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 Room**
4135 Washtenaw Ave, Ann Arbor
or you may attend virtually at https://zoom.us/j/94415142806
June 13, 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 2/14/22 (Attachment #1A) **ACTION**
- Millage Advisory Committee Meeting Minutes and Actions 4/11/22 (Attachment #1B) **ACTION**

V. Discussion Items (10 minutes)
- Millage Process, Investments, and Progress Update (Attachment #2) **L. Gentz/T. Cortes**
- CARES Dashboard (Attachment #3) **M. Tasker**

VI. Financial Budget Update (15 minutes)
- Financial Budget Update (Attachment #4) **N. Phelps**

VII. Old Business (10 minutes)
- Washtenaw County Sheriff's Office (WCSO) Millage Update **D. Jackson**

VIII. New Business (30 minutes)
- New Human Services Partnership Funding Update **T. Cortes/L. Gentz**
- Funding Requests Summary (Attachment #5) **L. Gentz ACTION**
  - YBMen Project (Attachment #5A) **L. Gentz/D. Watkins ACTION**
  - Voices of Youth (Attachment #5B) **L. Gentz** (No action needed-this was approved under the 6-13-2022 Executive Director Authorizations)
  - Teen Turn Challenge (Attachment #5C) **L. Gentz** (No action needed-this was approved under the 6-13-2022 Executive Director Authorizations)

IX. Items for Future Discussions (5 minutes)
- Youth Assessment Center
- Millage Investment Plan
- Youth Needs Discussion
- Updated Millage Commitments
- Survey regarding funding opportunities for FY2022
- Washtenaw Coordinated Funding Partnership Update

X. Adjournment

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.

VIRTUAL MEETING LINK IS:

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join. https://zoom.us/j/94415142806

Or One tap mobile:
+16465189805, 94415142806# US (New York)
+19292056099, 94415142806# US (New York)

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

Webinar ID: 944 1514 2806

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

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*
February 14, 2022
Learning Resource Center-Michigan and Huron Rooms (in person)
https://zoom.us/j/95859718235 (virtual)
3:30 pm

N. Graebner-Sundling called the meeting to order at 3:40 pm.

ROLL CALL:
A. Carlisle attending remotely
N. Graebner-Sundling attending in person
H. Heaviland attending in person
B. Higman attending in person
D. Jackson attending remotely
J. Martin attending in person
R. Rion attending in person
G. Waddles, Jr. attending in person
M. Udow-Phillips attending in person
K. Walker attending in person

MEMBERS ABSENT: R. Jefferson, B. King, A. LaBarre

STAFF PRESENT: T. Cortes, L. Gentz, R. Dornbos, N. Phelps, T. Florence, E. Spring, K Snay, L. Higle, K. Diebboll

OTHERS PRESENT: B. Saeed, S. Moffat, J. Bufford, T. Gillotti, M. Hammond, G. Nelson, K. Homan, L. Lutomski, M. Creekmore

I. Introductions
- L. Gentz introduced E. Spring, M. Hammond, T. Gillotti, S. Moffat, J. Bufford, B. Saeed who will be available for questions on the funding requests portion of the agenda.

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Millage Advisory Committee Minutes and Actions from 12/13/21 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 12/13/21 were reviewed.

MOTION BY J. MARTIN, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE MINUTES AND ACTIONS FROM THE DECEMBER 13, 2021 MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	**Y**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**Y**	**HIGMAN**	**Y**
JACKSON	**Y**	**JEFFERSON**	**N/A**
KING	**N/A**	**LABARRE**	**N/A**

MARTIN	**Y**	**RION**	**Y**
UDOW-PHILLIPS	**Y**	**WADDLES, JR.**	**Y**
WALKER	**Y**		

MOTION CARRIED

V. Discussion Items

- Millage Process, Investments and Progress Update (Attachment #2)
  - L. Gentz presented the Millage Process, Investment and Progress Update (Attachment #2A) to the committee.

VI. Financial Budget Update (Attachment #3)

- N. Phelps presented the Financial Budget update ending December 31, 2021 to the committee.
- The FY2022 will show more funding being pushed out.
- Continuing to utilize the current funds as well as trying to spend down the fund balance.
- COVID has had a major impact on other projects but those should be going back soon.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
  - D. Jackson presented the WCSO report for this month.
  - D. Jackson will forward the attachment to R. Dornbos for distribution to the committee.

VIII. New Business

- Strategic Planning Update
  - T. Cortes presented the Strategic Planning Update to the committee (Attachment #4).

- Funding Requests Summary
  - L. Gentz presented the following funding requests to the committee for approval (Attachment #5) totaling $698,069.00.
    - Community, Leadership, Revolution (CLR) Academy in the amount of $45,000.00 annual for 1 year (Attachment #5A).

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND TO APPROVE THE COMMUNITY, LEADERSHIP, REVOLUTION ACADEMY FUNDING REQUESTS TOTALING $45,000.00 FOR ONE YEAR AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	**Y**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**Y**	**HIGMAN**	**Y**
JACKSON	**ABSTAINED**	**JEFFERSON**	**N/A**
KING	**N/A**	**LABARRE**	**N/A**
MARTIN	**Y**	**RION**	**Y**
UDOW-PHILLIPS	**Y**	**WADDLES, JR.**	**Y**
WALKER			

MOTION CARRIED

- WCCMH Wraparound Position in the amount of $85,305.00 annual continuous (Attachment #5B).

MOTION BY G. WADDLES, JR., SUPPORTED BY B. HIGMAN TO APPROVE THE WCCMH WRAPAROUND POSITON FUNDING REQUEST TOTALING $85,305.00 ANNUALLY AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	**Y**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**Y**	**HIGMAN**	**Y**
JACKSON	**Y**	**JEFFERSON**	**N/A**
KING	**N/A**	**LABARRE**	**N/A**
MARTIN	**Y**	**RION**	**Y**
UDOW-PHILLIPS	**Y**	**WADDLES, JR.**	**Y**
WALKER	**Y**		

MOTION CARRIED

- Office of Community and Economic Development (OCED) Family Empowerment Program in the amount of $69,576.00 annually for 3 years totaling $210,218.00 (Attachment #5C)

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY J. MARTIN TO APPROVE THE OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT FAMILY EMPOWERMENT PROGRAM FUNDING REQUEST IN THE AMOUNT OF $69,576.00 ANNUALLY FOR 3 YEARS TOTALING $210,218.00 AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	**Y**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**Y**	**HIGMAN**	
JACKSON	**Y**	**JEFFERSON**	**N/A**
KING	**N/A**	**LABARRE**	**N/A**
MARTIN	**Y**	**RION**	**Y**
UDOW-PHILLIPS	**Y**	**WADDLES, JR.**	**Y**
WALKER	**Y**		

MOTION CARRIED

- Office of Community and Economic Development (OCED) Michigan Ability Partners in the amount of $347,546.00 annual for 1 year (Attachment #5D),
- A. Carlisle requested removal of the word CHRONIC from project criteria, board agreed. Proposal now reads:

  The project will add leasing assistance and supportive services to 14 homeless, disabled 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.

MOTION BY K. WALKER , SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT MICHIGAN ABILITY PARTNERS FUNDING REQUEST TOTALING $347,546.00 FOR ONE YEAR WITH THE REMOVAL OF THE WORD CHRONIC FROM THE PROJECT CRITERIA.

ROLL CALL VOTE:

CARLISLE	**Y**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**Y**	**HIGMAN**	**Y**
JACKSON	**Y**	**JEFFERSON**	**N/A**
KING	**N/A**	**LABARRE**	**N/A**
MARTIN	**Y**	**RION**	**Y**
UDOW-PHILLIPS	**Y**	**WADDLES, JR.**	**Y**
WALKER	**Y**		

MOTION CARRIED

- Millage Advisory Committee members terms expiring on March 31, 2022.
  - The following Millage Advisory Committee members terms are set to expire:
    - B. King
    - A. LaBarre
    - A. Carlisle
    - G. Waddles, Jr.
  - Reminder that if the mentioned members are interested to continue on the committee to notify K. Walker in writing.
  - R. Dornbos will contact members for their intent to continue.

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 M. UDOW-PHILLIPS SUPPORTED BY H. HEAVILAND TO ADJOURN THE MEETING.

Meeting adjourned at **4:40** pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
April 11, 2022
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/93765775843 (virtual)
3:30 pm

A. Carlisle called the meeting to order at 3:37 pm.

ROLL CALL:	A. Carlisle attending in person H. Heaviland attending in person B. Higman attending in person D. Jackson attending in person B. King attending remotely (doesn't count as quorum) R. Rion attending in person G. Waddles, Jr. attending virtually (doesn't count as quorum) M. Udow-Phillips attending in person
MEMBERS ABSENT:	N. Graebner-Sundling, R. Jefferson, A. LaBarre, J. Martin, K. Walker
STAFF PRESENT:	T. Cortes, L. Gentz, M. Harding, T. Florence, N. Phelps, M. Tasker, R. Dornbos, K. Snay
OTHERS PRESENT:	E. Spanier, J. Gardner, E. Serrano, G. Powers, L. Maharg, S. Ringler-Cerniglia, A. Rooks, L. Lutomski, K. Snodgrass, L. Lutomski, K. Homan, D. Leahy, M. Creekmore

There was not a quorum of Millage Advisory Committee members present so items will be brought to the April 22, 2022 WCCMH Board for approval.

I. Introductions
- L. Gentz introduced J. Gardner, L. Maharg, S. Ringer-Cerniglia, E. Spanier, G. Powers who will be available for questions on the funding requests portion of the agenda.

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Millage Advisory Committee Minutes and Actions from 2/14/22 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 2/14/22 were reviewed.
- There was not a quorum of the committee so these items will be reviewed at the next Millage Advisory Committee meeting.

V. Discussion Items

- Millage Process, Investments and Progress Update (Attachment #2)
  - L. Gentz presented the Millage Process, Investment and Progress Update the committee.

- CARES Dashboard (Attachment #3)

- M. Tasker presented the CARES Dashboard to the committee.

VI. Financial Budget Update (Attachment #4)

- N. Phelps presented the Financial Budget update ending December 31, 2021 to the committee.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
  - D. Jackson presented the WCSO report for this month.
  - D. Jackson will send the presentation from this meeting to R. Dornbos to distribute to the committee.
  - This presentation will go to the County Board of Commissioners for approval.

VIII. New Business

- RFP Scope Discussion
  - L. Gentz discussed the possibility of presenting another Housing RFP. Primary categories from previous RFP's-crisis housing/prevention and stabilization supports/youth crisis prevention and stabilization.
  - Working with Office of Community and Economic Development (OCED) on categories and bringing this back to the committee.

- Funding Requests Summary (Attachment #5)
  - L. Gentz presented the following funding requests to the committee for approval totaling $835,790.00.
    - NAMI in the amount of $225,900.00 annual for 1 year (Attachment #5A).
      a. There was not a quorum of the Millage Advisory Committee present so this will be brought to the April 22, 2022 WCCMH Board meeting for approval.
    - Public Health Anti-Stigma Campaign in the amount of $340,000.00 annual for 2 years. (Attachment #5B).
      a. Arabic should be included on this proposal.
      b. There was not a quorum of the Millage Advisory Committee present so this will be brought to the April 22, 2022 WCCMH Board meeting for approval.
    - CHRT Communications Strategy Plan in the amount of $269,800.00 annual for 1 year. (Attachment #5C)
      a. There was not a quorum of the Millage Advisory Committee present so this will be brought to the April 22, 2022 WCCMH Board meeting for approval.

