

Regional Funding

Fiscal Year 2022 - Partner Funding Application

Mental Health America of Fredericksburg

Agency Total Budget

In the boxes below provide an overview of the administrative costs associated with your total agency budget.

Expenses

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Salary	19,443.00	19,246.00	19,047.00	19,300.00	14,397.00	15,116.85
Benefits	2,740.00	2,988.00	3,108.00	2,833.00	2,459.00	2,581.95
Operating Expenses	30,977.00	31,883.00	31,640.00	28,037.00	17,740.46	18,627.49
Capital Expenses	0.00	0.00	0.00	0.00	0.00	0.00
Other Expenses	7,160.00	7,709.00	8,201.00	5,960.00	1,210.00	1,270.50
Total	60,320.00	61,826.00	61,996.00	56,130.00	35,806.46	37,596.79

Revenues

Please include revenue associated with your entire organization. This section represents the TOTAL revenue your organization is receiving. The revenue associated with specific programs will be listed within your program budgets; this section represents total revenues. (For example if your organization requests funding for multiple programs the total amount requested from each locality or other entities goes within this section)

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Caroline	0.00	0.00	5,750.00	0.00	0.00	6,103.00
Fredericksburg	12,215.00	12,215.00	18,133.00	12,215.00	12,215.00	19,664.00
King George	0.00	0.00	3,322.00	0.00	0.00	3,352.00
Spotsylvania	27,142.00	27,348.00	26,250.00	14,750.00	25,000.00	26,083.00
Stafford	15,000.00	15,000.00	15,584.00	14,805.00	37,048.00	22,838.00
United Way	53,631.00	47,000.00	49,000.00	47,000.00	18,750.00	18,750.00
Grants	33,805.00	42,530.00	25,980.00	51,279.35	48,000.00	60,000.00
Client Fees	22,505.00	15,000.00	20,500.00	4,995.00	6,000.00	6,000.00
Fundraising	87,741.00	93,000.00	87,500.00	65,830.00	88,000.00	85,000.00

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Other (Click to itemize)	60,523.00	56,580.00	49,075.00	100,184.65	44,909.00	48,550.00
Total	312,562.00	308,673.00	301,094.00	311,059.00	279,922.00	296,340.00

Surplus / Deficit

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Surplus or Deficit	252,242.00	246,847.00	239,098.00	254,929.00	244,115.54	258,743.21

Mental Health America of Fredericksburg

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

MHAF administrative costs include both the operating costs of running the agency and all fundraising expenses associated with raising unrestricted revenues. This portion of the MHAF submission does not include program expenses. The total administrative costs budgeted represents 12.6 percent of the estimated FY22 revenue. 5.4% is admin cost and 8.2% is fundraising cost.

If your agency is requesting an increase or decrease in administrative funding, please describe in detail the reasons for these changes.

We are hoping to bounce back from the pandemic and experience a slight growth in the total MHAF budget for FY22, we are projecting that the administrative costs will only experience a 5 percent growth in FY21, based upon the estimated cost of living and increases in operating expenses.

Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds.

No administrative costs are expenses are being defrayed by locality funding.

Capital Expenses

Please provide an overview of the capital costs for your agency.

No capital expenses are currently budgeted for FY22.

Please provide justification for and specific amounts of capital costs that are defrayed by locality funds.

No capital expenses are being defrayed by locality funding.

Salary & Benefit Expenses

Please provide an overview of any increases or decreases in general personnel expenses for your agency.

MHAF is expecting salary and benefit costs to increase by 2% (cost of living increase)

Please provide a description of any changes to agency benefits structure or cost.

N/A

Budget Issues

Provide any legislative initiatives or issues that may impact the agency for the upcoming year.

Medicare changes are expected to go through the same process that Medicaid did over a year ago whereas Medicare will be managed by 6 MCOs. Since this is still a problem for many residents with Medicaid (even a year later), we expect that the Medicare changes will at least double the number of individuals reaching out to our HelpLine for assistance in navigating the care system. Many of these callers will now be older adults who are already struggling to get their needs met through the current Medicare system.

If you are aware of “outside” funding sources that will expire or be reduced on a set cycle or date, please note those below and how you are planning for them.

The majority of our unrestricted funding comes through our fundraising efforts. We have seen over a 50% decrease in our ability to raise the needed funds to maintain our programs during FY20 with the pandemic. As you can see by our FY21 budget adjustments, we have decreased our budget by 10% by cutting all unnecessary expenditures. Depending on how long the pandemic continues, we are deeply concerned by our ability to continue to serve the increasing number of individuals struggling with mental illness. To compensate, we have begun running additional smaller fundraisers in order to maintain cash flow (ie. Share a Smile Campaign).

Please detail any identified agency needs or areas of concern that are currently not being addressed in your funding request.

Mental Health America of Fredericksburg offers three support groups free of charge to those experiencing a mental health crisis. Our Live Life/ Love Life program is a six week group series which offers adolescents (14-18 years old) the skills necessary to cope with anxiety, depression and stress. Our Survivors of Suicide Loss program is offered twice a month for adults who have lost a loved one to suicide. This group provides support, education, and connections to community resources to assist during the grieving process which is different for each individual. Our Mental Wellness support group serves as a safety net for those struggling with mental illness, so as to provide the supports and connection to resources so that they can remain safely at home. Each of these groups offer a critical service in our community, filling a gap that exists between in-patient treatment and out-patient services, plus reduce the drain on limited resources (ie. access to clinical practitioners).

Mental Health America of Fredericksburg

Locality Information

Locality Notes

Please use the spaces below to provide any locality specific notes or statements that may be relevant to your application.

Caroline County

Senior visitors Program (SV)

We request \$4440 from Caroline County for the SV program. The average projected cost per person is \$185 annually. Currently serving 24 Caroline residents, seniors, volunteers & caregivers are provided resources, ongoing support & services which decreases the risk factors for depression & suicide in lonely, isolated seniors.

HelpLine

We request \$669.50 from Caroline for our HelpLine. Average cost per unique contact for FY21 is \$13.00. RUW supports 34%, we fund-raise for 41% & are asking localities to cover 25% of the cost (\$3.25) This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to ensure they received necessary services. Most callers receive approx. 5 contacts to assist in navigating the health system to obtain services. HelpLine served 206 Caroline residents & their families in FY20. (206 X \$3.25=669.50)

City of Fredericksburg

Senior visitors Program (SV)

We request \$12,025 from Fredericksburg for the SV program. The average projected cost per person is \$185 annually. Currently serving 65 Fred. residents, seniors, volunteers & caregivers are provided resources, ongoing support & services which decreases the risk factors for depression & suicide in lonely, isolated seniors.

