

Agency Name:	Mental Health America of Fredericksburg				
Physical Address:	2217 Princess Anne Street, Suite 104-1				
Mailing Address:	same				
City:	Fredericksburg	State:	VA	Zip:	22401
Telephone Number:	540-371-2704	Fax:	540-372-3709		
Federal Tax ID #:	54-0678704				
Web Address:	www.mhafred.org				
General Email Address:	mhafred@mhafred.org				
Agency Main Contact:	Rita Girard	Title:	Executive Director		
Telephone Number:	540-371-2704				
E-Mail Address:	ritagirard@mhafred.org				

Agency Mission:

MHAF provides education, advocacy and service to all people with mental health needs. 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.

Number of years agency has been in operation: 60 (founded in February 1955)

Localities Served:

City of Fredericksburg, and counties of Caroline, King George, Spotsylvania, and Stafford

Total Projected Agency Expenses for FY2017

List Program Title/Name		Salary	Benefits	Operating Expenses	Capital Expenses	Total
Program 1	Senior Visitors	\$ 61,967.00	\$ 8,000.00	\$ 8,000.00	\$ -	\$ 77,967.00
Program 2	Suicide Prevention Educ	\$ 39,566.00	\$ 6,000.00	\$ 30,000.00	\$ -	\$ 75,566.00
Program 3	Helpline	\$ 38,422.00	\$ 5,000.00	\$ 12,000.00	\$ -	\$ 55,422.00
Program 4		\$ -	\$ -	\$ -	\$ -	\$ -
Program 5		\$ -	\$ -	\$ -	\$ -	\$ -
Total Program Budgets		\$ 139,955.00	\$ 19,000.00	\$ 50,000.00	\$ -	\$ 208,955.00
Agency Administrative Expenses				\$ 33,100.00		\$ 33,100.00
Total Agency Expenses		\$ 139,955.00	\$ 19,000.00	\$ 83,100.00	\$ -	\$ 242,055.00

Total Agency Revenues

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline	\$ -	\$ -	\$ 3,284.00
Fredericksburg	\$ 12,215.00	\$ 12,215.00	\$ 14,990.00
King George	\$ -	\$ -	\$ 2,352.00
Spotsylvania	\$ 23,749.00	\$ 23,000.00	\$ 26,746.00
Stafford	\$ 11,253.00	\$ 11,253.00	\$ 13,583.00
United Way	\$ 34,500.00	\$ 37,000.00	\$ 58,500.00
Grants	\$ 9,000.00	\$ 30,000.00	\$ 30,000.00
Client Fees	\$ -	\$ -	\$ -
Fundraising	\$ 88,864.00	\$ 89,600.00	\$ 92,600.00
Other*	\$ -	\$ -	\$ -
Total Agency Revenues	\$ 179,581.00	\$ 203,068.00	\$ 242,055.00

**Detail below what revenues are included under "Other", in the table above:*

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Agency Administrative Expenses Overview

In the box below, provide an overview of the administrative costs detailed on the Agency Overview Tab, in the Total Projected Agency Expenses table for the agency as a whole. If your agency is requesting an increase or decrease in administrative funding, please describe, in detail, the reasons for these changes. Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds (as detailed in the chart below). (Do not exceed 15 lines of text.)

In FY15, agency program expenses exceeded revenue by \$11,447. MHAF records administrative expenses as organizational shared costs (audit, insurance, occupancy) and allocates funds raised by the organization (contributions, special events) to cover program indirect costs. Funds requested from localities support direct costs of providing services to program beneficiaries, thus no increase or decrease is requested. MHAF is able to keep expenses low by leveraging resources and using trained volunteers who fill critical voids in community infrastructure to serve the most vulnerable. MHAF continues to serve a record number of individuals, families and older adults who experienced outstanding outcomes without significantly increasing our total agency budget. In fact, 93 cents of every dollar received by MHAF goes to helping people rather than agency costs. With increased fundraising efforts and active involvement of dedicated Board members, staff and volunteers, MHAF continues to positively impact the mental health and human needs of youth, adults, older adults and families while maintaining a strong, healthy organization as we celebrate our 60th year of service to our community.

Administrative Revenue

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline			
Fredericksburg			
King George			
Spotsylvania			
Stafford			
United Way			
Grants			
Client Fees			
Fundraising			
Other*			
Total Agency Revenues	\$ -	\$ -	\$ -

**Detail below what revenues are included under "Other", in the table above:*

Agency shared expenses are recorded as indirect program costs and are allocated equally among programs. FY15
 Actual = \$20,425; FY16 budgeted = \$26,500; FY17 projected = \$33,100

Agency Capital Expenses Overview

In the box below, provide an overview of the capital costs detailed on the Agency Overview Tab, in the Total Projected Agency Expenses table, for the agency as a whole. Please provide justification for and specific amounts of capital costs that are defrayed by locality funds. (The description should not exceed 15 lines of text.)

