Mission: To promote hope, recovery, resilience, quality of life and wellness in Washtenaw County by providing high quality, integrated services to eligible individuals.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH)
MILLAGE ADVISORY COMMITTEE (MAC) MEETING
AGENDA

***** In-Person at the Learning Resource Center-Michigan & Huron Rooms**
4135 Washtenaw Ave, Ann Arbor
or you may attend virtually at https://zoom.us/j/95859718235
February 14, 2022
3:30-5:00 pm

I. Roll Call (5 minutes)

II. Introductions (5 minutes)

III. Audience Participation (see guidelines below) (5 minutes)

IV. Millage Advisory Committee minutes (5 minutes)
- Millage Advisory Committee meeting minutes and actions 12/13/21 (Attachment #1) **ACTION**

V. Discussion Items (5 minutes)
- Millage Process, Investments, and Progress Update (Attachment #2) **L. Gentz/T. Cortes**

VI. Financial Budget Update (15 minutes)
- Financial Budget Update (Attachment #3) **N. Phelps**

VII. Old Business (5 minutes)
- Washtenaw County Sheriff's Office (WCSO) Millage Update **D. Jackson**

VIII. New Business (10 minutes)
- Strategic Planning Update (Attachment #4) **T. Cortes**
- Funding Requests Summary (Attachment #5) **L. Gentz ACTION**
  - Community, Leadership, Revolution (CLR) Academy (Attachment #5A)
  - WCCMH Wraparound Position (Attachment #5B)
  - Office of Community and Economic Development (OCED) Family Empowerment Program (Attachment #5C)
  - Office of Community and Economic Development (OCED) Michigan Ability Partners (MAP) (Attachment #5D)

- Millage Advisory Committee members terms expiring on 3/31/22
  - Bob King
  - Andy LaBarre
  - Amanda Carlisle
  - George Waddles, Jr.

IX. Items for Future Discussions (5 minutes)
- Youth Assessment Center
- Millage Investment Plan
- Youth Needs Discussion

Audience Participation Guidelines:
- Three (3) minutes are allowed per speaker
- Speakers are asked to bring a copy of their concerns/comments in writing
- Resolutions on issues will be brought to the appropriate committee as necessary

Mission: To promote hope, recovery, resilience, quality of life and wellness in Washtenaw County by providing high quality, integrated services to eligible individuals.

- Updated Millage Commitments
- Survey regarding funding opportunities for FY2022
- Washtenaw Coordinated Funding Partnership Update

X. Adjournment

*****Board/Committee members are encouraged to participate in person unless other arrangements have been made in advance.**

VIRTUAL MEETING LINK IS:

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join. https://zoom.us/j/95859718235

Or One tap mobile:
+13126266799, 95859718235# US (Chicago)
+16465189805, 95859718235# US (New York)

Or join by phone:
Dial(for higher quality, dial a number based on your current location):
US: +1 312 626 6799 or +1 646 518 9805 or +1 929 205 6099 or +1 267 831 0333

Webinar ID: 958 5971 8235

International numbers available: https://zoom.us/u/aefjiJ944y

PLEASE NOTE THAT SOCIAL DISTANCING AND MASKS ARE REQUIRED.
MASKS WILL BE PROVIDED FOR THOSE WHO DO NOT HAVE ONE.

Audience Participation Guidelines:

- Three (3) minutes are allowed per speaker
- Speakers are asked to bring a copy of their concerns/comments in writing
- Resolutions on issues will be brought to the appropriate committee as necessary

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
December 13, 2021
https://zoom.us/j/97458198985
3:30 pm

N. Graebner-Sundling called the meeting to order at 3:31 pm.

ROLL CALL: N. Graebner-Sundling attending remotely from Chelsea, Washtenaw County, MI
H. Heaviland attending remotely from Scio Twp, Washtenaw County, MI
B. Higman attending remotely from Ann Arbor, Washtenaw County, MI
R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County, MI
B. King attending remotely from Ann Arbor , Washtenaw County, MI
J. Martin attending remotely from Scio Twp, Washtenaw County MI
G. Waddles, Jr. attending remotely from Ypsilanti, Washtenaw County, MI
M. Udow-Phillips attending remotely from Superior Twp, Washtenaw County, MI
K. Walker attending remotely from Southgate, Wayne County, MI

MEMBERS ABSENT: A. Carlisle, D. Jackson, A. LaBarre, R. Rion

STAFF PRESENT: T. Cortes, M. Harding, N. Phelps, L. Gentz, R. Dornbos. K. Diebboll, K. Snay

OTHERS PRESENT: A. Rooks, B. Higman, K. Homan, G. Powers, L. Lutomski, G. Nelson, M. Creekmore

I. Introductions
- N,. Graebner-Sundling introduced A. Rooks who is a new member on the CMH Board and will be observing the meeting.

II. Audience Participation
- None

III. Committee Response to Audience Participation
- .None

IV. Millage Advisory Committee Minutes and Actions from 11/8/21 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 11/8/21 were reviewed.

MOTION BY B. KING, SUPPORTED BY H. HEAVILAND TO APPROVE THE MINUTES AND ACTIONS FROM THE NOVEMBER 8, 2021 MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	**N/A**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**Y**	**HIGMAN**	**Y**
JACKSON	**N/A**	**JEFFERSON**	**NOT PRESENT AT TIME OF VOTE**
KING	**Y**	**LABARRE**	**N/A**
MARTIN	**Y**	**RION**	**N/A**
UDOW-PHILLIPS	**Y**	**WADDLES, JR.**	**Y**
WALKER	**Y**		

MOTION CARRIED

V. Discussion Items

- Millage Process, Investments and Progress Update (Attachment #2)
  - L. Gentz referred to the Millage Process, Investment and Progress Update (Attachment #2A) for the sake of time.

VI. Financial Budget Update (Attachment #3)

- N. Phelps presented the Financial Budget update ending September 30, 2021 to the committee.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
  - There was not a WCSO report for this month.

R. Jefferson joined the meeting at 3:40 pm.

VIII. New Business

- Strategic Planning Update
  - T. Cortes presented the Strategic Planning Update to the committee (Attachment #4)
  - CMH Board had leaders from the State, contracted with CHRT to look at a needs assessment from 2019, joint community needs assessment, sent all information to cmh staff for input internally, ran information through the community advisory council and wanting input from this group on what may be missed.
  - Main concern from community is to continue to do more for the youths, supported housing, more services to the rural areas and hiring/retaining staff.
  - Next step will be for CMH staff to compile information and bring to Executive Committee meeting.
  - Share the previous strategic plan to millage advisory committee.
  - Develop a form on what the current community needs are that can be financed.
  - Suggestion for a Towner crisis center on the west side of county.
  - Cash bail system-possibly enter into some sort of bail bondsman system in conjunction with WCSO funding.

- From Investment to Impact Presentation
  - N. Phelps presented the From Investment to Impact Presentation (Attachment #5) to the committee.
  - Request to have the WCSO millage fund balance and County Millage funding combined in a report.
  - Looking for ideas to plan for in the budget.
  - Look at 2023-2027 and using $6.8 million as revenue streams-what expenses are committed through these years.

The 2022 Meeting Schedule was discussed. The Millage Advisory Committee would meet bi-monthly for 1.5 hours for 2022.

IX. Items for Future Discussions

- Youth Assessment Center
- Millage Investment Plan
- Youth Needs Discussion

- Updated Millage Commitments
- Survey regarding funding opportunities for FY2022
- Washtenaw Coordinated Funding Partnership Update

MOTION BY B. KING SUPPORTED BY H. HEAVILAND TO ADJOURN THE MEETING.

Meeting adjourned at 4:31 pm.

Plan and Integrate

Initiative	New or expanded services	Crisis services	Stabilization services	Integrated & coordinated	Peer support services	SUD services	Housing services	Education & prevention	Reducing stigma	Adult-focused	Youth-focused	Cross-sector collaboration	Needs assessment &	Grants: supplements millage	Status	Date Implemented, Expected, or Completed
Washtenaw CARES	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓			Implemented	May 2019
CCBHC	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓	Implemented	May 2019
750 Towner assessment center	✓	✓	✓	✓						✓		✓			Implemented	March 2020
NAMI peer project	✓				✓					✓		✓			In progress	2020
Mental Health First Aid training								✓	✓	✓	✓	✓			In progress	2020
Youth assessment center	✓							✓			✓	✓	✓	✓	In progress	Ongoing
Youth court therapeutic CSM position	✓										✓	✓			Implemented	December 2020
31N WISD school MH project	✓							✓	✓		✓	✓			In progress	Ongoing
Mini-grant Anti-stigma campaign w/WISD								✓	✓		✓	✓			In progress	Ongoing
Anti-stigma campaign w/public health								✓	✓	✓	✓	✓			In progress	Ongoing
Corner psychiatry access	✓	✓	✓	✓							✓	✓			Implemented	November 2019
SUD system transformation	✓					✓		✓	✓	✓	✓	✓	✓	✓	Implemented	January 2022
MAT in jail	✓					✓				✓		✓		✓	Implemented	January 2020
LEAD initiative	✓							✓		✓	✓	✓		✓	In progress	Ongoing
Housing RFP w/OCED	✓	✓	✓				✓			✓	✓	✓			In progress	January 2020
Washtenaw Health Plan	✓			✓				✓		✓					In progress	Ongoing
Student Advocacy Center	✓							✓			✓				In progress	Ongoing
Ozone Psychiatry Access	✓						✓				✓	✓			Implemented	June 2021
5 Healthy Towns										✓	✓	✓	✓		In progress	Ongoing

Initiative Descriptions

Initiative	*Status*	*Updates?*
LEAD	Staffing related issues with resolution identified. 1 position still posted. Engagement has begun with participants. 23 referrals already received.	
Youth Assessment Center	Additional conversations have started with key sector leaders and additional are being planned.	**No**
Community Response to MH Crisis	Working with University of Chicago's Health Lab to provide analytic support and conduct a process evaluation of the program. The program will deliver the most appropriate services, supports, and responses to persons involved in public situations (e.g., behavioral health-related crises). It will provide a full continuum of services, including behavioral health, public health, social services, and police services.	
Rethink Health/5 Healthy Towns	SJM Chelsea SAMSHA grant is up and running. We are coordinating MHFA trainings with their new program coordinator. NAMI presented a faith community workshop entitled *Faith Leaders Role as Shepherds Through a Mental Health.* One Big Connection achieved over 4700 users' interactions and over 100 community resources over the last 6 months.	
5HT Intergenerational Populations Project	Findings have been reviewed and next steps are being identified.	**No**
SUD System Transition	Implementation began on January 1, 2022.	

Expand Services

Initiative	*Status*	*Updates?*
CARES/Crisis/750/CCBHC	No report, new data report is being developed	**No**
Housing RFP	New housing RFP being developed with OCED to roll out in the spring offering continuation funds for currently funded projects but also to meet additional needs identified in the Unite and CHRT gaps analysis documents. Additionally, 2 OCED funding proposals coming during this meeting to support Family Empowerment Program and MAP (see additional attachments).	
31 N/ WISD Mini Grants	**Mini Grants**-19 mini grants have been awarded so far this year. Milan Middle School, Dexter High School, Saline Middle School, Slauson Middle School, and	

Initiative Descriptions

	Lincoln Middle School. Collectively they've been granted $64,520. One middle school has requested funds to create "Calming Kits" for each middle school classroom. Each kit will include a variety of items such as: healthy snacks, a foot rocker, aroma putty, weighted scarf, bubble timers, pea poppers and other sensory toys. **31N-** 37 students served from Oct.-Dec. providing over 60 hours of services including case management, crisis intervention and therapy.	
Youth Center MHP	Position in place and going well. Psychiatry supports will be reduced to 4 hrs/week and moved to Ozone to support community-based justice involved youth.	**No**
Justice Involved Youth Ozone Psychiatry Access	4 hours of psychiatry is being provided at Ozone House.	**No**
Corner Health Psychiatry Expansion	CMH increased psychiatry time at Corner Health from 1 to 2 full days/week.	**No**
Jail MAT	Up and running since January 2021	**No**
Washtenaw Health Plan	For this quarter WHP has connected 120 individuals to behavioral health services, they have contracted with 36 mental health providers. These providers are providing services in 7 different languages- Italian, French, Mandarin, Russian, Spanish, Farsi, and Arabic.	
Student Advocacy Center	The contract is being completed since the MAC approved the funding in September. Due to their work coinciding with the academic calendar their first MAC report will be available for review in March.	**No**
Shelter Association	Emergency covid crisis stabilization funds (under $50,000) were provided to the Shelter to provide emergency isolation quarantine staffing for Omicron Covid surge.	

