Mission: To promote hope, recovery, resilience, and advance health equity in Washtenaw County by providing, high quality, integrated behavioral health services to adults and youth with intellectual/development disabilities, mental health and/or substance use needs.

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/96040829258
October 16, 2023
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 8/14/23 (Attachment #1) **ACTION**

VI. Discussion Items (10 minutes)
- Millage Process, Investments, and Progress Update (Attachment #2) **L. Gentz/T. Cortes**
- CARES/CCBHC Data Report (Attachment #3) **M. Tasker ATTACHMENT WILL BE WALKED IN AT THE MEETING.**

VII. Financial Budget Update (15 minutes)
- Financial Budget Update (Attachment #4) **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 #5) totaling $916,000.00.
  - Student Advocacy Center funding request (Attachment #5A, 5B & 5C) **P. Stone-Palmquist ACTION**
  - Wayne State Center for Behavioral Health and Justice funding request (Attachment #5D & 5E) **T. Gilbert ACTION**
  - Christian Family Life Center funding request (Attachment #5F) **W. Powell ACTION**
  - CHRT Communications presentation and funding request (Attachment #5G, #5H & 5I) **E. Spanier/K. Snodgrass ACTION**

X. Items for Future Discussions (5 minutes)
- Millage Investment Plan
- Washtenaw Coordinated Funding Partnership Update
- CHRT gaps analysis

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

Mission: To promote hope, recovery, resilience, and advance health equity in Washtenaw County by providing, high quality, integrated behavioral health services to adults and youth with intellectual/development disabilities, mental health and/or substance use needs.

XI. Adjournment (Next Millage Advisory Committee Meeting: December 11, 2023)

VIRTUAL MEETING LINK IS:

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join. https://zoom.us/j/96040829258

Or One tap mobile:
+16465189805, 96040829258# US (New York)
+19292056099, 96040829258# US (New York)

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

Webinar ID: 960 4082 9258

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

Audience Participation Guidelines:

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

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
August 14, 2023
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/99341551963 (virtual)
3:30–5:00 pm

N. Graebner-Sundling called the meeting to order at 3:35 pm.

ROLL CALL:
N. Graebner-Sundling attending in person
H. Heaviland attending in person
B. Higman attending in person
D. Jackson attending (non-voting) in person
M. Radzik attending in person
A. Rooks attending in person
M. Udow-Phillips attending
G. Waddles Jr attending in person
K. Walker attending in person

MEMBERS ABSENT: A. Carlisle, R. Rion, A. Sommerville

STAFF PRESENT: R. Avedisian, T. Cortes, N. Phelps, M. Harding, L. Gentz, M. Taylor, S. Ray, B. Hagaman, M. Tasker, K. Hoener, K. Snodgrass, E. Montgomery

OTHERS PRESENT: J. Lapedis, K. Stupple, T. Jurries, A. Wilhelm, S. Novarra, S. Hierman; T. Moss, T. Gavalier, L. Lutomski, K. Homan, M. Creekmore

I. Introductions
- J. Lapedis (WHP), K. Stupple (WHP), T. Jurries (SAC), A. Wilhelm (SAC), S. Novarra (WISD), S. Hierman (WISD), A. Eccleston (SAC)

II. Audience Participation
- NONE

III. Committee Response to Audience Participation
- NONE

IV. Millage Advisory Committee Minutes and Actions from 6/12/23 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 6/12/23 were reviewed

MOTION BY A. C, SUPPORTED BY R. RION TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE JUNE 12, 2023, MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	**N**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**Y**	**HIGMAN**	**Y**
RADZIK	**Y**	**SOMERVILLE**	**N**
RION	**N (non-voting)**	**ROOKS**	**Y**
UDOW-PHILLIPS	**N**	**WADDLES, JR.**	**Y**
WALKER	**Y**		

MOTION CARRIED

V. Discussion Items

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

VI. Financial Budget Update (Attachment #4)

- N. Phelps presented the Financial Budget update ending June 30, 2023, to the Committee

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
  - D. Jackson provided an update and highlights on the LEADD program.

VIII. New Business –

- Washtenaw Health Project Presentation and Funding Proposal
  - L. Gentz provided a high-level overview of the funding request to the Committee prior to the presentation. (2-year request for $160,000 per year)
  - J. Lapedis/K. Stupple from Washtenaw Health Plan presented the Washtenaw Health Project Presentation and Funding Proposal to the Committee.
    - Multilingual resources will be available to help consumers locate mental health providers to assist them in their native language.

M. Udow-Phillips exited the meeting prior to vote.

MOTION BY K. WALKER, SUPPORTED BY H. HEAVILAND TO RECOMMEND APPROVAL OF WASHTENAW HEALTH PROJECT AND FUNDING PROPOSAL FUNDING REQUEST.

ROLL CALL VOTE:

CARLISLE	**N**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**Y**	**HIGMAN**	**Y**
JACKSON	**Y**	**SOMERVILLE**	**N**
RION	**N (non-voting)**	**ROOKS**	**Y**
UDOW-PHILLIPS	**N**	**WADDLES, JR.**	**Y**
WALKER	**Y**		

MOTION CARRIED

- Student Advocacy Presentation
  - T. Jurries/A. Wilhelm presented the Student Advocacy Presentation to the Committee.
- Mini Grants Presentation
  - S. Novarra presented the Mini Grants Presentation to the Committee.
  - S. Hierman presented the WISD Funding Presentation to the Committee.

IX. Items for Future Discussions

- Millage Investment Plan
- Washtenaw Coordinated Funding Partnership Update
- CHRT gaps analysis

MOTION BY G. WADDLES JR, SUPPORTED BY A. ROOKS TO ADJOURN THE WCCMH MILLAGE ADVISORY COMMITTEE MEETING.

Meeting adjourned at 5:09 pm.

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	Ongoing
Mental Health First Aid training								✓	✓	✓	✓	✓			In progress	Ongoing
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	Ongoing
Washtenaw Health Plan	✓			✓				✓		✓					In progress	Ongoing
Student Advocacy Center	✓							✓			✓				In progress	Ongoing
Ozone Psychiatry Access	✓						✓				✓	✓			Implemented	June 2021
5 Healthy Towns										✓	✓	✓	✓		In Progress	Ongoing
kNEWjoy/Packard	✓			✓							✓	✓			In Progress	Ongoing

CLR Academy					✓			✓			✓				Completed	August 2021
Voices of Youth									✓		✓				In Progress	On-going
MJRF Pilot Program									✓		✓				In Progress	On-going

Plan and Integrate

Initiative	*Status*	*Updates?*
LEADD	Initial evaluation report conducted, and it shows that LEADD is reaching who it was intended to serve, and the program is decreasing LE contact and jail bookings. Discussions are occurring at the policy coordinating level on a timeline for expanding the program.	**No**
Youth Assessment Center	The youth serving provider survey has gone out and we are seeing a good response rate.	
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.	**No**
5 Healthy Towns/One Big Thing	Coordinator has been hired and she is working with the 3 action teams to build out the logic model.	**No**
SUD System Transition	Implementation began on January 1, 2022.	**No**

Expand Services

Initiative	*Status*	*Updates?*
CARES/Crisis/750/CCBHC	M. Tasker to report	

Housing RFP	The Shelter Association of Washtenaw County and increased their capacity through their crisis housing program to 7 beds and has maintained 80% occupancy for this contract year so far. They are offering housing case management and crisis management support increasing discharges to stable housing options.	
31 N/ WISD Mini Grants	**Mini Grants**- A mini grant show case was organized by the ISD to highlight the work of other schools. Numerous schools attended and 7 applications have been received so far, this academic year. **31N-** Parent ed series starting next week with 75 parents signed up to date.	
Youth Center MHP	Position in place and going well. CMH is also now the provider for the Youth Center's day treatment program.	**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	Planning meetings have occurred to expand access to Therapeutics with co-locating a case manager and prescriber in the jail 3 days per week. Implementation date is still being discussed.	**No**
Washtenaw Health Plan	Presentation during this meeting	**No**
Student Advocacy Center		**No**
Shelter Association	Emergency covid crisis stabilization funds (under $50,000) were provided to the Shelter to provide emergency isolation quarantine staffing for Omicron Covid surge.	**No**
kNEWjoy/Packard	Packard secured a new staff person for the project, finalized a timeline for the work and developed a plan for community engagement. They conducted their first engagement event on May 27th at New Parkridge and West willow to provide information and connection to mental health services in Washtenaw County.	**No**

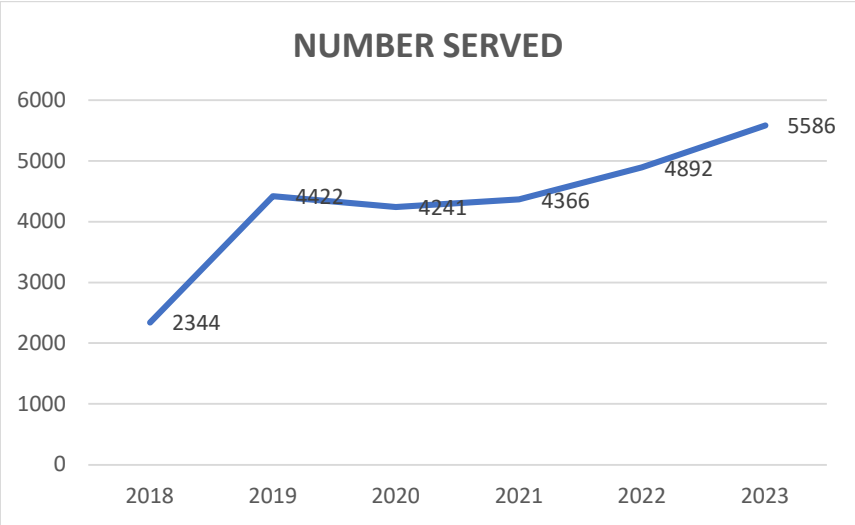
CLR Academy	Reissuing contract for them to complete a 12-week program at New Parkridge.	**No**

Communicate and Evaluate

Initiative	*Status*	*Updates?*
NAMI Peer Project	Conducted advocate and storyteller trainings, provided advocacy for Garrett's Space. 341 attendees at support groups and 93 attendees at NAMI's signature classes. Partnered with YCS and Trails on a mental health event and provided 8 mental health 101 trainings.	**No**
Anti-Stigma Campaign	Public Health continues to push out numerous anti-stigma and mental health messages on social media highlighting ways to cope, healthy prosocial messages and treatment connection.	**No**
MHFA/YMHFA Education initiatives	Trainings occurring monthly for adult MHFA and the WISD will be pushing out a large youth MHFA training initiative for school staff and families over the summer.	**No**
Millage Comms Strategy	Report provided during this meeting	
Voices of Youth	Contract has been renewed and new outreach to students will begin in the fall.	**No**
MJRF Pilot Program	Contract completed and coach training tools are being developed.	**No**

