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The Momentum Center for Social Engagement: An entrepreneurial approach to improving mental illness and defeating stigma

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Abstract:

At the intersection of community, mental illness, disability and stigma, is the need for positive social networks funded by alternative mechanisms. Social Labs and Social Entrepreneurship are innovative approaches to solving social problems. We used these models to develop and open the Momentum Center for Social Engagement, which is a unique approach to serving individuals with mental illness, addictions, and disabilities while also serving the entire community. It includes Just Goods Gifts and Café, a vehicle of social entrepreneurship, that provides a funding mechanism integrated into the fabric of the program itself. While key techniques are employed, activities and outings included in daily and monthly programming are quite diverse as they reflect the array of offerings provided by volunteers. After 1 year, members report significantly reduced feelings of depression, anxiety and loneliness. Our presentation will provide an overview of Extended Grace as a grassroots movement to create a stigma free community.

Introduction

Community-level social injustice challenges, such as those related to mental illness and disabilities, are common today due, in part, to the lack of programs and funding designed to integrate individuals with their communities to create positive social networks, improve personal resilience, and reduce feelings of stigma. To define and establish needed programs, we tested a three-step process: 1. Identify community-specific gaps in mental health services using a modified social labs-type approach. 2. Create grassroots, entrepreneurial support for solutions. 3. Implement social programing and evaluate effectiveness in terms of personal wellbeing metrics and innovative program characteristics. This approach resulted in identifying social and recreational programs as a gap in the community mental health services that no one was addressing. By reviewing feedback, conducting additional meetings and focus groups, and in imagining what such a program would look like, the Momentum Center for Social Engagement (MC) was created.

The MC's approach to serving individuals with mental illness, addictions, and other disabilities is described as innovative because: it provides a new approach to programming that involves 5 key techniques (described below), it identified and is successfully filling a gap in community services, it is scalable, it is highly cost effective, and it is positively disruptive to those not well served by the existing system. The MC provides a space with planned activities and events that allow often-disenfranchised individuals to engage in positive activities, moving out of isolation and into productive interactions in their community.

The MC was formally established at its grand opening on April 20, 2017, in a mid-sized community in Western Michigan (Ottawa County, est. population: 286,383) where 17% of adults reported depression and 15% reported an anxiety disorder. Twenty-four percent of youth reported depression in the past year and 15% had thoughts of suicide. Opiate related deaths had increased by 85 percent over the past three years (Ottawa County Community Health Needs Assessment).

Nationwide, untreated mental illness costs an estimated $193 billion each year, including the consequences of unemployment, unnecessary disability, substance abuse, incarceration and more (National Alliance for Mental Illness/NAMI). While clinical treatment options exist in Ottawa County, key stakeholders identified lack of programs, services, and funding and continued stigma as the realities that prevent some people from seeking and receiving needed treatment. Nearly two-thirds of people with a known mental disorder never even try to get help (NAMI).

According to the World Health Organization (WHO), stigma, discrimination and neglect are key barriers to people with mental disorders from initiating mental health treatment. At the individual level, stigma keeps people from acknowledging mental health problems. At the systemic level, stigma creates barriers for public health efforts. Stigma results in lower prioritization of public resources allocated to mental health service. Moreover, it results in a poorer quality of care delivery to people with mental illness. Stigma isolates and isolation makes mental illness worse (WHO).

Another indicator of health in a community are the number of Adverse Childhood Experiences (ACES) in the population. ACES come in many forms, from physical and mental abuse to neglect and household dysfunction. In 1998, CDC-Kaiser Permanente published a groundbreaking study that investigated the impact of ACEs on physical and mental health problems in over 17,000 adults. During the study, the adults were given a survey asking about 10 different types of ACEs and if they had experienced them prior to the age of 18**.** The study showed a direct correlation between ACEs and future health. In fact, it demonstrated that adults with an ACE score of 4 or more were at significantly greater risk for many behavioral, physical, and mental health issues later in life.

While research related to ACES shows that positive community experiences can mitigate trauma, that research does not describe what those spaces look like or how they operate. The goal of the Momentum Center is to create a safe place for marginalized populations, human connection for

people at risk of isolation, and social integration as a means of reducing stigma. Our preliminary evidence suggests success in each of these aspects. Importantly, this model can be used in any community as a complement to mental health clinical and therapeutic services to improve the life quality of people who struggle with mental illness, addictions and disabilities.

Creating the Momentum Center through a modified Social Labs approach

Before the center, efforts to create the MC were pursued under the name, Extended Grace, which was founded in 2015. As a new nonprofit, Extended Grace was intentional about not duplicating efforts that were already underway while also looking for gaps in services in the community. They began holding grassroots community conversations that they called "Inspire!" events. Through brainstorming and prioritizing exercises, they identified that the most pressing concerns for the community involved mental health and mental health services.

In order to address mental health issues, Extended Grace knew it needed to bring together the people who were already working in this space, building a collaborative network of individuals and organizations. At the same time, they needed to make sure representatives at the grassroots level were also at the table. Often, organizations make decisions based on higher-level data and information without having an easy way to incorporate, or even have awareness of, the concerns and impact on people who experience the consequence of those actions.

In order to bring these two perspectives together, Extended Grace held a Town Hall Meeting on Mental Illness, populating the panel with experts and organization executives. After hearing from the panel and allowing for Questions and Answers, those same speakers were asked to join the audience by sitting at a table with other people. Then questions were posed for small group conversation at each table. This was followed by large group conversation focused on needs and perceived needs. In order to address these needs, a collaborative network was formed and named the Mental Illness Task Force (MITF). Shortly after forming the MITF, Extended Grace was introduced to the concept of Social Labs. Social Labs are an innovative approach to solving social problems (Hassan, 2014). The idea for Social Labs is derived from the premise that research labs are developed to solve scientific questions, thus, social labs should be developed to solve complex social problems.

The large-scale model of a social lab Hassan describes consists of building a team of experts by taking people out of their normal work environment while paying them to focus exclusively on the problem(s) at hand for a year or more. Extended Grace lacked the resources to pay a team of leaders and operated instead at a grassroots level, organizing individuals from different agencies and community perspectives on a voluntary basis.

As a grassroots social lab, Extended Grace and the MITF continued to host community conversations, bringing information and updates to the public and collecting more feedback and input from the people on the ground. After each Town Hall Meeting, the MITF would review the feedback. Each need and perceived need was reviewed and referred to the appropriate person or agency. If no one was addressing a need, it became a focus of the MITF itself.