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

Meeting adjourned at 4:40pm.

Washtenaw County Mental Health and Public Safety Millage
Initiative Dashboard

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

Plan and Integrate

Initiative	*Status*	*Updates?*
LEAD	2nd Case manager hired. Co-response with law enforcement beginning this week.	
Youth Assessment Center	Implementation team identified and kickoff meeting happening middle of June.	
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.	**No**
Rethink Health/5 Healthy Towns	Logic model created and will be reviewed with the Stewardship Council on June 7th. New members and action teams will be developed to assist with completing strategies identified in the logic model. Key focus areas include social isolation, lack of sense of purpose, housing, food access, transportation, ease of service access and barriers to service access.	
5HT Intergenerational Populations Project	Findings have been reviewed and next steps are being identified.	**No**
SUD System Transition	Implementation began on January 1, 2022.	**No**

Expand Services

Initiative	*Status*	*Updates?*
CARES/Crisis/750/CCBHC	M. Tasker to report	
Housing RFP	New housing RFP continues to be developed with OCED. Two new supportive housing projects supported by the Millage include MAP and FEP.	
31 N/ WISD Mini Grants	**Mini Grants**-Mini grant work is wrapping up for the school year. WISD will be providing an update to the MAC in August highlighting the different youth led campaigns.	

Initiative Descriptions

	31N- 63 students served from January- March with over 190 service hours provided 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 conducted 131 visits serving 26 unique individuals. They have contracted with 36 mental health providers but waiting lists remain long, so they are hoping to contract with 3 additional providers. The behavioral health workforce shortage is impacting their ability to contract with additional providers. These providers are providing services in 7 different languages- Italian, French, Mandarin, Russian, Spanish, Farsi, and Arabic.	
Student Advocacy Center	Ed Advocacy- 55 students served fall semester, majority students have been black males from 48197, 98 and 48108. 100% of students served had no further behavioral referrals, 71% increased attendance and 91% increased grades. Check and Connect-61 students served this semester with majority students being black males all from Ypsi and Lincoln schools. They served students from 2nd grade to 12th grade and saw 63% increase in attendance and 66% improvement on CAFAS scores.	**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.	**No**

Initiative Descriptions

Communicate and Evaluate

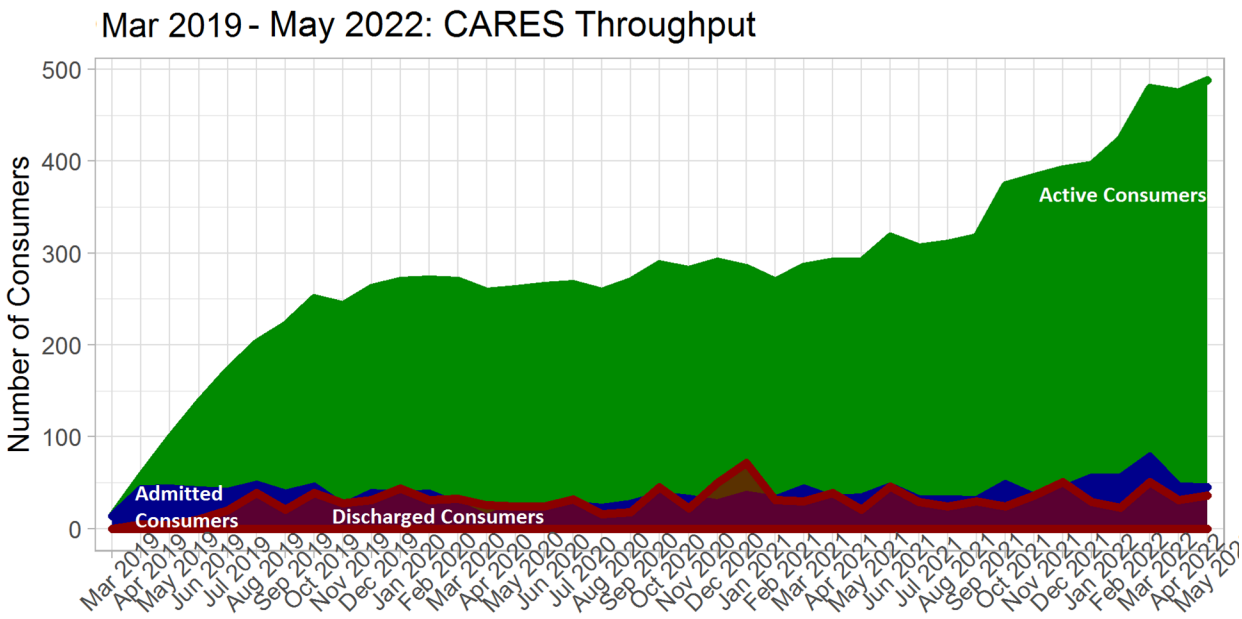
Initiative	*Status*	*Updates?*
NAMI Peer Project	Contract renewal will be occurring in the fall. Funding will allow for expansion of efforts.	
Anti-Stigma Campaign	Contract renewal process underway.	
MHFA/YMHFA Education initiatives	Trainings occurring monthly for MHFA and WISD is developing their summer training schedule to include 20 YMHFA trainings.	**No**
Millage Comms Strategy	Contract renewal process underway.	

Washtenaw County Community Mental Health – CARES Report May 2022

Last Updated: 06/01/2022

CARES THROUGHPUT

Cares Throughput is about consumers entering, leaving, and remaining active in the program. There are substantially more consumers in CARES since October 2022 is a result of increased admissions with discharges remaining relatively stable.



Month	# Active Cases	CARES Adm Cases	CARES Disc Cases
Mar-19		14	
Apr-19	58	44	5
May-19	99	44	4
Jun-19	138	42	10
Jul-19	173	40	20
Aug-19	203	48	39
Sep-19	224	39	21
Oct-19	253	46	39
Nov-19	245	24	28
Dec-19	264	39	31
Jan-20	272	37	44
Feb-20	273	38	31
Mar-20	272	26	33
Apr-20	259	12	26
May-20	262	24	24
Jun-20	265	23	24

Jul-20	267	26	32
Aug-20	259	23	16
Sep-20	270	27	18
Oct-20	290	37	45
Nov-20	285	34	22
Dec-20	293	28	50
Jan-21	284	37	72
Feb-21	269	32	31
Mar-21	285	44	30
Apr-21	291	33	39
May-21	291	34	21
Jun-21	318	46	46
Jul-21	306	32	29
Aug-21	310	32	24
Sep-22	317	31	30
Oct-21	374	49	24
Nov-21	383	35	36
Dec-21	391	43	51
Jan-22	396	56	29
Feb-22	424	56	23
Mar-22	480	79	51
Apr-22	475	46	31
May-22	488	45	36

Referrals to CARES by Month

Also known as automatic enrollment in CARES

Note that when there are less automatic enrollment/referrals this generally leads to a decrease in the number of current (or active) CARES Admissions. This ceased starting 10/1/2022 – we could replace this with [CARES Adm Cases] from the above table if desired, but it is not a perfect replacement either.

Referral Month	# New CARES Referrals
Mar-19	37
Apr-19	77
May-19	80
Jun-19	62
Jul-19	58
Aug-19	70
Sep-19	67
Oct-19	71

Nov-19	67
Dec-19	62
Jan-20	77
Feb-20	59
Mar-20	40
Apr-20	21
May-20	39
Jun-20	44
Jul-20	40
Aug-20	33
Sep-20	45
Oct-20	72
Nov-20	61
Dec-20	48
Jan-21	52
Feb-21	48
Mar-21	73
Apr-21	72
May-21	68
Jun-21	58
Jul-21	57
Aug-21	77
Sep-21	67

Emergency Contact Notes by Month

Note that there were less Emergency Contact Notes across the board for WCCMH clients and the WCCMH-CARES clients during the government shutdown. As the shutdown is over, it seems like Emergency Contact Notes are on the rise again and becoming more stable.

ER_Note_Month	Yr	Mon	Num_ER_Notes	num_CRCT_cases	num_Cares_cases
Mar-18	2018	3	1	1	0
Apr-18	2018	4	100	76	2
May-18	2018	5	97	82	1
Jun-18	2018	6	124	100	1
Jul-18	2018	7	123	90	5
Aug-18	2018	8	118	96	3
Sep-18	2018	9	147	101	3
Oct-18	2018	10	183	102	3
Nov-18	2018	11	182	83	3
Dec-18	2018	12	205	102	1

Jan-19	2019	1	173	86	5
Feb-19	2019	2	200	106	8
Mar-19	2019	3	253	125	14
Apr 2019	2019	4	229	133	9
May 2019	2019	5	237	130	9
Jun 2019	2019	6	245	130	22
Jul 2019	2019	7	229	126	22
Aug 2019	2019	8	210	128	21
Sep 2019	2019	9	245	131	5
Oct 2019	2019	10	305	157	15
Nov 2019	2019	11	242	131	9
Dec 2019	2019	12	268	138	15
Jan 2020	2020	1	230	130	15
Feb 2020	2020	2	223	134	5
Mar 2020	2020	3	121	82	5
Apr 2020	2020	4	57	51	6
May 2020	2020	5	66	55	3
Jun 2020	2020	6	168	94	7
Jul 2020	2020	7	312	110	10
Aug 2020	2020	8	206	98	7
Sep 2020	2020	9	248	95	3
Oct 2020	2020	10	227	88	5
Nov 2020	2020	11	209	87	3
Dec 2020	2020	12	104	55	5
Jan 2021	2021	01	158	79	7
Feb 2021	2021	02	107	65	5
Mar 2021	2021	03	171	99	6
Apr 2021	2021	04	258	124	12
May 2021	2021	05	221	126	8
Jun 2021	2021	06	202	115	5
Jul 2021	2021	07	261	80	1
Aug 2021	2021	08	252	111	6
Sep 2021	2021	09	160	83	2
Oct 2021	2021	10	142	99	0
Nov 2021	2021	11	135	67	0
Dec 2021	2021	12	119	78	0
Jan 2022	2022	01	77	56	0
Feb 2022	2022	2	103	69	0
Mar 2022	2022	3	102	59	0
Apr 2022	2022	4	89	67	0
May 2022	2022	5	84	70	0

Gender

Gender data is from CRCT electronic medical record using any consumers at least one day active on the CARES Program between 3/1/2019 and the report run date.

# Consumers	Gender
849	F
727	M
1576	**Total**

Gender Identity	# Consumers
	614
Woman/Cisgender Woman	483
Man/Cisgender Man	438
Non-binary/Genderqueer	10
Not collected-Full Rec Exception	9
Transgender Man	6
Transgender Woman	5
Other, please specify	4
Chose not to disclose	4
Unknown for this Crisis Event	2
Genderfluid	1

Race

Race data is from CRCT electronic medical record using any consumers at least one day active on the CARES Program between 3/1/2019 and the report run date.