ATTACHMENT #3
OCTOBER 2023

CCBHC 2023 DATA REVIEW



ENROLLMENT

NUMBER ENROLLED: **6,879**
ACTIVELY SERVED AND ENROLLED: **3,186**
SERVED IN THE YEAR: **5,586**

ENCOUNTERS

TOTAL T1040 ENCOUNTERS THRU AUGUST 2022: **69,301**

MILD TO MODERATE

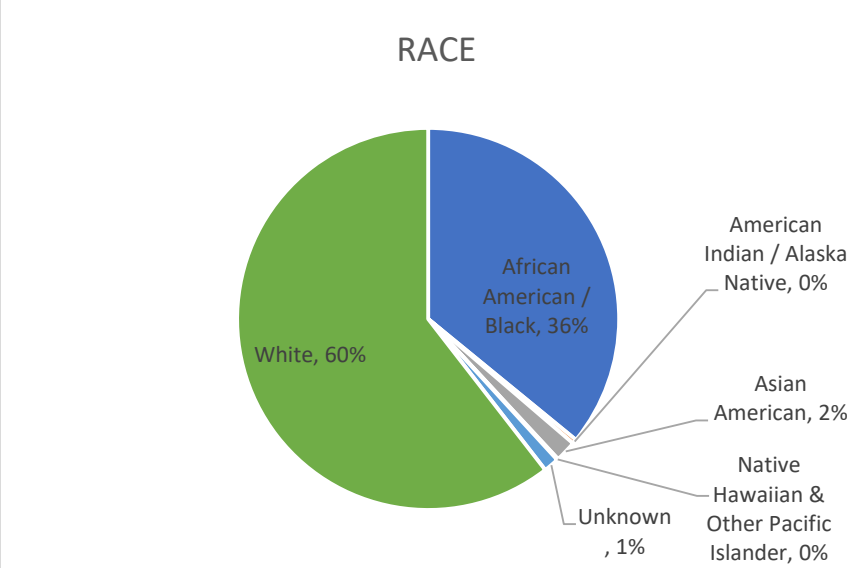
MONTHLY AVERAGE: **384**
TOTAL SERVED: **2,034**

INCOMING CALLS

MONTHLY AVERAGE: **8,000 -9,000**
REFERRED TO CRISIS: **3,676**
MONTHLY AVERAGE SUD REQUEST FOR SERVICES: **249**

FACE TO FACE CRISIS CONTACTS

TOTAL: 2628
LAST 4 MONTH AVERAGE: 372 PER MONTH



WASHTENAW RACE CENSUS DATA

AFRICAN AMERICAN / BLACK:	12%
AMERICAN INDIAN/ ALASKA NATIVE:	.4%
ASIAN AMERICAN:	9%
NATIVE HAWAIIAN & OTHER PACIFIC ISLANDER:	.1%
WHITE:	74%

AGE	2022	2023
80 - 90	**21**	**24**
70 - 79	**129**	**146**
60 - 69	**450**	**481**
50 - 59	**568**	**687**
40 - 49	**663**	**851**
30 - 39	**838**	**1,147**
18 - 29	**920**	**1,265**
5 -17	**684**	**924**
Under 5	**41**	**59**

INSURANCE

MEDICAID: **4,839**
NON-MEDICAID: **746**

CITY	SERVED
Ann Arbor	**1,687**
Belleville	**28**
Chelsea	**105**
Dexter	**86**
Manchester	**59**
Milan	**86**
Saline	**171**
Whitmore Lake	**77**
Ypsilanti	**2,779**
Other	**501**

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For Eight Months Ending August 31, 2023

	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 2024
Community Wide Service Expansion							
CARES Team							
Access & Triage	$ 577,500	$ 385,000	$ 349,055	$ (35,945)	$ 577,500	$ -	$ 606,375
Treatment & Stabilization Services	577,500	385,000	368,499	(16,501)	577,500	-	606,375
Crisis Response	787,500	525,000	456,332	(68,668)	787,500	-	826,875
Crisis Stabilization Center	367,500	245,000	178,112	(66,888)	367,500	-	385,875
Other CARES Team	417,480	278,320	264,117	(14,203)	417,480	-	438,354
Criminal Justice Diversion & Deflection							
WCCMH Staffing - LEADD/Jail Services	$ 450,000	$ 300,000	$ 179,440	$ (120,560)	$ 400,000	$ 50,000	$ 450,000
Prosecutting Attorney Office	$ 122,779	$ 81,853	77,409	$ (4,444)	$ 122,779	$ -	$ 127,690
Supportive Housing							
Supportive Housing RFP	$ 400,000	$ 266,667	$ 200,000	$ (66,667)	$ 400,000	$ -	$ -
Supportive Housing Other	460,000	306,667	150,000	(156,667)	460,000	-	70,000
Avalon - Permanent Supportive Housing	180,000	120,000	120,000	-	180,000	-	180,000
Emergency Housing	50,000	33,333	109,822	76,489	50,000	-	50,000
Youth Initiatives and Support							
Washtenaw Intermediate School District	$ 940,716	$ 627,144	$ 198,162	$ (428,982)	$ 940,716	$ -	$ 795,843
Student Advocacy Center	193,643	129,095	129,095	(0)	193,643	-	-
Health Dept - Anti Stigma Campaign	170,000	113,333	48,543	(64,790)	170,000	-	56,667
WCCMH - Wraparound Staff	95,000	63,333	59,621	(3,712)	95,000	-	100,000
Other Youth Initiatives and Support	350,000	233,333	31,250	(202,083)	140,000	210,000	-
Other Service Expansion							
Washtenaw Health Plan	$ 165,000	$ 110,000	$ 110,000	$ -	$ 165,000	$ -	$ 165,000
Other	250,000	166,667	-	$ (166,667)	125,000	125,000	-
TOTAL Community Wide Service Expansion	$ 6,554,618	$ 4,369,745	$ 3,029,457	$ (1,340,288)	$ 6,169,618	$ 385,000	$ 4,859,054

	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 2024
Education & Prevention							
Education & Outreach							
NAMI Contract	$ 169,425	$ 112,950	$ 150,600	$ 37,650	$ 169,425	$ -	$ 169,425
MHFA Trainings	25,000	16,667	-	(16,667)	25,000	-	25,000
TOTAL Education & Prevention	$ 194,425	$ 129,617	$ 150,600	$ 20,983	$ 194,425	$ -	$ 194,425
Evaluate & Communicate							
Evaluate							
CHRT Contract	$ 51,970	$ 34,647	$ 42,115	$ 7,468	$ 51,970	$ -	$ -
Communicate							
CHRT Contract	$ 261,890	$ 174,593	$ 213,020	38,427	$ 261,890	$ -	$ -
TOTAL Evaluation & Communication	$ 313,860	$ 209,240	$ 255,135	$ 45,895	$ 313,860	$ -	$ -
Administration of the Millage							
WCCMH	$ 555,000	$ 370,000	$ 359,897	$ (10,103)	$ 540,000	$ -	$ 555,000
CHRT Contract	150,000	100,000	37,186	(62,814)	140,000	-	150,000
Grand Totals	**$ 7,767,903**	**$ 5,178,602**	**$ 3,832,275**	**$ (1,346,327)**	**$ 7,357,903**	**$ 385,000**	**$ 5,758,479**

Millage Funding Summary October 2023

Student Advocacy Center:

Goals:

Education Advocacy Request

Currently, CMH provides $52,520/year to SAC for education advocacy services to fund 0.5 FTE. We served 67 students last year, equivalent to 2 FTE. We had 190 requests for advocacy support in Washtenaw County — more than ever in our history.

With additional funding from CMH, we would be able to leverage other funding and add an additional advocate to meet the demand for our services.

SAC is requesting funds of $205,117/year to fund 2.0 FTE education advocates. This would serve about 60 students a year.

Check and Connect Request

Currently, CMH provides $141,123/year to SAC to pay for 2 mentors, serving 40 students. SAC actually served 49 students this past year (2022-2023).

Due to other funding, SAC only needs CMH to cover 1.0 FTE to sustain services, but we are asking that CMH actually fund SAC for 1.5 FTE so that we can add a new mentor in Ann Arbor. CMH therapists have long requested Check and Connect services in Ann Arbor, as well as additional female mentoring support for clients who have experienced particular traumas.

We are requesting $175,555 for 1.5 FTE mentors.

Funding Amount: $380,672/ year for 2 years

Wayne State Center for Behavioral Health and Justice:

Goals:

The Center for Behavioral Health and Justice (CBHJ) at the Wayne State University School of Social Work proposes to assist Washtenaw County youth justice partners in a collaborative implementation process that aligns and prioritizes the implementation strategies of the County's Assessment Connection Center (ACC) and relevant recommendations from the Washtenaw Equity Partnership (WEP) and the state's Michigan Task Force on Juvenile Justice Reform. This undertaking is designed to streamline efforts, prioritize goals, and create a comprehensive roadmap for effective youth justice reform. The ultimate objective is to foster a fair, equitable, and supportive environment for young people in Washtenaw County that focuses on early intervention and prevention rather than justice system contact.

What:

Short-term Outcomes

• Partner alignment

• An actionable roadmap for the implementation of reform priorities
• Improved collaboration and coordination
• Enhanced data-driven decision-making
• Sustainable framework for continued collaboration beyond the planning process

Long-term Outcomes

• Reduced racial disparities and related inequities.
• Improved outcomes for youth across Washtenaw County

Funding Amount: $82,018/ year for 1 year

Community Family Life Center:

Goals:

Community Family Life Center's (CFLC) is submitting a proposal for a three-year mileage contract to support African American Men's mental health in the 48197 and 48198 zip codes. This project will enhance a mental health program, including trauma focused-care, offered to low-income, high risk, vulnerable African American males from ages 10 to 25 within the 48197 and 48198 zip codes.

If awarded the funding will increase clinical capacity, to handle the demand for case management and mental health care. The services will alleviate stress and trauma within the African American community and increase their ability to gain access to mental and physical resources that will allow them to become more resilient and to thrive.

