



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/92652874627>

August 8, 2022

3:30-5:00 pm

- I. Roll Call (5 minutes)
 - II. Introductions (5 minutes)
 - III. Audience Participation (see guidelines below) (5 minutes)
 - IV. Committee Response to Audience Participation (5 minutes)
 - V. Millage Advisory Committee minutes (5 minutes)
 - Millage Advisory Committee Meeting Minutes and Actions 6/13/22 (Attachment #1) **ACTION**
 - VI. Discussion Items (10 minutes)
 - Millage Process, Investments, and Progress Update (Attachment #2) **L. Gentz/T. Cortes**
 - VII. Financial Budget Update (15 minutes)
 - Financial Budget Update (Attachment #3) **N. Phelps**
 - VIII. Old Business (10 minutes)
 - Washtenaw County Sheriff's Office (WCSO) Millage Update **D. Jackson**
 - IX. New Business (25 minutes)
 - L. Gentz presented the following funding requests to the committee for approval (Attachment #4) totaling \$2,435,437.00
 - o WISD Funding Request (Attachment #4A) **S. Hierman/L. Gentz ACTION**
 - o LEADD Prosecutor Position Funding Request (Attachment # 4B) **E. Savit/L. Gentz ACTION**
 - Program Name Change- kNEWjoy (Attachment #5) **L. Gentz ACTION**
 - WISD Mini Grants Presentation (Attachment #6) **S. Novara**
 - X. 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
 - CHRT gaps analysis
 - XI. 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



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VIRTUAL MEETING LINK IS:

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join. <https://zoom.us/j/92652874627>

Or One tap mobile:
+13126266799, 92652874627# US (Chicago)
+16465189805, 92652874627# US (New York)

Or join by phone:
Dial (for higher quality, dial a number based on your
current location):

US: +1 312 626 6799 or +1 646 518 9805 or +1 929 205 6099
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Webinar ID: 926 5287 4627

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**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES DRAFT**

June 13, 2022

Learning Resource Center-Michigan Room (in person)

<https://zoom.us/j/93765775843> (virtual)

3:30 pm

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

ROLL CALL:

A. Carlisle attending in person
N. Graebner-Sundling attending in person
H. Heaviland attending in person
B. Higman attending virtually Ann Arbor
D. Jackson attending in person
R. Jefferson attending in person
R. Rion attending in person
A. Rooks attending in person
G. Waddles, Jr. in person
K. Walker attending virtually Pittsfield Township

MEMBERS ABSENT:

M. Udow-Phillips

STAFF PRESENT:

Mike Harding, Lisa Gentz, Rhonda Dornbos, Rachel Avedisian, N. Phelps, M. Tasker, K. Snay, H. Linky, T. Florence

OTHERS PRESENT:

D. Watkins, T. Gavalier, G. Dill, M. Creekmore

- I. Introductions
 - L. Gentz introduced D. Watkins 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 #1A) and Millage Advisory Committee Minutes and Actions from 4/11/22 (Attachment #1B)
 - Millage Advisory Committee Minutes and Actions of 2/14/22 and 4/11/22 were reviewed.

MOTION BY A. CARLISLE, SUPPORTED BY R. JEFFERSON TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE FEBRUARY 14, 2022 AND APRIL 11, 2022 MILLAGE ADVISORY COMMITTEE MEETINGS AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	Y	GRAEBNER-SUNDLING	Y
HEAVILAND	N/A	HIGMAN	Y

JACKSON	NOT PRESENT AT TIME OF VOTE	JEFFERSON	Y
RION	Y	ROOKS	NOT PRESENT AT TIME OF VOTE
UDOW-PHILLIPS	N/A	WADDLES, JR.	NOT PRESENT AT TIME OF VOTE
WALKER	Y		

MOTION CARRIED

A. ROOKS, D. JACKSON, G. WADDLES, JR ARRIVED TO MEETING AFTER VOTE AT 3:37PM

V. Discussion Items

- Millage Process, Investments and Progress Update (Attachment #2)
 - o L. Gentz presented the Millage Process, Investment and Progress Update the committee.
- CARES Dashboard (Attachment #3)
 - o M. Harding presented the CARES Dashboard to the committee.
 - o Tracking homeless numbers and acuity-suggestion from Amanda-seeing a new level of acuity that they have previously seen.
 - o Suggestion to determine benchmarks for data and to review chart gaps analysis.

H. HEAVILAND JOINED THE MEETING AT 3:50PM

VI. Financial Budget Update (Attachment #4)

- N. Phelps presented the Financial Budget update ending April 30, 2022 to the committee.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
 - o D. Jackson presented the WCSO report for this month.
 - o Pilot program for Co-Response unit went live on 6/9/22. CMH staff and Sheriff Department patrol are riding together for outreach.
 - o LEADD program refresher training with deputies moving forward and working towards going live soon for pre-diversion while on scene.

VIII. New Business

- New Human Services Partnership Funding Update
 - o L. Gentz provided the update on the Human Services Partnership funding.
 - o Working with OCED to see how millage funding can be supportive.
- Funding Requests Summary (Attachment #5)
 - o L. Gentz presented the following funding requests to the committee for approval totaling \$268,180.00.
 - YBMen Project in the amount of \$250,000.00 over the course of a 2 year contract (Attachment #5A).
 - Contract entity will be Packard Health

MOTION BY H. HEAVILAND , SUPPORTED BY G. WADDLES, JR TO RECOMMEND APPROVAL OF THE FUNDING REQUEST FOR THE YBMEN PROJECT IN THE AMOUNT OF \$250,000.00 FOR A 2-YEAR CONTRACT AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- Voices of Youth one time funding request in the amount of \$12,000.00 (Attachment #5B).
 - a. This request was approved under the Executive Director Authorizations presented at the Quality-Finance Committee Meeting on 6/13/2022.
- Teen Turn Challenge one time funding request in the amount of \$6,180.00 (Attachment #5C)
 - a. This request was approved under the Executive Director Authorizations presented at the Quality-Finance Committee Meeting on 6/13/2022.

IX. Items for Future Discussions

- Youth Assessment Center
- Millage Investment Plan
- Youth Needs Discussion
- Updated Millage Commitments
- Survey regarding funding opportunities for FY2022
- Washtenaw Coordinated Funding Partnership Update
- CHRT gaps analysis – Lisa Gentz?

R. JEFFERSON MOTIONED TO ADJOURN A. CARLISE SUPPORTED.

Meeting adjourned at 4:37.

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

<i>Initiative</i>	<i>Status</i>	<i>Updates?</i>
LEAD	2 nd Case manager hired. Co-response with law enforcement beginning this week.	No
Youth Assessment Center	Kick off meeting occurred in early July. Re-occurring meetings are scheduled and data analysis is currently underway.	
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. Health Policy Lab staff are currently imbedded with CMH and WCSO teams.	
Rethink Health/5 Healthy Towns	New members orientation session is being offered Sept. 28 th . Key sectors include the VA, Law Enforcement, Housing Partners, and others. 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

<i>Initiative</i>	<i>Status</i>	<i>Updates?</i>
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. Housed and Healed-Medical Recuperative Care Program Video highlighting the amazing work of the Shelters Recuperative Care Program!	

Initiative Descriptions

31 N/ WISD Mini Grants	Mini Grants -Presentation during this meeting.	
	31N - 56 students served from April-June with over 99 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 60 mental health providers. Wait lists continue to be long so they piloted a Spanish-speaking bilingual Latinx teen empowerment group at Ypsilanti High School in partnership with Beunos Vecinos, Mexiquenses, UM School of Social Work, and Amplify Colectivo. This group met weekly for six weeks in May and June 2022 and was facilitated by two bilingual clinical social workers. Overall, 18 teens participated in sessions, with an average attendance of 12 participants per session. The behavioral health workforce shortage is impacting their ability to contract with additional providers. These providers are providing services in 9 different languages.	
Student Advocacy Center	Coming to October MAC to present on the impact of millage investments. 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 2 nd grade to 12 th grade and saw 63% increase in attendance and 66% improvement on CAFAS scores.	

Initiative Descriptions

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
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Communicate and Evaluate

<i>Initiative</i>	<i>Status</i>	<i>Updates?</i>
NAMI Peer Project	Contract renewal will be occurring in the fall. Funding will allow for expansion of efforts.	No
Anti-Stigma Campaign	Public Health is currently conducting focus groups updating the campaigns key messages.	
MHFA/YMHFA Education initiatives	Trainings occurring monthly for MHFA and WISD.	No
Millage Comms Strategy	New strategies are underway. New annual impact report is almost completed and new social media videos highlighting millage impacts will be releasing soon.	

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For the Month Ending June 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							
<u>CARES Team</u>							
Access & Triage	\$ 550,000	\$ 275,000	\$ 270,758	\$ (4,242)	\$ 550,000	\$ -	\$ 577,500
Treatment & Stabilization Services	550,000	275,000	276,109	1,109	550,000	-	577,500
Crisis Response	750,000	375,000	369,216	(5,784)	750,000	-	787,500
Crisis Stabilization Center	350,000	175,000	172,301	(2,699)	350,000	-	367,500
Other CARES Team	397,600	198,800	195,734	(3,066)	397,600	-	417,480
<u>Criminal Justice Diversion & Deflection</u>							
WCCMH Staffing - LEADD/Jail Services	\$ 450,000	\$ 225,000	\$ 146,920	\$ (78,080)	\$ 320,000	\$ 130,000	\$ 336,000
<u>Supportive Housing</u>							
Supportive Housing RFP	\$ 400,000	\$ 200,000	\$ 67,081	\$ (132,919)	\$ 400,000	\$ -	\$ -
Supportive Housing Other	460,000	230,000	50,000	(180,000)	460,000	-	70,000
Avalon - Permanent Supportive Housing	180,000	90,000	90,000	-	180,000	-	180,000
Emergency Housing	50,000	25,000	25,390	390	50,000	-	50,000
<u>Youth Initiatives and Support</u>							
Washtenaw Intermediate School District	\$ 227,780	\$ 113,890	\$ -	\$ (113,890)	\$ 227,780	\$ -	\$ -
Student Advocacy Center	190,195	95,098	93,097	(2,001)	190,195	-	-
Health Dept - Anti Stigma Campaign	170,000	85,000	48,295	(36,705)	170,000	-	170,000
WCCMH - Wraparound Staff	95,000	47,500	-	(47,500)	95,000	-	100,000
Other Youth Initiatives and Support	350,000	175,000	-	(175,000)	20,000	330,000	-
<u>Other Service Expansion</u>							
Washtenaw Health Plan	\$ 165,000	\$ 82,500	\$ 82,500	\$ -	\$ 165,000	\$ -	\$ 165,000
Other	250,000	125,000	82,283	(42,717)	125,000	125,000	-
TOTAL Community Wide Service Expansion	\$ 5,585,575	\$ 2,792,788	\$ 1,969,684	\$ (823,104)	\$ 5,000,575	\$ 585,000	\$ 3,798,480

	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							
<u>Education & Outreach</u>							
NAMI Contract	\$ 193,725	\$ 96,863	\$ 79,200	\$ (17,663)	\$ 193,725	\$ -	\$ 169,425
MHFA Trainings	25,000	12,500	-	(12,500)	25,000	-	25,000
TOTAL Education & Prevention	\$ 218,725	\$ 109,363	\$ 79,200	\$ (30,163)	\$ 218,725	\$ -	\$ 194,425
Evaluate & Communicate							
<u>Evaluate</u>							
CHRT Contract	\$ 60,000	\$ 30,000	\$ -	\$ (30,000)	\$ 60,000	\$ -	\$ -
<u>Communicate</u>							
CHRT Contract	\$ 300,000	\$ 150,000	\$ 8,292	(141,708)	\$ 300,000	\$ -	\$ -
TOTAL Evaluation & Communication	\$ 360,000	\$ 180,000	\$ 8,292	\$ (171,708)	\$ 360,000	\$ -	\$ -
Administration of the Millage							
WCCMH	\$ 540,000	\$ 270,000	\$ 257,000	\$ (13,000)	\$ 540,000	\$ -	\$ 555,000
CHRT Contract	140,000	70,000	1,858	(68,142)	140,000	-	150,000
Grand Totals	\$ 6,844,300	\$ 3,082,150	\$ 2,057,176	\$ (1,024,974)	\$ 6,259,300	\$ 585,000	\$ 4,697,905

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

<u>Partner Commitments</u>	<u>Budget Category(s)</u>	<u>Service Description</u>	<u>Total Amount</u>	<u>Effective Date</u>	<u>Expiration Date</u>	<u>FY22 Amount</u>	<u>FY23 Amount</u>	<u>FY24 Amount</u>
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	Beyond 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		
Packard Health	Youth Initiatives & Support	YBMen Project	\$250,000					
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	\$56,667
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	\$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 August 2022

WISD:

Goals: Continuation and expansion of mental health supports for all school districts in Washtenaw County.

