood experiences (ACEs) and the effects of toxic stress. Similarly, select questions from the Comfort domain are also asked in this survey. Items in this domain measure participants' confidence in applying trauma-informed strategies and principles and in engaging with individuals who have experienced trauma. The final domain, Readiness, assesses participants' understanding and preparedness to implement principles of trauma resilience, manage sensitive discussions, and use tools provided during the workshop.

The survey concludes with several questions on participants' satisfaction with the workshop facilitation and the effectiveness of the facilitators.

The Center for Trauma Resilience (CTRC) at Crossnore offered the Embedding/Champions Workshop twice during the Year 2 reporting period (October 2024 to September 2025). Eleven participants, representing WHT backbone agencies or community members not affiliated with a backbone agency, attended the workshop and completed the follow-up survey. Forsyth Futures conducted the data analysis using R. The following sections summarize descriptive statistics on participants' demographics and their scores across the three domains, followed by results on satisfaction with the workshop and a summary of open-ended comments regarding additional support needs.

Findings

Table 5C details the characteristics of the eleven participants who completed the survey. More participants were from a WHT backbone agency (64%) than from the community (36%). Community participants included individuals from Crosby Scholars, the City of Winston-Salem, and other organizations.

The majority of participants were women (91%). Nearly half identified as Black or African American (46%), while the remainder identified as White (27%), Hispanic/Latino (18%), or Multiracial (9%). Most participants reported holding a graduate degree (54%) or a bachelor's degree (27%). Two participants reported either an associate/technical degree or some high school (9% each).

Participants represented a wide range of professional experience. More than one-third (36%) reported 1-3 years in their field, and another 36% reported more than 10 years. The remainder reported 4-5 years (9%) or 6-10 years (18%). Participants' work fields included education, behavioral health, finance, health care, human services, and victim advocacy (not shown in the table).

Table 5C: Characteristics of TRC Embedding Workshop Survey Participants

Group	Category	Count	Percent
Participant Group			
	Community Member	4	36%
	WHT BBA	7	64%
Gender			
	Man	1	9%
	Woman	10	91%
Race/Ethnicity			
	Black or African American	5	46%
	Hispanic/Latino	2	18%
	White	3	27%
	Multiracial	1	9%
Highest Level of Education			
	Some high school	1	9%
	Associate's Degree/Technical Degree	1	9%
	Bachelor's Degree	3	27%
	Graduate Degree	6	54%
Years Employed in Field			
	1 – 3 years	4	36%
	4 – 5 years	1	9%
	6 – 10 years	2	18%
	More than 10 years	4	36%

Note: *Total sample size = 11*

Participants were asked, *"Do you currently work or volunteer with youth, or with families of youth, who meet any of the following criteria?"* Because this was a select-all-that-apply question, respondents could identify more than one population. As shown in Table 5D, most reported serving youth and families across multiple areas of need. A large share indicated that they work with youth living in Forsyth County outside of East Winston (82%), while nearly three-quarters (73%) reported serving youth in East Winston. The same proportion (73%) reported serving youth in households without reliable access to a vehicle.

Table 5D: Youth Populations Served by Embedding Workshop Survey Respondents

Question	Count	Percent
Live in other parts of Winston-Salem or Forsyth County	9	82%
Live in East Winston	8	73%
Live in a household without reliable vehicle access	8	73%
Have missed more than 10 days of school in a school year	7	64%
Have a history of school suspensions or expulsions	7	64%
Speak Spanish at home or at school	7	64%
Other	2	18%
I do not work with youth or families of youth in Forsyth County, NC	1	9%

Notes:
** Total sample size = 11*
** Only categories selected by respondents are shown*
** Respondents could select more than one category*

School-related challenges were also frequently noted. Nearly two-thirds of participants reported serving youth who have missed more than 10 days of school in a school year (64%) or who have a history of suspensions or expulsions (64%). Similarly, 64% reported serving youth who speak Spanish at home or at school. All seven of these participants indicated that they provide services, resources, and/or materials in Spanish (not shown).

Two participants selected “Other,” describing youth experiencing the foster care system and youth facing domestic or interpersonal violence. One participant reported not working with youth or families of youth in Forsyth County.

Table 5E: TRC Embedding Workshop Survey – Domain Scores

Domain	Mean ▼	SD	Count
Beliefs	4.5	0.5	11
Readiness	4.4	0.4	11
Comfort	3.7	0.4	11

Note: *SD = Standard deviation*

For each domain assessed, higher scores indicate greater alignment with the principles taught during the workshop. Table 5E above presents the average scores, standard deviations, and number of participants completing the scales.

Participants ' average scores on the Beliefs domain were 4.5 (SD = 0.5) on a scale with a possible range of 1 to 5. Average scores on the Readiness domain were also high (M = 4.4; SD = 0.4), with the same possible range of 1 to 5. For the Comfort domain, the average score was 3.7 (SD = 0.4) on a scale with a possible range of 1 to 4. Overall, these data demonstrate strong Beliefs, Readiness, and Comfort, as evidenced by average scores near the upper limits of the respective scales.

When asked what areas respondents felt they needed additional support or resources, they stated they needed, for example:

- Encouragement and skill-building around checks and balances and power dynamics in group planning.
- Resources to support facilitation of TRC training.
- Continued peer support and opportunities to encourage one another.
- Ongoing workshop access, described as helpful for understanding, internalizing, and applying the materials.

Conclusion

Overall, these data demonstrate strong Beliefs, Readiness, and Comfort, as evidenced by average scores near the upper limits of their respective scales. In addition, participants reported serving diverse youth populations and identified needs for ongoing resources, facilitation support, and peer encouragement to strengthen implementation.

Activity 2: Selected backbone agencies will send their leadership teams to participate in a 3-Day TRC Leadership Engagement training.

To track Year 2 participation in the Center for Trauma Resilient Communities' Engagement training, staff entered data into a training log designed by the evaluation team to collect process measures and IPP indicator data. The Center for Trauma Resilient Communities hosted three Engagement training workshops, training 22 staff members from four of the eight We Heal Together backbone agencies, as well as an additional 15 community members unaffiliated with the WHT BBAs, for a total of 37 individuals completing TRC Engagement training in Year 2. This count does not include the additional 23 participants CTRC also provided Engagement training to, which were funded and reported under a completely different grant. At the end of the second fiscal year, The Center for Trauma Resilient Communities had trained another 37 staff members at We Heal Together backbone agencies and other community organizations, which combined with the previous year's 30 trained staff makes a total of 67 people trained. This represents continued progress toward the goal of training 400 community members and agency staff in the Trauma-Resilient Communities Model by the end of the grant period, though it falls short of the goal to train 100 community members and agency staff each year during the four-year grant period.

Objective 2: Increase Trauma-Informed Care knowledge of community members and residents through introduction to TRC.

Activity 1: Half-day TRC trainings are provided for community members/residents.

During Year 2, We Heal Together Winston-Salem continued efforts to expand community understanding of Trauma-Informed Care by offering two Half-Day TRC Overview for Community sessions. These sessions provided residents with an accessible introduction to the core concepts of Crossnore’s 3-Day Trauma Resilient Communities (TRC) Engagement Training, including the foundations of individual, organizational, and community resilience. Designed as interactive learning opportunities, the half-day trainings aimed to equip community members with practical knowledge of trauma, resilience-building strategies, and the principles underlying the broader TRC framework being implemented across partner agencies. Across the two offerings in Year 2, a total of 10 community members participated, contributing to early-stage capacity building among residents and helping to cultivate a shared understanding of trauma-informed approaches within East Winston.

Post-Training Perceived Knowledge, Beliefs, and Comfort Related to Trauma Resilience

The TRC Overview for Community half-day sessions is an abbreviated version of the 3-Day Engagement Training, intended for a broad audience that includes community members who may not be affiliated with specific agencies or organizations. Given both the audience and the workshop structure, the evaluation team decided to implement a post-session survey only. This approach minimizes participant burden, supports accessibility, and encourages participation while still capturing key feedback on the session.

In Year 2 of the grant (October 2024 to September 2025), there were two Overview for Community sessions and seven participants completed the post-survey. Given the small sample, these results are not included in the Year 2 report. Instead, these responses will be included with the data from the additional Overview for Community sessions scheduled for Year 3 to support a fuller summary of participants' perceived knowledge, beliefs, and comfort related to trauma resilience.

Objective 3: By the end of the grant, train and coach 45 clinicians and human service personnel on the S.E.L.F. Trauma-Informed Psychoeducational Curriculum and provide 8 backbone agencies with the complete 50-lesson resource guide.

Objective 3 of Goal 5 consists of one Activity that focuses on strengthening the capacity of clinicians and human service personnel to integrate trauma-informed practices into their work by training them in the S.E.L.F. (Safety, Emotions, Loss, and Future) Trauma-Informed Psychoeducational Curriculum and equipping backbone agencies with the full 50-lesson resource guide. Under this objective, each backbone agency is to receive the complete curriculum, an institutional license for its use, a two-day training, and ongoing coaching from the Center for Trauma Resilient Communities (CTRC). In Year 2, the evaluation team partnered with CTRC staff to document progress toward these commitments, including the delivery of S.E.L.F. training, distribution of curriculum materials to local organizations, and implementation of follow-up coaching sessions that support effective application of the framework in daily practice. The following section summarizes Year 2 activities, participation, and early implementation insights.

Activity 1: Each of the backbone agencies will receive the complete 50-lesson curriculum, the institutional license to utilize the material, a two-day training on its use, and follow-up coaching sessions by the grant-funded Community Health Educator and other Center for Trauma Resilient Communities team members who have been trained in utilizing S.E.L.F with youth and families.

Number of clinicians and human service personnel trained, backbone agencies provided with the complete 50-lesson resource guide, follow-up coaching sessions conducted, and staff receiving follow-up coaching sessions

The evaluation team collaborated with CTRC staff to track implementation of Year 2 S.E.L.F. (Safety, Emotions, Loss, and Future) trainings using shared online spreadsheets. The June 2025 S.E.L.F. training workshop had thirteen participants in total, from seven local community organizations, including three participants from two of the WHT BBAs. The 13 participants trained in utilizing S.E.L.F. in Year 2 represent moderate progress toward the target of 45 personnel trained by the end of the grant, as specified in Objective 3 of Goal 5 in the WHT Community Strategic Plan. A total of six local organizations were provided with the complete 50-lesson resource guide, including one WHT BBA. Following the two-day training workshop, there were two follow-up S.E.L.F. coaching sessions that took place. Each coaching session had one participant, for a total of two S.E.L.F. coaching session participants in Year 2.

Feedback and stories from agencies that utilize the SELF tool, including client stories and experiences

In two follow-up coaching sessions, facilitators revisited the S.E.L.F. framework with participants and asked for specific examples of how it was being integrated into daily practice. Although only one staff member attended each session, each discussion highlighted ways the framework is being applied in their work.

In the first session, the staff member described how S.E.L.F. supports their assessment of client and staff safety and helps them make sense of challenging situations. The framework was especially useful during home visits, where it helped identify which domains to focus on when families faced recurring problems.

In the second session, the staff member emphasized the importance of reflection for both workers and families and noted clear differences between teams that consistently use S.E.L.F. and those that do not. They shared that S.E.L.F. concepts are beginning to shape routine check-ins, support shared language, and guide responses in school-based crises, even in small, practical ways.

Pre/post survey of service personnel's knowledge, skills, and attitudes

Pre and post-surveys were administered to participants in the single S.E.L.F. (Safety, Emotions, Loss, and Future) workshop delivered during Year 2. The survey was completed by 13 participants using a QR code before and after the workshop. Because only one workshop

occurred this year, these results are not included in the Year 2 report. Instead, they will be combined with data from the additional S.E.L.F. workshops planned for Year 3 to provide a more complete summary of participants' perceptions and learning.

Objective 3 Summary

Year 2 implementation of the S.E.L.F. curriculum reflects steady progress toward building trauma-informed capacity across local agencies, with thirteen staff trained, six organizations receiving the full curriculum, and initial coaching sessions providing early examples of how the training is being applied in practice. While participation in follow-up coaching was limited in Year 2, the sessions offered insights into how staff are integrating S.E.L.F. to support assessment, reflection, and shared language in their work with youth and families. In Year 3, partners will expand training opportunities by offering additional S.E.L.F. workshops, continue distributing curriculum materials to remaining backbone agencies, and strengthen the coaching model to increase participation and deepen implementation across programs. Additional evaluation evidence will be collected through pre/post surveys of participants in Year 3, which will be combined with the preliminary survey data gathered in Year 2 to produce a more precise description of how much participants learn from the S.E.L.F. curriculum.