Funding Issues

In 2015, the State of Michigan slashed funding for mental illness by 60 percent. As a result, programs closed and 10,000 people lost much needed services. Michigan's public mental health system continued to face significant gaps in following years, including a budgetary gap of $133 million in Fiscal Year 2017 and an $85 million gap in Fiscal year 2018. Fiscal Year 2019 is continuing a similar trend. Today there is only $7.50 per person per year available to the public mental health system for providing mental health care to 8 million Michiganders without Medicaid coverage.

In March 2016, Ottawa County, a county of 286,383 (2017) people in West Michigan, responded to these cuts by passing a mental health millage. A millage is a tax-payer approved levy on property tax. In order to offset some of the financial losses, Ottawa County administrators proposed the idea and Extended Grace, through Town Hall Meetings, provided much needed public education on its merits. The 10-year millage passed with the support of 60 percent of voters. A portion of that millage now helps finance the Momentum Center for Social Engagement.

While Extended Grace receives support from the millage funding, financial challenges remain. There are restrictions on how that funding can be used. Anything outside of those bounds requires the use of more traditional nonprofit fundraising activities. The millage also has an expiration date and no guarantee that it will be renewed. At the same time, funding is always a significant concern in operating a nonprofit. Giving has decreased in the midst of tax reforms and government funding has been cut for programs that serve some of our most vulnerable citizens. For those reasons, Extended Grace has always been mindful of the need to become more financially independent. It determined from the beginning that it would need to create some kind of income stream in order to achieve long-term financial stability.

Social entrepreneurship is the use of start-up companies and other entrepreneurs to develop, fund and implement solutions to social, cultural, or environmental issues. It is often a concept applied to for-profit businesses that want to make a social impact. Toms Shoes, for instance, was an early pioneer in this area. They began by donating one pair of shoes for every pair sold. Another way to engage in social entrepreneurship is in the reverse direction: to have a social objective and to create a business enterprise to provide an income stream to support that work. Goodwill and its retail shops are probably the most familiar example.

Extended Grace realized that the best way to ensure its financial future would be to establish an alternative funding stream. It was intent on finding a way to generate income so that it would not be perpetually in the position of having to beg and/or compete for donations and sponsorships. To that end, it formed Just Goods Gifts and Café as an L3C low profit corporation owned and operated by Extended Grace. All profits from Just Goods support the work of the nonprofit 501(c)3 corporation Extended Grace. Just Goods is a fair trade retail store and coffee shop that provides volunteer opportunities for members of the Momentum Center and the broader community, particularly those who currently have barriers to employment or need transitional employment.

Introduction to the Momentum Center for Social Engagement

With funding cuts directly affecting the mental health care available to residents of Ottawa County, the MITF identified social and recreational programs as a gap in the community that no one was addressing. Extended Grace took the lead in reviewing feedback, conducting additional meetings and focus groups, and in imagining what such a program would look like. From this discernment came the vision of the Momentum Center for Social Engagement.

The Momentum Center for Social Engagement is an innovative approach to serving individuals with mental illness, addictions, and other disabilities. The Momentum Center provides a space with planned activities and events that allow often-disenfranchised individuals to engage in positive activities, moving out of isolation and into productive interactions in their community.

The Momentum Center houses Just Goods Gifts and Café. Just Goods is open to the public and is a retail space for purchasing fair trade and social cause items, including crafts made by local Young Adult Services students (i.e., students between the ages of 18-26 years old with developmental disabilities) and inmates connected to Humanity for Prisoners. Just Goods also sells coffee, tea and baked goods produced in the community.

There is no barrier from one side of the L-shaped building to the other. The side housing Just Goods is meant to intentionally integrate members of the Momentum Center with the general public as a way of reducing misunderstandings, confronting stereotypes, and eliminating stigma. Additionally, the Momentum Center for Social Engagement creates a tangible, physical location for the community to learn about and access services to assist those with mental illness, addictions and disabilities, as well as their loved ones and caregivers. This includes providing space for other agencies to leave materials and information about the resources they offer.

The Momentum Center is an expression of creative social entrepreneurship where a retail and food service is integrated into the very fabric of member activity in such a way that it becomes both part of the program and a funding stream for the work of the nonprofit.

Description of program

The Momentum Center program began as a way to create positive community space for people struggling with mental illness, addictions, and disabilities. It is an organic program, evolving through the input of members, their families and loved ones, their counselors and therapists, and evaluation of outcomes themselves. At times, membership identifies an activity or class they want and efforts are made to recruit a volunteer to lead that activity or class. At other times, members of the community offer to bring their abilities to the members and share them as an activity. This evolving nature is critical as our society continues to change quickly and often unpredictably, creating a need for offerings that can quickly adjust to meet changing needs and support emerging areas of interest or concern.

The physical space of the Momentum Center is comprised of two main rooms. The Columbus Street entrance to the Momentum Center leads into Just Goods Gifts and Café. Behind the café is

an area known as the “Back Room”, which houses the majority of the Momentum Center’s activities. The connecting space between is the "Community Resource Space" where other organizations are encouraged to bring their materials so the community has a brick and mortar place to find resources and services.

Just Goods has a bright color scheme and large windows that provide natural lighting for the café. There are several tables and chairs for sitting and visiting or working. The café has a small counter up front where members and guests can order coffee, tea and baked goods for an affordable price, most for one dollar. Just Goods offers one free hot beverage to members in need each day. This free drink creates a sense of belonging without creating any financial burden or obligation.

The “Back Room” is where the majority of Momentum Center activities take place. Inside is a pool table, puzzles and board games, and a computer bay. As in the café, a TV streams music from iHeartRadio during operating hours. The room is a soft green color, and has large windows, as does Just Goods Café, allowing natural light to illuminate the interior. In the middle of the Back Room is a large collection of tables and chairs on wheels that can easily be rolled around and that stack together to minimize space when not in use. These are generally shaped to form a large rectangle, approximately the size of a meeting table in a big conference room, but can easily be reconfigured or moved out of the way to accommodate the needs of particular activities.

Activities in the Momentum Center vary from exercise classes and yoga to cooking demonstrations and art projects. Volunteers lead most of the activities in the Back Room. A number of these volunteers are also members themselves. A monthly calendar of activities is published, posted on the website, mailed to members, and available at the MC. Many activities follow a consistent weekly schedule, with volunteers offering regular weekly or monthly classes. In addition to offering activities that are simply fun, we also partner with Arbor Circle to identify and offer best practice, evidence-based programs, including utilizing the Botvin Curriculum (https://www.lifeskillstraining.com/). For sensory sensitive individuals, there are slow-paced, quieter activities allowing for a peaceful environment for fun and games that is intentional about not becoming overwhelming.

The Back Room also allows for unstructured “Social Time”. Available activities include pool, air hockey, Wii, Karaoke, board games, puzzles, and free access to the computer bay. Social time provides for a low-stress, relaxing environment to decompress and enjoy oneself. Members are encouraged by each other to engage during social time.