HelpLine

We request \$1940.25 from Fredericksburg for our HelpLine. Aver. cost per unique contact for FY21 \$13.00. RUW supports 34%, we fund-raise for 41% & are asking localities to cover 25% of the cost (\$3.25) This service connects individuals with community resources that meet their needs, plus provide follow-up calls to ensure they received necessary services. Most callers receive approx. 5 contacts to assist in navigating the health system to obtain services. HelpLine served 597 Fredericksburg residents & their families in FY20. (597 X \$3.25=1940.25)

Suicide Prevention Education requests \$550 to serve Fred. 7th & 9th.

King George County

Senior visitors Program (SV)

We request \$2,220 from King George for the SV program. The average projected cost per person is \$185 annually. Currently serving 12 KG residents, seniors, volunteers & caregivers are provided resources, ongoing support & services which decreases the risk factors for depression & suicide in lonely, isolated seniors.

HelpLine

We request \$191.75 from King George for our HelpLine. Average cost per unique contact for FY21 is \$13.00. RUW supports 34%, we fund-raise for 41% & are asking localities to cover 25% of the cost (\$3.25) This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to ensure they received necessary services. Most callers receive approx. 5 contacts to assist in navigating the health system to obtain services. HelpLine served 59 KG residents & their families in FY20. (59 X \$3.25=191.75)

Suicide Prevention Education requests \$550 to serve KG 7/9th

Spotsylvania County

Senior visitors Program (SV)

We request \$22,385 from Spotsylvania for the SV program. The average projected cost per person is \$185 annually. Currently serving 121 Spotsylvania residents, seniors, volunteers & caregivers are provided resources, ongoing support & services which decreases the risk factors for depression & suicide in lonely, isolated seniors.

HelpLine

We request \$1001 from Spotsylvania for our HelpLine. Average cost per unique contact for FY21 is \$13.00. RUW supports 34%, we fund-raise for 41% & are asking localities to cover 25% of the cost (\$3.25) This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to ensure they received necessary services. Most callers receive approx. 5 contacts to assist in navigating the health system to obtain services. HelpLine served 308 Spotsy residents & their families in FY20. (308 X \$3.25=1001)

Suicide Prevention Education requests \$2500.

Stafford County

Senior visitors Program (SV)

We request \$14,615 from Stafford for the SV program. The average projected cost per person is \$185 annually. Currently serving 79 Stafford residents, seniors, volunteers & caregivers are provided resources, ongoing support & services which decreases the risk factors for depression & suicide in lonely, isolated seniors.

HelpLine

We request \$910 from Stafford for our HelpLine. Average cost per unique contact for FY21 is \$13.00. RUW supports 34%, we fund-raise for 41% & are asking localities to cover 25% of the cost (\$3.25) This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to ensure they received necessary services. Most callers receive approx. 5 contacts to assist in navigating the health system to obtain services. HelpLine served 308 Stafford residents & their families in FY20. (280 X \$3.25=910)

SPE requests \$2500 to serve 7th/9th grade for suicide prevention

Mental Health America of Fredericksburg

Agency Information

General Information

Agency Name Mental Health America of Fredericksburg
Physical Address 618 Kenmore Avenue, Suite 2A, Fredericksburg, VA, 22401, US
Mailing Address 618 Kenmore Avenue Suite 2A Fredericksburg VA 22401
Agency Phone Number (540) 371-2704
Federal Tax ID # 540678704
Web Address www.mhafred.org
Agency Email Address cathleen.pessolano@mhafred.org

Agency Mission Statement

Mental Health America of Fredericksburg (MHAF) improves people's mental health and wellness through education, advocacy, and supportive services.

We educate to promote mental health awareness and understanding. We solve problems by advocating policies and by working with individuals and agencies in the community to respond to mental health problems and to meet needs. We identify gaps unmet by public and private mental health providers and insurers, and we create and incubate programs and funding to meet those needs.

Our vision is that all members of our community will have the knowledge, resources and support necessary to lead mentally healthy lives.

Number of Years in Operation 66

Main Contact

Main Contact Cathleen J Pessolano, phone: (540) 840-3054, email: cathleen.pessolano@mhafred.org

Job Title Executive Director

Localities Served

Please select any/all localities your agency serves.

Caroline

Fredericksburg

King George

Spotsylvania

Stafford

Collaborative Impact

Describe in detail how the community would be impacted if your agency were dissolved or merged with another partner agency.

Mental Health America of Fredericksburg has worked tirelessly over the past 6 1/2 decades to improve the mental health and well-being of our community, especially those most vulnerable to negative health outcomes. Our staff and board of directors develop programs and services which fit the unique needs of our community and serve as a safety net for all citizens who are struggling with mental illness. We provide education, advocacy, and support and actively leverage our services with the capabilities and expertise of our community partners. Our role is to directly serve and support individuals and families in need who have not accessed community mental health resources due to a variety of challenges. Our Senior Visitors Program works in concert with other agencies that provide direct services to older adults, but does not duplicate these other services. Instead, MHAF provides programs which promote personal well-being and provide opportunities to build protective factors in the lives of the seniors we serve through companionship and community engagement activities. Our HelpLine works collaboratively with the mental health professionals in our community (counselors, psychologists, psychiatrists, clinics, etc) by assisting individuals to navigate the health care system and to provide the support necessary during times of crisis. Our Suicide Prevention Education Program teaches youth and adults about the warning signs of depression, the red flags for suicide, how to get help for themselves and others. This intervention creates a network of knowledgeable and prepared individuals who can be proactive rather than reactive after a crisis or tragedy. Without these services, individuals who are struggling would not receive the help they needed, seniors would continue to suffer in silence, youth would not know that suicide is not the only answer, and our community's overall well-being would be deeply jeopardized.

Community Impact

Please provide at least 2 examples of how your services have impacted members of our community.

Example 1

Charles called our HelpLine because his wife of 50 years was struggling. He shared with our staff that she was depressed all of the time and activities that she no longer was interested in activities that they both used to enjoy together. She had also starting to be extremely forgetful, even when something had just been talked about. Charles didn't know what to do. Our HelpLine staff assisted Charles in finding a counselor for his wife who really understood the changes that happen as part of the aging process and could provide expert guidance on what signs were normal and what symptoms were concerning. Staff also encouraged him to keep an appointment already made by his primary care specialist with a psychologist who could further evaluate his wife's condition. A few months later he called again to ask for help for himself as his wife now had a long term medical condition and he again was unsure what to do, but he knew we would help him.

Example 2

We serve seniors like 92-year-old Margaret. Margaret's connection with MHAF volunteers Leigh, and Leigh's daughter Lauren, provides critical outreach for Margaret during the pandemic. This past many months the trio have shared wisdom and laughter in person and through technology. Leigh, a respiratory therapist working with very sick patients in the COVID ICU, reaches out daily to check on her friend Margaret. Leigh witnessed the struggle of so many seniors as she worked with her patients at the height of the health crisis. She felt better reaching out to Margaret each day and hearing she was safe and strong. The caring bond these three share is indicative of our volunteer/client connection. While times demand we transition to virtual visits, telephone calls, and front porch outreach instead of in home conversations, the commitment and promise of MHAF and our volunteers to care for seniors like Ms. Margaret grows stronger and more imperative.