Initiative Descriptions

Communicate and Evaluate

Initiative	*Status*	*Updates?*
NAMI Peer Project	NAMI is currently developing a new funding proposal to continue and expand their efforts. This will be ready for review by the MAC at the April meeting.	
Anti-Stigma Campaign	Public Health are continuing the strategies identified in the previous plan, utilizing unspent money due to Covid. They have completed focus groups to make adjustments to the strategies and are continuing advertising.	**No**
MHFA/YMHFA Education initiatives	Two Trainings occurred in January and February and one training is scheduled monthly for the next few months.	
Millage Comms Strategy	New millage site enhancements have yielded significant outcomes with an increase of 22.3% traffic on the millage page. The bounce rate has also decreased with enhanced communication strategies meaning more people are engaging for longer periods of time on the site. The annual report is being distributed widely and the MAC's feedback on distribution was incorporated in the plan.	

Washtenaw County Community Mental Health
Millage and CCBHC Grants Budget to Actuals
For Twelve Months Ending December 31, 2021

Millage Budget

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
Millage Revenue				
Millage	$ 6,565,388	$ 6,565,388	$ 6,824,906	$ 259,518
Millage Interest Revenue	-	-	44,919	44,919
Millage GASB31 Adjustment	-	-	(73,911)	(73,911)
	$ 6,565,388	$ 6,565,388	$ 6,795,914	$ 230,526
Millage Expenses				
Salary	$ 2,395,000	$ 2,395,000	$ 1,762,586	$ (632,414)
Fringe	1,339,513	1,339,513	892,930	(446,583)
Contractors	1,500,000	1,500,000	1,379,468	(120,532)
Trainings	140,000	140,000	5,151	(134,849)
Operating Expenses	782,500	782,500	417,326	(365,174)
Fleet Charges	60,000	60,000	10,196	(49,804)
Client Care	78,500	78,500	91,513	13,013
Cost Allocation Plan	70,875	70,875	280,709	209,834
Furniture & Equipment	100,000	100,000	-	(100,000)
Depreciation Expense	10,000	10,000	-	(10,000)
Telephone	50,000	50,000	23,495	(26,505)
All Other Expenses	39,000	39,000	9,320	(29,680)
Total Millage Expenses	$ 6,565,388	$ 6,565,388	$ 4,872,694	$ (1,692,694)
Revenue Over/(Under) Expenses		-	1,923,220	1,923,220
	-			

*** Millage Fund Balance at the close of 2020 is $5,056,178

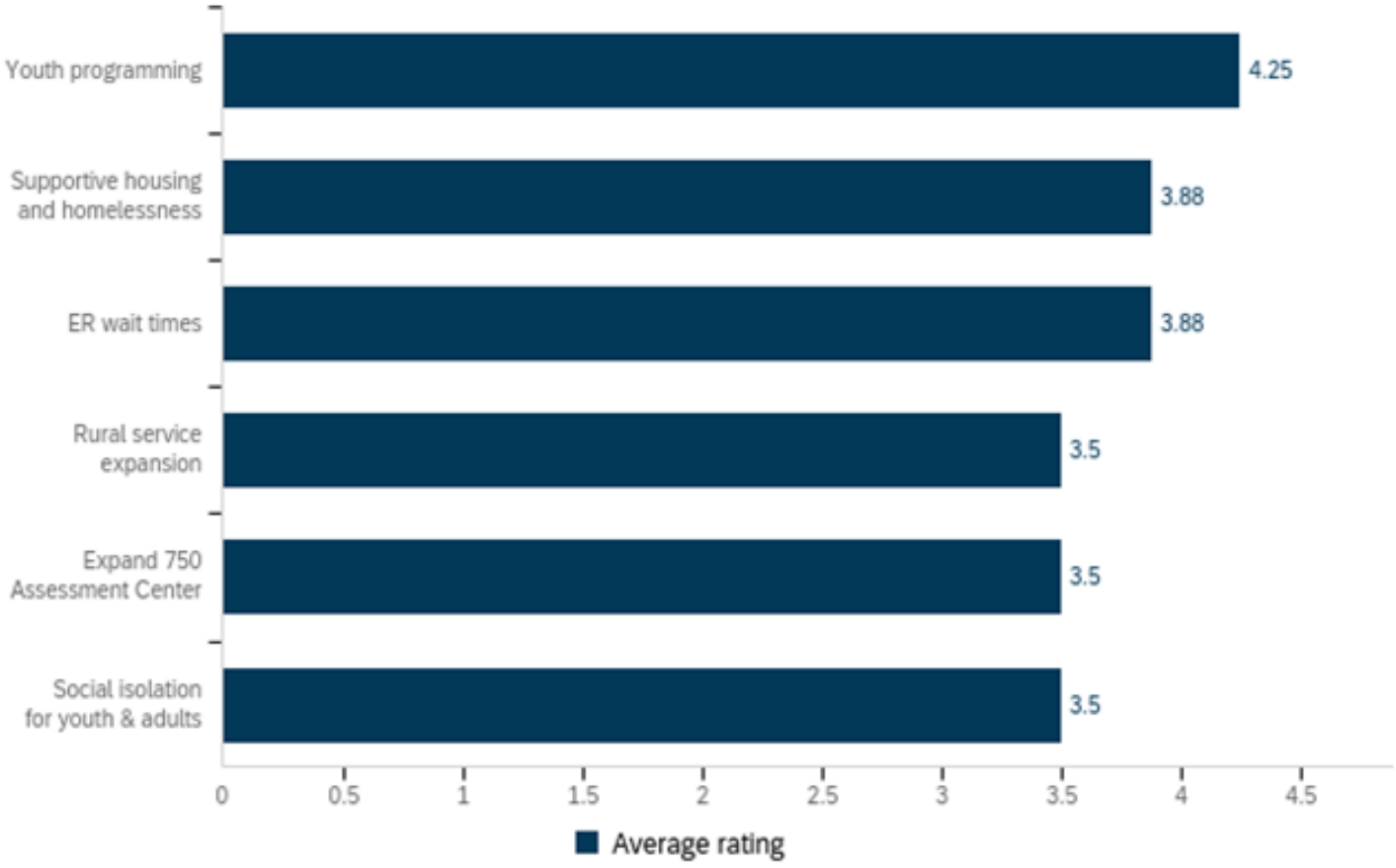
CCBHC Grant

January 2021 - December 2021				
CCBHC #2 - Year 2 Grant Revenue	$ 2,250,971	$ 2,250,971	$ 2,032,724	$ (218,247)
CCBHC #2 - Year 2 Grant Expenses				
Salary	$ 1,166,672	$ 1,166,672	$ 1,176,949	$ 10,277
Fringe	765,442	765,442	654,001	(111,441)
Trainings	9,660	9,660	850	(8,810)
Telephone	16,050	16,050	13,621	(2,429)
Operating Supplies	22,263	22,263	1,869	(20,394)
Client Care	66,250	66,250	1,352	(64,898)
Indirect Costs	204,634	204,634	184,082	(20,552)
Total Expenses	$ 2,250,971	$ 2,250,971	$ 2,032,724	$ (218,247)
Revenue Over/(Under) Expenses	(0)	-	-	-

MAC Survey Results – Identifying Priority Need Areas

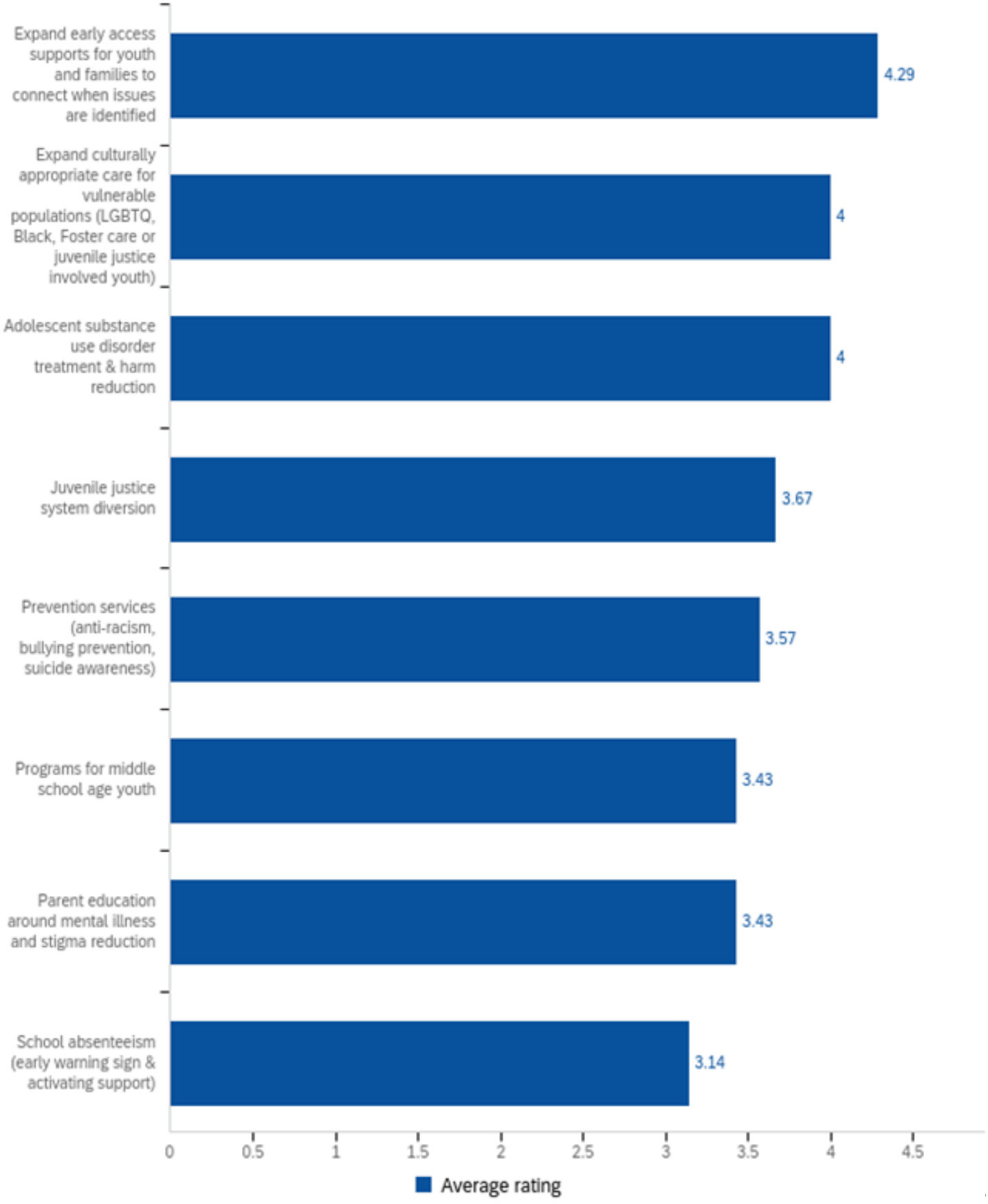
01/24/22

Q1. Below are identified priority need areas from the CHRT report and the UNITE CHNA. Please rate each general area on a scale of 1-5 (1 being less urgent need and 5 being most urgent need) to indicate where you believe the millage should focus their efforts.