Race	# Consumers
White	917
Black or African American	432
-missing data-	77
Other race	75
Asian	30
Refused to Provide	20
Two or more races	14
American Indian (non-Alaskan)	6
Native Hawaiian or other Pacific	5

Typical Length of Stay for Cases that Already Closed

We expect the mean and median to continue to grow as time continues and to fully stabilize after CARES has been fully functioning for two years. We are past the two year mark since the start of CARES at this time.

	Days
Median	155
Mean	200.6
Min	1
Max	1091

City/Zip Code for Open Cases

The cases here are open by automatic referral and not necessarily fully admitted which is why these numbers are greater than the throughput numbers which requires an initial Assessment and Plan.

City	**# Consumers**
Ypsilanti	755
ANN ARBOR	511
Whitmore Lake	59
Saline	45
Chelsea	21
Dexter	20
Milan	20
	16
Manchester	15
Willis	13
Belleville	9
Northville	9
Detroit	7
Pinckney	7
Canton	6
GRASS LAKE	6
Adrian	3
Brighton	3
Monroe	3
Plymouth	3
South Lyon	3

Superior Township	3
Westland	3
Clinton	2
Gregory	2
Taylor	2
White Lake	2
Whittaker	2
Beaverton	1
Berkley	1
Clarkston	1
Clinton Twp	1
Corbin	1
Dearborn	1
Dundee	1
East Lansing	1
Florence	1
Fountain Hill	1
Gaylord	1
Ida	1
Idaho Falls	1
Inkster	1
Ludington	1
Mesick	1
Redford	1
Romulus	1
San Francisco	1
South Gate	1
Standish	1
Tecumseh	1
Toledo	1
Van Buren Twp	1
Washington	1
Wayne	1

Zip_Code	**# Consumers**
48197	405
48198	352
48103	186
48108	118
48104	111

48105	77
48189	59
48176	44
	29
48118	21
48130	20
48160	20
48158	15
48191	13
48111	10
48167	8
48169	7
48107	6
49240	6
48188	4
48109	3
48170	3
48178	3
48185	3
49221	3
48116	2
48137	2
48161	2
48187	2
48190	2
48224	2
49236	2
18015	1
20002	1
40701	1
41042	1
43614	1
48036	1
48072	1
48114	1
48126	1
48131	1
48140	1
48141	1
48162	1
48168	1

48174	1
48180	1
48184	1
48202	1
48204	1
48205	1
48209	1
48215	1
48240	1
48348	1
48383	1
48386	1
48612	1
48658	1
48823	1
49286	1
49431	1
49668	1
49735	1
83401	1
90280	1
94114	1

Age Groups for Consumers Active at least 1 Day in CARES

Age_Category	# CARES Adm Cases
-missing-	1
0-16	71
17-19	65
20-24	220
25-29	196
30-34	221
35-39	169
40-44	149
45-49	110
50-54	109
55-59	88
60-64	81
65-69	48
70+	48

Funding Sources for Open CARES Consumers

Funding Sources	Medicare	# CARES Cases
	N	121
	Y	12
HMP	N	247
Medicaid	N	156
Medicaid	Y	28
S/D/N	N	7
S/D/N	Y	6
S/D/Y (1)	Y	1

Commercial Insurance

This provides a glimpse of the top priority insurance types that clients have in CARES, first excluding the following insurance names: (1) anything including the word ‘Medicare’, (2) 'CCBHC Demonstration’, (3) 'Financial Determination', (4) 'Assessed for Medicaid Expansion - Not Eligible', (5) 'Assessed for Medicaid Expansion - Eligible', (6) no insurance listed whatsoever.

Insurance Name	Open Cares Cases
BLUE CROSS BLUE SHIELD OF MI	9
SDA,SSI,SSDI	8
Medicaid Deductible	7
BLUE CARE NETWORK OF MICHIGAN	5
BLUE CARE NETWORK PILOT	2
MERIDIAN CARE EXTRA HMO SNP	2
WELLCARE HEALTH PLANS	2
BLUE CARE NETWORK (PO 68710)	1
Blue Care Network Advantage	1
CIGNA MEDICAL	1
COFINITY	1
MOLINA MARKETPLACE MI	1
PRIORITY HEALTH (MI)	1
SED Waiver	1
UNITED HEALTH CARE	1
United Healthcare	1
United Healthcare Community Plan	1

CPT Categories from CARES and CRCT EMR. CPT Codes not categorized are lacking a category and are largely a result of new CPT codes.

CPT Category	# SALs	# Cares Consumers
Targeted Case Management	26522	1565
Med Reviews	4689	772
Peer Services	4426	526
H2011	4260	439
RN Services	1854	547
Psych Evals	1503	1099
Intake Assessments	1095	869
Injections	729	97
Wellness Note	358	200
T1023	194	127
H0039	142	4
Therapy Group Notes	75	13
Nursing Assessments	68	66
IND02	60	29
90834	40	14
S9470	32	4
S5111	31	1
H2022	29	1
S9446	23	3
H2023	20	1
S0316	16	8
90847	7	2
99211	7	6
97165	6	1
90846	4	2
J3490	4	2
S9445	3	1
H0002	3	3
J2426	3	1
H2014	2	1
99212	2	2
T1040	2	559
99213	1	1
IND01	1	1

Types of Diagnoses	# Cares Consumers	Percent
Mood disorders	1763	85.3%
SUD	781	37.8%
Psychosis	305	14.7%
Personality Disorders	266	12.9%
SED	260	12.6%
Total unduplicated	2068	N/A
Total duplicated	3375	N/A

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For the Month Ending April 30, 2022

	Budget to Actuals				Commitments		
	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD	Committed Current Fiscal Year	Remaining Uncommitted Current Fiscal Year	Committed FY 2023
Community Wide Service Expansion							
CARES Team							
Access & Triage	$ 550,000	$ 183,333	$ 179,012	$ (4,321)	$ 550,000	$ -	$ 577,500
Treatment & Stabilization Services	550,000	183,333	168,448	(14,885)	550,000	-	577,500
Crisis Response	750,000	250,000	235,787	(14,213)	750,000	-	787,500
Crisis Stabilization Center	350,000	116,667	93,738	(22,929)	350,000	-	367,500
Other CARES Team	397,600	132,533	132,938	405	397,600	-	417,480
Criminal Justice Diversion & Deflection							
WCCMH Staffing - LEADD/Jail Services	$ 450,000	$ 150,000	$ 78,119	$ (71,881)	$ 240,000	$ -	$ 252,000
Supportive Housing							
Supportive Housing RFP	$ 400,000	$ 133,333	$ 67,081	$ (66,252)	$ 400,000	$ -	$ -
Supportive Housing Other	460,000	153,333	-	(153,333)	460,000	-	70,000
Avalon - Permanent Supportive Housing	180,000	60,000	45,000	(15,000)	180,000	-	180,000
Emergency Housing	50,000	16,667	13,247	(3,420)	50,000	-	50,000
Youth Initiatives and Support							
Washtenaw Intermediate School District	$ 227,780	$ 75,927	$ -	$ (75,927)	$ 227,780	$ -	$ -
Student Advocacy Center	190,195	63,398	-	(63,398)	190,195	-	-
Health Dept - Anti Stigma Campaign	170,000	56,667	-	(56,667)	170,000	-	170,000
WCCMH - Wraparound Staff	95,000	31,667	-	(31,667)	95,000	-	100,000
Other Youth Initiatives and Support	350,000	116,667	-	(116,667)	20,000	330,000	-
Other Service Expansion							
Washtenaw Health Plan	$ 165,000	$ 55,000	$ 55,000	$ -	$ 165,000	$ -	$ 165,000
Other	250,000	83,333	-	$ (83,333)	-	250,000	-
TOTAL Community Wide Service Expansion	$ 5,585,575	$ 1,861,858	$ 1,068,370	$ (793,488)	$ 4,795,575	$ 580,000	$ 3,714,480

	Budget to Actuals				Commitments		
	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD	Committed Current Fiscal Year	Remaining Uncommitted Current Fiscal Year	Committed FY 2023
Education & Prevention							
Education & Outreach							
NAMI Contract	$ 193,725	$ 64,575	$ 52,800	$ (11,775)	$ 193,725	$ -	$ 169,425
MHFA Trainings	25,000	8,333	-	(8,333)	-	-	-
TOTAL Education & Prevention	$ 218,725	$ 72,908	$ 52,800	$ (20,108)	$ 193,725	$ -	$ 169,425
Evaluate & Communicate							
Evaluate							
CHRT Contract	$ 60,000	$ 20,000	$ -	$ (20,000)	$ 60,000	$ -	$ -
Communicate							
CHRT Contract	$ 300,000	$ 100,000	$ 6,434	(93,566)	$ 300,000	$ -	$ -
TOTAL Evaluation & Communication	$ 360,000	$ 120,000	$ 6,434	$ (113,566)	$ 360,000	$ -	$ -
Administration of the Millage							
WCCMH	$ 540,000	$ 180,000	$ 164,000	$ (16,000)	$ 540,000	$ -	$ 555,000
CHRT Contract	140,000	46,667	1,858	(44,809)	140,000	-	150,000
Grand Totals	**$ 6,844,300**	**$ 2,054,767**	**$ 1,127,604**	**$ (927,162)**	**$ 5,349,300**	**$ 580,000**	**$ 3,883,905**

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Partner Commitments Update - as of April 30, 2022