Not all Momentum Center activities take place within the building. Scheduled outings occur at least once a week. Transportation is provided to and from activities outside of the Momentum Center including theater, walks, beach outings, shopping, picnics, movies, park visits, sports, music, exercise, and other events and outings. At least once a month, there are outings further away from home that give members the opportunity to visit zoos, farms, museums, and other attractions that may be an hour or more drive away. The bus used for outings can carry up to two wheelchairs at the same time. Two screened and trained adults are present during all scheduled activities and outings.

Program Evaluation

In order to ensure the Momentum Center is providing the most helpful services to its members and having the most positive impact on their lives as possible, we continually evaluate services. Evaluations occur through repeated surveys that produce quantifiable metrics of member mental health, as well as qualitative interview-type assessments.

Quantitative Methods

Procedure and sample.

When new members join the Momentum Center, they are provided with the opportunity to voluntarily complete surveys for program evaluation purposes. All survey information is collected using Qualtrics, an online survey system. These surveys assess member demographics, mental health symptoms, experiences with stigma, and lifestyle (see the Measures section for a list of measures included in the assessment battery). We also assess each individual's needs and interests. Every time a member visits the Momentum center, they have the option to briefly re-assess their symptoms, including suicidality. Every 6 months, Momentum Center members are provided with the opportunity to complete re-assessments of their symptoms, experiences with stigma, and lifestyle, as well as individual needs and interests in programming.

Because the survey questions are optional, not all Momentum Center members participate. To date there have been 246 unique members of the Momentum Center. We focused our program evaluation on surveys completed by those who were members for a full year. Of those 173 members, 147 or (85%) completed some or all of the initial assessment battery greater than 1 year ago. Of those that completed the initial assessment battery 68 (46% of members who completed the initial assessment battery) also completed all or part of the one-year reassessment. The relatively small number of respondents in our analyses suggests that results should be interpreted cautiously; however, based on personal interactions with all members, we expect the survey respondents were representative of the larger group of members. There were a number of explanations given by members as to why they did not complete the surveys, including that they got through their personal struggles and therefore did not feel obligated to complete the follow-up surveys.

Repeated Measures.

Depression. The Patient Health Questionnaire (PQH-9), a 9-item measure of depression symptom severity experienced in the last two weeks (Kroenke et al. 2001).

Anxiety. The Generalize Anxiety Disorder -2 (GAD-2), is a 2-item measure of anxiety symptoms severity experienced in the last two weeks (Skapinakis et al. 2007).

Loneliness. Short Scale for Measuring Loneliness, is a 3-item measure adapted from Hughes et al. 2004. It measures loneliness how it generally is now.

Stigma. The Stigma Scale is a 4-item measure of stigma related to having a mental illness or disability experienced in the last six months, adapted from King et al. 2007.

Social Connectedness. Social Connectedness is a 5-item measure (Cronbach's alpha, $\alpha = 0.89$) using a Likert-type frequency scale created for the evaluation to measure the extent to which members feel connected to other people over the last six months. This 5-item survey is provided in Appendix A.

Analytic Method.

We first describe our Momentum Center members using descriptive statistics and then review mental health symptoms and functioning of the entire reporting member population using the Generalized McNemar chi-squared test for paired data significance testing (i.e. before and after treatment in a population). Finally, because our services cater to community members with severe disabilities, we assess changes in mental health symptoms and functioning just among members who started with moderate to severe symptoms when they joined the center using a paired-samples t-test and confidence intervals (1.96*SE) to describe significance and Cohen's d to measure effect size. Figures were created with R (version 3.5.1) and statistical analyses were performed in SAS.

Results

Descriptive statistics.

Members are local community residents with the availability and interest to join the Momentum Center. Due to our mission and connection to local mental health services, most members have mental illness and/or a disability; however, no clinical diagnosis or referral is required to join. Members predominately describe themselves as non-Hispanic white. 38.6% identify as male and 60% identify as female and 1.4% as non-binary. 60% are single, including those who are divorced or widowed. The average age is 44 years old with the minimum age being 18 years old (members <18 years old are part of the Teen Program and excluded from these analyses) and maximum age of 89 years old. The Momentum Center is intended to be a key piece of the mental health puzzle, which is why 36% of members are receiving clinical mental health treatment through either Community Mental Health (CMH) services.

Another indicator of health in a community are the number of Adverse Childhood Experiences (ACES) in the population (CDC-Kaiser Permanente, 1998). The higher the number of ACES, the greater the risk for health problems in adulthood. Adults with an ACE score of 4 or more are at a significantly greater risk for many behavioral, physical, and mental health issues later in life. At the Momentum Center 27% of members report 4 or more ACES. Among members with mental illness, that percentage increases to 36%.

Changes in mental health symptoms and functioning for entire sample.

In the figures below (Figures 1-4), mean health metric scores and associated statistics are provided for members that reported at both intake and after 1-year (connected orange points with confidence intervals [1.96*SE]). To better understand how these paired comparisons, relate to the overall member population, the average of all responses for each health metric is also shown at each time interval (grey diamonds). The number of members reporting for each average is shown (n). The overall member population sizes became smaller over consecutive surveys primarily because of the large number of new members that joined less than 1-year ago. In addition, some members were unreachable, unable or unwilling to answer health related questions.

Members that reported feelings of social connectedness at both intake and after 1 year (n = 34 members) showed a 60% increase in connectedness (Figure 1, connected lines), which roughly corresponds with the mean feelings of all members reporting at each interval (Figure 1, grey diamonds). The Generalized McNemar's Chi-Squared test, with the McNemar Chi-Squared = 13.1636, degrees of freedom = 3, results in a p-value = 0.0043, indicates that after a year of being a member at the Momentum Center, there is a significant improvement in social connectedness. See additional statistical discussion in Appendix A.

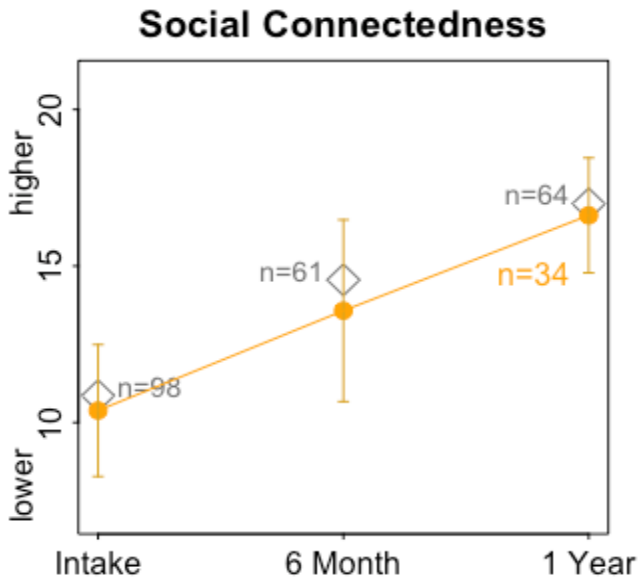


Figure 1. Feelings of social connectedness reported by all members. Members that completed both intake and 1-year surveys (paired comparison; solid orange line, n = 34 members reporting) showed significant increases (from 10.38 to 16.61) with a large effect size (d = 0.94). The overall member population also reported increased social connectedness on average, at each survey interval (grey diamonds).