Summary of Goal 5

Overall, Year 2 activities under Goal 5 demonstrated clear progress in strengthening trauma-informed systems of care across East Winston and beyond. Backbone Agencies advanced along the TRC implementation pathway through ongoing training and coaching, and continuing staff and organizational assessments. In Year 2, community-focused half-day trainings expanded trauma-informed knowledge among residents. Together, these efforts reflect solid and coordinated movement toward establishing a sustainable, community-anchored trauma-informed network to better serve East Winston.

Goal 6: Increase first responders' and youth involved workers' knowledge of youth mental health risk factors through trainings to improve their outreach and interactions with youth

Goal 6 aims to increase first responders' and youth-involved workers' knowledge of youth mental health risk factors through Youth Mental Health First Aid (YMHFA) training. Building on initial progress in Year 1, Year 2 expanded training participation, including the first fully Spanish-language session, and continued to demonstrate improvements in participants' knowledge and confidence. While outreach to first responders and additional school staff remains a work in progress, grant partners are actively developing strategies to strengthen recruitment and engagement, moving closer to the long-term goal of equipping community members, school personnel, and first responders with the skills to support youth mental health.

Objective 1: Over the four years of the initiative, deliver the Youth Mental Health First Aid curriculum to 200 community members, first responders, and school system staff.

Activity 4: Provide YMHFA training to community members, school system employees, and first responders in English and Spanish.

Number of school system staff and first responders trained, and number of trainings offered in English and Spanish

In Year 2, the Center for Trauma Resilient Communities provided Youth Mental Health First Aid (YMHFA) training to 86 individuals, including one school system staff person, over the course of six training sessions. The second year was the first time grant partners were able to provide YMHFA training conducted entirely in Spanish, so that one of the year's six trainings was specifically for participants preferring Spanish. So far, no first responders have participated in YMHFA training, something grant partners are strategizing to address.

Combined with the 33 participants trained during Year 1, the 86 trained during Year 2 bring the total number of individuals trained in YMHFA as a result of the grant to 119, representing strong and steady progress toward the goal of training 200 by the end of Year 4.

Qualitative data about the effectiveness of the training from participants

Methodology

The Youth Mental Health First Aid (YMHFA) training module used pre- and post-training surveys completed by participants. The post-training survey included two open-ended questions about the least and most helpful parts of the course. Only responses from individuals who consented through a separate Google Form are included in these analyses. A staff member from the Center for Trauma Resilient Communities (CTRC) at Crossnore translated responses from Spanish-speaking participants into English.

The next sections present key findings from participant comments about the YMHFA course. A secondary Forsyth Futures analyst reviewed these findings for accuracy and consistency.

"*What was the most helpful part of the course*?"

Several participants highlighted the value of learning the five-step ALGEE action plan (Approach, Listen, Give, Encourage, Encourage), including understanding that the steps do not have to happen sequentially. Many also pointed to the usefulness of training tools, resources, and interactive course activities such as role-playing, videos, and workbooks. Discussions and real-life experiences shared by peers were also noted as strengths that helped bring the material to life. A couple of respondents found recognizing signs of mental health and substance use issues particularly helpful. Others mentioned learning about community resources, appreciating the delivery by facilitators, and gaining confidence in talking with youth as meaningful takeaways.

"*What was the least helpful part of the course*?"

Many participants reported that there was no part of the course they found unhelpful, describing the material as well planned, informative, and beneficial overall. Among those who identified less helpful aspects, a few mentioned issues with the workbook or booklet design, including difficulty writing in it. Some respondents felt that the scenarios were either too long or would have been more effective in smaller groups, while one noted that the videos were too short to be useful. Individual comments also mentioned the ease of the learning checks, limited support for website issues, and a desire for more time to focus on practical interaction skills rather than detailed descriptions of mental health conditions.

Number of community members increasing knowledge and expressing confidence in responding to youth with mental health concerns with first aid approaches

Methodology

Participants had to complete pre- and post-training surveys for YMHFA certification. Only those who consented via a separate Google Form were included in the analysis. Forsyth Futures matched English and Spanish pre/post responses before analyzing, using both the survey instruments and the online translation service DeepL for accuracy. This analysis focuses on three domains. Because the National Council for Wellbeing changed how demographic information is collected, only overall pre- and post-survey scores are shown.

The first domain, Knowledge, is measured by five multiple-choice items. These assess understanding of key YMHFA concepts, such as early warning signs, youth resilience, appropriate First Aider actions, and the ALGEE action plan. The second domain, Self-Perceptions, includes ten items evaluating participants' beliefs, perceived difficulty, expectations, and confidence in supporting youth facing mental health or substance use challenges. The final domain, Retrospective Knowledge and Self-Perceptions, is measured by five post-survey items that ask participants to rate their knowledge of key YMHFA concepts and their likelihood of taking helping actions, before and after the course. These items, which only appear in the post-survey, capture participants' reflections on changes in their knowledge and perceived ability after training.

In Year 2, the Center for Trauma Resilient Communities (CTRC) at Crossnore delivered six YMHFA trainings. Fifty-one participants consented to data use and completed matched pre- and post-surveys.

Findings

Table 6A below summarizes the overall pre- and post-survey scores for each of the three domains, showing statistically significant gains across all areas. The Retrospective Knowledge and Self-Perceptions domain showed the greatest increase, with average retrospective ratings rising from 3.0 (SD = 0.6) to 3.7 (SD = 0.3). In the Knowledge domain, scored on a 0 to 5 scale, average scores increased from 4.2 (SD = 0.7) to 4.8 (SD = 0.4). The Self-Perceptions domain, measured on a 1 to 5 scale, also improved, with scores increasing from 3.7 (SD = 0.6) to 4.3 (SD = 0.5).

Table 6A: YMHFA Pre- and Post-Survey Domain Scores

Domain	Pre-Survey Mean Score (SD)	Post-Survey Mean Score (SD)	Count	P-values
Knowledge	4.2 (0.7)	4.8 (0.4)	51	< .001
Self-Perceptions	3.7 (0.6)	4.3 (0.5)	51	< .001
Retrospective Knowledge and Self-Perceptions	3.0 (0.6)	3.7 (0.3)	51	< .001

Notes:
• Score ranges: Knowledge (0-5); Self-Perceptions (1-5); Retrospective (1-4).
• SD = Standard deviation
• Differences were tested using a nonparametric paired test (Wilcoxon signed-rank)

Conclusion

Overall, participants began the training with relatively strong baseline scores. Even with these high starting points, post-survey results showed measurable and statistically significant gains across all three domains.

Qualitative assessment of how training is used by community members

Methodology

To understand how Youth Mental Health First Aid (YMHFA) training was utilized by past participants, Crossnore's Center for Trauma Resilient Communities (CTRC) and Forsyth Futures developed a four-question follow-up questionnaire. The questionnaire asked participants to:

- Describe situations where they applied YMHFA training and how it shaped their response (including how they felt).
- Reflect on changes in their professional, community, or personal practices since training.
- Share whether they had connected youth experiencing mental health challenges with specific people, services, or resources.
- Identify any challenges they encountered in applying what they learned.

The questionnaire was piloted with a training participant through a one-on-one interview and revised before launch. CTRC supported recruitment and survey distribution, including translating the questionnaire into Spanish for participants who completed a YMHFA training in Spanish during the second fiscal year.

The survey was distributed by email between June and September 2025 using a Google Form. The first round targeted retroactive participants who completed training between May and October 2024, followed by three additional rounds sent three months after training for subsequent cohorts. In total, 83 former participants were contacted and 13 unique respondents completed the survey, resulting in a 16 percent response rate. Two participants submitted responses twice and in those cases, only the initial responses were included in the analysis. All survey respondents received an Amazon gift card as compensation for their time.

Forsyth Futures analyzed responses qualitatively, grouping them into thematic categories and identifying cross-cutting themes across all responses. To ensure accuracy and reliability, a secondary analyst reviewed the coding and thematic summaries. Any quotes shared in this report were de-identified as necessary to protect participants' confidentiality. Responses are presented in participants' original wording, with only minor spelling corrections for clarity.

Findings

Applications of Training in Different Contexts

Participants were asked: “In one or two paragraphs, could you describe a situation (or situations) where you applied what you learned in the Youth Mental Health First Aid training? What happened? How did the training help? How were you feeling during and after the experience?”

Most respondents described using YMHFA training skills or knowledge in both professional and personal contexts. Professional applications included schools, youth programs, work circles, and other work-related settings. Others shared personal applications with their children, siblings, or other young people in their households. Only two participants reported that they had not yet needed to use their training, but one still noted that it had influenced their general awareness in interactions.

One participant shared:

> *“One of my former students gave me a hug, but I immediately noticed he seemed more withdrawn…he and I sat in a quiet place in the hall and for the longest time he just sat and let me put my arms around him. I didn't push him, I just held him [for] what seemed like an hour. He did open up to me about concerns of not wanting to go back to his moms and how school was a struggle. I listened without being judgmental and let him talk. After about two hours of him talking and me listening, I could see he was more at ease. He needed a listening ear and just someone he feels truly cares. One of the ‘take aways’ from the workshop was to approach a child with your concerns about their behavior, and then to listen.”*

Others reflected on applying the training at home. One parent shared, *“I noticed my [child] had cut marks on her arm…The training helped me approach the situation with greater understanding, patience, and tools for starting the conversation rather than reacting out of fear or frustration.”* Another respondent described: *“My [teenage family member] was living with me for a time and was having a tough time in school, [they] also had a history of self-harm. The language in this training helped me to approach and assess, listen non-judgmentally, and then go from there about next steps…”*

These examples demonstrate how participants are using what they learned in the training, whether through direct interventions or by becoming more aware of how they interact with others who may be experiencing a mental health issue.

Connections to Community Supports

Participants were also asked: *“Have you connected any youth experiencing mental health challenges with specific people, services, or other resources? If so, what kinds of supports have you connected them to?”*

Several participants described linking youth to professional and community resources, including school counselors, therapists, psychiatrists, Family Services, community programs, hotlines, and LGBTQ+ youth groups. These responses highlight how YMHFA trainees not only provide immediate support but also help connect young people to longer-term care.

A few participants reported that they had not made referrals or at least not yet. In some cases, barriers such as school scheduling limited access to students, while others described being “in process” of establishing connections.

Increased Awareness and Intentionality

A recurring theme across responses was participants becoming more attentive and intentional when engaging with youth or others in different contexts. Many respondents described pausing before reacting, listening non-judgmentally, and being more sensitive to body language and signs of distress. One participant reflected, *“I bring an increased sensitivity to conversations now and try to be more aware of how someone may be struggling.”* A couple of respondents emphasized the importance of not rushing to solutions, instead starting with listening and reassurance before moving on to next steps. Even those who had not yet encountered a crisis noted feeling more aware of what to look for or more aware in general.

Confidence and Emotional Impact

Participants often reflected on their own feelings when applying the training. Many described increased confidence and reassurance in knowing how to respond, while others acknowledged the emotional weight of these situations, such as feeling anxious, overwhelmed, or uncertain in crisis contexts. YMHFA seemed to provide structure and tools, but navigating these experiences remained challenging for different reasons across participants.

Barriers and Limitations

The final question participants were asked was: *“What challenges have you encountered in trying to apply what you learned from YMHFA training?”*

Respondents identified ongoing challenges such as stigma around mental health, difficulty engaging youth and families, limited service availability, and practical barriers like transportation or financial resources. A few participants also struggled with uncertainty about what qualifies as a crisis or with managing their own emotions and biases. As one participant noted, *“still not really feeling equipped in a crisis situation,”* while another explained, “*sometimes I'm unsure how to determine what is considered a ‘crisis.’*” A handful of respondents reported not yet having the chance to apply the training directly.

Conclusion

Of those who participated in the follow-up evaluation, most reported applying their Youth Mental Health First Aid training in professional and home settings, and a few described applying it in broader community contexts. Participants commonly noted becoming more attentive and intentional in their interactions, feeling more confident in how to respond, and, in many cases,

connecting youth to additional supports. At the same time, respondents acknowledged barriers such as stigma, limited resources, and uncertainty in crisis situations. Overall, the findings suggest that YMHFA provides trainees with valuable tools and perspectives that can be adapted across diverse contexts, while also highlighting areas where continued support and resources remain important.

