

Organizational History. The African American Men's Health Clinic (dba) the Black Men's Health Clinic was created and named intentionally to combat the inequities men of color experience, particularly black men, as seen nationally with the death of George Floyd and so many others. For the Austin area, it's the first of its kind finally addressing the long-time healthcare gap for men of color. Even with the research, studies, and tweaked approaches by current establishments men of color remain far more likely than their counterparts to die prematurely of heart disease, stroke, cancer, and diabetes. Therefore, the Black Men's Health Clinic (a 501c3 entity) launched with the sole funding support of the founder and overtime a few planning grants invested in our mission to collaboratively change the way health providers engage men of color and how data collection is utilized as a public health agent of change amongst various organizations within the surrounding community.

BMHC Mission. To address disparities through effective strategies focused on decreasing mortality and morbidity rates among men of color via improved quality of life, self-health maintenance, and family lifestyle.

1. Increase men of color numbers with healthier eating habits in East Austin, East Travis County, and the Eastern Crescent.
2. Increase men of color numbers comfortable communicating their needs and health literacy.
3. Reduce men of color stigmatization towards best-practice disease prevention & health screening measures.
4. Increase the number of culturally competent community health service providers, including minority providers within the target area of operations.

BMHC Vision (based on 700-plus respondent survey). Making physical, behavioral, and social care more accessible in underserved and underrepresented communities with a focus on transforming and removing stigmas regarding typical healthcare systems into positive life-changing experiences by reaching men where they live, work, play and pray with culturally appropriate disease prevention awareness messages and tools, screening programs, educational materials, advocacy, and patient navigation.

BMHC Value Statement. The BMHC operates via partnerships and collaborations (MOUs) with a two-way holistic and comprehensive referral process to identify no-delay physical, behavioral, or social determinant appointments (or education classes) with warm-handoffs and timely follow-ups to ensure continuity of care (outside the referrer's cultural competency, bandwidth, or area of functionality) thereby increasing men of color trust in the healthcare system. At the conclusion of services and throughout the patient journey, real-time input gathered from patients for near-term constructive feedback to providers and long-term analyses resulting system improvement and enhanced patient experiences/outcomes.

Business issue. Although the current data & analytics infrastructure within physical, behavioral, and social care permits robust insights for an organization's internal data team, it enables the lack of data sharing needed resulting in limited data transparency amongst partners (or care coordination) from interoperability to access provider records. In the 2022 health assessment

reports by Central Health and Travis County, amongst others, exclaim the need to create an inclusive and accountable governance model across systems of care; enhance the coordinated use of healthcare assets amongst partners only permissible via recalibrating and redesigning the scale and scope of traditional healthcare intake, screening/assessments and data-storing processes.

Scope of work. To support the BMHC mission, we are designing a comprehensive intake, screening/assessments, and data sharing process to best meet the immediate and evolving health-related needs of our target community. In doing so, the BMHC maximizes use of community resources (and their data sharing/protection needs) to improve community health assessment outcomes. Primary data stems from BMHC's partners and their operating procedures (i.e., policies, legal requirements, etc.) to develop an equitable system of care that is comprehensive and accountable. Thereby, enabling a means to identify and optimize collective commonality to create holistic intake forms, robust screening/assessments, and data-sharing processes; resulting in enhanced identification of matching capabilities and resources for the patient within their community.

BMHC Goals, Objectives, and Priorities:

Goal 1: Improve physical, behavioral, and social determinant health status by providing education classes

Objective: Provide education classes to teach clients about healthy foods and proper eating habits to reduce rates of disease and adverse outcomes

Activity 1: Physical, Behavioral, and Social Determinant Health Education and Literacy Classes

- a. Coordinate across the BMHC Safety-Net to provide health events by credentialed individuals of color
- b. Coordinate across the BMHC Safety-Net to provide financial management classes credentialed individuals of color

Goal 2: Early detection of potential disease through physical, behavioral, and social determinant health wellness programs.