What:

There will be an integration of various strength-based interventions utilized to assist in improving client functioning. The project will provide clinical case management, which will include some supportive counseling, as needed. The project will also provide psychotherapy, utilizing Cognitive Behavioral Therapy (CBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), T-GCTA, Play Therapy, Mindfulness, Progressive Relaxation, Parent/Peer Support Partners, and other adjunctive forms of therapy, as needed. The overall goal and supportive objectives will be to provide case management to help the target population get access to community resources, provide individual and/or group therapy for trauma-exposed and/or traumatically bereaved/grieved African American males in hopes of reducing distress and disruption to their daily functioning and increasing resiliency. This will be made possible through an increase in clinical staff, technological access, and robust therapeutic programs.

Funding Amount: $211,000/ year for 2 years

Center for Health and Research Transformation:

Goals:

Communications

1. Education. Increase community awareness of millage-funded services through online ads, print ads, billboard ads, bus ads, social media platforms, e-newsletters, and more. Place up to 30 new ads in

publications such as Connected Magazine, the Ann Arbor Observer, and the Chelsea Guardian.
Due date: September 30, 2024.

2. Underwriting. Continue underwriting contract with Second Wave Media (Concentrate) to publish four stories on MHSUD concerns; Concentrate to credit the millage for underwriting all applicable MHSUD stories.
Due date: Quarterly.

3. Stories and newsletters. Produce three quarterly millage e-newsletter with three feature stories each, such as millage-funded program updates, new funding updates, staff Q&As, etc.
Due date: Quarterly.

4. Impact reporting. Create impact powerpoint highlighting 2023 work. Create and distribute 2023 impact report.
Due date: September 30, 2024.

5. With MAC input, Plan one community event and write a story about it. Promoted the event to the public. For example, plan and host a Facebook Live event with potential topics including WISD and WCCMH collaboration, WCCMH and WCSO collaboration, and One Big Collaborative.
Due date: September 30, 2024.

6. Materials. With MAC input, develop and distribute print materials to share millage services, such as posters, flyers, postcards, magnets, brochures, and more.
Due date: September 30, 2024.

7. Website maintenance. Post original content on millage microsite and monitor web metrics. Manage news and announcement posts for WCCMH staff.
Due date: Quarterly and ad hoc.

8. Youth convening event support. Plan and develop youth convening event materials such as invitations and agendas. Write a summary report that outlines youth service gaps through 4 primary domains; prevention strategies, opportunities for intervention, integration of specialty services, and effective crisis response and stabilization and attendees' perspectives on where additional investments sho8ld be made to bring new services online or where new organizational partnerships could be formed to promote better continuity of care.
Due date: June 30, 2024.

Funding Amount: $178,875 for 1 year

Administrative Support

To provide administrative support to coordinate meetings, support the youth assessment center project, provide data work, assess and evaluate activities, and staff support.

Funding Amount: $63,435 for 1 year

Total Funding Amount: $242,310 for 1 year

student advocacy center of MICHIGAN

SUMMARY

Education Advocacy Request

Currently, CMH provides $52,520/year to SAC for education advocacy services to fund 0.5 FTE. We served 67 students last year, equivalent to 2 FTE. We had 190 requests for advocacy support in Washtenaw County — more than ever in our history.

With additional funding from CMH, we would be able to leverage other funding and add an additional advocate to meet the demand for our services.

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Check and Connect Request

Currently, CMH provides $141,123/year to SAC to pay for 2 mentors, serving 40 students. SAC actually served 49 students this past year (2022-2023).

Due to other funding, SAC only needs CMH to cover 1.0 FTE to sustain services, but we are asking that CMH actually fund SAC for 1.5 FTE so that we can add a new mentor in Ann Arbor. CMH therapists have long requested Check and Connect services in Ann Arbor, as well as additional female mentoring support for clients who have experienced particular traumas.

We are requesting $175,555 for 1.5 FTE mentors.

NEED

The American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) are joining together to declare a National State of Emergency in Children's Mental Health. (American Academy of Pediatrics, 2021). Since the pandemic, 70% of US public schools reported a sharp rise in students seeking mental health services — but only 56% of schools could provide services effectively. These national trends are being played out right here in Michigan and Washtenaw County. Student Advocacy Center has never seen such a demand for our services.

Mental health and school experiences are intertwined. A qualitative study found that more than a third of children who died by suicide experienced school expulsion or suspension, a recent change in schools, or history of special educational needs. Washtenaw County youth in seventh grade earning grades of Ds and Fs were more than twice as likely to experience being sad and hopeless almost every day for two weeks or more and 150% as likely to have a suicide plan. (MIPHY - Michigan Profile for Healthy Youth 2019-2020 7th graders survey).

Washtenaw County schools are struggling to keep up with the need and regularly report challenges with staffing vacancies. And while many local school leaders are deeply committed to ending expulsions and even suspensions, families continue to report challenges such as placements to virtual school, send-homes, multiple suspensions and denial of special education services.

SAC believes the pandemic and the associated isolation, lack of school and grief is only one (very important) piece of the puzzle. The devastating Oxford school shooting in November of 2021 resulted in so much fear and a rise in suspensions and referrals to law enforcement across the state.

Our Overall Approach

student advocacy center of MICHIGAN

SAC provides two levels of direct service — shorter-term education advocacy and a longer-term evidence-based academic mentoring program that results in increased engagement in school for the students who need it the most. We see increased attendance and grades, decreased disciplinary referrals, increased in-school and community supports, improved social-emotional functioning and self-advocacy skills, and ultimately, a brighter future.

We build relationships with youth and families, build their power, elevate their voices and work together to secure the education they need to thrive. There is no other organization like SAC in the entire state. We focus on youth experiencing harsh school discipline, foster care, homelessness, mental illness and other disabilities, and discrimination.

Education Advocacy & Support

In the Yale Law Journal, Phillips (2008) argues students with disabilities need external advocates to achieve optimal outcomes because of the complexity of disabilities, formal rules of the system, lack of knowledge about the disability and system, and difficulty interacting with schools. These challenges are exacerbated for low-income homes and court-involved youth. Our population tends to include students with disabilities, past trauma, abuse and neglect, experience with homelessness, the juvenile justice system and/or the foster care system. Too often, their behavior is seen as a "choice," rather than an expression of the pain they are experiencing, and schools struggle to develop and implement successful plans.

SAC bases its model of advocacy on the research-based framework outlined in Schneider and Lester's book, "Social Work Advocacy: A new framework for action" (2001). In this book, advocacy is defined as the "exclusive and mutual representation of an individual, family, or cause in a forum, attempting to systematically influence decision making in an unjust or unresponsive system(s)." Following best practice (Schneider and Lester), SAC takes a strength-based and empowerment approach, working to engage the student and his or her support team, helping to identify the issue, goal and steps to take, as well as helping take action. Key steps in Schneider and Lester's framework, each supported by data, include identifying the issues and setting goals, getting the facts, planning strategies and tactics, being persistent and evaluating the advocacy effort.

Our interventions promote academic success by engaging the student and the parent/guardian/caretaker in their education, developing a cross-system team to support the student, developing and advocating for the best educational services possible (special education, behavior plans, discipline, re-entry plans, tutoring, etc.), monitoring educational success, and brokering educational resources, including tutoring, credit recovery, after-school activities and restorative practices. SAC puts high value on non-adversarial advocacy, empowerment, collaboration with the schools and building a supportive team of professionals to help the student.

More specifically, services include:

- Assessing educational needs with a focus on centering the voice and experiences of the student.
- Securing and analyzing academic records.
- Developing educational goals and plans.
- Explaining educational options and rights to families.

- Advocacy at disciplinary hearings in an attempt to stop the school-to-prison pipeline. Developing and advocating for lesser interventions to suspension.
- Advocacy and support in IEP meetings, MDRs, behavior plan meetings, school staffings, restorative meetings, etc.
- Advocacy for obtaining and retaining needed education/support services, including special education services, 504 plans, other school accommodations, trauma-responsive care, transportation, tutoring, McKinney-Vento services, etc.
- Filing state special education complaints and/or federal civil rights complaints as needed.
- Assisting with school enrollment and transition, disciplinary reinstatement hearings, grade and course placement, and preventing school changes.
- Summarizing and conferencing with child welfare and juvenile justice staff (and related professionals) concerning each youth's educational needs.
- Monitoring youth's academic progress through conferencing with the school, family and/or caseworker.
- Assisting the youth (and caregiver) with problem-solving, self-advocacy and the development of academic and social-emotional skills.
- Attending Family Court, Case Conferences and Team Meetings, as needed.
- Assisting with academic transition planning.
- Coordinating other needed educational and community services, such as tutoring and credit recovery.
- Client transportation, as needed.

Mentoring

SAC also provides long-term educational mentoring. SAC's mentoring program is called Check and Connect and is one of the only research-based dropout prevention programs in the country. Referrals come directly from the schools (and community partners such as CMH). Services are provided for at least two years, per the model and best practices.

The University of Minnesota says that Check and Connect should be considered a "targeted or intensive" program for the students with the most need. The heart of this intervention is the relationship between the student and a caring, trained mentor who challenges each student academically and provides personalized, relationship-based, data-driven interventions weekly, while partnering and coordinating with schools, families, foster families (if applicable), Department of Health & Human Services and community agencies to encourage positive development. This model is unique in its relentless focus on education and the way the mentor bridges and coordinates all the different systems in the students' lives. Check and Connect is outreach-intensive and requires mentors to conduct home and community visits to engage youth. The mentor works with the school to check on attendance, grades and behavioral referrals each week and

uses that data to craft personalized interventions. The mentor provides frequent, positive feedback, builds a community of support, and empowers the youth to be a leader and solve his or her own problems. Participants are retained in the program through this relationship and empowering approach. Mentors make a commitment to working with the students for at least two years, unless they move out of the area or graduate high school.

Services provided include:

- Building positive relationships with each student.
- Checking in weekly with each student.
- Regular data checks, using data schools already collect.
- Using collected data to design personalized interventions for target students.
- Facilitating communication and problem solving at the individual student level, and between school, community, home and other involved professionals.
- Attending school-based meetings and advocating for support services as needed.
- Breaking down barriers to school attendance and success, including transportation to school in emergencies.
- Connecting students to extracurricular programs and/or tutoring and other community resources (mental health, substance abuse) when appropriate.
- Brokering and facilitating leadership, volunteer and career and higher education exploration opportunities for students.
- Providing academic assistance, homework help and tutoring as needed.
- Client transportation related to the treatment plan, as needed.