What: The WISD is requesting \$2,312,658 over three years from the Washtenaw County Public Safety and Mental Health Preservation Millage to build capacity to sustain and expand mental health services being offered to youth across Washtenaw County. Funding would be funneled through WISD to support the initiatives outlined in the proposal and managed in partnership with WCCMH. The proposal includes continuation of the previous Millage funded initiatives of YMHFA, 31N match and anti-stigma mini grants.

Expansion Initiatives:

Potential Initiatives- Universal Prevention

Mindfulness Curriculum: Training on mindfulness curriculum Learning 2 Breathe to support high school students in building skills that support mindfulness. Potential use as elective (or other applications).

Equity-Centered Trauma-Informed Book Study: Based on a book by Alex Shevrin Venet, provides examples of how to implement proactive trauma-informed practices based in equity.

Family Education Series: Hosting informational sessions on how to access help and support in Washtenaw County and when help-seeking might be appropriate.

Public Campaign: Similar to public health campaigns such as “Wish You Knew” but targeted to families to help identify signs and symptoms of when help-seeking might be needed and how to access support.

Substance Use Services Coordination: An area of growing concern, SUD has been increasing in schools, often co-occurring with other behavioral health concerns. WISD would like to begin developing a parallel system of support based on the three-tiered model with Universal Prevention, Early Intervention, and Referral and Crisis Service interventions clearly identified and implemented.

Potential Initiatives- Early Intervention

Screener/BHWorks: Countywide web-based system for managing care, care-related documents, Medicaid billing, and screeners and diagnostics (in progress).

Substance Use Services: Develop targeted family/community approach to help identify students using and connect to resources for support. In addition, develop a model for provided substance use focused CBT (e.g., Mindfulness Based Substance Abuse Treatment for Adolescents) for groups in secondary buildings. Develop targeted family/community approach to help students who are using connect to services.

Regional Wraparound Teams: Development of regional multi-disciplinary teams positioned to support youth and families with a holistic care approach.

Prevention Peer Outreach: Redesign of the Education Project for Homeless Youth to move towards case management and provision of wraparound support for at-risk students (not limited to homeless); includes embedding of MDHHS prevention worker for ease of connection to state resources.

Potential Initiatives- Referral and Crisis Services

Systems Outreach and Education: While schools have been working to build in supports at Tiers I and II, there is growing need for support at Tier III. The Washtenaw County superintendents have requested a forum or platform on which to clearly identify the role of schools in mental health and work with

community partners, such as primary care physicians, to identify additional opportunities to support students when the need is beyond the scope of education.

Tier III Inter-Agency Youth Crisis Coordinator: A proposed position that sits between WISD and WCCMH to provide effective bridging of care for youth identified in either system. Position would be hired by WISD but support both agencies and have access to each agency's data systems to better serve and connect young people. The scope of the position would include both mental health and substance use treatment needs.

Funding Amount: 3-year contract total \$2,312,658

LEADD Prosecutor:

Goals: To fund 85% of a full-time Law Enforcement Assisted Diversion and Deflection (LEADD) Prosecutor in the Prosecutor's Office. The LEADD program—a collaborative effort between the Washtenaw County Sheriff's Office, the Public Defender's Office, Community Mental Health, McLain and Winters Law Firm, and the Prosecutor's Office—seeks to provide individuals with behavioral health disorders an alternative to citation, arrest, or incarceration.

What: Major goals of the program include:

- Provide individuals with behavioral-health disorders alternatives to citation, arrest, or incarceration.
- Reduce the number of people who are suspected of low-level criminal offenses in the criminal legal system.
- Facilitate partnership between community responders, service providers, and consumers.
- increase equitable outcomes by reducing disproportionate criminal-justice contacts for people of color with behavioral health issues.

Funding Amount: 2-year contract total- \$245,558

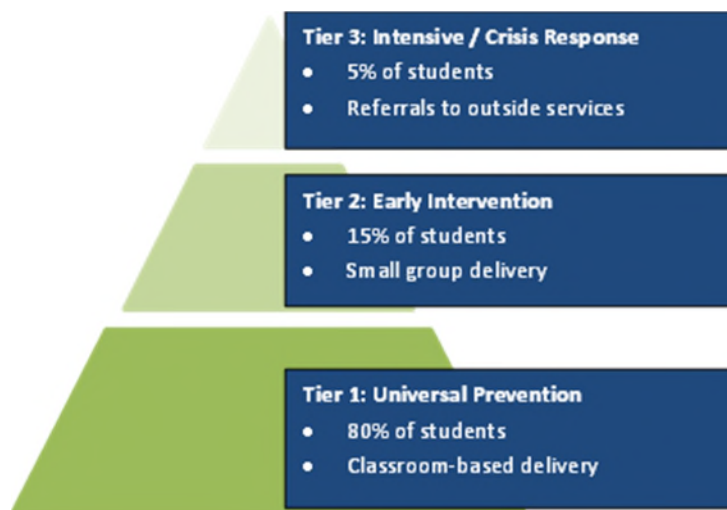
**Washtenaw Intermediate School District &
Washtenaw County Community Mental Health Collaborative Proposal
to the Washtenaw County Public Safety and Mental Health Preservation Millage Advisory Committee
August 2022**

The Washtenaw Intermediate School District (WISD) and Washtenaw County Community Mental Health (WCCMH) are pleased to present the following collaboratively constructed proposal for funding from the Washtenaw County Public Safety and Mental Health Preservation Millage. The requested amount, \$2,312,658 over three years, will provide the county with the opportunity to sustain and expand upon mental health services being offered to youth across Washtenaw County. Funding would be funneled through WISD to support the initiatives outlined in the proposal and managed in partnership with WCCMH.

Framework

Mental health services at WISD are aligned with the Multi-tiered System of Support (MTSS) framework used in many school districts to identify appropriate level of services and supports for students. MTSS is a proactive approach that aims to identify academic and behavioral challenges and barriers, serving as an early warning system for children and their families. At the base of the triangle or pyramid used to depict MTSS is classroom level of support, the middle tier consists of small group intervention, and the upper tier represents individualized support.

WISD's three-tiered model of supports is similarly structured. The base represents mental health support that can be delivered en masse within the classroom (Universal Prevention), the middle tier focuses on small group intervention (Early Intervention), and the upper tier is an individualized approach defined by each student's needs or concerns (Crisis Response). Each tier has a clearly defined purpose, and appropriate interventions and responses are identified to address that purpose. Additionally, a student can move up and down the triangle based on their status at a particular time; screenings and assessments can be applied as needed through activities performed in Tiers I and II.



Interventions

WISD has been working to develop interventions in Tiers I and II since 2015, partnering with Transforming Research into Action to Improve the Lives of Students (TRAILS) to fund and train local districts on the TRAILS model for school delivery of CBT and, more recently, create and provide training on a social emotional learning curriculum for grades K-8. Additional mental health opportunities in schools have since presented themselves through the availability of funding from the state (31n), from the Washtenaw County Public Safety and Mental Health Preservation Millage, and local foundations. These efforts have resulted in the following supports and interventions throughout Washtenaw County.

Current Initiatives- Tier I Universal Prevention

SEL Curriculum: Funded with 31n(12) funds, TRAILS developed a K-12 curriculum to support students in the classroom.

TRAILS Self-Care: A recorded webinar for school professionals to support their personal well-being through utilization of self-care strategies. Available via WISD website; some strategies appropriate for high school students.

ACES Training: WISD staff trainer is available to educate staff on trauma as it relates to Adverse Childhood Experiences.

Early Childhood Curriculum: Used in pre-k programming to support SEL.

Screenagers: These films provide ways in which parents, counselors, and educators can help teens build crucial skills for navigating stress, anxiety, and depression. Watch parties for parents and educators may be coordinated in-person or online.

Michigan Model for Health: Curriculum includes modules supporting messaging and learning on mental health, substance use, and other key health factors contributing to mental health such as physical activity. Activities are targeted to building health educators and funding provided by Michigan Department of Health and Human Services supports purchase of the online curriculum and professional learning for the educators.

Anti-Stigma Mini-Grants: Secondary buildings can apply for up to \$5,000 to support student-led anti-stigma and mental health projects.

Youth Mental Health First Aid: Core team of trainers can provide training of any staff to identify signs and symptoms of anxiety and depression. There are currently 12 trainings scheduled for Washtenaw County staff over the summer, with current registrants at 163.

Current Initiatives- Tier II Early Intervention

TRAILS CBT: All secondary buildings in Washtenaw County have had staff trained to provide CBT in buildings. Recent 31p funding allows for continued training of the TRAILS Cognitive Behavioral Therapy model in middle school buildings to address staff transitions and increased need for support.

Clinical Services: Funding (31n(6) to support direct clinical services to general education students. Currently, 3.25 LMSWs support young people in Lincoln, Manchester, Milan, Saline, Whitmore Lake, and Ypsilanti. WISD is currently working with Ann Arbor to develop a strategy for staffing that accommodates the different scale of need in the district.

Mom Power: Evidence-based program based on 10-week curriculum providing strategies and support for low-income mothers and their pre-k children. Strong Roots Cafes is a follow-up program, giving parents a chance to continue to convene, review strategies learned in the Mom Power curriculum and develop a community of practice and support network.

Current Initiatives- Tier III Referral and Crisis Services

PES Referral Tool: Developed in partnership with TRAILS and PES, tool seeks to streamline referral decision-making process.

Proposed Interventions

Since March of 2020, WISD has been convening a group of school administrators and behavioral health professionals from all public schools, inclusive of public school academies (i.e., charter schools) to review needs of students throughout the county and elicit feedback and input on the direction of services offered. These monthly District Crisis Team Lead meetings provided critical feedback on the growing level of need in school buildings in all grade bands. Common themes from these meetings included requests for trauma-informed care training, self-care tools for students, staff, and parents, support for identifying young people in crisis, increased capacity for therapy, strategies for increasing behavioral challenges with students, and, more recently, growing concerns around young people self-medicating to numb emotions.

The needs expressed by this group were reflective of building-level staff needs; many of the participants distributed staff “wellness surveys” to assess what supports might be needed. While the full quantitative results were not always shared with WISD, the synopsis of those surveys was reflected by the District Crisis Team Lead representative. As funding and capacity permitted, WISD worked to develop strategies to address needs. For example, WISD worked with Starr Commonwealth to train behavioral health professionals and administrators in Ypsilanti Community Schools on their Trauma-Informed Resilient Schools model. These YCS coaches were provided with tools to support all building staff to identify traumatic responses of students rather than automatically classify behavior concerns as disciplinary actions. As new interventions and supports were developed and implemented, bi-annual updates were provided to the Washtenaw Superintendents Association (WSA) and, when appropriate, county Curriculum Directors.

In June of 2021, WISD provided WSA with an overview of need observations based on intersecting areas of work, including homelessness identification, truancy, and outreach efforts. Not only were students showing up in multiple sectors, they were also facing systems barriers outside of school which were contributing to further trauma, stress, anxiety, and depression. WSA concurred that staff were seeing these same systems issues and the impact they were having on students and families and with the identified needs but also cited the need to pause to see how school operations looked in the following school year. A follow-up meeting attended by WSA, WCCMH, and WISD staff saw a review of current interventions and asked for additional feedback on what schools needed now that schools were in person and could fully see the depth and breadth of the mental health need in young people. Based on this feedback, WISD has identified additional options within each tier to further solidify support. The proposed options are as follows:

Potential Initiatives- Universal Prevention

Mindfulness Curriculum: Training on mindfulness curriculum Learning 2 Breathe to support high school students in building skills that support mindfulness. Potential use as elective (or other applications).

Equity-Centered Trauma-Informed Book Study: Based on a book by Alex Shevrin Venet, provides examples of how to implement proactive trauma-informed practices based in equity.

Family Education Series: Hosting informational sessions on how to access help and support in Washtenaw County and when help-seeking might be appropriate.

Public Campaign: Similar to public health campaigns such as “Wish You Knew” but targeted to families to help identify signs and symptoms of when help-seeking might be needed and how to access support.

Substance Use Services Coordination: An area of growing concern, SUD has been increasing in schools, often co-occurring with other behavioral health concerns. WISD would like to begin developing a parallel system of support based on the three-tiered model with Universal Prevention, Early Intervention, and Referral and Crisis Service interventions clearly identified and implemented.