Objective: Conduct monthly physical, behavioral, and social determinant health screening and assessment events at the BMHC utilizing resources from UT School of Nursing, Seton, TEX-CROSS, Integral Care and others

Activity 1. Physical, Behavioral, and Social Determinant Health Screenings

- a. Monthly physical, behavioral, and social determinant health screening events to identify and develop care plans addressing health concerns identified
- b. Physical, Behavioral, and Social Determinant Health and Wellness information events to equip men of color to mitigate situations increasing their health risk-levels

Activity 2: Blood Pressure management

- a. Monthly clinical evaluation to determine levels of intervention
- b. Generate care plans and provide at-home blood pressure monitors to clients
- c. Facilitate weekly check-in sessions to train self-monitoring

Goal 3: Increase access capacity to physical, behavioral, and social determinant health providers

Objective: Make scheduled and same day appointments available at BMHC to address urgent and routine needs. Evening appointments will be available for men with jobs unable to leave work.

Activity: Access to appointments

- a. Coordinate across the BMHC Safety-Net evening appointments to accommodate client schedules
- b. Coordinate across the BMHC Safety-Net for same-day walk-in appointments to meet client urgent needs
- c. Coordinate across the BMHC Safety-Net to enhance appointment capacities during peak client request times

Goal 4: Develop capacity to serve homeless men

Objective: Coordinate with programs serving this population to provide mental, physical, and social assistance through collaborative efforts

Goal 5: Increase access capacity to hearing, vision, and dental services

Objective: Coordinate appointments for hearing, vision, and dental services

Patient Journey. Although the BMHC focuses on black men, it is open to all men of color, ages 18 and over, residing in East, Austin, East Travis County, and Eastern Crescent with a special interest in supporting veterans given the Founder and Executive Director is a Vietnam-Era veteran and Board Chair is a combat retired (service-disabled) veteran. Patient flow begins with a request for services (via phone, email, or online form) initiating a patient lookup with our system to continue continuity of care or create a patient record. In creating the record, eligibility screening determines the sliding fee scale intake form provides a patient self-assessment of health, and the holistic screening/assessment will provide a comprehensive breakdown of services needed with order of priority. Care coordinators will directly engage with partners to identify next available appointments or education classes and render warm handoffs with timely follow-ups to ensure continuity of care and trust in the healthcare system. At the conclusion of services and throughout the patient journey, care coordinators will seek real-time input from patients for near-term constructive feedback to providers and long-term analysis on system improvement to enhance patient experiences and outcomes. Mental and physical health services include education to prevent or supplement clinical forms of treatment. Social health intervention is viewed and approached through both the lens of an individual's interaction with his surrounding community as well as the impact of societal constructs that have been created and enacted to prevent the upward mobility of men of color and veterans, which include methods that greatly impact both mental and physical health. Specific characteristics of the targeted population, such as age distribution, population density, level of social deprivation, military service experience is identified to anticipate special needs.

Evidence-Based Framework. Programs are designed intentionally by individuals with lived experience/expertise and incorporate both traditional and non-traditional behavioral health intervention service delivery models. Our traditional services consist of systematic, scientific & evidence-based SAMHSA-guided practices, curriculum, and tools. Integrated through talk therapy, workbooks, handouts, role-play, films, modules, one-on-ones, and/or group sessions either in-person or telehealth settings. Our non-traditional services consist of faith-based, trauma-informed, meditative, intuitive, and co-creative practices and approaches that involve the client informing us on the most effective ways to gain their trust and receptivity to the education and training. Feedback will allow us to integrate this knowledge through talk therapy, workbooks, handouts, role-play, films, modules, one-on-ones, and/or group session either in-person or telehealth settings. The mental and behavioral health interventions we utilize are derived from SAMHSA-guided practices and curricula. We selected this enhanced, qualitative approach due to the Cognitive Behavioral Therapy best-practice methods it presents that appropriately and successfully address acute, complex, and chronic trauma. Additionally, SAMHSA practices are backed by scientific and evidence-based research, are Federally approved, and are an impactful standardized approach when designing a behavioral health program with an effective intervention strategy that yields high improvement rates.

