

**City of Milwaukee Office of Violence Prevention Application for  
The Recast MKE Project  
SAMHSA-Resiliency in Communities After Stress & Trauma  
June 2016**

**ABSTRACT**

The City of Milwaukee's Office of Violence Prevention's *Recast MKE Project* will target Milwaukee's high-risk youth and families in order to promote resilience and equity through the implementation of evidence-based, violence prevention, and community youth engagement programs, as well as linkages with trauma-informed behavioral health services in response to trauma and stress associated with recent civil unrest.

Milwaukee has the nation's fourth highest poverty rate and 28% of its people live below the poverty level; 4 in 10 children live in poverty. While the city values serving all races with cultural competence, it is expected more than 80% of project participants will be African American. Given the violent environments many of Milwaukee's youth live in, which have been battered by multiple generations of urban poverty, the project plans to directly address trauma, violence prevention, and mental health needs.

The first component of the project is a Community Needs & Resources Assessment, which will purposefully gather, analyze, and report on current data and information about the characteristics, needs, and resources of the community. Particular focus will be given to needs of high-risk youth/families and community-identified drivers of civil unrest, trauma, and violence. Results from the Assessment will then help guide the project's second component, the Strategic Plan. The Strategic Plan will develop a comprehensive and data-driven framework that includes a logic model, strategies for addressing resource and readiness gaps, evaluation activities, and how issues of cultural competency have and will be addressed.

From the Strategic Plan, the project will address the goal of the project, which is for the Milwaukee community to work together to improve behavioral health, empower community residents, reduce trauma, and foster sustained community healing. This will be accomplished through the implementation of six sets of strategies and interventions consisting of: Partnership, Disparities in Access, Trauma-Informed Behavioral Health Services, Peer Support, Building Community & Personal Resilience & Healing, and Training. Other goals include:

- Creating and sustaining a diverse, effective coalition to support project activities.
- Implementing mechanisms to increase access to trauma-informed behavioral health services.
- Identifying and implementing trauma-informed behavioral health services and evidence-based violence prevention and community engagement programs.
- Enhancing program impacts and cultural competency by providing peer support.
- Reducing personal and community trauma and building resilience.
- Providing training in trauma-informed approaches and violence prevention strategies.

Lastly, the project will undertake a rigorous and thorough evaluation. Under the direction of a team of professional evaluators, the project will incorporate qualitative and quantitative approaches to data collection and analysis, assessing both processes and outcomes.

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**City of Milwaukee Office of Violence Prevention June 2016 Application for  
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**Section A: Statement of Need**

**A-1. Describe the incident(s) of civil unrest within the past 24 months in your community which correspond(s) to the FOA definition of civil unrest. Discuss the extent to which civil unrest has impacted the community and how the proposed community-based, participatory activities will benefit high-risk youth and their families.**

While Milwaukee's African American community was not in a good place in terms of police-community relations prior to April 30, 2014, the tragic death of Dontre Hamilton at the hands of a white police officer, brought a broad array of concerns to the forefront and catalyzed ongoing protests and civil unrest in our city. Dontre Hamilton, 31, was African American, unarmed and struggling with paranoid schizophrenia when he was sleeping in Red Arrow Park at 2pm on April 30<sup>th</sup>. When former Officer Manney approached Hamilton, a confrontation ensued, with Hamilton gaining control of Manney's baton and Manney firing his service weapon, killing Hamilton with 14 shots. The first of many protests was held on August 17, 2014, including a sit-in by more than 100 people at the Police Admin. Building. Concern for Hamilton was magnified by events in Ferguson, MO. On Sept. 4, 2014, protestors arrive at a meeting of the Milw. Fire and Police Commission to demand release of the name of the officer who fatally shot Hamilton. The meeting was abruptly adjourned. On September 18<sup>th</sup>, Hamilton's family released the officer's name to the public, coinciding with the local newspaper's investigation<sup>1</sup> of how a past promise for better police training to respond to mentally ill individuals fell flat. On October 15<sup>th</sup>, six months after the shooting, the police chief announced that he was firing Ofc. Manney for failing to follow the department's procedures in dealing with emotionally disturbed people and for conducting an "out of policy pat-down," a decision Manney appealed. More than 100, including a group now led by Hamilton's brother called Coalition for Justice, gathered on the six-month anniversary of the death to call for Manney to be criminally charged. On Nov. 25<sup>th</sup>, 300 protesters condemning the police killings of unarmed black men in Milwaukee and Ferguson tied up intersections as they marched in bitterly cold weather across downtown and through an indoor mall, attempting to storm the arena. Hamilton's mother told the crowd, "This is my holiday celebration, because I will have an empty seat at my table this year."

Protesters said they were moved by the Ferguson verdict to support the Hamiltons. "I have two young black boys at home, and if I can't protect them....," said Cheresse Jennings, her voice trailing off. Protests continued for months calling for criminal charges, including "die-ins" at the DA's house and a mall, 74 people being arrested as demonstrators closed a major highway in both directions during rush hour, and the Governor stating he was ready to call out the National Guard to quell unrest.<sup>2</sup> On Dec. 18, 2014, the Mayor stood with the Hamilton family announcing accelerated Crisis Intervention Training for all officers. On Dec. 22<sup>nd</sup>, eight months after Hamilton's death, the DA announced that former Ofc. Manney would not be criminally charged (spurring more mass protests, including with Rev. Jesse Jackson). The same day, it was announced that the U.S. Dept. of Justice would undertake a federal review of the case, which was bolstered by the Police Chief's late-2015 request for a "collaborative reform initiative" review of dept. practices. The first DOJ listening session in Jan. 2016 spurred 700 people to voice concerns

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<sup>1</sup> Kissinger, Meg. "Milwaukee police promise on mental health training unmet," Milwaukee Journal Sentinel, Sept. 27, 2014.

<sup>2</sup> Luthern, Ashley. "National Guard on alert if needed for Dontre Hamilton protests in Milwaukee," Milwaukee Journal Sentinel, Dec. 21, 2014

in a standing-room-only venue. A youth listening session was held March 4. We find Table 1’s listening session feedback exceptionally informative to the proposed Recast project:

| <b>Table 1. DOJ Community Listening Session Quotes from Milwaukee Residents</b>   |   |
|---|---|
| “I have suffered for a long, long time. These officers, this system doesn’t seem to realize the pain they bring to family members. And, it doesn’t die the next day – it stays with you forever.”   | -Victor Rodriguez, whose son Samuel was shot and killed in 2002 |
| “Chaos is taking over. If we’re going to start fighting crime, we also have to start doing things that are based on community and everyone growing stronger. If we don’t do that, we will continue to suffer, we will continue to live in fear.”  | -Verona Swanigan, candidate for Milwaukee District Attorney     |
| “If you truly want to make change and seriously, wholeheartedly enter into this arena with the concept of making positive change for this great city of Milwaukee, you need to do it with a broken and open heart. The heart is broken. It’s not being broken by you, as individuals, or us; it is broken by the system and it has to be repaired.” | -James Boudreaux, owner of Boudreaux’s House of Fashion Design  |

Milwaukee, a city characterized by racial segregation, disparities, poverty, and severe inequality of opportunity, is a 100% fit for the characteristics the FOA identifies as common to communities that experience civil unrest, as will become clear in the following pages. Proposed community-based, participatory activities will benefit high-risk youth and families by treating them with dignity, in a dignified process of listening and inclusion that seeks to address root causes and community healing. We hope to take Mr. Boudreaux’s advice above and invite our community to *enter the arena wholeheartedly with a broken and open heart*, hungry for change.

**A-2. Discuss the extent to which the following characteristics of civil unrest have impacted your community: a. Barriers to access and lack of social services, health care, legal and political representation, housing, employment, and education:** Milwaukee’s low-income and African American neighborhoods experience severe barriers to access and lack of social services, health care, legal and political representation, housing, employment and education. Despite the efforts of many dedicated teachers, the outcomes at Milwaukee Public Schools (MPS) are troubling evidence of inequality. While statewide, 42% of public school students are considered “Advanced + Proficient” in reading, this is only true for 17% of MPS students<sup>3</sup>. Disparities continue in math scores, drop-outs, suspensions, college enrollment, etc., showing a pattern of Milwaukee youth not realizing their potential. In Milwaukee, only 59.7% of MPS students completed high school on time (within four years)<sup>4</sup>. According to the U.S. Bureau of Labor Statistics, as of April 2016, Milwaukee’s unemployment rate was 5.9%, but these rates are much higher for African American males. An analysis of African Amer. employment in Milw. found unemployment rates were highest (39.5%) for male teens in the labor force (including teens seeking work).<sup>5</sup> Positive programming is important for supporting youth in these areas and connecting them to opportunities. Issues related to driver’s licenses<sup>6</sup> are a surprising barrier to employment among minority youth in Milwaukee, and can also hasten one’s journey to eventual trouble with the law. Milwaukee has more license suspensions for failure to pay forfeitures rather than unsafe driving. African American males in their twenties have the most serious suspension and revocation problems, according to the UW Employment & Training Inst. Without a license, workers are unable to legally drive to job sites, forced to rely on our inadequate transit system which rarely connects to suburban job locations. Racial differences are also seen when

<sup>3</sup> WI Dept. of Public Instruction, “Wisconsin School District Performance Report, 2013-14: WKCE/WAA Achievement Test Results.”

<sup>4</sup> WI Dept. of Public Instruction, WISEdash data dashboard, 2013-2014 data.

<sup>5</sup> UWM Emp. & Training Inst. “Drilldown on African American Male Unemployment and Workforce Needs.” Prepared for MAWIB. Dec. 2009.

<sup>6</sup> Drivers License Status Report for Milw Cty, by the UW-Milw Employment & Training Institute, June 3, 2012, by Lois Quinn, John Pawasarat.

examining the licensing patterns of teens, with far fewer African Americans having licenses. In a groundbreaking study (*Evicted: Poverty and Profit in the American City*) of rental housing in Milwaukee, Harvard sociologist Matthew Desmond found that approximately 16,000 individuals (adults and children) are evicted every year, equating to 16 households evicted per day. Each eviction sets in motion chain reactions which greatly stress already-struggling families. Women from black neighborhoods made up less than ten per cent of Milwaukee's population but nearly a third of its evicted tenants. The book notes about the Milwaukee context, "If incarceration had come to define the lives of men from impoverished black neighborhoods, eviction was shaping the lives of women. Poor black men were locked up. Poor black women were locked out."