Potential Initiatives- Early Intervention

Screener/BHWorks: Countywide web-based system for managing care, care-related documents, Medicaid billing, and screeners and diagnostics (in progress).

Substance Use Services: Develop targeted family/community approach to help identify students using and connect to resources for support. In addition, develop a model for provided substance use focused CBT (e.g., Mindfulness Based Substance Abuse Treatment for Adolescents) for groups in secondary buildings. Develop targeted family/community approach to help students who are using connect to services.

Regional Wraparound Teams: Development of regional multi-disciplinary teams positioned to support youth and families with a holistic care approach.

Prevention Peer Outreach: Redesign of the Education Project for Homeless Youth to move towards case management and provision of wraparound support for at-risk students (not limited to homeless); includes embedding of MDHHS prevention worker for ease of connection to state resources.

Potential Initiatives- Referral and Crisis Services

Systems Outreach and Education: While schools have been working to build in supports at Tiers I and II, there is growing need for support at Tier III. The Washtenaw County superintendents have requested a forum or platform on which to clearly identify the role of schools in mental health and work with community partners, such as primary care physicians, to identify additional opportunities to support students when the need is beyond the scope of education.

Tier III Inter-Agency Youth Crisis Coordinator: A proposed position that sits between WISD and WCCMH to provide effective bridging of care for youth identified in either system. Position would be hired by WISD but support both agencies and have access to each agency’s data systems to better serve and connect young people. The scope of the position would include both mental health and substance use treatment needs.

Request

The WISD is requesting \$2,312,658 over three years from the Washtenaw County Public Safety and Mental Health Preservation Millage to build capacity to sustain and expand the services previously outlined. The following table outlines the interventions included in the multi-year funding request and includes the individual programmatic request by year*.

Tier	Intervention	Year 1	Year 2	Year 3	Total
I	YMHFA	\$43,132	\$43,275	\$43,408	\$129,815
I	SUD Outreach and Coordination	\$24,427	\$24,727	\$24,996	\$74,150
I	ACES Training	\$10,840	\$10,940	\$11,030	\$32,810
I	Learning 2 Breathe	\$99,000	\$85,800	\$85,800	\$270,600

I	Anti-stigma Mini Grants	\$9,540	\$95,740	\$95,919	\$201,199
II	SUD Tier II Planning and Coordination	\$15,540	\$15,740	\$15,919	\$47,200
II	Handle With Care Coordination	\$7,770	\$7,870	\$7,960	\$23,600
II	Mom Power	\$160,596	\$119,393	\$119,979	\$399,968
II	Education Project Eligibility Worker	\$80,350	\$82,761	\$85,243	\$248,354
II	31n Social Worker Match (10%)	\$81,780	\$81,780	\$81,780	\$245,340
III	Systems Outreach and Education	\$40,143	\$40,643	\$41,091	\$121,877
III	Tier III Inter-Agency Youth Crisis Coordinator	\$139,818	\$187,173	\$190,755	\$517,746
	Totals:	\$712,936	\$795,843	\$803,879	\$2,312,658

*Each intervention/service is coded according to the following key:

Continuing/Expanding New

Budget Detail

Staffing

Coordinator of Mental Health Outreach and Training

One of the primary expenses across each tier is coordination of services and supports. WISD's request includes the salary and benefits for a 0.75 FTE Coordinator to support different scopes of work in Tiers I (0.35FTE), II (0.15FTE), and III (0.25FTE). This individual is a current employee of WISD and currently engaged in coordination of YMHFA, Handle With Care (HWC), mini-grants, and ACES training. Adding to this individual's work would be coordination of substance use disorder efforts in Tiers I and II and Systems Outreach and Education in Tier III. WISD would fund the remaining 0.25FTE of this individual's time, supporting additional efforts such as coordination of the book studies, family education series in Tier I, and Learning 2 Breathe trainings, as well as continue to convene District Crisis Team Leaders, coordinate with SEL staff, and support in other scopes of work. The request includes salary, benefits/FICA/retirement calculated at 78.5%, and a 2% annual cost of living increase. In addition, mileage for the coordinator is estimated to be \$597/year, printing for outreach materials and a one time laptop replacement at an estimated \$750 (75% of \$1000 estimated total cost is factored into Year 1.

Year 1: \$111,147

Year 2: \$118,648

Year 3: \$119,992

YMHFA Administrative Support

To manage trainings in the Youth Mental Health First Aid Connect system, as well as coordinate continuing education credits for this training, WISD will require 0.05FTE for this specific scope of work. The request includes salary, benefits, FICA, retirement, and an annual 2% salary increase and is budgeted as follows per year:

Year 1: \$4,360

Year 2: \$4,403

Year 3: \$4,447

Mom Power Engagement Specialist

WISD is request a 0.375FTE to coordinate Mom Power sessions, including recruitment of moms, coordination of venue, management of supplies, and coordination of three Trusted Parent Advisors to conduct outreach to parents. The request for three years, which includes salary, benefits, FICA, retirement, and a 2% cost of living adjustment is \$124,041 or:

Year 1: \$40,922
Year 2: \$41,347
Year 3: \$41,772

Mom Power Direction and Oversight

Facilitating the contracts, budgets, and oversight of the Engagement Specialist is a 0.08FTE. This position is budgeted to include salary, benefits, retirement, FICA, and cost of living adjustment of 2%, totaling \$13,288 for the three-year period.

Year 1: \$12,495
Year 2: \$12,655
Year 3: \$12,816

Inter-Agency Youth Crisis Coordinator

This position would be hired by WISD but positioned between WISD and WCCMH to support students at the Tier III level. The goal would be to serve as a high-level clinical navigator on behalf of young people with complex mental health needs. The position is budgeted at a 1.0FTE on WISD's Unit II Bargaining Agreement, which includes all clinical providers. It should be noted that the position is budgeted at the highest level on that scale to accommodate unknowns in education credentials and years of experience. Further, Year 1 is budgeted for 9 months, as it will take several months to complete a hiring process. The salary, benefit, retirement, FICA and COLA calculations by year are as follows:

Year 1: \$137,318
Year 2: \$185,673
Year 3: \$189,255

Contracted Services

YMHFA Trainers

Contracts will be required with trainers to implement the expected 12 YMHFA trainings. The daily rate for trainers internal to WISD is approximately \$800/day, which is inclusive of salary and benefits. To create equity among trainers, particularly since some may need to take time off to deliver the training is budgeted at the same rate. Annually, the cost for two trainers to provide 12 trainings is \$19,200.

Learning 2 Breathe Curriculum/Training

At the request of Washtenaw County superintendents, WISD is seeking to develop a group of Learning 2 Breathe curriculum implementers in secondary buildings to be offered to students as an elective. To do this, three cohorts (one per year) will participate first in Mindfulness-based Stress Reduction training, which is a pre-requisite, and then complete the Learning 2 Breathe curriculum training. All training will be provided virtually, eliminating any travel expense. The number of participants per cohort is 15, 13, and 13 and cost per person is \$250 for the Mindfulness-based Stress Reduction and \$350 for Learning 2 Breathe. Total training cost for three years is \$24,600; annual cost is:

Year 1: \$9,000
Year 2: \$7,800
Year 3: \$7,800

In addition, districts offer stipends for staff to participate in training on their own time up to \$100/hr, which includes benefits and taxes. Total stipend hours needed per year are 900 for Year 1 and 780 for Years 2 and 3 (each) or 2,460 total hours. At \$100/hr., total annual stipend costs for training are:

Year 1: \$90,000
Year 2: \$78,000
Year 3: \$78,000

Anti-Stigma Mini Grants

WISD is requesting to continue to fund \$5,000 grants to school buildings to support student run anti-stigma campaigns. Year 1 is currently funded by the Washtenaw County Public Safety and Mental Health Preservation Millage, which funds \$60,000 in grants and \$6,000 in indirect cost. However, Years 2 and 3 would see an expansion of the grants by \$20,000 to support new campaigns in elementary buildings (estimated four new buildings). Total mini grants per year are as follows:

Year 1: \$0
Year 2: \$80,000
Year 3: \$80,000

Mom Power

Under the Mom Power program are several contractual pieces:

Trusted Parent Advisors (TPA): Three TPA are expected to conduct five hours per week (48 weeks) of outreach, recruitment, and continued support for Mom Power participants, as well as supporting parents participating in Strong Roots Cafes. At \$18/hr, TPA contracts will cost a total of \$38,880. Annually, the cost is as follows:

Year 1: \$12,960
Year 2: \$12,960
Year 3: \$12,960

Mom Power Facilitators: Two trained facilitators run each Mom Power group. The cost for each facilitator is \$6,100 and WISD is requesting funds to support one group per year for an annual request of \$12,200 and total funding request of \$36,600.

Mom Power Child Care: Childcare is provided for each Mom Power group, with four providers contract to care for children of participants. WISD is requesting funding for childcare for one Mom Power group per year, each with four providers watching children for 2 hours per week over a 10-week period, \$15/hr. The three-year request totals \$3,600.

Strong Roots Café Child Care: Childcare is provided for each Strong Roots Cafe, with two providers contracted to care for children of participants. WISD is requesting funding for childcare for two Strong Roots Cafes per month, (for one year), each with two providers watching children for 2 hours per session, \$15/hr. The three-year request totals \$4,320.

Zero to Thrive: Zero to Thrive has been a partner on the development of both Mom Power and the Strong Roots Cafes for continued support of parents once Mom Power is finished. Their role in this three-year proposal is to continue to provide training, as well as build local capacity for training through the implementation Mom Power and the training of trainers for Strong Roots Café. They would also be evaluating the effectiveness of the program, collecting both quantitative and qualitative data from program participants, including parents and community providers. To accomplish this work, Zero to Thrive's budget includes:

	Year 1	Year 2	Year 3	Total
Zero to Thrive TOT Training Coordinator, .15FTE	\$8,615	\$0	\$0	\$8,615
Parent Cafe Trainer and Mom Power Reflective Supervisor, 0.20FTE (Zero to Thrive)	\$13,630	\$0	\$0	\$13,630
Strong Roots Trainer, 2, 0.10FTE/trainer (Zero to Thrive)	\$12,854	\$0	\$0	\$12,854
Strong Roots Oversight, 0.025FTE	\$5,031	\$5,031	\$5,031	\$15,093
Evaluation- Zero to Thrive				
0.05FTE Evaluation Coordinator	\$4,130	\$4,130	\$4,130	\$12,391
2-0.10FTE Data Collection	\$10,742	\$10,742	\$10,742	\$32,226
Travel	\$250			\$250
Supplies & Materials	\$300			\$300
Parent Cafe Trainer Training	\$14,000			\$14,000
Parent Stipends for data collection participation	\$5,000	\$5,000	\$5,000	\$15,000
Training parents/caregivers to become Strong Roots Parent Cafe hosts	\$0	\$7,500	\$7,500	\$15,000
Total:	\$40,130	\$5,031	\$5,031	\$139,359

MDHHS

To provide effective wraparound support for young people in crisis, contracting with MDHHS for a Peer Prevention Eligibility Worker would help bridge gaps in services and supports that may be contributing to household crises identified through the Education Project. The cost to contract one of these positions is as follows:

Year 1: \$80,350
Year 2: \$82,761
Year 3: \$85,243

Dues/Fees

YMFA requires a "seat fee" per person participating in the training. WISD anticipates hosting 12 trainings per year, with a 25 person capacity. The seat fee is \$23.95 per person. Annually, the seat fees will cost \$7,185 or \$21,555 over the three-year funding period.

Printing and Supplies

YMHFA

Printing of manuals and materials for in person training is anticipated to be \$15 per person. With 12 trainings at a 25 person capacity, the anticipated cost for providing this resource annually is \$4,500 or \$13,500 for the three year funding period.

Substance Use Disorder

Printing and supplies for outreach initiatives related to Tier I Substance Use Disorder efforts are estimated to be \$1,000 per year or \$3,000 total. This would include in-house and external printing of educational materials for direct distribution to students and families.

ACES/Trauma Training

One aspect of the ACES/Trauma Training is the incorporation of a book study centered on Alex Shevrin Venet's book, "Equity-Centered Trauma-Informed Education." This book was vetted by District Crisis Team Leads, WISD instructional staff, and community partners and provides valuable input on how to focus on trauma-informed instruction. WISD would like to host book studies for 100 people per year at \$30/person for the purchase of the book (\$3,000/year or \$9,000 total).