Example 3 (Optional)

Alex, a local 7th grader, quietly entered his health education class. Although he had recently moved to the area, Alex had found a group of friends to hang out with and he was happy that his friend Sam was in this class with him. He couldn't wait to be able to go outside for a little while. He had found himself struggling with paying attention lately and he couldn't seem to get out of the funk he was in which made it almost impossible to get out of bed each morning. His friends had noticed his mood change, but he just didn't want to talk about it. As the bell rang to begin class, he heard the teacher announce that they had visitors today who would be discussing the warning signs for depression and suicide and how to get help. As he listened, he began to wonder if what he was experiencing was depression. If so, "why does depression make you feel so empty inside?" He decided to write this question down on his survey. At the end of the presentation, there was time to answer questions and they chose his to answer. Alex realized that he didn't have to continue to suffer and that he could go talk to his school counselor during the next school period. For the first time in weeks, Alex felt hopeful.

Mental Health America of Fredericksburg - Senior Visitors Program

Program Overview

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.

General Information

Program Name Senior Visitors Program

Is this a new program? No

Program Contact

Name Cathleen J Pessolano

Title Executive Director

Email cathleen.pessolano@mhafred.org

Phone (540) 840-3054

Program Purpose / Description

Provide an overview of this program

Senior Visitors provides socialization, companionship, advocacy for health and safety needs, support and community connection to lonely, isolated older adults who are at risk of depression, to improve their social, emotional, and mental wellness.

It is the only FREE program in the area providing individualized, weekly in-home, community-based support to alleviate loneliness and social isolation for seniors – known predictors of clinical depression and risk of suicide. In fact, 20% of all deaths by suicide are by persons aged 65 and older. Suicide among those 85 and older is nearly 6 times the national suicide rate.

Many seniors in our program live alone on fixed incomes, have health and mobility impairments, cannot drive and have lost connection with their community. These are the very factors that make our seniors such a vulnerable population.

Trained, screened volunteers are matched with seniors referred by local government agencies, healthcare providers, churches, family members, neighbors, or self-referral. Volunteers are trained to recognize emotional and physical health and safety risks, transportation needs and other gaps where community resources may benefit our seniors.

Referral sources use SV as a continuum of care after hospital discharge, as a safety net after home health visits are exhausted, to connect seniors on waiting lists of community agencies until resources are available and to supplement the services of other community agencies.

Client Fees

Please describe the fees clients must pay for the services by this program.

This program is free and services are not billed for reimbursement. The majority of older adults who we serve are on fixed incomes and are unable to purchase needed assistance. The Senior Visitors Program fills this need so that this vulnerable population can live safely and purposefully within the community.

Justification of Need

Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request.

If the pandemic has taught us nothing else, we know how vulnerable our older adults are. Besides being at high risk for negative health outcomes, they are also easily isolated due to health and safety concerns. This isolation can prevent our seniors from accessing needed resources or reaching out for assistance to meet critical needs. Often when a senior is referred to our program, it is their first experience with any type of assistance. Many are reluctant to accept help due to concerns about the loss of independence and/or fear of fiscal exploitation. Our ongoing weekly relationship with a senior builds their confidence and can make them more willing to accept help from other community agencies as their needs change.

The need for mental health services & assistance in navigating the health care system has been identified as one of the top three priorities for our area according to the MWHC needs assessment. Our Senior Visitors provide this crucial support for our seniors.

If this is a new program, be sure to include the benefits to the region for funding a new request.

The Senior Visitors program is an existing program. There are no other human service providers in our area offering this unique, individualized service to seniors. Without this program, the needs of many of our seniors would go unmet and it would increase the likelihood for their involvement with emergency care services such as Adult Protective Services, the ER, and local law enforcement. This program is a cost effective service which reduces the health and safety net burden for local jurisdictions. Trained staff assess the ever-changing needs of seniors in the program in order to match their needs with community resources, provide ongoing education on health and safety to our seniors while ensuring that their homes are safe, plus ongoing oversight and training to our volunteers.

Target Audience and Service Delivery

Describe the program's intended audience or client base and how those clients are served.

SV serves adults aged 60 & older in PD-16 who are lonely, socially isolated, vulnerable & have lost connection with their community which are all known predictors for increased risk of depression. Our clients are often limited by their health & mobility issues. SV reaches vulnerable seniors not currently receiving services from local/state agencies, thus complementing & augmenting services at a significant cost savings. Staff provide ongoing assessment of seniors as they progress through the aging process, connect seniors with needed services & supports, & build community awareness for the unique needs of older adults & their mental health. Volunteers make weekly visits to seniors' homes providing companionship & support based on the individual needs of the senior, including transportation to medical appointments, grocery shopping, picking up medications, monitoring home safety, & providing caregiver respite. In FY20, volunteers provided a total of 5,065 hours and 4,533 contacts.

If your program has specific entry or application criteria, please describe it here.

SV serves adults aged 60 & older who are lonely, socially isolated, vulnerable and have lost connection with their community who are residing in PD-16. Those older adults are referred by local agencies, churches, families & self referral and then are assessed by the Senior Visitor Program Coordinator for health & safety risk factors, social isolation, depression, and unmet needs. Trained, screened volunteers are then matched with those seniors & provide companionship, offer emotional support, encourage physical activity, and restore community connection.

Mental Health America of Fredericksburg - Senior Visitors Program

Program Budget Narrative

Please indicate in detail reasons for increases or decreases in the amounts you are requesting.

MHAF is not requesting additional funds for FY22. If we receive the requested funding and we are able to resume our normal fundraising activities, we will be able to continue to provide quality services to lonely, isolated seniors in our community.

If an increase is being requested, please describe the impact not receiving an increase would have on the program.

A lack of funding would prevent MHAF to continue to provide support and services to seniors in need. COVID-19 has shown us how truly at risk our older adults are and how easily they can be isolated from the community with no one to turn to. MHAF fills this gap in services and ensures that seniors can safely remain in the community.

In particular, please describe in detail if any increase is sought for new positions or personnel.

We are not seeking funding for any new positions or personnel.

Mental Health America of Fredericksburg - Senior Visitors Program

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Personnel	60,510.85	59,621.00	63,423.00	67,144.00	60,000.00	57,520.00
Benefits	8,729.58	11,000.00	9,947.00	10,376.00	11,000.00	10,760.00
Operating Expenses	19,767.29	19,301.00	19,283.00	19,020.00	19,800.00	19,800.00
Capital Expenses	0.00	0.00	0.00	0.00	0.00	0.00
Total	89,007.72	89,922.00	92,653.00	96,540.00	90,800.00	88,080.00

Revenues

This section represents revenue specifically associated with your program. Revenue that supports the implementation of your program and the services provided to the community.