Overall member population mean metrics show near-mild scores for depression at each survey (Figure 2) that did not significantly change (p-value = 0.23, see Appendix A) likely due to statistical floor effects and small samples sizes. In contrast, anxiety and loneliness metrics for the overall member population show reduced severity through time that closely follows the average observed change in individuals that started with moderate to severe symptoms, discussed below (Figures 3 & 4 and Appendix A).

Changes in mental health symptoms and functioning for members with moderate to severe symptoms at intake.

Members reporting moderate to severe symptoms at intake were tracked over the next 6-months and 1-year (indicated in the figures below with lines connecting the mean score points). Members reporting mild or no symptoms associated with depression, anxiety or loneliness at intake, generally maintained mild or no symptoms (excluded from figures for clarity). Mean scores are also reported for all members include those in both groupings (mild and severe), as well as, members that did not complete consecutive surveys (grey diamonds).

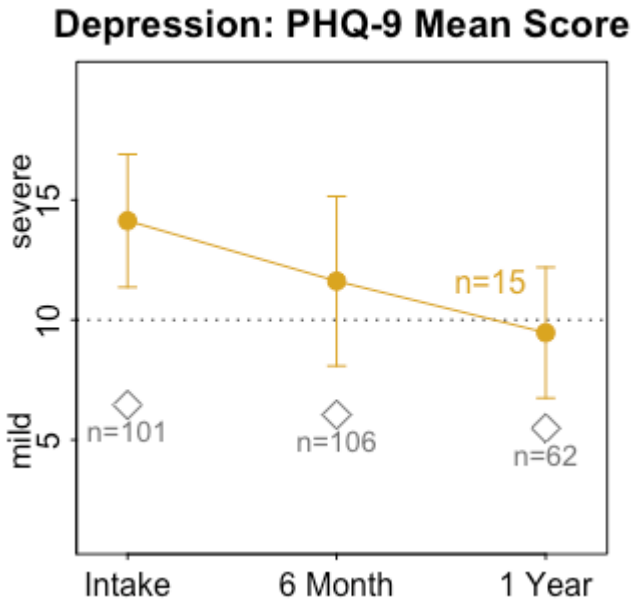


Figure 2. Members reported significantly reduced severity of symptoms associated with moderate to severe depression after 1 year (solid orange line, n = 15 members with an intake score ≥ 5, $t(14) = 3.5$, $p = 0.003$) equating to a 33% reduction in their mean PHQ-9 metric (from 14.13 to 9.47) with a large effect size ($d = 0.80$). The distributions of scores are highlighted with confidence intervals (1.96*SE). The overall member population reported mild depression, on average, at each survey interval (grey diamonds).

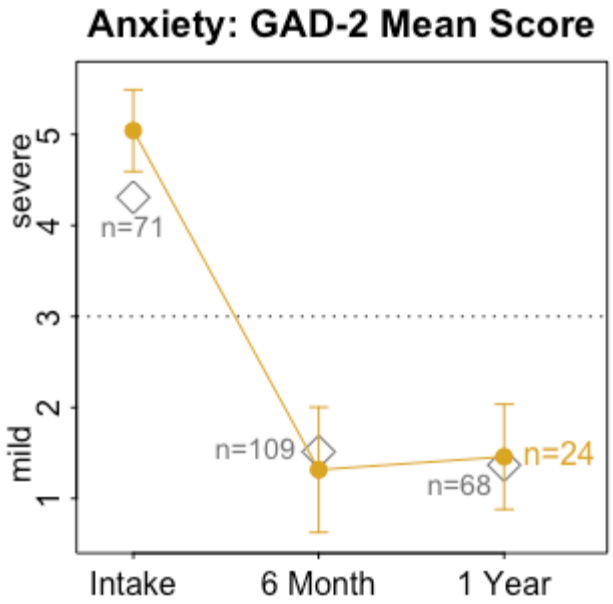


Figure 3. Members reported significantly reduced symptoms associated with moderate to severe anxiety after 1 year (solid orange line, n = 24 members with an intake score ≥ 3, $t(23) = 7.4$, $p < 0.001$) equating to a 71% reduction in members' mean GAD-2 score (from 5.0 to 1.5) and a large effect size ($d = 1.6$). The distributions of scores are highlighted with confidence intervals (1.96*SE). Similar levels of anxiety were reported for the member population overall (grey diamonds).

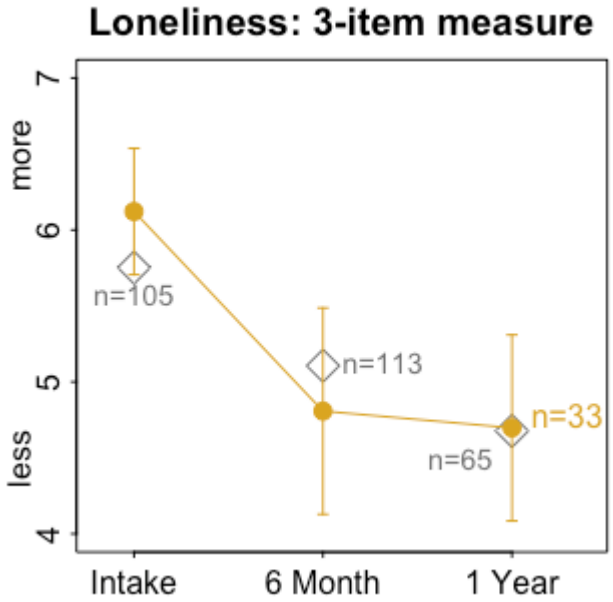


Figure 4. Members reported significantly reduced symptoms associated with moderate to severe loneliness after 1 year (solid orange line, n = 33 members with an intake score ≥ 4, $t(32) = 5.24$, $p < 0.001$) equating to a 20% reduction in members' mean loneliness score (from 6.1 to 4.7) and a large effect size ($d = 0.84$). The distributions of scores are highlighted with confidence intervals (1.96*SE). A similar pattern of loneliness after 1 year was measured for the member population overall (grey diamonds).