Year 1: \$3,000

Year 2: \$3,000

Year 3: \$3,000

Mom Power/Strong Roots Cafes

Mom Power supplies and materials include office supplies, parent handouts, whiteboard, posters, nametags, markers, pens, post-it easel paper, printing, post-its, and self-care kits (\$500 annually, \$1,500 total) and toys and supplies for children participating in the child care (\$500 annually, \$1,500 total). In addition, the program typically provides a meal to all participants, estimated at \$10/person, 20 people, 10 weeks (\$2,000 annually, \$6,000 total), as well as offers incentives for children (\$500 annually, \$1,500 total).

Year 1: \$3,500

Year 2: \$3,500

Year 3: \$3,500

Inter-Agency Youth Crisis Coordinator

This position will require a budget for general office supplies and printing. Included in the budget is \$500 annually, \$1,500 total, to make these purchases as needed.

Travel

The Coordinator of Mental Health Outreach and Training is expected to require \$597 per year or 955 miles at the current rate of \$0.625/mile. Mileage for the Inter-Agency Youth Crisis Coordinator is budgeted at \$1,000 annually to accommodate 1,600 miles at \$0.625/mile. Similarly, TPA and the Community Engagement Specialist anticipate traveling 1,100 miles total annually; at \$0.625/mile the total mileage cost is \$2,063. Finally, transportation for Mom Power participants is sometimes required to remove barriers to access; the program is requesting \$1,000 per year (\$3,000 total) to support Lyft transportation services for parents without transportation.

Year 1: \$3,697

Year 2: \$3,697
Year 3: \$3,697

Equipment

A one-time laptop replacement for the Coordinator of Mental Health Outreach and Training will be required during the three-year funding period. The purchase is estimated to be \$1,000 total and the total cost incorporated into the budget is \$750 or 75% of the total to align with the role's funding distribution. This amount is reflected in the Year 1 budget and split across each scope of work in which the role is budgeted.

Additionally, the Inter-Agency Youth Crisis Coordinator will require a new laptop. A one-time purchase of a new laptop at an estimated amount of \$1,000 has been included in the budget.

31N Matching

The WISD anticipates receiving an additional \$817,800 from the Michigan Department of Education to support direct clinical services provided in schools (31n). These funds require a 20% match; WISD would like to request a 10% match from the Washtenaw County Public Safety and Mental Health Preservation Millage. The remaining 10% will come from WISD or local districts.

Year 1 Request: \$81,780
Year 2 Request: \$81,780
Year 3 Request: \$81,780



WASHTENAW COUNTY

OFFICE OF THE PROSECUTING ATTORNEY

ELI SAVIT
PROSECUTING ATTORNEY

VICTORIA BURTON-HARRIS
CHIEF ASSISTANT PROSECUTING ATTORNEY

MEMORANDUM

To: Washtenaw County Public Safety & Mental Health Millage Advisory Committee
From: Eli Savit, Prosecuting Attorney
Cc: Victoria Burton-Harris, Chief Assistant Prosecuting Attorney
Date: June 30, 2022
Re: Millage Support for Law Enforcement Assisted Diversion & Deflection (LEADD) Prosecutor

I write to request millage support for 85% of a full-time Law Enforcement Assisted Diversion and Deflection (LEADD) Prosecutor in the Prosecutor's Office. The LEADD program—a collaborative effort between the Washtenaw County Sheriff's Office, the Public Defender's Office, Community Mental Health, McLain and Winters Law Firm, and the Prosecutor's Office—seeks to provide individuals with behavioral health disorders an alternative to citation, arrest, or incarceration.

Pioneered in King's County (Seattle), Washington, and since replicated in multiple communities across the country, the LEADD program seeks to reduce the number of low-level criminal offenses in our legal system—while simultaneously providing people the tools they need to get back on the path to success. I firmly believe that LEADD is a program that will be transformative for our county, and fits squarely within the purposes of the millage.

As outlined below, I am requesting support for 85% of a full-time position, as that is the approximate amount of time our LEADD prosecutor is expected to spend on LEADD-specific work moving forward (the remainder is to be spent on related diversion and deflection work).¹ We are able to cover the additional 15% from our budget.

A. LEADD Background

The LEADD model² was pioneered in 2011 in Seattle, Washington. The program was born

¹ Attorneys in the Prosecutor's Office do not track the time they spend on any particular case or project. And of course, work on various programs ebbs and flows, particularly during their initial stages. This figure represents an approximation of how much time the LEADD Prosecutor will spend on various programs long-term.

² LEADD is called "Law Enforcement Assisted Diversion *and* Deflection" in Washtenaw County to more accurately reflect that program participants are frequently "deflected" out of the criminal legal system (i.e.,

out of a recognition that many of the people who are repeatedly arrested for lower-level crimes are dealing with behavioral-health issues—but that law-enforcement often lacks a credible treatment alternative to arrest.

LEADD, a collaborative approach, allows early intervention and treatment *in lieu* of the traditional criminal legal system. Under LEADD, instead of making an arrest for a low-level offense, officers refer a person exhibiting behavioral health issues to a trauma-informed intensive case-management program, where that person receives a wide range of support services. Although the incident involving low-level criminal activity is still written up by the officer, no charges are filed by the Prosecuting Attorney. Instead, prosecutors, police officers, defense lawyers, and case managers work together to help coordinate services and contacts with the legal system moving forward.

The involvement of multiple systems actors (service providers, law-enforcement, defense counsel, and prosecutors) is crucial. The LEADD model recognizes that many people who are dealing with behavioral-health issues may be “repeat players” in the criminal legal system—and may accordingly have multiple cases in the system at any one time. The LEADD Prosecutor not only participates in team meetings regarding LEADD participants, she also tracks cases across the Prosecutor’s Office to ensure that other prosecutors do not inadvertently “bring the hammer” down on defendants who are working through behavioral-health issues in LEADD.

The results from the LEADD model have been impressive indeed. In Seattle (the oldest established program) participants were 58% less likely to be arrested than their counterparts who went through the traditional criminal legal system.³ Participants were also significantly more likely to obtain housing, employment, and legitimate income in the months subsequent to their LEADD referral than in any month prior.⁴ And in a qualitative evaluation, participants generally said that “life after LEAD was better than before;” “expressed the belief that life without LEAD would not have resulted in positive outcomes,” and maintained much more positive feelings about law-enforcement than they had before enrollment in the program.⁵

The success of the LEADD model has led to the program becoming a recognized best practice for law-enforcement. Today, nearly 100 jurisdictions across the country either have a LEADD program, or are developing one.⁶

B. LEADD in Washtenaw County

are given an off-ramp *pre-charge*). “Diversion” refers to cases in which defendants are given an off-ramp *post-charge*.

In other jurisdictions, the same basic model is called “LEAD”—“Law Enforcement Assisted Diversion”—but the model largely remains the same. This memorandum uses “LEADD” generally, but uses “LEAD” when entities (such as the national LEAD Support Bureau) use that acronym.

³ See LEAD National Support Bureau, <https://www.leadbureau.org/>.

⁴ LEAD National Support Bureau, *Evaluations*, <https://www.leadbureau.org/evaluations>.

⁵ *Id.*

⁶ LEAD National Support Bureau, <https://www.leadbureau.org/>.

The LEADD program in Washtenaw County is the product of years of collaborative work between the LEADD partners. Washtenaw County's LEADD program aims to (among other things):

1. provide individuals with behavioral-health disorders alternatives to citation, arrest, or incarceration;
2. reduce the number of people who are suspected of low-level criminal offenses in the criminal legal system;
3. facilitate partnership between community responders, service providers, and consumers; and
4. increase equitable outcomes by reducing disproportionate criminal-justice contacts for people of color with behavioral health issues.

The program was created in partnership with the national LEAD bureau—a team comprised of subject-matter experts who have worked on LEAD programs in Seattle, Charlotte, Albany, New Orleans and the San Francisco Bay Area. Washtenaw County was chosen as one of the national LEAD Bureau's Proof of Concept sites, and receives ongoing guidance from the LEAD National Support Bureau.

Under the program, people who would otherwise be cited, arrested, or prosecuted for low-level criminal activity (and who have potential behavioral-health issues) are instead connected with a case manager, and are required to complete an intake assessment with that case manager within 30 days. The case manager, in turn, helps the individual set personalized goals and connects the participant with resources, which may include:

- Housing
- Overdose Response Kits
- Safe Use Materials
- Behavioral Health Treatment
- Medical Care
- Transportation
- ID and Licensure Assistance
- Education and Employment
- Peer Outreach Services; and
- Legal Resources

A case management team comprised of representatives from the Sheriff's Office, the Prosecutor's Office, the Public Defender's Office, Community Mental Health, and McClain and Winters (the law firm which serves as Ypsilanti Township's prosecuting authority) meets bi-weekly to discuss program participants and their progress. From the Prosecutor's Office's perspective, these meetings allow the Office to track would-be defendants' progress—and apply that knowledge to the appropriate dispositions of other cases.

A concrete example may help explain how this works in practice. Imagine a person, Alice, who is unemployed and dealing with an opioid addiction. She often commits low-level

retail thefts to sustain her addiction. She has a lengthy criminal record consisting entirely of substance-use and retail-fraud charges, as well as two open retail-fraud cases with the Washtenaw County Prosecutor's Office and another with Ypsilanti Township.

Alice is arrested again in Ypsilanti Township for shoplifting from a store. Rather than arrest Alice and take her back to jail, Sheriff's Deputy on scene uses her discretion to refer Alice to the LEADD program. Alice meets with her caseworker and begins substance-use treatment. She also begins looking for employment, and taking classes to complete her GED.

Alice's path in LEADD will help to dictate not just how the Prosecutor's Office handles the case for which she was referred—but her open cases as well. Given her apparent success in LEADD, for example, it may be appropriate to seek a probationary plea deal rather than jail, and/or to seek to impose specific probationary terms (like continued work towards her GED) in the existing cases. An existing case might also be deferred or dropped in exchange for continued progress in LEADD.

On the flipside, the LEADD model recognizes that not everyone will immediately be successful, and contemplates information-sharing so that program participants have the best chance of success. If, for example, Alice is once again arrested for a substance-use-related crime, that information would be shared with the case management group so that a plan of action can be made to get her back on the right track.

In short, the LEADD program contemplates a true collaborative relationship between criminal-justice actors, behavioral health providers, and case managers. LEADD aims to address the underlying issues that are causing a person to become justice-involved—ultimately promoting rehabilitation, reducing recidivism, and promoting equity in our criminal legal system.

After several months of planning in coordination with the LEAD National Support Bureau, the LEADD program officially launched this fall as a pilot program in Ypsilanti Township, and is currently operative.

For more details on Washtenaw County LEADD and its desired outcomes, see Appendix A (the Washtenaw County LEADD Ultimate Outcomes document).

C. LEADD Funding Background

In early 2021, Washtenaw County (the Sheriff's Office and the Prosecutor's Office) received a grant from Vital Strategies to hire LEADD personnel. Consistent with national best practices, those funds were dedicated to funding staff positions for (1) a LEADD program coordinator in the Sheriff's Office; (2) a LEADD Prosecutor in the Prosecutor's Office; (3) two peer workers; and (4) a Behavioral Health Specialist.

The grant allowed the Prosecutor's Office to hire Alyson Robbins as LEADD Prosecutor. Ms. Robbins has significant relevant experience, including five years as the Public Interest Director at the University of Michigan Law School, and five years as the Manager of Outreach and Development at the Michigan Advocacy Program. Prior to being hired in a leadership

position at the Michigan Advocacy Program, she served six years as a staff attorney where she represented low-income victims of domestic violence in family law matters including personal protection orders, divorce, custody, child support, immigration, and child welfare.

The LEADD Prosecutor position was fully funded by Vital Strategies for over a year. The grant money ran out, however, in late April of 2022. Although the Sheriff's Office has been able to maintain funding for the other LEADD positions using Sheriff's Office resources, the LEADD Prosecutor position is in jeopardy of running out of funds.

Since Vital Strategies funding lapsed, the LEADD Prosecutor position has been funded by the Prosecutor's Office's Civil Asset Forfeiture Fund. That money, however, is limited, and it is expected that—absent additional funding—the Prosecutor's Office's Civil Asset Forfeiture fund will be depleted entirely in 2023.

D. Funding Request and Co-Benefits

To facilitate the continued operation of the LEADD program, the Prosecutor's Office therefore requests millage funding in the amount of 85% of the LEADD Prosecutor's salary plus benefits (a total of **\$122,779** annually to begin, with 4% expected pay increases annually consistent with the Assistant Prosecuting Attorney salary scale. Benefits may also fluctuate year to year). The Prosecutor's Office will cover the remaining 15% from its internal budget.