Summary of Goal 6

Goal 6 focuses on increasing youth-involved workers' knowledge of youth mental health risk factors through Youth Mental Health First Aid (YMHFA) training. Building on foundational progress in Year 1, when 33 community members completed the training and demonstrated significant gains in their knowledge and confidence, partners continued to strengthen YMHFA training implementation in Year 2. Over the course of six training sessions, CTRC trained an additional 86 individuals, including one Winston-Salem/Forsyth County Schools staff member, and delivered the initiative's first fully Spanish-language YMHFA training. Although outreach to first responders and broader school system personnel remains an unmet priority, a total of 119 participants have completed YMHFA training since the grant's inception, reflecting steady progress toward the long-term goal of equipping 200 community members with the skills needed to recognize and respond effectively to youth mental health concerns.

Goal 7: Use community- and system-aligned measures to evaluate the impact of the We Heal Together initiative, sharing the results with and getting feedback from the community, and incorporating community feedback into continuous improvement work.

Numerous evaluation activities aligned under Goal 7 of the We Heal Together Community Strategic Plan took place throughout the second grant year. During the second year, grant partners advanced Goal 7 by strengthening community-aligned evaluation practices, expanding data collection and reporting activities, and deepening communication of findings across the grant network and broader community. Year 2 efforts included continued reporting on SAMHSA's IPP indicators, implementation of multiple assessment and feedback tools, presentation of grant work on a national SAMHSA ReCAST collaborative call, and the development of new processes that support community-driven communication and learning. Together, these activities laid important groundwork for a transparent evaluation framework that centers community voice, informs continuous improvement, and connects local insights to national conversations on trauma-informed work.

Presentation of Year 2 grant work on SAMHSA ReCAST Collaborative Call

As part of advancing Goal 7 and demonstrating commitment to continuous improvement and learning, the Full Circle Mentoring (FCM) program manager represented the We Heal Together partnership in a national SAMHSA ReCAST grantee collaborative call during Year 2. These recurring collaborative calls convene SAMHSA ReCAST-funded grantees across the country to exchange promising practices, challenges, and lessons learned in trauma-informed, community-driven behavioral health work. The FCM program manager delivered an in-depth presentation highlighting the goals, implementation strategies, successes, and ongoing learning within the Full Circle Mentoring program, specifically, including the role of mentoring in strengthening youth resilience and family engagement in East Winston. She engaged with peer grantees by responding to questions and discussing strategies relevant to shared challenges across sites. The grant program officer and other grantees provided positive feedback in recognition of the program's thoughtful design, community-centered approach, and measurable progress. This opportunity not only expanded the reach of local learnings beyond Winston-Salem but also reaffirmed the program's alignment with national best practices and federal expectations for trauma-informed programming. Presenting to and learning from peers in this national forum reflects the initiative's commitment to transparency, continuous quality improvement, and elevating community-rooted innovations in support of collective healing.

Objective 1: Community-driven evaluations are conducted and shared with the community. Community feedback is incorporated into the initiative's continuous improvement plans.

Activity 1: Monitor and evaluate inputs, outputs, and outcomes of activities and goals throughout the duration of the grant period.

As part of ongoing grant responsibilities, the evaluation team continued fulfilling the quarterly Infrastructure Development, Prevention, and Mental Health Promotion (IPP) reporting requirements for SAMHSA. Reporting focused on the five indicators prescribed by SAMHSA that reflect progress in workforce development, training, partnerships, service delivery, and mental health awareness.

Workforce Development (WD2)

In Year 2, there were 250 instances of individuals in the mental health and related workforces receiving mental health-related training. This includes duplicated individuals that received more than one training. It does not include four YMHFA Facilitator trainings completed in Year 1 that were not reported to SAMHSA until the first quarter of Year 2. This result was nearly double the Year 2 annual goal of 136. In Year 1, WHT reported to SAMHSA 138 instances of individuals receiving workforce development training, not including four YMHFA Facilitators that were also trained during Year 1, for a cumulative total of 392, already exceeding the 4-year cumulative target of 386 training instances.

Training (TR1)

There were 271 instances of individuals from any sector, including mental health, being trained in mental health promotion and crisis prevention by WHT grant partners in Year 2. This count includes duplicated individuals who experienced more than one instance of training. Grant partners exceed this indicator's Year 2 annual goal of 231. Combined with the 155 instances counted in Year 1, the grant partnership's cumulative total of 426 at the end of Year 2 for this indicator is slightly over halfway towards the 4-year target of 811 training instances.

Partnerships/Collaborations (PC2)

During Year 2, there were 84 organizations engaged in coordination, collaboration, or resource-sharing as a result of the grant. This is more than doubled from the first grant year, when 40 organizations collaborated or partnered through the grant. We Heal Together as a whole is well situated to maintain its annual target of at least 40 partnerships and collaborations among organizations during each subsequent year.

Types/Targets (T3)

Full Circle Mentoring represents We Heal Together's programmatic approach to providing evidence-based mental health-related services using grant funding. In Year 2, Full Circle Mentoring served an additional 58 young people not already served in Year 1. This exceeded the Year 2 goal of serving an additional 39 participants. With 83 served in Year 1 and an additional 58 served in Year 2 for a total of 141, FCM is rapidly approaching its 4-year goal of serving 200 East Winston youth.

Awareness (AW1)

The evaluation team also reported on the number of individuals exposed to mental health awareness messages. During the second year, approximately 1,161 people were reached through various outreach efforts associated with the grant, greatly exceeding the Year 2 goal of reaching 300 individuals. These mental health awareness-raising efforts aimed to reduce stigma, increase understanding of mental health, and encourage individuals to seek help when needed.

Overview of Year 2 Program Evaluation through Assessments, Surveys, Interviews, and Other Data Collection Approaches

The above sections of this report present the numerous ways the evaluation team endeavored to systematically construct an authentic and trustworthy understanding of the implementation and impact associated with activities from Goals 1 through 6 of the We Heal Together Community Strategic Plan. In Year 2, the evaluation team continued to implement and refine a broad portfolio of evaluation activities aimed at understanding program implementation and effectiveness while prioritizing responsiveness to grant partners' evaluation needs, elevating community voice, and facilitating communication of evaluation findings. These activities included (1) collecting and analyzing quantitative and qualitative data on a range of outcomes for children, families, mental health service providers, and community partners; (2) assessing training outcomes through pre/post measures and organizational assessments; (3) facilitating participant and community feedback on We Heal Together implementation through interviews and presentations; and (4) supporting partner-led evaluation processes aligned with the values and priorities of participating communities.

Qualitative Assessment of Partner Feedback on Grant Evaluation Activities and Results

The evaluation team listened to feedback from grant partners and community members to revise evaluation tools and methods for Year 2 in order to enhance contextual relevance, accessibility, and the usefulness of the evaluation findings being generated. Across all evaluation activities, the emphasis remained on generating findings that directly support program improvement, authentically reflect community-defined priorities, and strengthen coordination among grant partners and community organizations.

As part of monitoring inputs, outputs, and outcomes in Year 2, the evaluation team also gathered qualitative feedback from grant partners, institutional stakeholders, and Community

Advisors (CAs) during CAB meetings where evaluation findings were presented. Using a structured documentation protocol, evaluators captured stakeholder reactions, engagement, and follow-up needs. Across both meetings, participants expressed general satisfaction with the initiative's progress but highlighted the need for more accessible presentations, advance materials, and clearer opportunities to reflect on the data. Community Advisors in particular noted that the volume and technical nature of the information made it difficult to provide meaningful feedback in real time, pointing to the importance of continued onboarding and more focused, digestible data-sharing.

Institutional partners offered more detailed input, including suggestions for additional data sources, refinements to parent interview questions, and opportunities to strengthen collaboration with the school district. They also raised potential future evaluation questions, such as exploring whether greater participation in Full Circle Mentoring yields stronger outcomes, which was subsequently incorporated into the Year 2 evaluation design. Taken together, this feedback is shaping adjustments to the evaluation team's communication practices, such as sending materials in advance for review before discussion and preparing easier to digest one-page summaries. These changes will contribute to the development of a stronger, more community-centered feedback loop in future years.

Activity 2: Collaborate with Community Advisory Board and partner agencies to develop community communication framework for evaluation findings and grant activities

Results Narrative: Community Advisor Activities & Communications

In Year 2, the We Heal Together initiative continued to strengthen processes for program evaluation and communication of results that are responsive to the community. Goal 7, Objective 1, Activity 2 of the We Heal Together Community Strategic Plan emphasizes the creation and implementation of a community communication framework that ensures evaluation findings and updates on grant activities are shared with, and guided by, community partners. The work to communicate WHT partners' work in the community and get feedback is ongoing. During Year 2, work focused on operationalizing the collaborative structures necessary between the four Community Advisors (CAs), the Community Health Educator (CHE), and the evaluation team to support transparent communication and continuous learning across the grant partnership.

To facilitate structured planning and documentation of their own community strategic plan-aligned activities, CAs worked in partnership with the CHE to develop individualized Work Plans, using a standardized Work Plan template (see Appendix C). These Work Plans serve as key communication tools, linking the CAs' individual efforts to particular goals, objectives, and/or activities of the We Heal Together community strategic plan, ensuring alignment with the initiative's community-driven priorities. By the end of Year 2, three CAs had completed written Work Plans, in collaboration with the CHE (see Appendices D-G). The completion of these initial

plans represents an important step in developing the community communication framework process for documenting and disseminating information about the CA's grant-related activities to the broader network of grant partners.

Following Work Plan documents, the CHE and evaluation team collaborated to develop a template for Before and After Action Reviews (B/AARs), to be used as reflective evaluation tools by CAs, and as communication tools for sharing outcomes of CAs' activities with partners (see Appendix H). The B/AARs are designed to help CAs reflect on what success will look like for their planned activities and establish expected outcomes beforehand. After implementation, CAs return to their B/AARs to document observed outcomes, capture lessons learned, and identify opportunities for improvement. These reviews are conducted collaboratively between CAs and the CHE, before and after an activity is implemented. In Year 2, all four CAs completed at least one B/AAR. The use of these reviews helps develop capacity among CAs to participate in evaluations of grant-related activities, and to communicate effectively about their work to the larger community of grant partners.

The following sections offer a brief introduction to, and overview of the work done by, each WHT Community Advisor.

Community Advisor Spotlight: Derrick Pender

Derrick Pender has been a dedicated Community Advisor with We Heal Together Winston-Salem since the initiative's launch, bringing his lived experience and deep commitment to mental health, substance use recovery, and homelessness support to every aspect of the work. Throughout the second year of the grant, Derrick has served as a trusted peer and advocate, representing We Heal Together at multiple community events, including three Church in the Streets gatherings, the Full Circle Mentoring basketball court grand opening, the Roots and Routes event, and the Winston Lake YMCA Back-to-School event. Through these efforts, he engaged approximately 150 residents, connecting them to critical mental health, substance use, and housing resources. His consistent, on-the-ground engagement has helped strengthen the initiative's connection to community members most affected by trauma and social inequities. See Appendix J: "A Story of Hope", for a more detailed accounting of one such engagement.

In addition to outreach, Derrick has contributed to the initiative's learning and improvement processes through participation in work plan development and Before and After Action Reviews. His reflections emphasized the value of contextually grounded outreach, peer connection, and visible presence in community spaces. Derrick's work embodies the We Heal Together vision of healing through connection and shared leadership. Building on his success in Year 2 of the grant, he continues to grow his nonprofit, Mobile Peer Unit Inc., which extends his mission of healing and resilience through peer support. He is actively pursuing grant funding to expand and sustain this vital work—ensuring that the lessons and relationships cultivated through We Heal Together continue to have a lasting impact in his community.

Community Advisor Spotlight: Renai Wisely

Renai Wisely has served as a Community Advisor with We Heal Together Winston-Salem since the initiative's inception, bringing a strong commitment to youth empowerment, community engagement, and equitable resource development. In the second year of the grant, Renai led the Second Harvest Garden Camp, a 15-week experiential program for youth in grades 6–12, primarily from the 27105 zip code. Through hands-on gardening, food cultivation, and discussions about food justice and environmental sustainability, participants developed practical skills, increased awareness of food systems, and deepened their understanding of food insecurity. Thirty Black and Latino youth participated in the program, with 95% residing in East Winston. Renai's leadership fostered meaningful engagement, encouraged skill-building and teamwork, and strengthened partnerships with local organizations, including Second Harvest Food Bank, helping to create pathways for ongoing youth involvement and community impact.