Partner Commitments	Budget Category(s)	Service Description	Total Amount	Effective Date	Expiration Date	FY22 Amount	FY23 Amount
Avalon Housing	Supportive Housing	Permanent Supported Housing	$180,000	10/1/2020	9/30/2022	$180,000	$180,000
Center for Healthcare Research and Transformation (CHRT)	Evaluate & Administer	Millage Staff Activities	$106,640	4/1/2022	12/31/2022	$106,640	
Center for Healthcare Research and Transformation (CHRT)	Communicate	Millage Communications Plan	$282,888	4/1/2022	12/31/2022	$282,888	
CLR Academy	Youth Initiatives & Support	Beyong Sports Programming	$45,000	5/1/2022	4/30/2023	$30,000	$15,000
Corner Health	Other CARES Team	Psychiatry Time	remaining balance of psych time (7hrs/wk)			$70,000	
Full Circle Community Center	Other CARES Team	Drop In Center, referral w/CARES	$25,000	10/1/2020	9/30/2022	$25,000	
Issue Media Group, LLC (Voices of Youth)	Youth Initiatives & Support	Youth development, mentors, supports	$12,000	6/1/2022	5/31/2022	$7,000	$5,000
NAMI of Washtenaw County	Education & Outreach	Outreach, Social media campaigns, family groups	$183,000	10/1/2021	9/30/2022	$137,250	
NAMI of Washtenaw County	Education & Outreach	Outreach, Social media campaigns, family groups	$225,900	10/1/2022	9/30/2023	$56,475	$169,425
National Assessment Center Association	CARES Team	Remote support for assessment center	$20,650	10/1/2021	9/30/2022	$20,650	
National Council for Behavioral Health	CARES Team	DLA-20 Training	$12,800	10/1/2021	9/30/2022	$12,800	
Ozone House	Youth Initiatives & Support	Psychiatry services	full balance of psych time (4hrs/wk)			$40,000	
PCE Systems	Other CARES Team	Server for data reporting and CARES	$117,600	10/1/2020	9/30/2022	$88,200	
Shelter Association of Washtenaw County	Supportive Housing	COVID Crisis Stabilization - one time assistance	$50,000	10/1/2021	9/30/2022	$50,000	
Student Advocacy Center	Youth Initiatives & Support	Check and Connect	$139,695	10/1/2021	9/30/2022	$139,695	
Student Advocacy Center	Youth Initiatives & Support	Educational Advocate	$50,500	10/1/2021	9/30/2022	$50,500	
Teen Turn Challenge	Youth Initiatives & Support	Youth mentors and activities	$6,180	6/1/2022	5/31/2023	$6,180	
Washtenaw County Health Department	Youth Initiatives & Support	Anti-stigma campaign	$340,000	5/1/2022	4/30/2024	$113,333	$170,000
Washtenaw County Trial Court	Criminal Justice Diversion	Trauma Therapist	remaining balance after $85,000/yr.			$10,000	
Washtenaw County - OCED - Homeless Diversion	Supportive Housing	One time assistance	$30,000	1/1/2022	12/31/2022	$30,000	
Washtenaw County - OCED - Family Empowerment	Supportive Housing	Supports Coordinator position for East side	$210,218	1/1/2022	12/31/2022	$69,573	$69,573
Washtenaw County - OCED - Michigan Ability Partners	Supportive Housing	Leasing assistance and supportive services for low income, homeless,	$357,546	1/1/2022	12/31/2022	$357,546	
Washtenaw County - OCED - Supportive Housing RFP	Supportive Housing	Avalon, Shelter, Ozone House, Salvation Army, Ypsi Housing	$1,200,000			$400,000	
Washtenaw Health Plan	Other Service Expansion	Expand services in native language, outreach Latinx and youth	$330,000	10/1/2021	9/30/2023	$165,000	$165,000
Washtenaw Intermediate School District	Youth Initiatives & Support	Anti-Stigma Mini Grants	$132,000	10/1/2021	9/30/2022	$99,000	
Washtenaw Intermediate School District	Youth Initiatives & Support	31n Match	$81,780	10/1/2021	9/30/2022	$61,335	
Washtenaw Intermediate School District	Youth Initiatives & Support	YMHFA Training	$14,000	10/1/2021	9/30/2022	$10,500	

Millage Funding Summary June 2022

YBMen Project (Attachment #5A):

Goals: The Young Black Men, Masculinities, and Mental Health (YBMen) Project at the University of Michigan is a behavioral health intervention for Black males that provides psychoeducation about mental health, race and gender development, and sustainable social support through innovative technology. The proposed project is a collaboration between Packard Health, the Corner, and the YBMen project to adapt and implement the YBMen program for 200 Black adolescent boys in Washtenaw County, train a workforce to address the needs of this vulnerable population through integrated models of coordinated care, and expand workforce development in Michigan.

What:

- Adapt YBMen for Black adolescent boys and train behavioral health professionals.
- Deliver the YBMen program to Black adolescent boys in Washtenaw County and explore coordinated care models to address the specific needs of Black boys.
- Update the YBMen Technical Assistance Package and launch statewide outreach to other federally qualified health centers in Michigan.

Funding Amount: 2-year contract total- $250,000

Voices of Youth (Issue Media Group (Attachment #5B)):

Goals: Increase youth voice and civic engagement on critical local issues in Washtenaw County with a focus on youth of color

What: Provide paid journalism opportunities to local youth to learn about and participate in editorial content, focused on mental health stigma reduction, while increasing civic engagement in their own communities. Major elements of the work include:

- Voices of Youth will be offered to youth in two cohorts: spring/summer 2022 and fall 2022.
- IMG will attend youth development/serving organizations meetings to share the VOY program with and invite youth to sign up. There is a focus on youth development organizations that serve youth of color in Washtenaw County.
- IMG facilitates listening sessions with youth to determine youth identified issued/themes. Many youth-identified themes include but are not limited to: destigmatizing mental health, addiction and recovery, food access, etc.
- IMG's youth workshops and mentors will include professional journalists and near-peer mentors of color to ensure representation to support the youth in their work. All adult mentors and staff are paid (not volunteers).
- IMG will also have youth work with professional journalists as story subjects and collaborators on publishable stories.
- IMG will also offer the opportunity (not required) for youth to present their work to elected officials, public sector leaders, nonprofits, and foundations with the intent to increase civic engagement, awareness, and change.
- 10 published stories produced by a team of youth-writers and researchers

- Youth are paid for each activity including:
    - Participating in listening sessions to identify themes and story subjects
    - Participating in multi-part solutions journalism workshops with mentors
    - Publishing their work (writing, research, photography, etc.) and helping it reach targeted audiences (social media)

Funding Amount: One time funding request of $12,000 was approved under Executive Director authority.

***Teen Turn Challenge (Attachment #5C)*:**

Goals: Mentorship and Support for 10–18-year-old males in the Ypsilanti community.

What: Major elements of the funding include:

- Workbooks and group materials
- Food and beverages for groups
- 3 group outings

Funding Amount: One time funding request of $6,180 was approved under Executive Director authority.

ATTACHMENT #5A
JUNE 2022

A Proposal to Expand Behavioral Health Resources for Black Adolescent Boys in Washtenaw County

The Young Black Men, Masculinities, and Mental Health (YBMen) Project

A PROPOSAL
Expanding Behavioral Health Resources for Black Adolescent Boys in Washtenaw County
Daphne C. Watkins, Ph.D.
Professor of Social Work
University of Michigan

EXECUTIVE SUMMARY

Packard Health and the Corner are health centers that value their connections to partner organizations to meet health care needs, build their workforce, and engage in coordinated care services for children and families across Washtenaw County. The Young Black Men, Masculinities, and Mental Health (YBMen) Project at the University of Michigan is a behavioral health intervention for Black males that provides psychoeducation about mental health, race and gender development, and sustainable social support through innovative technology. The proposed project is a collaboration between Packard Health, the Corner, and the YBMen project to adapt and implement the YBMen program for 200 Black adolescent boys in Washtenaw County, train a workforce to address the needs of this vulnerable population through integrated models of coordinated care, and expand workforce development in Michigan.

Key Issue: In one sentence, what is the key issue you are trying to address?

We are requesting $250,000 to develop a workforce equipped to address the behavioral health out-comes and coordinated care needs of Black adolescent boys in Washtenaw County.

Defined Need: What data support the need for this initiative/intervention?

Though our region has been named the best provider of behavioral health services in the state, challenges exist when engaging Black adolescent boys in behavioral health programs in Washtenaw County.[1] Traditional definitions of manhood, the stigma surrounding mental illness, and a lack of social support create barriers to mental health, behavioral health services, and coordinated care for Black males.[2] Targeted behavioral health interventions sensitive to race, culture, social norms, and gender that circumvent these barriers are urgently needed to improve access and coordinated care for Black adolescent boys.[2] We need more health professionals trained to work with – and coordinate services for -- Black adolescent boys susceptible to stress, depression and anxiety, and trauma as they transition to early adulthood. A behavioral health intervention delivered online by a trained workforce (with optional face-to-face segments) offers a promising way to engage Black adolescent boys in Washtenaw County so their behavioral health needs can *also* be met by local health and community services.

In Michigan, Black adolescent boys face numerous barriers to obtaining behavioral health resources. These barriers are complicated by Black adolescent boys' access, or lack thereof, to health resources and lack of coordinated care due to their family's socioeconomic level, geographic region, and transportation issues.[3] For instance, mental health illiteracy and limited access to healthcare are two primary indicators that influence behavioral health for marginalized communities. A September 2020 report suggested approximately 2200 Black adolescent boys live in Washtenaw County.[4] According to recent data from the Washtenaw County Health Department, Black adolescent boys are at risk for poor health due to the cultural/political climate, hate crimes, cyberbullying, adverse childhood events (ACES), child abuse rates, poverty, and lack of parental support.[2-7] Black adolescent boys in Washtenaw County could benefit from more outreach, coordinated services, and behavioral health resources tailored to

them. Since Black boys and young men already confront challenges to success and have fewer encounters with health professionals than their female counterparts, our team will (1) develop behavioral health resources that can help improve the health of Black adolescent boys; and (2) create workforce and integration models that can be sustained in the county and disseminated across the state.

Washtenaw County health professionals have confirmed the value of community-anchored behavioral health resources explicitly aimed at Black adolescent boys. There is value to culturally relevant, age-appropriate, and gender-specific mental health resources for Black boys. There are also benefits to online interventions and social support groups when addressing mental health. This includes anonymity and confidentiality, increasing the potential of self-disclosure, and encouraging honesty and intimacy among participants when discussing stigmatizing topics, such as mental health.[7,8] Participation in culturally relevant, age-appropriate, and gender-specific interventions can serve as preventative mechanisms for poor mental health over the life span.[8,9] The use of online support groups has quadrupled in the past decade[10] and the YBMen program provides Black boys with a safe, online community space[11,12] accessible 24 hours a day. Furthermore, the online programming can be supplemented with face-to-face groups so Black boys can further develop their sense of support and community.

Target Group: Please include the number of individuals served by the proposed activities.

We will serve approximately 200 Black adolescent boys (ages 13-18) in Washtenaw County.

Mission: Provide a statement of how this project aligns with your mission.

Packard Health is a federally qualified health center that provides high-quality, affordable primary care, mental health care, and a complementary range of fully integrated services for patients at every stage of life. In addition to comprehensive family medical care, Packard Health offers patients mental and behavioral health care, chronic disease case management, health promotion, nutrition counseling, and support and assistance with enrollment in public health plans and drug assistance programs. Adapting the YBMen program for Black boys, activating a behavioral health workforce, and exploring coordinated care models to address the specific needs of Black boys aligns with our mission. It allows us to provide the best possible care to our community, including people whose economic, social, or cultural conditions might otherwise prevent them from accessing health care. By focusing on the behavioral health needs of Black boys, we can provide services to an underrepresented group in need.

PURPOSE OF GRANT

Details: What health problem(s), challenge(s) or need(s) will you address and how?

Packard Health's partnership with the YBMen program and the Corner aims to improve short- and long-term mental health, promote healthy definitions of race and gender development, and encourage sustainable social support among Black males.[10,11] To date, the YBMen program has been successfully implemented with 150+ young adult Black men (ages 18-30) and 25 Black adolescent boys (ages 13 - 15) in Michigan and Ohio. Findings have demonstrated improved mental health outcomes; healthy, more progressive definitions of Black manhood; and healthy relationships among participants. For example, previous iterations of the intervention resulted in a *decrease* in PHQ-9 depression scores (M= 6.77 at baseline; M= 5.50 at follow up), a *reduction* in traditional, toxic definitions of masculinity (M= 9.62 at baseline; M=9.21 at follow-up), and an *increase* in social support (M= 4.88 at baseline; M=5.35 at follow up) for YBMen participants across sites. Participants also reported feeling more comfortable seeking professional health services. The YBMen program has not been adapted and delivered to Black adolescent boys in Washtenaw County. Drawing on our current resources, we are requesting $250,000 to achieve the three aims described below.

AIM 1: Adapt YBMen for Black adolescent boys and train behavioral health professionals.