SAC Washtenaw CMH Ed Advocacy 2023 Budget

This budget will allow us to add another Washtenaw Advocate (with the costs of that new advocate shared with court involved youth funders & other grants)

Salaries and Benefits - 2.0 FTE Educ Advocates, Supervision, and Admin Support *	**$194,647**
Student/Client Needs	**$2,600**
IT/Tech & Bookkeeping Support - expense/reimbursement/ payroll processing/IT support for 2.0 FTE advocates	**$1,400**
Paychex fees, Audit, Retirement	**$0**
Translators	**$635**
Office Supplies/Printing	**$1,125**
Rent	**$0**
Computers/Internet - 2.0 FTE advocates computer repairs/replacement; no internet	**$360**
Mileage/Travel	**$3,000**
Insurance - workers comp/prof liability insurance for 2.0 FTE advocates	**$1,350**
TOTAL SAC WASHTENAW CMH ED ADV	**$205,117**
TOTAL SAC WASHTENAW ED ADVOCACY	**$422,682**

*** Exec Director 1.75 hours/week; Director of Care and Sustainability 2 hours/week**
Ed Adv Program Manager 9 hours/week; Admin Coordinator 1.5 hours/week;
Finance Manager 1.75 hours/week

SAC Washtenaw Check & Connect CMH 2023 Budget

Salaries and Benefits - 1.5 FTE Mentors, Supervision, and Admin Support *	**$162,280**
Student/Client Needs	**$2,700**
IT/Tech & Bookkeeping Support - expense/reimbursement/payroll processing/IT support for 1.5 FTE mentors only	**$1,625**
Paychex fees, Audit, Retirement	**$0**
Translators	**$175**
Office Supplies/Printing	**$800**
Rent	**$0**
Computers/Internet - share of additional mentor computer only; no internet included	**$150**
Mileage/Travel	**$3,700**
Insurance - workers comp/professional liability insurance for 1.5 FTE mentors only	**$1,225**
C&C License & Assessments; Training; C&C app - WCMH proportional share of Washtenaw C&C program cost only	**$2,900**
TOTAL SAC WASHTENAW C&C CMH	**$175,555**
TOTAL SAC WASHTENAW C&C	**$604,801**

*** Exec Director 2.5 hours/week; Director of Care and Sustainability 2.5 hours/week**
CC Program Manager 10 hours/week; Admin Coordinator 1.5 hours/week;
Finance Manager 2 hours/week

Includes WCMH share of the new AAPS mentor not covered by the City of Ann Arbor

WAYNE STATE
School of Social Work
Center for Behavioral Health and Justice

Proposal Submitted To: Washtenaw County Community Mental Health

Proposal Submitted By: Center for Behavioral Health and Justice

Project Title: Implementing Youth Justice Improvements in Washtenaw County

Project Duration: October 1, 2023, to July 31, 2024

Proposal

The Center for Behavioral Health and Justice (CBHJ) at the Wayne State University School of Social Work proposes to assist Washtenaw County youth justice partners in a collaborative implementation process that aligns and prioritizes the implementation strategies of the County's Assessment Connection Center (ACC) and relevant recommendations from the Washtenaw Equity Partnership (WEP) and the state's Michigan Task Force on Juvenile Justice Reform. This undertaking is designed to streamline efforts, prioritize goals, and create a comprehensive roadmap for effective youth justice reform. The ultimate objective is to foster a fair, equitable, and supportive environment for young people in Washtenaw County that focuses on early intervention and prevention rather than justice system contact.

Background

Over the past three years, Washtenaw County has embarked on two major initiatives to improve the way it serves young people impacted by the youth justice system. First, the County has proposed the development of a County Assessment Connection Center, which will serve as a hub for identifying the strengths, needs, and risks of each youth. This Center will be instrumental in driving individual treatment planning as well as understanding the trends and systemic needs of this population.

At the same time, the Washtenaw Equity Partnership (WEP) set out to use qualitative and quantitative data to study inequities in the juvenile and adult criminal legal systems. The findings, which reflected the state's youth justice racial and ethnic disparities data dashboard, revealed significant disparities, particularly among Black youth, at various stages of Washtenaw County's youth justice system, including arrest, probation supervision, and placement in secure detention, underscoring the urgent need for action. Through several work groups that engaged a broad network of community members and organizational partners, WEP prioritized recommendations that would improve racial equity through prevention, early intervention, community-based and behavioral health services, school justice, and pre-arrest/pre-petition diversion, to name a few.

As these initiatives have advanced at the local level, the Michigan Task Force on Juvenile Justice Reform (which will be subsequently referred to as the "Task Force" throughout this proposal) was convened in 2021 to conduct a statewide analysis of Michigan's youth justice system, complete with recommendations for

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changes in state law, policy, and appropriations to improve youth outcomes. Their final recommendations emphasized the importance of diverting youth from the legal system and expanding community-based services to effectively target the underlying factors that precipitate youth involvement in the legal system. Like many other counties, Washtenaw County has historically spent more on out-of-home placements ($6.4 million in 2020) than on in-home services ($2.2 million in 2020).[1]

In 2023, a bipartisan legislative bill package was introduced to achieve a number of the priority recommendations set forth by the Governor's Task Force, including:

- Incentivize counties to serve youth in community-based programs rather than residential facilities by increasing the state reimbursement rate within the Child Care Fund (CCF) from 50% to 75%. While the new CCF rules are being written, counties looking to secure the new 75%/25% reimbursement rate should start planning how they will expand community-based programming to be ready by the proposed October 1, 2024, start date.
- Permit Child Care Fund dollars for early interventions, rather than the current structure, which requires a young person to be formally charged in court before receiving diversion services. Given the significant body of research that indicates that any interaction with the legal system can harm young people, this change will allow youth to be served before becoming involved in the youth justice system.
- Adopt validated, evidence-based risk screening and assessment tools for diversion and disposition decisions, detention screening, and best practice probation standards. The risk assessments identify the needs of the youth and family that, if addressed, will lead to decreased recidivism and increased public safety.
- Establish youth service committees to ensure equity and improve service availability, access, and coordination of CCF and other service system funding for youth at risk of entering or already in the youth justice system.

Integrating these related but siloed efforts into one coordinated implementation process will bring relevant partners together and eliminate duplicative or, worse, countervailing work. By joining the efforts of the ACC and the recommendations from the WEP and Task Force into one integrated process, the County will take a holistic approach to employing early interventions before youth become entangled in the legal system.

Integrated Implementation of the ACC and Relevant Recommendations from the WEP and Task Force

The CBHJ proposes assisting Washtenaw County to develop an integrated implementation process that synchronizes the efforts of the ACC, the WEP and the Task Force. Each respective initiative shares a common goal of reforming the youth justice system through prevention and early intervention to better serve youth in Washtenaw County. In collaboration with all key partners, this process would clarify the necessary action steps toward making that goal a reality.

Over the course of this proposed 10-month project (10/1/23 – 7/31/24), the CBHJ will lead partners through a four-phase process (detailed in the next section and the attached Gannt chart) that begins with assessment and community engagement, identifies which recommendations should be prioritized, delineates the process for systems change and resource allocation, and culminates with a clear plan for implementation and evaluation.
Partner meetings would be held monthly for two hours each from October through July. The information would cascade toward the final decisions needed to develop a comprehensive work plan to guide implementation. Please see attached chart for a proposed timeline.

[1] See August 7, 2019 memo from Washtenaw County Ways and Means Committee entitled, *2019-20 Child Care Fund Budget.* It is unclear if these figures include both Abuse and Neglect children.

We propose to complete this work by July 31, 2024, to ensure timely submission to the Washtenaw County Board of Commissioners and the Michigan Department of Health and Human Services for funding in fiscal year 2025. This timing also assists the County in planning and preparing to take full advantage of the new 75%/25% Child Care Fund cost split, anticipated to pass the Legislature this fall.

The CBHJ Process

Phase 1: Initial Assessment and Engagement/Setting the Context for the Work

During this phase, the CBHJ will provide an overview of the current system, as well as the status of each initiative. Key partners from the ACC, WEP and Task Force, as well as community members and partners, will be engaged in structured discussions, facilitated workshops, and data-gathering sessions. To ensure this process is guided by local leadership, the CBHJ would consult with partners to identify which supports would be most beneficial toward moving the process forward, including, but not limited to:

- An inventory of ongoing efforts and accomplishments of each initiative.
- An analysis of gaps and challenges in the current juvenile justice system.
- Identification of potential areas of collaboration and synergy.

Phase 2: Prioritizing Recommendations

Partners will analyze the data and insights gathered in Phase 1 in this phase. The focus will be on identifying common goals and aligning visions to create a shared understanding of the desired outcomes. At this time, the CBHJ will also pose a series of key questions to ascertain which recommendations will yield the most meaningful reform. The outcomes of this phase will include:

- A clearly articulated set of shared goals for juvenile justice reform.
- A prioritized list of objectives based on consensus and impact. Prioritization will enable targeted action plans and resource allocation.
- Development of subcommittees or work groups to address specific areas of reform.

Phase 3: Determining the Change Process, Action Planning and Resource Allocation and Implementation Plans

During this phase, subcommittees or work groups will be tasked with developing action plans to achieve the identified goals. Each group will outline strategies, timelines, and resource requirements. The outcomes of this phase will include:

- Comprehensive action plans for each priority goal, including responsible parties and milestones.
- An assessment of resource needs and strategies for securing funding and support.
- A roadmap for effective implementation, monitoring, and evaluation.

Phase 4: Collaborative Implementation and Evaluation

The final phase will focus on executing the action plans and monitoring progress. Ongoing collaboration, feedback loops, and data sharing will be established to ensure the success of the reform efforts. The outcomes of this phase will include:

- Collaborative implementation of reform initiatives.
- Regular evaluation and reporting on progress toward goals.

- A sustainable framework for continued collaboration beyond the planning process.

Outcomes

The CBHJ's comprehensive approach offers a promising array of outcomes aimed at transforming the youth justice system. While the specific outcomes will be co-created in collaboration with Washtenaw partners, we expect to achieve the below outcomes.

Short-term Outcomes

- Partner alignment
- An actionable roadmap for the implementation of reform priorities
- Improved collaboration and coordination
- Enhanced data-driven decision-making
- Sustainable framework for continued collaboration beyond the planning process

Long-term Outcomes

- Reduced racial disparities and related inequities.
- Improved outcomes for youth across Washtenaw County

Budget and Funding Requirements

The estimated cost for this project is $82,018. A summary of the proposed budget is provided below. The funds will be utilized to support partner engagement activities, expert consultations, facilitation services, data interpretation, and other necessary resources.