Ms. Robbins currently spends roughly 85% of her time on LEADD work. Her remaining time is dedicated to overseeing two additional diversion programs in the Prosecutor's Office—a pre-plea diversion program and the Washtenaw My Brother's Keeper Formula 734 Diversion Program. Though millage funding is requested only for the LEADD portion of Ms. Robbins' work, allowing this position to remain funded will have the ancillary benefit of allowing the Prosecutor's Office to continue these two successful programs which broadly align with millage goals.

1. Pre-Plea Diversion

The pre-plea diversion program was piloted last year in Ann Arbor's 15th District Court. The first program of its kind in the State of Michigan, it allows defendants to access rehabilitative services *without* ever entering a guilty plea. Traditional diversion programs require a defendant to plead guilty to a crime, and then enter into a probationary period in which they may be required to secure mental-health, substance-use, or other treatment.

Recognizing, however, that merely entering a guilty plea can have devastating effects on a person's job or housing prospects, the Pre-Plea Diversion Program provides an opportunity to participate in a rehabilitative program *before* a guilty plea is entered. If the program participant successfully completes the program—which can involve mental-health treatment, substance-use counseling, job training, or other requirements—all charges will be dropped after 6 months, and the person will emerge without a criminal record. If, however, the program participant fails to abide by the terms of the program (or commits a new crime) the Prosecutor's Office will proceed with the case on the traditional path.

The pre-plea diversion program currently boasts a success rate of over 95%, meaning that over 95% of program participants have either successfully completed or are on track to complete their program requirements. And crucially, just *one* participant (out of 68) has been discontinued from the program for committing a new criminal offense.

2. Washtenaw My Brother's Keeper Formula 734 Program

The Washtenaw My Brother's Keeper (WMBK) Formula 734 program is a program in which young men of color are connected with older men of color to co-create hip-hop music. Young men enrolled in the program are engaged in restorative practices and dialogue, and channel those discussions into musical creativity. Young men enrolled in the program also gain mentorship and workforce-training skills related to the music industry.

In 2021, the Prosecutor's Office partnered with WMBK to divert young men who would otherwise be charged with juvenile offenses into the Formula 734 program. Qualifying young men are given a choice: they can either proceed with juvenile charges, or they can enroll in Formula 734, where they will be expected to attend meetings and recording sessions, and desist from any further delinquent behavior.

The first Formula 734 diversion program was recently completed, and not a single young man enrolled in that program engaged in any further delinquent behavior.

Again, recognizing the scope of the millage, the Prosecutor's Office is requesting only for millage funds to cover the LEADD Prosecutor's LEADD responsibilities. As an office, however, we are committed to doing what we can with the scarce resources that are available, and millage funding will allow us to continue not just with the LEADD programs—but with these other proven programs as well.

If you have any questions or would like to discuss further, please do not hesitate to contact me.

Appendix A

WC-LEADD Guiding Document**Ultimate Outcomes**

1. The Washtenaw County Community will provide individuals with behavioral health disorders (BHD) and who are suspected of being engaged in low-level criminal behavior, alternatives to citation, arrest, or incarceration.
2. Washtenaw County will experience an annual increase in the number of individuals exhibiting behavioral health disorders who will be evaluated, connected to and receive non-criminal justice system related community support services.
3. Community Responders within Washtenaw County will be required to refer persons suspected of low-level criminal offenses and believed to have a behavioral health disorder for clinical assessment and possible diversion/deflection services that provide harm reduction services and resources.
4. Washtenaw County will reduce the number of individuals suspected of low-level criminal offenses in our criminal justice system (jail, court, probation).
5. Washtenaw County will increase equitable outcomes by reducing the disproportionate criminal justice system contacts for African-Americans and other individuals of color with behavioral health disorders that are suspected of low-level criminal offenses within the system (jail, court, probation).
6. Community Responders, service providers and consumers will work collaboratively to ensure that each component of the system designed to support individuals with BHD, operates efficiently and effectively.
7. Washtenaw County LEAD will help create a safe and supportive environment where individuals with behavioral health disorders receive trauma informed, “Do no harm” services from trained community responders.

Intermediate Outcomes

1. The Washtenaw County Community will provide individuals with behavioral health disorders (BHD) and who are suspected of being engaged in low-level criminal behavior, alternatives to citation, arrest, or incarceration.

- Community responders will refer individuals with BHD to services and support based on guidance provided by established WC-LEADD operational protocols.
- Service providers will assist with addressing underlying issues that may lead individuals to engage in low-level criminal behavior.
- All WC-LEADD team members will follow approved diversion/deflection decision making protocol and use a decision-making matrix.
- WC-LEADD will develop and provide policies and operational protocols that provide the following guidance; referral based decision-making, documentation of referrals, supervisory review of referrals, assessment of referral outcomes.
- Community responders will divert/deflect individuals in crisis away from incarceration when it is safe and appropriate to do so.
- Community responders will proactively refer individuals in need of care to the appropriate service provider prior to a crisis situation. (social referral)

2. Washtenaw County will experience an annual increase in the number of individuals exhibiting behavioral health disorders who will be evaluated, connected to and receive non-criminal justice system related community support services.

- Community support services will be prepared to receive and prioritize individuals connected to the WC-LEADD program.
- Community Responders will utilize diversion/deflection services in place of arrest or emergency room transport.
- Upon arrival to the jail, Corrections staff will utilize WC-LEADD endorsed criteria to evaluate arrested individuals for possible diversion/deflection services.
- Jail medical staff, in coordination and collaboration with corrections and CMH staff, will evaluate arrested individuals for possible diversion/deflection services.
- The staff of the County Public Defender and County Prosecutor will adhere to each agency's pre-arraignment assessment and client diversion protocol.
- Support services organizations will utilize a harm reduction philosophy and not penalize or deny approved program participants services if abstinence is not achieved.

3. Washtenaw County Community Responders will be required to refer persons suspected of low-level criminal offenses and believed to have a behavioral health disorder for clinical assessment and possible diversion/deflection services that provide harm reduction services and resources.

- Support services organizations will utilize motivational interviewing, stages of change, Maslow's hierarchy of needs, and a trauma-informed care approach to services offered.
- Support services organizations will utilize a harm reduction philosophy and not penalize or deny approved program participants services if abstinence is not achieved.
- Support services organizations will employ a participant centered approach. Partnering with the participant to identify and address acute needs first, and developing an individualized action plan. Specifically tailoring services to address the individuals' and the community's needs.
- Support services organizations will utilize an intensive case management approach to linking individuals to housing, vocational and education opportunities, treatment, mental and other health services and community services.
- Community Responders will identify, triage, and refer individuals they believe are experiencing a behavioral health crisis.
- Community responders will engage individuals manifesting symptoms consistent with a BHD with understanding, empathy and commitment to resolve the situation with minimal harm.
- Community responders will assess individuals manifesting symptoms consistent with a BHD and respond utilizing trauma informed care principles.
- Community responders will employ de-escalation techniques throughout the entire interaction with an individual they believe has a BHD
- Community responders will refer individuals to services and support based on guidance and in alignment with WC-LEADD Operational Protocols.
- WC-LEADD will develop Operational Protocols that provide the following guidance; referral decision-making, documentation and review of referrals, and referral outcomes.

4. Washtenaw County will reduce the number of individuals suspected of low-level criminal offenses in our criminal justice system (Jail, court, probation).

- WC-LEADD will provide Immediate access to service providers 24/7 upon the initiation of a WC-LEADD referral.
- Service providers will provide appropriate treatment alternatives to criminal justice system partners.
- Community Responder decision making referrals will be based on objective criteria using a decision making matrix.
- The CJCC (or appropriate governing bodies) will publicly affirm their commitment to these outcomes/WC-LEADD, through policy and practice recommendations (allocating budget dollars, changing policy, etc.).
- A WC-LEADD (or CJ system) annual report will be produced to publicly document progress in reductions of disproportionality.
- Behavioral health providers will operate 24/7.
- Front line Community Responders and Supervisors are authorized to make or supervise discretionary diversion/deflection decisions within the WC-LEADD approved architecture (law, policy, stated values)

5. Washtenaw County will increase equitable outcomes by reducing the disproportionate criminal justice system contact for African-Americans and other individuals of color with behavioral health disorders that are suspected of low-level criminal offenses within the system (jail, court, probation).

- Each and every diversion/deflection referral will be based on objective criteria using a decision making matrix that will result in equitable outcomes.
- Community responders will use stigma reduction and implicit bias mitigation strategies when interacting with an individual they believe has a BHD.
- Community responders will utilize “person first” language when providing service to individuals with a BHD and communicate in a manner which demonstrates dignity and respect.
- Community responders will only consider a “protected class” category when that information is specifically germane to the situation and never as it relates to a referral decision.
- SUD/Behavioral Health service providers will measure and report client admissions, program completion, program retention, early case closure, etc. based on race.
- SUD/Behavioral Health service providers will implement culturally relevant treatment elements.
- SUD/Behavioral Health service providers will employ operational staff reflective of the communities we strive to serve.
- Support services will be culturally competent, tailored to meet the needs of different racial and ethnic groups, LGBTQ people and immigrants.

6. Community responders, service providers and consumers will work collaboratively to ensure that each component of the system designed to support individuals with BHD, operates efficiently and effectively.

- Training of Community Responders will be based on the Peer to peer principle.
- Community responders will be involved in the operational design and WC-LEADD improvement conversations including Operational Workgroups.
- Community responders will report incidents and situations that prevent appropriate referrals to appropriate services.
- Community responders will provide feedback to community stakeholders regarding the effectiveness of operational protocols, policy and training.
- Community responders will advocate for policy, procedure and strategies that support BHD recovery.

7. Washtenaw County LEADD will help create a safe and supportive environment where individuals with behavioral health disorders receive trauma informed, “Do no harm” services from trained community responders.

- Community responders will engage individuals manifesting symptoms consistent with a BHD with understanding, empathy and commitment to resolve the situation with minimal harm.
- Community responders will assess individuals manifesting symptoms consistent with a BHD and respond utilizing trauma informed care principles.
- Community responders will employ de-escalation techniques throughout the entire interaction with an individual they believe has a BHD.
- Community responders will actively partner with subject matter experts and appropriate service providers during a crisis response.
- Community responders will engage with family and loved ones of a person with a BHD to promote an informed response and improve trust and cooperation.
- Community responders will proactively share information with service providers, allowing them to adjust treatment plans prior to a crisis situation.
- Peer outreach workers will be utilized for interventions with disenfranchised and stigmatized populations.
- Peer outreach workers will stay connected with participants, providing important insight into the case management process and serving as a community guide, coach and/or advocate.
- Service providers will complete assessment and assist with coordination of follow-up.
- Community responders will utilize mental health training intervention strategies.
- Service providers, WCSO staff, CJ partners will utilize harm reduction methods during each interaction with a community member in crisis.

JUNE 2022

Expanding Behavioral Health Resources for Black Adolescent Boys in Washtenaw County

Daphne C. Watkins, Ph.D.

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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. Dr. Daphne Watkins of the new nonprofit organization, kNEWjoy (501c3 status pending), supports organizations that deliver behavioral health programs for Black males that provide psychoeducation about mental health, race and gender development, and sustainable social support through innovative technology. This project is a collaboration between Packard Health, the Corner, and Dr. Watkins of kNEWjoy to adapt and implement programs for 200 Black 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 across the state.

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

We are requesting \$250,000 to develop a workforce to address behavioral health and coordinated care needs of Black boys by adapting and delivering programs to Black 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 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 boys.² We need more health professionals trained to work with – and coordinated services for -- Black boys susceptible to stress, depression, anxiety, and trauma as they transition to early adulthood. A behavioral health intervention delivered in a hybrid (i.e., online and in-person) format by a trained workforce offers a promising way to engage Black boys in Washtenaw County so their behavioral health needs can *also* be met by local health and community services.

In Michigan, Black boys face numerous barriers to obtaining behavioral health resources. These barriers are complicated by Black 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 boys live in Washtenaw County.⁴ According to recent data from the Washtenaw County Health Department, Black 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 boys in Washtenaw County could benefit from more outreach, coordinated services, and behavioral health resources tailored to them. Since Black boys and young men of color already confront challenges to success and have fewer encounters with health professionals than their female counterparts, our team is working to (1) develop behavioral health resources that can help improve the health of Black boys; and (2) create workforce and integration models that can be sustained in Washtenaw County and disseminated across the state.