**b. Current and historic strains in community and public sector relationships, e.g., law enforcement, school, health, and/or housing and community relationships:**

Milwaukee's soaring homicide rate increased by 69% from 2014 to 2015, one of the steepest increases nationwide. There is a growing atmosphere of recklessness fueled by the more than 400% increase in car thefts by minors over the last six years.<sup>7</sup> The mayor announced this week that year-to-date arrests of juveniles for operating without owner's consent are up 72%, for carjacking 189%, for robbery 19% and for armed robbery 16%.<sup>8</sup> While some are calling for more police officers and stiffer penalties for juvenile offenders, others are sounding the alarm on a traumatized community which doesn't trust law enforcement and has been failed by the public sector. This distrust intensified in early 2016 when an investigation revealed a pattern of physical abuse (including broken bones) and sexual assault by officers at the Lincoln Hills Detention Center, a rural facility housing a high percentage of African American teens from Milwaukee. It is not hard for low-income Milwaukeeans to become caught up in the criminal justice system, which often detains people for inability to pay fines stemming from minor infractions<sup>9</sup>.

While community-wide education reform efforts such as Milwaukee Succeeds have been lauded for their promise, one recent reform has proved to be divisive. In response to the Opportunity Schools Statue drafted by lawmakers who do not represent Milwaukee, the Milw. County Executive was mandated to appoint a commissioner who would evaluate Milw's poorest performing schools and turn up to three a year over to outside providers. Critics argue that it's simply a takeover attempt and will have adverse consequences for the MPS district as a whole.<sup>10</sup>

Meanwhile, the African American infant mortality rate of 13 deaths per 1,000 births is similar to many third world countries and more than double the state and national averages.<sup>11</sup>

A report from UCLA finds that Wisconsin suspends black high school students at a higher rate than anywhere else in the country and has the second-highest disparity in suspension rates between white and black students. Milwaukee suspends black high school students at a rate nearly double the national average.<sup>12</sup>

**c. Minority/marginalized populations with experiences of poverty and inequality.**

Milwaukee has the nation's fourth highest poverty rate, with a median income of \$35,823; 28% of its people live below the poverty level. In Milwaukee Public Schools (MPS), 82% of students qualify for free and reduced price lunches, a marker of widespread poverty. Milwaukee's status as *the nation's most racially segregated metropolitan area*<sup>13</sup> has broad

<sup>7</sup> Causey, James. "Milwaukee's street clowns put us all in danger," Milwaukee Journal Sentinel, May 27, 2016.

<sup>8</sup> Mayor Barrett's Statement on Juvenile Care Thefts, June 2, 2016.

<sup>9</sup> O'Brien, Brendan. "Residents of poor neighborhoods see more than their share of costly municipal citations," Mil. NNS, Nov. 11, 2015

<sup>10</sup> Johnson, Annysa. "Abele, Means opportunity schools plan gets rocky reception," Milwaukee Journal Sentinel, April 22, 2016.

<sup>11</sup> Stephenson, Crocker. "For Milwaukee's children, an early grave," Milwaukee Journal Sentinel, Jan. 22, 2011.

<sup>12</sup> Richards, Erin. "Wisconsin black suspension rate highest in U.S. for high schools," Milwaukee Journal Sentinel, March 1, 2015.

<sup>13</sup> Gilbert, Craig. "Democratic, Republican voters worlds apart in divided Wisconsin," Milwaukee Journal Sentinel, March 3, 2014.

implications. Milwaukee's youth are particularly hard hit by the lack of economic opportunities. Nearly one-third of its residents—including 4 in 10 children—live in poverty.

Wisconsin has *the highest black male incarceration rate in the United States*. The rate (1 of 8 African American men 18-64 were in prisons and jails in April 2010) is nearly double that of U.S. as a whole and 32% higher than the next worst state. In Milwaukee County, *half of African American men of prime working age (30-44 years old) have been incarcerated in the WI Dept. of Corrections system.*<sup>14</sup> Among Milwaukee County's African American males ages 30-34, 58% are incarcerated or have been incarcerated.<sup>15</sup> This has a number of implications for our work targeting minority youth: these youngsters have grown up seeing few role models of African American employed males, and there is a clear need for early intervention to reverse the pattern among today's youth and teens. A recent article<sup>16</sup> examining Chicago's murder problem touched on many points relevant to Milwaukee, given our similarly segregated natures. It quoted Princeton professor Douglas Massey explaining, "What predicts violent crime rates is concentrated poverty and neighborhood disadvantage, and what determined concentrated poverty is high levels of black segregation combined with high levels of black poverty."

**A-3. Discuss the characteristics and demographics of the community and surrounding areas to be served, including information on high-risk youth and their families:** Milwaukee is Wisconsin's largest city with a population of 594,833, located in Milwaukee County in the southeastern part of the state. Milwaukee's racial/ethnic makeup is 40% African-American, 37% Non-Hispanic White, 17.3% Hispanic, 3.5% Asian, 3.4% individuals of mixed races, and 1% American Indian (Census 2010). The segregated nature of Milwaukee is such that most Hispanics live on the south side and most African Americans live on the north and northwest side. While we value serving all races with cultural competence, given our demographics, we expect more than 80% of participants to be African American.

While much progress has been made since the 2006 city teen pregnancy rate of 52.0 for 15-17-year-olds, the 2014 city rate of 23.7 is still more than 10 points above the national average of 10.9, and more than double the state of Wisconsin rate of 7.7.<sup>17</sup>

The Milwaukee Public Schools 2013 Youth Risk Behavior Survey (YRBS) (most recent data publicly available) reveals a number of risky behaviors by high school students. In the past 30 days, 12% carried a weapon, 27% drank alcohol, and 32% used marijuana. 52% have tried marijuana. In the past 12 months, 29% of high schoolers had been offered, sold or given an illegal drug on school property. There is high permissiveness for marijuana: 60% responded that all or most people their age would say it is okay to smoke marijuana occasionally.

**A-4. Discuss the relationship of high-risk youth and their families to the overall population in the community, including any sub-population disparities relating to access and use of services within the community and outcomes:** Number 50. Dead last. Worst in the nation. Phrases like this, coupled with the word "CRISIS," appear when the state of our minority youth is discussed in Milwaukee, Wisconsin. When the Annie E. Casey Foundation's March 2014 report<sup>18</sup> ranked Wisconsin dead last in terms of child racial disparities, a newspaper article summarized the situation ominously: "*For African American children seeking a better future, no state looks worse than Wisconsin.*"<sup>19</sup>

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<sup>14</sup> Milwaukee Drilldown, Dec. 2012 for MAWIB, Prepared by UWM Employment & Training Institute.

<sup>15</sup> Ibid.

<sup>16</sup> Fessenden, Ford and Haeyoun Park. "Chicago's Murder Problem," *New York Times*, May 27, 2016.

<sup>17</sup> State of Wisconsin Health Department; City of Milwaukee Health Department.

<sup>18</sup> Annie E. Casey Foundation. "Race to Results: Building a Path to Opportunity for All Children." 2014.

<sup>19</sup> Ivey, Mike. "No state worse than Wisconsin for black children, study finds." *The Capital Times*. Apr 1, 2014.

State-wide findings from the Center on Wisconsin Strategy (COWS)<sup>20</sup> at UW-Madison show how Wisconsin is an *outlier nationally in racial disparities*. Wisconsin is...

- 1<sup>st</sup> in the nation for black-white disparities in labor force participation.
- 2<sup>nd</sup> in the nation for black-white disparities in the poverty rate.
- 1<sup>st</sup> in the nation for black child poverty rate (more than half of African American children in the state live in poverty).
- 1<sup>st</sup> in the nation for black-white disparities in 8<sup>th</sup> grade math scores.
- 1<sup>st</sup> in the nation for black-white disparities in high school dropout rates (no state came near this level of disparity).
- 1<sup>st</sup> in the nation for rate of black male incarceration (12.8% of black men). This is nearly double the national rate of 6.7%.

Milwaukee's minority youth are often isolated in environments exhibiting intergenerational urban poverty with little racial, economic and cultural diversity and little access to jobs.

**A-5. Describe the community's current resource needs, gaps, and assets, including any challenges associated with access to or quality of services related to current trauma and violence prevention activities and services:** The U.S. CDC reports that 30% of inner city youth are suffering from PTSD. The director of the CDC has said that children living in high-crime neighborhoods and exposed to community violence have higher rates of PTSD than American troops deployed to combat in Iraq and Afghanistan.<sup>21</sup> Given the violent environments many of our youth live in, which have also been battered by multiple generations of urban poverty, our project plans to directly address trauma, violence prevention, and mental health, including linking youth with appropriate counseling or mental health services when appropriate.

Often, those who perpetrate violence have themselves survived a long list of what experts refer to as Adverse Childhood Experiences (ACEs). Research is revealing that ACEs and childhood trauma impact everything from one's physical health to reactions to conflict and abilities to maintain healthy relationships. Milwaukee needs more programs that address the extent of trauma experienced by city youth (and their families), some of whom are growing up in extremely violent and impoverished settings.

Needs and gaps, aside from our poverty challenges which impact most things, include 1) better ways to link high-risk youth and families with services and evidence-based interventions; 2) Dignity. There is a dignity gap in our community, and the way systems and sometimes even well-meaning but flawed interventions ultimately work to reduce people's dignity is toxic to our children; 3) There is a stigma, especially in the African American community, against accessing behavioral health care; 4) We need more positive and accessible alternatives to crime, violence and aggression such as jobs and youth engagement; 5) To generalize, what is most valuable in what it means to have letters after one's name – mastery of a subject; potential for effectiveness – too often never infiltrates to people who need such specialized expertise the most desperately.

We will briefly address both system assets and assets of our people. The Trauma Response Team (TRT) is a partnership between the city, police dept., and Wraparound's Mobile Urgent Treatment Team. TRT trains officers in trauma response, and identifies youth exposed to traumatic events and provide resources in order to minimize trauma's impact. Milw. Succeeds, a community-wide effort to improve education, has a particular focus on social emotional health/learning and a trauma-informed approach. Beyond the Bell, a coalition-driven effort to improve quality and access of out-of-school time activities, has working groups focused on

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<sup>20</sup> Center on Wisconsin Strategy (COWS). "Wisconsin's Extreme Racial Disparity." December 2013. UW-Madison.

<sup>21</sup> Causey, James E. "PTSD spikes in inner city youth." Milwaukee Journal Sentinel, June 7, 2014.

quality, access, data, policy, and funding. Last but certainly not least, our community members in Milwaukee often show grit, hope and resilience against all odds. They are entrepreneurial, creative, engaged, and proud of their history and cultures. Parents love and care for children. Children emerge as young leaders. May we create a more perfect, safe, empowering home and launching pad for their dreams.

