

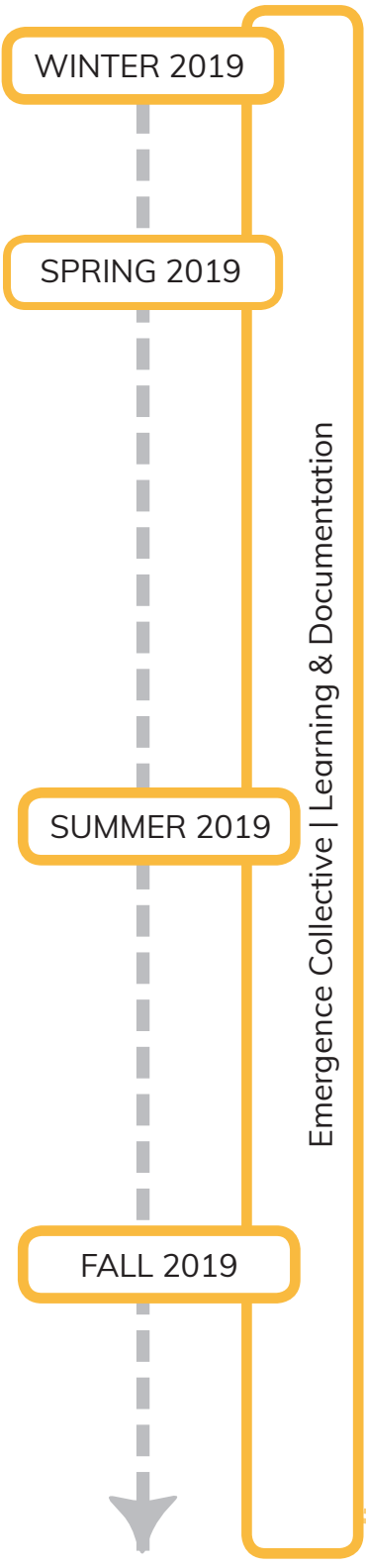
INITIAL SCAN | COLLEGE MENTAL HEALTH PROGRAMS

Methods: The programs below were identified through an initial scan of academic articles and publications identifying programs across the country working to support college students experiencing severe and persistent mental health challenges through intensive outpatient or residential treatment programs.

Program	Location	Brief description	Funding model
NITEO	Boston	Offered through the Boston University Center for Psychiatric Rehabilitation, NITEO is an intensive, one-semester program supporting young adults living with a mental health condition in developing wellness tools, academic skills, resilience, and work-readiness.	Private tuition funds of \$10,000 are required for course enrollment. Some financial assistance available through Boston University. No billing relationship with insurance providers.
The Haven at College	Sites at 10 universities across the country	Provides on-campus treatment and recovery support programs including IOP treatment centers, peer-led recovery residences, and harm reduction programs. The Haven welcomes all college or college-bound students who are struggling with mental health and substance use issues.	Shared funding with universities; treatment covered by major insurance providers
Fountain House: College Re-Entry	NYC	Helps academically engaged 18-30-year-old college students who have withdrawn from their studies due to mental health challenges. The program provides a bridge between clinical services and college by helping students create an action plan for their return to school.	Private tuition of \$12,500 to enroll is a primary funding source of the program; 20% of participants receive scholarships to support participation
Northwell Health: Behavioral Health College Partnership	Partners with 77+ schools in the New York metro	Northwell Health is New York's largest integrated healthcare provider. It has developed a behavioral health resource strategy focused on local colleges and universities. Key program elements include: <ul style="list-style-type: none"> • Emergency transport and assessment • Inpatient unit specializing in the college population • Post-hospitalization outpatient services for college students 	Treatment covered by major insurance providers

Considerations for further research: Some additional programmatic aspects to consider as we move forward with background research and interviews with key leaders of comparable programs are listed below.