Aim 1.1. Adapt the YBMen program for Black adolescent boys. Our adaptation team, led by Dr. Rion and Dr. Watkins, will begin by working with our partners to recruit six Black adolescent boys in Washtenaw County to serve as Ambassadors for the Community Advisory Board (CAB). The CAB will meet eight times over the two-year project period to help our team adapt the low-cost, high-return YBMen program to Black adolescent boys in Washtenaw County. To engage community leaders in decision-making, the CAB will also include volunteers identified by each of our community partners (Amplify Colectivo, Neutral Zone, Pioneer High School, TRAILS, Washtenaw County My Brother's Keeper, Washtenaw International High School, and Ypsilanti Community Schools).

The CAB will adapt the current YBMen manual, tailoring the content and delivery style recommended by the Black adolescent male ambassadors. This will allow the adapted YBMen program to align with the needs and requests of Black adolescent boys in the county. Partners at YBMen, the Corner, volunteers from our partnering agencies, and Black adolescent boys from the CAB will be involved in the team-based adaptation process. The YBMen program is based on popular culture content. Therefore, we will gauge the CAB's preferences for the kinds of popular culture references they want to see in the adapted program (to date, the YBMen project has used movies, sports, songs, and news headlines/stories), as well as their preferred social media platform (e.g., Facebook, Instagram, TikTok, etc.). Finally, we will discuss the desired program length and the appropriate ratio of online to face-to-face time (considering the pandemic) and build these responses into the adapted YBMen program. The YBMen program length is adaptable and occurs between two and twelve weeks. Program adaptation will be an iterative process. We will review and adapt the current YBMen manual, pay close attention to how we work with all stakeholders, and note these processes in the updated project materials. *By achieving Aim 1.1, we will have guidelines for adapting and delivering the YBMen program to Black adolescent boys in Washtenaw County and, eventually, to other counties in Michigan*.

Aim 1.2. Train behavioral professionals in Washtenaw County. Members of the YBMen team, led by Dr. Watkins, will train behavioral health staff from Packard Health and the Corner on adapting and delivering the YBMen program during the project period. Two "YBMen Program Specialists" will be hired and housed at Packard and the Corner (4 total) and responsible for the YBMen program adaptation and delivery processes at their respective health centers. Through the training, the behavioral health staff at Packard and The Corner will undergo a YBMen certification process on curriculum adaptation and program delivery to their Black adolescent male clients. We will refer to this newly trained behavioral health staff as "Certified YBMen Professionals," or CYPs. We will host three one-day meetings (via Zoom or in-person pending covid regulations) for the CYPs from Packard and the Corner. During this training, participants will receive the YBMen manual, review the adaptation guidelines provided by the CAB and adaptation team (see Aim 1.1. above), review the YBMen Technical Assistance Package (housed at the University of Michigan), adapt the curriculum, and develop the plans and timeline for the upcoming YBMen program period. CYPs will work alongside members of the YBMen team (or "YBMen coaches") to deliver the YBMen program to groups of Black adolescent boys during the two-year project period. The training process will be team-based, as CYPs from Packard and Corner will be paired with experienced YBMen coaches to deliver the YBMen intervention to Black adolescent boys effectively. During this time, Drs. Rion and Watkins will initiate outreach and expansion to FQHC partners and other health care providers (e.g., the School-Community Health Alliance of Michigan) across the county. *By achieving Aim 1.2. we will train and support a workforce of behavioral health professionals equipped to (a) work with Black adolescent boys on matters involving their mental health, racial and gender development, and social support; and (b) deliver the adapted YBMen program to Black boys in the county.*

AIM 2: Deliver the YBMen program to Black adolescent boys in Washtenaw County and explore coordinated care models to address the specific needs of Black boys.

Aim 2.1. Deliver the YBMen program to Black adolescent boys in the county. We will work with our partners to recruit 200 Black adolescent boys in Washtenaw County who will receive the adapted YBMen program. Packard Health and the Corner will serve as our primary sites for delivering the YBMen program to Black adolescent boys. Behavioral health professionals at Packard and the Corner (i.e., Certified YBMen Professionals; CYPs) will be trained on how to deliver the YBMen program (see Aim 1.2) and, therefore, will co-facilitate the YBMen program, build rapport, and sustain the YBMen program with experienced members from the YBMen Project team (i.e., YBMen coaches). As 200 is our target number of Black adolescent boys to reach with the YBMen program, we will have a rolling recruitment and enrollment process beginning the second half of year one of the project. Previous YBMen groups have included between 12 to 15 members, so we may have up to 17 groups of Black adolescent boys in the YBMen program over the two years. We will work with the Corner, the YBMen team, and the CAB to decide on the appropriate length of the YBMen program for this project period. In previous iterations of the program, we have had as many as ten groups running simultaneously over a two-to-twelve-week period. So, given the additional support from the CYPs and the YBMen team, our project team will manage the workload associated with this project over the grant period. Black adolescent boys will be screened for eligibility, enrolled, and assigned to specific groups based on their ages (e.g., 13-15 vs. 16-18), and locations in the county (east, west, north, south), and mental health needs.

After we make group assignments, but before they begin the YBMen program, all the boys will participate in one focus group (either virtual or in-person, pending COVID restrictions) and complete one survey. This will serve as their pretest and will include measures of mental health (i.e., depressive symptoms, PHQ-9 and Gotland Male Depression Scale; anxiety symptoms GAD-7); mental health stigma (3 Stop Stigma Items); mental health literacy (MHLS); masculine norms (CMNI); social support (ISEL); and participant demographics. After the boys complete the YBMen program, they will participate in another round of focus groups and surveys, which will serve as their post-test. The pretest and post-test quantitative assessments will include the same measures, delivered via Qualtrics. We have used Qualtrics to collect pretest and post-test data in previous YBMen trials. We will follow the same protocols for this project. All pretest and post-test data, and the YBMen program data, will inform the overall program evaluation and dissemination plan. *By achieving Aim 2.1. we will gather a broad range of mental and behavioral health data on approximately 200 Black adolescent boys in Washtenaw County, which will help with future programs and policies to improve their services, inform a workforce ready to serve them, and coordinate care to address their specific needs.*

Aim 2.2. Explore coordinated care models to address the specific needs of Black boys. The CYPs and YBMen coaches will develop and document strategies for sustainability and expansion of the YBMen program beyond the project period (to achieve Aim 3.2). This includes exploring coordinated care models that health centers and community resources can address. By working together to co-facilitate the YBMen program, behavioral health professionals at Packard and the Corner will have first-hand experience working with Black adolescent boys and can help guide the project leaders on better ways to coordinate behavioral care across various agencies that engage and do not engage with Black boys. Furthermore, pretest and post-test data, YBMen program data, and strategies used to engage participants will inform our exploration of coordinated care models best suited for Black adolescent boys in the county. *By achieving Aim 2.2, we will engage health, education, and community leaders in the shared decision-making on culturally appropriate coordinated care to address the needs of Black boys.*

AIM 3: Update the YBMen Technical Assistance Package and launch statewide outreach to other federally qualified health centers in Michigan.

Aim 3.1. Update the YBMen Technical Assistant Package. As in previous iterations of the YBMen project, we will maintain cloud-based communication and tracking systems to ensure the CAB, YBMen coaches, and CYPs maintain contact over the project period. These files will help inform the evaluation and update the YBMen Technical Assistance Package for future expansion and dissemination. While the CYPs and YBMen coaches deliver the YBMen intervention to 200 Black adolescent boys, they will also assist the YBMen team with updating various components of the YBMen Technical Assistance Package (TAP). The current YBMen TAP consists of (a) the YBMen manual, (b) access to the virtual YBMen Library of Program Content, (c) the YBMen Implementation Guide, (d) the YBMen Media Kit, and (e) Consultation sessions with YBMen Coaches. The YBMen TAP also includes recommendations for sustainability and best practices for providing care to Black adolescent boys with mental health conditions. The YBMen TAP is housed on a secure website through the University of Michigan School of Social Work. *By achieving Aim 3.1, our team will update protocols for engaging Black adolescent boys in a behavioral health program, develop recommendations for sustainability, and explore coordinated care models to address the specific needs of Black adolescent boys.*

Aim 3.2. Launch statewide outreach and expansion. Our final aim involves launching statewide outreach to federally qualified health centers and other health centers that serve Black adolescent boys. We will work with our Michigan Primary Care Association (MPCA) partners to initiate outreach for learning and knowledge dissemination to other federally qualified health centers that serve Black boys across the state. Our experienced team has worked with organizations to facilitate and empower them to implement and use behavioral health resources in their work, develop information that can be used for program improvement, and document outcomes, specifically for programs aimed at improving the health of Black males. We have written extensively and have led workshops on health equity, gender and race in behavioral health for youth of color, and the social determinants of health for Black men and boys. Drs. Rion and Watkins will lead our YBMen TAPs outreach and expansion to FQHC partners and health care providers (e.g., the School-Community Health Alliance of Michigan) across the county.

In addition to the YBMen TAP, our team is prepared to offer our statewide partners and providers training and workshops on the following topics: logic models, evaluation, data collection, data interpretation, reporting results, and cultural sensitivity. We are also comfortable working with other evaluators, federally qualified health centers, and community partners to coordinate our research team, CYPs, partners and providers, and other county representatives and constituents. We will support the YBMen TAP recipients by creating and maintaining a directory of behavioral health professionals working to improve the behavioral health of Black boys across Michigan. This network will participate in a moderated online community for all adapters of the YBMen manual. The online community will offer quarterly program updates, webinars, newsletters, direct contact with the YBMen team, and supplemental information to support the workforce in addressing the behavioral health needs of Black adolescent boys in the state. We plan to initiate statewide outreach during the first year and continue throughout the project. *By achieving Aim 3.2. we will launch statewide outreach to other federally qualified health centers in Michigan and assess the feasibility of the statewide rollout of our efforts in Washtenaw County.*

Collaboration: Describe your collaborators on this specific project and their role(s).

We are requesting $250,000 from the MHEF for this unique opportunity to enhance behavioral health ser-vices, train a workforce to address behavioral health needs, and explore coordinated care models that address the specific needs of Black boys in Washtenaw County. Our team at Packard Health will part-ner with the YBMen Project at the University of Michigan and the Corner Health Center, Amplify

Colectivo, Neutral Zone, Pioneer High School, TRAILS, Washtenaw County My Brother's Keeper, Washtenaw International High School, and Ypsilanti Community Schools, and the University of Michigan School of Social Work Program Evaluation Group (PEG). Packard Health is a federally qualified health center that has served 11,000 patients across its three locations and will be the leader and primary site for our project. Packard Health will host the CAB meetings and team training. Packard will also help with recruitment, host any face-to-face YBMen groups, and support Packard staff in adapting the YBMen program and delivering it to Black adolescent boys during the grant period and beyond. The YBMen Project team will work with Packard, the Corner, and the CAB to adapt the YBMen manual. The YBMen team will also provide coaches to accompany the CYPs from Packard and the Corner to deliver the YBMen program. The YBMen team will also lead data collection and analysis for this project. The Corner will help with recruitment, host YBMen groups, and support Corner staff in adapting the YBMen program and delivering it to Black adolescent boys during the grant period and beyond. Our other partners (e.g., Amplify Colectivo, Neutral Zone, Pioneer High School, TRAILS, Washtenaw County My Brother's Keeper, Washtenaw International High School, and Ypsilanti Community Schools) will help recruit Black adolescent boys into the YBMen program; help explore coordinated care services and community resources to promote the health of Black adolescent boys; and identify individuals to serve on the CAB. The University of Michigan School of Social Work Program Evaluation Group (UM-SSW PEG) will evaluate our short-term and long-term project outcomes.