NO CAPITAL EXPENSES

Agency Name:	Mental Health America of Fredericksburg
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Salary & Benefit Expenses Overview

In the box below, provide an overview of any increases or decreases in general personnel expenses for the agency. This would include any planned or projected merit or COLA increases, or new positions being requested. Also include a description of any changes to agency benefits structure or cost.
(The description should not exceed 10 lines of text.)

Personnel expenses increased in FY16 to meet the demand for expanding services. A new executive director was hired upon the retirement of Lynn DelaMer. At its annual strategic planning retreat, the MHAF Board of Directors prioritized expanding our Suicide Prevention Education program that provides staff support for our Teen Council, teen depression education program in local high schools as well as community outreach to those impacted by suicide. Thus, staff hours were increased from 10 to 20 hours per week. In an effort to meet the demand of socially isolated, lonely seniors who want to participate in the Senior Visitors program, the Administrative Program Assistant hours were increased from 12 to 16 hours a week. No changes in the agency benefits structure or costs are projected for FY2017. Through the utilization of nearly 200 engaged volunteers and leveraged resources, MHAF personnel expenses remain low compared to the value of the services delivered.

Budget Issues

Please detail below any legislative initiatives or issues that may impact the agency for the upcoming year. This could include new legislation that may increase or decrease projected funding at any level (Federal/State/Local), or could affect grants or designated funds as they are currently received. 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.

MHAF receives no state or federal funding to support its free programs. No fees are charged to program beneficiaries. No services are billed for third party reimbursements; thus no financial impact from state or national legislation is anticipated for the upcoming year. With recent events regarding Senator Edd Houck's tragic loss of his son to suicide, MHAF does expect more attention at the Virginia General Assembly on mental health issues and access to treatment services. As a grassroots advocacy organization, MHAF continues to be actively involved in legislative priorities that address the needs of the people we serve and our community. In FY2015, MHAF engaged in an organizational assessment to ensure our programs are relevant to our mission and meet community needs. This endeavor also included transition planning to facilitate knowledge migration and continuation of operations into new leadership as the executive director who served for 22 years retired in August of 2015. MHAF has a long history of addressing the mental health needs in our community, and a large part of those successes are attributable to the strong leadership that exists in the organization. The MHAF Board of Directors is committed to ensuring that leadership continues and the organization is able to move forward with confidence as it strives to achieve its mission.

Please detail below any identified agency needs or areas of concern that are currently not being addressed in your funding request. This could include training or technical assistance for specific areas, administrative support for a program or service, evaluation of current programs, or consultation for strategic planning, board support, or fundraising.

A concern for Senior Visitors is the growing number of seniors requesting to be in the program, yet finances and staff hours are limited. The program director works 22 hrs/wk; program assistant 16, thus less than 1 FTE support this program that serves over 100 seniors. Program staff perform the many tasks a matching program requires to recruit & train volunteers, process and assess clients, and manage individual care needs of seniors. More staff hours are needed. That requires increased funding to grow this unique program providing significant impact to socially isolated older adults in our community. MHAF appropriates funding based on local government support. The program celebrated its 15th anniversary in March 2015, yet program expenses & staff time have not significantly increased over the years as funding has not increased to match the growing needs of the program to reach more seniors. A minimal increase is requested from each locality and new funding from Caroline and King George Counties. Through strategic planning, the MHAF Board continues to explore diverse funding streams so more seniors can benefit from the individualized services promoting mental and physical wellness and safety.