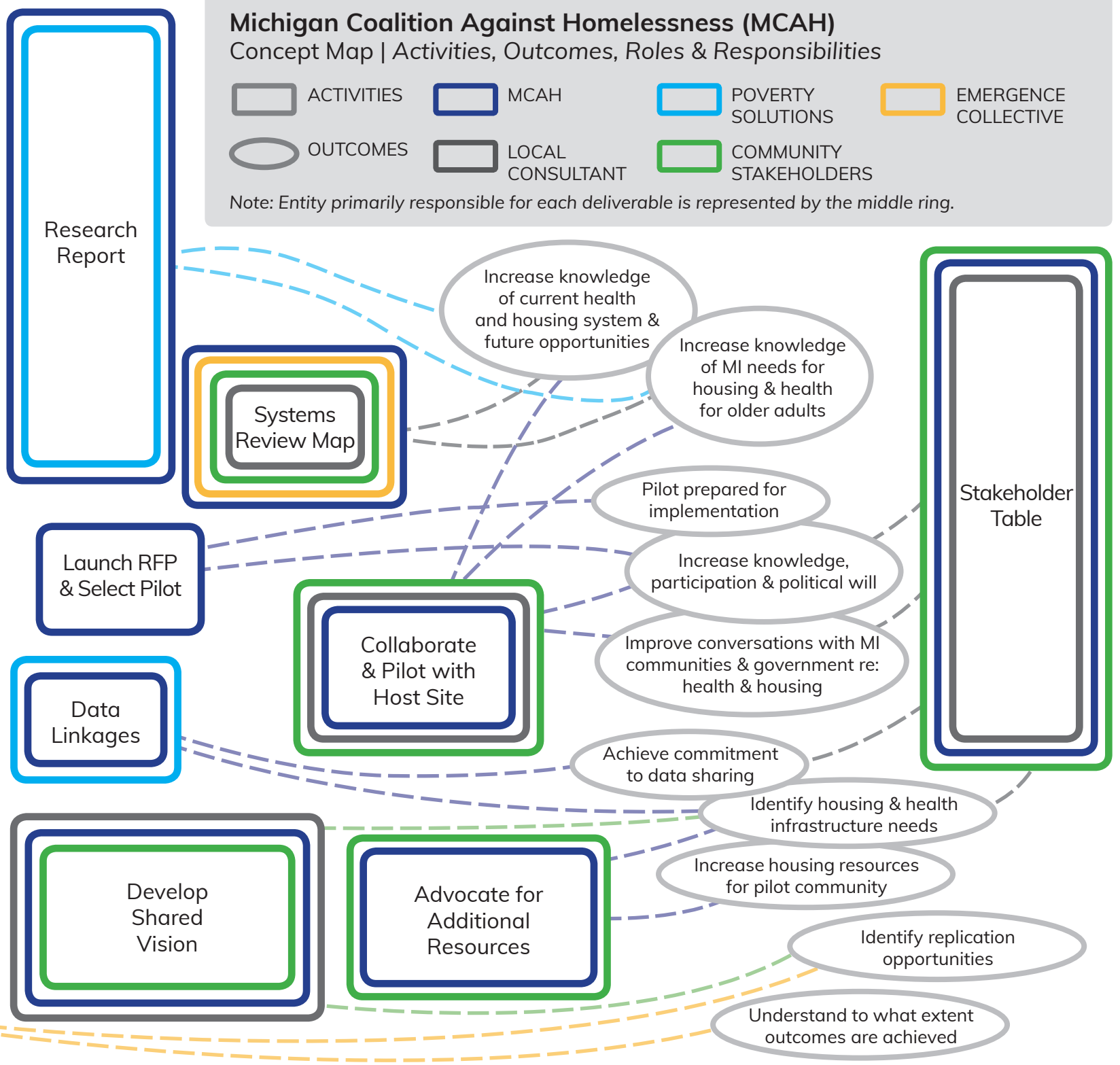
- Identifying comparable programs developed by organizations more similar to Kadima (smaller size, community mental health, etc.)
- Target populations (ages, severity of mental illness, etc.)
- Timing of services (prior to college, onset of illness, ongoing support, re-entry)
- Additional resources or partnerships required to develop program
- Best practices for engaging parents as partners in treatment
- How do colleges and universities communicate the availability of these resources to students? How do they make referrals?
- Evaluation indicators and methods



Michigan Coalition Against Homelessness (MCAH)
 Concept Map | Activities, Outcomes, Roles & Responsibilities

ACTIVITIES	MCAH	POVERTY SOLUTIONS	EMERGENCE COLLECTIVE
OUTCOMES	LOCAL CONSULTANT	COMMUNITY STAKEHOLDERS	

Note: Entity primarily responsible for each deliverable is represented by the middle ring.