Washtenaw County health professionals have confirmed the value of community-anchored behavioral health resources explicitly aimed at Black boys. There is value in 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 their anonymity and confidentiality, increasing the potential of self-disclosure, and encouraging honesty and intimacy among participants when discussing stigmatizing topics, such as those related to mental health.^{7,8} Participation in culturally relevant, age-appropriate, and gender-specific interventions serves as preventative mechanisms for poor mental health over the life span,^{8,9} and the use of online and in-person support has quadrupled in the past decade.¹⁰ The programs we provide will make safe, online, and in-person spaces^{11,12} available to Black boys in the county. Our online programming is supplemented with in-person groups so Black boys can further develop their sense of support and community in the program.

Target Population: Who will be served by this project. Please include the number of individuals who will be served or impacted by the proposed activities.

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

Mission: Provide a brief 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 broad, complementary range of fully integrated support 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, support and assistance with enrollment in public health plans and drug assistance programs. Adapting our program for Black boys across the county, activating a behavioral health workforce, and exploring coordinated care models to address the specific needs of Black boys aligns with the mission of kNEWjoy -- which is *to support young adult-serving organizations in developing and promoting wellness programs that center joy and are sensitive to age, community, culture, gender, and race*. Specifically, 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 of behavioral health services.

PURPOSE OF GRANT

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

Packard Health's partnership with the kNEWjoy 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} Previous programs implemented by the founder of kNEWjoy, Dr. Daphne Watkins, have been successfully implemented with over 200 Black men (ages 18-30) and 25 Black boys (ages 13 -15) in Michigan and Ohio. Findings 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 *decreased* PHQ-9 depression scores, *reduced* traditional, toxic definitions of masculinity, and *increased* social support for participants across sites. Participants also reported feeling more comfortable seeking professional health services. Our programs have not been adapted and delivered to Black boys in Washtenaw County. Drawing on our resources, we request support to achieve the three aims described below.

Aim 1: Adapt our program for Black boys and train behavioral health professionals.

Aim 1.1. Adapt our program for Black boys. Our adaptation team, led by Dr. Rion and Dr. Watkins, will begin by working with our partners to recruit six Black boys who reside in Washtenaw County to serve as Ambassadors for the Community Advisory Board (CAB). The CAB will meet eight times over the two-year project to help our team adapt the low-cost, high-return programs for Black boys in Washtenaw County. To engage community leaders to share in the decision-making, the CAB will also include volunteers identified by our community partners (Amplify Colectivo, Neutral Zone, Pioneer High School, TRAILS, Washtenaw County My Brother's Keeper, and Ypsilanti Community Schools). The CAB will adapt the current program manual, tailoring the content and delivery style the Black male ambassadors recommended. This will allow the adapted program to align with the county's needs and requests of Black boys. Partners at kNEWjoy, the Corner, volunteers from our partnering agencies, and Black adolescent boys from the CAB will be involved in the team-based adaptation process. We will gauge the CAB's preferences for the kinds of popular culture references they want to see in the adapted program and their preferred social media platform. Finally, we will discuss the desired program length and the appropriate ratio of online to in-person time (considering the pandemic) and build these responses into the adapted program. The program length is adaptable and occurs between two and twelve weeks. Program adaptation will be an iterative process. We will review and adjust the current 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 program to Black adolescent boys in Washtenaw County.*

Aim 1.2. Train behavioral health professionals in Washtenaw County. The team, led by Dr. Watkins, will train behavioral health staff from Packard Health and the Corner on adapting and delivering our program during the project period. Two "Program Specialists" will be hired and housed at Packard and the Corner (4 total). They will be responsible for the program adaptation and delivery processes at their health centers. Through the training, the behavioral health staff at Packard and The Corner will undergo a 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 Professionals," or CPs. We will host three one-day meetings (via Zoom or in-person pending covid regulations) for the CPs from Packard and the Corner. During this training, participants will review the adaptation guidelines provided by the CAB and adaptation team (see Aim 1.1. above), review the Technical Assistance Package, adapt the curriculum, and develop the plans and timeline for the upcoming program period. CPs will work alongside program team members (or "Coaches") to deliver the program to groups of Black boys during the two-year project period. The training process will be team-based, as CPs from Packard and Corner will be paired with experienced kNEWjoy coaches to deliver the program to Black boys. *By achieving Aim 1.2, we will train and support a workforce of behavioral health professionals equipped with tools to (a) work with Black boys on matters involving their mental health, racial and gender development, and social support; and (b) deliver the adapted program to Black boys in the county.*

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

Aim 2.1. Deliver the program to Black boys in the county. We will work with our partners to recruit 200 Black boys in Washtenaw County who will receive the adapted program. Packard Health and the Corner will serve as our primary sites for delivering the program to Black boys. Behavioral health professionals at Packard and the Corner (i.e., Certified Professionals; CPs) will be trained on how to deliver the program (see Aim 1.2) and, therefore, will co-facilitate the program, build rapport, and sustain the program with experienced members from Dr. Watkins' kNEWjoy team (i.e., coaches). As 200 is our target number of Black boys to reach with the program, we will have a rolling recruitment and enrollment

process beginning the second half of year one of the project. Previous groups have included 12 to 15 members, so we may have up to 17 groups of Black boys in the program over the two years. We will work with the Corner, the kNEWjoy team, and the CAB to decide on the appropriate length of the program for this project period. In previous iterations of our programs, we have had as many as ten groups running simultaneously over a 2- to 12-week period. So, given the additional support from the CPs and the team, we can manage the workload associated with this project over the project period. Black boys will be screened for eligibility, enrolled, and assigned to specific groups based on their ages (e.g., 13-15 vs. 16-18), locations in the county (east, west, north, south), and mental health needs.

After we make group assignments, but before they begin the 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 program, they will participate in another round of focus groups and surveys, serving as their posttest. The pretest and posttest quantitative assessments will include the same measures, delivered via Qualtrics. We have used Qualtrics to collect pretest and posttest data in previous program trials. We will follow the same protocols for this project. All pretest, posttest, and program data will inform the 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 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 needs.*

2.2. Explore coordinated care models to address the specific needs of Black boys. The CPs and coaches will develop and document strategies for sustainability and expansion of the 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 program, behavioral health professionals at Packard and the Corner will have first-hand experience working with Black boys and can help guide the project leaders on better ways to coordinate behavioral care across various agencies that work with Black boys. Furthermore, pretest and posttest data, program data, and strategies used to engage participants will also 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 around culturally appropriate coordinated care models to address the needs of Black boys.*

Aim 3: Update the program technical assistance package and develop a plan for sustainability and expansion.

Aim 3.1. Update the program Technical Assistant Package. As in previous iterations by Dr. Watkins, we will maintain cloud-based communication and tracking systems to ensure the CAB, coaches, and CPs maintain contact over the project period. These files will help inform the evaluation and update the program technical assistance package for future expansion and dissemination. While the CPs and coaches deliver the program to 200 Black boys, they will also assist the program team with updating various components of the program's technical assistance package (TAP). The current TAP consists of (a) the program manual, (b) access to the virtual program library of program content, (c) the program implementation guide, (d) the program media kit, and (e) consultation sessions with coaches. The program TAP also includes recommendations for sustainability and best practices for providing care to Black boys with mental health conditions. *By achieving Aim 3.1, our team will update protocols for engaging Black boys in a behavioral health program, develop recommendations for sustainability, and explore coordinated care models to address the specific needs of Black boys.*

3.2. Develop a plan for sustainability and expansion. Our final aim involves developing a plan for sustainability and expansion to other youth of color in Washtenaw County. Our team is prepared to create a sustainability plan for the programming we tailor and deliver to Black boys in Washtenaw County during this project. We will support the program partners by creating and maintaining a directory of behavioral health professionals working to improve the behavioral health of Black boys across the county. This network will participate in a moderated online community for all program adapters. The online community will offer quarterly program updates, webinars, newsletters, direct contact with the team, and supplemental information to support the workforce in addressing the behavioral health needs of Black boys in the county. We plan to initiate statewide outreach during the first year and continue throughout the project period and after the project has ended.

In addition to the sustainability plan, we will use what we learn from this program as a model for similar programs that support other youth of color (e.g., Latinx, Asian, American Native youth, and young adults) in the county. We will work with our partners to initiate outreach for learning and knowledge dissemination to other federally qualified health centers serving our region's youth of color. 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. Dr. Watkins has written extensively and led workshops on health equity, gender and race in behavioral health, and the social determinants of health for people of color. *By achieving Aim 3.2, we would have updated the technical assistance package and developed a plan for sustainability and expansion.*

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

The team at kNEWjoy, led by Dr. Watkins, will partner with Packard Health and the Corner Health Center, Amplify Colectivo, Neutral Zone, Pioneer High School, TRAILS, Washtenaw County My Brother's Keeper, and Ypsilanti Community Schools. Dr. Watkins' team at kNEWjoy, a new nonprofit organization, will work with Packard, the Corner, and the CAB to adapt the program manual. The kNEWjoy team will also provide coaches to accompany the CPs from Packard and the Corner to deliver the program. The kNEWjoy team will also lead data collection and analysis for this project. Packard Health will host the CAB meetings, team trainings, help with recruitment, host in-person groups, and support Packard staff in adapting the program and delivering it to Black boys during the project period. The Corner will help recruit, host groups, and support staff to adapt the program and deliver it to Black boys during the project. Our other partners (e.g., Amplify Colectivo, Neutral Zone, Pioneer High School, TRAILS, Washtenaw County My Brother's Keeper, and Ypsilanti Community Schools) will help recruit Black boys into the program; help explore coordinated care services and community resources to promote the health of Black boys; and identify individuals to serve on the CAB.

Cross-cutting Goal: Which 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, to other health centers across the state. 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.

POTENTIAL IMPACT

Outcomes: What are your proposed project's intended short-term and long-term outcomes? How do you intend to measure these outcomes?

The short-term outcomes of the project are to increase the use of behavioral health services at Packard Health and the Corner, improve mental health, reduce mental health stigma, increase mental health literacy, expand definitions of race and gender development, and increase Black boys' social support. We anticipate having Packard and the Corner staff trained to deliver the program to Black boys using an updated manual in the short term. By the end of the project, we will have also expanded behavioral health resources for Black boys, updated the manual, and updated the Technical Assistance Package for our partners. 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 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.

The 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 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 program 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 our outcomes by collecting administrative data to assess: (1) the number of Black boys served; (2) the number of current resources offered to boys across the county; (3) the number of Packard Health and Corner Health staff involved in the project; and (4) the number of partners and providers. To measure health outcomes, we will assess (1) mental health depression scores (using PHQ-9 for depression and the Gotland Male Depression Scale [GMDS]) and anxiety scores (using GAD-7); (2) gender development 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 demographics.

We will assess the above indicators for Black boys by administering a pretest when they enroll in the program and at the posttest one month after the program is completed. These data will be shared with the [Bumblebee Design and Evaluation](#) for evaluation. We will use the evaluation results to modify program components, including refining the program 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 program manual into the service delivery model at Packard Health and the Corner. Using the IPAT with Packard Health and the Corner will help with future expansion and dissemination to other FQHCs and other health centers across the state. Based on our evaluation plan and logic model, the evaluators at Bumblebee will determine our project's effectiveness and potential impact. Our evaluation by Bumblebee will evaluate hopes and concerns through reciprocal relationships and success indicators, strategies for communication, and working relationships.

Evaluation: Visually present the evaluation approach 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 in the future?

By the end of this project, we would have learned about: (1) the behavioral health needs of Black boys in Washtenaw County; (2) the needs of a workforce passionate about working with Black 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 designed 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). Dr. Watkins will help us learn important information about how Black boys define their mental health and conceptualize their race, gender, and social relationships. Similarly, we will learn about the effectiveness of behavioral health resources at Packard Health and the Corner, which are culturally sensitive, age-appropriate, and gender-specific for Black boys.