Q2. Within **youth programming**, multiple focus areas have been identified as priority needs. Please indicate which youth programming priority areas you believe are most urgent for the millage to focus on by rating them on a scale of 1-5 (1 being least urgent, and 5 being most urgent).

ATTACHMENT #4
FEBRUARY 2022



Q3. Out of 7 responses, 5 said nothing was missing from **youth programming**. The two additional suggestions were:

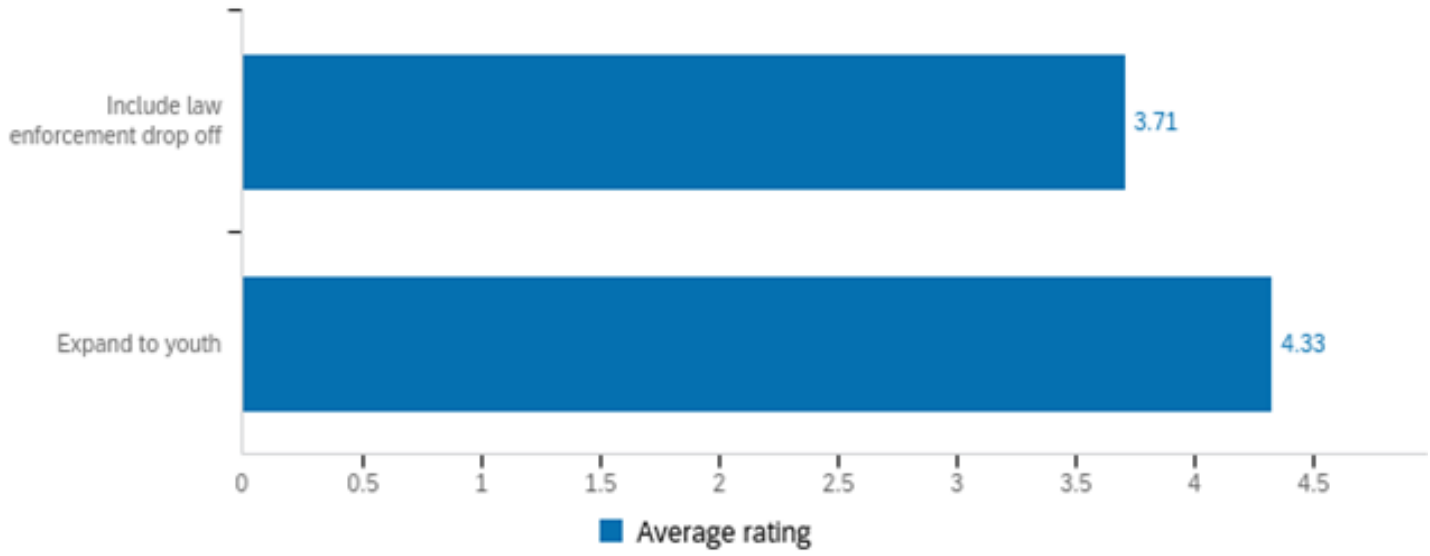
- Education programs for kindergarten and elementary school aged children about basic mental health
- Explicit, transparent work on gang intervention

Q4. **Manchester** and **Whitmore Lake** were given equal priority on average, both scoring 3.71/5.

Q5. Half of the respondents said a **rural community** was missing and the suggestions were to add:

- Dexter
- Chelsea
- Augusta Township in the far SE corner of the county

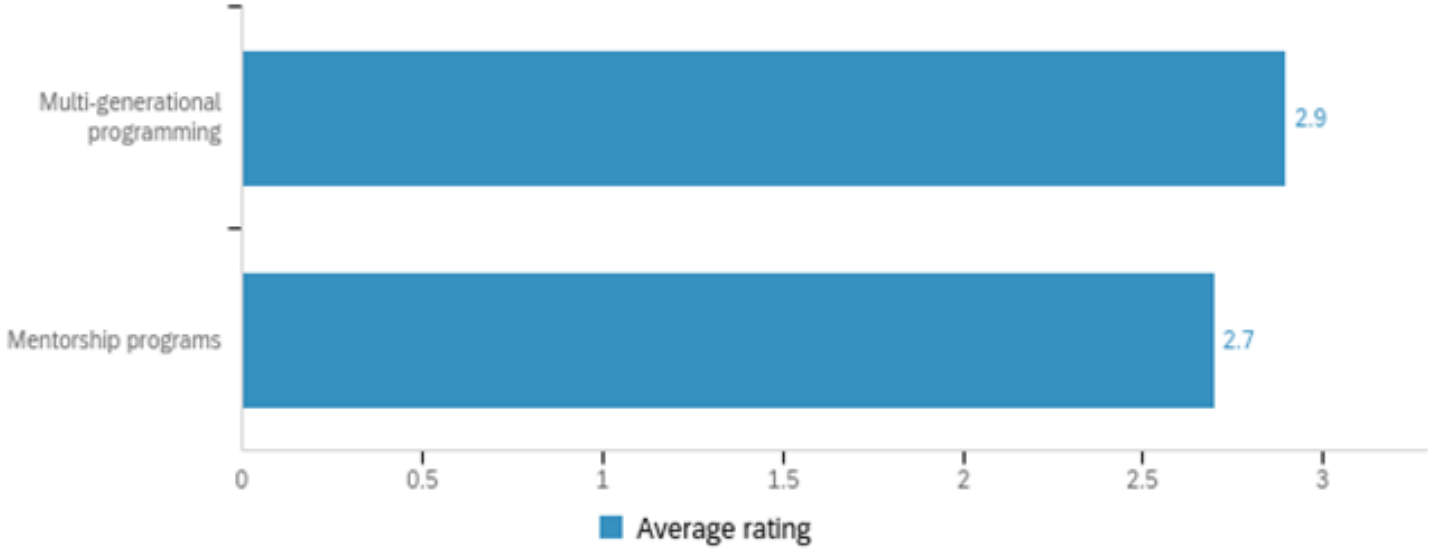
Q6. Within the need to **expand 750 Assessment Center**, two priority need areas were identified. Please indicate the urgency of each need on a scale of 1 to 5 (1 being less urgent and 5 being most urgent).



Q7. The majority of respondents (3/5) said nothing was missing from **expanding 750 assessment center**, but the two additional suggestions were to add:

- Social detox
- Sufficient beds to meet the demand

Q8. In **addressing social isolation for youth and adults**, two specific program types have been identified as a gap/need. Please indicate the level of urgency in implementing each program (1 being least urgent and 5 being most urgent).



Q9. The majority (4/7) of respondents indicated that they did not believe anything was missing from **addressing social isolation for youth and adults,** but the other respondents added the following:

- Healthy youth alternative after school programs – both social and athletic
- Day programs
- We actually have lots of mentioning programs locally. Our most complex youth and families refuse to participate in them. I don't see this as the answer for lots of financial investments.

Q10. When asked if there were **any missing priority areas**, the following items were added:

- Access points and crisis access in western Washtenaw County
- Unarmed safety response program; incorporation of 988 into existing program infrastructure
- Transitioning youth ages 17-25; very difficult period developmentally
- Family systems needs and housing solutions for youth ages 14+ hwo struggle to live in their homes. There are virtually nonexistent support opportunities for this age group

Millage Funding Summary February 2022

CLR (Community. Leadership. Revolution.) Academy : launched in 2021 in a partnership formed by *Washtenaw My Brother's Keeper* and *AFC Ann Arbor*. The founding partners included Jamall Bufford of WMBK, Bilal Saeed of AFC Ann Arbor and Justin Harper, the Director of CLR Academy.

Goals: Create a program for the most underserved Black K-8th youth in our community that will create consistent role models and non-related adults involved in their lives while introducing wellness through sport sampling, nutrition, and mindfulness.

What: Partner with the county's Youth Center to support its high school age Day Treatment participants with its *Beyond Sport* programming. Many of the Day Treatment participants are dealing with mental health issues, in some cases stemming traumatic experiences in their households. To address this matter, CLR will use soccer, basketball, football and other sports, along with a focus on mindfulness and wellness to help with the development of the participants. But *Beyond Sport* will expand the CLR programming to include exposure to the other side of sports as well. Roles such as sports agents, marketing and promotion, team ownership, training staff, and much more. All in hopes that it could spark possible career interests for the participants. The funding will also provide weekly summer programming in neighborhoods that experience higher rates of police presence and incarceration. Families and stakeholders have expressed a deep need for high-quality, engaging opportunities for young people.

Funding Amount: $45,000 Annual for 1 year

Wraparound Mental Health Professional Position: Wraparound is a structured planning process that aims to support youth and their families develop problem-solving, coping and self-efficacy skills. The model emphasizes integrating youth into the community, as well as building the family's social support network.

Goals:

- Aid the prevention of youth cascading into the criminal justice system
- Interrupt the school-to-prison pipeline by providing services before youth are court involved
- Reduce the number of youth contained in the detention center and out-of-home placement
- Minimize trauma caused by involvement in the criminal legal system

What: The position will serve youth aged 12 to 18 years who have complex needs, have experienced prolonged adversity, including caregiver substance abuse and/or mental illness. This position will focus on preventing local youth from becoming involved in the juvenile justice system, as well as providing treatment for those who already have system involvement, especially those youth in the Day Treatment Program.

Funding Amount: $85,305 Annual, continuous

Office of Community and Economic Development: *The Family Empowerment Program (FEP*) launched in 2011 through an initial grant from the Kresge Foundation, the Family Empowerment Program housed at Eastern Michigan University and coordinated by community based social workers is the key point for social, health, and economic access, educational support, and community navigation for families in Ypsilanti Housing Commission communities.

Goals: Provide case management services to individuals, families, and New Parkridge community at large. The services will aim to ensure family housing security, stabilization, and growth with a key focus on addressing trauma and unmet mental health needs of New Parkridge residents.

What: Hire/retain a Residential Service Coordinator

Funding Amount: $69,573 Annually for 3 years ($210,218 total)

Office of Community and Economic Development: *Michigan Ability Partners (MAP)* has been passionately serving people who are homeless and disabled in Washtenaw County since 1985. MAP owns and operates 44 units of affordable housing in Washtenaw County, and manages approximately 107 additional subsidy vouchers in scattered site settings. The agency works with over 30 local landlords and property managers to secure suitable housing for those with the most severe barriers, including criminal histories, past evictions, physical limitations, and mental health issues.

Goals: Expand leasing assistance and supportive housing services to chronically homeless, disabled and low income individuals.

What: MAP's RASS Permanent Supported Housing (PSH) expansion project will add leasing assistance and supportive services to 14 chronically homeless, disabled (mentally illness/chronic substance abuse, physical), and low-income individuals as well as supportive services only to an additional eight households already receiving a subsidy but who need the supportive services. In total, at full capacity, the project will serve 33 households with leasing vouchers and 44 total households will receive supportive services. This project allows affordability to tenants by providing funding for rental subsidy, while tenants pay 30% of their income toward rent. Rent will be at or below Fair Market Rent (FMR).

Funding Amounts: $357,546 Annual for 1 year

BEYOND SPORT

Powered by CLR Academy

What is Beyond Sport?

Beyond Sport is a holistic sport and wellness program that uses sport as a mechanism to create an engaging, educational curriculum that introduces students to the business and operations side of the sporting industry.

This high school aged curriculum created by CLR Academy ties in actual physical fitness with mindfulness, nutrition and an emphasis on academics by introducing them to opportunities within the sporting industry (other than being an athlete).

By exploring the societal and economic impact of sport through a mixture of classroom and fieldwork, students will learn about the intersection of sport and music, sport and race and sport and power. Visiting local universities and sports organizations will give the students first hand experiences of what goes into making a game day happen from the trainers, to the media, to the scouting, to the event management.