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Caroline	0.00	0.00	0.00	0.00	0.00	4,440.00
Fredericksburg	12,215.00	12,215.00	12,215.00	12,215.00	12,025.00	12,025.00
King George	0.00	0.00	0.00	2,489.00	0.00	2,200.00
Spotsylvania	23,000.00	23,000.00	23,000.00	23,000.00	25,000.00	22,385.00
Stafford	12,000.00	12,000.00	12,000.00	12,000.00	24,327.00	14,615.00
United Way	12,000.00	12,000.00	12,000.00	12,000.00	0.00	0.00
Grants	9,250.00	15,750.00	827.00	1,099.00	3,000.00	2,500.00
Client Fees	0.00	0.00	0.00	0.00	0.00	0.00
Fundraising	14,313.72	10,050.00	38,511.00	16,750.00	18,748.00	22,215.00
Other (Click to itemize)	6,229.00	4,907.00	5,600.00	16,987.00	7,700.00	7,700.00
Other	2,095.00	650.00	1,600.00	1,250.00	1,200.00	1,200.00
In-Kind	4,134.00	4,257.00	4,000.00	4,000.00	4,500.00	4,500.00
Corporate				11,737.00	2,000.00	2,000.00
Total	89,007.72	89,922.00	104,153.00	96,540.00	90,800.00	88,080.00

Surplus / Deficit

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Surplus or Deficit	0.00	0.00	11,500.00	0.00	0.00	0.00

Mental Health America of Fredericksburg - Senior Visitors Program

Collaborative Impact

Efforts and Partnerships

Describe in detail examples of collaborative efforts and key partnerships between your program and the other programs or agencies in the area.

Senior Visitors is committed to coordinating efforts and working together with diverse sectors to identify common goals and create lasting solutions for seniors rather than working in isolation or duplicating services.

Partnerships with local government agencies, nonprofit human service agencies and private sector businesses, result in coordination that leverages resources for maximum impact. The program collaborates with Partners in Aging, a nonprofit organization providing education and services to raise awareness of senior needs through activities such as the Art of Aging, Operation Medicine Cabinet, and the Caregivers Appreciation Luncheon. We additionally work closely with Healthy Generations Agency on Aging and APS/DSS. Through partnerships with youth, church, and nonprofit groups, many seniors are fortunate to have home repairs done at no charge. Collaboration to navigate and access healthcare and social services impacts senior's lives and results in locality savings.

Collaborative Impact

Describe in detail how the community would be impacted if your program were dissolved or merged with another partner agency.

With few services for older adults in PD-16 who are isolated, vulnerable and socially disconnected, and none that specifically address mental wellness, the Senior Visitors program is an example of collaborative impact where the individual health and safety needs of socially isolated adults are addressed and met via an established, nurtured network of eldercare providers from human service agencies working together toward shared goals.

If the Senior Visitor program dissolved, the seniors we serve would be referred to local government or other community programs for services to meet their non-mental health needs; however, their mental health needs would most likely go unmet until in crisis.

Mental Health America of Fredericksburg - Senior Visitors Program

Number of Individuals Served

Localities

Please provide the actual numbers of individuals served in this program during FY2017, FY2018, and FY 2019, the estimated numbers of individuals served in FY2020 and the projected numbers of individuals served in FY2021.

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 (Actual)	FY 2020 (Actual)	FY 2021 Projected	FY 2022 Estimate
Fredericksburg City	35	44	40	35	38	40
Caroline County	8	11	10	6	10	10
King George County	3	3	6	4	6	6
Spotsylvania County	55	56	54	69	69	70
Stafford County	33	29	39	37	38	39
Other Localities	4	6	4	6	4	5
Total	138	149	153	157	165	170

Mental Health America of Fredericksburg - Senior Visitors Program

[View Diagram](#) Goals and Objectives

Goals

Goal:

Seniors reduce their risk of depression through improved connection to their community and community resources, thus decreasing risky health and safety behaviors and improving their healthy behaviors.

Objectives

Objectives		2018 Year End	2019 Baseline	2019 Year End	2020 Baseline	2020 Year End	2021 Baseline
Seniors who report that overall the Senior Visitor program has met their needs by cultivating and maintaining effective working relationships that ensure referrals to and from needed community resources providing services to older adults (eldercare providers, local government and human service agencies, healthcare providers, civic organizations, faith and business communities).	Total # Clients Served	44	45	47	45		50
	Total # Clients Achieved/Successful	44	38	46	38		48
	% Achieved / Successful	100	84.44	97.87	84.44	0	96
Seniors who report feeling better connected with their community and needed resources by providing services through communication with client, referral sources and family members to connect older adults with needed community resources (physicians, healthcare providers, local government agencies,	Total # Clients Served	44	45	47	45		47
	Total # Clients Achieved/Successful	39	38	44	39		46
	% Achieved / Successful	88.64	84.44	93.62	86.67	0	97.87

nonprofit organizations,
and private sector
businesses serving
older
adults).

Explanation & Overview

If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case

Updates for FY2018

Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported

Due to the challenges in obtaining satisfaction survey results from each of our seniors through the mail or done in person by our volunteers, we are changing how we assess for the following objectives. In the upcoming year, our staff will personally assess each of our seniors for depression risk factors, overall satisfaction with the program, and their sense of connectiveness with their community.

If you are restating the goals or objectives for the prior calendar year, please include those here

Goal #1: Seniors reduce their risk of depression though improved connection to their community and community resources, thus decreasing risky health and safety behaviors and improving their healthy behaviors.

Objective #1: Seniors who report that overall the Senior Visitor program has met their needs by cultivating and maintaining effective working relationships that ensure referrals to and from needed community resources providing services to older adults (eldercare providers, local government and human service agencies, healthcare providers, civic organizations, faith and business communities).

Objective #2: Seniors who report feeling better connected with their community and needed resources by providing services through communication with client, referral sources and family members to connect older adults with needed community resources (physicians, healthcare providers, local government agencies, nonprofit organizations, and private sector businesses serving older adults).

Goal:

Seniors reduce their risk of depression though improved social support and interaction thus decreasing risky health and safety behaviors and improving their healthy behaviors.