We know challenges exist when engaging Black 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 the use of Internet-based health programs for Black 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 Dr. Watkins at kNEWjoy, Corner Health, and other constituents will serve as a pipeline for Black boys. This partnership will help bridge gaps across individuals, communities, organizations, and generations, expand behavioral health resources, and leverage help-seeking among Black 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, the lessons we learn, and the project results will be disseminated to key stakeholders via a consolidated report. Next, we will present what we have learned to potential stakeholders through the revised manual, the Technical Assistance Package, and a special invitation-only symposium sponsored by Packard, the Corner, and kNEWjoy. We will develop a series of presentations, publications, and 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 in the state. 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 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 boys. Further dissemination efforts will involve social media platforms such as Facebook, Twitter, and Instagram. Finally, we will create and monitor a webpage dedicated to programming in Washtenaw County for our program 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 proposes to model a partnership between a Federally Qualified Health Center (Packard Health), a community-anchored, evidence-based program delivered by kNEWjoy, a nonprofit organization in Washtenaw County (501c3 status pending), and a member of the School-Community Health Alliance of Michigan (The Corner) to expand the behavioral health resources offered to Black boys. The idea of a culturally sensitive, age-appropriate, and gender-specific intervention adapted and delivered through health centers, specifically for Black 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 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 boys to improve their health and wellbeing overall. Our project's healthcare integration model will impact how services are currently provided to Black boys. The program, manual, Technical Assistance Package, and ongoing connectivity of the stakeholders will improve service delivery for Black boys in the long term. This application prioritizes a multi-sector response for developing and strengthening local mental health care systems, 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 Centers¹⁴ 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.¹⁴ Given the nature of federally qualified health centers and the communities they serve, delivering the program in these health centers means it has a better chance of reaching Black boys most at risk and in dire need of behavioral health resources. Furthermore, delivering the program requires minimum time and effort for program partners and providers, making it less burdensome for health center staff. Healthcare savings for providing the program and equipping a workforce to address the behavioral health needs of Black 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 project.

We have a strong sustainability plan, which includes our long-term goals to (1) support the complete adoption and integration of the program into behavioral health services at Packard and the Corner after the project period has ended, (2) disseminate an updated program manual for Black boys in Washtenaw County, and (3) build and support a 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 program. Also, the staff would have been trained to integrate the program into their practice and received a 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 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 boys. Looking ahead, 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. Our team is fully committed to updating the TAP as needed, basing it on clinical and community-anchored research and informing evidence-based practice with Black boys. All training materials and the updated TAP will be available online. Given the direction of our current conversations, we anticipate full commitment from MPCA for promoting the complete TAP across federally qualified health centers, allowing for the expansion of much-needed behavioral health resources for Black adolescent boys in Michigan.

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Expanding Behavioral Health Resources for Black Adolescent Boys in Washtenaw County

Daphne C. Watkins, Ph.D.

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Evaluation Plan
Expanding Behavioral Health Resources for Black Adolescent Boys in Washtenaw County
Daphne C. Watkins, Ph.D.

Our team will work with Dr. Ebony Reddock at [Bumblebee Design and Evaluation](#) to achieve our evaluation goals. Bumblebee Design and Evaluation is a Southeastern Michigan-based company specializing in culturally responsive, equitable, qualitative, and arts-based evaluation approaches. They partner with nonprofits and philanthropic organizations on program and initiative design, evaluation, strategic planning, and evaluation capacity-building. Bumblebee has worked with dozens of clients to conduct needs assessments, process evaluations, and outcome evaluations using qualitative and quantitative methods. The Bumblebee 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 kNEWjoy's programs, Bumblebee Design and Evaluation, and other county agencies. The evaluation approach for this project considers these strong collaborations. Dr. Ebony Reddock, Director at Bumblebee Design and Evaluation, will work to establish precise, rigorous, and consistent program evaluation procedures for the project.

This project tests the core tenants of our logic model (See Attachment 2). It also advances theory by testing the program's main effects in improving behavioral health for Black boys. Targeted programs are ideal for Black boys as they offer anonymity and increase the potential for self-disclosure, honesty, and intimacy among participants when discussing stigmatizing topics, such as mental health and stigma. 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. Our logic model will outline 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 County¹ 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 program for Black boys in Washtenaw County, deliver a program to Black boys ages 13-18 in the county, train Packard and Corner staff to adapt and deliver the program, revise the 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 program Technical Assistance Package (TAP). To accomplish these activities, we need to invest in (i.e., Inputs): 4 Packard Staff, 2 Corner staff, 9 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 program, scores on health assessments, the number of program 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 (program TAP) and (*for Aim 3*) the number of behavioral health resources, number of program 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.

Attachment 1

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 the program to Black boys, an updated program manual, as well as increased behavioral health resources for boys by 50%, 10 TAPs developed and delivered across the state, 10 program 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 program 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 will have models for 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 program into behavioral health services at Packard and the Corner after the grant period has ended, (2) disseminate an updated program manual for Black adolescent boys in Washtenaw County, and (3) build and support a program 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 country that want to expand their behavioral health programming for Black boys. Involvement in this process will also contribute to developing a network of program partners and providers who can provide iterative feedback on the adaptation and delivery of the program intervention, training of the workforce to address behavioral health among Black adolescent boys, and the program 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 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 program, recruit Black adolescent boys to participate, and train the staff at Packard Health and the Corner on how to provide the program to Black 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 program 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 program intervention participants between the pretest (before the intervention begins) and the posttest

Attachment 1

(after the intervention ends). This is indicated by decreased depressive and anxiety symptoms (PHQ-9, GMDS, and GAD-7 scores); 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 program 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
<i>Project planning/Team training</i>																								
<i>Bi-weekly team meetings with the team</i>																								
<i>Aim 1: Adapt program for Black boys in the county</i>																								
<i>Aim 1: Train behavioral health staff</i>																								
<i>Aim 2: Deliver the program</i>																								
<i>Aim 2: Explore coordinated care models</i>																								
<i>Aim 3: Update Technical Assistance Package</i>																								
<i>Aim 3: Launch statewide outreach</i>																								
<i>Write final report/Report results to partners</i>																								

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 program trials and will follow the same protocols for this project. Qualitative data collection will include a focus group protocol used in previous program trials with questions about mental health, depression, masculinity, social support, and the program intervention (posttest only). This study will add additional interview questions about mental health stigma, mental health literacy, and help-seeking behavior. 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.

SITUATION	ACTIVITIES	INPUTS		OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
<i>The current state of Black boys in Washtenaw County:</i>	<i>To address the situation we need to:</i>	<i>To accomplish the activities we need:</i>	Project Aims	<i>We will monitor the activities by recording:</i>	<i>In the short-term, we expect the program will lead to:</i>	<i>In the long-term, we expect the program will lead to:</i>
According to recent data, Black boys living in Washtenaw County¹ 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 program for Black boys in Washtenaw County • Deliver program to Black boys ages 13-18 in the county • Train Packard and Corner staff to adapt and deliver program • Revise program manual • Build partnerships with groups and agencies in the county • Evaluate our efforts • Facilitate dialogue re: behavioral health needs of Black boys • Update program TAP² • Community outreach and engagement	• 2 Packard staff • 2 Corner staff • 3 kNEWjoy staff • ~200 Black boys • 10 Community Partners • Time • Money • Meeting space • Transportation • Evaluation equipment (e.g., video recorder, etc.) • Program technology (e.g., Internet, Wifi, social media, etc.)	AIM 1	• # of Black boys served by Packard & Corner • Time in program (dose) • Scores on health assessments • # of program 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 (program TAP)	• 4 Packard & Corner staff trained to deliver program to Black boys • Updated program manual	• Packard & Corner using program 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 program partners and providers • # of TAPs² distributed	• Increase behavioral health resources for boys by 50% • 10 TAPs² developed and delivered across the state • 10 program 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, The Corner, and kNEWjoy
- Commitment from other county partners (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)



Youth Mental Health Mini-Grants

2021-22 School Year
Shannon Novara, WISD

Student-Led Mental Health Mini-Grant Projects to Prevent Stigma

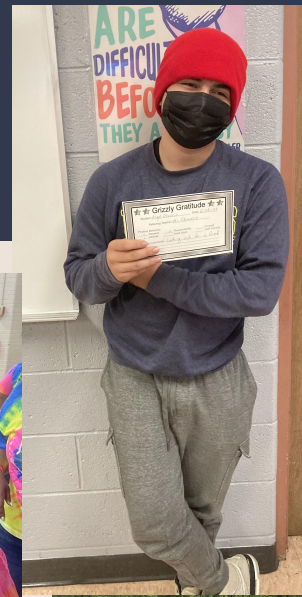
- \$126,000 investment over 2 years
- All public middle and high schools invited to participate
- 19 total schools in the county participated including some new ones: Lincoln Middle, Milan Middle, Saline Middle, Ypsilanti AC Tech High School, and Slauson Middle
- Funded projects were asked to address 2 key areas:
 - Engaging students who typically don't participate in mental wellness activities
 - Fostering communication about mental health between students and trusted adults in their lives
- Schools could request funding up to \$5,000
- Applications were accepted on a rolling basis

Ypsilanti Community Middle School: Kindness Campaign

- 10 students planned project
- 450 students impacted

Activities

- April Advisory classes devoted to importance of being kind to ourselves and others
- Students wrote gratitude notes, talked about importance of inclusion, learned ways and reasons to show all people kindness, participated in Kindness Bingo challenge, and received fidgets from staff. They completed a survey at the end and received "Kindness Begins with Me" t-shirt
- Kindness-themed posters around school



Ypsilanti AC Tech High School: *Mindspace*

- 6 students planned project
- 30 students impacted

Activities

- Created youth-led, safe, comfortable space for students
- Held focus groups with GSA club to brainstorm ideas for space.
- Students voted to name it "Mindspace"
- Purchased 8 bean bag chairs, mini fridge, futon, Black empowerment tapestries, Pride and BLM flags, plants, and string lights to decorate
- Purchased fidget toys, popables, squishmellows, art supplies, journals, and chalk paint markers



Ypsilanti ACCE High School: *It's Not Weak to Speak*

- 15 students planned project
- 100 students impacted

Activities

- Students identified need for exercise equipment to help manage stress, a dance inclusive of LGBTQ+ students, and opportunities throughout the year to reflect and talk about the grief and trauma of the pandemic.
- Purchased:
 - ◆ Supplies to hold first ever Pride Prom
 - ◆ Weights, punching bags, and kettlebells to create a weight room
 - ◆ Supplies, healthy food, and fidgets for two mental health days

THE GAYS AND FRIENDS AT
A.C.C.E PRESENTS:

PRIDE PROM

2022

JOIN US FOR A NIGHT OF FUN IN A SAFE
SPACE TO BE 100% YOURSELF!

FRIDAY, THE SIXTH OF
MAY 6PM-9PM
AT
A.C.C.E
1076 E CORSE YPSILANTI, MI 48198

IF YOU PLAN TO ATTEND PLEASE
RSVP FOR THE EVENT AND
CONTACT
MRS. JOBE
cjobe3@ycschools.us
Funded by Mental Health Public Safety
Preservation Millage





“We have a transgender student who transitioned this year. They often talk about never, ever feeling comfortable at school and having to learn how to fight early in life because they were different. Seeing their joy, watching them dancing at Pride Prom, and taking photos with all of their friends literally made some of the staff members cry. It was such a beautiful moment for them and so many other students. They said they’d never been able to attend a dance and truly dress like and be themselves. They were so grateful for a space where they didn’t have to worry about being judged or treated terribly for being transgender.”

Whitmore Lake Middle/High School: #strongertogether

- 7 students planned project
- 280 students impacted

Activities

- Students in grades 7-12 participated in student-led Kahoot and bingo to answer questions about connecting to mental health providers. Prizes included t-shirts and pj pants.
- Books placed in classroom libraries to normalize mental health
- Mental health spirit week held March 14-18. Prizes included wristbands, stress balls, and pencils

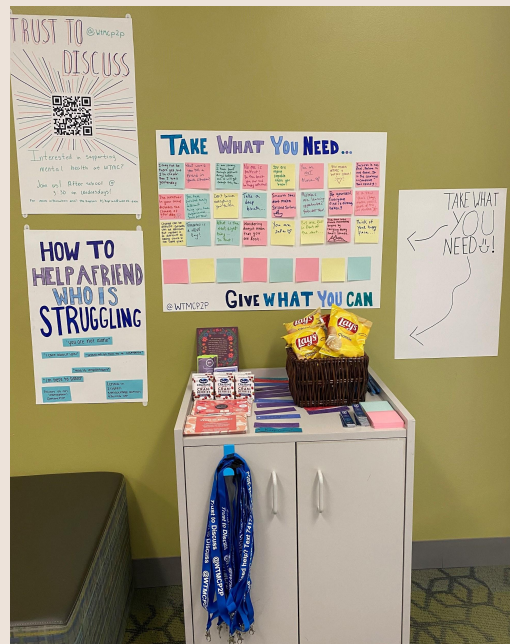


Washtenaw Technical Middle College: *Trust to Discuss*

- 10 students planned project
- 500 students impacted

Activities

- Printed 875 Calm Strips with school logo and CMH crisis number
- Calm Strips are a sensory tool that students can use when they need to fidget, regulate restless energy, or increase focus.
- Calm Strips were available in the Mental Health Corner of the Student Lounge and in de-stress bags distributed to 11th graders after taking the SAT.