What is CLR Academy?

CLR Academy is a free youth sports academy that provides consistent mentorship, coaching and guidance for kids K-8 with ongoing summer programming directly in the neighborhoods of the most underserved Black and Brown youth. CLR (Community, Leadership, Revolution) uses restorative justice circle work, conflict resolution and mindfulness techniques such as yoga, journaling and meditation, while providing sports sampling, nutrition education and exposure to new activities all summer long. CLR Academy not only provides free sports equipment and snacks, but also free books along with author meet and greets and readings from community members. From breakdancing with their friends and parents to viewing artifacts from the Black Mobile History Museum, CLR Academy students are introduced to holistic healthy lifestyles and empowered with new opportunities.

BEYOND SPORT

Powered by CLR Academy

Instructors

Bilal Saeed brings over 15 years of experience in the sports and entertainment industry and has worked with youth for over 10 years. He holds a Masters in Sports Administration, is co-owner and Chair of AFC Ann Arbor (local semi-pro soccer club), founder and owner of PKMD Media Group, co-founder of CLR Academy, founder of Anti Racist Soccer Club and co-founder of The Mighty Oak Project. He is a sports market and community builder and also teaches Ethics in Sport at Wayne State University.

Jamall Bufford set out to pursue his music career as a Hip Hop recording artist, following his graduation from the University of Michigan. Music led Jamall to his current career of youth advocacy and empowerment. He has been making music for over 25 years and performed in 15 countries. Jamall wanted to share his love for Hip Hop with the young people in his community, which led to being Music Coordinator at the Neutral Zone teen center, later a Special Needs Paraprofessional in Ann Arbor Public Schools, and now his current role with Washtenaw My Brother's Keeper. Jamall is the Project Specialist for Washtenaw County My Brother's Keeper, which is a nonprofit initiative started by President Barack Obama in 2014. The initiative is focused on cradle to career pathways for Black and Brown boys and men of all ages, working to help counter some of the barriers they face. Barriers based on inequities in the criminal justice system, the education system, or economically.

Justin Harper has a heart for people in need, especially children. Harper brings twenty years of experience developing and mentoring youth through coaching, officiating and teaching in the classroom. Justin currently works as a paraeducator for Ann Arbor Public Schools and is pursuing his special education teaching degree from Eastern Michigan University. Some of his passions are improving communities, mentoring youth and engaging in sports. Justin is a steering committee member for Washtenaw My Brother’s Keeper, co-founder and director of CLR Academy, and board member for both We The People Opportunity Farm and The Mighty Oak Project.

BEYOND SPORT

Powered by CLR Academy

Problem Statement

Youth who lack access to sport, consistent adult mentors, healthy lifestyles and opportunity- lack structure, hope and guidance.

Attempts have been made to use sport as a tool to keep kids out of trouble, to improve attendance and even to improve relationships with police. What sport is used for can differ, but sport itself has become one of the most powerful tools of influence.

Access to sport is one of the biggest issues young children face today. Youth sports costs continue to increase creating larger gaps between marginalized communities and their ability to access youth sports. As professionalization of youth sports increases significantly year after year, other factors like travel and time commitment start to play significant roles as well. The kids who are being priced and pushed out of sport are oftentimes the ones who need it the most.

There is a lack of consistent, positive, adult role models, especially men and women of color, for this underserved population. Oftentimes we think about kids being able to turn to an adult if they have a problem or issue, and we see that is missing with many of the kids. Being able to provide what takes time to build genuine trusting relationships.

With many kids living in food deserts, the importance for nutrition education is even more important to break the cycle and systemic challenges around food in parts of the county. It begins by introducing healthy snacks and nutrition basics.

Without understanding what opportunities exist, how are we giving each kid a fair chance? Sport is viewed as one of the few opportunities as a way out, yet few have access to it. Even if access was available, the statistics of trying to “make it” are something we will study in our curriculum as we begin to explore new opportunities in the sports industry like coaching, physical therapists, nutritionist, event management, ticket and sponsorship sales, etc.

BEYOND SPORT

Powered by CLR Academy

Some young people involved in day treatment may have come from traumatic experiences. Knowing trauma causes the brain to get locked into an emotional space, bicameral movement can help unlock the emotionally traumatized brain. This is why sport/movement is so vital to healing the traumatized brain. Movement through sport, yoga, dance, etc. Doing it before academics in particular also unlocks the brain for learning.

Goals

- *Get students engaged in all aspects of sport from physical fitness to front office*
- *Create consistent, positive adult mentor relationships*
- *Create real opportunities for work after completing course (like partnership with AFCAA)*
- *Show kids the many opportunities that exist within sport and entertainment*
- *Use journaling, mediation and other mindfulness techniques to teach coping skills*
- *Use expertise of instructors to instill strong conflict-resolution skills taught through sport*
- *Use restorative justice practices like circle work as core part of curriculum*

Total requested funding per 12 week session: $10,000 (can offer up to 3 sessions per year)
**Includes, staffing, equipment, insurance, and some additional smaller overhead expenses*

Washtenaw County
Supporting Intergenerational Mental Health Through Sport & Wellness

Key Partners: WMBK**,** The Mighty Oak Project (AFC Ann Arbor), Hart & Tay Train Foundation (Mike Hart and Latavius Murray Foundation), Rob Murphy Foundation,

Key Community Relationships: Our Community Reads, Supreme Felons, Black Mobile History Museum 101, Trusted Parents Advisory Group, U of M Athletics, Eastern Michigan University Football, Youth Arts Alliance

Key Data

- For each location we are operating at, we can reach over 250 children, with a retention rate of no less than 30% which allows us to average anywhere from 25 to 50 kids per location per week
- Over 60% over of the funds are redistributed to local Black organizers and organizations that are programming support partners (yoga teachers, breakdancers, coaches, authors, artists, nutritionists, etc)
- A minimum of 10% of funds from each site are allocated to providing work opportunities for court involved teens

Outcomes of Investment:

- Strong intergenerational connections in community with key stakeholder involvement
- Collaborative leadership programming building trust, pathways for communication and prevention of community harm and system involvement
- Programming and participants responsive to expressed community needs and collective vision for healthier, more just community.
- Interdisciplinary support and resource network from several organizations; for example:
- Increased emotional self-efficacy, resilience to systemic and community conditions, intergenerational relationships and coping skills for improved mental health.

Necessity of Partnership/Collaborative Effort:

- Building network of relational and organizational support in community for young people who have inequitable access to recreation, positive youth engagement experiences
- Strengthening relationships harmed by system involvement and community violence;
- Building and sharing restorative practices for wellness

THE NEED:
Weekly programming at Washtenaw County Youth Center and weekly summer programming in neighborhoods that experience higher rates of police presence and incarceration. Families and stakeholders have expressed a deep need for high-quality, engaging opportunities for young people.

THE RESPONSE:
CLR seeks to provide, no-cost, place-based weekly programming to:

- Young people incarcerated at Washtenaw County Youth Center.
- Young people who reside in the Sycamore Meadows neighborhood
- Young people who reside in the Parkridge neighborhood

CLR operates in 8-12 week programming series in a myriad of skill-building, leadership, sports and expressive disciplines

Cost per location: $15,000 annually // $45,000 total per year

WHAT

Using sport to introduce underserved Black youth to wellness, mindfulness and opportunities beyond the neighborhood

CLR Academy *was launched in 2021 in a partnership formed by Washtenaw My Brother's Keeper and AFC Ann Arbor. The two brought in three additional partners with similar objectives. These included The Mighty Oak Project, Rob Murphy Foundation and Hart & Tay Train Foundation. AFC Ann Arbor became the acting fiduciary for the project with each partner chipping in $5,000 for a total operating budget of $25,000. The founding partners included Jamall Bufford of WMBK, Bilal Saeed of AFC Ann Arbor and Justin Harper, the Director of CLR Academy.*

GOALS

Create a program for the most underserved Black youth in our community that will create consistent role models and non-related adults involved in their lives while introducing wellness through sport sampling, nutrition and mindfulness. Remove all barriers to participate and give away everything for free. Build the program with the Black community, for the Black community while financially supporting the Black community.

PROGRAMMING

Every Saturday from 12 to 1:30PM; The day begins promptly at Noon with everyone including coaches, volunteers and participants in a circle (no one in the middle). We discuss the norms (rules) which are key to the foundation of making this a formal, yet fun program. (Program began on June 5th and ended August 28th; 3 consecutive months)

1. **One rapper, One mic**
2. **Don't Hate**
3. **Circle of Trust**
4. **Respect**
5. **Have fun!**

Word of the day: In the circle, we also discuss a word of the day such as **leadership, responsibility, trust, hard work, patience** and so on. We incorporate this word throughout the day with all of our coaches using it during their sessions.

Immediately from the circle we stretch and get into a dynamic warm up getting the kids active and moving together. We then break into three pods based on age and rotate between three stations of football, basketball and soccer for a total of 45 mins. Together the circle and these three sports take up one hour.

The sports are focused on getting kids active, having fun, while learning basic skills and rules through maximum touches on the ball and interactions with the coaches (playing with them).

The remaining half an hour is where we introduce different activities and things to the kids. We have done reading with local authors, yoga, community day (video game truck and inflatables), Black Mobile History museum, nutrition day, breakdancing and journaling.

We take a lot of breaks to encourage healthy snacks which are all provided free of charge. All of the snacks, books and sports equipment is free of charge for the kids to use and to take home with them.

VOLUNTEERS

The program included one paid director who is responsible for being there every Saturday. They are the main decision maker, the lead coach and the person who the program will rely on the most to function well. In addition, you will need a core of 6 to 8 consistent volunteers who will attend at least 80% of the Saturdays. Ideally, they will be connected to the partners (current athletes, ex-athletes, local coaches, parents, teachers, educators, etc).

Our program director, Justin Harper not only had 100% attendance through the summer for our events, but was the dynamic leader we needed to effectively bridge the gap between us and the residents of Sycamore Meadows.

Justin's partners in launching CLR Academy, Jamall Bufford and Bilal Saeed were in attendance for over 75% of the events and brought a wealth of knowledge and experience in restorative practices and youth development through sport, respectively.

Additional key volunteers included former Michigan State soccer standout Alex Warner and local soccer star Emily Eitzman.

Our core volunteers were diverse in many areas and consistent in their attendance. This representation was massive to building relationships quickly with the kids.

LAYERS

CLR stands for **community, leadership, revolution**. These are our key principles and we are able to weave these into who we are through different layers.

1. Use Black vendors, from the local community, whenever possible
2. Allocate $2,500 to $5,000 for local court involved teens who can earn a stipend for working every Saturday for the Academy
3. Connect with local sport organizations to create volunteer opportunities and special days for the kids (local Universities, semi-pro teams, etc)

ATTACHMENT #5A
FEBRUARY 2022

CLR ACADEMY

ACCOMPLISHMENTS

- Distributed books from local Black authors such as Khalid and Khalida's ABCs of Black History and Young King Take Your Stand for free
- Appearances from local collegiate athletes from University of Michigan and EMU
- Provided healthy snacks and drinks each week while discussing nutrition with one week of programming specific to a deeper discussion on nutrition with sampling and more
- Introduced multiple sports and wellness activities from soccer to yoga to breakdancing
- Awarded $2,500 in stipends to multiple court involved teens
- Kept a core group of volunteers engaged with the kids building healthy adult/youth relationships
- Gave away over 500 soccer, football and basketballs plus yoga mats, soccer goals, t-shirts, snacks and multiple used and new books
- Over $12,000 reinvested into black organizers and organizations including authors, artists, entrepreneurs and activists

Wraparound Position January 2022

Community Need:
Racial and economic disparities exist in our community impacting who gets caught up in the juvenile justice system. WCCMH, Youth & Family Services is seeking to help address this concern by providing comprehensive, early intervention, community-based supports for at-risk youth to advance more equitable outcomes.