Objectives

		2018 Year End	2019 Baseline	2019 Year End	2020 Baseline	2020 Year End	2021 Baseline
Seniors who report that	Total # Clients	44	45	47	45		50

overall the Senior Visitors program has met their needs by providing socialization opportunities for isolated older adults to encourage "life outside their four walls" through: outings in the community; annual holiday social in December and summer picnic; monthly newsletter, cards remembrance program and communication with seniors (notes, calls).	Served						
	Total # Clients Achieved/Successful	44	38	46	38		49
	% Achieved / Successful	100	84.44	97.87	84.44	0	98

Seniors who report feeling less lonely and isolated as a result of visits by their volunteer who provides weekly, supportive visits to isolated older adults by trained volunteers to alleviate loneliness, social isolation, and risk of clinical depression.	Total # Clients Served	44	45	47	45		50
	Total # Clients Achieved/Successful	43	38	47	38		50
	% Achieved / Successful	97.73	84.44	100	84.44	0	100

Explanation & Overview

If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case

Updates for FY2018

Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported

Due to the challenges in obtaining satisfaction survey results from each of our seniors through the mail or done in person by our volunteers, we are changing how we assess for the following objectives. In the upcoming year, our staff will personally assess each of our seniors for depression risk factors, overall satisfaction with the program, and their sense of connectiveness with their community.

If you are restating the goals or objectives for the prior calendar year, please include those here

Goal #2: Seniors reduce their risk of depression through improved social support and interaction thus decreasing risky health and safety behaviors and improving their healthy behaviors.

Objective #1: Seniors who report that overall the Senior Visitors program has met their needs by providing socialization opportunities for isolated older adults to encourage "life outside their four walls" through: outings in the community; annual holiday social in December and summer picnic; monthly newsletter, cards remembrance program and communication with seniors (notes, calls).

Objective #2: Seniors who report feeling less lonely and isolated as a result of visits by their volunteer who provides weekly, supportive visits to isolated older adults by trained volunteers to alleviate loneliness, social isolation, and risk of clinical depression.

Mental Health America of Fredericksburg - Suicide Prevention Education

Program Overview

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.

General Information

Program Name Suicide Prevention Education

Is this a new program? No

Program Contact

Name Cathleen J Pessolano

Title Executive Director

Email cathleen.pessolano@mhafred.org

Phone (540) 840-3054

Program Purpose / Description

Provide an overview of this program

The Suicide Prevention Education Program empowers middle and high school students with the ability to identify the signs and symptoms of suicide and depression and what they can do to get help, & educates parents and community members on identification and how to respond.

Our school-based program component utilizes the Signs of Suicide (SOS) curriculum developed by Mindwise Innovations which is an evidence-based program for adolescents. The program utilizes classroom discussions, videos, and hands on activities to reinforce the information. An easy-to-remember acronym, ACT (Acknowledge, Care, Tell), equips students with steps they can take if they require help for themselves or friends. The program is evaluated utilizing pre/post testing and summative assessments throughout the program to determine effectiveness. Students have the opportunity to request further help through their school guidance counselors and additional community resources are provided to each student.

Our community based program focuses on decreasing the stigma attached to mental illness, enhancing the ability to recognize the warning signs of suicide, fostering resiliency factors, and educating about available mental health crisis resources available to respond to suicidal ideation. This educational service that promotes health and safety is offered to community groups, employers, youth groups, summer camps, school employees, and parents.

Client Fees

Please describe the fees clients must pay for the services by this program.

While no fees are charged to the students/participants in the school-based program, MHAF asks school districts to share a percentage of the SPE cost. We are seeking locality funding to offset costs to make it possible for school districts to provide SPE to their students. The current program cost is \$24.41 per student. Currently, MHAF raises the funds for this program through grants, fundraising efforts (Another Day Walk Campaign and our Walk for Mental Wellness Campaign), community donations, and about 20% support from our local school systems. We are requesting 10% of costs from localities to fund this life changing program.

Justification of Need

Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request.

Unfortunately, statistics show that suicide is the 2nd leading cause of death in youth ages 10-34. Also, half of all mental health disorders begin by the age of 14, and about 75 percent begin by the age of 24. We know that chronic loneliness can translate to poor sleep, high blood pressure, greater risk of suicidal ideation, and even alcohol and drug use. We also know that mental health issues are common and are treatable, especially when identified at early onset. Suicide Prevention is a necessity for the health and safety of our youth when almost a quarter of our youth have experienced the signs of depression and over 10% of our youth have had suicidal ideation which they have considered seriously enough in which to make a detailed plan. According to the 2017 Virginia Youth Survey, we have seen a 20% increase in the number of youth who have had suicidal ideations. This program also bridges the gap between current school services and the growing need. Our youth need help.

If this is a new program, be sure to include the benefits to the region for funding a new request.

Our Suicide Prevention Education Program has been offered in PD-16 since 2014 and has demonstrated an increase in supportive factors in the lives of our youth.

Target Audience and Service Delivery

Describe the program's intended audience or client base and how those clients are served.

Signs of Suicide is a school-based curriculum developed specifically for middle school and high school age youth and is used in PD-16 schools through our Suicide Prevention Education Program. This program is presented in a single class session with the support of the classroom teacher, school guidance counselor, and other faculty. Prior to beginning SPE at a specific school, an intensive training is offered to school personnel so that they can respond appropriately to students in their time of need.

Our community-based SPE, teaches about: what mental illness is, signs of depression, red flags for suicide, how to increase protective factors and resiliency, and especially how to get help for themselves and their peers. The intended audience are youth groups, summer camps, parents, and concerned community groups that work with youth.

If your program has specific entry or application criteria, please describe it here.

Our Suicide Prevention Education Program is provided to youth attending local middle schools and high schools, as well as adults throughout our community. Younger youth are served during the summer through community groups and camps. Our community based program is offered to any interested person, group, or organization in PD-16.

Mental Health America of Fredericksburg - Suicide Prevention Education

Program Budget Narrative

Please indicate in detail reasons for increases or decreases in the amounts you are requesting.

We are asking localities to offset the cost of providing SPE as we continue to work toward establishing a sustainable funding stream. Our hope is that the MHAF Another Day Campaign will eventually generate enough funds to sustain the SPE program. Unfortunately Covid-19 changed the momentum which we had seen growing in 2019. Currently, we ask school systems to provide a portion of the SPE costs (approximately \$5 per student of the \$24.41 per student cost or 20% of the total cost)

We are requesting \$2500 from Stafford County to provide SPE services to residents.

We are requesting \$550 from Fredericksburg City to offset our costs.

We are requesting \$500 from King George to offset our costs.

We are requesting \$2500 from Spotsylvania County to provide SPE services to residents.

If an increase is being requested, please describe the impact not receiving an increase would have on the program.

We are not requesting any additional increases since our 2020 request.

In particular, please describe in detail if any increase is sought for new positions or personnel.

We are not requesting funding for new positions or personnel.

Mental Health America of Fredericksburg - Suicide Prevention Education

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Personnel	52,468.48	33,000.00	41,486.00	55,280.00	38,608.00	39,959.00
Benefits	7,610.04	6,800.00	6,506.00	8,534.00	6,722.00	6,588.00
Operating Expenses	22,317.14	21,100.00	20,593.00	16,589.00	18,373.00	19,916.00
Capital Expenses	0.00	0.00	0.00	0.00	0.00	0.00
Total	82,395.66	60,900.00	68,585.00	80,403.00	63,703.00	66,463.00

Revenues

This section represents revenue specifically associated with your program. Revenue that supports the implementation of your program and the services provided to the community.