**A-6. Describe the need for enhanced systems and services to support high-risk youth and their families with limited resources and high rates of trauma and violence.**

Milwaukee County's rate of violent crimes (899 per 100,000 people in 2012) is far higher than the statewide average (279 per 100,000 people).<sup>22</sup> Some youth in Milwaukee are growing up in violent environments with some of the highest rates in the country of incarcerated and formerly incarcerated individuals, an atmosphere that can contribute to delinquency. Among Milwaukee County's African American males ages 30-34, 58% are incarcerated or have been incarcerated by WI Dept. of Corrections.<sup>23</sup> The 2013 MPS YRBS data shows that 19.5% of high schoolers were in two or more physical fights in the previous 12 months. Of non-white male MPS high school students, 15.5% reported having carried a weapon (gun, knife or club) in the past 30 days. Prevention programs are vital for helping youth and young adults understand that violence is not normal or acceptable, and they can have other positive options, coping methods and outlets in life. In MPS, 15.5% of non-white male high school students completing the 2013 Youth Risk Behavior Survey reported having carried a weapon (gun, knife or club) in the past 30 days. 12.8% reported having been in four or more physical fights in the past 12 months. This data shows that violent crime in Milw. disproportionately involves minority males, and there is a clear need for early-intervention violence prevention and healthy conflict resolution skills.

All youth deserve safety, loving attention, and the support they need to make healthy choices in life. However, too often, vulnerable youth lack the comprehensive support needed to reach their full potential. Regarding programs serving at-risk youth, we find that the community would benefit from an increased capacity to provide trauma-informed care; to effectively interpret assessment tool results in a way that leads to referrals that help youth meet their greatest needs; and to increased ability to connect with various pieces of local systems. Commonly, community-based programs serving high-need youth lack the capacity to hire, for instance, a master's degree-level practitioner to address trauma. This is where we feel Re-CAST MKE can fill gaps by helping train programs to identify needs and access a network of referrals and trauma-informed practices to meet high-risk youth and family needs.

**A-7. Discuss the extent to which community members, including high-risk youth and families, were involved in providing input in this proposal:** Community members including high-risk youth and families were involved in providing input into this proposal through four focus groups conducted by project partner, Community Advocates Public Policy Institute (PPI). As a funder of many youth- and parent-serving agencies community-wide, PPI was able to access four diverse settings for this work, which entailed asking open-ended questions designed to inform response to the Recast grant opportunity. One group of parents and three groups of youth were selected from community-based agency clients/participants who were willing to share their views and reflected the target populations the Recast MKE Project is intended to serve. The parent group included one Hmong parent, one African American and Latino parent, two Latino parents, four Caucasians and seven African Americans (15 total). The youth groups included two Latino youth and 12 African Americans (14 total). Responses showed

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<sup>22</sup> WI DHS, WI Epidemiological Profile on Alcohol and Other Drug Use, 2014. Sept. 2014.

<sup>23</sup> Milwaukee Drilldown, December 2012 for MAWIB, Prepared by the UW-Milwaukee Employment & Training Institute.

several themes: 1) The impact of violence; 2) Mental health treatment is stigmatized; 3) Access to services is a barrier; 4) The community needs more positive outlets, opportunities and jobs for young people so they stay out of trouble. Every participant shared information indicating that community members are emotionally affected by the high rates of neighborhood violence. Every participant also agreed that more opportunities and help are needed, if provided in the right way.

| <b>Table 2. Voluntary Focus Group – Key Quotes From High-Risk Youth and Parents</b>   |   |
|---|---|
| <b>How have community violence and protests affected families in Milwaukee</b>  |   |
| “Community violence has left people living in the city feeling unsafe and afraid to live normal lives. Few trust the police. Snitching can get you killed.” | “There are more people carrying guns now. ‘I got my CCW,’ they say (Concealed Carry Weapon). ... The CCW law should be changed; it has impacted how the community thinks about having guns around.” |
| “Police protect their own. There are no consequences for violent police behavior – even killing. People feel like that will never change.”                  | “There is a do first/think later mentality. Retaliation is valued; emotions are high.”  |
| <b>Why aren't more people affected by violence and mental health issues connecting to help they need?</b>   |   |
| “People don't know they need help. Mental health treatment is taboo and shows weakness. Go to church instead”   | “[If someone needed behavioral health treatment,] my family would say, ‘Oh, it’s nothing.’” Another participant: “In my family, they would pray.”   |
| “You go to church. You get prayed on instead.”  | “People don’t know where to get help from.”   |
| <b>What would get people the services they need?</b>  |   |
| The community needs more positive outlets, opportunities and jobs for young people so they stay out of trouble.   | “People need to trust someone who is an advocate and who they already know helps. This person can go with them to a therapist.”   |
| “Be available where people are – like after-school programs.”   | From a parent: “We need community events, block parties, potlucks, grief support, increased parent-neighbor contacts.”  |
| <b>When you hear things like "Community Healing," what does that mean for Milwaukee?</b>  |   |
| “[It would mean] less fear, meaning people should be able to go anywhere without having to watch their backs every five seconds.”                           | “To heal, people need love and attention, not just pills.”  |
| <b>What should we avoid when reaching out to people in need and linking them to services?</b>   |   |
| “Avoid false promises.”   | “Don't force people to get help, make it friendly and helpful.”   |

The feedback has influenced Recast MKE Project partners to ensure that all services are highly accessible. It has also underscored the extent to which children are growing up in violent, traumatizing environments. Finally, multiple comments conveyed the stigma against getting behavioral health treatment, so the most effective interventions will take that into consideration.

**Section B: Proposed Approach**

**B-1. Describe the project purpose, including its goals and measurable objectives. Describe the extent to which goal achievement will increase capacity to support the following: a) Represented agencies and community members in the development and implementation of program activities; b) Engagement of health/behavioral health care settings and non-health care settings; c) Building relationships across multiple types of providers; d) Increasing**

access to trauma-informed behavioral health services for high-risk youth and their families; and e) Training professionals in trauma-informed approaches.

***Purpose, goals and objectives:*** The purpose of Recast MKE is to assist high-risk youth and their families and promote resilience and equity in Milwaukee through the implementation of evidence-based violence prevention and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. The overarching goal is for the Milw. community to work together to improve behavioral health, empower community residents, reduce trauma and foster sustained community change. The Goals & Measurable Objectives chart touches on each required activity, GPRA measure and required outcome measures.

| <b>Table 3. Goals &amp; Measurable Objectives</b> |  |
|---|--|
| <b>Partnership</b>                                |  |
| <b>Goal 1</b>                                     | <b>To create and sustain a diverse, effective coalition to support project activities and community healing.</b>   |
| Obj. 1.1  | Will track the number of organizations and community representatives that are collaborating/coordinating/sharing resources with each other as a result of the grant, aiming to include at least 10 organizations and at least 100 community members.   |
| Obj. 1.2  | Include participation and representation in coalition work from at least 10 (63%) of the following 16 sectors: health care, behavioral health care, law enforcement, faith-based, colleges/universities, business community, employment programs, philanthropy, housing, transportation, juvenile justice, education, youth-serving programs/agencies, state/local government, parents, youth. |
| Obj. 1.3  | The coalition’s Provider Work Group will build relationships across multiple types of providers and will advise the project by developing and presenting a written memo/report by project month 6 which issues 4-10 recommendations for how to improve provider linkages for the benefit of high risk youth and families.  |
| Obj. 1.4  | Align the coalition work with at least one other ongoing community process to address violence prevention, behavioral health, or trauma.   |
| <b>Disparities in Access</b>                      |  |
| <b>Goal 2</b>                                     | <b>To implement mechanisms to increase access to trauma-informed behavioral health services and to reduce barriers to access for the target population of high-risk youth and families.</b>  |
| Obj. 2.1  | The Lead Service Connector will reach out to at least 30 youth- and family-serving community-based organizations in Year 1 to recruit Service Connector Trainees.  |
| Obj. 2.2  | 10 Service Connector Trainees will receive Service Connector Training and ongoing support from the Lead Service Coordinator in how to help clients from their home agencies, and their families, become linked with trauma-informed behavioral health services.  |
| Obj. 2.3  | Service Connector Trainees will track numbers of referrals of children and families to trauma-informed behavioral health services such as Wraparound, and numbers of referrals of children and families to other needed services (such as help accessing affordable housing, transportation, child care, employment help, special education, physical health care, or benefits).               |
| <b>Trauma-Informed Behavioral Health Services</b> |  |
| <b>Goal 3</b>                                     | <b>To identify and implement trauma-informed behavioral health services, evidence-based violence prevention and community engagement programs, and other culturally specific and developmentally appropriate strategies that address the needs of high-risk youth, families and community members and that build community resilience.</b>   |
| Obj. 3.1  | 70% of participating youth will show no or reduced “aggressive referrals” or suspensions from school following the intervention compared to baseline.  |
| Obj. 3.2  | 70% of participating families will demonstrate increased engagement with their child’s school or community, as demonstrated by attending parent-teacher conferences, school events, and community events or support group meetings.  |
| Obj. 3.3  | We will track data on the number of youth and families receiving trauma-informed behavioral health services.   |
| <b>Peer Support</b>                               |  |
| <b>Goal 4</b>                                     | <b>To enhance program impacts and cultural competency by providing peer support for high risk youth and families from people with lived experience.</b>  |

|   |  |
|---|--|
| Obj. 4.1  | At least 25 youth and 25 families will benefit from peer support and/or peer mentoring related to their participation in trauma-informed behavioral health services.   |
| Obj. 4.2  | Each of the community listening sessions and/or focus groups related to the coalition's Needs & Resource Assessment Process and the ongoing Community-Based Participatory evaluation methods will contain an element of peer support and/or youth leadership to foster self-advocacy and empowerment, targeting 60 people.                                   |
| <b>Building Community &amp; Personal Resilience &amp; Healing</b> |  |
| <b>Goal 5</b>   | <b>To reduce personal and community trauma and build resilience through activities that support healing and empowerment.</b>   |
| Obj. 5.1  | Restorative and resiliency approaches will impact 100 youth in Year 1.   |
| Obj. 5.2  | 80% of participants in restorative or resiliency-building programming will report in a post-survey that their empowerment increased as a result of the workshop.   |
| Obj. 5.3  | 200 youth will participate in empowerment workshops incorporating written and spoken word poetry.  |
| Obj. 5.4  | 80% of spoken word workshop participants will report in a post-survey that their empowerment increased as a result of the workshop.  |
| Obj. 5.5  | Reduce fragmented community relationships through a youth-led community event. Resource fair follows the event, including opportunities to volunteer/mentor, get involved in Re-CAST MKE, and link to needed services. 80% of event attendees will report in a post-survey that they felt more positively connected to their community as a result of event. |
| <b>Training</b>   |  |
| <b>Goal 6</b>   | <b>To provide training in trauma-informed approaches, violence prevention strategies, and other areas needed for community healing and trauma recovery/prevention.</b>   |
| Obj. 6.1  | 100 individuals will receive training in trauma-informed approaches, violence prevention, mental health literacy, and other related trainings.   |
| Obj. 6.2  | 60 people in the health and human services workforce, including community service providers and first responders, will receive training in trauma-informed approaches, violence prevention strategies, and other related trainings.  |