Cross-cutting Goal: Which of the MHEF's two cross-cutting goals does this project address?

Our cross-cutting goal is two-fold. First, we will provide training, support, and workforce development to behavioral health professionals at Packard Health, the Corner and, eventually, centers. Second, we will explore innovative and cost-effective integration models that coordinate care, services, and community resources to support behavioral health for Black adolescent boys. This project will strengthen the capacity for a network of professionals who can improve and maintain behavioral health for Black adolescent boys and initiate steps to what kind of coordinated care models can be put in place for healthcare providers and communities to promote the health of Black boys. We define "workforce" as the professionals who work with Black boys at health centers and community agencies (e.g., Packard Health and the Corner Health). "Integration" is the coordination of care and services between health centers, educational institutions, and community agencies to promote the health of Black adolescent boys.

POTENTIAL IMPACT

Outcomes: What are your project's intended short-term and long-term outcomes? How do you intend to measure these outcomes and why are those measures good indicators?

Short-term outcomes of the project are to: increase the use of health and behavioral health services at Packard Health and the Corner by Black boys, improve mental health, reduce mental health stigma, increase mental health literacy, expand definitions of race and gender development, and increase boys' engagement in social support. We anticipate having Packard and the Corner staff trained to deliver the YBMen program to Black boys using an updated YBMen manual in the short term. By the end of the project, we will have expanded behavioral health resources for Black boys, updated the YBMen manual, and updated our partners' YBMen Technical Assistance Package. In the short term, we will focus on the process evaluation, which will examine the steps associated with achieving our aims. For example, we will critically assess our procedures for adapting and delivering the YBMen program for Black adolescent boys, building and maintaining communication with our partners, training the staff at Packard Health and the Corner, and indicate which aspects are working as planned and which might need to be revised to meet the project's goals and objectives.

Long-term outcomes of the project are to: sustain services at Packard Health and the Corner for Black boys; have Black adolescent boys experience less depression, distress, and anxiety; help ensure Black adolescent boys develop healthy masculine norms/manhood, and positive and meaningful social relationships. We also anticipate, in the long-term, having Packard and Corner staff using the YBMen TAP, sustaining a workforce equipped with the tools to address behavioral health challenges among Black adolescent boys, and working toward coordinated care. In the long-term, we will establish models for behavioral health resources to disseminate healthy living, learning, and thriving for Black boys across Michigan. We will measure outcomes by collecting administrative data to assess: (1) the number of Black adolescent boys served; (2) the number of current resources offered to adolescent boys across the county; (3) the number of Packard Health and Corner Health staff involved in the project; and (4) the number of YBMen partners and providers. To measure health outcomes, we will assess (1) mental health (using PHQ-9 for depression and the Gotland Male Depression Scale [GMDS]) and anxiety scores (using GAD-7); (2) gender scores on the Conformity to Masculine Norms Inventory (CMNI); (3) perceptions of social support using three domains from the Interpersonal Support Evaluation List (ISEL-12): appraisal, belonging, and tangible support; and (4) additional measures such as mental health stigma (Stop Stigma Items); mental health literacy (MHLS); and participant demographics.

We will assess the above indicators for Black adolescent boys by administering a pretest when they enroll in the YBMen program and at post-test one month after the YBMen program is completed. These data will be shared with the UM-SSW PEG for evaluation. We will use the evaluation results to modify program components, including refining the YBMen manual to bring it to scale. We will also use the Integrated Practice Assessment Tool (IPAT) © to determine the level of collaboration/integration of the YBMen manual into the service delivery model at Packard Health and The Corner. Using the IPAT in this manner with Packard Health and The Corner with help with future expansion and dissemination to other FQHCs and other health centers across the state. The UM-SSW PEG will determine our project's effectiveness and potential impact based on our evaluation plan and logic model. Our evaluation by UM-SSW PEG will evaluate hopes and concerns through reciprocal relationships and overarching success indicators, strategies for communication, and working relationships.

Evaluation: Visually present the evaluation approach and connect project activities with measurable outputs, intended short-and long-term outcomes, and the ultimate impact(s).

See Evaluation Plan (Attachment 1) and Logic Model (Attachment 2)

Learning: At the end of this project, what do you expect to have learned? How will what you learn help advance work on this issue area? How might you share what you've learned?

By the end of this project, we would have learned about: (1) the behavioral health needs of Black adolescent boys in Washtenaw County; (2) the needs of a workforce passionate about working with Black adolescent boys in integrated care settings; (3) preliminary integration models of coordinated care, services, and community resources; and (4) the feasibility of statewide dissemination through federally qualified health centers. Health promotion interventions for Black boys at early developmental stages provide a unique opportunity to intervene when they are susceptible to stress, mental health concerns, and risky health behaviors (e.g., substance misuse). The YBMen project helps us learn how Black boys define their mental health and conceptualize their race and gender development, and social relationships. Similarly, we will learn about the effectiveness of behavioral health resources at Packard Health and the Corner that are culturally sensitive, age-appropriate, and gender-specific for Black boys.

We know challenges exist when engaging Black adolescent boys in traditional health interventions. The social and economic hardship young men of color face -- and marginalized roles within their families and communities -- restrict their ability to establish and maintain positive mental health and wellbeing

as they age.[1,2,7,8,13] What we will learn through this project will help advance research, practice, and policy for Internet-based health programs for Black adolescent boys. Online programs for youth are promising, as members of this group tend to report high rates of social media use and are more receptive to these interventions. The Packard Health partnerships with the YBMen Project, Corner Health, and other constituents will serve as a pipeline for Black adolescent boys. This partnership will help bridge gaps across individuals, communities, organizations, and generations, expand behavioral health resources, and leverage help-seeking among Black adolescent boys.

Given our successful track record of community-grounded projects with Black boys and men, we look forward to sharing what we have learned in several ways and across several audiences. First, we will disseminate the lessons we learn and the project results to key stakeholders via a consolidated report. Next, we will present what we have learned to potential stakeholders through the revised YBMen manual, the Technical Assistance Package, and a special invitation-only symposium in Washtenaw County, sponsored by Packard, the Corner, and the YBMen project. Finally, we will develop a series of conference presentations, peer-reviewed publications, and policy briefs to share what we have learned with broader academic and professional audiences. We will also share lessons learned with Michigan policymakers to inform their decisions and future programming on mental health and suicide prevention among the youth of color. The lessons we learn will help state officials and leaders expand existing programs and create new programs for youth of color. Our project will provide a blueprint for intervention researchers and practitioners who may not be familiar with race- and gender- norms and behaviors, providing them with best practices for identifying and reaching subgroups of marginalized youth, such as Black adolescent boys. Further dissemination efforts will involve social media platforms such as Facebook, Twitter, and Instagram. Furthermore, we will create and monitor a webpage dedicated to the YBMen project in Washtenaw County and across Michigan for our YBMen partners and providers.

Systems Change: What system or systems is this project trying to impact or change? How might this project change existing systems or structures to improve service delivery?

Our team is proposing to model a partnership between a Federally Qualified Health Center (Packard Health), a community-anchored, evidence-based intervention (YBMen), and a member of the School-Community Health Alliance of Michigan (The Corner) to expand the behavioral health resources offered to Black adolescent boys. A culturally sensitive, age-appropriate, and gender-specific intervention adapted and delivered through health centers, specifically for Black adolescent boys, will change the current way services are delivered. This project will change existing systems by providing a model through which collaboration and connectivity of behavioral health services, driven by community-based researchers and practitioners, can dive into existing mental health and social support experiences of Black adolescent boys. We are proposing a model of expanding behavioral health services that will strengthen a workforce capable of addressing the behavioral health needs of Black adolescent boys to improve their health and wellbeing overall. Our project's healthcare integration model will be impacted by how services are currently provided to Black adolescent boys. The YBMen program, manual, Technical Assistance Package, and ongoing connectivity of the stakeholders will improve service delivery for Black adolescent boys in the long term. This application prioritizes a multi-sector response for developing and strengthening local care systems for mental health, supporting efficient treatment, and seamless transitions to community treatment settings.

Healthcare Savings: Does your project lead to potential or actual healthcare cost savings?

An April 2019 report from the Commonwealth Fund National Survey of Federally Qualified Health Centers[13] found community health centers that expanded Medicaid in their states (i.e., Michigan) are more likely to provide behavioral health services and coordinate care with social service providers. Our project will support these outcomes and will align with the other ways federally qualified health centers

currently benefit Michigan residents, which are by: (1) reducing tertiary care due to the preventive nature of the project; (2) lowering overall health care costs; (3) employing thousands of people; and (4) generating billions of dollars in economic activity through job creation and the purchase of goods and services.[13] The YBMen program is a low-cost, high-return program that can be integrated into the behavioral health resources currently offered by federally qualified health centers across the state. Given the nature of federally qualified health centers and their communities, delivering the YBMen program in these health centers means it has a better chance of reaching Black adolescent boys most at risk and in dire need of behavioral health resources. Delivering the YBMen program requires minimum time and effort for YBMen partners and providers, making it less burdensome for health center staff. Healthcare savings for providing the YBMen program and equipping a workforce to address the behavioral health needs of Black adolescent boys will be accrued by the state, the health centers themselves, and Black families and communities. These savings can be measured by assessing the short- and long-term effects of our project goals. Supporting behavioral health, positive development, and social relationships of Black boys transforms into positive families and communities that thrive over the life course.

Sustainability: Describe how the proposed activities will be sustained after the grant.

We have a strong sustainability plan, which includes our long-term goals to (1) support the complete adoption and integration of the YBMen program into behavioral health services at Packard and the Corner after the grant period has ended, (2) disseminate an updated YBMen manual for Black adolescent boys in Washtenaw County, and (3) build and support a YBMen Technical Assistance Package (TAP) for behavioral health professionals across the state. By the end of the project period, Packard and Corner staff would have participated in the adaptation and delivery of the YBMen program. Also, the staff would have been trained on how to integrate the YBMen program into their practice and received a YBMen TAP for support and sustainability. The models we use at Packard and the Corner will be sustained within their current service delivery model, allowing their staff to participate in low-cost training opportunities for working with Black adolescent boys.

As a federally qualified health center (Packard Health) and a member of the School-Community Health Alliance of Michigan (The Corner), these health centers will serve as models for other health centers in the state that want to expand their behavioral health programming for Black adolescent boys. We have generated interest in our efforts from the Michigan Primary Care Association (MPCA), the membership organization for federally qualified health centers. We are currently in conversations with them about the feasibility of a statewide rollout of our initiatives. We recognize the activities proposed here are designed to be inexpensive for wide dissemination, and the support for occasional updates to program materials will be in kind. The YBMen team is fully committed to updating the YBMen TAP as needed, basing it on clinical and community-anchored research and informing evidence-based practice with Black adolescent boys. All training materials and the updated YBMen TAP will be available online. We have secured funding from the Vivian A. and James L. Curtis Center for Health Equity Research and Training at the University of Michigan School of Social Work to maintain these online resources. Given the direction of our current conversations, we anticipate full commitment from MPCA for promoting the complete YBMen TAP across federally qualified health centers, allowing for the expansion of much-needed behavioral health resources for Black adolescent boys in the state of Michigan.