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Caroline	0.00	0.00	0.00	0.00	0.00	0.00
Fredericksburg	0.00	0.00	0.00	0.00	0.00	550.00
King George	0.00	0.00	0.00	0.00	0.00	550.00
Spotsylvania	0.00	1,000.00	1,000.00	1,000.00	1,000.00	2,500.00
Stafford	0.00	1,000.00	2,084.00	1,500.00	1,000.00	2,500.00
United Way	0.00	10,000.00	10,000.00	10,000.00	3,500.00	0.00
Grants	24,710.00	21,210.00	21,210.00	23,711.00	3,500.00	5,000.00
Client Fees	22,504.70	5,680.00	5,500.00	4,946.00	6,000.00	6,000.00
Fundraising	30,110.70	19,574.00	26,191.00	36,746.00	46,203.00	47,043.00
Other (Click to itemize)	5,070.26	2,436.00	2,600.00	2,500.00	2,500.00	2,500.00
Corporations	3,071.06	0.00	600.00	500.00	500.00	500.00
In-Kind	1,999.20	2,386.00	2,000.00	2,000.00	2,000.00	2,000.00
Memorial		50.00				
Total	82,395.66	60,900.00	68,585.00	80,403.00	63,703.00	66,643.00

Surplus / Deficit

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Surplus or Deficit	0.00	0.00	0.00	0.00	0.00	0.00

Mental Health America of Fredericksburg - Suicide Prevention Education

Collaborative Impact

Efforts and Partnerships

Describe in detail examples of collaborative efforts and key partnerships between your program and the other programs or agencies in the area.

Youth suicide is a tragedy which has a ripple effect throughout our community, touching many lives and changing our families and our schools. In order to prevent future tragedies, it's paramount that all concerned parties work collaboratively to reduce risk factors, increase protective factors, and reduce the stigma associated with obtaining help for a mental illness. MHAF currently partners with local schools (administration, guidance, teachers, parents), UMW Psychology Department, Community Collaborative on Youth and Families (cultivate collaborative relationships between agencies to focus energies on common mission to improve the lives of youth and families in PD-16), RACSB, The Be Well Rappahannock Council, service organizations (Rotary, Lions, etc) and local mental health providers. The SPE program was originally developed in 2014 through a partnership with Spotsylvania Public Schools & Fredericksburg Counseling Services; MHAF has a long history of collaboration.

Collaborative Impact

Describe in detail how the community would be impacted if your program were dissolved or merged with another partner agency.

Our SPE program is the only suicide prevention education services being provided directly within the school system. According to the most recent national survey on the state of mental health in America, over 2 million youth suffer with severe mental illness with less than 20% receiving treatment. We expect to continue to see these startling statistics rise. During the summer of 2020, the MHA national screening tool saw a 194% increase in the number of youth scoring at moderate to severe levels of anxiety and depression. Without programs that can meet youth where they are, our hopes to reach them is nil. MHAF is already connected with local schools and has developed the necessary infrastructure to increase knowledge about the signs of depression, teach practical help-seeker behaviors and help youth recognize that suicide is not a normal response. Suicide prevention is a community concern and if the program were to dissolve, these youth would truly suffer in silence.

Mental Health America of Fredericksburg - Suicide Prevention Education

Number of Individuals Served

Localities

Please provide the actual numbers of individuals served in this program during FY2017, FY2018, and FY 2019, the estimated numbers of individuals served in FY2020 and the projected numbers of individuals served in FY2021.

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 (Actual)	FY 2020 (Actual)	FY 2021 Projected	FY 2022 Estimate
Fredericksburg City	444	429	687	776	600	750
Caroline County	0	0	0	0	50	75
King George County	0	0	800	804	500	750
Spotsylvania County	2,920	3,186	125	426	250	300
Stafford County	0	78	570	439	350	400
Other Localities	0	0	0	0	0	0
Total	3,364	3,693	2,182	2,445	1,750	2,275

Mental Health America of Fredericksburg - Suicide Prevention Education

[View Diagram](#) Goals and Objectives

Goals

Goal:

Teens will improve their knowledge of help-seeking behaviors (in regard to the signs and symptoms of depression and suicide), thus reducing risky behaviors for themselves and their peers.

Objectives

Objectives		2018 Year End	2019 Baseline	2019 Year End	2020 Baseline	2020 Year End	2021 Baseline
Students report that after participating in the program, they think they would be more likely to get help if they developed symptoms of depression or had thoughts of suicide.	Total # Clients Served	3,623	3,550	2,182	3,500		2,200
	Total # Clients Achieved/Successful	3,478	3,000	1,746	3,325		1,826
	% Achieved / Successful	96	84.51	80.02	95	0	83
Teens will improve their knowledge and understanding of help seeking behaviors for themselves or others.	Total # Clients Served	3,623	3,550	2,182	3,500		2,200
	Total # Clients Achieved/Successful	3,478	3,000	1,850	3,325		1,980
	% Achieved / Successful	96	84.51	84.78	95	0	90

Explanation & Overview

If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case

We noticed a trend during FY17, 18 and 19 that the percentage of students willing to seek help for themselves continued to decrease. After discussions with students, teachers, local school officials, and UMW Psychology Department, we determined that the way that the questions on our pre/post tests were written were being misinterpreted by the students. In FY20, we made changes in how these questions were worded and we have shown a considerable increase in the number of students accurately identifying their increase in knowledge as it relates to help seeking behaviors for themselves and their peers.

Updates for FY2018

Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported

MHAF continues to seek innovative ways to both engage students in the difficult topics of suicidal ideation and recognizing the warning signs for depression in themselves. Often times what serves as a barrier to getting help for themselves is a sense that it is hopeless and that there isn't help to be had. Part of what the MHAF SPE program does is to dispel these myths and empowers youth to not "suffer in silence". We have increased this messaging to students through our presentations and our presence at school events.

If you are restating the goals or objectives for the prior calendar year, please include those here

Goal: Teens will improve their knowledge of help-seeking behaviors (in regard to the signs and symptoms of depression and suicide), thus reducing risky behaviors for themselves and their peers.

Objective #1: Students report that after participating in the program, they think they would be more likely to get help if they developed symptoms of depression or had thoughts of suicide.

Objective #2: Teens will improve their knowledge and understanding of help seeking behaviors for themselves or others.

Goal:

Teens will improve their knowledge and recognition of the signs and symptoms of depression and suicide thus reducing risky behaviors and will develop help-seeking behaviors.