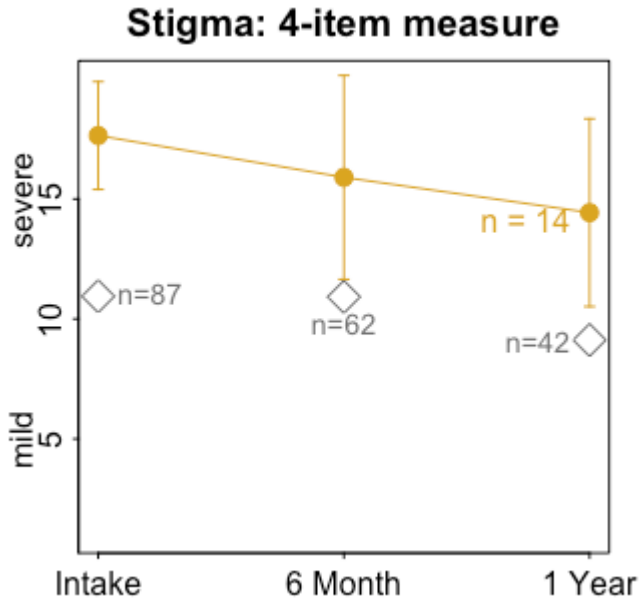


Figure 5. Members with feelings of moderate to severe stigma at intake (solid orange line, n = 14 members reporting with an intake score ≥ 10) reported slightly lower but more variable feelings of stigma after 1 year ($p > 0.05$). The distributions of scores are highlighted with confidence intervals (1.96*SE). The overall member population reported similar levels of stigma at 6 months and slightly lower levels at 1 year (grey diamonds).

Many members find community at the Momentum Center precisely because it is a place where they are not stigmatized. We would not expect that finding a place that is stigma-free would necessarily lower the stigmatizing people feel outside of the organization, although increasing self-confidence could certainly lower the feeling of stigma. However, another part of the our mission is to decrease stigma in the community. To that end, we conduct community conversations and are collecting data on the impact those conversations have on attendees as members of the larger community.

Qualitative Analyses

Summary of Unique Characteristics and Why it Works.

A 12-week study of the Momentum Center beginning in May 2019 was conducted in order to determine the effect of the Momentum Center on its members. Methods included 11 semi-structured interviews, 1 focus group, and participant observation. Consent forms were provided in order to protect the data and confidentiality of the study, as well as to inform the interviewed members of what the study was about. Interview data, including both recorded media and transcriptions, were stored securely in the Ethno-Linguistic-Visual Anthropology (ELVIS) Lab located in Grand Valley State University's Lake Michigan Hall building.

Interviews of members were conducted in a semi-structured style in order to maintain the fluidity of conversations. Interviews ranged from 30 to 40 minutes long, and included a set of 17 questions. One focus group was conducted as part of the Momentum Center research, and was held in the Back Room of the building. Due to the low-risk nature of interviewed members, the qualitative research on the Momentum Center was exempt from IRB review as determined by Grand Valley State University (Addendum B).

The study revealed that the methods and community surrounding the Momentum Center has a direct, positive influence on the overall mood and health of its members. The Momentum Center employs a variety of techniques that, when combined, interconnect to create the Momentum Center's cultural ethos.

In addition to providing members with opportunities and activities that they would otherwise not have access to, the Momentum Center's main strength in benefitting the lives of its members is its strongly empathetic and inclusive culture. Softness, vulnerability, and other-mindedness are entrenched in the Momentum Center's culture, practiced openly by old members and swiftly learned by new members. This empathy-focused culture is a product of five key techniques the Momentum Center employs to enrich the lives of its members.

The major elements of Momentum Center techniques that create this comforting, empathy-focused community culture are as follows:

- Management By Strengths (MBS) volunteer and staff training which creates an empathy-focused standard of communication
- The $1 annual membership fee, which binds members together as an act of symbolic investment
- A soft, colorful atmosphere that is both soothing and lively
- Destigmatization and safety, which allows members to be vulnerable and open with one another
- Personal agency that give members the option to choose what they do and do not wish to participate in

The implementation of these five key techniques (each described further below) creates a comforting, people-first community that allows members to connect with one another. The activities and outings provided by the Momentum Center serve to enrich this community with a bevy of ways to strengthen these social bonds through shared experiences. Members studied find a sense of purpose and belonging in the Momentum Center that has successfully prevented relapses, provided motivation to avoid depressive tendencies, and encouraged participation in an active and busy community that would otherwise not be available to them.

Explanation of Five Key Techniques.

As summarized above, the Momentum Center employs five key techniques that work together to create a people-first environment. Each of these key techniques warrants review.

"Management by Strengths" training, or MBS training, is required of all staff and volunteers. Members are welcome to take the assessment and training but are not required as some do not have the vocabulary necessary for the training and we do not want to create different tiers of membership. The MBS Survey is a quick and non-threatening tool used to reflect a person's basic communication style and a general description of the strengths of their individual temperament (https://www.strengths.com/mbs-survey.html). Each temperament is assigned a color: structure (yellow), pace (blue), directness (red), or extroversion (green). Along with this color is a graph that shows where a person's personality aligns with the other three areas as well. MBS training occurs once a month and people can repeat the class as often as they choose.

The purpose of MBS training is to provide empathy-minded communication, teaching volunteers how best to communicate with others. Understanding how a person communicates, makes decisions and how that person wants to be treated is a valuable first step in establishing or improving any relationship. MBS training allows for a rapid assessment of a person's strengths and communication preferences. Notably, this system only focuses on strengths, with no mention of weaknesses. A volunteer's personal MBS graph is displayed on their name tag at all times. The existence of the nametags enforces empathy-focused communication both consciously and subconsciously.

This form of empathy training is, arguably, ideal for the Momentum Center. For members who have never learned empathy-based communication skills, MBS training of volunteers creates a trickle-down communication skill-building effect. Members can learn through observing trained volunteers the appropriate communication approaches they can use with others. Essentially, volunteers set the precedent for behavior within the center for both new and existing members. Members interviewed expressed that one of the major skills they have learned in the Momentum Center is empathy. Building empathy skills begins with the staff, is reinforced by volunteers, and trickles down to members in order to truly imbue the center's community with other-mindedness and a focus on strengths. Negativity is simply not a shared mindset within the center, barring extenuating circumstances.

The cost of becoming a member is $1 for the entire year. The Momentum Center's $1 fee allows the staff to track who comes, who goes, and gives a perspective on demographics. However, it

also serves a cultural role in the Center, generating a feeling of affiliation and inclusion. The dollar membership fee has become - to reference social theory - a ritual act. When entering any new community, one is typically seen as an "outsider". The first step to becoming an "insider" is to perform a transitory ritual act. A transitory ritual act is a shared social investment marking an individual's transition from "outsider" to "insider". The transitory act for becoming a member is represented here by a monetary investment, but it is the symbolic investment of offering the dollar that creates inclusion. This dollar is a relatively low cost recognizing that anything more can present a challenge to disadvantaged individuals. A dollar investment can be made by almost anyone, barring certain circumstances. This removes any notion of classism from the community within the center.