In addition to her work with youth, Renai is planning monthly Conversations on the Fringe listening sessions, which will provide structured spaces for community members to discuss local issues such as food insecurity, housing, and other concerns. These sessions are intended to amplify resident voices, build trust between community members and local leaders, and guide future resource allocation and planning. Through her ongoing work with her youth gardening program and preparation of community listening sessions, Renai continues to advance We Heal Together's mission of fostering community-driven engagement, equitable participation, and long-term well-being in East Winston.

Community Advisor Spotlight: Marela Tesh

Marela Tesh has served as a Community Advisor with We Heal Together Winston-Salem since December 2024, bringing her experience working with families of color and her bilingual skills to strengthen connections with Black and Brown communities in East Winston. Marela has played an important role in implementing community events and supporting community engagement. She contributed significantly to Year 2's Roots and Routes event by leading a reading corner activity where children and parents got to participate in hands-on, educational programming.. Approximately 20 East Winston families attended the event, including three Spanish-speaking families. Marela's work in this space helped foster meaningful engagement, build trust with participants, and enhanced the overall accessibility and inclusivity of the event.

In addition to her work at Roots and Routes, Marela also collaborated with Derrick Pender during a Church in the Streets event, helping to facilitate communication with Spanish-speaking community members. This two-hour outreach attracted about 100 participants from East Winston and surrounding areas, and Marela's support ensured that Spanish-speaking families were able to access information on local mental health and resources for addressing substance use and homelessness. Through her work as a CA, Marela helped bridge gaps between community members and efforts by local organizations. Her work in Year 2 demonstrates a consistent commitment to increasing community participation, promoting equitable access to resources, and furthering We Heal Together's intention to foster trust, collaboration, and community-driven solutions in East Winston.

Community Advisor Spotlight: Tonya Sheffield

Tonya is the newest Community Advisor for We Heal Together Winston-Salem, bringing community leadership experience through her roles as President of the Happy Hill Neighborhood Association and Founder, President, and Executive Director of The Dream School. In her role as a Community Advisor, Tonya is spearheading the development of a Teen Talk Show, a youth-driven and youth-produced media initiative designed for students ages 13–18. This program engages participants—primarily students of color—in hands-on learning to develop practical digital media skills while providing a platform for them to explore topics relevant to their lives and communities. In the initial preparation phase, Tonya has led a three-day development session at the Mixxer Community Maker Space, where a small group of enthusiastic students collaborated to generate ideas for show segments, propose a new name for the program, and provide feedback on the creative and technical direction of the show. This preparatory work has already begun to build participants' confidence, leadership, and media literacy, while fostering a sense of ownership over the content and production process. Tonya is leveraging her partnerships with local organizations to provide mentorship, technical instruction, and resources, with the goal of producing the first full show in 2026. Planning also includes strategic recruitment, marketing, and securing studio space and funding to ensure broad youth participation and sustainability of the program.

Results Narrative: Communicating Evaluation Findings to Community Advisory Board

Communication of Year 2 activity updates and discussion of Year 1 evaluation results happened through regular Community Advisory Board (CAB) meetings during Year 2. These meetings provided a key venue for CAs to communicate their work and for sharing evaluation findings with CAB members and other grant partners, thus fostering discussion among Community Advisors, Institutional Advisors (IAs), and grant leadership. During Year 2, one CA (Derrick Pender) presented on his activities as part of the June CAB meeting, sharing both successes and lessons learned from his ongoing work. Additionally, an Institutional Advisor (Valerie Glass) presented on her organizational activities during the same meeting, demonstrating progress toward a unified communication framework that includes both community- and institution-based partners. Attendance by CAB members across the Year 2 CAB meetings was strong, with four CAs participating in most or all three meetings, held in April, June, and August. Among the eleven Institutional Advisors, there were seven who participated in at least one CAB meeting during Year 2. In Year 3, grant leadership aims to strengthen engagement among all Institutional Advisors to further enhance their impact on the initiative.

Conclusion

Collectively, these activities reflect ongoing progress toward establishing a sustainable and participatory communication framework for the We Heal Together grant activities and evaluation. The processes piloted this year—including CA Work Plans, B/AARs, and structured reporting through CAB meetings—lay the groundwork for more comprehensive and coordinated dissemination of information and results in future years. Continued collaboration among the Community Advisory Board, the CHE, and the evaluation team will support refinement of these

tools and processes and ensure that evaluation practices remain responsive to community input. These efforts directly advance Goal 7's vision of a community-driven, transparent, and adaptive evaluation process that informs continuous improvement and strengthens collective impact across the We Heal Together initiative.

Building on the progress achieved in Year 2, Year 3 activities will focus on further strengthening the community feedback loop and refining the evaluation framework. Specifically, Activity 3 will prioritize establishing mechanisms for incorporating community input on evaluation findings into quality improvement efforts, while Activity 4 will continue to refine and adjust the local evaluation plan under the guidance of the Community Advisory Board. The work initiated in Year 2 will serve as a foundation for these next steps, ensuring that community-driven evaluation remains central to the continuous improvement of the We Heal Together initiative.

Summary of Goal 7

Across Year 2, We Heal Together made substantial progress toward Goal 7 by expanding evaluation activities, strengthening communication processes, and surpassing several core SAMHSA IPP targets. Partners reported 250 workforce development trainings, part of the more than 270 mental-health promotion trainings, and engagement with over 80 collaborating organizations, all of which exceeded the partnership's annual goals for Year 2. Full Circle Mentoring advanced its service goals by reaching over 50 additional youth during the year, while mental health awareness efforts reached with more than 1,100 community members across East Winston. Complementing these achievements, the We Heat Together initiative deepened community-guided action and evaluation through Community Advisor Work Plans, Before/After Action Reviews, and active CAB participation. Collectively, these efforts strengthened a more transparent, community-driven implementation and evaluation of the We Heal Together initiative, setting the stage for continued growth and impact in Year 3.

Discussion

Across its second year of implementation, the We Heal Together Winston-Salem (WHT-WS) initiative demonstrated meaningful progress toward building a more trauma-resilient, equitable, and community-driven system of care for youth and families in East Winston. Year 2 marked a shift from foundational assessment and planning toward deeper implementation, refinement, and alignment across partners. By strengthening collaboration to improve service coordination, expanding trauma-informed capacity through training, maintaining youth programming, and continuing to embed community voice in decision-making, the initiative advanced toward its long-term goals while also identifying key lessons that will inform future work. The Year 2 accomplishments reflect both the strength of the WHT-WS collaborative and the resilience of the communities it serves.

One of the most significant cross-cutting developments in Year 2 was the continued integration of community voice into program implementation and evaluation. The initial Community Needs and Resources Assessment and the community-authored Community Strategic Plan provided the structural backbone for the initiative. In Year 2, partners continued gathering community input while also applying it directly in programming, training, and evaluation practices. Community engagement was woven into listening sessions with families, health and well-being events, resource navigation activities, and CAB meetings. These efforts reinforced the initiative's commitment to ensuring that systems-level improvements reflect the priorities and lived experiences of East Winston residents. This foundation will remain critical as the initiative prepares to update and expand elements of the CSP and to deepen resident participation in continuous improvement processes in Year 3.

Another major theme emerging from Year 2 is the strengthening of cross-sector coordination to better meet the needs of youth and families navigating trauma and adversity. Under Goal 2, WHT-WS partners took important steps toward building a more cohesive regional service network. The development of a new online resource directory, increased engagement with youth-serving organizations, and the hiring of a resource navigation facilitator all support the creation of a sustainable and accessible network of care. Community events during Year 2 brought together nearly 770 residents and 35 partner organizations, helping bridge gaps between institutions and residents while providing spaces for prevention, healing, and connection. Early alignment with the broader Thrive Together movement further positions WHT-WS to embed its work within long-term local system-building efforts and to expand collaboration beyond existing partners.

Youth programming and support continued to flourish in Year 2. Full Circle Mentoring (Goal 4) exceeded enrollment targets, serving 58 additional youth and continuing to focus on emotional awareness, self-regulation, and healthy relationships, protective factors shown to reduce long-term risk behaviors and improve school engagement. Evaluation data from parents and staff highlighted the program's value both as a mentoring model and as a conduit for families to access a range of essential supports, such as IEP advocacy, food resources, and mental health

supports. This joint focus on youth development and systems navigation reflects the initiative's commitment to addressing not only individual-level needs, but also the structural barriers facing many families in East Winston.

Trauma-informed capacity-building efforts under Goals 5 and 6 also yielded strong results. Through CTRC's Trauma Resilient Communities trainings, 21 new TRC champions were trained in Year 2, creating internal capacity that strengthens agency-level implementation of trauma-informed principles. Pre- and post-survey results show consistent increases in staff knowledge, confidence, and comfort with trauma-responsive practices. Youth Mental Health First Aid (YMHFA) training expanded dramatically, with 86 individuals completing training in Year 2 for a total of 119 trained since the grant's start. The addition of a fully Spanish-language training reflects progress toward serving linguistically diverse communities. Despite not yet reaching first responders and school system staff at the scale originally envisioned, these capacity-building efforts are laying essential groundwork for a community environment where adults across systems are equipped to respond effectively to youth mental health needs.

Evaluation activities under Goal 7 further strengthened the initiative's ability to measure impact and guide decision-making. In Year 2, Forsyth Futures refined community-aligned evaluation tools, supported community-centered data collection, while continuing to report on SAMHSA's Infrastructure Development, Prevention, and Mental Health Promotion (IPP) indicators every quarter. These indicators of workforce development, community training, collaboration, service reach, and mental health awareness raising provide a consistent framework for monitoring progress over time. The evaluation team's efforts to streamline tools, reduce participant burden, and improve data collection will support more authentic and trustworthy data collection in future years. Importantly, evaluation findings in Year 2 affirm early indications of positive impact across multiple goals, while also pointing toward areas where further investment and alignment will strengthen outcomes.

Taken together, Year 2 evaluation results highlight several overarching strengths. Partners continued to deepen trust and collaboration across agencies; community engagement became increasingly embedded in implementation of grant activities; capacity-building efforts continued showing measurable improvements; and youth programming expanded to reach more families from communities impacted by trauma and adversity. At the same time, Year 2 surfaced challenges that will require strategic attention moving forward. These include limited reach among first responders and school personnel for YMHFA training, lack of engagement with Hispanic/Latino families within youth programming, variability in organizational readiness for trauma-informed care across agencies, and the need for continued coordination among partners working in overlapping domains. Addressing these gaps will be essential for sustaining gains made to date and achieving long-term impact.

Looking ahead to Year 3, WHT-WS is well-positioned to deepen implementation, strengthen alignment across partners, and expand the initiative's reach. Planned activities include continued delivery of TRC and YMHFA trainings; implementation of the S.E.L.F. psychoeducational curriculum for clinicians and human services professionals; ongoing operation of FCM programming; and sustained community engagement through CAB meetings,

health events, and participatory evaluation practices. The initiative will also continue aligning the Community Strategic Plan with the Thrive Together movement's Aligned Contributions Model, supporting a regional, multi-sector approach to addressing trauma and community violence. Strengthening internal leadership through TRC champions, monitoring early implementation of the resource referral network, and refining data collection tools will further enhance the initiative's ability to adapt to community needs.

In sum, Year 2 demonstrated the collective dedication of partner organizations working together toward healing, safety, and opportunity throughout East Winston. While challenges remain and the work ahead is substantial, the progress achieved this year illustrates a strong foundation for transformational, community-driven change. By continuing to build cross-sector connections, invest in trauma-informed capacity, and elevate community wisdom, WHT-WS is advancing toward its overarching mission: creating a safer, healthier, and more resilient future for all youth and families in East Winston-Salem.

IAF Listening Session Report

April 30, 2025

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Introduction

Community listening sessions are a great way to gather information through various perspectives to better understand the priorities, challenges, and goals within the community. These conversations gave individuals a chance to share their thoughts, ensuring they are heard as we work toward finding solutions.

This report presents key findings from the We Heal Together project's IAF Listening Sessions, with data provided by the Action 4 Equity (A4E). The following sections outline the methodology, demographics, and key results, including how community voices were recognized, providing useful information to help improve the community.

Methodology

The data for this report was collected through the We Heal Together project's IAF Listening Sessions, where community members had the chance to express their experiences and provide input on various issues impacting their lives. These sessions were organized and facilitated by Action 4 Equity (A4E) to gather various perspectives from individuals within the community. Participants provided information on a range of topics, including their race and ethnicity, language spoken at home, economic challenges, attendance and absenteeism, as well the importance of their voice being heard in the community. The goal was to understand the struggles faced by residents and to gather insights on how to improve the overall well-being of the people.