WCCMH Request:
We are seeking a new Wraparound MHP position to serve youth aged 12 to 18 years who have complex needs, have experienced prolonged adversity, including caregiver substance abuse and/or mental illness. This position will focus on preventing local youth from becoming involved in the juvenile justice system, as well as providing treatment for those who already have system involvement, especially those youth in the Day Treatment Program.

What is Wraparound?
Wraparound is a structured planning process that brings people together from different parts of the family's life and follows steps to help youth and their families realize their potential. The process aims to support youth and their families develop problem-solving, coping and self-efficacy skills. The model emphasizes integrating youth into the community, as well as building the family's social support network.

Staff trained in Wraparound follow a structured yet individualized team planning process that results in a holistic care plan. Wraparound is generally considered an intensive service that aims to address a range of life areas, as well as achieve positive outcomes. Services are tailored towards building strengths, promoting safety and permanency in the home, school and the community.

Referral Sources:
- WISD
- Ozone
- Juvenile Court

Services:
The Wraparound MPH will work directly with youth and their families to address their individual circumstances. This position would be trauma informed and strengths-based, emphasizing safe, healthy, and adaptive coping skills. Working directly with youth in the community, as opposed to an office setting, enables a range of services within the youth's everyday environment, including the familial residence.

Key Community Partners to Facilitate Linkages to:
Mental Health Services, Mentoring/tutoring, Vocational Training, Substance abuse treatment

Expected Benefits:
- Aid the prevention of youth cascading into the criminal justice system
- Interrupt the school-to-prison pipeline by providing services before youth are court involved
- Reduce the number of youth contained in the detention center and out-of-home placement
- Minimize trauma caused by involvement in the criminal legal system

Budget:

Salary	50,722
Fringe	34,583
Total	85,305

Summary

The Family Empowerment Program (FEP) requests $210,218 (~$69,573/yr) over the next three years from the Washtenaw County Racial Equity Office to continue supportive services for residents at New Parkridge (NP). The Family Empowerment Program's initial work conducted at New Parkridge was designed to allow the FEP to expand to meet the needs of a new community while simultaneously embarking on a new venture to gain a better understanding of mental health needs. The broad strokes of this initiative were, to provide resident service coordination to 86 New Parkridge families, measure attitudes regarding mental health, gauge the breadth of mental health need, discover ideal service delivery methods and models, and utilize this data to form the foundation of a mental health arm for the FEP. Unfortunately, the COVID-19 pandemic largely disrupted this work and the focus (appropriately) shifted to meeting basic needs. As current funding comes to a close, the program seeks to continue this vital work while enhancing service delivery by developing and adhering to practices designed to address the effects of Adverse Childhood Experiences, acknowledging and meeting mental health needs, and professionally developing staff in order to do so. Funding from the Racial Equity Office would allow the Program to continue providing services to one of Washtenaw County's most marginalized communities as well as another opportunity to establish a mental health component for the program.

History

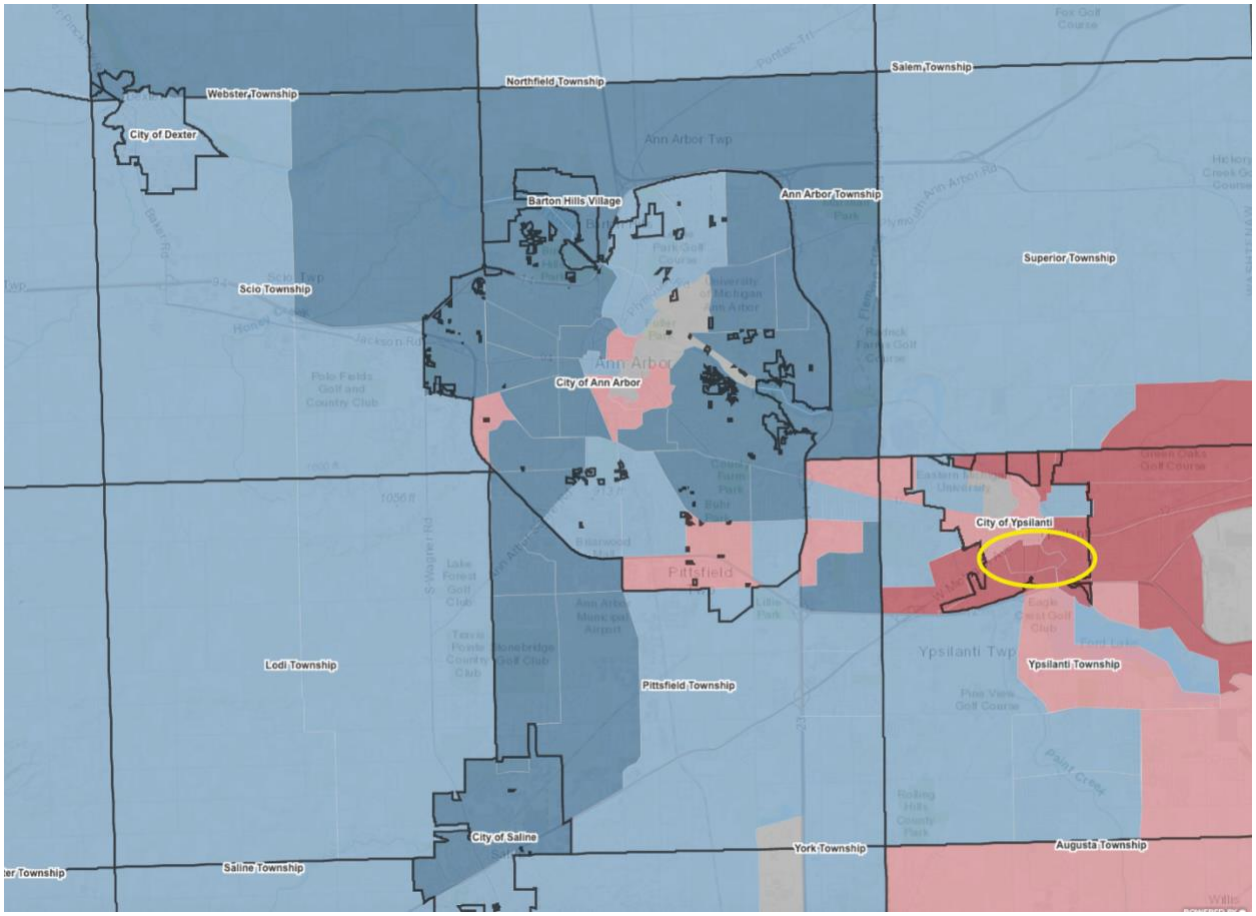
Launched in 2011 through an initial grant from the Kresge Foundation, the Family Empowerment Program housed at Eastern Michigan University and coordinated by community-based social workers is the key point for social, health, and economic access, educational support, and community navigation for families in Ypsilanti Housing Commission communities. Launched at Hamilton Crossing (serving 144 families), the program has steadily grown over the past decade, expanding to serve Strong Future Homes in 2016 and most recently New Parkridge in 2017 (112 and 86 families). As of the last community snapshot in 2019, the FEP serves 390 adults and over 500 children under 18. Residents are primarily single mothers (95%) of color (79%) and are between the ages 19-35 (79%).

Narrative

As Dr. Nadine Burke Harris notes in her exploration of child trauma, The Deepest Well (2018), there is a well-documented connection, particularly across the United States between poor communities and poor health – that it is not solely how one lives that affects one's health, but where. This is observed in Washtenaw County through the Opportunity Index (2020). The Opportunity Index is a granular examination of the County through an equity lens – measuring health, education, job access, and community stability/engagement. These sectors are rated individually and then combined to create opportunity scores based on census tract, ranging from 'Very Low Access to Opportunity' to 'Very High Access to Opportunity'.

As indicated in yellow below, all FEP communities fall within census tracts that are rated to have 'Low' or 'Very Low' Access to Opportunity (tracts 4106, 4107, and 4108). The Index

additionally details that the County is eighth most segregated in the United States, which is bore out through comparing 2020 Census data with demographic information collected by the FEP. African Americans comprise approximately 28% of Ypsilanti City and 33% of Ypsilanti



Township (US Census, 2020), while FEP communities are on average 79%. This reality continues to harm those with low access to power and opportunity - specifically minorities in Washtenaw County, which the FEP has sought to address since inception.

This structural inequity and resource disparity can be seen in data from the 2016 baseline survey conducted at New Parkridge, prior to service delivery by the FEP: 72% did not have a checking or savings account, 64% did not have access to a computer, 52% did not have a high school diploma or GED, and 95% had children. However, 42% said they never receive assistance from an agency or nonprofit, 60% reported not being able to afford balanced meals, and only 60% reported having a dentist they can see regularly.

The Family Empowerment Program was born out of a recognition of the inequity demonstrated by the Opportunity Index in addition to the idea that solely providing housing to oppressed, low-income, and traumatized families and individuals is not enough to break the cycle of poverty, overcome systemic injustice, and meet this plethora of need. As such, FEP services at NP are made available without qualification and designed to be flexible enough to meet the needs of a vulnerable individual or family: stable housing, food assistance, child care, transportation, access

to health and dental care, tutoring, homeownership programs, financial coaching and matched savings accounts. These services are provided or referred for while clients are encouraged to utilize the tools of self-empowerment, self-reliance, and agency with support and coaching from staff. This case management approach allows staff to become familiar with and honor each individual without being onerous or prescriptive, ensuring programming and services meet the needs of the individual or family (person-centered and two generation) as well as those of the YHC as a whole (community minded). This approach is supported as by the Corporation for Supportive Housing (CSH), a national supportive housing leader which notes that "Access to safe, quality, affordable houses *and the supports necessary* to maintain that housing – constitute one of the most basic and powerful social determinants of health." (Housing is the Best Medicine, 2014). Funding from the Washtenaw County Racial Equity Office would allow the Resident Service Coordinator at New Parkridge to continue to provide case management and services to a community that is demonstrated to be marginalized by County data.

However, continued service delivery at NP is a foundation from which the program seeks to build upon. As noted, the FEP was unable to make significant progress on proposed mental health work due to the COVID-19 pandemic. The program wishes to restart efforts on this front, an initiative that is supported by a long-documented need. FEP surveying in 2017 revealed that approximately 30% of respondents noted they have mental health concerns and wanted to address them (Attachment A). This trend has continued through the most recent annual survey (2020, Attachment B) which demonstrates that 24% of adults noted mental health concerns and wished to address them. Despite this statistic hovering between 1/4 and 1/3 of families, another body of information suggests a much larger portion of the community would benefit.

Additional assessments were conducted in the following years, which demonstrated that 47% of New Parkridge adults surveyed (n=53) scored higher than a 4 on the Adverse Childhood Experience (ACE) Survey (Attachment C). The initial ACE study of 17,000 participants demonstrated that only 12.5% of respondents scored a 4 or higher on the survey (Felitti et al., 1998). This indicates that the rate of FEP adults that have experienced significant trauma and adverse childhood experiences is nearly four times that of the general population. Why do 4 ACEs matter anyhow? Those that have experienced four or more ACEs are at significant increased risk for health outcomes compared to individuals with no ACEs (Hughes et al., 2017), in addition to a host of other potential issues.

As Dr. Burke Harris' nonprofit, The Center for Youth Wellness bluntly puts it, "Experiencing 4 or more ACEs is associated with significantly increased risk for 7 out of 10 leading adult causes of death, including heart disease, stroke, cancer, COPD, diabetes, Alzheimers and suicide." Cyclical, generational trauma is another consequence of higher ACEs, as other outcomes associated with having multiple ACEs as an adult (violence, mental illness, substance use) represent future ACE risks for children (Burke Harris, 2018 & Hughes et al., (2017). Without intervention – the cycle can continue, solely due to the existence of unaddressed ACEs.