Another important aspect of what makes the Momentum Center and its atmosphere unique is its use of aesthetics and color. Upon entering the Momentum Center and seeing the Just Goods Café, members and patrons are greeted with pleasing imagery. Art and crafts are prominently displayed throughout the café, and the color scheme is soft and inviting. Music, streamed from iHeartRadio, helps make the Momentum Center more lively. Were the Momentum Center to be sterile, it would stifle communication between members. To disadvantaged communities, white, sterile walls can connote very negatively. Stark colors and limited decoration can invoke anxiety and stress. The Momentum Center's brightness, open windows, and art/music is welcoming. The merchandise serves as a conversation starter. The Back Room, with its green walls, differentiates it from a more "active" social space by using a subdued green rather than an "exciting" red or yellow. The walls are not overstimulating, just lively. The music in the center plays quietly as a supplement to the room's atmosphere. Natural light works alongside the pleasant color scheme and aesthetics to further provide a calming atmosphere without too many stimulating elements in the room.

Destigmatization and safety is another crucial element at the Momentum Center. Eliminating stigma and developing an integrated community is one of the Momentum Center's cornerstone goals. Members often report feeling excluded from the wider community, often attributing this to stigma. Individuals connected to our members through family or therapeutic relationships often report that the member is more engaged in the outside community having found a place of acceptance at the Momentum Center. Professionalism and the enforcement of clear boundaries creates a safe place. This safety couples with empathy training in order to provide an environment where people are able to express themselves without the worry of social stigma.

Finally, one of the most important and unique aspects of the Momentum Center is the way in which it provides members a sense of personal agency. There are basic rules of conduct that members must follow. Beyond this, members are not required to do very much while they are inside the Momentum Center. Instead of obligations, members have options. All activities are presented as a choice, and opting out of certain activities suffers no social shame. Constant independent decision making is empowering. This positive approach assists members in feeling comfortable within the building.

These five techniques intertwine to create a calm, inclusive, and empathy-focused environment. The dollar investment is a symbolic investment that creates a sense of community and familiarity upon becoming a member. The MBS training is a passive method of teaching effective

communication skills without presenting them as obtrusive. The room size, aesthetics, and music invoke a safe space, with a low energy cost. Safety and trust in staff creates an environment where one can be vulnerable and open, which assists in bonding and communication. Lastly, personal agency allows members to choose why they come to the Momentum Center to begin with, what they would enjoy participating in, and from which activities they prefer to opt out.

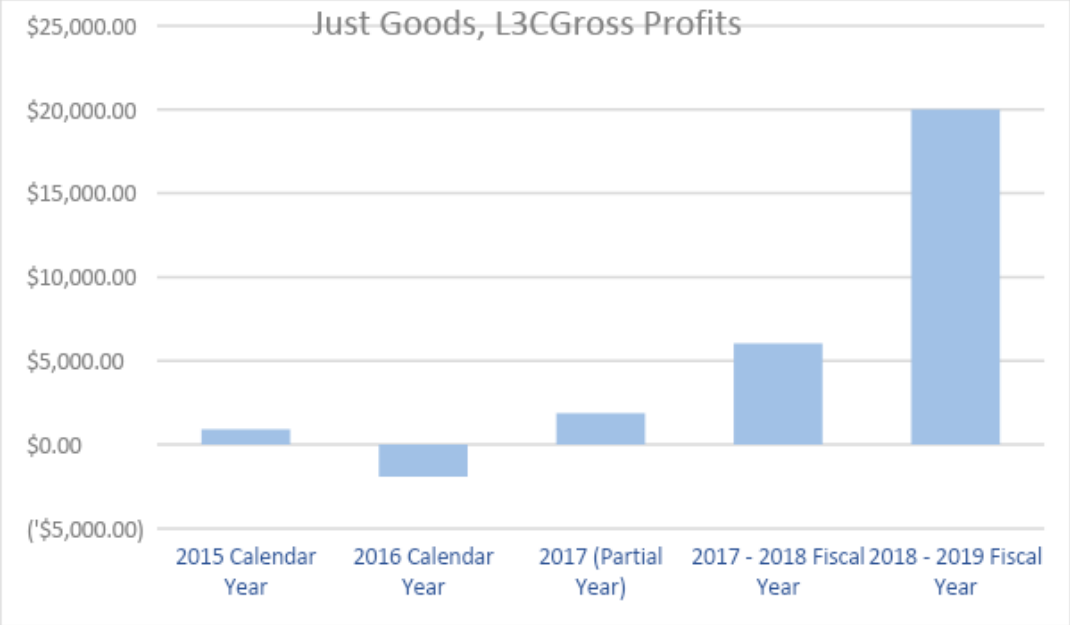
Data showing financial impact of alternative funding stream.

Just Goods Gifts and Café is owned and operated by Extended Grace. It is an L3C, a Michigan Low Profit Limited Liability Company organized in accordance with Michigan's Limited Liability Company Act. The Low Profit Limited Liability Company (hereafter, "L3C") legal structure provides a unique opportunity to combine the equity investment and distribution features of a standard limited liability company with the charitable purpose of a not-for-profit corporation. The primary difference between an LLC and an L3C is that an L3C must be organized in furtherance of a charitable or educational purpose as opposed to the production of income or appreciation of property.

Profits of Just Goods L3C support the operations of the Momentum Center, but Just Goods L3C also provides an opportunity for members to receive a coffee free of charge through its "Pay-It-Forward" program. The "Pay-It-Forward" program allows community members to donate money towards café cards. These cards are then used to provide a free hot beverage to any person in need. This is a benefit taken advantage of by many members of the Momentum Center. The following is a brief financial summary of Just Goods L3C. Importantly, Just Goods has begun to generate enough income to cover some of the programmatic expenses at the Momentum Center. It typically takes three years to establish a retail operation. It is anticipated that Just Goods will continue to grow its profit margin, enabling it to bear more of the costs of the Momentum Center.

Gross Profit Summary

Reporting Period	Gross Profits
2015 Calendar Year	$917.34
2016 Calendar Year	($1,897.02)
2017 (Partial Year)	$1,875
2017 - 2018 Fiscal Year	$6,046.50
2018 - 2019 Fiscal Year	$19,998.78



Implications, Limitations, and Future directions

We believe the success of the Momentum Center has important implications for serving those with mental illness, addictions, and other disabilities. It is a new and creative model of creating positive community space, a need identified through a variety of approaches to human wellbeing.