**Extent to which achievement of goals will increase capacity to support the stated areas:**

- a) It is fundamental to our project design to create a structure through which the City of Milwaukee can increase the extent to which **partnering agencies and community members are involved in the development and implementation of program activities**. Our coalition, needs assessment, strategic plan, and evaluation approach will place high importance on involving agencies and community members, giving them a true voice in how program activities develop and occur. We plan to hold numerous listening sessions, focus groups and key informant interviews, and the qualitative section of our evaluation will infuse a community-based participatory approach.
- b) Recruitment for the Recast MKE Coalition will engage both **health/behavioral health care settings and non-health care settings**. We expect this will involve local youth-serving programs such as community centers, behavioral health providers, colleges, the school district, law enforcement/juvenile justice, faith-based entities, the business community, employment programs, housing programs, elected officials, local task forces, and more. Project partners have experience in recruiting and supporting diverse coalitions, including as part of a recent SAMHSA Drug-Free Communities grant. Parts of our implementation will specifically engage both health/behavioral health care and non-health care settings, such as the referral linkages we plan to achieve with the three objectives under Goal 2
- c) Recast MKE's approach will serve to **build relationships across multiple types of providers (e.g., judges, mental health case workers, probation officers)**. We are committing to create a Provider Work Group within the structure of the coalition. Obj. 1.3 above reflects how the work group will build relationships across multiple provider types and will advise the project by presenting a written memo by project month 6 which issues 4-10

recommendations for how to improve provider linkages for the benefit of high risk youth and families. This will be used to inform the strategic plan and project implementation.

d) Recast MKE’s approach will serve to **increase access to trauma-informed behavioral health services for high-risk youth and their families.** We will do this in two ways, one by identifying and implementing the services as part of Recast MKE, and secondly, by creating a mechanism to foster greater linkages with services and thus increase access (Goals 2 and 3 above). The services to be implemented will be identified following the community-driven needs assessment and strategic planning process. We plan to increase access through the Recast Service Connector role. He/she will recruit Service Connector Trainees from local community-based organizations for training in how to better link those in need with services. He/she will serve as a resource and mentor to raise the sector’s capacity to foster access to trauma-informed beh. health services for high-risk youth and families. It is also worth noting that our efforts to build relationships across multiple types of providers could create impacts which serve to increase access.

e) The Recast MKE Project leverages the Community Advocates Public Policy Institute’s (CA-PPI’s) foundation of experience in convening individuals and groups and offering trainings to **educators, health providers, clergy, law enforcement, first responders, and members of other community-based orgs in trauma-informed approaches.** The Program Manager, to be housed at CA-PPI, will be responsible for taking community input into account in selecting training topics, coordinating with workforces or professionals who may need the training as well as with the trainers, and handling all logistics related to presenting the trainings. We expect some trainings to be open to anyone who registers, while others will be specifically targeted to people who fill a certain role, such as law enforcement.

**B-2. Describe your existing/proposed diverse coalition of stakeholders in community, and the extent to which they are representative of their community and the population of focus:**

The proposed Recast MKE Coalition will be a new entity but will build upon the foundation of preexisting community-wide initiatives. Project partners are exceptionally well-connected to stakeholders across Milwaukee, with years of experience working toward cross-sector solutions to problems. While the Program Manager will be primarily responsible for coalition recruitment and orientation of new coalition members, he or she will be substantially aided by the Project Director and all other project partners, who are connected to everyone from the Chief of Police to the schools superintendent to local spoken word poet-leaders to youth

**ANTICIPATED COALITION MEMBERS/ PARTICIPANTS IN ADDITION TO KEY PROJECT PARTNERS**

- City of Milw. Black Male Achievement Advisory Council
- Milw. County Brighter Futures Initiative (10 youth-serving nonprofits)
- 53206 Drug-Free Communities Project (SAMHSA-funded)
- 27<sup>th</sup> Street Drug-Free Communities Project
- Safe & Sound
- Milw. Continuum of Care
- Beyond the Bell
- Milwaukee Police Dept.
- Milw. Mental Health Task Force
- NAMI Milwaukee
- United Way of Greater Milw.
- Greater Milw. Foundation
- Neu Life Community Devel.
- Milw. County Office of African American Affairs
- Clergy/Faith-based
- Walnut Way; Alice’s Garden
- ACLU
- Coming Together Partnership to Prevent Gun Violence
- Elected officials
- Families United (parent reps)
- Wraparound Partnership Council (contracted partners of Wrap. beh. health provider)
- Penfield Children’s Center
- Running Rebels (nonprofit)
- Milw. Center for Children & Youth (restorative circles)
- Juvenile Justice/judges
- Coming Together Partnership
- Milw. Succeeds (educ. effort)

services providers to toxic stress researchers. We are the ones planning responses to the White House My Brother's Keeper Challenge, planning Boys & Men of Color Week 2016, and working to "Flood the Hood With Dreams," as one of our partnering initiatives is named.

As lead applicant, the Office of Violence Prevention is also intensely committed to a project currently in the planning stages to contract with the national facilitator, **The Prevention Institute, in the development of a Blueprint for Violence Prevention in Milwaukee**. The Prevention Institute has successfully implemented Blueprints in numerous other cities, some of which have already measured reductions in youth and/or adult violence and criminal activity. The model treats violence as a public health issue, working for upstream solutions that also integrate Community Resilience. The first stage, starting in June 2016, will be to recruit a Blueprint for Action Steering Cmte, comprised of a cross-section of 20 to 30 stakeholders.

This group will be extremely well-positioned to serve as the foundation for a Recast MKE Project coalition, and to participate in additional recruitment and outreach efforts to engage stakeholders who best match the Recast objectives. We strongly feel that leveraging the Blueprint project and aligning it with the Recast MKE Project will increase each project's scope of impact and effectiveness. Coalition-building will also leverage capacity that was created in 2014 around collaboratively implementing Milwaukee's first Boys & Men of Color Week. This week-long series of events created lasting ties among collaborators and has "fed into" subsequent community trainings, philanthropic efforts, a mapping effort, and work related to My Brother's Keeper at the county, city and school district levels. The Program Manager will be responsible for ensuring that coalition members are representative of the community and population of focus. The list of anticipated participating members in the shaded text box has expertise in serving Milwaukee's high-risk youth and families, who tend to be people of color.

**B-3. Describe how Comm. Needs & Resources Assessment will be conducted and focused on community-identified drivers of civil unrest, trauma, and violence. Discuss how community members will be involved in assessment process:** Our Community Needs and Resources Assessment will apply qualitative methods with a community engaged approach. It will be highly informed by the CDC tool recommended in the Recast FOA, the *Community Health Assessment and Group Evaluation (CHANGE)* tool. We anticipate the CHANGE tool will need some alterations to match a focus on trauma, beh. health and violence prevention rather than its current health lens. Within the first three months, the Needs and Resources Assessment process will purposefully gather, analyze and report on current data and information about the characteristics, needs and resources of the community. Particular focus will be given to needs of high-risk youth/families and community-identified drivers of civil unrest, trauma and violence.

The assessment will accomplish the following:

- Assess problems and related behaviors and community characteristics
- Prioritize problems (criteria, magnitude, time trend, severity, comparison)
- Assess risk and protective factors, with particular focus on factors related to building personal and community resilience.
- Assess how prepared the community is to take action/change in various areas, and extent to which the community takes ownership of the issues and their capacity to impact them.
- Illustrate what resources and strengths the community can draw from (i.e., assets).
- Illustrate a prioritization of community needs.

The Qualitative Evaluator, Dr. David Pate, will lead a needs assessment process to include, at minimum, the following elements: 4 community listening sessions, 4-6 focus groups, and 20-30 key informant interviews. Dr. Pate is experienced in approaches to authentically

involve community members and foster a process by which their input can impact program design. It is likely that the approach will interact with the Recast MKE coalition in separate sectors, for instance, community organization, health care, work site, and school sectors.

The assessment will provide the community team with the data needed to strategize, build partnerships, and implement to create change. The resulting report will include descriptive and narrative content data as well as quotes from focus groups. Qualitative data analysis software professionally transcribed data will aid in our ability to conduct analysis to capture the themes and identify the appropriate needs and community priorities.

**B-4. Describe how the community strategic plan that outlines a common vision to address program goals, and builds partnerships and awareness of the issues faced by high-risk youth and their families, will be developed. Discuss how the community leaders/members will be involved in the strategic planning process:** The community strategic planning process will be supported by all project staff but will be led by an experienced Strategic Planning Consultant. The consultant will have experience leading cross-community planning with multiple sectors, and experience in the cultural context of Milwaukee or similar settings.

The strategic planning process will be distinct from, but aligned with, the Prevention Institute's facilitation of the creation of a Violence Prevention Blueprint for Milwaukee. While the process will reach beyond coalition members, the Recast MKE Coalition will serve as the main base of support for the strategic planning process. The strategic plan will be developed within six months of the grant award, and will at minimum address all required activities.

The strategic plan will be directly informed by the Community Needs and Resources Assessment, especially with regard to strategically addressing issues that it is clear are urgent community priorities. The analysis will take into account the importance and changeability of various issues and factors. For instance, at times something very important is not substantially changeable, or may require the building of additional community capacity before change can occur. The strategic plan will take into account the extent to which interventions are evidence-based, and the context they wish to impact (i.e, individual, family, community and societal contexts). Selected interventions must attain both a conceptual fit and a practical fit, while having evidence of effectiveness. The strategic plan will develop a comprehensive, logical, and data-driven plan that includes a logic model, strategies for addressing resource and readiness gaps, evaluation activities, and how issues of cultural competency have and will be addressed. The strategic plan will address priorities for building partnerships and awareness of the issues faced by high-risk youth and their families – likely by specifically targeting areas of weakness and need identified in the prior Needs Assessment process. Input from community members will be a priority in the community strategic planning process, likely involving community listening sessions and focus groups, as well as facilitated sessions with coalition members. One aspect of the plan's process will be developing a common vision and a set of core principles and values that reflect a community-based participatory partnership. These principles will be a useful guide when vetting potential interventions, as all selected interventions must meet the "test" of aligning with the principles developed with extensive input from impacted community members.