Service Collaboration with Other Agencies. The BMHC supports its clients as a payor-of-last-resort for unfunded services rendered by partners within its system. Additionally, the BMHC facility serves as a coworking space for service providing partners to breakdown traditionally siloed services holistically affecting the patient. To meet service delivery objectives, providers fall within three major disciplines which include physical, behavior, and social health. Clients are screened to determine required services during the enrollment processes. Once clients are enrolled in the BMHC Men's Safety-Net Program, BMHC care coordinators assure the appropriate services identified are provided and intended outcomes are achieved through a straightforward and streamlined care plan.

Program Services and Delivery. The referral process for holistic and comprehensive services is two-way, with the clinic identifying patient needs and coordinating appointments with warm-handoffs (or education classes) and partners referring their patients to the BMHC for appointment coordination (or education classes) outside their cultural competency, bandwidth, or area of functionality. Patient flow begins with a request for services (via phone, email, or online form) initiating a patient lookup with our system to continue continuity of care or create a patient record. In creating the record, eligibility screening determines the sliding fee, the intake form provides a patient self-assessment regarding their current state-of-being, and the holistic screening/assessment will provide a comprehensive breakdown of services needed with order of priority. Care coordinators will directly engage with partners to identify next available appointments or education classes and render warm handoffs with timely follow-ups to ensure continuity of care and trust in their physical, behavioral, and/or social provider system. At the conclusion of services and throughout the patient journey, care coordinators will seek real-time

input from patients for near-term constructive feedback to providers and long-term analysis on system improvement to enhance patient experiences and outcomes.

Quality Improvement. The BMHC resolves problems and/or address issues via monthly partner reports, client progress notes, and weekly BMHC care coordinator briefs for immediate internal decisions and partner engagements. Insight is also gathered via surveys, questionnaires, outreach, testimonials, and service reviews from patients in a proactive effort to identify design and development improvement strategies to implement.

Performance Evaluation. Partners will provide monthly reports to BMHC detailing number of clients served, services provided and measured outcomes. Outcome information will be analyzed and shared during scheduled joint provider meetings for review, validation, and comparison monthly to quarterly. Contracted providers will provide line-item invoices and will be compensated on a monthly cycle. Additionally, the BMHC will utilize Unite Us and United Way ATX to document patient journeys and ensure proper feedback is obtained throughout the various stages of services rendered.

Collecting and Reporting Program Data Service Accessibility. In addition to MOUs with partners for data sharing (as appropriate), the BMHC will utilize a Unite Us (HITRUST, SOC 2 Type 2, and NIST certified; HIPAA, 42 CFR Part 2, and FERPA compliant) which enables a closed system for BMHC patient information with access permitted to MOU partners issued the BMHC access code (sensitive item). Unite Us enables multi reporting for data collected via assistance requests, screening tools, and other data inserted by partners. Modifications to data collection tools and reporting structures is viable to meet APH reporting requirements.

Team Composition. The BMHC is also uniquely connected to residents in the Eastern Crescent through formal and informal relationships. Leadership is deeply connected to the healthcare, government, and residential community resulting in the BMHC serving as a trusted health administrative agent for men of color by the Austin Area Urban League and Black Leaders Collective, to name a few. The BMHC is also partnered with several entities as a reciprocal voice to strengthen services provided to the targeted population for increased trust in a fragmented healthcare system. See collaboration list.

Coalition Building. The BMHC works with advocacy or community partners to hold physical, behavioral, and social determinant health awareness events, validate patient data collected at a larger level, and form coalition efforts to influence data-driven policies and spark awareness. Patients drive the types of services BMHC seeks to offer because their input takes priority in determining courses of action to resolve ongoing healthcare gaps, culturally appropriate services/programs/material, and inappropriately assigned metrics.

Eligibility Screening. During in-person and virtual enrollment into BMHC's Care You Can Trust Safety-Net Program, proof of income and residency will result from pay stubs, utility bills, lease agreements, drivers license, ID card, etc.