Continued support for FEP families is of urgent importance when taking this into account in addition to the findings of the Opportunity Index. Certain social determinants of health (SDoH), when combined with Adverse Childhood Experiences can lead to even worse outcomes (Shonkoff & Phillips, 2000). Some of these SDoH include, living in under-resourced

neighborhoods, neighborhoods segregated by race, experiencing food insecurity, and frequently moving – nearly all of which affect or have affected FEP families, as detailed by the Opportunity Index and supported by internal data (attachment D). These negative components of SDoH, when combined with a significant number of ACEs (both criteria many FEP families fit), can lead to toxic stress.

As Houry and Mercy note in Preventing Adverse Childhood Experiences (2019), a growing body of research indicates toxic stress during childhood can have disastrous consequences. Changes to the brain due to toxic stress can affect attention, impulse behavior, decision making, emotion, learning, and stress response. Without the presence or introduction of protective factors, children struggle to complete their schooling and learn. They are at increased risk of becoming involved in crime and violence, using alcohol or drugs and suicide. As adults, they have unstable employment histories and financial struggles, have difficulty maintaining relationships with friends and family, and often suffer from depression – the effects of which can be passed on to their own children (Chapman et al., 2004).

While this sounds grim and hopeless, there has been significant research in what is effective in counterbalancing lives when SDoH are negative and ACEs are present. One such finding is the development of resilience, which can be strengthened at any age and any time (Center for the Developing Child, 2020). This can be accomplished through maintaining a stable and committed relationship with a supportive parent, caregiver, or other adult. Other positive experiences that build resilience and 'counterbalance' the effects of ACEs and SDoH are building a sense of self-efficacy and self-control, and providing opportunities to strengthen self-regulation and adaptive skill capacities (Center on the Developing Child, 2020). In Preventing ACEs (Houry & Mercy, 2019), it is noted that mentoring programs, after school programs, and coordination with schools can improve outcomes. These programs in addition to high-quality childcare, preschool, and enrichment programs can be part of the positive counterbalance, too. Families can be stabilized by preventing frequent moving or eviction, utility disruption, and by building a sense of community. Adults can specifically be engaged in therapy – in victim-centered services, trauma-focused cognitive behavioral therapy (TF-CBT), and Multisystemic Therapy (MST) – all of which have been proven to be effective for adults with ACEs and in building protective factors. This engagement can continue in the form of skills-based parenting, strengthening financial acumen, and in building relationships within community. It has also been demonstrated to be effective when parents are connected for regular care with primary care physicians for themselves and their children to identify and address ACE exposures.

The FEP utilizes a two generation (parent and child), person-centered, and client-driven model of engagement, allowing the program to provide stability and a sense of control through empowerment, resource navigation, and provision. The programs holistic treatment of individuals and families is in line with much of what Houry and Mercy (2019) recommend in 'Preventing ACEs'. The program provides afterschool tutoring opportunities, connections to mentoring programs and early education opportunities, and has helped establish an accredited child care center where FEP families can enroll free of charge. The program has partnered each year with local camps to provide educational support and enrichment for children. While the FEP has always sought to assist families with utilities and rental assistance, demand skyrocketed during the pandemic. The program has allowed families to remain stably housed by securing

over $200,000 in utility and rental assistance since the pandemic began. This has been accomplished by working cooperatively with residents to navigate and apply for programs through the Barrier Busters network, Michigan State Housing Development Authority's Covid Emergency Rental Assistance Program (CERA), and Cinnaire's Rental Relief Fund.

While the FEP is on the right track in terms of being in line when it comes to combating the effects of ACEs and negative SDoH, there is certainly room to grow. Additional emphasis could be placed on coordinating adult and child primary care, ensuring families have barrier free access to their provider. The program helps participants understand insurance benefits and identify a PCP, but this additional step is in line with recommendations. While most workshops are held in response to needs identified by participants and staff, additional activities could be held that are in line with Houry and Mercy's (2019) document: skills-based parenting classes, victim-centered support groups, integrated and evidence-based treatments for substance use disorders, and an open house for mentoring programs (My Brother's Keeper, Big Brothers Big Sisters Washtenaw, Girls on the Run, etc..). In line with CDC recommendations, program staff would become proficient in trauma informed care approaches, starting with completing training through Dr. Burke Harris' Center for Youth Wellness and eventually Multisystemic therapy to meet the needs of families from an additional evidence base.

Goals and Objectives

Goals / Objective	Intervention	Outcome / *Measurement Tool*	Associated Date(s)
G1: Resident Service Coordinator provides case management services to individuals, families, and NP community at large O1: RSC develops 'Community Plan' in coordination with residents, FEP staff, community stakeholders O2: RSC engages, motivates, and encourages active participation in voluntary services O3: RSC develops empowerment plans with individuals and families with focus on protective measures: food security, childcare connections, preschool enrollment, mentoring services, PCP connections, therapy engagement	Proactive engagement, outreach, and service provision Development of workshops in coordination w/ community partners based off site plan	O1: Production of Community Plan during of Q1 each program year O2+3: Individuals and families identify the FEP&RSC as a resource, participation ideally increasing year over year/ *Annual Survey Count, Empowerment Plan documentation*	G1: Ongoing O1: Quarter 1, 2022, 2023, 2024 O2/O3: Ongoing
G2: RSC ensures family housing security, stabilization, and growth	Continued case management, coordination	O1: Families remain stably housed, eviction being a last resort after	O1/O2/O3: Ongoing

O1: RSC completes eviction prevention plans with at risk households in coordination with property management O2: RSC pursues local resources to reduce or eliminate barriers, obtain rental assistance, utility assistance, transportation, internet subsidy, etc… O3: RSC refers residents to service providers, or coordinates services based on individual empowerment plans	with property management and local safety net, transportation partner GDI	EPP implementation and amendments/ *Eviction Prevention Plan Records* O2: Families do not experience utility shutoff, lapse in rent payments, unnecessary disruption in school or work/ *Barrier Buster request records, CERA/addtl. Rental assistance records, GDI referral records*	
G3: NP residents participate in mental health services, eventually demonstrate a reduction in unmet mental health needs O1: RSC increases participation in mental health services Y1-3	Continued case management	O1: Year over year reduction in immediate and long-term unmet mental health needs after Y1/ Annual survey, *resident self-report*	O1: Quarter 1, 2023 and 2024

Program Budget

Projected Yearly Expenses	
Line Items	**Amount**
FEP Staff (New Parkridge Resident Service Coordinator, 3% increase/yr)	$45,000
EMU Staff Fringe Rate, 8%	$3,600
Professional Development	$2,000
Intern Stipend ($500/student)	$1,000
Workshops, Community Events, Programming	$9,000
Computers, Computer Repair	$1,500
Office Supplies	$850
Summer Camp Scholarships	$3,000
Resident Incentives	$2,150
Total Projected Expenses, Y1	**$68,100**

Budget Narrative

This funding will primarily allow the FEP to continue employing Christa Hughbanks, who serves as the Resident Service Coordinator for the 86 residents of the New Parkridge community. A native of Ypsilanti and a graduate of EMU's undergraduate Social Work Program, Ms.

Hughbanks has assisted the FEP in previous research efforts and contributed to collecting annual surveys at both Hamilton Crossing and Strong Housing. She went on to receive her Masters from the University of Michigan with a concentration in mental health and since has assisted the program in starting its Permanent Supportive Housing (PSH) certification, worked as a substance use counselor at Women's Huron Valley Correctional Facility, and is a therapist for Catholic Social Services. Her commitment to FEP families is unmatched and expertise in providing care with cultural humility is of the utmost importance. 3% increase in staff expense accounts for inflation and yearly raises, ensuring her position provides a living wage year over year and remains competitive: Annual increase, $45,000 @ 3%: ($46,350/Y2, $47,741/Y3). Eastern Michigan University has a fringe rate of 8% for employee consultants which would result in a total of $11,127 over the three-year period.

To ensure the FEP can continue to invest in Ms. Hughbanks and she is able to attend relevant trainings while remaining abreast to best practices associated with trauma-informed care; expenses related to staff training, conference registration, and travel are included under professional development. This would include training through the Center for Youth Wellness and in Multisystemic Therapy. Since inception, the Family Empowerment Program has a history of partnering with local Colleges and Universities. To honor the contributions, time commitment, and expenses associated with completing an internship, the FEP provides a stipend of $500 to each intern.

Workshops and associated expenses, facilitation fees, catering, materials, etc… are all expenses associated with partner organizations and agencies. For example, payment for women's empowerment group facilitator, food for attendees, and craft materials for associated activities. Lastly, the program has a partnership with Digital Inclusion to provide residents with affordable computers, productivity software, and repairs. Access to computers, subsidized internet, and computer repair specialists during the pandemic was crucial to residents staying connected to the FEP, local and state resources, and ensured access to distance learning. The FEP wishes to continue to offer this resource to families.

The FEP typically provides scholarships to families that can be used at any number of local summer camps, including Salvation Army, United Way, and Parkridge Community Center. These are typically combined with scholarships already provided by the camp to maximize funds so as many families as possible can attend. Lastly, the program wishes to honor the time and contributions of participants with equitable compensation. As such, Resident Incentives include a $25 gift card per household per year that contribute to the program's annual survey or assessments.

Proposed Reporting

Reporting would be conducted biannually. A short form report containing an executive summary, including: project goals and objectives progress, impact, and challenges. The first such report would include baseline data used to develop the New Parkridge 'community plan' and input from community partners and residents. Long form submissions would include the above

executive summary, year over year data reporting, SWOT analysis, lessons learned and in the final report, plans for sustaining the program.

Reporting Activity	Date
Biannual Check-in, Short Report	August 2022, 2023, 2024
Annual Check-in, Long Report	February 2022, 2023
Final Report	February 2024

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NEW/EXPANSION PROJECT APPLICATION

2021 CoC Funding Competition

- **All information is required, including attachments. The Funding Review Team reserves the right not to review incomplete applications or projects that don't meet eligibility requirements.**
- **Applications are due by Friday, October 15, 2021 and should be sent to Andrew Kraemer at kraemera@washtenaw.org. Late submissions will not be reviewed.**
- Please contact kraemera@washtenaw.org with any questions about the form or process.
- Please save your document with the following naming convention:
  - **New Projects**
    <Agency name –Program name- Program Type-NEW CoC21>.doc
    Example: ABC Services-Home to Stay-PSH-NEW CoC21.doc
  - **Expansion Projects**
    <Agency name –Existing Program name- EXPANSION_CoC21>.doc
    Example: ABC Services-Home to Stay-EXPANSION_CoC21.doc

I. GENERAL INFORMATION (not scored)

1. **Agency Contact Information:**
   a. Name of Organization: Michigan Ability Partners_____
   b. Organization Type
   ☐ Units of Local Government X☐ Non-profit 501(c)(3) ☐ PHA
   ☐ State Government ☐ Other: Describe_____
   c. DUNS Number: _181258021_____
   d. Is the agency a current HUD CoC grantee? X☐ Yes ☐ No

2. **If application is for a <u>project expansion</u>, please answer the following:**
   a. **<u>Existing</u> Project to be expanded:**
   Name: __: MAP RASS PSH _____
   Project grant number: __ MI0508L5F091904_____
   Project component type: __PSH- Leasing and Supportive Services_____
   b. **Activities that describe expansion project:**
   X☐ Increase number of homeless persons served
   X☐ Provide additional supportive services to homeless persons
   ☐ Bring existing facilities up to state/local government health and safety standards
   ☐ Replace the loss of nonrenewal funding (private, federal, other excluding state/local government)

3. **Sub-Recipient Organization (if applicable):**
   a. Name of Organization: _____N/A_____
   b. Organization Type
   ☐ Units of Local Government ☐ Non-profit 501(c)(3) ☐ PHA
   ☐ State Government ☐ Other: Describe_____
   c. DUNS Number: _____