**B-5. Describe how you will develop a memorandum of understanding (MOU) that demonstrates the commitment of persons in positions of leadership and authority to support all program activities that will be developed.**

Project partners are accustomed to developing MOUs for a variety of projects, including federal grant implementations. The Deputy Director of the Community Advocates Public Policy Institute, serving the Recast MKE Project in the role of Key Advisor, has a particularly

significant level of experience planning for and executing millions of dollars of subcontracts each year. The Project Director will coordinate with her and other City of Milwaukee Health Department staff in creating an MOU which specifies that signatures from persons in leadership reflect agreement with and understanding of project partner commitments and responsibilities.

**B-6. Describe how you will identify and implement trauma-informed behavioral health services; evidence-based violence prevention and community engagement programs; and strategies addressing needs of high-risk youth, families, and community members:**

Many stakeholders who were consulted in the creation of this proposal recommended specific trauma-informed services, curricula and program strategies, most of which were evidence-based. We also researched the Strengthening Black Families and PLAAY curricula named in the Recast FOA. Some of the promising approaches considered are summarized in Table 4.

**Table 4. Promising Approaches and Interventions**

| <b>Intervention</b>                                | <b>Implementation Setting &amp; Target Population</b>  | <b>Local Considerations</b>  |
|--|--|--|
| <b>Youth Works MKE/One Summer Plus</b>             | Could pursue scaling a current piloted program in Milwaukee seeking to replicate Chicago’s One Summer Plus Program, which was successful in reducing youth arrests. Subsidized employment, social-emotional learning and mentoring.                            | We are already connected with the Chicago evaluators and the local pilot                               |
| <b>Functional Family Therapy</b>                   | Family-based intervention for at-risk youth building on family strengths to address a wide range of emotional and behavioral issues. This intervention is short-term (30 hours), and improves family communication and supportiveness.                         | We are already connected with a local implementer, SaintA.   |
| <b>Strengthening Black Families</b>                | The Strengthening Families Program is a 14-session, evidence-based parenting skills, children's social skills, and family life skills training program specifically designed for high-risk families. Parents and children participate separately and together. | <i>The Parenting Network</i> is set to implement SFP in Sept. and their Dir. is certified SFP Trainer. |
| <b>Triple P (Positive Parenting Program)</b>       | A multilevel system of parenting and family support strategies for families with children aged birth to 16. Prevents social, emotional & behavioral problems by enhancing parent’s knowledge, skills and confidence.   | We are already connected to local implementations of this.   |
| <b>Trauma-Focused Cognitive Behavioral Therapy</b> | A psychosocial treatment model designed to treat emotional and behavioral problems in children ages 3-18. The program integrates cognitive, behavioral, interpersonal and family therapy principles as well as trauma interventions.                           | Recast Project Partner, <i>Children’s Hospital</i> , is a local leader in TF-CBT with at-risk youth.   |

It is vital to move forward with programming that is recommended following community and coalition input, needs assessment, and strategic plan. Without additional community input, we run the risk of exacerbating community-member fears that their distrust is justified because solutions are imposed from above, or from outside of their community. That being said, we wish to identify some promising approaches to demonstrate knowledge of and connections to evidence-based practices, as well as presenting the initial product of lively early discussions of Recast project options which are likely to catalyze a high level of community engagement.

**B-7. Describe how you will identify and select evidence-based and evidence-informed practices for high-risk youth and their families, how these practices relate to the project goals and objectives, and the extent to which you will ensure that these practices are culturally competent and responsive to high-risk youth and their families.**

The Recast MKE Project will initially **identify potential evidence-based and evidence-informed practices for high-risk youth and families** by key informant interviews with knowledgeable stakeholders. This process has, to some extent, already begun in order to inform the writing of this proposal. The key informant interviews conducted as part of the needs

assessment will gather more recommendations of evidence-based and evidence-informed practices. The Program Manager will look up the evidence base of each prospective practice (for instance, seeing if it is listed in a SAMHSA log of evidence-based practices). The coalition will participate in a process of analyzing each practice's potential for creating change and practicality for our community. **Selected practices will** have a high potential for change, will be possible to implement, will reflect project goals, objectives, principles and vision, and will be culturally competent and responsive to high-risk youth and their families.

The Recast MKE Strategic Planning Process will include a collaborative task to identify the shared vision and core principles for the project. This will serve as a vetting tool for decision-making on whether potential practices **relate to the project goals and objectives** and match our values, principles and vision. For instance, implementing a "stop and frisk" type of policing strategy would be the wrong fit, being both outside the project's topic area and not reflecting the goals and objectives of the project, which include an understanding of how trauma impacts community needs. In this way, we will eliminate potential practices that do not further goals.

To the greatest extent possible, we will **ensure that these practices are culturally competent and responsive** to the target population by having diverse professional and non-professionals review them, holding focus groups with service recipients from the target population, and by working to train more professionals in cultural competency. In addition, in vetting the evidence base of practices, we will be more likely to favor practices which have evidence of successful implementation with people of color. In some cases, the practices are fairly neutral but they can either be applied in a culturally competent or incompetent manner. For that reason, we plan to, where appropriate, issue cultural competency guidelines to accompany any outreach the project does related to promoting or implementing evidence-based practices.

**B-8. Describe how you will provide training in trauma-informed approaches to first responders, educators, clergy, and health/human services providers to increase ability to assist youth, adults, and all community members in the aftermath of civil unrest events.**

Our project partner, the Community Advocates Public Policy Institute (PPI), has a strong history of providing trainings to health and human services providers, and will build on that foundation in this project to also provide trainings to first responders, educators, clergy, and more. PPI knows how to reach out to recruit the target audience and track RSVPs, secure the appropriate physical location, and coordinate contracting with the trainer, handling their travel arrangements if necessary, meeting logistics, etc. To some extent the topics targeted for trainings will be informed by the needs assessment and strategic planning process, so that the trainings can fill key gaps and needs in our community. At this point, we anticipate the following topics, at minimum, will reach target audiences in the first year and a half, with Wraparound Milwaukee serving as one lead trainer: 1) Youth Mental Health First Aid; 2) Preventing & Reducing Harm: A System of Care Approach to Youth at Risk; 3) Collaborative Crisis Planning with Families; 4) Cultural Competency/Anti-Racism Training; and 5) Trauma-Informed Care.

Children's Hospital of Wisconsin has signed on as a Recast MKE Project partner to focus on offering relevant trainings through their collaborative Institute for Child and Family Well-Being (IFCW). They have a deep understanding of the ways that severe and frequent stress can negatively impact child development and adult executive functioning skills, such as self-regulation, working memory, and mental flexibility. IFCW will provide training to professionals that offers insights into the impact that community violence and other stressors have on child development and adult core capabilities. Topics will include: 1) How toxic stress impacts child development/adulthood; 2) How community violence contributes to stress that impacts adult

executive functioning; and 3) How resilience can be developed using evidence-based approaches for systems and individuals to support improved outcomes.

**B-9. Describe how peer support activities for high-risk youth and families will be provided:** The main way peer support activities will be provided for high-risk youth and families is in a way that wraps around and enhances the evidence-based interventions they are already receiving. For instance, mentoring is a form of peer support that is a vital piece of the potential Youth Works MKE intervention described above, which combines subsidized employment with a Social-Emotional Learning curriculum and mentoring. Because we want to select interventions that are informed by the needs assessment and strategic planning, some peer support activities will only be selected following those project stages. We particularly plan to engage Wraparound’s Families United Group to explore the potential roles their participants can play in Recast MKE related to peer support. Members are parents whose entire families have received trauma-informed behavioral health services from Milwaukee County’s Wraparound program. This group’s participation could be particularly important in addressing and reducing the stigma that is sometimes present in our African American community with regard to accessing behavioral health services. The Recast MKE Project’s incorporation of empowerment workshops featuring spoken word poetry (Flood the Hood With Dreams and My Sistas KeepHer) reflect peer support because the facilitators grew up in Milwaukee and directly address how they experienced and overcame the serious and traumatic challenges that accompany growing up African American and low-income in often-violent areas of Milwaukee.

As part of Recast MKE, local nonprofit The Parenting Network will expand its Parent Cafes as a peer support model. Developed by the Center for the Study of Social Policy, cafes introduces parents to the protective factors necessary for building strong families and provides an opportunity for peer engagement and learning. Parents are given the opportunity to be trained as hosts which gives them a sense of ownership and a skill base for future leadership opportunities.

**B-10. First Year Timeline, showing dates, key activities, and responsible staff.**

| <b>Table 5. KEY ACTIVITIES</b>  | <b>DATE</b>         | <b>PERSON RESPONSIBLE</b>   |
|---|---------------------|---|
| Recruit Community Coalition (recruitment continues ongoing)   | Months 1-2, ongoing | Project Director and Program Manager  |
| Hire full-time Project Manager, Service Connector and Recast Associate  | Month 1             | Project Director, CA-PPI and Center on Youth Engagement                               |
| Quarterly Project Steering Committee Meetings   | Months 2, 5, 8, 11  | Project Dir., Manager, Steering Cmte  |
| Refine data collection, data entry and data sharing procedures. Refine coordination between the 2 evaluators. | Months 1-2          | Evaluators, Project Director, Project Manager   |
| Build and launch project website  | Months 1-4          | Project Director, Recast Associate, CA-PPI Communications Manager, web consultant     |
| Conduct Community Needs & Resources Assessment (include the Evaluator collecting baseline data)               | Months 1-3          | CA-PPI and Evaluators, with input from Coalition and community members                |
| Develop Community Strategic Plan  | Months 2-4          | Strategic Planning Consultant, with input from Coalition, community, and all partners |
| Implement Community Strategic Plan  | Months 5-6          | All partners, staff , coalition members, community members                            |

|  |                                    |  |
|--|------------------------------------|--|
| Get signed MOUs with community leaders demonstrating their commitment  | Months 4-6                         | Program Manager and OVP Manager  |
| The needs assessment and strategic plan will inform identification of trauma-inf beh health services and strategies, implemented with 1-4 sub-contracts to provide direct services to youth and parents. | Months 5-12                        | 1-4 sub-contracted service providers   |
| Series of trainings in trauma-informed approaches presented to groupings of first responders, educators, clergy, and health and human services providers.  | Months 5-12                        | Program Manager and CA-PPI   |
| Recruitment of professionals from youth- and family-serving organizations to be trained as their organization's Service Connectors.  | Months 2-5                         | Recast Service Connector   |
| Series of trainings presented to Service Connector Trainees on how to better link clients with trauma-informed BH services and other services  | Months 5-12                        | Recast Service Connector and Program Manager                                       |
| Peer Supporters will serve high risk youth and families  | Months 6-12                        | Peer supporters, The Parenting Network, mentors, Flood the Hood, My Sistas KeepHer |
| Event to build community resilience  | Month 10                           | Program Manager, Program Director, Coalition                                       |
| Local Performance Assessment and Evaluation  | Ongoing with reporting in month 12 | Qualitative Evaluator, with help from Quantitative Evaluator as needed             |
| Analysis of Year One data  | Months 11-12                       | Evaluators   |
| Final Year One performance assessment report   | Month 12                           | Evaluators   |

We foresee Year 1 activities as laying the groundwork for a significant scale-up in later years.