EVALUATION PLAN

Expanding Behavioral Health Resources for Black Adolescent Boys in Washtenaw County

Daphne C. Watkins, Ph.D.
Professor of Social Work
University of Michigan

Our team will work with the University of Michigan School of Social Work Program Evaluation Group (UM-SSW PEG) to achieve our evaluation goals. The UM-SSW PEG is accomplished in the area of program evaluation. The PEG has worked with over 55 clients to conduct needs assessments, process evaluations, and outcome evaluations using qualitative and quantitative methods. The PEG staff brings decades of expertise in evaluation best practices to further enhance the feasibility of the proposed activities. The proposed work builds on the strong collaborations between Packard Health, the Corner, the YBMen project, the UM-SSW, and other county agencies. The evaluation approach for this project considers these strong collaborations. Dr. Shawna Lee, Director at the UM-SSW PEG, will establish precise, rigorous, and consistent program evaluation procedures for the project.

We will develop a detailed evaluation plan employing a one-group, pretest-posttest study design to assess short-term and long-term indicators of key outcomes. This project tests the core tenants of our logic model (Attachment 2). It also advances theory by testing the YBMen program's main effects in improving behavioral health for Black adolescent boys. Targeted programs are ideal for some Black adolescent boys. They offer anonymity and increase the potential of self-disclosure, honesty, and intimacy among participants when discussing stigmatizing topics, such as those related to mental health and stigma. The logic model for this project outlines the program and goal, inputs, outputs, mechanisms of change, and outcomes. Each is described below.

The Situation: Our evaluation will be based on our logic model (See Attachment 2), which provides fundamental reasoning that change is dynamic and not linear. This proposal was developed to address a specific problem: According to recent data, Black boys living in Washtenaw County[1] are at high risk for poor health as a result of cultural/political climate; hate crimes; cyberbullying; adverse childhood events (ACES); child abuse rates; poverty; and lack of parental support. Black boys in Washtenaw county could benefit from more outreach, services, and behavioral health resources tailored to them.

Activities, Inputs, and Outputs: To address the situation, we need to adapt the YBMen program for Black boys in Washtenaw County, deliver YBMen to Black adolescent boys ages 13-18 in the county, train Packard and Corner staff to adapt and deliver the YBMen program, revise the YBMen program manual, build partnerships with groups and agencies across the county, evaluate our efforts, facilitate dialogue about the behavioral health needs of Black boys, and update the YBMen Technical Assistance Package (TAP). To accomplish these activities, we need to invest in (i.e., Inputs): 4 Packard Staff, 2 Corner staff, 9 YBMen staff, approximately 200 Black boys, 10 Community Partners, time, money, meeting space, transportation, evaluation materials (e.g., video recorder, etc.), and intervention technology (e.g., Internet, Wi-Fi, social media, etc.). We must also (i.e., Outputs) monitor the activities by recording *(for Aim 1)* the number of Black boys served by Packard and Corner, the amount of time Black boys participate in the YBMen program, scores on health assessments, the number of YBMen modules for Black boys, and the number of meetings for Black boys. Additionally, we must record *(for Aim 2)* the number of Packard & Corner staff/ county partners trained, the number of training resources (YBMen TAP), and *(for Aim 3)* the number of behavioral health resources, number of YBMen partners and providers, and number of TAPs distributed. Upon completing the program activities, we expect to achieve specific short- and long-term outcomes, below.

[1] Washtenaw County Health Department, Internal Communication. Waller, A. April 2017.

Short-Term and Long-Term Outcomes: In the **short-term**, we expect the program will Increase service use by Black boys at Packard and the Corner by 50%, 50% improvement in mental health education/ literacy, 60% expanded definitions of race and gender development, 60% engaged social support/ healthy relationships. We also anticipate the program will result in two Packard staff and two Corner staff trained to deliver YBMen to Black boys, an updated YBMen manual, as well as increased behavioral health resources for boys by 50%, 10 TAPs developed and delivered across the state, 10 YBMen providers using TAP across the state. Our short-term outcomes will lead to **long-term** outcomes such as sustaining 60% of programming at Packard and Corner for Black boys; 70% of Black boys experiencing less depression, distress, and anxiety; 70% of Black boys having healthy race and gender norms/development, and 70% of Black boys having positive relationships. We also anticipate using YBMen TAP resources in 50% of their interactions with Black boys and an increased workforce for behavioral health with Black adolescent boys by 40%. Furthermore, we anticipate having behavioral health resources and service integration models (e.g., coordinated care and resources) to expand across the state and healthy living, learning, and thriving for Black boys in Michigan.

Our project affirms that upon operationalizing the program activities, inputs, and outputs, there will be outcomes (short- and long-term) that lead to behavioral health resources that improve the health of Black adolescent boys and workforce and service integration models that can be sustained in Washtenaw County and disseminated across the state. We have a strong sustainability plan, which includes our long-term goals to (1) support the complete adoption and integration of the YBMen program into behavioral health services at Packard and the Corner after the grant period has ended, (2) disseminate an updated YBMen manual for Black adolescent boys in Washtenaw County, and (3) build and support a YBMen Technical Assistance Package (TAP) for behavioral health professionals across the state. The health centers in Washtenaw County will serve as a model for other health centers across the state and across the country that want to expand their behavioral health programming for Black adolescent boys. Involvement in this process will also contribute to developing a network of YBMen partners and providers who can provide iterative feedback on the adaptation and delivery of the YBMen intervention, training the workforce to address behavioral health among Black adolescent boys, and the YBMen manual and TAP. Here we outline the markers of success associated with our process and outcome evaluations.

The process evaluation will examine the steps associated with achieving our project aims. For example, we will critically assess our procedures for adapting and delivering the YBMen program for Black adolescent boys, building and maintaining communication with our partners, training the staff at Packard Health and the Corner, and indicate which aspects are working as planned and which might need to be revised to meet the project's goals and objectives. We will track this by assessing meeting frequency and communication between the research team and our partners. We will measure success based on standards determined through personnel review of the process; quality control standards; review of the project materials; and careful audit of each phase by the research team and partners. *Intended impacts* for our process evaluation will be defined by our ability to convene meetings, achieve process objectives, stay on track with our timeline and work plan, and our ability to adapt and deliver the YBMen program, recruit Black adolescent boys to participate, and train the staff at Packard Health and the Corner on how to deliver the YBMen program to Black adolescent boys in the county.

The outcome evaluation will determine whether the overall objectives have been achieved. Research findings underscore the gaps in mental health knowledge, problematic conceptions of manhood, and inadequate social support among Black adolescent boys. The proposed study aims to address these gaps by providing behavioral health resources (e.g., the YBMen intervention) for Black adolescent boys in Washtenaw County and training a workforce capable of handling their short- and long-term

behavioral health needs. *Intended impacts* for our outcome evaluation include notable changes among YBMen intervention participants between the pretest (before the intervention begins) and the posttest (after the intervention ends). This is indicated by decreased depressive and anxiety symptoms (PHQ-9, GMDS, and GAD-7scores); expanded definitions of manhood (CMNI scores and focus group data); increased social support (ISEL scores) and connectedness (measured using focus group data); demographics; help-seeking; and increased dialogue about connections between mental health, manhood, and social support (determined by focus group data). We will also use the IPAT© to assess the level of collaboration/integration of the YBMen manual into the service delivery model at Packard Health and the potential for expansion to other FQHCs across the state.

Our team will use data to strengthen the project. Evaluation will be an engaged learning process that will provide all stakeholders with an opportunity to: reflect on their efforts, document what works and what does not work in different contexts, identify and address challenges, assess types of technical assistance that might support their work, and share what is learned with others. Steps for our evaluation process are to (1) assemble the project team; (2) review our vision for change (i.e., logic model) and use it to assess how change occurs; (3) implement community activities and mobilize resources; (4) provide evaluation feedback about what is and is not working, opportunities and obstacles, and what types of technical assistance might support our efforts; (5) make changes to the work based on the evaluation feedback; (6) document initial intended and unintended outcomes and context; and (7) return to step 2 and repeat the process as necessary. Below is our work plan for the two-year project period.

Work Plan and Timeline	**Sept-Dec 2022**				**Jan-Apr 2023**				**May-Aug 2023**				**Sept-Dec 2023**				**Jan-Apr 2024**				**May-Aug 2024**			
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**
Project planning/Team training																								
Bi-weekly team meetings with the team																								
Aim 1: Adapt YBMen for Black boys in the county																								
Aim 1: Train behavioral health staff																								
Aim 2: Deliver the YBMen program																								
Aim 2: Explore coordinated care models																								
Aim 3: Update Technical Assistance Package																								
Aim 3: Launch statewide outreach																								
Write final report/Report results to partners																								

We will analyze pretest and posttest quantitative and qualitative data to determine the project's intended outcome. Quantitative data collection will include mental health (i.e., depressive symptoms, PHQ-9 and GMDS; anxiety, GAD-7); mental health stigma (3 Stop Stigma Items); mental health literacy (MHLS); masculine norms (CMNI); social support (ISEL); help-seeking behaviors; and participant demographics. The pretest and posttest quantitative assessments will include the same measures, delivered via Qualtrics. We have successfully used Qualtrics to collect pretest and posttest survey data in previous YBMen trials and will follow the same protocols for this project. Qualitative data collection will include a focus group protocol used in previous YBMen trials with questions about mental health, depression, masculinity, social support, and the YBMen intervention (posttest only). Additional interview questions about mental health stigma, mental health literacy, and help-seeking behavior will be added for this study. Participants will participate in 60-minute video focus groups (via Zoom) at pretest and posttest.

The Logic Model: *"Expanding Behavioral Health Resources for Black Boys"*
The Goal: To develop behavioral health resources that improve the health of Black adolescent boys and create workforce and service integration models that can be sustained in Washtenaw County and disseminated across the state.