4. **Contact person for this project:**
   Name: ___Jan Little_____ Title: _____CEO_____
   Phone: __734-975-6880 ext.212_____ Email: __jlittle@mapagency.org_____

5. **Proposed HUD Request ($): ___321,249_____**
6. **Proposed Total Budget $ (Total HUD Requested + at least 25% Match) *:_357,546_____**
7. **Proposed Number of Units:**
   a. **New Projects:** # Units Projected: _____
   b. **Expansion Projects:** Existing Project # Units: __**22**__ Expansion Project # Units __**44**___
8. **Proposed number of beds (choose applicable designation only):**

   # Dedicated___22_____ # DedicatedPLUS _____
9. **Proposed Project Type** (Expansion Projects must be the same project type as the current project)**:**

   X☐ **PSH** ☐ **RRH**
10. **Proposed Population to be served:** __Chronically Homeless Individuals_____
11. **Proposed Grant Term: _____One Year_____**
12. **Proposed Project Budget:**

Activities	Total Assistance Requested	Total Project Budget
Rental Assistance **Leasing**	176,064	176,064
Supportive Services	116,050	116,050
Operations		
HMIS		
Sub-total Request	292,114	292,114
Administrative costs (Up to 10%)	29,135	29,135
Cash Match		
In-kind Match	36,297	36,297
Total Match – 25% for all categories	Leasing does not require match	
Total Budget		$357,546

13. If the FRT decides to scale down projects, what is the **Minimum HUD Funding** needed to make this project or expansion viable? _____$225,500_____
14. The following **required attachments** are included:
    X☐ Most recent independent audit and submission of SAS114, and 115, if applicable
    X☐ Current year Board-approved agency budget

APPLICANTS SHOULD FULLY RESPOND TO THE FOLLOWING NARRATIVE QUESTIONS.
APPLICANTS ARE ENCOURAGED TO ANSWER AS SUCCINCTLY AS POSSIBLE.

II. APPLICANT/SPONSOR EXPERIENCE AND CAPACITY (15 points)

A. Describe the experience of the project applicant, sub-recipients (if any), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, & carrying out the activities of the project. Be sure to provide concrete examples that illustrate

1) experience/expertise with renting units, operating rental assistance, & providing supportive services similar to the activities proposed in the applications &
2) working with & addressing the target population's identified housing & service needs.

Response:

Michigan Ability Partners (MAP) is a current HUD CoC grantee with six current Permanent Supported Housing (PSH) grants totaling $1,649,356. Additionally, since 2014, MAP has operated a Supported Service for Veteran Families Rapid Re-housing Program providing rental assistance and supportive services to homeless Veteran families. This proposed bonus project proposes to expand the RASS PSH grant that is in its fifth year of operation. MAP has been passionately serving people who are homeless and disabled in Washtenaw County since 1985. MAP owns and operates 44 units of affordable housing in Washtenaw County, and manages approximately 107 additional subsidy vouchers in scattered site settings. The agency works with over 30 local landlords and property managers to secure suitable housing for those with the most severe barriers, including criminal histories, past evictions, physical limitations, and mental health issues. Because each voucher comes with unique regulations, MAP's experience in operating a variety of subsidy programs, make the expansion a natural fit. MAP's housing team provides excellent supportive services to help each participant obtain housing quickly and maintain housing. The team works to meet the individual needs of each participant by providing onsite services, assessing what is needed for stability and making referral for representative payee services, income benefits, health care, employment, utility payments and basic needs. Additionally, MAP offers a food bank that supports all housing participants that want it.

B. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sectors. Be sure to include a description of experience with delivering or securing Medicaid funded services for participants in the agency's programs.

Response:
MAP receives funding from Housing and Urban Development, Veterans Affairs, U.S. Dept. of Labor, Michigan Rehabilitation Services, Washtenaw County and a variety of private foundations to support the work we do with participants with disabilities, veterans, and those experiencing homelessness. Packard Health serves a large portion of agency participants for physical health. Medicaid funded services might include physical health care, mental health care, etc. It can be difficult to find client resources for mental health care outside of CMH that will accept Medicaid. There are also barriers related to dental care, as there is a lack of providers in the area that accept Medicaid, and certain dental care such as dentures are not covered.

C. Describe the basic organization & management structure of the applicant & subrecipients (if any). Include description of internal & external coordination, structures for managing basic organization operations, & an adequate financial accounting system that will be used to administer the grant.

Response:

MAP's PSH team consists of Housing Supports Coordinators, a SOAR specialist, Rental Assistance Coordinator, and Clinical Housing Team Leader. The Housing Supports Coordinators who assist in ensuring that all homeless, disability and income documentation necessary for establishing eligibility are obtained. They perform the housing search with participants, and offer long-term supports such as frequent check-ins and connections to other resources to maintain stability. All report to the Clinical Team Leader, who is the HMIS admin and represents MAP at the Community Housing Prioritization (CHP) meeting, presenting voucher openings at meetings, and offering clinical support to the entire team. The SOAR specialist works to help participants apply for Social Security income and disability benefits. The Rental Assistance Coordinator works closely with the housing supports and the accounting team to ensure timely rental payments, completing inspections, renewing leases and collecting tenant portions of rent as needed. The accounting team completes the monthly funding draws from HUD and integrates the rental assistance data into the agency's accounting system (Abila). Monthly financial reviews of the grants with the leadership team determine availability of funds for services and leasing units.

D. Describe the experience of the applicant & potential subrecipients (if any), in effectively utilizing federal funds & performing the activities proposed in the application, given funding & time limitations.

Response:

MAP is a current CoC funding recipient and this is an expansion project of an existing grant, therefore the timeline would not be a barrier. MAP would work with the Community Housing Prioritization committee to ensure all vouchers would be leased up within the first six months of the grant. Additional Housing Supports Coordinators would be hired upon award notification and be ready to start on the proposed grant start date of July 1, 2022. (existing grant operating year is July1st-June30th.

E. Have any of your agency's HUD funded programs (including ESG) received a HUD audit in the last 12 months? X☐ Yes ☐ No

If yes, were there any findings from the audit? **X**☐ Yes ☐ No

If yes, please describe the findings & your agency's corrective actions to satisfy the findings & attach a copy of the corrective action plan that you submitted to HUD or OCED.

Response: There was one finding from the HUD audit, related to failure to make a quarterly draw of funding on one of the grants. A procedure has been added to the monthly financial closing process, which ensures the accounting team makes a monthly draw at month end. From May 2021 to August 2021, MAP notified the appropriate HUD personnel of every draw made. The finding has been resolved and closed.

F. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

☐ Yes X☐ No

If Yes, describe the details of unresolved monitoring or audit findings & steps that will be taken to resolve.

G. Have you returned any funds to HUD on any existing grants in the last two years?
X☐ Yes ☐ No

If yes, how much has been returned?
PASS- $5,585

SRA- 2019- $18,965 2020- $10,116

TRA- 2019-$13,200 2020-$7,289

What is the reason that the funds have been returned?
Response:

The rental assistance grants did not have enough funding for a full year of rental assistance at Fair Market Rate ($1,029X12mo.=$12,348) for an additional voucher. The 2019 SRA rental assistance grant had several vacancies and a slow community process to fill them. The process has since improved with providing documentation to move participants into housing more quickly.

H. Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon? ☐ Yes X☐ No

If yes, how much is owed?

What is the reason for the obligation to HUD?

What is preventing establishing a payment schedule?

III. PROJECT DESCRIPTION (20 points)

A. Provide a description (**limit 2000 characters**) that addresses the entire scope of the proposed project. The project description should be complete & concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), & any coordination with other source(s)/partner(s).The description must be consistent with other parts of this application & identify **in 2000 characters or less (spaces included)**:

- If expansion project, how the application will expand units, beds, services, persons served
- The target population including the number of single adults & the number of families with children to be served when the project is at full capacity
- Address & location of units (current & expansion units for expansion projects)
- Type & number of units – scatter site or single site, single or multi-family homes, etc
- How the type, scale & location of the housing fit the needs of program participants
- The specific services that will be provided & outreach methods to be used to serve the long-term homeless population
- Projected outcomes
- Coordination with partners

- Project timeline – when units will be developed or leased-up
- HMIS implementation
- How the project will leverage or deliver Medicaid services to participants

Response:

MAP's RASS Permanent Supported Housing (PSH) expansion project will ***add*** leasing assistance and supportive services to 14 chronically homeless, disabled (mentally illness/chronic substance abuse, physical), and low-income individuals as well as supportive services only to an additional eight households already receiving a subsidy but who need the supportive services . In total, at full capacity, the project will serve 33 households with leasing vouchers and 44 total households will receive supportive services. This project allows affordability to tenants by providing funding for rental subsidy, while tenants pay 30% of their income toward rent. Rent will be at or below Fair Market Rent (FMR). MAP will sign the leases for units and sublease to participants. This allows for individuals who have difficulty leasing in their own name to have safe and affordable housing. There will be/are 33 1-bedroom scattered site units throughout the county. The 11 supportive services only units are units at a MAP owned clustered site in Ann Arbor and at other sites in the community. MAP works with landlords to ensure that units are safe (HQS inspected), and affordable. MAP provides services in the most integrated setting and structures this program as a Housing First model, to be inclusive, low barrier and without preconditions of sobriety, treatment, service participation or criminal background checks. MAP uses a harm reduction model of supportive services, supporting clients without passing judgment on their use of drugs and alcohol. Those most in need are determined by the CHP Committee that meets along with community providers to place participants into housing. MAP also participates in HMIS. MAP's case management includes creating a plan with each participant for housing and service needs, job training services, food and nutrition (with Food Gatherers), transportation, referrals to community providers, and assistance accessing mainstream services. These services will be extended to all of the households in this project. Projected outcomes are for individuals to remain housed and if exited, will exit to other permanent housing (95%), obtain employment income (20%), maintain or increase their income (75%), and will obtain health insurance (80%).

B. Describe the estimated schedule for the proposed activities, the management plan, & the method for assuring effective & timely completion of all work.

Response:

The Clinical Team Leader, will begin the hiring process for the Housing Supports Coordinator(s) upon notification of the award. The staff will be on boarded prior to the July1, 2022 grant start date. The members of the CHP committee will be notified upon award announcement to begin the process of assigning the new vouchers to those determined most in need by the committee. Fourteen vouchers will be assigned and participants will be housed within six months (by December 31, 2022.) The additional 11 participants needing supportive services will be transferred to the Housing Supports Coordinator for case management at grant start date.

C. If project is designated as DedicatedPLUS, please explain the reasoning for this designation and how this project will use this expanded criteria.

D. For expansion projects ONLY, please detail why the proposed expanded activity is needed & how it would be implemented. *Only answer the expanded activities that apply to your project as answered in part I.2.b of this application.*

1. **Increase the number of homeless persons served:** Indicate why & how your project is proposing to increase the number of served

Response:

In an effort to decrease the number of chronically homeless people on the by-name list, and work toward ending homelessness in Washtenaw County, this project will assist fourteen people with housing and services and an additional eleven that need supports to maintain their housing.

2. **Provide additional supportive services to homeless persons:** Which supportive services would this project increase and how they will be increased (e.g. increased service; increased frequency, etc)? Describe the reason & identify how you will be providing additional services

Response:

With additional supports available, including assisting those in the program to obtain Social Security Disability benefits, and mental health treatment, along with increased frequency of onsite case management, participants in this program will become stable and maintain housing. This will take the burden off other emergency systems, including jails and hospital emergency rooms.

3. **Bring existing facilities up to state/local gov. health & safety standards:** Describe how the project is proposing to bring the existing facility or facilities up to state/local government health & safety standards

4. **Replace the loss of non-renewable funding:** Indicate how the project is proposing to replace the loss of nonrenewable funding from private, federal, &/or other (excluding state/local government). List the source of nonrenewable funding, why funds are non-renewable, & when funds expire. Identify any steps already taken to identify other funding sources.