Agency Name:	Mental Health America of Fredericksburg
Locality Notes	
<i>Please use the spaces below to provide any locality specific notes or statements that may be relevant to your application.</i>	
City of Fredericksburg	
<p>According to the US Census Bureau, the Nation has experienced an overall 3.3% population growth since 2010 with 14.5% of citizens being over 65 years of age. Virginia experienced an overall growth of 4.1% with 13.8% of their citizens being over 65. The City of Fredericksburg experienced an overall 18% population growth (far greater than the national or state growth) with 10.1% of their residents being over 65. As our nation's population gets older, it is imperative that we provide resources to serve our seniors. The minimal increase requested will afford more staff hours to serve more socially isolated City seniors. A new program budget request is submitted to support MHAF's Helpline program that served 5597 individuals in FY15 of which nearly 1900 were City residents. It is the only Mental Health Information & Referral Service in our area that connects those who need help with those who can provide it. The program costs \$10.56 per caller; thus \$1 per City Helpline caller is requested.</p>	
Caroline County	
<p>MHAF submitted applications to Caroline County in prior years to support the Senior Visitors program. Staff attended budget public hearings; funding was not appropriated. Thus, program staff hours are not dedicated to solicit client referrals and recruit volunteers in Caroline. MHAF Board of Directors who provide financial stewardship for our nonprofit agency prioritize limited human and financial resources based on locality partnership which includes funding support. The program currently serves 6 Caroline seniors with no locality funding. Seniors on our waiting list could be served with funding from Caroline. A new budget request is submitted to support MHAF's Helpline program that served 5597 individuals in FY15 of which 250 were Caroline residents. It is the only Mental Health Information & Referral Service in our area connecting those who need help with those who can provide it. Program costs are \$10.56 per caller; thus \$1 per Caroline Helpline caller is requested.</p>	
King George County	
<p>MHAF submitted applications to King George in prior years to support the Senior Visitors program. Staff attended budget public hearings; funding was not appropriated. Thus, staff hours are not dedicated to solicit client referrals and recruit volunteers in King George. MHAF Board of Directors who provide financial stewardship for our nonprofit agency prioritize limited human and financial resources based on locality partnership which includes funding support. The program currently serves 3 King George seniors with no locality funding. Seniors on our waiting list could be served with funding from King George. A new budget request is submitted for MHAF's Helpline program that served 5597 individuals in FY15 of which nearly 350 were King George residents. It is the only Mental Health Information & Referral Service in our area connecting those who need help with those who can provide it. Program costs are \$10.56 per caller; thus \$1 per King George caller is requested.</p>	
Spotsylvania County	
<p>According to the US Census Bureau, the Nation has experienced an overall 3.3% population growth since 2010 with 14.5% of citizens being over 65 years of age. Virginia experienced an overall growth of 4.1% with 13.8% of their citizens being over 65. Spotsylvania has experienced an overall 5.3% population growth (greater than the national or state growth) with 12.2% of their residents being over 65. As our nation's population gets older, it is imperative that we provide resources to serve our seniors. The minimal increase requested will afford more staff hours to serve isolated Spotsylvania seniors. A new budget request is submitted to support MHAF's Helpline program that served 5597 individuals in FY15 of which nearly 1700 were Spotsylvania residents. It is the only Mental Health Information & Referral Service in our area that connects those who need help with those who can provide it. The program costs \$10.56 per caller; thus \$1 per Spotsylvania Helpline caller is requested.</p>	
Stafford County	
<p>According to the US Census Bureau, the Nation has experienced an overall 3.3% population growth since 2010 with 14.5% of citizens being over 65 years of age. Virginia experienced an overall growth of 4.1% with 13.8% of their citizens being over 65 years of age. Stafford has experienced an overall 8.6% population growth (far greater than the national or state growth) with 9.1% of their residents being over 65 years of age. As our nation's population gets older, it is imperative that we provide resources to serve our seniors. The minimal increase requested will afford more staff hours to serve isolated Stafford seniors. A new budget request is submitted to support MHAF's Helpline program that served 5597 individuals in FY15 of which nearly 1500 were Stafford residents. It is the only Mental Health Information & Referral Service in our area that connects those who need help with those who can provide it. The program costs \$10.56 per caller; thus \$1 per Stafford Helpline caller is requested.</p>	

Agency Name:	Mental Health America of Fredericksburg		
Program Name:	Senior Visitors	<i>Is This a New Program?</i>	<i>No</i>
Program Contact:	Rita Girard	Title:	Executive Director
Telephone Number:	540-371-2704		
E-Mail Address:	ritagirard@mhafred.org		

Projected Program Expenses for FY2017

Program Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
Senior Visitors	\$ 61,967.00	\$ 8,000.00	\$ 8,000.00	\$ -	\$ 77,967.00

Program Revenues

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline	\$ -	\$ -	\$ 3,000.00
Fredericksburg	\$ 12,215.00	\$ 12,215.00	\$ 13,000.00
King George	\$ -	\$ -	\$ 2,000.00
Spotsylvania	\$ 23,749.00	\$ 23,000.00	\$ 25,000.00
Stafford	\$ 11,253.00	\$ 11,253.00	\$ 12,000.00
United Way	\$ 12,000.00	\$ 12,000.00	\$ 16,000.00
Grants	\$ 4,000.00	\$ 15,000.00	\$ 10,000.00
Client Fees	\$ -	\$ -	\$ -
Fundraising	\$ 10,656.00	\$ 4,441.00	\$ 8,000.00
Other*	\$ -	\$ -	\$ -
Total Agency Revenues	\$ 73,873.00	\$ 77,909.00	\$ 89,000.00

***Detail below what revenues are included under "Other", in the table above:**

No expenses are included under "Other." FY2017 projected indirect costs for the Senior Visitors program is \$11,033; thus, the total projected FY2017 Senior Visitors program budget is \$89,000.

In the box below, please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2017. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please describe in detail if any increase is sought for new positions or personnel.

The minimal increase requested from local government will support FY16 program increased direct costs, additional staff hours to recruit and match volunteers with seniors on waiting list, provide services for FY17 new client referrals and meet the rising care management needs of all program beneficiaries at no cost to them. In FY15, the program provided weekly visits by volunteers with service hours valued at \$157,492 (VEC volunteer rate \$24.90), social events, newsletters, and a 29% increase in client needs management services to seniors. Our ability to respond to seniors' needs depends on adequate funding. MHAF receives no state or federal funding to support this free program; no services are billed for reimbursement – all services are provided free to seniors who need help but cannot afford to purchase it. Without program support, it is likely that seniors receiving services now would require costly institutional care or local government services at a higher cost than the program funding appropriated by local government. With the region exceeding the national growth in those 65 and older, appropriation of requested funds will ensure these valuable services continue for seniors living in our region.