By investing in this collaborative process, we aim to more effectively address the needs of youth by connecting them with services as early as possible, thereby reducing reliance on the youth justice system. We believe that this transformative initiative will significantly contribute to fostering a fair, just, and equitable environment for youth and families in Washtenaw County.

Personnel Costs *$52,904*

Personnel costs include CBHJ staff, including leadership from:

- Principal Investigator Dr. Matthew Larson (13%);
- Project consultation and facilitation from Terri Gilbert (10%);
- Project coordination from Kat Layton (25%);
- Project support from a to-be-named Program Assistant (20%); and
- Communications assistance from Lyz Luidens and Jessica Best (at 5% each)

Consulting Costs *$20,578*

Consultant fees include project planning, report writing, survey development and meeting facilitation from Michelle Weemhoff. Additionally, it includes mileage and parking for meeting attendance.

Supplies and Equipment Costs *$900*

Supplies and equipment costs include printed materials/photocopies for meetings, supplies for presentations, printed documents, reports, and other relevant project materials.

Indirect Costs *$7,456*

An indirect cost rate of 10% has been applied.

Purpose and Background of the Center for Behavioral Health and Justice

The CBHJ was founded in 2018 by Sheryl Kubiak, Dean of the Wayne State University School of Social Work, to help local communities optimize the diversion of individuals from jail and prison by implementing innovative practices at every intercept of the criminal legal system continuum. Its multidisciplinary, community-engaged research and facilitation team includes 35 staff members plus several consultants with training in social work, public health, and criminal legal system fields.

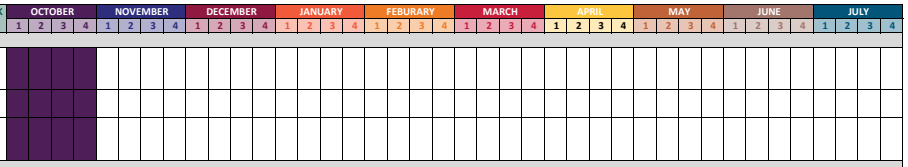
Team members use various qualitative and quantitative research methods to work directly with community partners to design, implement, and evaluate policies, programs, and interventions. They have "real world" expertise, not only in a broad spectrum of behavioral health and criminal legal systems but also in providing technical assistance and bringing together community partners to facilitate sustainable, data-driven decision-making. With a commitment to community-engaged research, the CBHJ team is embedded in communities across the states of Michigan and Indiana to collaborate and convene partners from state and local government, behavioral health treatment providers, law enforcement, jail administration, courts, probation/parole, general health care, and community members with lived experiences in and within these systems.

ATTACHMENT #5E
OCTOBER 2023

PROJECT TITLE	Implementing Youth Justice Improvements in Washtenaw County
PROJECT MANAGER	Terri Gilbert, MSW

PROPOSAL SUBMITTED BY	Center for Behavioral Health and Justice
DATE	August 2023

WBS NUMBER	TASKS COMPLETE	TASK TITLE	TASK OWNER	START DATE	DUE DATE	DURATION	PCT OF TASK COMPLETE
1	0	Initiative Assessment and Collaboration					0%
1.1	☐	Meet with Washtenaw steering team to determine scope, approach, participants, and meeting schedule		10/1/23	10/31/23	30	FALSE
1.2	☐	Inventory ongoing efforts and accomplishments of each initiative		10/1/23	10/31/23	30	FALSE
1.3	☐	Analyze the current system: Review process map, analyze available data, identify gaps and challenges		10/1/23	10/31/23	30	FALSE
2	0	Goal Setting and Recommendations					0%
2.1	☐	Convene local youth-serving partners and present the system analysis		11/1/23	11/30/23	29	FALSE
2.2	☐	Articulate shared goals for youth justice reform in Washtenaw County		11/1/23	11/30/23	29	FALSE
2.3	☐	Identify potential areas of collaboration and synergy through a partner survey		11/1/23	11/30/23	29	FALSE
2.4	☐	Prioritize recommendations based on consensus and impact		11/1/23	11/30/23	29	FALSE
3	0	Logic Model and Implementation Planning					0%
3.1	☐	Outline implementation plans for highest priority changes		12/1/23	12/31/23	30	FALSE
3.2	☐	Create an outline of the change process (roadmap) and goals		12/1/23	12/31/23	30	FALSE
3.3	☐	Develop a draft logic model for the highest-priority changes		12/1/23	12/31/23	30	FALSE
3.4	☐	Form subcommittees or working groups to address specific reform areas		12/1/23	12/31/23	30	FALSE
4	0	Priority Area 1 Implementation Planning					0%
4.1	☐	Facilitate discussion with participants around Priority Area 1		1/1/24	1/31/24	30	FALSE
4.1.1	☐	Review gaps and challenges; identify strengths and opportunities		1/1/24	1/31/24	30	FALSE
4.1.2	☐	Establish timelines and milestones for implementation		1/1/24	1/31/24	30	FALSE
4.1.3	☐	Determine and document roles and responsibilities		1/1/24	1/31/24	30	FALSE
4.2	☐	Define metrics and indicators to monitor progress and evaluate implementation success		1/1/24	1/31/24	30	FALSE
5	0	Prioirity Area 2 Implementation Planning					0%
5.1	☐	Facilitate discussion with participants around Priority Area 2		2/1/24	2/29/24	28	FALSE
5.1.1	☐	Review gaps and challenges; identify strengths and opportunities		2/1/24	2/29/24	28	FALSE
5.1.2	☐	Establish timelines and milestones for implementation		2/1/24	2/29/24	28	FALSE
5.1.3	☐	Determine and document roles and responsibilities		2/1/24	2/29/24	28	FALSE
5.2	☐	Define metrics and indicators to monitor progress and evaluate implementation success		2/1/24	2/29/24	28	FALSE
6	0	Prioirity Area 3 Implementation Planning					0%
6.1	☐	Facilitate discussion with participants around Priority Area 2		3/1/24	3/31/24	30	FALSE
6.1.1	☐	Review gaps and challenges; identify strengths and opportunities		3/1/24	3/31/24	30	FALSE
6.1.2	☐	Identify required resources and strategies		3/1/24	3/31/24	30	FALSE
6.1.3	☐	Identify needs for training and technical assistance		3/1/24	3/31/24	30	FALSE
6.2	☐	Define metrics and indicators to monitor progress and evaluate implementation success		3/1/24	3/31/24	30	FALSE
7	0	Alignment and Process Refinement					0%
7.1	☐	Merge implementation plans for all priority areas to ensure alignment		4/1/24	4/30/24	29	FALSE
7.1.1	☐	Estimate costs and timeframe for the overall implementation		4/1/24	5/31/24	60	FALSE
7.2	☐	Create a revised process map that includes prevention and early intervention components		5/1/24	5/31/24	30	FALSE
8	0	Finalization and Feasibility Assessment					0%
8.1	☐	Develop a comprehensive plan for next steps in the implementation process		6/1/24	6/30/24	29	FALSE
8.1.1	☐	Create a framework for evaluating the effectiveness of implemented changes		6/1/24	6/30/24	29	FALSE
8.2	☐	Determine final feasibility of the recommendations and set a go-live date		6/1/24	6/30/24	29	FALSE
8.3	☐	Discuss a reinvestment framework to allocate resources effectively		6/1/24	6/30/24	29	FALSE
9	0	Summative Evaluation					0%
9.1	☐	Conduct a summative evaluation of the entire planning process		7/1/24	7/31/24	30	FALSE
9.1.1	☐	Review the effectiveness of discussions, gap analysis and planning		7/1/24	7/31/24	30	FALSE
9.1.2	☐	Identify lessons learned and areas for improvement in the planning process		7/1/24	7/31/24	30	FALSE



Community Family Life Centers
1375 S. Harris Rd
Ypsilanti, MI. 48198

TO: Lisa Gentz, LMSW
WCCMH Program Administrator

Subject: Mental Health Grant Proposal for African American Males

Date: June 28, 2023

1. **Executive Summary** −

Community Family Life Center's (CFLC) is submitting a proposal for a three-year mileage contract to support African American Men's mental health in the 48197 and 48198 zip codes.. This project will enhance a mental health program, including trauma focused-care, offered to low-income, high risk, vulnerable African American males from ages 10 to 25 within the 48197 and 48198 zip codes.

If awarded the funding will increase clinical capacity, to handle the demand for case management and mental health care. The services will alleviate stress and trauma within the African American community and increase their ability to gain access to mental and physical resources that will allow them to become more resilient and to thrive.

2. **Project Description**

There is a great need for culturally aware and sensitive mental health care treatment in Washtenaw County, for low-income, African American citizens, that is focused on the mitigation of their repeated stress and trauma, due to known social determinants of health. According to the Washtenaw County Health Department (WCHD), "Structural racism has created systems that foster discrimination and inequitable resource distribution through practices in housing, employment, education, **health care**, and criminal justice". Research further shows that because of these racial inequities, "Black and African American people living below poverty are twice as likely to report serious psychological distress than those living over 2x the poverty level" (Mental Health America, 2023). Although Washtenaw County is considered one of the healthiest counties to live in, the disparities identified by African Americans, seeking treatment from health care providers continues to be present. In 2018, Jessie Kimbrough Marshall, MD, MPH, Medical Director for the Washtenaw County Health Department stated, "Washtenaw

County has wonderful opportunities for achieving a healthy life, however those opportunities are not available for all who live here". The WCHD further reports that People of color have greater mistrust of health care systems and poorer health outcomes, as a result. This is evident in the stark health disparities in Washtenaw County. These identified health disparities and lack of trust include the current mental health structures within our county. Evidence shows that the lack of accessibility to culturally aware and sensitive treatment providers for African Americans within our county, especially within lower income neighborhoods are greatly needed and CFLC has made it a point to fill this gap in health care services for this population.

The Community Family Life Center's has established a Collaborative Mental Health Program that will mitigate the adverse impact of trauma, stress, and other mental health concerns that are unaddressed and plaguing low-income African American males within the Sugarbrook, West Willow and the general 48197 and 48198 areas. The aforementioned problem will be addressed through psychoeducation regarding mental health and the common social determinants of health that adversely affect their current level of functioning. This population will also benefit from the teaching of relaxation techniques, affective regulation skills, cognitive coping skills and the opportunity for cognitive and trauma processing, as well as, resilience building.