To analyze the data, a combination of bar charts and pie charts was used. Bar charts were applied to display categorical data, such as the distribution of participants across various neighborhoods and census tracts, as well as the rates of school suspension or absenteeism. They also illustrated the proportion of individuals in the disparate population group. Pie charts were used to represent the racial and ethnic makeup of the community and the primary languages spoken at home. These charts made it easier to see the breakdown of each category, compare the different groups, and provide a clear view of how the population is distributed across different areas. By using these visual tools, the report presents the findings in an understanding way, helping to identify trends and insights that can inform future actions to improve the community.

Demographics

Table 1: Demographics of Survey Participants at IAF Event

Demographic Type	Demographic Group	n	Percentage
Race/Ethnicity	Black or African American	20	90.9
	Describes race in a different way	1	4.5
	Hispanic/Latino	1	4.5
Language Spoken at Home	English	21	95.5
	English & Spanish	1	4.5
Neighborhood	Bowen Park Area	1	4.5
	Piedmont Circle	12	54.5
	Piedmont Park	8	36.4
	Southgate Apartments	1	4.5
Poverty Rate	20.6	1	4.5
	29.9	20	90.9
	64.4	1	4.5
Child Chronically Suspended or Absent	Yes	10	45.5
	No	12	54.5
Census Tract	16.2	20	90.9
	17	1	4.5
	5	1	4.5
Disparate Population	No	12	54.5
	Yes	10	45.5

This section presents an analysis of key demographic details based on community input. The data includes race and ethnicity, language spoken at home, neighborhood, poverty rates, school suspension/absence, community voice, and census tract representation.

Race and Ethnicity The majority of the individuals (90.9%) identify as Black or African American. A small percentage (4.5%) describe their race in a different way, while another 4.5% identify as Hispanic/Latino.

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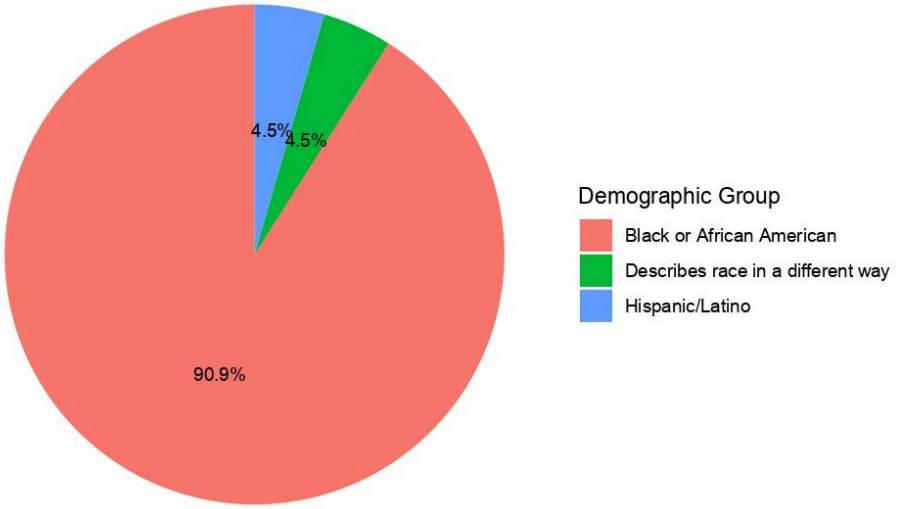
Race/Ethnicity



Language Spoken at Home A significant amount of individuals (95.5%) report speaking English as their primary language at home. In addition, 4.5% of respondents mention that they speak both English and Spanish.

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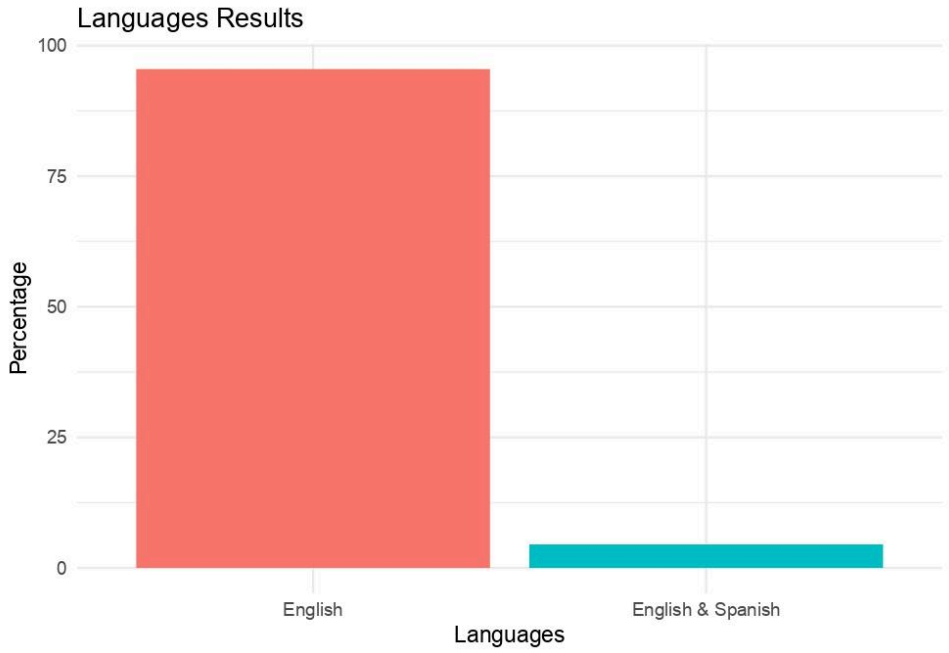

Neighborhood Participants reside in various neighborhoods, with the largest representation from Piedmont Circle (54.5%), followed by Piedmont Park (36.4%). Other neighborhoods, like Bowen Park Area and Southgate Apartments, make up for 4.5% of the surveyed population.

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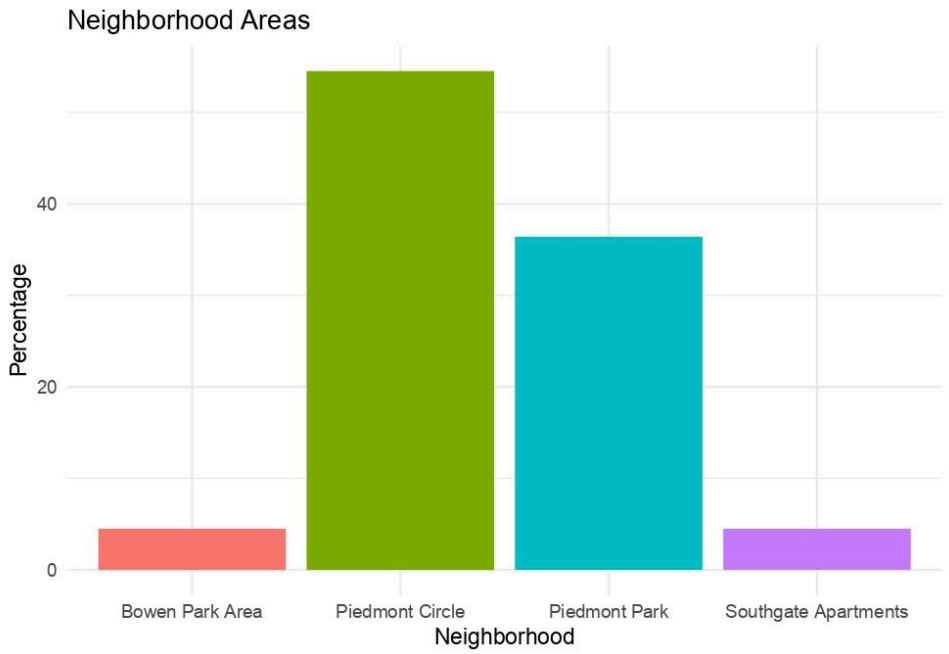

Poverty Rate The poverty rates among individuals vary, with values of 20.6%, 29.9%, and 64.4%, showing economic struggles within the community.

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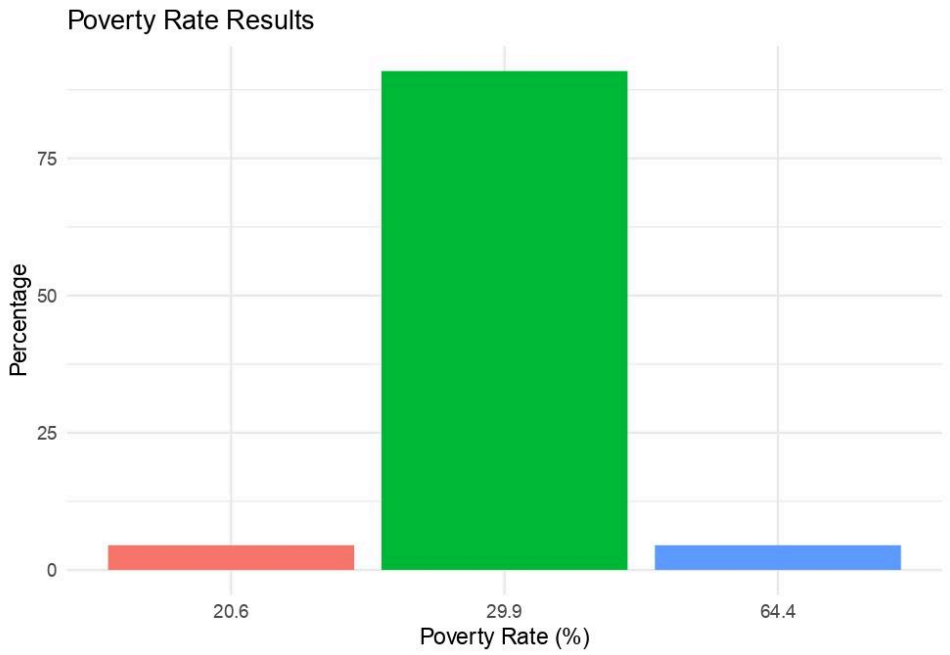

School Suspension and Absenteeism Approximately 45.5% of individuals report that their child has been chronically suspended or absent from school, while 54.5% indicate that their child has not experienced such issues.

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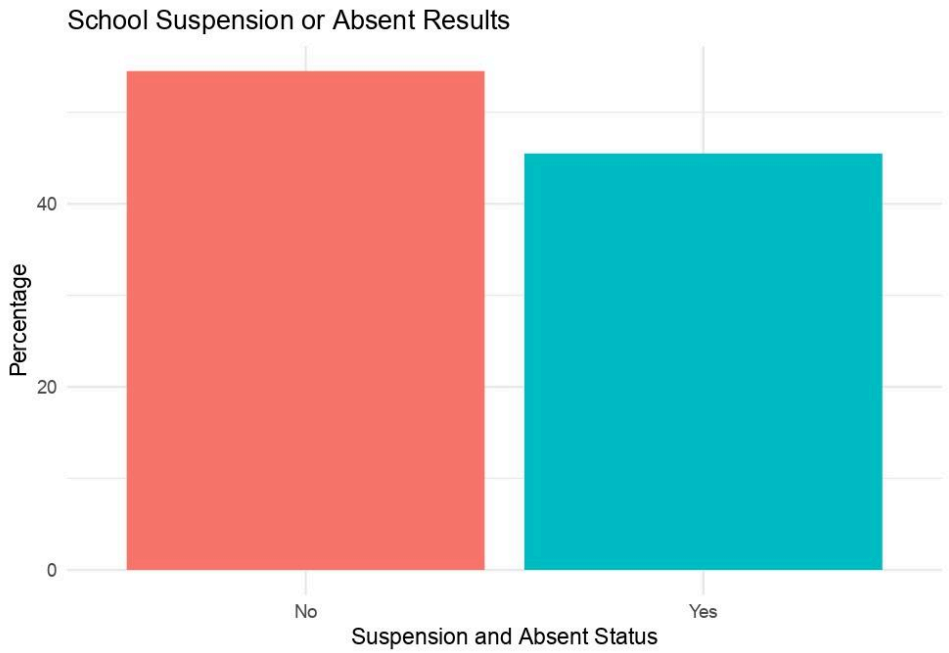

Census Tract Representation Most individuals (90.9%) reside in census tract 16.02, with smaller groups from tracts 5 (4.5%) and 17 (4.5%).