Client Fees

In the box below, please describe the fees clients must pay for the services provided by this program. Please also include how those fees are determined and if any scales are used, or if determinations are made on an ability to pay basis. This description should not exceed 10 lines of text.

Client fees are not charged; services are not billed for reimbursement; contributions from clients are not suggested as the majority of seniors enrolled in the Senior Visitors program live on fixed income and are unable to purchase needed assistance.

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Program Purpose / Description

In the box below, provide an overview of the program. The description should not exceed 10 lines of text.

Senior Visitors provides socialization, companionship, client needs management, support and community connection to lonely, isolated older adults with or 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. Many live alone on fixed incomes, have health and mobility impairments, cannot drive and have lost connection with their community. Trained, screened volunteers are matched with seniors referred by local government agencies, healthcare providers, churches, family members, neighbors, or self-referral. Referral sources use the program as a continuum of care after hospital discharge, exhausted home health visits and to connect seniors on waiting lists of community agencies until resources are available. Staff support and volunteer visits provide companionship, offer emotional support, encourage physical activity and restore community connection; thus, the unmet needs and problems of seniors are identified and resolved.

Justification of Need

In the box below, 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 this is a new program, be sure to include the benefit to the region for funding a new request. The description should not exceed 10 lines of text.

Services for seniors ranked in the top 10 issues identified in the Mary Washington Healthcare 2012 Healthy Communities Partnership assessment. The 2014 US census reports an average of 8.76% population growth in planning district 16 with an average of 11.64% of regional residents being aged 65 and older. Despite the growing numbers, there are few services for older adults in our area, and even fewer that are FREE. The program provides weekly, in-home services to an average 110 isolated older adults. Volunteers provide a powerful economic and social benefit to our community. During FY15 their services were valued at \$157,492; staff responded to 3047 client needs – a 29% increase from FY14. The program reaches seniors not currently receiving any services while providing an adjunct to those served by regional agencies (DSS or RAAA), thus complementing and augmenting services at a significant cost savings rather than duplicating services. No other human service provider in our area offers these unique, individualized services to seniors. Without this program, many senior needs would go unmet. Cost-effective services provided by this program reduce the safety net burden for local jurisdictions.

Target Audience and Service Delivery

In the box below, describe the program’s intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your program has specific entry or application criteria, please describe it below. In the second box, list the actual numbers served, along with the projected numbers to be served during the upcoming fiscal year. The description should not exceed 10 lines of text.

The SV program serves adults aged 60 and older residing in PD16 who are lonely, socially isolated and have lost connection with their community - known predictors for risk of depression in older adults. Many have physical and mental health impairments limiting their mobility and connection with community. Through partnerships with community agencies and businesses that refer clients who can benefit from the individualized in-home support, service delivery is maximized and duplication minimized. Volunteers make weekly visits to senior’s homes providing companionship and support based on the individual needs of the senior – caregiver respite relief, transportation to medical appointments, running errands (grocery shopping, picking up medications). Visit times are determined by volunteers and seniors to accommodate schedules of both. Staff members provide care management services to seniors and respond to volunteer needs. Volunteers commit to 1 hour per week for a 6-month period; however, the majority of them exceed this commitment as evidenced by 6325 hours/contacts delivered in FY2015. SV meets a significant gap in services for seniors, oftentimes delaying their need for local government assistance.

Number of Individuals Served		
<i>Locality</i>	<i>FY2015 (Actual)</i>	<i>FY2017 (Projected)</i>
<i>Fredericksburg City</i>	33	34
<i>Caroline County</i>	6	6
<i>King George County</i>	3	3
<i>Spotsylvania County</i>	51	52
<i>Stafford County</i>	29	30
<i>Other Localities</i>	7	7
Total Served	129	132

Please use the columns to the left to provide the actual numbers of individuals served in this program during FY2015, and the projected numbers of individuals to be served in FY2017.