While ACES have been shown to increase the likelihood of health problems later in life, it has also been demonstrated that the effects of ACES can be mitigated when there are protective factors in place (www.acesconnection.com). The presence of protective factors helps individuals and communities to build resilience and resilience helps people overcome the negative impact of ACES both as children and as adults.

There are multiple pathways to resilience. Resilience researchers continue to refine our understanding about the processes involved in supporting resilience. However, there is agreement about a variety of important individual, family and community conditions that support resilience, including positive community systems that support health and development, and nurture human capital (Minnesota Department of Health).

The Substance Abuse and Mental Health Services Administration (SAMHSA), National Association on Mental Illness (NAMI), and other organizations seek to connect Clinical care to Community resources and engagement. The Momentum Center is also a model for making these connections. Being intentional in this relationship allows for early identification and referrals for clinical and therapeutic care, provides a space for healthy connection between therapeutic appointments, and returns individuals to healthy community for sustained wellbeing at any time they believe they have completed therapeutic care.

A core component of the Momentum Center is continual quality improvement and, given the results from our first year of operation, we have a plan for several improvements to our model.

While our results for members with more severe symptoms are promising, we saw little change in symptoms and functioning among members with more mild symptoms at intake. These results could be due to our small samples sizes as well as floor effects. However, it may also be that changes in quality of life for members with mild symptoms are not well captured by our measurement instruments. It is also true that members' levels of depression and anxiety could be influenced by factors over which we have little or no control.

Thus, we are in the process of adding the Deveroux Adult Resiliency Score (DARS) to our battery of measures in order to measure our impact on resiliency. If we are successful in helping members to build resiliency, those skills and relationships should help them navigate life occurrences that could trigger depression and/or anxiety. We are also interested in improving program evaluation methods. One possible revision is to integrate our data collection with collection being done at the hospital level so that we can better understand the impact our services have on the timely and appropriate use of clinical services.

Importantly, our continual quality improvement process has helped us to understand what we are doing well, why, and what methods may be used toward improvement. We hope to further evaluate and refine this model for dissemination, as the Momentum Center may be an important piece of the continuum for addressing community mental health care locally and in other communities.

We will continue to use both quantitative and qualitative data to measure success. We will also collect anecdotal evidence of the impact of the program on others. The following are goals and indicators of success:

1) Increase number of members at the Momentum Center
2) Maintain at least a 70% participation rate and a 90% engagement rate
3) Decrease levels of anxiety, depression, loneliness, substance use, and stigma as demonstrated by mental health self-assessment scores
4) Decrease episodes of mental health crisis, decrease suicide attempts and completions, increase referrals to appropriate level of resources
5) Improve self-esteem, quality of relationships and overall well-being of members as demonstrated by resiliency scores
6) Improve work and school performance, self-esteem, understanding of healthy boundaries, and improved quality of relationships with others
7) Standardize affiliate expectations and open Momentum Center affiliates in other communities in our state and country

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Appendix A: Social Connectedness 5-item metric

The 5-Item Social Connectedness metric was based on total score received from answering the following questions using a Likert-type scale with (points): Never (1), Sometimes (2), About half the time (3), Most of the time (4), Always (5).

In the last 6 months, how often have you/the member had the following opportunities:
1. Meeting new people?
2. Seeing friends regularly?
3. Trying new activities?
4. Doing activities you enjoy regularly?
5. Looking forward to new experiences?

Appendix B: Changes in mental health symptoms and functioning for entire sample

To better understand how the overall member population is changing, additional Generalized McNemar tests were applied and are described below.

Social Connectedness

Social Connectedness: Intake by 1-Year				
		1-Year		
		Low	Moderate	High
Intake				
Low	Frequency	7	10	4
	Percent	20.59	29.41	11.76
	Row Pct	33.33	47.62	19.05
	Col Pct	87.50	71.43	33.33
Moderate	Frequency	1	3	4
	Percent	2.94	8.82	11.76
	Row Pct	12.50	37.50	50.00
	Col Pct	12.50	21.43	33.33
High	Frequency	0	1	4
	Percent	0.00	2.94	11.76
	Row Pct	0.00	20.00	80.00
	Col Pct	0.00	7.14	33.33

Table A1. Using a Generalized McNemar test, to see whether members have a significant change in social connectedness. The 3x3 cross-tabulation table displays the change in members' social connectedness although, only members showing a better connection are considered to be positive. Furthermore, the right diagonals sum in the cross-tabulation table equals the amount of members who've stayed the same, summing to 14 members not showing a change in social connectedness. Whereas, 18 members reported a positive change, such that, their social connectedness has improved.

Test of Symmetry	
Statistic (S)	13.1636
DF	3
Pr > S	0.0043

Table A2. Displays a Generalized McNemar's Chi-Squared test, with the McNemar Chi-Squared = 13.1636, degrees of freedom = 3, which results in a p-value = 0.0043. Under the null hypothesis, half of the people did not report a stronger social connection represents no change; and the Alternative hypothesis (Ha: $p \neq 0.05$) there is a difference in social connection. Thus,

rejecting the null hypothesis, in favor of the alternative; we conclude that after a year of being a member at the Momentum Center, there is a difference in social connectedness.

Analyzing Depression scores

Depression (PHQ9: Intake by 1-Year					
		1-Year			
		Mild	Moderate	Severe	Total
Intake					
Mild	Frequency	21	0	1	22
	Percent	61.76	0.00	2.94	64.71
	Row Pct	95.45	0.00	4.55	
	Col Pct	80.77	0.00	50.00	
Moderate	Frequency	4	4	1	9
	Percent	11.76	11.76	2.94	26.47
	Row Pct	44.44	44.44	11.11	
	Col Pct	15.38	66.67	50.00	
Severe	Frequency	1	2	0	3
	Percent	2.94	5.88	0.00	8.82
	Row Pct	33.33	66.67	0.00	
	Col Pct	3.85	33.33	0.00	
Total	Frequency	26	6	2	34
	Percent	76.47	17.65	5.88	100.00
Frequency Missing = 145					

Test of Symmetry	
Statistic (S)	4.3333
DF	3
Pr > S	0.2276

Table A3 & A4. A 3x3 cross-tabulation table using a Generalized McNemar test. Testing whether or not there's a significant change in depression scores in the sample of members in the past year (n=34). The Symmetry test, gives a McNemar Chi-Squared test statstic of 4.3333, with three degrees of freedom (df=3) has a p-value = 0.2276, Using a p-value = 0.05 as our cutoff, we fail to reject Ho, there is insufficient evidence to conclude a sigificant change in depression scores amongst Momentum Center members.