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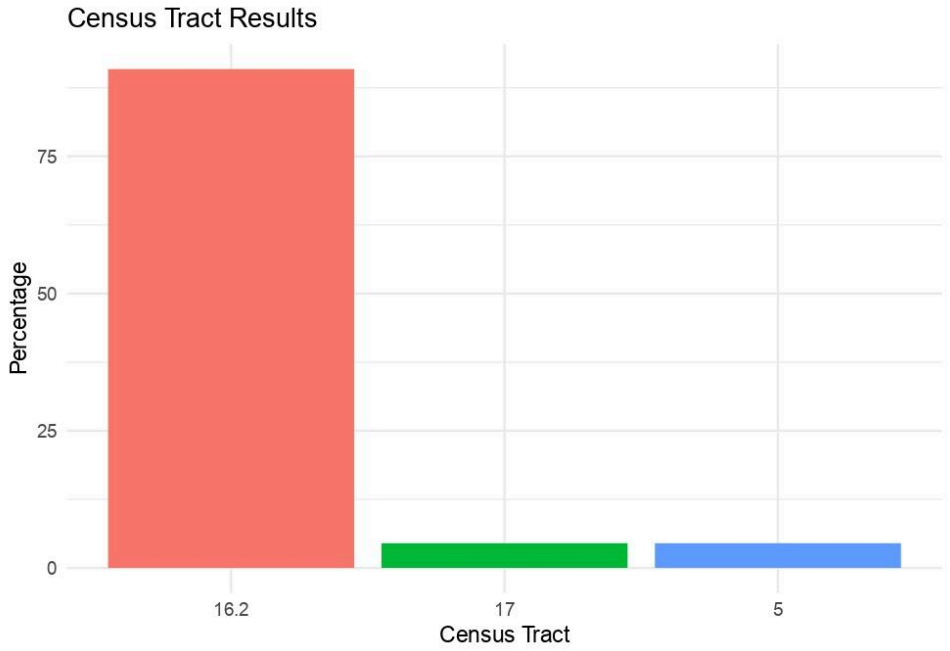

Disparate Population The disparate population was determined based on two factors: whether a respondent lived in an area with a poverty rate above 20% and whether they had a child who was chronically suspended or absent from school. Individuals who met both criteria were classified as "Yes" in the Disparate Population category, while all others were labeled as "No". Among the population, 54.5% were classified as not being part of the disparate group, while 45.5% were classified as being part of the disparate group.

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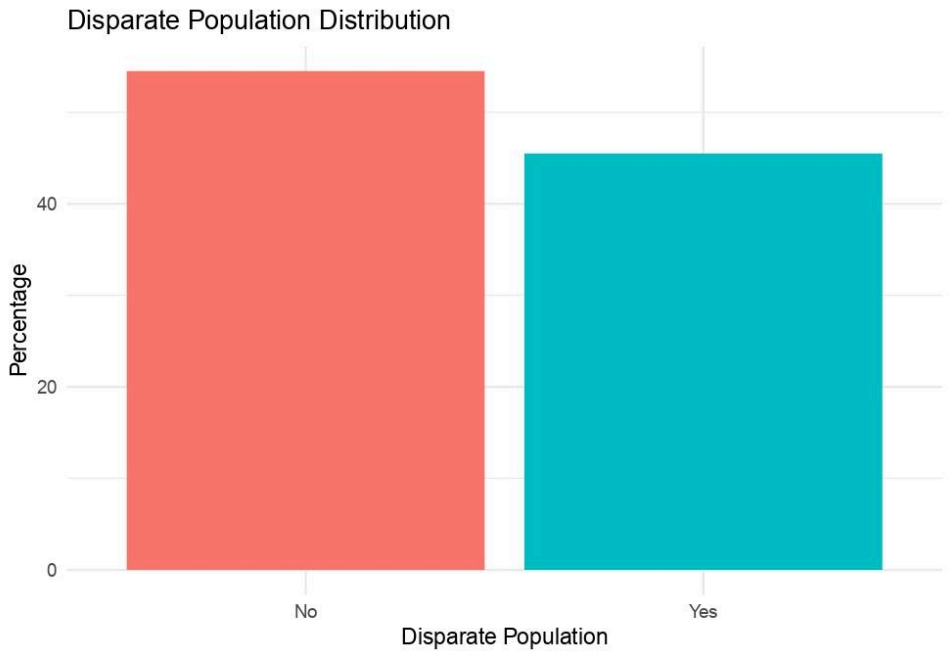

These findings provide insight into the demographic makeup and lived experiences of the surveyed population, highlighting racial and language backgrounds, the areas they live in, poverty levels, and community engagement.

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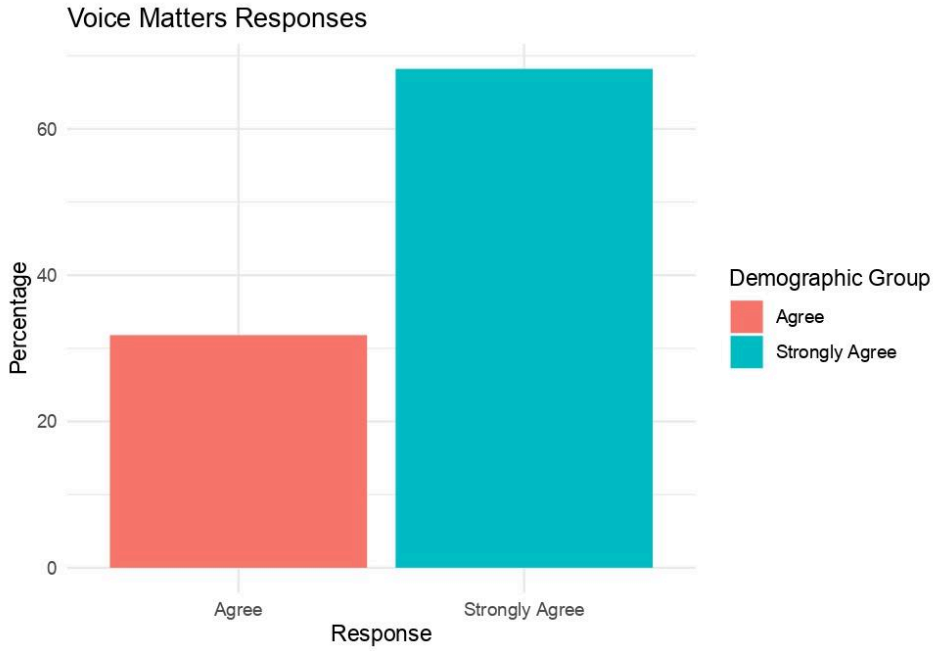
Results



The majority of individuals strongly believe their voices matter in the community, with 68.2% strongly agreeing and 31.8% agreeing.

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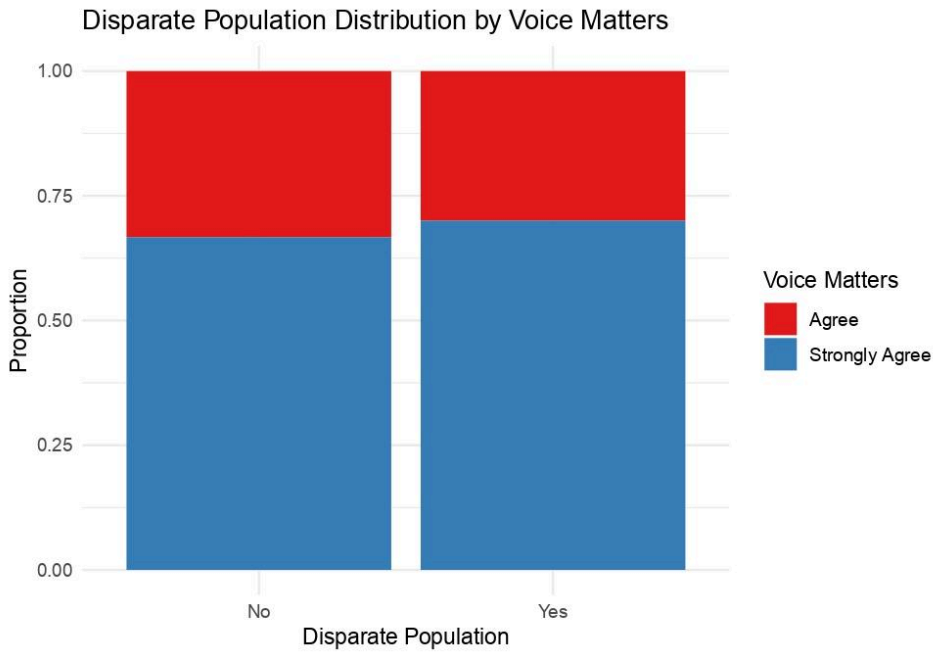

The graph above shows how people in the disparate population feel about whether their voices matter in making community changes. The bars represent the percentage of people who agree or strongly agree that their voice matters. The blue part of each bar shows those who strongly agree their voice matters, while the red part represents those who agrees. Most of the disparate population strongly agrees that their voice matters and within this group, the percentage of people who believe their voice matters remains consistent across both response categories, indicating a shared sense of encouragement. This suggests that among the disparate population, there is a strong sense of confidence that their voices can influence community change.

Conclusion

The findings from the IAF Listening Sessions give important insights into the community's views on the listening session. A significant number of participants identify as Black or African American, and a large number of people live in the Piedmont Circle and Piedmont Park neighborhoods. Additionally, there are high rates of school suspension and absenteeism among the children. Overall,the individuals agreed that their voices were heard during the listening sessions, indicating that the sessions were effective. Members of the disparate population were more likely to strongly agree that their voice mattered, highlighting the success of the sessions and the strong engagement from community members. This demonstrates that the program has made a positive impact and should continue to support the community.

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Appendix B1: Full Circle Mentoring Program Manager Interview Guide

To guide a one-hour semi-structured interview with the Full Circle Mentoring Program Manager, a set of open-ended questions have been grouped into thematic sections. These themes move from warm-up and program-specific experiences into broader reflections on context. Each section includes core questions and optional prompts to use as needed to keep the conversation rich and flowing. The Progam Manager is being interviewed about their experiences with the program, the youth, and families, as they strive to promote protective factors.

Semi-Structured Interview Guide for Full Circle Mentoring Program Manager

Estimated duration: ~60 minutes
Interviewer guidance: These questions are designed to allow respondent space to reflect and express themselves in their own words. Use follow-up prompts as needed. You do *not* need to ask every prompt—prioritize natural, comfortable, and conversational flow.

Section 1: Intro, Program Overview and Reflections

1. Can you start by describing your own background and how you came to your role with the Full Circle Mentoring program?
2. Describe the Full Circle Mentoring program in your own words, and how you see your role in managing it?

- What are you most proud of from this past year?
- What have been the biggest challenges?
- How has your perspective on the program evolved since you began managing it?

Section 2: Engaging Youth and Families

3. The program focuses on engaging youth and families in East Winston. How have you gone about identifying target neighborhoods each year?
4. What kinds of activities have you used to engage families and youth from the neighborhoods?

- What strategies have worked well in building initial trust with families?
- Have there been any challenges in recruitment or retention?
- Can you share an example of an engagement activity that had strong participation or impact?

Section 3: Building Protective Factors

Basic Needs and Family Support

5. How has the program worked with families to connect them to resources and help with meeting basic needs?

- What kinds of resources have been most in demand?
- What role does relationship-building play in this process?
- Can you share a story that illustrates how a family benefited from this support?

Academic Engagement and Social-Emotional Development

6. How has the program supported participants' academic engagement and performance?

- What kinds of tutoring, mentoring, or school-related supports have been offered?
- How much have you been able to partner with schools and teachers in this work?

7. How have you supported participants' social-emotional skills and mental health awareness?

- What types of activities or workshops have been most helpful?
- How have youth responded to these activities?
- Have you noticed changes in confidence, coping skills, or peer relationships?

Parent Engagement with Schools

8. How has the program supported parents in engaging with schools and advocating for their children?

- How do you support families when it comes to navigating IEPs or other special education needs?

- What challenges do parents typically face when advocating for their children?
- Are there particular successes you've seen with parent engagement?

Section 4: Broader Reflections and Looking Ahead

Main Questions:
9. From your perspective, what impact has Full Circle Mentoring had so far on the youth and families you serve?
10. What lessons have been learned about what it takes to "reduce high-risk behaviors and increase protective factors among youth exposed to adversity"?
11. Looking ahead, what would you like to see for the program in the future?