Agency Name:	Mental Health America of Fredericksburg
Program Collaboration	
In the box below, describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area. The description should not exceed 10 lines of text.	
<p>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. 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 Caregivers Appreciation Luncheon. Partnerships with local government agencies (DSS, RAAA), nonprofit human service agencies, and private sector businesses (Home Health agencies, Assisted Living facilities) results in coordination that improves linkages between those serving the elderly and provides opportunities to leverage resources for maximum impact. For example, 64 SV seniors received holiday gifts collected by Home Instead Senior Care, sponsor of "Be a Santa to a Senior." Through partnerships with youth, church, nonprofit groups and RUW's Day of Caring, many seniors are fortunate to have home repairs/projects done at no charge. Collaboration to navigate and access healthcare and social services impacts senior's lives and results in locality savings - a great return on investment for seniors and our community.</p>	
Collaborative Impact	
In the box below, describe, in detail, how the community would be impacted if your agency were dissolved or merged with another partner agency. The description should not exceed 10 lines of text.	
<p>With few services for older adults in the greater Fredericksburg area who are isolated and socially disconnected (lack social relationships and infrequent social interaction) and none that specifically address mental wellness, the Senior Visitors program is an example of collaborative impact where the individual needs of socially isolated older adults are addressed and met via an established, nurtured network of eldercare providers from the private and nonprofit sectors, the faith community, local government and human service agencies working together toward shared goals. If the SV 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. Partners foster mutual trust, respect and commitment that build upon identified strengths to increase capacity of all. MHAF Board and staff are committed to this program and continue to explore funding streams to sustain the additional program-designated staff hours that have resulted in more seniors served and more services provided to impact their lives.</p>	
Community Impact	
In the box below, please provide at least two examples of how your services have impacted members of our community. This description should not exceed 20 lines of text.	
<p>Senior client, Helen, recently confided in her volunteer, Donna, that she was having a few memory issues. Working together, Donna and Helen developed a calendar system to help Helen keep track of her days, appointments, medications, etc. Donna reported this on her monthly visit report. They also planned to role play making appointments over the phone, as this frequently causes anxiety for Helen. Donna is helping Helen develop skills and habits which will help her, during the aging process, to avoid risky behaviors and will also help Helen stay connected to the community.</p> <p>Jane was referred to Senior Visitors by Social Services. She was new to the area and had no connections. Living alone, Jane was becoming more and more isolated. Senior Visitors matched her with a volunteer, Bev who began regular weekly visits. On one visit Bev saw that Jane was struggling with her new device for her diabetes. Bev and Jane worked together to learn how to use the new device successfully. Bev also felt that Jane would benefit from getting out into the community. They started by going out together to run errands. When Jane was ready, Bev took her walking along the river trail. Finally, Bev invited Jane to volunteer with her to deliver meals for Feed Fred. Jane really enjoys helping others. With the help of her volunteer, Jane is not only developing skills and habits to keep herself safe, but she is also contributing to the wellbeing of her new community.</p> <p>The impact of this program is evident. The difference volunteers make is priceless. They help seniors stay active and connected to the community which reduces the risks for clinical depression. Whether it's a trip to the store, a game of cards, a Sunday drive or simply reading the newspaper together, volunteers give hope and friendship to their senior friends and contact with the world outside of their homes. Services promoting senior wellness and safety alleviate loneliness, decrease the risk of depression, and reduce the incidence of preventable illnesses. Seniors lives are changed!</p>	

Agency Name:		Mental Health America of Fredericksburg	
Goals & Objectives			
Please provide the following information regarding the goals and objectives for your program. Space has been provided for two goals, with two objectives per goal, along with a space for the most recently collected data for that program objective. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Please note the data collection period for each objective's outcome data.			
Program Goal 1			
Seniors who are socially isolated reduce their risk of depression through improved social support and interaction, thus improving healthy behaviors and outcomes for seniors.			
Objective 1a:		Most Recent Outcome Data for Objective 1a:	
Provide weekly, supportive visits to isolated older adults by trained volunteers to alleviate loneliness, social isolation, and risk of clinical depression. (78% of seniors reported living alone on the FY2015 client survey)		June 2015 client satisfaction survey - 93% of matched seniors reported visits with their volunteer provided companionship and friendship. 100% said they would recommend the program to a friend. Data collected on the visit form completed by volunteers each month reveals that 100% of seniors reported feeling less lonely and isolated as a result of visits with their volunteers.	
		<i>Data Collection Period for 1a:</i>	<i>FY2015 (July 1, 2014 - June 30, 2015)</i>
Objective 1b:		Most Recent Outcome Data for Objective 1b:	
Provide socialization opportunities for isolated older adults to encourage "life outside their four walls": <ul style="list-style-type: none"> • outings in the community • annual holiday social in December and summer picnic • monthly newsletter, cards remembrance program and communication with seniors (notes, calls) 		June 2015 client satisfaction survey - 85% of seniors reported enjoying social outings with volunteers. The holiday and summer socials had the most seniors attend in the program's 15 year history - a 50% increase from FY14. Calls & notes from seniors to staff reveal remembrance cards (birthday, get well, special occasions) brighten their lives - we think & care about them.	
		<i>Data Collection Period for 1b:</i>	<i>FY2015 (July 1, 2014 - June 30, 2015)</i>
Program Goal 2			
Seniors who are socially isolated reduce their risk of depression through improved connection with community resources, thus reducing their unmet needs and unresolved problems.			
Objective 2a:		Most Recent Outcome Data for Objective 2a:	
Provide care management services through communication with client, volunteer, 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)		Data reveals a 29% increase in seniors' care management needs from FY14. June 2015 client satisfaction survey - 85% of seniors reported feeling more connected with their community as a result of volunteer visits: 63% report volunteers assist them in going into the community (errands, appointments); 85% reported staff help them find needed resources in the community.	
		<i>Data Collection Period for 2a:</i>	<i>FY2015 (July 1, 2014 - June 30, 2015)</i>
Objective 2b:		Most Recent Outcome Data for Objective 2b:	
Cultivate and maintain 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)		Staff cultivate relationships with new eldercare providers while nurturing those with existing providers to ensure effective referrals to/from needed resources. Program Director provides training on mental health and elderly to strengthen the referral network. The FY15 Logic Model Data form reports 40 community presentations - 2536 people attended; 988 literature distributed.	
		<i>Data Collection Period for 2b:</i>	<i>FY2015 (July 1, 2014 - June 30, 2015)</i>