E. Describe a plan for executing the grant agreement and beginning rental assistance within 12 months of the award. Describe how full capacity will be achieved over the term being requested. If any project site is not currently owned or under a lease agreement, provide a summary of relevant contracts & agreements (e.g., with local landlords, housing locator specialists, public housing authority, other partner organizations) needed for the achievement of project operation. The narrative must provide evidence that ensures there will be no delay in service provision to participants, operation of CoC management systems, or the leasing of units for reasonable rents.

Response:

The Clinical Team Leader will begin the hiring process for the Housing Supports Coordinator(s) upon notification of the award. The staff will be on boarded prior to the July1, 2022 grant start date. The members of the CHP committee will be notified upon award announcement to begin the process of assigning the new vouchers to those determined most in need by the committee. Fourteen vouchers will be assigned and participants will be housed within six months (by December 31, 2022.) The additional 11 participants needing supportive services will be transferred to the Housing Supports Coordinator for case management at grant start date. Full capacity will be achieved at six months. Prior experience working with landlords has proven that we can place approximately three people per month into housing. Because MAP staff have well-established relationships with landlords who understand the process involved with rent reasonableness, Housing Quality Standard (HQS) inspections, and other unique aspects

of subsidy vouchers, this process will go more smoothly. CoC PSH policies and procedures are already in place to ensure compliance with HUD standards.

F. Describe recipient/subrecipient capacity for assessing need, prioritizing persons with the most severe needs & outreach to the chronically homeless & the specific plan for how the project will first serve the chronically homeless according to the order of priority established in *Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness & Other Vulnerable Homeless Persons (SEE APPENDIX)*.

Response:

At the CHP committee, MAP works with the community on reviewing assessments of the participants to determine:1. Literal homelessness 2. Medical, physical and mental health vulnerabilities 3. Current living situation risks, and make recommendations to determine who is most in need of PSH.

G. If applying for Rental Assistance, describe the method for determining the type & amount of rental assistance that participants can receive.

Response:

Rental assistance is determined by completion of the Tenant Income Certification at the time of lease up , when income changes and annually. Income source documents are collected from the participant and rent subsidy and tenant rent portion are calculated using this form.

IV. COMMITMENT TO HOUSING FIRST (10 points)

Housing First is an approach to homeless assistance that prioritizes rapid placement & stabilization in permanent housing & does not have service participation requirements or preconditions such as sobriety or a minimum income threshold. See Appendix A for a list of Housing First principles.

Describe recipient/subrecipient experience with & a description of the program design for implementing housing first.

Response:

MAP structures this housing program around a Housing First model, to be inclusive and does not impose preconditions of sobriety, treatment, service participation or criminal background checks. Income is not required to be in the program. Knowing that the behaviors and habits are ingrained and even with desire are difficult to change, MAP uses a harm reduction model of supportive services, educating participants on natural consequences of their choices and supporting them without passing judgment on their behavior or use of drugs and alcohol. Stability and safety are the priority. In MAP 35 year history, there have been only a few terminations from the PSH program.

V. SUPPORTIVE SERVICES FOR PARTICIPANTS (25 points)

A. For projects serving **families**, does the applicant/sponsor have policies & practices that are consistent with, & do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, & other laws relating to the provision of educational & related services to individuals & families experiencing homelessness?

☐Yes ☐No X ☐ N/A (project not serving families)

B. For projects serving **families**, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school & connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, & McKinney-Vento education services?

☐Yes ☐No X☐ N/A (project not serving families)

C. Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing.

MAP works with individuals and not families, however, if an individual's status changes and a child is brought into the program, MAP would work with the participant to ensure the child is enrolled in school and has the needed resources available to them.

D. Describe how participants will be assisted to obtain & remain in permanent housing and what supportive services will be provided.

Response:

MAP's case management includes creating a plan with each participant for housing and service needs, job training services, food and nutrition (with Food Gatherers), transportation, referrals to community providers, and assistance accessing mainstream services such as SNAP benefits, Social Security Disability Benefits, and Healthcare. MAP provides referrals for Substance Use treatment. MAP does everything possible to engage clients and keep them housed, advocating with landlords to call us first if there is a problem. MAP has staff on-call 24/7/365. MAP provides basic Life Skills training to learn cooking, cleaning, strategies to get along with neighbors and landlords. MAP assists participants in gaining a reduced fare or free bus card to enable safe transportation.

E. Describe your plan for ensuring program participants will be individually assisted to obtain benefits of the mainstream health, social, & employment programs for which they are eligible.

Response:

Upon intake into the program, a thorough assessment is completed to determine assistance needed and eligibility for mainstream benefits. Applications for health insurance are completed with the participant, a referral to the MAP SOAR Coordinator for disability benefits and referral to Michigan Rehabilitation Services and/or Michigan Works for employment are completed. These are all based on needs and requests from the participant.

F. Describe how participants will be assisted to increase employment &/or income using mainstream housing & service programs.

Response:

The MAP SOAR Coordinator will help the participant apply for disability benefits. Referral to Michigan Rehabilitation Services and/or Michigan Works for employment are completed. MAP's employment program can offer supports as well to complete resumes and apply for jobs. A jobs board is posted in the resource room at MAP and all participants have access to this.

G. Describe how participants will be assisted to maximize ability to live independently & increase self-sufficiency using mainstream housing & service programs.

Response:

Each participant has a housing stability plan created with them that focuses on what is needed to be self-sufficient and stable. Resources through DHS such as personal assistance can be helpful in keeping someone housed. Referrals to Center for Independent Living can benefit participants with a physical disability. Life skills training on basic chores such as cooking simple meals and cleaning the unit are offered by MAP and other mainstream providers.

H. Describe how the type, scale, & location of the supportive services & the mode of transportation to those services fit the needs of program participants.

Response:

At the CHP meeting, at referral and during intake, MAP staff assess needs for size (number of bedrooms), first floor access due to disability or other needs, location i.e., near a bus line and amenities, whether shared housing will work, if a house or larger apartment will work based on the needs and desires of the applicant, although being realistic about available units.

Supportive Services Type & Frequency Chart:

For all supportive services available to participants, indicate who will provide, how they will be accessed & how often they will be provided **regardless of the resources that will be used to pay for the services**. Please include all Medicaid services whether provider by the applicant or through partnerships with other organizations that provide Medicaid funded services.

For Provider, indicate: "Applicant" if the applicant will provide the service directly; "Subrecipient" if a subrecipient will provide the service directly; "Partner" if an organization that is not a subrecipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, "Non-Partner" to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.

		Frequency – select one per service type				
Supportive Service	**Provider**	**Daily**	**Weekly**	**Bi-monthly**	**Monthly**	**Does not Apply**
Assessment of Service Needs	Applicant				X	
Assistance with Moving Costs	Applicant as needed					
Case Management	Applicant			X		
Child Care						X
Education Services						X
Employment Assistance/Job Training	Applicant				X	
Food	Applicant				X	
Housing Search/Counseling Services	Applicant as needed					
Legal Services	Non-partner				X	
Life Skills	Applicant				X	
Mental Health Services	Partner				X	
Outpatient Health Services	Non-partner				X	
Outreach Services	Partner-as needed					
Substance Abuse Treatment Services	Non-partner			X		
Transportation	Applicant As needed					
Utility Deposits	Non-partner as needed					

l. How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc) to the projects?

X☐ Yes, very accessible
☐ Somewhat accessible
☐ Not accessible

VI. LANDLORD ENGAGEMENT (scattered-site projects only) (5 points)

A. Describe how your organization reaches out to, & engages with local landlords to recruit their participation in making their units available to program participants. In your description, explain how your organization maintains an on-going positive relationship & communication with landlords renting to your organization's program participants.

Response:

MAP staff have well-established relationships with landlords who understand the process involved with leasing units rent. MAP has an extensive landlord list identifying unique features of each landlord for example, who will lease to someone with past evictions, criminal history etc. Because this program is a leasing program all units will be in MAP's name. This give reassurance to the landlord that rent payments will be made in full, and on time. Rent reasonableness, Housing Quality Standard (HQS) inspections, and other unique aspects of subsidy vouchers are explained by staff and this makes the process go more smoothly. Lanlords often call MAP when they have openings. MAP values our landlord relationships, we often publicly thank them and acknowledge their support and work with us.

VII. COMMITMENT TO AFFORDABLE HOUSING PLAN (project-based projects only) (5 points)

A. If a project-based voucher, please indicate alignment to the *Housing Affordability & Economic Equity Analysis.*

N/A

VIII. PARTNERING & COMMITMENT TO COORDINATED ENTRY (5 points)

A. Describe how your organization will or currently works with OCED, Washtenaw Housing Alliance, coordinated entry, & other organizations to coordinate services & reduce duplication of services.

Michigan Ability Partners has consistently worked as a team member of Coordinated Entry. All MAP-owned units of Permanent Supported Housing are filled through the Community Housing Prioritization Committee process. All MAP subsidy vouchers are assigned through this process as well. MAP is a long-time contributing member of the Washtenaw Housing Alliance Operations Committee, and MAP has been at the table during important transitions and new initiatives to reduce duplication of services. MAP's Executive Director serves on the CoC Board and as been a partner in the Built for Zero initiative to end homelessness in Washtenaw Co. since its inception in 2015.

IX. BUDGET DETAIL (20 points)

Rental Assistance: Enter number of units by unit type; the applicable Fair Market Rent (FMR) level; the term (1 year grant); and enter total amounts.

Indicate the Type of Rental Assistance:

☐ Project Based ☐ Sponsor Based ☐ Tenant Based **X**☐ Leasing ☐ Other _____

Unit Size	No. of Units	FMR	Term	Total
Efficiency		$		
1 Bedroom	14	$1048	12 months	176,064
2 Bedroom		$		
3 Bedroom		$		
4 Bedroom		$		
Total				**$176,064**

Operating Costs: Enter the quantity & total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. When including staff costs, please include title, salary & FTE.

Operating Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
Maintenance & repair		
Electricity		
Gas & Water		
Property Tax & Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
Total		**$0**

Supportive Services: Enter the quantity & total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary & FTE.

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
Assistance with Moving Costs		
Case Management	**Salaries and benefits -1.5 FTE Case Mgr@$48,750, .20FTE Clinical support @ $62,500, .10FTE Supervisor @$100,000 phones, equipment & internet($3,655)**	**$107,450**
Food		
Housing Search/Counseling Services		
Life Skills	**salary & benefits -.3 FTE Income and Employment Specialist @ $50,000**	**$6,500**
Outreach Services		
Transportation	**5 bus passes @$29/ea x12 mo. 96.47 miles/mo. @$.52/mile x 12 mo.**	**$2,100**
Utility Deposits		
Total Annual Assistance Requested		**$116,050**

Other Funding: What additional funding sources are committed to this project (e.g. NSP, VASH, HOME)?

(In Whole Numbers)

MAP Budget FY 20-21	Total
Revenues	
Federal Grants	1,961,065
Local Grants	48,223
Private Grants	229,114
Fees For Service	611,785
Donations	135,000
Investment Income	1,156
Other Revenues	34,479
Total Revenues	3,020,821
Direct Expenses	
Salaries & Fringe Benefit Expenses	1,360,179
Consumer Payroll	39,003
Professional Fees/Services	110,149
Non-Housing Client Care	62,862
Client Housing	1,075,727
Furniture, Fixtures & Equipment	23,729
Supplies	13,582
Communications	84,903
Insurance	32,942
Facilities	111,227
Staff Development	10,245
Dues & Subscriptions	12,487
Travel & Fleet	31,986
Interest Expense	8
Miscellaneous Expenses	9,896
Total Direct Expenses	2,978,924
Operational Profit/Loss	41,897