Healthy Aging Planning Grant Evaluation Summary

The Michigan Health Endowment Fund worked with Emergence Collective in August 2019 to evaluate its nascent planning grant strategy. The Health Fund sought to identify ways to better prepare grantee partner organizations who receive this type of support, and to enhance the assistance provided by the Health Fund along the way. These insights illuminated the value of a planning grant, the types of structures and supports that led to grantee success, and healthy tensions emerging from the planning grant approach.

| Value of a planning grant

1	Time to think & explore	The list at right details, in order of most to fewest mentions, the most important benefits of a planning grant process according to nonprofit partners.
2	Flexibility; opportunity to experiment	
3	Time to build partnerships	
4	Resources to engage high quality vendors	

| Recommendations for the structure of a planning grant

Based on grant partner feedback, some potential structural adjustments to consider include:

- Design a distinct grant application that excludes or makes optional the following: partner support letters, systems change questions, defined evaluation outcomes.
- Take time to clarify the Health Fund's outcome expectations for each grantee at the outset (e.g. developed program plan, brought key partners into place, executed successful pilot, compiled new research).
- Define a clear implementation grant application timeline from the outset.
- Schedule 1-3 informal check-ins with grantees outside reporting requirements.
- Support grantee capacity for reflection, documenting learning, and/or evaluation.
- Be flexible with planning grant timeline (12-18 months), or adjust application for implementation grant to be at least 9-12 months into grant period.
- Explore a planning grant cohort experience that connects grantees with each other, carves out time for grantee reflection, and gathers grantee feedback on the process.

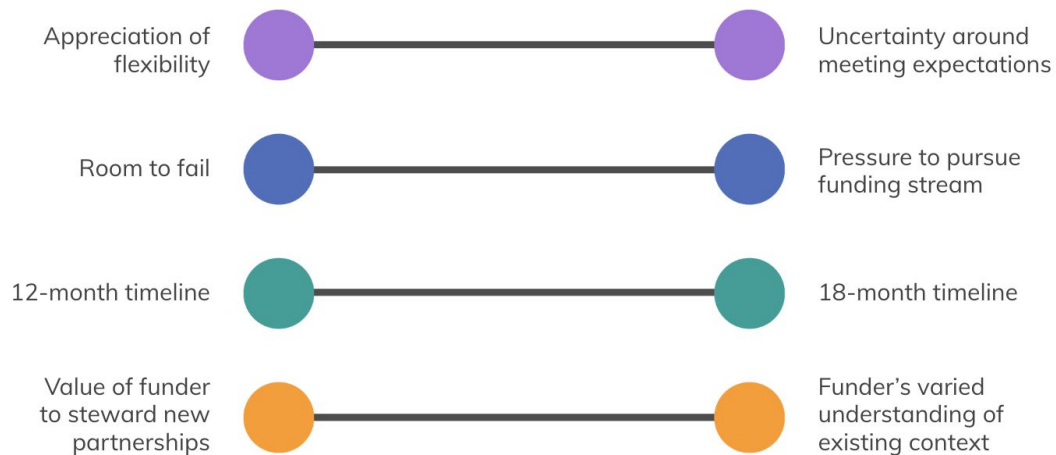
| Characteristics of successful partners

Successful organizations or collaborations most often had one or more of the following assets when they applied for a planning grant:

Support from top-level leadership	Strong existing partnerships	Community enthusiasm around the need	Prior research and thinking around topic area
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| Healthy tensions in the feedback

In evaluation, we believe learning emerges in places where there are healthy tensions, or where individuals represent diverging opinions and perspectives. Below are four main tensions that emerged from our interviews with planning grantees.



Planning grantees highlighted that many of these tensions reflect the broader philanthropic and nonprofit system, and they acknowledged the Health Fund balances these tensions more gracefully than many funders. The structural recommendations above may help mitigate potential negative consequences of these tensions, but in general, grant partners indicated that it takes time for them to learn and trust that the Health Fund is authentic in its flexibility and support.

| Virtual meeting best practices

Many funders and coalitions have begun to use virtual tools to connect folks across regions or states. With Health Fund grantees located across Michigan, there is great potential to use the interactive features provided through virtual conferencing tools like Zoom. Here are a few initial best practices that emerged from this convening:

- Provide clear instructions and remind participants about virtual meeting norms, both in advance and several times during the call (e.g. turn on video, use chatbox feature, mute microphone when not talking).
- Make use of interactive tools like breakout rooms and polls. Set up and practice in advance. Make sure these occur throughout the meeting and not just toward the end.
- Schedule 1-1.5 hour virtual meetings. Two hours likely feels too long for participants.
- Expect a technology learning curve. People will get more comfortable as they use it.
- Be conscious of having too many Health Fund program staff on the call; two Health Fund staff per 10 community partners is a good ratio.
- With new groups, take time for participants to get to know each other early in the call.
- Verbalize as much as possible what people are seeing on the shared screen to be inclusive of those on the phone or who may have accessibility challenges.