Objectives

		2018 Year End	2019 Baseline	2019 Year End	2020 Baseline	2020 Year End	2021 Baseline
Teens will demonstrate that they can identify at least three warning signs for depression and suicide.	Total # Clients Served	3,623	3,550	2,182	3,600		2,200
	Total # Clients Achieved/Successful	2,971	3,000	2,155	3,400		2,100
	% Achieved / Successful	82	84.51	98.76	94.44	0	95.45
Teens will increase their knowledge of help-seeking behaviors.	Total # Clients Served	3,623	3,550	2,182	3,600		2,200
	Total # Clients Achieved/Successful	3,080	3,000	2,112	3,300		2,100
	% Achieved / Successful	85.01	84.51	96.79	91.67	0	95.45

Explanation & Overview

If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case

Although, we may not have seen as many students as we previously projected, we did see an increase in the percentage of students who had gained knowledge of the warning signs and an awareness of how to access help resources.

Updates for FY2018

Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported

We are not making any changes to the program , or the stated goals and objectives. We are hoping to be able to expand this program into additional classrooms and through community events.

If you are restating the goals or objectives for the prior calendar year, please include those here

Goal #1: Middle and high school students who participate in the Signs of Suicide program will increase knowledge about the signs of suicide and develop age appropriate skills and habits to help for self or others in order to create a safer community.

Outcome #1: Teens will demonstrate that they can identify at least three warning signs for depression and suicide and know how to get help for self and others.

Goal #2: School personnel, parents, and community members trained with the Signs of Suicide program will know how to respond if approached by an adolescent for help.

Outcome #2: Trained adults will be able to identify 3 warning signs of suicide and know at least two resources that can be provided to a teen who is depressed or threatening to harm self.

Mental Health America of Fredericksburg - HelpLine

Program Overview

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

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General Information

Program Name HelpLine

Is this a new program? No

Program Contact

Name Cathleen J Pessolano

Title Executive Director

Email cathleen.pessolano@mhafred.org

Phone (540) 840-3054

Program Purpose / Description

Provide an overview of this program

The MWH Community Assessment identified navigating the health care system and mental health/illness as top priority areas. MHAF's HelpLine focuses on these areas by improving access for those seeking help by connecting them with appropriate mental health and community resources.

Understanding that there is a broad spectrum of mental states ranging from optimal mental health to severe mental illness, the HelpLine serves those in crisis - to those with common mental illnesses (depression & anxiety) to those experiencing stress as a result of a life situation (divorce or loss of a loved one) or to a parent seeking assistance for their child. Some have their problems solved quickly with a referral to a single provider or resource; however, others require numerous calls on their behalf to secure needed services for complex issues. We are seeing an increasing number of those contacting us with co-occurring health issues (substance abuse, disability, and mental illness) which require a more intensive approach. HelpLine compliments the health service network by providing accurate, caller-specific information for informed choice and decision-making. Trained staff provide guidance to local mental health practitioners & agencies in the public, private, and nonprofit sectors as well as local human service agencies and serve as advocates to assist people having difficulty navigating the cumbersome system to ensure they get connected.

Client Fees

Please describe the fees clients must pay for the services by this program.

Client fees are not charged and services are not billed for reimbursement. The HelpLine is provided as a free program to benefit anyone facing a mental health challenge in our community. Since many individuals are told to get counseling or they need an evaluation, but do not know how to access these services, our HelpLine serves as a conduit connecting individuals efficiently and effectively to community resources.

Justification of Need

Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request.

Statistics and our own local experiences confirm that the need for mental health services and resources continue to grow beyond current capabilities. We know that 1 in 4 families will experience a mental health problem and 10.3 million adults each year have serious thoughts of suicide. Youth in our community are also struggling. According to the research, half of all mental health disorders show first signs before a person turns 14 years old, and 75% of mental health disorders begin before age 24. Unfortunately, less than 20% of children and adolescents with diagnosable mental health problems receive the treatment they need. Early mental health support can help a child before problems interfere with other developmental needs. We know that those who seek help get better, yet nationally we see that 70% of youth with severe depression go without treatment and more than 10 million adults have an unmet need for mental health services. HelpLine is a safety net for those struggling.

If this is a new program, be sure to include the benefits to the region for funding a new request.

The HelpLine is an established program which experienced last year an increase of 43% in caller volume. This increase has included individuals seeking assistance due to the changes in the Medicaid/Medicare hybrid supplemental policies and Tricare changes for military dependent and retirement services.

Target Audience and Service Delivery

Describe the program's intended audience or client base and how those clients are served.

The HelpLine is a free service for anyone in PD-16 who needs information about the mental healthcare system and/or referral services for themselves or others. In addition, we receive calls for help from doctors, schools, churches, businesses, local government, & human service agencies looking for assistance for their clients accessing mental health services and resources. Our HelpLine serves as a beacon of hope for so many because we have strong relationships with our local providers & work diligently to meet the unique needs of each of our callers. In addition, we follow-up with each caller until they are safely and permanently connected with appropriate services and supports. We are living our mission to improve the mental health and well-being of our community by educating those struggling and their loved ones on how to navigate the mental health care system, supporting each person along their personal journey of healing, and advocating for those silenced by their condition.

If your program has specific entry or application criteria, please describe it here.

We are a free community program providing a critical service to all those that contact us.

Mental Health America of Fredericksburg - HelpLine

Program Budget Narrative

Please indicate in detail reasons for increases or decreases in the amounts you are requesting.

We are requesting level funding for FY2022, even though our HelpLine which normally works with between 3,500 and 4,800 individuals annually responded in FY20 to 7,637 unique callers. We know that we will continue to seeing a growth in those needing our assistance, but we also want to be good stewards of the overall community funds available.

If an increase is being requested, please describe the impact not receiving an increase would have on the program.

We are requesting an increase based on the number of individual's served in FY20 which increases the number expected to be served in FY22. A decrease in funding would seriously effect our ability to meet the continuous need for our services in the community. We have already been extremely innovative in stretching our current funding and staffing to accommodate the increased needs.

In particular, please describe in detail if any increase is sought for new positions or personnel.

We are not seeking funding for new positions or personnel as we have re-aligned existing agency personnel and resources to meet the need. We are also working to build a stronger volunteer corps to support our mission.

Mental Health America of Fredericksburg - HelpLine

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Personnel	31,750.45	31,593.00	40,078.00	37,073.00	39,828.00	41,022.00
Benefits	4,347.93	5,033.00	6,286.00	5,707.00	6,202.00	7,096.00
Operating Expenses	9,533.70	11,023.00	11,058.00	10,400.00	11,328.00	11,720.00
Capital Expenses	0.00	0.00	0.00	0.00	0.00	0.00
Total	45,632.08	47,649.00	57,422.00	53,180.00	57,358.00	59,838.00

Revenues

This section represents revenue specifically associated with your program. Revenue that supports the implementation of your program and the services provided to the community.