SITUATION	ACTIVITIES	INPUTS	Project Aims	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
The current state of Black boys in Washtenaw County:	*To address the situation we need to:*	*To accomplish the activities we need:*		*We will monitor the activities by recording:*	*In the short-term, we expect the program will lead to:*	*In the long-term, we expect the program will lead to:*
According to recent data, Black boys living in Washtenaw County[1] are at high risk for poor health as a result of: • Cultural/political climate; • Hate crimes; • Cyberbullying; • Adverse childhood events (ACES); • Child abuse rates; • Poverty; and • Lack of parental support Black boys in Washtenaw county could benefit from more outreach, services, and behavioral health resources tailored to them.	• Adapt YBMen for Black boys in Washtenaw County • Deliver YBMen to Black boys ages 13-18 in the county • Train Packard and Corner staff to adapt and deliver YBMen program • Revise YBMen program manual • Build partnerships with groups and agencies in county • Evaluate our efforts • Facilitate dialogue re: behavioral health needs of Black boys • Update YBMen TAP[2] • Outreach across the state	• 2+ Packard Staff • 2 Corner staff • 9 YBMen staff • ~200 Black boys • 10 Community Partners • Time • Money • Meeting space • Transportation • Evaluation equipment (e.g., video recorder, etc.) • Intervention technology (e.g., Internet, Wi-Fi, social media, etc.)	AIM 1	• # of Black boys served by Packard & Corner • Time in YBMen program (dose) • Scores on health assessments • # of YBMen modules for Black boys • # of meetings for Black boys	• Increase service use by Black boys at Packard and the Corner by 50% • 50% improvement in mental health education/ literacy • 60% expanded definitions of race and gender develop. • 60% engaged social support/ healthy relationships	• Sustain 60% services at Packard & Corner for Black boys • 70% Black boys experience less depression/distress/ anxiety • 70% Black boys increase in healthy masculine norms/manhood • 70% Black boys have positive relationships
			AIM 2	• # of Packard & Corner staff/ county partners trained • # of training resources (YBMen TAP)	• 4 Packard & Corner staff trained to deliver YBMen to Black boys • Updated YBMen program manual	• Packard & Corner using YBMen TAP resources in 50% of their interactions with Black boys • Increase workforce for behavioral health with Black boys by 40%
			AIM 3	• # of behavioral health resources • # of YBMen partners and providers • # of TAPs[2] distributed	• Increase behavioral health resources for boys by 50% • 10 TAPs[2] developed and delivered across the state • 10 YBMen providers using TAP across the state	• Models for behavioral health resources and service integration models to expand across the state • Healthy living, learning, and thriving for Black boys in Michigan

Assumptions:
- *Commitment from staff at Packard Health and The Corner*
- *Commitment from other county partners (YBMen Project, schools, groups, etc.)*
- *Interest and involvement by Black boys in the county*

External Factors:
- *Political environment*
- *Economic situation*
- *Sociocultural context*
- *Geographic conditions*

[1] Washtenaw County Health Department, Internal Communication. Waller, A. April 2017.
[2] Technical Assistance Package (TAP)

REFERENCES

1. Bryant, R.T-A-F. (2013). *Education, Employment, and Health Outcomes for Black Boys and Young Men: Opportunities for Research and Advocacy Collaboration*. Retrieved on April 19, 2019 from http://www.clasp.org/sites/default/files/public/resources-and-publications/files/Partnership-Circle-and-Scholars-Network.pdf
2. Lindsey, M. A., Brown, D. R., Cunningham, M. (2017). Boys do(n't) cry: Addressing the unmet mental health needs of African American boys. *American Journal of Orthopsychiatry*, *87*(4), 377-383
3. Pickens, C.M., Pierannunzi, C., Garvin, W., & Town, M. (2018). Surveillance for Certain Health Behaviors and Conditions Among States and Selected Local Areas - Behavioral Risk Factor Surveillance System, United States, 2015. *MMWR Surveillance Summary, 67*(9): 1-90.
4. Michigan Epidemiological Profile. (2012). *Michigan Department of Health and Human Services*. Retrieved on October 3, 2018, from: https://www.michigan.gov/documents/mdhhs/2017_State_Epidemiological_Profile_606892_7.pdf
5. Waller, A. (2017). *Suicide Deaths Amongst Youth and Young Adults in Michigan (Suicide rates among youth aged 10-24 years, U.S. and Michigan, 2004-2014)*: Washtenaw County Health Department. https://www.washtenaw.org/1936/Suicide-Data
6. Oh, H. J., Ozkaya, E., & LaRose, R. (2014). How does online social networking enhance life satisfaction? The relationships among online support interaction, affect, perceived social support, sense of community, and life satisfaction. *Computers in Human Behavior*, *30,* 69-78.
7. Watkins, D. C. & Jefferson, S. O. (2013). Recommendations for the use of online social support for African American men. *Psychological Services, 10*(3), 323-332.
8. Watkins, D. C. (2012). Depression over the adult life course for African American men: Toward a framework for research and practice. *American Journal of Men's Health, 6*(3), 194-210,
9. Anderson, M. & Jiang, J. (2018). *Teens' Social Media Habits and Experiences*. Pew Research Center. November 2018. Retrieved April 4, 2019 from: https://www.pewinternet.org/2018/11/28/teens-social-media-habits-and-experiences/
10. Watkins, D. C., Allen, J. O., Goodwill, J. R., & Noel, B. (2017). Strengths and weaknesses of the Young Black Men, Masculinities, and Mental Health (YBMen) Facebook Project. *American Journal of Orthopsychiatry, 87*(4), 392-401.
11. Watkins, D.C. (2019). Improving the living, learning, and thriving of Black men: A conceptual framework for projection and reflection. *International Journal of Environmental Research and Public Health, 16*, 1331.
12. Watkins, D. C. & Johnson, N. C. (2018). Age and gender differences in psychological distress among African Americans and Whites: Findings from the 2016 National Health Interview Survey. *Healthcare, 6*(1): 1-11.
13. The Commonwealth Fund (April 4, 2019). *The Role of Medicaid Expansion in Care Delivery at Community Health Centers.* Retrieved on April 19, 2019, from: https://www.commonwealthfund.org/publications/issue-briefs/2019/apr/role-medicaid-expansion-care-delivery-FQHCs

Issue Media GROUP

Voices of Youth Proposal for Washtenaw County CMH

Objective

Increase youth voice and civic engagement on critical local issues in Washtenaw County with a focus on youth of color.

Strategy – Voices of Youth Program

There is a significant risk that **youth are becoming disconnected from local media** and the issues that impact them most in their own communities. As a result, youth are left with national news narratives of division and apathy that **may result in a lack of local civic engagement.**

IMG is implementing the Voices of Youth (VOY) program to provides paid journalism opportunities for local youth to learn about and participate in editorial content while increasing civic engagement in their own communities.

VOY provides paid journalism opportunities to:

- Write and research
- Photograph, video, illustrate and/or podcast
- Reach targeted audiences with the content using social media

IMG facilitates listening sessions to determine youth identified issued/themes, in addition to peers that may be experiencing challenges, nonprofits/youth service organizations that are working to address these challenges. Many youth-identified themes include but are not limited to: **Destigmatizing mental health**, addiction and recovery, food access, art, music, youth experiencing houselessness and many other topics. All themes and articles published are to be addressed through a racial equity lens and anti-racism principles.

VOY is delivered in partnership with local youth-serving organizations and youth advisory councils with adult supports. Our current partners include WMBK/Formula 734, EMU Upward Bound and WISD's Youth Council. We are seeking additional youth development partners with an emphasis on youth of color and themes rooted in racial equity and justice.

Youth workshops and mentors will include professional journalists and near-peer mentors of color to ensure representation.

Youth are paid for each activity including:

- Listening sessions to identify themes and story subjects
- Multi-part **solutions journalism** workshops with mentors
- Publishing their work and helping it reach targeted audiences

The primary **purpose of the program is to lift up youth voice** and help the community see issues with their point of view. We also believe it is important to **expose youth to the power of journalism** and how it can create real change.

All stories will include youth voices and youth contributed content in a variety of forms such as interviews, photography, art, data, etc.

The reporting will lift-up youth voice using one of these different types of content being published:

- Stories written by youth with a youth byline
- Stories written in collaboration with a professional journalist with a shared byline.
- Stories written by a professional journalist with youth voice and lived experiences as the primary focus of the article.

Upon publication of the stories and content, youth are offered the opportunity to **present their work to elected officials, public sector leaders, nonprofits, and foundations** with the intent to increase civic engagement, awareness, and change.

The program is designed to run over a 3-month period but can be tailored to align with youth serving organization partner schedules.

VOY is designed to increase outcomes for youth including:

- Published professional work to share for future employment/internship opportunities and strengthen college applications and/or essays.
- Increased civic engagement and working to advance issues they care about
- Increased social capital – access to community leaders, elected officials and funders

Youth Participation opportunities:

110 paid youth participation opportunities per year.

- 10 stories produced by a team of
    - writers
    - researchers and social media coordinators
    - photographers, artists, videographers, etc.
    - youth listening session participants
    - solutions journalism workshop participants
    - interviewees (unpaid)

2022 Voices of Youth Washtenaw Scope

- Voices of Youth will be offered to youth in two cohorts: spring/summer 2022 and fall 2022.
- IMG will attend youth development/serving organizations meetings to share the VOY program with and invite youth to sign up. There is a focus on youth development organizations that serve youth of color in Washtenaw County.
- IMG facilitates listening sessions with youth to determine youth identified issued/themes. Many youth-identified themes include but are not limited to: destigmatizing mental health, addiction and recovery, food access, etc.
- IMG's youth workshops and mentors will include professional journalists and near-peer mentors of color to ensure representation to support the youth in their work. All adult mentors and staff are paid (not volunteers).
- Youth are paid for each activity including:
    - Participating in listening sessions to identify themes and story subjects
    - Participating in multi-part solutions journalism workshops with mentors
    - Publishing their work (writing, research, photography, etc.) and helping it reach targeted audiences (social media)
- IMG will also have youth work with professional journalists as story subjects and collaborators on publishable stories.
- IMG will also offer the opportunity (not required) for youth to present their work to elected officials, public sector leaders, nonprofits, and foundations with the intent to increase civic engagement, awareness, and change.
- 10 published stories produced by a team of youth
    - writers
    - researchers and social media coordinators
    - photographers, artists, videographers, etc.
    - interviewees (unpaid)

Reporting requirements

- Names of youth development/serving organization and the number of youth offered the opportunity to participate.
- Number of youth participating in listening sessions and solutions journalism workshops
- Number of adult hours invested in serving the youth throughout the program.
- Number of adult mentors and support staff

- Links to the published stories including youth participation in each piece.
- Story analytics including reach and engagement for each piece

Teen Turn Challenge Program

The Teen Turn Challenge is designed to be a faith based comprehensive study course and interaction with teens and mentors from every walk of life. It is designed to teach young men the influence of Fatherhood and responsible teen and young adulthood and how to actualize a young person's potential.

This is accomplished with the care and concern demonstrated by the volunteers and male mentors. We feel the Teen Turn Challenge is the solution to help shape the identity of a young man or woman and have them understand how God as Father created them. Through this course, 3 topics in detail will be explained: Intimacy; Knowing God as Father and how that effects our relationships. Identity" Knowing who we are as men and who we are in Christ. Destiny: Knowing what you have in you and what you are here for, i.e., Purpose. All of these will be explained from a biblical perspective. The youth will be using the workbook entitled the Blueprint which provides topics geared to help developing boys into men.

We encourage all members of society to attend and participate. There is no exclusion based on sexual orientation, religion, or ethnicity The program is geared for males ages 10 to 18 years of age. The program is located at 2146 Moeller in Ypsilanti Michigan on the campus of Christian Life Center church. The program will also include matching youth with an individual mentor, providing athletic and educational events throughout the year and an opportunity to participate in a community outreach (food pantry) to volunteer their services which can be applied to community service if a youth needs community services in fulfilling requirements if a youth is court involved. Our objective is to effectuate change, starting with our younger generation of young males, shaping them to be successful productive young men and reduce the recidivism rate of delinquency and at-risk youth and those who have mental health disorders The program is slated for 3 months meeting weekly for one hour.

Dr. Vernon Stevenson

Coordinator of Teen Turn Challenge Program