**B-11. Describe how proposed activities will adhere to CLAS. Select one element of each Standard and describe how these activities will address each element you selected.**

The Re-CAST MKE Project commits to adhering to the following National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care:

***"Governance, Leadership, and Workforce*** – 3. *Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.*": The first goal of the Recast MKE Project is to create and sustain a diverse, effective coalition. To ensure a diverse membership, the coalition's constituency will be represented by all the various sectors of a community. All hiring for the project will place high importance on an individual's potential to understand and effectively impact the needs of high-risk youth and families, most of whom are African American given Milwaukee's demographics. Where matters of direct employment are concerned, it is the policy of the City of Milwaukee to provide equal employment opportunities to all qualified persons without regard to their race, religion, color, age, disability, sex, national origin, sexual orientation, etc. Furthermore, the City of Milwaukee's Office of Diversity & Outreach will promote the importance, benefit and necessity of maintaining diversity within the Project's staffing and will ensure compliance with applicable City policies, ADA regulations, etc.

***"Communication and Language Assistance*** – 5. *Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.*" The Recast MKE Project will implement culturally and linguistically appropriate services, which specify communication methods that take into account the diversity of its target populations. Project staff and partner agencies are experienced at working with diverse clients and addressing their unique demographic attributes. They employ staff with direct experience working with the target

populations and are prepared to tailor program services as needed for any presenting demographic needs. When unable to do so, the Project possesses formal and informal connections to other relevant service providers in the target area, which can aid referrals when necessary. Given the demographics of Milwaukee's high-risk youth and families related to civil unrest, Recast MKE assumes it will serve very low numbers of non-English-speakers but will ensure that it has the ability to provide services in Spanish and Hmong and to refer clients to service providers which accommodate various other languages. Recast MKE will provide all relevant Project-associated printed materials at the fourth-grade reading level for inclusiveness.

***"Engagement, Continuous Improvement, and Accountability – 13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness."*** The demographics of the Project's target population consist of a majority of African Americans living in the inner-city of Milwaukee. Given the nature of the incidences of civil unrest, effective cultural competency and community engagement is vital for project success. While language translation is often an important element of communications diversity, the Project expects 98% of its target populations to speak English as their primary language but accommodations will be made for those who speak other languages. The Project will possess the capability and willingness to translate any materials as needed to accommodate the needs of non-English speakers. The Project also plans to keep all materials at a 4<sup>th</sup>-grade reading level to ensure that it can engage those with low literacy skills, and with young people.

### **Section C: Staff, Management, and Relevant Experience**

**C-1. Discuss the capability and past experience (at least two years) of the applicant organization with similar projects and populations, including experience in providing culturally appropriate and competent services:** The Office of Violence Prevention (OVP) promotes strategies to reduce violence in neighborhoods, families, and schools. We work in partnership with government, nonprofit, and faith based institutions to advance community wellness and resilience using culturally competent methods. OVP is housed within the City of Milw. Health Dept. and takes a public health approach which views violence as a learned behavior, expressed in a four-pronged framework: 1) Defining the nature and scope of the violence problem through data collection; 2) Researching why violence occurs, who it affects, risk and protective factors, and other influences that can be impacted through intervention strategies; 3) Designing, implementing, and evaluating violence prevention strategies; 4) Ensuring widespread adoption of evidence-based practices on an individual, family, community, and societal level. Some past accomplishments include partnering with the Medical College of Wisconsin in developing its **Violence Prevention Initiative**. MCW worked to: 1) Implement violence prevention programs for youth, ages 0-11 years; 2) Develop leadership capacity to prevent violence among youth, ages 12-17 years; and 3) Build and strengthen community capacity and resources to prevent youth violence. OVP participates in the **Milwaukee County Community Justice Council**, established by local political and justice system leaders to coordinate services and to allocate financial resources to ensure crime reduction, victim support, offender accountability and restorative, community-based programs. OVP participates in the **Homicide Review Commission**, which uses real-time data to create a data-driven, problem-solving framework to address violence crime and its root causes. We also partner on the **Human Trafficking Task Force** and the **Coming Together Partnership to Prevent Gun Violence**. We are excited to be embarking on work with the **Prevention Institute** this summer to develop a

**Blueprint for Violence Prevention** in Milwaukee. This approach will value cultural competency and involve cross-sector participation, creating a strong foundation for Recast.

**C-2. Provide examples of the applicant’s experience working with high-risk youth and their families, youth and family engagement, community outreach, and community coalition development, and discuss extent to which efforts have resulted in progressive change(s):** The City of Milwaukee leads or partners in numerous initiatives seeking to impact high-risk youth and their families, youth and family engagement, community outreach, and community coalition development. A selection of this work is detailed below:

**Black Male Achievement Advisory Council** is designed to advance black male achievement through collective input and efforts of all community stakeholders. Milwaukee is one of 11 cities selected by the National League of Cities to receive critical assistance due to the wide racial disparities. The BMAA Council highlights family, education, and work as areas to target. Four Recast MKE Project Partners are listed as “Local Partners” of BMAAC.

**My Brother’s Keeper** has worked towards keeping young black men and boys on track towards a successful future. Milwaukee accepted President Obama’s Community challenge by creating a 15-year vision, a 5-year objective, and 10 annual priorities and goals. Milwaukee Public Schools (MPS) incorporated MBK to challenge kids to stay in school and plan for the future. Three Recast MKE Project partners are on the Planning Team for the city MBK report.

**Fatherhood Initiative:** Focusing on keeping fathers in their homes as role models for their children and children in the neighborhood, the Initiative hosts family events, summits on the importance of having a present father for a child, and working to stop recidivism.

**Trauma Response Project with Milwaukee Police Department:** The Milwaukee Police Department identified a serious problem of children witnessing violent crimes and having no help in processing what happened. To help this, in 2015, MPD developed the Trauma Response Project which pairs police officers with mental health professionals. The project has helped over 40 families in its first eight months overcome traumatic events.

**Racial and Ethnic Disparities Committee through the Juvenile Detention Alternatives Initiative, a grant through the Office of Violence Prevention:** Led by Wraparound, the Committee works to reduce the overall use of secure detention of juveniles at the Children’s Court Center. Working through the Juvenile Detention Alternatives Initiative, the Committee highlights racial imbalances as well as identifying detention alternatives.

When the **City of Milwaukee’s Teen Pregnancy Prevention Initiative** began in 2008, Milwaukee’s teen birthrate was second among the nation’s 50 largest cities. Milwaukee’s teen birthrate has dropped by more than 50% since 2008. The initiative was honored as a model for community collaboration at the United Way Worldwide Community Leaders Conference.

Aside from the final example highlighting dropping teen pregnancy rates, have these efforts resulted in progressive change? For most, it’s too early to tell, but what is readily apparent is that there is an intense level of need among Milwaukee’s high-risk youth and families and we need all hands on deck to link those in need with effective strategies.

**C-3. Discuss the capability and experience of other partnering organizations with similar projects and populations, including experience in providing culturally appropriate/competent services:** Recast MKE partners have impressive expertise implementing culturally competent community-wide projects, working with high-risk youth and their families, youth and family engagement, community outreach, and coalition development. *Please see attached letters of commitment from each partner and signed Statement of Assurance.*

**Community Advocates Public Policy Institute (CA-PPI)** will house the full-time Program Manager role. CA is one of Milwaukee's largest and oldest nonprofit organizations, founded in 1976 to help low-income people to meet their basic needs. The Public Policy Institute division was founded in 2008 to work on solutions to poverty. PPI excels at building and supporting **community-wide coalitions** (the Milw. County Substance Abuse Prev. Coalition – a SAMHSA Drug-Free Communities grantee – the City of Milw. Tobacco-Free Alliance, and Alliance for WI Youth), **convening groups for trainings**, and offering targeted trainings and **technical assistance to youth-serving agencies and coalitions, including cultural competency trainings**. In addition, it took a lead role in coordinating collaborative planning of Milwaukee's first Boys & Men of Color Week in 2015, and currently runs the Minority Male Achievement Program. Through its network of grantees, PPI has strong relationships with most local youth-serving nonprofits. In 2015 those grantees collectively served 6,500 people, most of them youth, 70% of whom were African American. Most PPI staff have training in youth services and coalition best practices, and PPI is experienced in coordinating with evaluation consultants and trainers, managing complex subcontracts, and meeting funder requirements. CA-PPI will offer an ideal launching pad for the Recast Program Manager to do coalition work and trainings, and ongoing coordination and alignment with the Project Director, Reggie Moore.

**Wraparound Milwaukee**, part of the Milw. County Behavioral Health Division, serves high-risk youth who have serious emotional disorders, in a comprehensive way that also involves their families. The individualized approach is based on families identifying what support they need to care for their youth with complex needs. Wraparound contracts with six community agencies for the over 100 Care Coordinators who facilitate the delivery of services. Wraparound Milwaukee has also organized an extensive provider network of over 200 agency and individual providers that offer an array of 80 services. A Mobile Urgent Treatment Team provides crisis intervention services. Wraparound has agreed to accept referrals from the Recast MKE Project, participate in the coalition and Steering Committee, provide trainings, and link the project with its array of local providers to extend the project's reach both for youth and family services.

**Employ Milwaukee** ensures the workforce has skills that match employer needs and leads to self-sufficiency. The nonprofit works closely with youth serving agencies to overcome barriers to successful employment. The Youth Council assists with design of youth services. In 2015, through its variety of youth services programs, Employ Milwaukee placed 1,800 local youth into subsidized employment positions, 92% of whom were African American. As part of the Recast MKE Project, it is anticipated that Employ Milwaukee will link high-risk youth with appropriate subsidized employment positions as recommended by the coalition strategic plan. They also commit to serve as a Steering Committee member and coalition participant.