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Caroline	0.00	0.00	0.00	150.00	0.00	670.00
Fredericksburg	0.00	5,428.00	0.00	5,418.00	3,000.00	1,940.00
King George	0.00	0.00	0.00	0.00	0.00	192.00
Spotsylvania	2,142.00	3,350.00	2,250.00	2,250.00	2,250.00	1,001.00
Stafford	1,500.00	1,500.00	1,500.00	2,084.00	12,033.00	910.00
United Way	25,000.00	25,000.00	25,000.00	25,000.00	18,750.00	18,750.00
Grants	0.00	0.00	0.00	0.00	0.00	0.00
Client Fees	0.00	0.00	0.00	0.00	0.00	0.00
Fundraising	14,456.42	9,913.21	25,772.00	15,378.00	18,425.00	33,475.00
Other (Click to itemize)	2,533.66	2,494.00	2,900.00	2,900.00	2,900.00	2,900.00
In-Kind		2,403.00		2,400.00	2,400.00	2,400.00
Individual Contributions		91.00		500.00	500.00	500.00
In-Kind	2,533.66		2,400.00			
Individual Contributions	0.00		500.00			
Total	45,632.08	47,685.21	57,422.00	53,180.00	57,358.00	59,838.00

Surplus / Deficit

	FY 2018 Actual	FY 2019 Actual	FY 2020 Budgeted	FY 2020 Actual	FY 2021 Estimate	FY 2022 Budget
Surplus or Deficit	0.00	36.21	0.00	0.00	0.00	0.00

Mental Health America of Fredericksburg - HelpLine

Collaborative Impact

Efforts and Partnerships

Describe in detail examples of collaborative efforts and key partnerships between your program and the other programs or agencies in the area.

Mental illness requires a community approach. Accordingly, MHAF's HelpLine provides information and referrals based on effectively identifying community partners to meet the growing need. We currently work with mental health practitioners/agencies, human service organizations, local government, schools/colleges, and the faith community to accomplish this goal. We are continuing to focus on identifying new collaborative opportunities especially with those with ties to communities that have historically struggled with accessing mental health care services.

Collaborative Impact

Describe in detail how the community would be impacted if your program were dissolved or merged with another partner agency.

MHAF's HelpLine is the only mental health information and referrals service in PD-16. We serve as a conduit between those in need and limited mental health resources. Navigating the health care system is complicated and with the changes in the structure surrounding Medicaid/Medicare and Tri-care, we are seeing increased frustration in finding help according to our callers. Instead, many are utilizing unhealthy/dangerous means to cope with their illnesses. Without HelpLine, many individuals would not be able to find mental health services that enable them to live a safe, healthy, and productive life. Our most recent experiences during COVID-19, truly showed how reliant our community is on our HelpLine for circumnavigating the confusing mental health care system, especially during moments of crisis and when traditional supports such as schools and the faith community are not readily available. Our staff needed to be innovative and creative in finding new resources and services.

Mental Health America of Fredericksburg - HelpLine

Number of Individuals Served

Localities

Please provide the actual numbers of individuals served in this program during FY2017, FY2018, and FY 2019, the estimated numbers of individuals served in FY2020 and the projected numbers of individuals served in FY2021.

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 (Actual)	FY 2020 (Actual)	FY 2021 Projected	FY 2022 Estimate
Fredericksburg City	325	283	325	597	320	850
Caroline County	10	18	20	206	35	75
King George County	16	13	15	59	39	75
Spotsylvania County	103	126	130	308	165	420
Stafford County	105	111	120	280	138	540
Other Localities	76	213	190	159	213	120
Total	635	764	800	1,609	910	2,080

[View Diagram](#) Goals and Objectives

Goals

Goal:

Clients with mental health needs or questions gain appropriate information and referrals for assistance.

Objectives

		2018 Year End	2019 Baseline	2019 Year End	2020 Baseline	2020 Year End	2021 Baseline
Initial HelpLine callers (initial phone calls, emails or walk-in clients) seeking help report they receive appropriate, available mental health and/or community resources referrals and are satisfied.	Total # Clients Served	764	825	833	850		2,352
	Total # Clients Achieved/Successful	717	625	823	799		2,200
	% Achieved / Successful	93.85	75.76	98.80	94	0	93.54
HelpLine callers (initial phone calls, emails or walk-in clients who agree to a follow-up call) report that they have used the information provided or request additional information when provided a follow-up call.	Total # Clients Served	698	825	833	850		2,000
	Total # Clients Achieved/Successful	632	500	809	782		1,800
	% Achieved / Successful	90.54	60.61	97.12	92	0	90

Explanation & Overview

If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case

Some clients who call us do not wish for a follow-up call due to the personal nature of the call. Other callers feel that all of their questions have been answered and that they will call us back if they need further assistance. We do track the total number of contacts for each client, and whether they felt satisfied with the assistance they were provided. We also have approximately 2,627 callers who choose not to identify their locality or other personal information.

Updates for FY2018

Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported

No changes.

If you are restating the goals or objectives for the prior calendar year, please include those here

Goal: Clients with mental health needs or questions gain appropriate information and referrals for assistance.

Objective #1: Initial HelpLine callers (initial phone calls, emails or walk-in clients) seeking help report they receive appropriate, available mental health and/or community resources referrals and are satisfied.

Objective #2: HelpLine callers (initial phone calls, emails or walk-in clients who agree to a follow-up call) report that they have used the information provided or request additional information when provided a follow-up call.

Goal:

Clients with mental health needs receive time sensitive information and assistance in navigating the health care system through our online provider database.

Objectives

		2018 Year End	2019 Baseline	2019 Year End	2020 Baseline	2020 Year End	2021 Baseline
HelpLine virtual callers seeking assistance in identifying appropriate providers will gain the necessary knowledge to make an informed choice as demonstrated by the number of website contacts registered.	Total # Clients Served	0		4,045	4,045		3,500
	Total # Clients Achieved/Successful	0		4,045	4,045		3,500
	% Achieved / Successful	0	0	100	100	0	100
HelpLine virtual callers, who receive mental health information and are connected to a community provider, that are surveyed will express an increased sense of personal safety and wellbeing.	Total # Clients Served	0		3,500	3,333		3,000
	Total # Clients Achieved/Successful	0		3,233	3,200		2,800
	% Achieved / Successful	0	0	92.37	96.01	0	93.33

Explanation & Overview

If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case

Based on the feedback that we receive from callers that have utilized our Online Director, we are able to extrapolate on the percentage of individuals who express an increased sense of safety and wellbeing. We continue to look for creative ways to survey online respondents that continue to protect their confidentiality and are not hampered by spammers/hackers who submit false requests for assistance.

Updates for FY2018

Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported

We will continue to review online applications and tools which can improve our online data collection efforts.

If you are restating the goals or objectives for the prior calendar year, please include those here

Goal: Clients with mental health needs receive time sensitive information and assistance in navigating the health care system through our online provider database.

Objective #1: HelpLine virtual callers seeking assistance in identifying appropriate providers will gain the necessary knowledge to make an informed choice as demonstrated by the number of website contacts registered.