Board of Directors

Larry Wallace Sr., Founder

Sabrina Wallace, Treasurer

Dr. Larry Wallace Jr., Chair

Jamilah Wallace, Secretary

** Operating expenses (rent, utilities, filings, contractors, etc.) since launch (July 2021) to present were covered by the board members***Larry Wallace Sr.****Founder & President**
Black Men's Health Clinic

Mr. Wallace is a U.S. Army Vietnam Veteran with a long career in healthcare starting with the U.S. Academy of Health Sciences where he earned certification as an Eye, Ear, Nose, and Throat Specialist. Evident throughout his career, Mr. Wallace possesses extensive experience managing integrated health care system operations, developing service delivery strategies to improve patient experiences, and achievable outcomes for organizations and community initiatives. His work is known for focusing on coordinating services between primary care, specialty care, behavioral care, hospital, and social service providers.



Prior to launching the African American Men's Health Clinic, he served as Enterprise Chief Administrative Officer for Central Health, the public entity in Travis County, Texas, improving community health by ensuring access to those who need it most. Mr. Wallace served as Chief Executive for the Community Care Collaborative, a public/private partnership between Central Health and Seton Healthcare Family which was charged with developing an innovative and cost-effective integrated delivery system for low-income and uninsured patient care in collaboration with UT-Austin's Dell Medical School. He also served on the Downtown Austin Alliance Board of Directors which is devoted to shaping the future of downtown Austin while preserving and enhancing its value and vitality. While at JPS Health Network in Fort Worth, Texas, Mr. Wallace served as Vice President of Community Health Services and provided leadership in the development of multiple community based comprehensive health and wellness centers to increase access to health services throughout Tarrant County.

Mr. Wallace was a member of the executive team credited for the launch of Sendero Health Plans, an eight-county non-profit health plan to improve access for those covered by publicly funded health insurance programs. He also provided leadership for the development of the Eastern Travis County Health & Wellness Collaboration bringing together leaders from the City of Austin, Travis County, Capital Metro, Huston-Tillotson University, and local safety net health care providers to improve access to health services in Eastern Travis County.

Mr. Wallace's affiliations included membership with the American College of Health Care Executives, National Forum Black Public Administrators, National Association of Health Services Executives, the Medical Group Management Association; and is known for his service as a UT-Austin Lyndon B. Johnson School of Public Affairs graduate-level mentor for the Executive Master's in Public Leadership Program, Budget Committee Chair for St. James Missionary Baptist Church, and Public Health Workgroup Member for the Black Leaders Collective.

He earned a Bachelor's in Business Administration from Dallas Baptist University, Master's in Business Administration from Amberton University and received several prestigious awards including the 2019 Kirk P. Watson Service Award and the 2019 EQUITYSPACE Equity Warrior Award.

Hon. Larry Wallace Jr.

Chair, Board of Directors
Black Men's Health Clinic

Dr. Wallace is the 1st Black Mayor of Manor, Texas, the 7th fastest growing suburb in America (2018) and top 20th best small cities to live in America (2019). He is President of Wallace Brothers & Associates, Co-Owner of The Transition, Chief of Staff to Austin Councilwoman Natasha Harper-Madison, and Special Advisor for Environmental Justice & Advocacy to the Austin Area Urban League. He also serves as the Texas Veterans Commission – Veterans Services Advisory Committee Vice Chair; Senior Access – Advisory Member; Black Men's Health Clinic – Board Chair; Huston Tillotson University – Adjunct Professor; Texas State University – Lecturer; and Texas Veterans Leadership Task Force (Dept of Veterans Affairs – Community Veterans Engagement Board) – Chair. Larry also authored three books (*Adaptive Leadership in High-Stress Occupations: Application to the Military, Irony or Symbolism, The Esoteric Mason*) and Co-Author *The Transition: Preparing for Financial Combat*.