Skyline High School: Mindfulness Walk

- 20 students planned project
- 1300+ students impacted

Activities

- Started construction of first two stations of Mindfulness Walk outside on the school grounds and available to all students, staff, families, and community
- Purchased items for new mental health room for student support groups: Sidewalk chalk, books, coloring books, colored pencils, stickers, fidgets, DBT skills workbook, thumb balls, markers, etc.

Metal Bench with Back - 8'



WELCOME!

On this walk, invite yourself to know the benefits of being **mindful**.

Mindfulness is the non-judgemental awareness that comes from paying purposeful attention to the present moment.

These stations provide different ways to evoke and practice mindfulness. *Enjoy this journey; it is for you.*

We invite you to observe the surroundings and be mindful.

Funded by the Mental Health
Public Safety Preservation Millage 2022



NOTE TO SELF

1. Consider the stillness of the xylophone and notice the lack of sound.
2. Strike the instrument with the mallet.
3. Listen to the sound of each strike.

Ask yourself: How does each note make me feel?

Funded by the Mental Health
Public Safety Preservation Millage 2022



Saline Middle School: *Black Student Union*

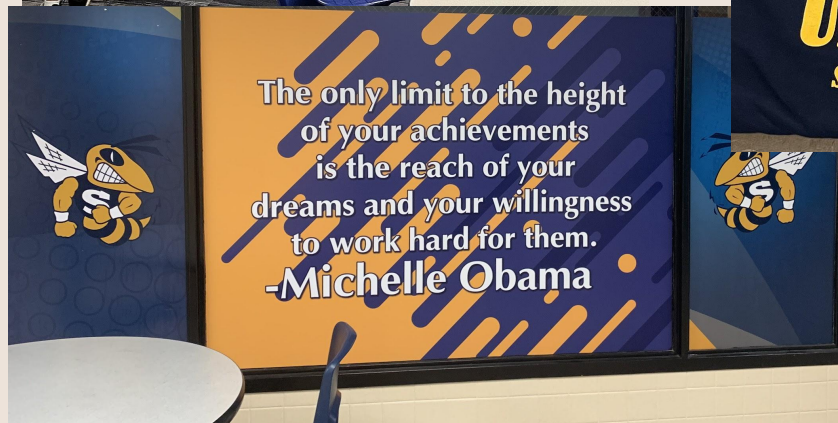
- 9 students planned project
- 11 students impacted

Activities

- Created Black Student Union to provide safe space for students who identify as Black, African, or African American to create social bonds with focus on improving social-emotional wellness by promoting relationship skills and self awareness
- Meetings held 2-3 times per month after school. Food, t-shirts, and guest speakers provided with grant
- Wall graphics created with pictures of BSU students and inspirational quotes chosen by students
- BSU gave students opportunity to share personal experiences with racism, microaggressions, and discrimination at school



People will forget what you say, but they will never forget how you made them feel - Maya Angelou





“The BSU helped me realize how many Black people were in our school and helped me make friends. It affected how I looked at African Americans. I think of them like oh wow, that’s someone I can really relate to in race, and how you can really bond with someone else that’s similar to you. The guest speakers were really good; they taught us a lot.”

Saline High School: *Connecting Through Games and Calming Glitter*

- 35 students planned project
- 140+ students impacted

Activities

- Purchased 12 board games to promote students' communication and social skills post-pandemic
- Students worked together to create 140 calming jars with 46 lbs of glitter and 6 gallons of glue. Jars will be used as meditation tools in Mindfulness classes.



Milan Middle School: *You Matter*

- 20 students planned project

Activities

- Students chosen to participate either identified as LGBTQ+, anxious, had high ACE scores, low economic status or BIPOC
- Students met twice weekly for mindful movement, meditation, and peer support
- Earned stickers on water bottle for staying hydrated
- Students who completed the group could keep their kit (yoga mat, block, strap, and water bottle) to continue their practice at home





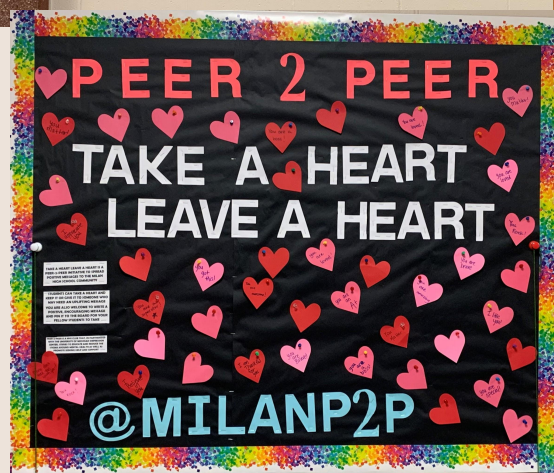
“At the start of the school year, there was a freshman student who appeared to be shy, withdrawn, and experiencing some mental health challenges. As the school year ended, they did experience a mental health crisis. However, instead of being referred by a staff member, the student voluntarily went to their school counselor and openly expressed their feelings.”

Milan High School: Your Story Matters

- 20 students planned project
- 727 students impacted

Activities

- “Leave a Heart Take a Heart” board with encouraging messages
- “Your Story Matters” hallway mural
- 12 students anonymously shared their mental health stories and how they were able to get through it
- GSA Pride Picnic with 150 people (students, family and community members) to let LGBTQ+ students know they’re valued
- Students chosen for “Reaching Higher” program to work on self esteem and confidence



Lincoln Middle School: *Why You Matter*

- 10 students planned project
- 725 students impacted

Activities

- Why You Matter campaign designed to give students a chance to celebrate why they feel they matter to the world
- Students are taught SEL lessons in the classroom and encouraged to have conversations with trusted adults
- All students were photographed holding a white board expressing why they matter





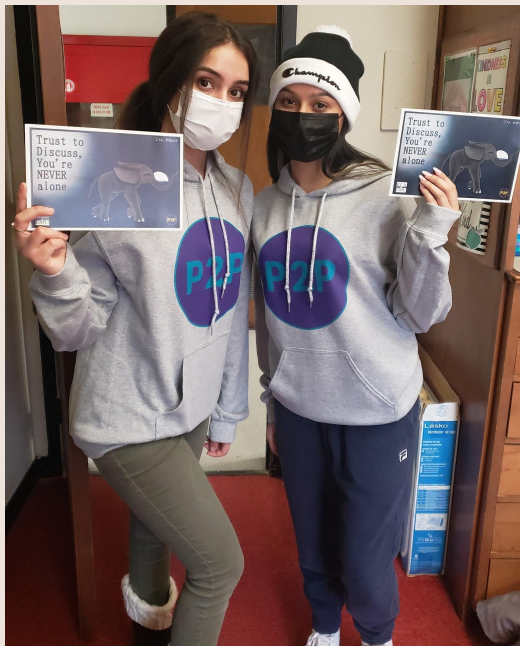
“We had a student who wrote, “I matter because I’m Black.” When we had a conversation with this student, they stated that this was the first time they were able to express their Blackness to their peers, their pride in who they are, and put it on display for the entire school.”

Early College Alliance @ EMU: *Trust to Discuss, You Are Not Alone*

- 8 students planned project
- 150 students impacted

Activities

- Purchased items to promote the Peer 2 Peer campaign and mental health awareness
- Peer 2 Peer team visited classrooms and held an after school event for freshmen and sophomores



Dexter Alternative High School

- 12 students planned project
- 12 students impacted

Activities

- Purchased yoga mats, gratitude journals, weights, kettlebells, steps, and scent diffusers for mindfulness and physical activities in the classroom
- Noticed students reaching for these items to help regulate themselves during times of increased stress



Community High School: *Everyone Has a Story, Yours Matters!*

- 9 students planned project
- 550 students impacted

Activities

- Purchased 10 chairs, 4 end tables, and 6 pillows to create self care stations throughout the school for students and staff. These are the only comfortable seating options in the school!
- Each station has stress reduction tips and local resources for support
- Students use them to quietly read, listen to music, finish homework, have conversations, etc.

Self Care Stations

Courtesy of the CHS Depression Awareness Group and Community Mental Health

Please treat these items with respect. Their purpose is to allow CHS students to relax when they need a mental health break. Enjoy!

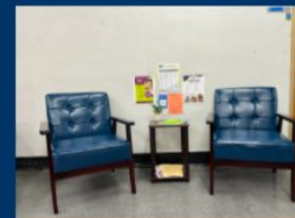


Everyone has a story, yours matters!



Everyone has a story... yours matters!

Take a load off at one of the new
SELF CARE STATIONS
located throughout the school
courtesy of your Depression Awareness Group!



Please treat all items with respect! We'd love to keep them well into the future for all to use!



“We have a young person in our school who is presently in the foster care system. They have several diagnosed cognitive and mental health issues and were having a lot of trouble identifying things that were positive for them. We started engaging in physical fitness and mindfulness activities and they participated fully. The activities have been so beneficial to their ability to function at school. When they are feeling down, they reach for their gratitude journal and are able to identify something that they appreciate every day! We look to them as a ‘positivity model’ when we’re sharing in group activities. They have stated that all of the tools have helped them feel better every day!”

Clague Middle School:

Depression Is Real, Hope Is Real Too – When In Doubt, Talk It Out

- 25 students planned project
- 678 students impacted

Activities

- Purchased 49 more books to expand mental health library
- Purchased Mental Health Awareness rack with informational pamphlets
- Each student received a “Clague CARES” bag with the CMH CARES line printed on it



A2 STEAM @ Northside: Comfort Is Key

- 4 students planned project
- 200 students participated

Activities

- Lessons about mental health and community resources during Advisory time/Morning meetings
- Created calming kits for all middle school classrooms including foot rocker, weighted scarf, bubble timer, aroma putty, sensory things, pea poppers, spiky bead balls, winter gloves, Clif bars, fruit bars, and comfortable chairs.
- Offered free healthy snacks in the counselor's office to normalize going to see the counselor.

"It felt good to come to school and know that I could get a snack anytime. My mom thinks school breakfast and lunch is enough food, but I'm always hungry!"

"The saucer chair in Ms. Allan's room made me feel more comfortable about going to science. I am not that STEAM-y of a kid, but I like all the seating options."

"I love the fidget bins in each classroom. The putty and pea popper kept my hands busy."

Slauson Middle School

- 3 students planned project
- 18 students impacted

Activities

- Built an SEL library available to all students with books that represent the unique experiences of a variety of young people
- Purchased 232 copies of 80 different titles and shelving units to display and house the books
- Facilitated a book club with students using SEL books

Huron High School

- 7 students planned project
- 1600 students impacted

Activities

- “Self Care Is Not Selfish”
- Renovating and refurbishing the Peer Lab to make it a more welcoming and calming environment for students to talk with trained peer facilitators
- Purchased strands of fairy lights and vines to decorate walls, as well as potted plants, fidgets, picture frames, and a lamp

Pioneer High School

- 15 students planned project
- 1300 students impacted

Activities

- Continued to pilot the SAEBRS (Social, Academic, & Emotional Behavior Risk Assessment) universal screener with all students
- Helped to systematically identify students who needed more support and connect them to school-based and community resources in a way that supports equity
- Peer 2 Peer students presented overall SAEBRS data to students in health classes and brainstormed ways the school can better support needs of students



“This year was tremendous – many big, life-changing events (fluctuations in Covid numbers, switches to online learning and back, the Oxford shooting and subsequent threats of violence, the many newsworth racist attacks, the war in Ukraine, etc. Keeping momentum up was impossible. We had to take turns. Those with energy would step up while those who needed space could step back. Open, honest communication was vital. Grace for ourselves and others was our biggest lesson this year.”

Thank you to the school staff who made these projects happen



A year after the Covid shutdown, students are experiencing mental health struggles at a much higher rate. These funds are essential in reducing the stigma and educating our population about mental health and the resources available.

We are so happy the mini mental health grant continues to support our efforts, as we continue the work of breaking the stigma.

Thank you for supporting mental health through creative outlets and centering joy through fun and games. It's so important for students to build everyday social skills, and the conversations that are had while playing games are priceless.

Thank you!

We are so grateful that the library we have built using these grant funds will persist and impact students for years to come.

We are so thankful for the opportunity this grant gave us to spread kindness around our school. It was a tough year and this grant allowed us to spread some cheer.

Thank you so much for the opportunity to fund events and experiences for our young people this year. It was especially important this school year as we returned to in-person learning and helped our students navigate so much trauma. We really appreciate your support.