- If you had additional resources or support, what would you prioritize?
- Are there needs in the community that the program hasn't yet been able to address?

Closing

- "Is there anything I didn't ask about that you think is important to share?"
- Thank the program manager again for their time and insight.
- Share next steps (how the information will be used, opportunities for review/feedback if appropriate).

Appendix B2: Full Circle Mentoring Program Staff Interview Guide

To guide a one-hour semi-structured interview with the Full Circle Mentors, a set of open-ended questions have been grouped into six thematic sections. These themes move from warm-up and program-specific experiences into broader reflections on context and community healing. Each section includes core questions and optional prompts to use as needed to keep the conversation rich and flowing. Mentors are being interviewed about their experiences with the program, the youth, and families, as they strive to promote protective factors. The We Heal Together Community Strategic Plan focuses on two primary protective factors for youth: academic engagement and social-emotional learning and development. The following interview guide addresses protective factors, as well as broader concerns related to implementation of the program.

Semi-Structured Interview Guide for Full Circle Mentors

Estimated duration: ~60 minutes
Interviewer guidance: These questions are designed to allow mentors space to reflect and express themselves in their own words. Use follow-up prompts as needed. You do *not* need to ask every prompt—prioritize natural, comfortable, and conversational flow.

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1. Opening & Background (5–7 mins)

Purpose: Build rapport and understand each mentor's journey into the role.

Q1. Can you tell me a little about yourself and what led up to you joining Full Circle Mentoring?

Q2. What drew you to mentoring youth?

Interviewer "Look-For"s:

- What experiences in life prepared them for this work?
- What does being a mentor mean to them personally?

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2. Daily Practice & Relationships (10–15 mins)

Purpose: Understand what mentoring looks like in action.

Q3. What does a typical day or week look like for you in your role as a Mentor?

Q4. What are some of the ways you try to build trust and relationships with the youth and families you work with?

Q5. Tell me about a time when you felt you made a meaningful difference for a young person or family in the program.

Interviewer "Look-For"s:

- How do mentors support youth who've experienced trauma?
- How do mentors collaborate with school staff or other adults?
- Are there specific tools or strategies mentors rely on?

---

3. Program Structure & Supports (8–10 mins)

Purpose: Gather concrete information about how the program is designed and implemented.

Q6. What aspects of the Full Circle program structure support you in doing this work well?

Q7. Are there areas where you think the program could be strengthened or better supported?

Q8. What types of training, resources, or support have been most valuable for you in your role?

Interviewer "Look-For"s:

- How do mentors facilitate the IEP process with parents?
- Do mentors feel prepared to navigate crisis or conflict situations?

---

4. Youth Outcomes & Growth (8–10 mins)

Purpose: Explore perceived changes in youth and how mentors define success.

Q9. In your view, what kind of impact is the program having on the youth you serve?

Q10. How do you know when a young person is growing, healing, or gaining new skills?

Q11. What kinds of barriers do youth face that make progress difficult?

Interviewer "Look-For"s:

- What changes have mentors seen in academic engagement?
- What changes have mentors seen in social-emotional learning and development?
- How do IEPs show up in the work?

---

5. Broader Context & Community (10–12 mins)

Purpose: Center the mentors' perspective on the systemic and community-level issues that shape their work.

Q13. In what ways does this community's history and current conditions show up in your day-to-day work?

Q14. What does it mean to you to serve melanated children in this community?

Q15. How do you see your role in addressing or interrupting the school-to-prison pipeline?

Interviewer "Look-For"s:

- What gives them hope, optimism, in the work?
- What makes the work heavy or challenging?
- How do they see race, systems, and history affecting the youth and families?

---

6. Reflection & Vision (8–10 mins)

Purpose: Invite deeper reflection and forward-looking ideas.

Q16. What keeps you committed to this work, even when it's hard?

Q17. If you had full support and resources, what would you *add* to the program to better serve youth and families?

Q18. What do you wish people outside the community understood about your work and the young people you serve?

Q19. What's your vision for what more healing looks like in East Winston?

Optional Wrap-Up Prompt

> "Thank you for your honesty and insights. Is there anything else you'd like to add—any stories, ideas, or reflections—that you think are important for people to hear as we evaluate and try to strengthen this work?"

Appendix C: CAB Work Plan Template

CAB work plan tool

Activity Overview

What is the Activity	
Purpose	
Connection to goal from CSP	
Key outcome	

Objectives

What are measurable results or changes you expect from the activity?	

Expected impact

How will this activity benefit the participants and community?	
What lasting effects do you hope to achieve?	

Resources & Personnel

Who do you need at the event with you for support?	
What would their role and responsibilities be?	
Collaboration with another organization?	

Material and Equipment

What specific materials or tools do you need?	

Budget

How much funding do you need?	

(Parts above this must be filled out as soon as possible)

Logistics and deadlines

Timeline:

(Pre activity planning phase)

Must be done at least one month before event

	Date completed
Finalize activity details (6 weeks prior)	
Confirm facilitators/volunteers (4 weeks prior)	
Secure resources and materials (3 weeks prior)	
Book venue (6 weeks prior)	
Complete Powerpoint (3 weeks prior)	
Send invitations (6 weeks prior) and send weekly reminders up until event	
Create registration form (6 weeks prior)	
Fill out BAR form (one week prior)	

* Note venue must be booked before sending out invitations/registrations)

Activity Implementation Phase

(Day of or week of the Activity)

	Date completed
Confirm the venue	
Ensure technology is working	
All materials are ready	
Final test Survey QR codes work	
Team briefing and orientation: Ensure everyone is clear of roles and responsibilities before the event.	

Post-Activity Phase

Fill our AAR Form (within 1 week after event)	
Collect feedback (2 weeks after) connect with P.C to review participant feedback	
Send out follow up email to all participants (within 2 weeks of event)	
Provide next steps (if applicable) information on future events, follow-up actions) where they can find additional resources.	

Appendix D: CAB Work Plan: Derrick Pender #1: Mental Health Awareness at Church in the Streets

What is the activity?	The activity is to promote Mental Health Awareness, address the issue of homelessness and provide Substance abuse resources to community members at the Church in the Streets event on Friday April 18th. The event will be held at **3751 Yarbrough Ave, Winston Salem, NC, 27106.** From 4-6PM. We will provide brochures of the Mobile Peer Unit and have genuine conversations with attendees about their mental health journeys.
Purpose	Provide information about local services and resources that address mental health, homelessness, and substance abuse, ensuring community members are aware of and can utilize available support systems. I aim to reduce stigma, promote early intervention, and enhance overall community well-being.
Connection to goal from CSP	Goal 2: Foster and facilitate greater collaboration among community partners and institutional stakeholders to streamline efforts that address community. Activity 7: Conduct / collaborate with others to conduct 3 health and well-being events in East Winston, including information on mental health awareness.
Key outcome	Connect the most vulnerable community members to mental health, homelessness and substance abuse resources and information.

Objectives

What are measurable results or changes you expect from the activity?	Speak with at least 40 community members and provide between 50-100 business cards, brochures, and flyers. I expect the community to familiarize themselves with the resources available to them and eventually utilize them.

Expected impact

How will this activity benefit the participants and community?	This activity will benefit the participants by educating them about mental health challenges, homelessness, and substance abuse, helping to demystify these issues and promote open, supportive conversations.
What lasting effects do you hope to achieve?	Community members will come to view seeking mental health support as a normal and essential aspect of personal well-being. They will recognize the interconnectedness of mental health and substance abuse issues and become more open to accessing available community resources to address these challenges.

Resources

Personnel

Who do you need at the event with you for support?	Lynette Staplefoot Milisbette
What would their role and responsibilities be?	Roles: Derrick Pender: Assist with set up, engage with community, orient Lynette and Milisbette to his work plan. Lynette: Help with set up. Assist with community enlightenment. Help with breakdown. Milisbette- Help with set up, engage the Spanish speaking community. Help with breakdown. Responsibilities:help with activities and explain resources available. Everyone- will try to keep up with how many people they speak with and about how many flyers/brochures they hand out. Invite folks to the event. Derrick- monitoring how many people follow up. Estimate how many vendors/orgs are there.
Collaboration with another organization?	Life of Victory in Christ Ministries

Material and Equipment

What specific materials or tools do you need?	Business cards- DP Table, 3 seats Brochure: Mobile Peer Unit, Inc Flyer with local Mental Health resources. Flyer with substance abuse resources and Homelessness resources: Daymark, Arca, Dream Center, Bethesda Center,Salvation Army. Samaritan's Ministries

Budget

How much funding do you need?	Possibly support for Chips, small waters, ice. $35

(Parts above this must be filled out as soon as possible)
Logistics and deadlines

Timeline:

(Pre activity planning phase)
Must be done at least one month before even

	Date completed
Finalize activity details (6 weeks prior)	
Confirm facilitators/volunteers (4 weeks prior)	
Secure resources and materials (3 weeks prior)	
Book venue (6 weeks prior)	Booked
Complete Powerpoint (3 weeks prior)	
Send invitations (6 weeks prior) and send weekly reminders up until event	Ongoing until day of event.
Create registration form (6 weeks prior)	N/A
Fill out BAR form (one week prior)	4/9/25

* Note venue must be booked before sending out invitations/registrations)

Appendix E: CAB Work Plan: Renai Wisely #1: Second Harvest Garden Camp

Activity Overview

What is the Activity	The Second Harvest Garden Camp is a 15-week experiential program designed for youth in grades 6–12. Participants will engage in hands-on learning to connect with nature and develop skills in growing fruits, vegetables, and herbs.
Purpose	The purpose of the activity is to educate and empower youth—particularly from the 27105 communities—by teaching them the science and significance of food cultivation.
Connection to goal from CSP	** ask Adam** –
Key outcome	A projected key outcome is that participants will gain practical agricultural knowledge, increased environmental awareness, and a deeper understanding of food systems and food insecurity.

Objectives

What are measurable results or changes you expect from the activity?	**RW**

Expected impact

How will this activity benefit the participants and community?	Participants will benefit through skill development, increased awareness of food justice issues, and financial compensation for their involvement. The community gains from having more informed and engaged youth who may contribute to local food sustainability and advocacy efforts around food insecurity.
What lasting effects do you hope to achieve?	The program aims to foster long-term interest in food sovereignty, community health, and environmental stewardship. It aspires to cultivate a generation of youth who are not only skilled in sustainable food practices but also motivated to lead and advocate for food access within their communities.

Resources

Personnel

Who do you need at the event with you for support?	RW
What would their role and responsibilities be?	RW
Collaboration with another organization?	Second Harvest Food Bank

Material and Equipment

What specific materials or tools do you need?	Gardening space, seeds, gardening tools.

Budget

How much funding do you need?	Provided by Second Harvest

(Parts above this must be filled out as soon as possible)
Logistics and deadlines

Timeline:

(Pre activity planning phase)
Must be done at least one month before even

	Date completed
Finalize activity details (6 weeks prior)	
Confirm facilitators/volunteers (4 weeks prior)	
Secure resources and materials (3 weeks prior)	
Book venue (6 weeks prior)	
Complete Powerpoint (3 weeks prior)	
Send invitations (6 weeks prior) and send weekly reminders up until event	
Create registration form (6 weeks prior)	

Fill out BAR form (one week prior)	

* Note venue must be booked before sending out invitations/registrations)

Activity Implementation Phase
(Day of or week of the Activity)

	Date completed
Confirm the venue	
Ensure technology is working	
All materials are ready	
Final test Survey QR codes work	
Team briefing and orientation: Ensure everyone is clear of roles and responsibilities before the event.	

Post-Activity Phase

Fill our AAR Form (within 1 week after event)	
Collect feedback (2 weeks after) connect with P.C to review participant feedback	
Send out follow up email to all participants (within 2 weeks of event)	
Provide next steps (if applicable) information on future events, follow-up actions) where they can find additional resources.	

Appendix F: CAB Work Plan: Renai Wisely #2: Community Listening Sessions

Activity Overview

What is the Activity	Hosting community listening sessions once a month that bring community members and community leaders together.
Purpose	To discuss community-related issues such as food insecurity, housing and other topics that impact the community.
Connection to goal from CSP	**Objective 2 of Goal 1**, Goal 1: Increase participation and capacity of East Winston residents and stakeholders, including youth, in community-based research and action. Especially if culturally relevant engagement methods or feedback lead to summits or trainings.
Key outcome	Increased community participation in monthly listening sessions.