− Description of intervention, its goals and objectives

There will be an integration of various strength-based interventions utilized to assist in improving client functioning. The project will provide clinical case management, which will include some supportive counseling, as needed. The project will also provide psychotherapy, utilizing Cognitive Behavioral Therapy (CBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), T-GCTA, Play Therapy, Mindfulness, Progressive Relaxation, Parent/Peer Support Partners, and other adjunctive forms of therapy, as needed. The overall goal and supportive objectives will be to provide case management to help the target population get access to community resources, provide individual and/or group therapy for trauma-exposed and/or traumatically bereaved/grieved African American males in hopes of reducing distress and disruption to their daily functioning and increasing resiliency. This will be made possible through an increase in clinical staff, technological access, and robust therapeutic programs.

Providing mental health treatment using evidence-based services at Community Family Life Center for the affected African American community, by clinicians that are of the same socially constructed race/culture and have been exposed to their current socio-economic reality. This is a major opportunity to address mental health inequities within the county.

There is an observable language barrier between African American clients of low socio-economic status and treatment providers. The National Institute of Health reported, "Language barriers pose challenges in terms of achieving high levels of satisfaction among medical professionals and patients, providing high-quality healthcare and maintaining patient safety".

The Community Family Life Center will hire staff that will be able to convey information to this population, by speaking, understanding and interpreting cultural sensitive language. Satisfying the language barrier is an overlooked intervention that will reduce harm, increase trust, present a more equitable treatment experience and address the social determinant of health that deals with a lack of quality, health care access.

During the intake process, the client will complete a Community Health Needs Assessment (CHNA) with a case manager, which is a best practice used when assessing the needs of a

focus group and it will allow for both primary and secondary data to be obtained. This assessment will also inform the clinician throughout the collaborative treatment planning process and ultimately help clients reach their goals. All client contact/engagement will be conducted either face-to-face or via HIPPA compliant tele-health programming. All parties will sign the treatment plan showing agreement.

Ongoing success will be measured through check-ins during client appointments utilizing SUDS Scales and self-reporting to assess progress or a decline in functioning. Clients will also have access to reminder communication of scheduled sessions through their client portal. This will increase participation and fulfillment of treatment goals. This methodology also helps with client retention. If there is an increase in no-show appointments, there will be three attempts made by clinicians to prompt reengagement, prior to discharging the client from the program. If discharged, the client will have 90 days to return without needing to go through the entire intake process again.

3. Evaluation

In addition to a needs assessment, each client will receive additional assessments that measure their current level of functioning. Clinicians will administer for a baseline assessment at the client's initial presentation to therapy, the UCLA to assess trauma symptomatology, DES-II for possible dissociation, the DASS 21 (Depression, Anxiety, and Stress Scale) to assess for their current level of functioning in these areas. The PHQ-9 assess the severity of their depression, the CRAFFT for adolescent anxiety, and the MDQ, for possible mood disorders. These measurements will assist in the direction of the individual's therapeutic treatment. In addition, the clinician will be able to identify any risks of suicidal or homicidal ideations through utilization of the DASS 21 measurement. The outcome of that scale will direct the clinician to engage the client in a risk assessment and/or crisis plan, if needed. As well as, to enlist other safety precautions, including public safety and transporting to psychiatric emergency services for more intensive psychiatric treatment, such as hospitalization.

Each initial measurement used will help the clinician see improvement in the client's level of functioning or a decline in functioning. They will inform any changes to the client's treatment plan, as well. The client's success will be seen through clinical observation of the clinician, social observation of family members, primary care physicians and educational teams, as well as, self-report. The clinician will conduct check-ins to assess the client's functioning and it will be recorded in their progress notes. If there are observable concerns, outreach calls will be conducted after consents are received to talk with other providers or family members, to assess what they are witnessing with the client. Their input will be recorded in the client's clinical record, as well. Each client will also receive a full progress review every 6 months to report any changes in functioning, stability and instability in familial and social environments and any other areas that may positively or negatively impact the client's functioning. This will allow for any changes to the client's treatment plan, in hopes of increasing supports or titrating back the supports currently given. The progress review is another measurement that will adequately measure client improvement and satisfaction. It will also inform the program on the proposed impact areas of programming that need more attention, adjusting, improving or discontinuing.

Upon treatment completion of each client, a written exit interview will be offered, as well as, a 90 day post-assessment, to collect data on the clinical experience and to assess sustained improvement of the initial presenting problem(s). The evaluations will be conducted to assess whether their treatment process was seen as a valued asset to the client. The design will utilize

a 5-point likert scale utilizing pictures and simple words based on the CDC's tool for programmatic evaluation, in hopes of making less complex the collection of client responses, but maintaining the integrity of tool that assesses programmatic usefulness, feasibility, accuracy and ethical behaviors. The utilization of that model will strengthen the sustainability of the program and maintain person-centered mental health services provided at the CFLC.

Lastly, not only will the client's participate in ongoing evaluation of the program, the staff will also have ongoing evaluation opportunities of the program. This will assess the satisfaction of the staff and develop the buy-in and creative involvement of the staff in developing and growing the project.

Sustainability

- Actively pursue grants from local, state and federal sources
- Private Foundations
- Support from corporate sponsors
- Individual donors
- Fund Raising
- Community partnerships to maintain program operations
- Insurance billing including Medicaid and Medicare

5. Budget Narrative and Justification

Contractual Clinical Services	
o Clinical Director	$60K
o 1 PT Clinical Social Worker	$40K
o 1 PT Case Manager	$25K
o 1 PT Data Analyst	$25K
Space & Occupancy	up to $20K
Liability Insurance	$5K
Payroll Taxes	$13K
ADP Payroll Services	$3K
Software & Hardware	up to $5K
Marketing, Graphic Design, Printing	$10K
Material & Supplies	$5K
GRAND TOTAL.	**up to $211,000.00**

The above Grand Total represents Year 1. Year 2 would be $211,000.00 and Year 3 would be $211,000.00.

The Clinical Director will oversee all clinical operations and supervision of clinical staff and student interns. In addition the clinical director will provide all inservice training. Clinical director will also perform clinical duties including individual and group therapy as well as case management as needed.

The clinical social workers (50%) will conduct therapeutic services including case management as needed. They will also supervise student interns and daily tasks. Clinical social workers will also maintain progress notes, treatment plans and discharge plans. Clinical social workers will provide periodic progress reviews.

Case manager (50%) will perform targeted case management, including facilitation and connection to community resources. The case manager will also conduct the intake process including administering assessments, maintain progress notes, treatment plans and discharge plans.

Data analyst is responsible for utilizing the knowledge of data processing software to create reports centered on programmatic satisfaction and quality improvement.

Material & Supplies: Including but not limited to books, toys, and other auxiliary therapeutic materials.

Payroll Taxes-Employer Taxes required by Federal & State governments

ADP Service cost- Payroll Processing Costs

Software & hardware – Purchase new HIPAA compliant software/hardware specifically for the provision of mental health services and appropriate data tracking, plus the ongoing subscription. Final cost to be determined upon award/program implementation.

Space & Occupancy - May need to rent additional space to accommodate new positions to ensure confidentiality. Current capacity assessment and final cost, if any, to be determined upon award/program implementation.

Marketing: Graphic design cost, printing cost including ink and toner, copier

− **Timetable for implementation**.

.Upon receipt of this funding award, the identified processes will be implemented:

- September 2023-October 2023: Recruit, interview, and contract clinical staff
- November 2023-December 2023: Onboarding process and technological access

December 2023 The program will be fully operational

Years 2-3 Continuation of mental health services

I. Period of Agreement:

This Agreement will commence on January 1, 2024, and continue through September 30, 2024. Throughout the Agreement October 1, 2022, shall be referred to as the start date. This Agreement is in full force and effect for the period specified.

II. Scope of Services

Coordination of meetings:
With direction from WCCMH, CONTRACTOR will plan and organize external meetings, prepare agendas and other materials, schedule locations and invite participants; delegate necessary tasks to appropriate participants and follow-up to ensure productivity and progress; summarize meeting discussions, group decisions and next steps, and disseminate information to participants, partner organizations and decision makers as appropriate.

Data work:
CONTRACTOR will assist WCCMH to identify necessary metrics and benchmarks for analysis and reporting of process measures and performance indicators; collect relevant background information/data to inform the work; develop effective visual depictions of data for internal analysis and for public consumption.

Assessment and evaluation activity:
CONTRACTOR will assist WCCMH in assessing and evaluating investment initiatives including annual assessment of benchmarks for presentation to the CMHAC, the WCCMH Board, and Washtenaw County Board of Commissioners; conduct system mapping to demonstrate how organizations interact and identify opportunities for improvement.

Ongoing staffing support:
CONTRACTOR will support and organize additional activities related to millage; maintain the high-level work plan, including all major activities and reporting requirements; continue identifying key non-WCCMH participants and organizations involved in building recommendations and implementing programming; maintain partner networks for three major mental health investments: crisis and stabilization services, youth services, and SUD services; continue regular communications and meetings with WCCMH staff.

Youth Assessment Center Support:
CONTRACTOR will support and organize activities related to the planning and implementation of a Youth Assessment Center (YAC) including organizing planning meetings, preparing agendas, summarize meeting notes, and track progress on action items. CONTRACTOR will provide planning and facilitation support for a community wide convening of youth serving providers to build out a referral network to be utilized by the YAC.

Millage-related activities staffing and costs:
The total cost for the work outlined above is $63,435. This figure includes .30 FTE for project coordination as well as project oversight from CHRT leadership for the period of January 1, 2024, through September 30, 2024. If there is additional demand for CHRT support beyond the .30 FTE – and if CHRT staff have the availability to commit additional time – CHRT can provide supplemental support at a rate of $120/hr. Effort, availability, and demand will be reviewed on a monthly basis and if an increase is mutually agreed up, an email from WCCMH should be sent to chrtfinance@umich.edu confirming a ceiling of overage hours.