**The Parenting Network** is devoted to strengthening parenting and preventing child abuse. They implement evidence-based curricula including Celebrating Families, anger management, Triple P, and the Strengthening Families Program. They have used the Parent Café approach to parent engagement and education since 2014, targeting low-income neighborhoods. This model, developed by the Center for the Study of Social Policy's Strengthening Families Initiative, introduces parents to protective factors necessary for building strong families and provides an opportunity for peer engagement. Parents can also be trained as café hosts. As a partner in Recast MKE, the Parenting Network will expand its Parent Café model to benefit more high-risk families, serving the "peer support" role and will participate in the coalition.

**Flood The Hood With Dreams (FTH)**: We know what it takes to flood the hood with violence and drugs . . . but what does it take to Flood the Hood with Dreams? Kwabena Antoiné

Nixon and Muhibb Dyer, two African American spoken word poets and Milwaukee-based community activists, are the co-founders of this partnership which offers life-changing empowerment and conflict resolution workshops for high-risk youth. FTH has collaborated with Milw. Public Schools, the Campaign Against Violence, and the Juvenile Justice System. Launched in 2013, FTH's "I Will Not Die Young" Campaign works with young boys on making better life choices. The curriculum involves conflict resolution training and pro-active organizing. Components focus on the roots of trauma, healing, prevention, cultural identity, resiliency, and goal setting for families. Portions of programming feature spoken work poetry.

"I had friends who didn't graduate from high school. I had friends who were incarcerated," Muhibb Dyer says. "I had friends who were killed, and I don't want that to be the case for these kids. The thing that pains me is kids dying young."

As part of the Recast MKE Project, Flood the Hood With Dreams will expand the reach of their empowering Conflict Resolution Trainings while also serving a "peer support" role.

**My Sista's KeepHer (MSKH)** is a grass-roots initiative led by Milwaukee's Center for Youth Engagement. The initiative was created to inspire and encourage young girls to love themselves and each other through self-expression accomplished through writing workshops. The initiative draws on the themes of poverty, abuse, sexual assault, and teen parenting to help girls personalize these issues through creative expression. Many girls of color have not had strong models to teach them about these issues and by addressing them early, the initiative aims to establish future healthy attitudes and behaviors. As part of the Recast MKE Project, MSKH will expand their workshops' reach, while also serving a "peer support" role.

**Milwaukee Public School District's (MPS)** 154 schools educate more than 75,500 students, 86 percent of whom are students of color. **Project AWARE** (Advancing Wellness and Resilience Education) is aimed at improving behavioral health awareness among school-age youth and their communities. **MPS' Resilient Kids Program** builds resilience in children, families, community and staff to foster decreases in violence. As a partner in Recast MKE, MPS will pursue opportunities to align Recast with relevant MPS initiatives and will participate in the Recast Coalition. (*See Att. 5 St. of Assurance*)

**Center for Youth Engagement (CYE)** is committed to increasing the quality and accessibility of opportunities for under-served youth. Founded by Reggie Moore (Recast Project Director) in 2011, CYE believes that all young people deserve to grow up in communities that provide quality opportunities and supports needed for them to enter adulthood ready for college, work, and life-long civic engagement. CYE offers a services to organizations seeking to provide quality opportunities for young people in low-income communities including program planning, staff training, program management, focus group facilitation, and youth event planning. CYE specifically supports efforts to engage youth in: community organizing, workforce development, community mapping, education reform, media, technology, participatory research & evaluation, youth & adult partnerships, mentoring, restorative justice, and violence prevention. CYE will hire, house and supervise the Lead Service Connector full-time employee for the Recast MKE Project. This role will entail connecting and offering resources and trainings to other youth- and family-serving agencies and programs to increase their capacity to link clients with needed help.

**Children's Hospital of Wisconsin** believes that that building resilience after exposure to toxic stress and trauma is critical for child well-being. To advance its commitment to building resilience, it has partnered with the U of WI-Milw. and co-founded the **Institute for Child & Family Well-Being**. The Institute develops, implements and disseminates validated prevention and intervention strategies and provides training, consultation and technical assistance to help

human service agencies implement and replicate best practices. As Recast Partner, the Institute will provide trainings and advice and participate in the coalition.

**C-4. Provide a complete staff position list for the project, including the PD, PM, and other key personnel, showing the role of each, level of effort, and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the PD.** Table 6 shows the list of key personnel, and an attached job description is provided for each.

| <b>Table 6. Recast MKE Project Key Personnel</b>  |  |  |
|---|--|--|
| <b>NAME/TITLE/FTE</b>   | <b>ROLE</b>  | <b>EXPERIENCE &amp; QUALIFICATIONS</b>   |
| Reggie Moore, <b>Recast MKE Project Director</b> , City of Milwaukee Dept of Health, Dir of the City of Milw Ofc of Viol Prev; 0.15 FTE (in-kind) | Project Director: administrative oversight and primary responsibility for project and contract compliance.       | Leader in youth engagement, he directs violence prev efforts for the city. Adept at recruiting collaborators. Knowledgeable about community needs and potential solutions. Extremely well-connected to stakeholders. |
| To Be Hired, <b>Recast MKE Program Manager</b> , 1.0 FTE, to be housed at Community Advocates Public Policy Institute (CA-PPI)                    | Responsible for grant implementation, coalition management, training coordination, coordination with evaluators. | Will be experienced in youth services, coalitions, collaboration, and complex projects. Familiar with the needs of high-risk youth and families in Milwaukee, and relevant stakeholders and organizations.           |
| Kari Lerch, <b>Recast MKE Key Advisor</b> , Deputy Director, Community Adv. Public Policy Institute (CA-PPI) (5% FTE)                             | Fiscal oversight; oversight of coalition and training processes  | Oversees PPI (coalitions; agency trainings). Experienced in managing subcontracts, reporting to funders, collaborations. Trained in Strategic Prevention Framework.  |
| To Be Hired, <b>Recast Associate</b> , 1.0 FTE, to be housed at City of Milwaukee   | Administrative duties, alignment with other initiatives, communication.  | Will be experienced in community outreach, project implementation, and communications. Alignment will prevent duplication.   |
| To Be Hired, <b>Lead Service Connector</b> , 1.0 FTE, to be housed at Center for Youth Engagement   | Recruit, train & mentor professionals in how to link clients with needed services and behavioral health.         | Will be experienced in facilitation and outreach, with knowledge of local service provider and intervention options.   |
| David Pate, PhD, <b>Qualitative Evaluation Consultant</b> (with the help of one graduate-level Research Assistant)                                | Qualitative evaluation, needs assessment, and Community-Based Participatory processes                            | Associate Professor, Helen Bader School of Welfare, University of Wisconsin-Milwaukee. Expertise includes toxic stress, African Americans, and qualitative methods.  |
| Paul Florsheim, PhD, <b>Quantitative Evaluation Consultant</b> (with the help of one graduate-level RA)   | Quantitative evaluation and data collection/analysis   | Professor, Zilber School of Public Health, University of Wisconsin-Milwaukee. Expertise in evaluation and mental health issues relevant to high-risk adolescents.  |

The “other personnel” described in Table 7 will support the key personnel in Recast MKE.

| <b>Table 7. Re-CAST Project Other Personnel</b>   |  |  |
|---|--|--|
| <b>NAME/TITLE/FTE</b>   | <b>ROLE</b>  | <b>EXPERIENCE AND QUALIFICATIONS</b>   |
| Elysse Chay Wageman, Prevention Services Manager, Community Advocates Public Policy Institute (10% FTE) | Supervise the Recast Program Manager; assist with overall project oversight and coordination | Experienced in coalition coordination and community-wide coordinating. Masters-degree level youth work and prevention professional. Leads Policy Work Group of Beyond the Bell. Trained in Strategic Prevention Framework model. |
| Melissa McGaughey, Communications Manager, Community Advocates Public Policy Institute (10% FTE)        | Communications implementation and strategy, including website design strategy                | Experienced in program design, communications strategy and implementation, and website design strategy. Master’s degree in Public Policy.  |
| Jeff Roman, Coordinator, Minority Male Achievement  | Key advisor - field of Black Male Achievmt   | Organizes trainings for youth-serving agencies; specializes in BMA and collective impact.  |

|  |   |   |
|--|---|---|
| Program at CA-PPI, (5% FTE <b>in-kind</b> )  | and Collective Impact best practices                          | Experienced in community coalition work. Trained in Strategic Prevention Framework model.   |
| David Muhammad, Youth Violence Prevention Manager, Office of Violence Prev., City of Milw. (20% FTE <b>in-kind</b> ) | Contribute youth development experience to support Recast MKE | Significant experience in after school programs and youth engagement programming, including work as a school teacher and helping urban youth learn through hip hop. |
| Sharlen Moore, Co-Director, Center for Youth Engagement (10% FTE)  | Supervise Lead Service Connector                              | Extensive experience in youth development programming. Strong working relationship with City of Milw. Management/supervisory skills.                                |

**C-5. Discuss how key staff have demonstrated experience, which may include community and grassroots experience, and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s):** As **Recast MKE Project Director** and Director of the City of Milwaukee’s Office of Violence Prevention, Reggie Moore has a track record in creating new opportunities for young people and their communities. In past work, he was founder and Executive Dir. of the Center for Youth Engagement (CYE). At CYE, Reggie led the design, development, and execution of Beyond the Bell, a city-wide initiative to improve the coordination and impact of youth programs. Reggie was also Founding Executive Dir. of Urban Underground, a nationally recognized program that builds youth leadership through grassroots community organizing. As Recast MKE Project Director, Reggie will be aided by his diverse connections both locally and nationally, and his strong background in integrating youth leadership into community efforts.

In choosing new hires for Recast MKE (the Program Manager, Service Connector, and Recast Associate), candidates will be favored who show familiarity with the relevant cultures, and with developing infrastructures for community engagement.

**Kari Lerch, Recast Key Advisor:** As Deputy Director for the Community Advocates Public Policy Institute (CA-PPI), Kari she oversees millions in funding, as well as multiple staff members. She leads the Southeast WI Region of the Alliance for Wisconsin Youth, a mechanism for offering technical assistance to youth substance abuse prevention coalitions. She is experienced in grant monitoring/reporting and holds a Master’s degree in Non-Profit Admin.