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Outcomes Explanation & Goal Updates for FY2017		
<p><i>Please note below if you feel you have met your goals and objectives for the data reported above. If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case. Also, please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported above. If you are restating the goals or objectives for FY2017, please include those below.</i></p>		
Explanation & Overview		
Goal 1	Goal 2	
Objective 1a	Objective 2a	
<p>June 2015 client satisfaction survey and logic model data collected, we continue to show progress in meeting and exceeding program goals and objectives. The same goal and objective will be used for FY2017 to reduce the risk of depression through improved social support for lonely, isolated older adults by training volunteers to visit them.</p>	<p>June 2015 client satisfaction survey and logic model data collected, we continue to show progress in meeting and exceeding program goals and objectives. We will continue to use the same goal and objective for FY2017 to improve community connection for seniors who are socially isolated through care needs management and linkages with community resources.</p>	
Objective 1b	Objective 2b	
<p>Based on the June 2015 client satisfaction survey and information gathered from our logic model data collection form, we continue to show progress in meeting and exceeding program goals and objectives. We will continue to use the same objective for FY2017 to provide socialization opportunities for socially isolated seniors.</p>	<p>Based on information gathered from our logic model data collection form, we continue to show progress in meeting this program objective. We will continue to use the same objective for FY2017 to cultivate and maintain effective relationships with eldercare providers to ensure referrals to and from needed community resources for our seniors.</p>	
Updates for FY2017		
Goal 1	Goal 2	
<p>Seniors who are socially isolated reduce their risk of depression through improved social support and interaction, thus improving healthy behaviors and outcomes for seniors.</p>	<p>Seniors who are socially isolated reduce their risk of depression through improved connection with community resources, thus reducing their unmet needs and unresolved problems.</p>	
Objective 1a	Objective 2a	
<p>Following analysis of FY15 program outcomes, a new excel data form to track all seniors served - newly enrolled, matched & unmatched, those leaving the program (death, relocate with family, transfer to nursing facility) was developed. The logic model relevant client was more clearly defined to better inform program staff of client outcomes.</p>	<p>Following analysis of our FY15 program outcomes, the logic model data form was revised to improve tracking of client care management needs including email contacts from volunteers who inform program staff of senior needs. The annual client satisfaction survey now includes questions to better capture data on seniors being connected with community resources.</p>	
Objective 1b	Objective 2b	
<p>Following analysis of our FY15 program outcomes regarding socialization opportunities, we are considering an additional data tool such as a short questionnaire (verbal or written) to be administered at program-sponsored events to capture senior input on the impact of program services on their lives.</p>	<p>We are discussing methods to track relationships with eldercare agencies as we currently only track presentations conducted by the program and people who attend to measure this objective. We believe that the result of our efforts to nurture relationships is improved connection for our seniors when they need services, so a quantitative way to track that data would be beneficial.</p>	

Agency Name:	Mental Health America of Fredericksburg		
Program Name:	Suicide Prevention Education	Is This a New Program?	No
Program Contact:	Rita Girard	Title:	Executive Director
Telephone Number:	540-371-2704		
E-Mail Address:	ritagirard@mhafred.org		

Projected Program Expenses for FY2017

Program Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
Suicide Prevention Education	\$ 39,566.00	\$ 6,000.00	\$ 30,000.00	\$ -	\$ 75,566.00

Program Revenues

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline			\$ -
Fredericksburg			\$ -
King George			
Spotsylvania			\$ -
Stafford			\$ -
United Way			\$ 15,000.00
Grants	\$ 4,000.00	\$ 15,000.00	\$ 15,000.00
Client Fees			\$ -
Fundraising	\$ 46,212.00	\$ 57,647.00	\$ 56,600.00
Other*			\$ -
Total Agency Revenues	\$ 50,212.00	\$ 72,647.00	\$ 86,600.00

**Detail below what revenues are included under "Other", in the table above:*

In the box below, please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2017. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please describe in detail if any increase is sought for new positions or personnel.