Dr. Wallace previously served as an Eastern Crescent Health Now Committee – Advisory Member; Northcentral University – School of Business Professional Advisory Committee Member and Military Inclusion & Diversity Lead; Texas Municipal League (Region 10) – President; Capital Area Regional Transportation Planning Organization – Board Member; BSA Capitol Area Council – Executive Board, Black Community Advisory Chair, and Waterloo District Nominating Chair; Manor Schoolhouse Foundation – Board Member; State of Texas Military Spouse Economic Empowerment Zone (Hiring Our Heroes) – Chair; Manor Independent School District – Citizen's Bond Advisory Committee; Travis County Healthcare Division (Central Health) – Ambassador; U.S. Army Sergeants Major Academy – Senior Transition Advisor; Huston-Tillotson University – Assistant Professor of Management; University of Texas System Administration –

Director of Veterans Support & Leadership Programs; C2 Change – Vice Chair & Strategic Planning Chair; VETTED Foundation - Executive in Residence; Blackberry Radio – Gospel Personality; Central Texas College – Adjunct Professor; and College Proctor for 3 universities.

While serving in the military, Mayor Wallace was the HR Plans & Operations Division Chief, Secretary of the General Staff, Executive Officer then Deputy Chief of Staff at U.S. Army Special Operations Aviation Command (Airborne) during the integration of women into combat roles; Deputy G2/G3 then Company Commander at USA NATO during the “Don’t Ask, Don’t Tell Repeal Act of 2010, European base closures, and realignment of NATO forces; Administrative & Logistical Commander, Battalion S1, and Battle Captain for an Infantry Task Force overseeing Anbar Province (the largest in Iraq); Top Tier US Postal Commander overseeing Southern Iraq; ROTC Recruiter at University of Texas at Arlington, Mid-Cities Drill Sergeant Training Battery Commander; OSUT Drill Sergeant at Fort Sill, Oklahoma; and the Customer Service NCOIC & DA Promotion Boards NCOIC for 25th Infantry Division & Johnston Island.

Civic & Social Body experiences include President for 3 districts & 13 local groups, State Junior Vice President, Strategic Director for 4 states, and Chief Administrative Officer for 3 national staffs; Assistant Scoutmaster; and Greek Life President, National Pan-Hellenic Council Community Services Director, Alpha Phi Alpha Fraternity, Inc. Graduate Advisor, and Mascot at the University of Texas at Arlington.

Recognitions include 2022 Outstanding Community Dad Award (The Man In Me); 2022 Outstanding Leadership (Austin NAACP Chapter); 2022 Extra Mile Nominee (Texas Veterans Commission); 2021 Whitney M. Young Jr. Service Award (Boy Scouts of America); 2022 Congressional Candidate; 2021 Austin Under 40 Finalist (Mentor of the Year); 26th Annual Heinz Award Nominee (Austin Area Urban League) ; 2020 Alpha Great (Alpha Phi Alpha Fraternity, Inc.); 2020 Changing the Story Distinguished Community Leader (African American Youth Harvest Foundation); 2019 Austin Under 40 Dual Finalist in Youth & Education and Civics, Government & Public Affairs; 2019 Achievements in Black Austin Honoree (Austin Black Business Journal); 42 performance awards; 2 district staff member of the year awards; community service & president of the year award; 3 honorary & 25 invitational civic & social organizations; Golden International Honour Society; Delta Mu Delta International Honor Society in Business; National Society of Leadership & Success; International Scholar Laureate Program for Business & Entrepreneurship; 2016 National Defense University’s Joint Special Operations Masters of Arts in Strategic Studies selectee, Northcentral University 2018 Dissertation of the Year Nominee; and Asian Real Estate Association of America (AREAA) Honorary Member.

Education includes Northcentral University – Doctorates & MBA in Management; University of Texas at Arlington – Bachelors in Interdisciplinary Studies; Amberton University – Masters in Human Relations & Business; Texas A&M at Commerce & Saint Joseph University – Executive Leadership Certificates in Entrepreneurship; Syracuse University – Veterans in Politics & Civic Engagement Certificate; and University of Pennsylvania at Wharton – Business Skills Certificate.