**Section D: Data Collection and Performance Measurement**

**D-1. Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this FOA:** CA-PPI, where the Program Manager will be housed, has well-established procedures to collect and to report to SAMHSA and other funders. The mixed-methods evaluation approach will be carried out by Dr. Paul Florsheim in the role of Quantitative Evaluator, as well as Dr. David Pate in the role of Qualitative Evaluator. Dr. Florsheim is a Clinical Psychologist and Professor of Community and Behavioral Health Promotion at the University of Wisconsin-Milwaukee’s Zilber School of Public Health. His research expertise is in public health issues relevant to high-risk adolescents, including mental illness and behavioral disorders. David Pate, PhD, is Associate Professor of Social Work at the Helen Bader School of Social Welfare at the University of Wisconsin-Milwaukee. Dr. Pate is experienced in qualitative approaches and has research expertise that is extremely well-aligned with Recast’s focus areas – including poverty, trauma and toxic stress as they relate to African Americans. Both evaluators will work to ensure that collection and reporting of the required performance measures are compliant with SAMHSA standards and requirements.

**D-2. Describe your specific plan for: Data Collection, Management, Analysis, and Reporting of data for the population served by your program. The data collection plan must specify the staff person(s) responsible for tracking the measureable objectives:** We

will use a mixed methods approach to data collection and analysis assessing process and outcomes through the use of quantitative and qualitative measures. Local evaluation activities will supplement the collection of GPRA data. The **proposed plan for data collection** includes collecting data using an Activity Log, Referral Log, Service Log, post-surveys, and school district suspension data, as well as qualitative approaches to collect community member input through focus groups and key informant interviews. The Quantitative Evaluator, Dr. Florsheim, is responsible for tracking the measurable objectives identified in response to question B1. These objectives are restated in Table 8. While the Program Manager will at times input information into the various logs, the Quantitative Evaluator will have lead responsibility for gathering and entering data using SAMHSA’s data-entry reporting system. Data will be collected quarterly by the Quantitative Evaluator following entry of annual goals; he will enter data into the web-based system supported by quarterly written fiscal reports and written annual reports. The Quantitative Evaluator will either design or select appropriate validated measures to assess functioning based on input from providers and community representatives. The data collection system will coordinate the gathering of data across collaborating partners.

| <b>Table 8. Recast MKE Data Collection Plan</b>                   |   |   |
|---|---|---|
| <b>Partnership</b>  |   |   |
| Obj. 1.1  | Number of organizations and community representatives that are collaborating/coordinating/sharing resources with each other as a result of the grant.   | <u>GPRA</u> Process measure tracked by Activity Log                       |
| 1.2   | Number of sectors participating.  | Proc. Meas. - Activity Log  |
| 1.3   | Did the Provider Work Group issue a written memo by month 6?  | Proc. Meas. - Activity Log  |
| Obj. 1.4  | Number of other ongoing community processes the project has aligned with.   | Process measure tracked by Activity Log                                   |
| <b>Disparities in Access</b>                                      |   |   |
| Obj. 2.1  | Number of organizations contacted about Service Connector Trainee recruitment opportunities   | Process measure tracked by Activity Log                                   |
| Obj. 2.2  | Number of Service Connector Trainees who received training and ongoing support  | Process measure tracked by Activity Log                                   |
| Obj. 2.3  | Number of referrals of children and families made by Service Connector Trainees a) to trauma-informed behavioral health services, and b) to other needed services.  | Process measure tracked by Referral Log or centralized input web portal   |
| <b>Trauma-Informed Behavioral Health Services</b>                 |   |   |
| Obj. 3.1  | 70% of participating youth will show no or reduced “aggressive referrals” or suspensions from school following the intervention compared to baseline.   | <u>Outcome Measure</u> tracked using Milw. Public Schools suspension data |
| Obj. 3.2  | 70% of participating families will show increased engagement with their child’s school or community, as demonstrated by attending parent-teacher conferences, school events, community events or support group meetings, compared to baseline | <u>Outcome Measure</u> tracked by parent surveys which track involvement  |
| Obj. 3.3  | Number of youth and families receiving trauma-informed behavioral health services.  | <u>GPRA</u> Process measure tracked by Service Log                        |
| <b>Peer Support</b>   |   |   |
| Obj. 4.1  | Number of youth and families who benefited from peer support and/or peer mentoring.   | Process measure tracked by Service Log                                    |
| Obj. 4.2  | Did each community listening session and/or focus group related to the Needs Assessment and Qualitative Evaluation contain an element of peer support and/or youth leadership to foster self-advocacy and empowerment? Y/N                    | Process measure tracked by Activity Log                                   |
| <b>Building Community &amp; Personal Resilience &amp; Healing</b> |   |   |
| 5.1   | Number of youth impacted by restorative and resiliency approaches.  | Process meas. - Service Log   |

|                 |  |  |
|-----------------|--|--|
| Obj.<br>5.2     | 80% of participants in restorative or resiliency-building programming will report in a post-survey that their empowerment increased as a result of the workshop.   | Intermediate Outcome Measure tracked by post-survey  |
| Obj.<br>5.3     | Number of youth who participated in empowerment workshops incorporating spoken word poetry.  | Process measure tracked by Service Log               |
| Obj.<br>5.4     | 80% of spoken word workshop participants will report in a post-survey that their empowerment increased as a result of the workshop.  | Intermediate Outcome Measure tracked by post-survey  |
| Obj.<br>5.5     | 80% of event attendees will report in a post-survey that they felt more positively connected to their community as a result of the community event.  | Intermediate Outcome Measure tracked by post-survey  |
| <b>Training</b> |  |  |
| Obj.<br>6.1     | Number of individuals who received training in trauma-informed approaches, violence prevention, mental health literacy, and other related trainings.   | <u>G</u> PRA Process measure tracked by Activity Log |
| Obj.<br>6.2     | Number of people in the health/human services workforce, including community service providers and first responders, who received training in trauma-informed approaches, violence prevention strategies, and other related trainings. | <u>G</u> PRA Process measure tracked by Activity Log |

**Data management** will be the responsibility of the Quantitative Evaluator, working closely with the Program Manager and Project Director. When data pertains to clients, whether youth, parents or families, de-identified data will be used to ensure confidentiality and anonymity. Evaluation consultants will have access to computer, phone, fax, copy services, and locked filing cabinets for storing paper-copy-data. Computers and any necessary statistical software will be provided by the evaluation consultants' home institutions.

**Regarding data analysis**, a mixed-methods approach (qualitative and quantitative) will be used in the evaluation and data analysis to guard against over-reliance on a single method and to increase confidence in the findings. Demographic data relevant to clients and service providers will be aggregated and analyzed to illustrate shared characteristics. Some interventions will only be selected following the needs assessment and strategic planning phases of the project. It is possible those interventions will come with their own evaluation and data analysis needs. The Quantitative Evaluation Consultant will be expected to collect baseline data as well as follow-up data and conduct analyses to reveal difference and change over time. A portion of data analysis will be running relatively simple frequencies on post-event surveys or post-training surveys. The Quantitative Evaluator will design those simple one-page tools upon hire.

**Data reporting** includes frequent reporting back to the community, Recast coalition members, and project staff, as well as more formal reports that we are accountable for sending to the funding source. GPRA data will be reported using SAMHSA's data-entry reporting system. Data will be reported quarterly after entry of annual goals, accompanied by written fiscal reports. Written annual reports are expected to reflect all data collected, as well as speaking to each of the outcome and process questions listed as part of the Local Performance Assessment and Evaluation. Priority will be given to strategies to report data to community members.

**D-3. Describe at least one outcome performance measure for high-risk youth and the extent to which this measure will demonstrate progressive change for high-risk youth:** The outcome measure is: 70% of participating youth will show no or reduced "aggressive referrals" or suspensions from school following the intervention, compared to baseline. Aggression among high-risk youth is associated with trauma, risk factors for criminal activity and disconnection from school/family. Reducing this measure will demonstrate reduced trauma,

reduced risk factors for criminal activity, and increased school connection. We anticipate this will be measured with a data-sharing agreement with Milw. Public Schools, a Recast partner.

**D-4. Describe at least one outcome performance measure for family engagement and extent to which this measure will demonstrate progressive change:** The outcome measure is: 70% of participating families will demonstrate increased engagement with their child's school or community, as demonstrated by attending parent-teacher conferences, school events, and community events or support group meetings. Family engagement will be measured using a simple tool designed by the Quantitative Evaluator at baseline and following the intervention. Will demonstrate progressive change because the increased engagement is predicted to increase overall family functioning, increase the parent's ability to support the children, and, depending on engagement type, increase the extent to which the parent is addressing their own trauma.

**D-5. Describe your plan for conducting community-based, participatory performance assessment as specified in FOA Sec. I-2.4 FOA; document ability to conduct the assessment:** The annual community-based, participatory performance assessment (Sec. I-2.4) will engage community members and generate information useful to improve grant management and project effectiveness. The assessment will illustrate whether the Recast MKE Project is achieving the intended goals, objectives and outcomes, whether adjustments need to be made, and the impact on behavioral health disparities. The process and resulting report will illustrate progress achieved, barriers encountered, and efforts to overcome the barriers. The process and resulting report will also consider and address each of the outcome and process questions suggested in the FOA's list in Sec. I-2.4. We have engaged Dr. David Pate from UW-Milwaukee as leading all qualitative evaluation efforts as well as the Year 1 needs assessment. He will design a qualitative approach with community-engaged elements to gather information from community members to inform the annual performance assessment. This will include a mixture of focus groups with community members, as well as key informant interviews. In order to isolate themes in the feedback, the qualitative analysis software MaxQda will be used, as well as professional transcription. Dr. Pate is experienced in qualitative methods and specializes in research related to African Americans and the target population. Dr. Paul Florsheim will assist with any quantitative needs related to the performance assessment, coordinating with Dr. Pate.

**D-6. Describe the quality improvement process, and how any necessary adjustments to the implementation of the project will be made:** Evaluation information will help the coalition and Recast MKE team to critically reflect on their shared work, and adjust the plans, making continuous improvements to achieve project outcomes. Through using qualitative and quantitative information reflecting performance measures, as well as the reports developed as a result of the performance assessment, we will have ample resources to feed into a quality improvement process. This process will entail *documenting* program components that work well, *identifying* where improvements need to be made, and *providing feedback* so strategies can be implemented more effectively in the future. We will make timely adjustments in activities and strategies as needed and continuously engage community members. Following the annual performance assessment, quality improvement meetings will be held with the coalition's Executive Committee, project staff, and evaluators. The meeting agenda will include a presentation from evaluators and shared reflection on the extent to which the project effectively implemented the work plan. Attendees will analyze what could be done differently in the future, and note any adjustments that need to be implemented. We plan to engage the Recast MKE Coalition in quality improvement in a way that fosters sustainability and builds enduring relationships where coalition members can see that their contributions are valued and acted upon.