Funds are not requested from the local government for our suicide prevention education program; however, we wanted to include a program overview to inform localities about one of MHAF's new programming focus areas. We presented the More Than Sad teen depression curriculum to freshman classes in all five Spotsylvania high schools during the 2013-2014 and 2014-2015 school years. This year we are expanding to the Fredericksburg City Schools and would like to make this a regional program so all youth benefit from this program that is possibly saving lives. MHAF also provides a free support group for Survivors of Suicide - those who have lost loved ones to suicide. The Suicide Prevention Education Coordinator position was expanded from 10 to 20 hours a week to enable program expansion into other localities as well as provide education within the community. In an effort to make this program financially sustainable, MHAF increased fund raising efforts by hosting the 1st annual Above the Darkness Walk on October 17, 2015 with 100% of funds raised supporting this program.

Client Fees

In the box below, please describe the fees clients must pay for the services provided by this program. Please also include how those fees are determined and if any scales are used, or if determinations are made on an ability to pay basis. This description should not exceed 10 lines of text.

Client fees are not charged and services are not billed for reimbursement.

Agency Name:	Mental Health America of Fredericksburg
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Program Purpose / Description

In the box below, provide an overview of the program. The description should not exceed 10 lines of text.

Suicide Prevention Education (SPE) is a collaborative prevention education model providing age appropriate knowledge and skills to reduce teen risky behaviors by increasing mental health literacy and expanding awareness of mental health and community resources. The program, developed in partnership with our Teen Council, increases awareness of warning signs of teen depression and promotes help-seeking behaviors. Teen Council members selected the “More Than Sad” (MTS) curriculum produced by the American Foundation for Suicide Prevention as they felt it was relevant to their peers. The evidenced-based program is listed in the Best Practices Registry for Suicide Prevention and is endorsed by the National Association of School Psychologists with proven impact to benefit youth. With a focus on prevention, the program provides education to improve the skills and abilities of youth by learning the risk factors, recognizing signs of distress, taking those signs seriously, and intervening to seek or offer appropriate help before an individual’s problems become more critical, thus reducing risky behaviors and possibly saving lives.

Justification of Need

In the box below, 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 this is a new program, be sure to include the benefit to the region for funding a new request. The description should not exceed 10 lines of text.

Youth suicide is a serious problem. Nationally, we lose one life to suicide every 15.8 minutes of which 90% had undiagnosed mental disorders. While suicide deaths before the age of 11 are rare, the frequency of suicide increases dramatically with age until the early 20s and is the 3rd leading cause of death for youth aged 15-24, following accidents and homicides. The Youth Risk Behavior Survey is a national survey of students in grades 9-12 conducted every 2 years by the Centers for Disease Control and Prevention. The 2013 online High School Virginia report shows 14.7% seriously considered attempting suicide; 15.2% had made a plan about how they would attempt suicide; and 9.8% attempted suicide 1 or more times during the 12 months before the survey. According to the Community Health Information Resource website hosted by Mary Washington Healthcare, our area has a high risk of hospitalization due to pediatric mental health for youth aged 15-17. Youth hospitalizations rose from 43% to 49.6%. The tragic losses of local youth highlights the need for suicide prevention education for teens.

Target Audience and Service Delivery

In the box below, describe the program’s intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your program has specific entry or application criteria, please describe it below. In the second box, list the actual numbers served, along with the projected numbers to be served during the upcoming fiscal year. The description should not exceed 10 lines of text.

MHAF will partner with Catholic Charities, area mental health professionals, Spotsylvania and Fredericksburg City Schools to present the MTS curriculum to freshman students during the 2015- 2016 school year. This will be the third school year that the MTS curriculum (which was previewed and approved at the district level in both localities as part of the health curriculum for freshman students) will be presented in all 5 Spotsylvania high school health classes and the first year at James Monroe High School. The program helps to reduce the stigma from depression by understanding it as an illness and promotes the importance and acceptability of seeking help. Developed for use with teens to show them what depression looks like and how it can be treated, MTS includes a 26-minute video followed by 45 minutes for discussion, questions and answers. Through personal stories of four teens, the video shows various ways depression can manifest in teens and helps teens and school staff more readily identify students who may be at risk for suicide. A pre and post test measure knowledge and skills learned.

Number of Individuals Served			<i>Please use the columns to the left to provide the actual numbers of individuals served in this program during FY2015, and the projected numbers of individuals to be served in FY2017.</i>
<i>Locality</i>	<i>FY2015 (Actual)</i>	<i>FY2017 (Projected)</i>	
<i>Fredericksburg City</i>	<i>0</i>	<i>300</i>	
<i>Caroline County</i>	<i>0</i>	<i>0</i>	
<i>King George County</i>	<i>0</i>	<i>0</i>	
<i>Spotsylvania County</i>	<i>2,000</i>	<i>2,000</i>	
<i>Stafford County</i>	<i>0</i>	<i>0</i>	
<i>Other Localities</i>	<i>0</i>	<i>0</i>	
<i>Total Served</i>	<i>2,000</i>	<i>2,300</i>	