Objectives

What are measurable results or changes you expect from the activity?	We expect to see increased and sustained engagement from East Winston residents and stakeholders, with a minimum of 20 participants attending each monthly session.

Expected impact

How will this activity benefit the participants and community?	The listening sessions give community members a consistent space to share their concerns and ideas, helping them feel heard and involved in decision-making. They build trust between residents and leaders, ensure local priorities like food insecurity are addressed, and guide more effective, community-driven planning and resource allocation
What lasting effects do you hope to achieve?	We hope to build long-term trust between

	residents and community leaders, create a culture of ongoing community engagement, and ensure that resident voices continue to shape policies and programs. Over time, this will lead to more responsive, equitable, and sustainable solutions to local issues.

Resources

Personnel

Who do you need at the event with you for support?	
What would their role and responsibilities be?	Roles Responsibilities
Collaboration with another organization?	

Material and Equipment

What specific materials or tools do you need?	

Budget

How much funding do you need?	

(Parts above this must be filled out as soon as possible)
Logistics and deadlines

Timeline:

(Pre activity planning phase)
Must be done at least one month before even

	Date completed
Finalize activity details (6 weeks prior)	
Confirm facilitators/volunteers (4 weeks prior)	
Secure resources and materials (3 weeks prior)	
Book venue (6 weeks prior)	

Complete Powerpoint (3 weeks prior)	
Send invitations (6 weeks prior) and send weekly reminders up until event	
Create registration form (6 weeks prior)	
Fill out BAR form (one week prior)	

* Note venue must be booked before sending out invitations/registrations)

Activity Implementation Phase
(Day of or week of the Activity)

Date completed

Confirm the venue	
Ensure technology is working	
All materials are ready	
Final test Survey QR codes work	
Team briefing and orientation: Ensure everyone is clear of roles and responsibilities before the event.	

Post-Activity Phase

Fill our AAR Form (within 1 week after event)	
Collect feedback (2 weeks after) connect with P.C to review participant feedback	
Send out follow up email to all participants (within 2 weeks of event)	
Provide next steps (if applicable) information on future events, follow-up actions) where they can find additional resources.	

Appendix G: CAB Work Plan: Tonya Sheffield #1: Teen Talk Show

Activity Overview

What is the Activity	Teen Talk Show interest and preliminary production meeting.
Purpose:	To bring together teens ages 13–18 to explore the ins and outs of digital media, develop practical skills, and collaborate on producing a Teen Talk Show centered on the teen experience. Participants will also learn how to leverage these skills for future academic and professional opportunities.
Connection to goal from CSP:	**Goal 4, Objective 2, Activity 3**: Youth and family engagement in activities that increase social and emotional learning and mental health awareness. It also indirectly supports academic engagement and career readiness by reinforcing protective factors that contribute to resilience and reduce high-risk behavior.
Key outcome:	Youth participants demonstrate increased confidence, communication skills, and collaboration through active involvement in the planning and production of the Teen Talk Show.

Objectives

What are measurable results or changes you expect from the activity?	A commitment from 75% of the participants to take part in this Teen Talk Show activity.

Expected impact

How will this activity benefit the participants and community?	This activity will benefit participants by providing a creative, youth-centered platform where teens can build communication, media literacy, leadership, and collaboration skills. Through hands-on involvement in planning and producing the Teen Talk Show, youth will gain real-world experience in digital media

	and public speaking, while also exploring topics relevant to their lives and communities.
What lasting effects do you hope to achieve?	We hope to achieve lasting effects in both the lives of participating youth and the broader East Winston community. For youth, the Teen Talk Show will foster long-term confidence, leadership, and media skills that can translate into future academic, creative, or professional opportunities. Participants will leave with a stronger sense of self, increased resilience, and the ability to advocate for themselves and others.

Resources

Personnel

Who do you need at the event with you for support?	Members of the SHU collective and 1012 media group
What would their role and responsibilities be?	Roles - Executive producers Responsibilities - Instructors, mentors
Collaboration with another organization?	The SHU collective, 1012 media group.

Material and Equipment

What specific materials or tools do you need?	Digital DSLR 4k cameras, tripods, light kits, wireless mics, editing software, computers,

Budget

How much funding do you need?	$85,000

(Parts above this must be filled out as soon as possible)
Logistics and deadlines

Timeline:

(Pre activity planning phase)
Must be done at least one month before even

Date completed

Finalize activity details (6 weeks prior)	
Confirm facilitators/volunteers (4 weeks prior)	
Secure resources and materials (3 weeks prior)	
Book venue (6 weeks prior)	
Complete Powerpoint (3 weeks prior)	
Send invitations (6 weeks prior) and send weekly reminders up until event	
Create registration form (6 weeks prior)	
Fill out BAR form (one week prior)	

* Note venue must be booked before sending out invitations/registrations)

Activity Implementation Phase
(Day of or week of the Activity)

	Date completed
Confirm the venue	
Ensure technology is working	
All materials are ready	
Final test Survey QR codes work	
Team briefing and orientation: Ensure everyone is clear of roles and responsibilities before the event.	

Post-Activity Phase

Fill our AAR Form (within 1 week after event)	
Collect feedback (2 weeks after) connect with P.C to review participant feedback	
Send out follow up email to all participants (within 2 weeks of event)	
Provide next steps (if applicable) information on future events, follow-up actions) where they can find additional resources.	

Appendix H: Before/After Action Review (B/AAR)

BEFORE ACTION REVIEW	AFTER ACTION REVIEW
Date of BAR: **BAR Participants**:	**Date of AAR:** **AAR Participants:**
What are our intended results? ● What is going to happen? Who is it happening to/with? Where? When/for how long? ● What will be the immediately observable differences that result? ● To what extent are disparate populations being served? ● To what extent are inequities being addressed? **What will success look like?** ● What short-term positive change will occur or be hastened if successful? ● What will be different in the long-term because this succeeded? **What challenges might we encounter?** ● What will be the hardest part of doing this? ● What limitations could keep this from being implemented as intended? **What have we learned from similar situations?** ● What previous activities/events relate to this action? ● What if anything was learned from related prior actions? **What will make us successful this time?** **Date of our AAR *[copy to top of next column]:***	**What were our actual results?** ● Who actually participated? (detailed description of the participants) ○ Who was meant to benefit, i.e. East Winston youth, Spanish speaking residents, etc.? Who else was involved and/or collaborated on the effort, i.e. local organizations, community groups, etc.? ● What immediate difference(s) can we describe, after action? ● To what extent was the action successful? What challenges, if any, limited success? **What caused these results?** ● To what do we attribute any successes? ● To what do we attribute any challenges? What didn't go right? **What will we sustain or improve? (If we could turn back the clock, what would we do differently?)** **When is our next opportunity to test what we have learned?** **Date of next BAR?**

Appendix I: Derrick Pender #1: Mental Health Awareness at Church in the Streets

BEFORE ACTION REVIEW	AFTER ACTION REVIEW
Date of BAR: 4/9/2024 **BAR Participants**: Derrick Pender	**Date of AAR: 4/23/2025** **AAR Participants: Derrick Pender**
What are our intended results? ● What is going to happen? We will connect with the community and share local resources that spread awareness around Mental Health, substance abuse and homelessness issues. Who is it happening to/with? Life of Victory in Christ Ministries Where? 3751 Yarbrough Ave, Winston Salem, NC, 27106 When/for how long? April 18th, 2025 from 4PM-6PM. ● What will be the immediately observable differences that result? Community members will become aware of the local organizations that offer support for people experiencing Mental Health, substance abuse and homelessness challenges. ○ To what extent are disparate populations being served? To a large extent. This event is a roving initiative aimed to meet underserved communities around Winston Salem. ○ To what extent are inequities being addressed? A large extent. Mental Health and substance abuse are topics that are not spoken much about but we hope to reduce the stigma around those topics and that they are not alone. There are resources available should one need it. **What will success look like?** ● What short-term positive change will occur or be hastened if successful? It will have community members thinking about these issues and understand that there are resources available if they want to make positive changes for their well-being. ● What will be different in the long-term because this succeeded? Community members will utilize the resources that combat Mental	**What were our actual results?** ● Who actually participated? (detailed description of the participants) ○ Who was meant to benefit, i.e. East Winston youth, Spanish speaking residents, etc.? Who else was involved and/or collaborated on the effort, i.e. local organizations, community groups, etc.? ● **Participants**: The event attracted a diverse group, including children (primarily Black and Hispanic, with a few Caucasians) and a fair number of adults. A total of about 75 community members attended the event. ● **Immediate Impact**: Several community organizations expressed interest in partnering with Derrick, indicating a positive reception. ● **Hosting and Collaboration**: Life of Victory in Christ Ministries hosted the event, with participation from Novant Health, Latino Community Services, Forsyth Freedom Federation, EAGLES of Grace, Trellis Supportive Care, Hope Counseling & Consulting, VitalHealth, Crossnore Center for Trauma Resilient Communities, Bondage Breakers Rehabilitation Ministries, and LVCM Community Development Corporation. ● **Engagement**: Derrick made valuable connections with local agencies. He engaged children in discussions about their identities and available mental health resources. While no alarming mental health issues were observed, attendees expressed gratitude for the resources and connections provided.

Health, substance abuse and homelessness issues.

What challenges might we encounter?

- What will be the hardest part of doing this? Breaking the stigma of mental health challenges and normalizing conversations about substance abuse and homelessness, especially in black and brown communities.
- What limitations could keep this from being implemented as intended? The lack of engagement from community members.

What have we learned from similar situations?

- What previous activities/events relate to this action? N/A
- What if anything was learned from related prior actions? N/A

What will make us successful this time?

- All of the work plan is filled out and the details for executing this activity are organized. I have a team that will be able to support me. I feel confident about how I will approach this event.

Date of our AAR *[copy to top of next column]:*

- To what extent was the action successful?
    - **Successes**: The event facilitated meaningful connections between organizations and participants to discuss local mental health, homelessness and substance abuse resources. The presence of a bilingual team member, Milisbette, was particularly beneficial in engaging Spanish-speaking attendees.
- What challenges, if any, limited success?
    - **Attendance**: Fewer attendees than expected participated, possibly due to limited transportation options and the event's location.
    - **Facilities**: The absence of portable restrooms was a logistical issue.
    - **Community Reach**: The event seemed to cater primarily to residents of the adjacent housing complex, with limited attendance from surrounding neighborhoods.

What caused these results?

- **Success Factors:** Effective bilingual communication ensured all attendees felt included and engaged.
- **Challenges:** Insufficient promotion and canvassing may have contributed to lower attendance. Additionally, the lack of portable restrooms and the event's location posed practical challenges

What will we sustain or improve? (If we could turn back the clock, what would we do differently?)

SUSTAIN

- Ensure the presence of bilingual staff to accommodate diverse linguistic needs.
- Provide engaging materials or incentives to attract attendees.

	IMPROVE ● Utilize tents to provide shelter and comfort for attendees. ● Conduct thorough assessments of event locations to ensure accessibility and convenience for all participants. **When is our next opportunity to test what we have learned?** **Date of next BAR?**

Appendix J: “A Story of Hope”, from the perspective of Crossnore's Center for Trauma Resilient Communities- Community Health Educator.

A young woman came to our *Day of Healing* event the morning of September 3rd, 2025 carrying a heavy burden. Just the day before, she wanted to attempt to end her life by taking a handful of pills. In a moment of grace, her cousin happened to call her. During that call, her cousin said, “Let’s get clean together.” That conversation changed everything. She dumped the pills into the toilet.

That morning, however, she relapsed. It also happened to be the first time she was allowed to see her four-year-old daughter since giving birth to her. Seeing her child while under the influence filled her with deep shame.

She found her way to the library and stumbled upon us here at the *Day of Healing*. There, Ms. Sharon prayed with her and after they prayed, Ms. Sharon asked if I knew of any resources that could help. I immediately thought of Derrick Pender, our We Heal Together Winston Salem Community Advisor and a peer support specialist.

Within 15 minutes, Derrick arrived. We sat down and Derrick began to talk with Nina. He was incredibly compassionate and understanding as she began to share her story and offered reassurance that there is hope in recovery. Derrick directly asked her if she was willing and ready to receive treatment that same day, she said yes, but that she wanted to continue to experience the event and if he could come by one hour later. Derrick agreed. One hour later Derrick returned to take Nina along with a friend to Daymark to begin treatment.

She was filled with gratitude for everyone who was present and who poured love and life into her and truly wants to get clean. This is just another example of how We Heal Together.