CHRT

15 years of
Improving Health. Informing Policy

WASHTENAW COUNTY PUBLIC SAFETY AND MENTAL HEALTH PRESERVATION MILLAGE ADVISORY COMMITTEE

Communication support for the public safety and mental health millage

OCTOBER 4, 2023

CENTER FOR HEALTH AND
RESEARCH TRANSFORMATION
4251 Plymouth Road,
Arbor Lakes 1, Suite 2000,
Ann Arbor, MI 48105-3640
chrt-info@umich.edu

Improving awareness of millage-funded programs and services

In late 2018, CHRT began to support communications for the Public Safety and Mental Health Preservation Millage. Early work included an inaugural annual report, a millage microsite on the WCCMH website, and newsletters. In 2019, 2021 and 2022, the Millage Advisory Committee contracted with CHRT, on behalf of WCCMH, to improve awareness of millage-funded programs and services through strategic communications. In 2021 and 2022, CHRT expanded its communication strategies to include toolkits for partner agencies and educating the community about services at WCCMH. Now, CHRT presents a new proposal to the Millage Advisory Committee to continue this work.

In the pages that follow, CHRT:

- describes the strategic communications activities undertaken during CHRT's 2022 – 2023 millage communications contract;
- provides samples of several communications deliverables from CHRT's 2022 – 2023 millage communications contract; and
- describes additional communications activities that would be undertaken in the January 2023 – October 2024 timeframe with a new to CHRT contract to continue to build awareness about millage-funded programs and services.

Communicating with residents (2022 – 2023)

From October 1st, 2022 - August 31st, 2023, the Center for Health and Research Transformation:

Wrote and disseminated 9 stories, 3 newsletters, and 4 email blasts about millage-funded programs and services.

Impact: Disseminated stories and email blasts to over 1,000 MHSUD stakeholders, elected officials, and community members, a 10 percent increase in recipients from summer 2022. Shared stories on LEADD, WISD partnership, housing support services, and more. Shared email blasts about millage town hall, millage annual report, and movie night. Emails had a 44 percent open rate, on average, above the industry average of 37 percent.

Developed and disseminated 8 vignettes about millage-funded programs and services

Impact*:* Four local artists contributed to the MHSUD campaign, including artists Gary Horton and Avery Williamson, photographer Heather Nash, and designer Daina Fuson. These vignettes featured: Jacorey Brown, Valerie Bass, Emily Scheitz, Jessy K. Perez, Elizabeth Spring, Jerry Clayton, Ebony Montgomery, and Kelly Hammill. CHRT placed 79 vignettes WCCMH's social media accounts (Facebook, Instagram), on billboards on highways US-23 and I-94, bus signs and wraps, websites, and news outlets across the county.

Developed and published an impact report to describe millage investments in 2022

Impact*:* Disseminated 2,990 copies of print annual impact reports to over 150 contacts including, libraries, schools, health centers, food pantries, housing organizations, faith-based organizations, senior organizations, law enforcement, courts, and local businesses. Developed a digital impact report and shared it widely through email lists, social media, millage newsletter, and partner newsletters. Mailed postcard and flier to every household in Washtenaw County with QR code to access the millage digital impact report. Worked with the WCCMH to develop an impact presentation for the Board of Commissioners.

Drafted WCCMH website improvements based on usability analysis findings.

Impact*:* Revisions include adaptations to the navigation bar to improve accessibility; simplifying website language; making the site more visually appealing; adding new content about eligibility for and cost of services, and more. The new design is being shared with WCCMH on a sandbox site before the changes are released on the WCCMH site. Data from the WCCMH website indicates the millage site had 958 visitors and 1,179 page views. Data shows that from October 1, 2022 - August 31, 2023 the site had a bounce rate of 64 percent, much lower than the previous year's bounce rate at 90%, indicating that individuals are spending more time on the website after landing on it.

Produced suicide prevention materials for Ann Arbor's Downtown Development Authority.

Impact. The Ann Arbor Downtown Development Authority is working to increase awareness of crisis and suicide prevention resources, particularly for people with thoughts or plans of attempting suicide. On behalf of WCCMH, CHRT produced 4 posters that share messages of hope, WCCMH's 24/7 call line, and the national 988 suicide line for placement in parking structures and in businesses.

Created a new WCCMH brochure.

Impact. Worked with WCCMH's Community Advisory Council to design a WCCMH brochure for prospective clients that explains, in plain language, the impacts of mental health and how WCCMH can help.

Hosted a community event at the State Theatre.

Impact. Planned and executed a documentary showing of BEDLAM and panel discussion at the State Theatre in downtown Ann Arbor. Before the event, attendees could visit with staff from WCCMH and NAMI-Washtenaw County and review the millage annual report. Tickets for the event sold out and over 70 people attended.

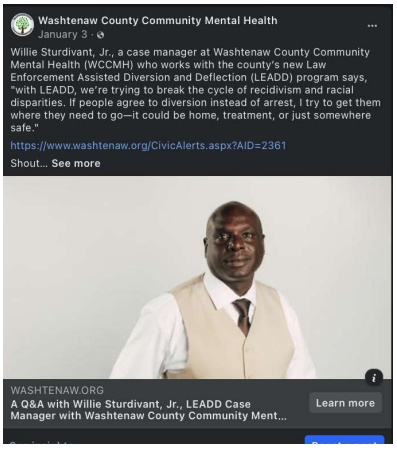
Shared local resources, events, and millage news on the WCCMH social media.

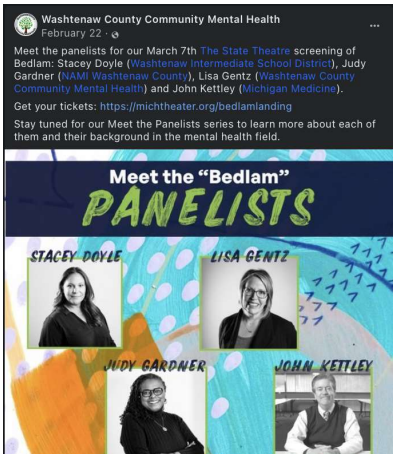
Impact. Shared 114 posts reaching over 30,000 social media users. Posts had an engagement rate of about 8 percent, with 1,485 clicks on individual posts and 346 clicks on links within posts, taking users to the WCCMH website or other MHSUD resources and events.

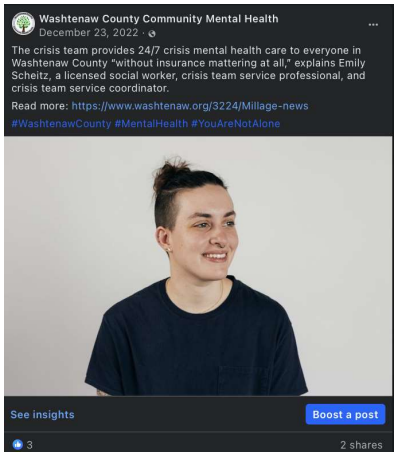
Sample communications (2022 – 2023)

Impact report.

Social media.







Vignettes.

Bus signs and billboards.

Stories.

Washtenaw's jail-based behavioral health services services aims to break the cycle of recidivism

"Coming into the jail, you often don't know when you'll get out," says Aaron Suganuma, the reentry coordinator. "Our goal has been to reach people as early as possible and connect them to resources that will promote their long term stability..." **Read more.**

Washtenaw County housing agencies expand services following millage funding project

In 2019, four local housing agencies were awarded a total of $1.2 million in funding to increase supportive housing and behavioral health services. Then, in 2023, the millage provided additional funding to the four agencies to continue services for three years.... **Read more**.

Presenting NAMI Washtenaw County's new mental health resource guide, Taking Care

"Your Mind Matters" are the first words you see when you open Washtenaw County's chapter of the National Alliance on Mental Illness's new mental health resource booklet, Taking Care. Even though mental illnesses are very common... **Read more**.

$2.3 million award to fill gaps in youth mental health care

Washtenaw County's Public Safety and Mental Health Preservation Millage Advisory Committee has awarded $2.3 million over three years to the Washtenaw Intermediate School District (WISD) to fill gaps in youth mental health programming. The grant will give...**Read more**.

Washtenaw's crisis response team offers "in person support for people having the worst day of their lives"

We sat down with Emily Scheitz from the Washtenaw County Community Mental Health crisis response team to learn about the unique way it serves the county, and the team's plans for the future The crisis team provides 24/7 crisis mental health care to.... Read more.

Downtown Development Authority parking structure poster.

Proposal for 2024 communications:

There is a significant need to share millage impact for two reasons: first, to be transparent about the use of tax dollars, and second, to ensure that residents are aware of services available to them due to millage funding.

CHRT's proposed contract for 2023-24 addresses both needs and will serve to highlight the commendable new programs and initiatives made possible by the millage.

Proposed deliverables: January 1, 2024 - September 30, 2024.

1. **Education**. Increase community awareness of millage-funded services through online ads, print ads, billboard ads, bus ads, social media platforms, e-newsletters, and more. Place up to 30 new ads in publications such as Connected Magazine, the Ann Arbor Observer, and the Chelsea Guardian. Due date: September 30, 2024.

2. **Underwriting.** Continue underwriting contract with Second Wave Media (Concentrate) to publish four stories on MHSUD concerns; Concentrate to credit the millage for underwriting all applicable MHSUD stories. Due date: Quarterly.

3. **Stories and newsletters**. Produce three quarterly millage e-newsletter with three feature stories each, such as millage-funded program updates, new funding updates, staff Q&As, etc. Due date: Quarterly.

4. **Impact reporting.** Create impact powerpoint highlighting 2023 work. Create and distribute 2023 impact report. Due date: September 30, 2024.

5. **Community event.** With MAC input, Plan one community event and write a story about it. Promoted the event to the public. For example, plan and host a Facebook Live event with potential topics including WISD and WCCMH collaboration, WCCMH and WCSO collaboration, and One Big Collaborative. Due date: September 30, 2024.

6. **Materials**. With MAC input, develop and distribute print materials to share millage services, such as posters, flyers, postcards, magnets, brochures, and more. Due date: September 30, 2024.

7. **Website maintenance.** Post original content on millage microsite and monitor web metrics. Manage news and announcement posts for WCCMH staff. Due date: Quarterly and ad hoc.

8. **Youth convening event support.** Plan and develop youth convening event materials such as invitations and agendas. Write a summary report that outlines youth service gaps through 4 primary domains; prevention strategies, opportunities for intervention, integration of specialty services, and effective crisis response and stabilization and attendees' perspectives on where additional investments sho8ld be made to bring new services online or where new organizational partnerships could be formed to promote better continuity of care. Due date: June 30, 2024.

Proposed timeline.