Analyzing Anxiety Score Initial by Year

Anxiety (GAD2): Intake to 1-Year		1-Year	
		Mild	Moderate
Intake			
Mild	Frequency	4	0
	Expected	3.1429	0.8571
	Percent	14.29	0.00
Moderate	Frequency	5	5
	Expected	7.8571	2.1429
	Percent	17.86	17.86
Severe	Frequency	13	1
	Expected	11	3
	Percent	46.43	3.57

Statistic	DF	Value	Prob
Chi-Square	2	7.6364	0.0220
Likelihood Ratio Chi-Square	2	8.0286	0.0181
Mantel-Haenszel Chi-Square	1	0.5185	0.4715
Phi Coefficient		0.5222	
Contingency Coefficient		0.4629	
Cramer's V		0.5222	

Tables A5 & A6. 3x3 cross-tabulation chart of a McNemar test represents anxiety scores (GAD-2), measured upon intake and after a year of being a member Momentum center, and a sample of 28 members (n=28). After one year, none of the members are experiencing severe anxiety and six reporting moderate levels of anxiety. Furthermore, our Chi-Squared test statistic= 7.6364, with df=2 and results in a p-value= 0.0220. Note, no members reported severe anxiety at 1-year and thus the column was removed from the table for clarity.

The Null hypothesis(Ho): There is no difference in the distribution of anxiety scores to the members across comparison groups and our Alternative hypothesis(Ha): There is a difference in the distribution of anxiety scores for members across comparison groups. We reject the null, in favor of the alternative to conclude there is sufficient evidence that anxiety score/category differs when comparing anxiety scores from initially signing up to a year after they signed up.

Analyzing loneliness.

Loneliness: Intake by 1-Year				
		1- Year		
		Mild	Moderate	Severe
Intake				
Mild	Frequency	1	1	1
	Percent	2.78	2.78	2.78
	Row Pct	33.33	33.33	33.33
	Col Pct	6.25	8.33	12.50
Moderate	Frequency	13	4	1
	Percent	36.11	11.11	2.78
	Row Pct	72.22	22.22	5.56
	Col Pct	81.25	33.33	12.50
Severe	Frequency	2	7	6
	Percent	5.56	19.44	16.67
	Row Pct	13.33	46.67	40.00
	Col Pct	12.50	58.33	75.00
	Percent	44.44	33.33	22.22

Table A7. The 3x3 cross-tabulation table, shows the initial loneliness level and a year later loneliness level for members (n=36). Where the right diagonal sums to the members who've remained in the same category (11 members); which is our null hypothesis, there is no difference in loneliness (Ho: p=0.5).

Test of Symmetry	
Statistic (S)	15.1190
DF	3
Pr > S	0.0017

Table A8. McNemar's chi-squared statistic of 15.1190, df=3 and a p-value=0.0017, we reject the null hypothesis in favor of the alternative. There is sufficient evidence to conclude that there is a difference in loneliness after a year of being at the momentum center. Note, this includes members who reported a negative difference, therefore, 22 members have reported a decrease in loneliness.

Analyzing Stigma scores

Stigma: Intake by 1-Year				
		1-Year		
		Mild	Moderate	Severe
Intake		7	2	1

Stigma: Intake by 1-Year				
		1-Year		
		Mild	Moderate	Severe
Mild	Frequency			
	Percent	31.82	9.09	4.55
	Row Pct	70.00	20.00	10.00
	Col Pct	58.33	40.00	20.00
Moderate	Frequency	3	1	1
	Percent	13.64	4.55	4.55
	Row Pct	60.00	20.00	20.00
	Col Pct	25.00	20.00	20.00
Severe	Frequency	2	2	3
	Percent	9.09	9.09	13.64
	Row Pct	28.57	28.57	42.86
	Col Pct	16.67	40.00	60.00

Test of Symmetry	
Statistic (S)	0.8667
DF	3
Pr > S	0.8335

Table A9 & A10. 3x3 cross-tabulation table displaying member's stigma score category (n=22), with their initial stigma category and the year later survey category. Using a Generalized McNemars test, our Null hypothesis: there's no difference in stigma scores for member (Ho: $p=0.5$) and our Alternative hypothesis: there is a difference in stigma score for members (Ha: $p \neq 0.5$). A difference would be considered any cell excluding those who are on the right diagonal, 11 members out of 22 are on the right diagonal which is our null hypothesis. Resulting in a McNemars chi-squared test statistic= 0.8667, df=3, p-value=0.8335 shouldn't be alarming. Using $\alpha=.05$, we fail to reject Ho, there's insufficient evidence to conclude stigma scores for members after a year would differ. Note: $n < 25$, therefore a general assumption is violated due to small sample size.

Appendix B: IRB Determination and Application

GRAND VALLEY STATE UNIVERSITY
www.gvsu.edu

DATE: May 09, 2019

TO: Kristin Hedges
FROM: Office of Research Compliance & Integrity
PROJECT TITLE: Ethnographic Study of the Grand Haven Momentum Center
REFERENCE #: 19-327-H
SUBMISSION TYPE: IRB Research Determination Submission

ACTION: Not Research
EFFECTIVE DATE: May 09, 2019
REVIEW TYPE: Administrative Review

Thank you for your submission of materials for your planned scholarly activity. It has been determined that this project does not meet the definition of research* according to current federal regulations. The project, therefore, does not require further review and approval by the IRB. Scholarly activities that are not covered under the Code of Federal Regulations should not be described or referred to as "*research*" in materials to participants, sponsors or in dissemination of findings. While performing this project, you are expected to adhere to the institution's code of conduct and any discipline-specific code of ethics.

A summary of the reviewed project and determination is as follows:

The purpose of this project is to collect qualitative data and to understand why the methods used in the Momentum Center reduce the rates of anxiety and depression in their members. Use of an ethnographic framework will allow the Momentum Center to better understand their processes and ways they can improve services offered to members. This project is not designed to create new generalizable knowledge but is instead designed to improve the services of a local community organization. Therefore, this project does not meet the federal definition of research and IRB oversight is not needed.

This determination letter is limited to IRB review. It is your responsibility to ensure all necessary institutional permissions are obtained prior to beginning this project. This includes, but is not limited to, ensuring all contracts have been executed, any necessary Data Sharing Agreements and Material Transfer Agreements have been signed, and any other outstanding items are completed.

An archived record of this determination form can be found in IRBManager from the Dashboard by clicking the "_ xForms" link under the "My Documents & Forms" menu.

If you have any questions, please contact the Office of Research Compliance and Integrity at (616) 331-3197 or rci@gvsu.edu. Please include your study title and study number in all correspondence with our office.

*Research is a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge (45 CFR 46.102 (d)).