Deliverable	Q1 (Jan-March 24)	Q2 (April-June 24)	Q3 (July-Sept 24)
Education	X	X	X
Underwriting	X	X	X
Stories & newsletters	X	X	X
Impact reporting	X	X	X
Community event		X	
Materials	X	X	X
Website maintenance	X	X	X
Youth convening event support	X		

Funding request: $178,875

Deliverable	Staff	Partners
Education	$9,233	$60,843
Underwriting	$2,010	$11,000
Stories & newsletters	$16,320	-
Impact reporting	$21,170	$10,175
Community event	$4,570	-
Materials	$9,739	$20,625
Website maintenance	$6,095	-

Youth convening event support	**$7,095**	**-**
Total	**$76,232**	**$102,643**

CHRT Administrative Support Funding Breakdown

Project Period: 01/01/2024 - 09/30/24

	Hrs	Rate	Total
Josh Traylor	36	$ 260	$ 9,360
Nancy Baum	27	$ 225	$ 6,075
Matt Hill	400	$ 120	$ 48,000
			$ 63,435

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CHRT Millage Update and Funding Request

January 1, 2024 – September 30, 2024

UNIVERSITY OF MICHIGAN

Center for Health and Research Transformation

Past work

October 1, 2022 – September 30, 2023

CHRT

Quarterly newsletters

12 feature stories

- Sent to over 1,000 local leaders, CMH staff, and policymakers
- 44 percent open rate, on average, above the industry average of 37 percent

Washtenaw's crisis response team offers "in person support for people having the worst day of their lives"

We sat down with Emily Scheitz from the Washtenaw County Community Mental Health crisis response team to learn about the unique way it serves the county, and the team's plans for the future The crisis team provides 24/7 crisis mental health care to.... Read more.

Thanks to millage funding, new positions at WCCMH and partner agencies help meet community needs

From reentry support staff to peer support specialist, Washtenaw County's Public Safety and Mental Health Preservation millage has funded community-based positions since 2019 that meet people where they are and get ahead of emerging community needs... Read more.

Washtenaw County Community Mental Health hires new youth and families wraparound facilitator

Wraparound facilitators help families find, and connect with, the services they need and are qualified for. In wraparound, the entire team supporting a family meets regularly so the family gets the most effective support possible.... Read more.

Presenting NAMI Washtenaw County's new mental health resource guide, Taking Care

"Your Mind Matters" are the first words you see when you open Washtenaw County's chapter of the National Alliance on Mental Illness's new mental health resource booklet, Taking Care. Even though mental illnesses are very common... Read more.

CHRT

Underwriting

Partnered with Concentrate, Ann Arbor Observer, and Mi Mental Health Series to share 21 "**solutions-based**" stories about WCCMH and millage initiatives.

KIDS AND EDUCATION

Mini-grants help Washtenaw County students lead school mental health awareness initiatives

RYLEE BARNSDALE | WEDNESDAY, SEPTEMBER 28, 2022

ON THE GROUND

HEALTHY COMMUNITIES

Co-response pilot in Ypsi Township pairs sheriff's deputy and social worker for mental health calls

SARAH RIGG | WEDNESDAY, DECEMBER 7, 2022

ON THE GROUND

HEALTHY COMMUNITIES

Ypsilanti-founded Community Violence Intervention Team pursues 14 strategies to reduce gun violence

SARAH RIGG | WEDNESDAY, FEBRUARY 15, 2023

KIDS AND EDUCATION

Washtenaw ISD implements school mental health programming with $2.3 million in millage funds

NATALIA HOLTZMAN | WEDNESDAY, SEPTEMBER 27, 2023

HEALTHY COMMUNITIES

National Alliance on Mental Illness Washtenaw County expands outreach, education with millage funds

NATALIA HOLTZMAN | WEDNESDAY, SEPTEMBER 13, 2023

HEALTHY COMMUNITIES

New system streamlines process of getting substance use disorder treatment in Washtenaw County

NATALIA HOLTZMAN | WEDNESDAY, MARCH 22, 2023

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Vignettes

CHRT

Vignette distribution

Educating the community about millage-funded services

- 16 billboards and bus wraps
- 152 interior bus placements
- 65 vignettes in 9 publications with tens of thousands of readers

CHRT


THANK YOU WASHTENAW COUNTY
For leading THE WAY
LISA GENTZ
24/7
MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
OUTFRONT


We're here TO HELP.
24/7
MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
WHEREVER LIFE TAKES YOU


For meeting people
WHERE THEY'RE AT
Millage funding is providing an avenue for people to get help, to feel safe, and to have a home.
SCOTT MAURMANN
24/7
CALL FOR MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050


For hope


THANK YOU MILLAGE VOTERS
For providing care
TO EVERYONE
24/7
MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050


POWERED BY HYBRID EL
THANK YOU WASHTENAW COUNTY
For supporting PEOPLE IN CRISIS
24/7
MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
11/03/2021 02:42

CHRT

Vignette distribution

4 vignettes shared on websites and in apps targeting specific populations and locations

- 125,000+ impressions per month
- Target populations: Low income, young adults, racial minorities, LGBTQ+
- Target locations: Youth serving organizations, faith based organizations, housing agencies, etc.

CHRT

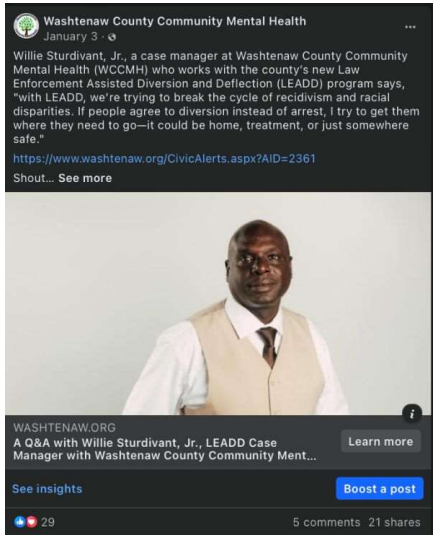
Community event

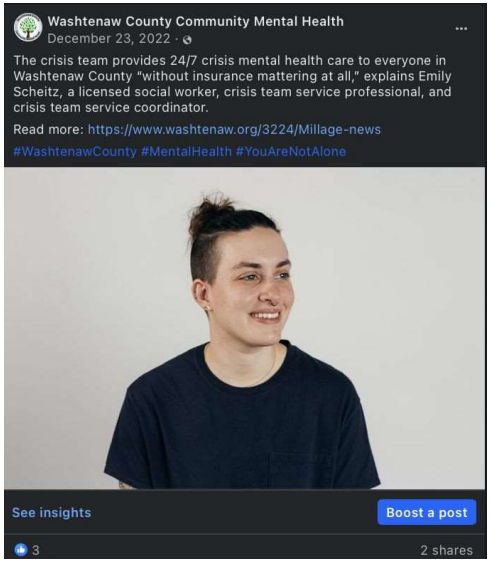
- State Theatre movie showing of:
  - It Takes a Millage
  - Bedlam
- 134 RVSPs
- Panel discussion with reps from:
  - WISD
  - NAMI
  - WCCMH
  - U of M department of psychiatry

CHRT

Social media

- 114 posts
- 30,000+ social media users reached





CHRT

Postcards & posters

- Suicide prevention signs and posters provided to Ann Arbor's Downtown Development Authority in Winter 2023
- Annual report postcard mailed in August 2023 to 40,000 homes
- Annual report mailer included in Valpak mailed in August 2023 to 40,000 homes

CHRT

2022 annual report

- 1,000+ local stakeholders received by email
- Thousands of printed copies sent to nearly 200 local organizations including faith-based organizations, health clinics, housing agencies, etc.
- Distributed annual report to Board of Commissioners and through partner newsletters

CHRT

Press releases

- **WISD $2.3 million millage contribution press release**
  - All About Ann Arbor
  - MLive
  - EMU
  - Concentrate
  - The Sun Times

- **Annual report press release**
  - Chelsea Update
  - The Sun Times
  - Concentrate

ANN ARBOR

Funding aims to fill in mental health resource gaps for Washtenaw County youth

Updated: Mar. 06, 2023, 1:35 p.m. | Published: Jan. 11, 2023, 10:25 a.m.

Chelsea MI 8-03-2023 7:32am

Washtenaw Co Releases 2022 Public Safety and Mental Health Preservation Millage Impact Report

Taylor Bennett

Center for Health and Research Transformation

Proposal

January 1, 2024 – September 30, 2024

CHRT

Communications aims

1. To increase transparency about the use of millage funds
2. To ensure residents are aware of services available to them thanks to millage funding

CHRT

Communications request: $178,875

Continuation of prior work:

- Quarterly newsletters with feature stories
- Press releases
- Underwriting MHSUD news
- 24/7 call line education
- Social media
- Service data collection
- 2023 impact report development and distribution
- BOC impact presentation

Launch new work:

- Youth Service Providers Convening materials and summary report
- Plan and execute community event*
- Write, design, and print millage education materials*

* TBD with MAC input

$76,231 for staff costs.
$102,643 for millage impact and millage-funded services outreach and education: 24/7 call line education, annual report printing and mailing, etc.

CHRT

Communications budget breakdown

Deliverable	Staff costs	Outreach costs	Total
Community education	$9,233	$60,843	$70,076
MHSUD news coverage	$2,010	$11,000	$13,010
Stories and newsletters	$16,320	-	$16,320
Impact reporting	$21,170	$10,175	$31,345
Community event	$4,570	-	$4,570
WCCMH materials	$9,739	$20,625	$30,364
Website maintenance	$6,095	-	$6,095
Youth convening event support	$7,095	-	$7,095
Total	**$76,231**	**$102,643**	**$178,875**

CHRT

Project management aims:

1. Enhance community partnerships to maximize impact of millage investments
2. Coordinate cross-sector initiatives that advance strategic planning goals

CHRT

Project management request $63,435

Continuation of prior work

- .30 FTE allocation of project management support
- Coordination of millage meetings with external stakeholders
- Support data identification and analysis
- Provide consultative support on assessment and evaluation of millage initiatives
- Backbone support for millage related initiatives and working groups

CHRT

Our mission.
To inspire and enable evidence-informed policies and practices that improve the health of people and communities.

Subscribe.
Text CHRT to 22828

Contact us.
Phone: 734-998-7555
Website: www.CHRT.org
E-mail: CHRT-info@umich.edu
Twitter: @CHRTumich

Our vision.
Facilitating community health improvements. Impacting state and national policy.

Our programs.
- Backbone support
- Data analysis
- Evaluation
- Fellowships
- Integration
- Issue briefs
- Learning communities
- Policy analysis
- Strategic communications
- Surveys