Agency Name:	Mental Health America of Fredericksburg
Program Collaboration	
In the box below, describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area. The description should not exceed 10 lines of text.	
<p>MHAF developed a tiered-structure through creative community partnerships for program delivery to include:</p> <ul style="list-style-type: none"> • American Foundation for Suicide Prevention – evidence based curriculum • Catholic Charities of the Diocese of Arlington Family Services and Mental Health Providers – presenter training and classroom presentation by trained Master’s level interns and licensed mental health providers • MHAF Teen Council – provide a “teen voice” for program relevancy/improvement, participate in school events to promote teen mental wellness • Spotsylvania County Public and Fredericksburg City Schools – school counselors or social workers are present in each classroom and available as needed after presentations to identify and assist students showing signs of distress who may need immediate help; rapid response teams for aftercare • University of Mary Washington Department of Psychology – data analysis 	
Collaborative Impact	
In the box below, describe, in detail, how the community would be impacted if your agency were dissolved or merged with another partner agency. The description should not exceed 10 lines of text.	
<p>MHAF is not aware of any similar programs addressing teen depression and risk of suicide in our area. Although the Governor’s Task Force has recommended suicide prevention education for high school students, no curriculum has been approved and funding has not been appropriated. MHAF is the driving force for this program which is based on community partnerships at no cost to the school systems. MHAF is not aware of another organization who would coordinate this educational opportunity if MHAF dissolved. As a grassroots advocacy organization, MHAF continues to advocate for prevention programs for our youth to give them knowledge and skills for healthy lifestyles. Although many nonprofit organizations and local agencies offer programs within the school system to educate youth on topics relevant to them, MHAF is not aware of any agency providing teen depression education for high school students in our area. MHAF plans to provide trainings for school staff and parents and may identify partnering agencies to assist with this community outreach.</p>	
Community Impact	
In the box below, please provide at least two examples of how your services have impacted members of our community. This description should not exceed 20 lines of text.	
<p>Hayden, a freshman at Riverbend High School, participated in the MTS teen depression program in the fall of 2014. On her viewer evaluation form, she requested more information on suicide risk factors as she recognized herself in one of the teens on the video. Her guidance counselor suggested she call MHAF’s HelpLine to learn about teen resources, and she did. Hayden shared that she had oftentimes felt empty and numb and hopeless, had broken up with her boyfriend and some of his friends had written negative things about her on facebook. She was embarrassed to go to school and face them, and gradually withdrew from her own circle of friends. “My spirit felt dead. I cried a lot. Sometimes I couldn’t leave my room. I didn’t want to talk to my friends as they would just tell me to get over it. And I couldn’t.” Hayden talked with her mother and told her that she had called the MHAF HelpLine and how some of the suggested online chat rooms had been helpful. Hayden told her mother how the MTS program taught students how to recognize depression warning signs and gave them skills to seek help. And she thought she needed more help than the online resources. This time, Hayden’s mother called the HelpLine and got names of providers who work with teens with depression. After several weeks of therapy, we spoke with Mom who shared that her daughter felt relief for the first time in several years. Mom said: “I have my daughter back, just from talking and sharing her thoughts and feelings with a professional who gave her skills to deal with her depressive symptoms. Thank you!” Hayden is now part of our Teen Council so she can help her peers and reduce the stigma attached to having depression. e knowledge and skills to overcome depression and enjoy life like teenagers should.”</p> <p>Paula, a freshman at Massaponex High School and daughter of a former MHAF Board of Director was invited to give feedback on the selection of curriculum when starting this program in 2014 and became involved in the Teen Council. As a result of her exposure to the MTS curriculum and her engagement in the Teen Council, she felt empowered to seek help because she was experiencing bullying, stress, social anxiety and pressure to perform and thought, “I’m not the only person that this is happening to and it’s okay to watch out for one another.” Seeking help resulted in completing her high school education online and is currently enrolled at Germanna Community College.</p>	

Agency Name:	Mental Health America of Fredericksburg
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Goals & Objectives

Please provide the following information regarding the goals and objectives for your program. Space has been provided for two goals, with two objectives per goal, along with a space for the most recently collected data for that program objective. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Please note the data collection period for each objective's outcome data.

Program Goal 1

To increase teen knowledge to recognize warning signs and risk factors of depression in themselves and others to prevent suicide.

Objective 1a:	Most Recent Outcome Data for Objective 1a:

<i>Data Collection Period for 1a:</i>	2013 - 2014 School Year
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Objective 1b:	Most Recent Outcome Data for Objective 1b:

<i>Data Collection Period for 1b:</i>	2013 - 2014 School Year
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Program Goal 2

To improve help-seeking behaviors and skills to intervene offering or seeking appropriate help before problems become more critical.

Objective 2a:	Most Recent Outcome Data for Objective 2a:

<i>Data Collection Period for 2a:</i>	2013 - 2014 School Year
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Objective 2b:	Most Recent Outcome Data for Objective 2b:

<i>Data Collection Period for 2b:</i>	
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Agency Name:	Mental Health America of Fredericksburg
Outcomes Explanation & Goal Updates for FY2017	
<p><i>Please note below if you feel you have met your goals and objectives for the data reported above. If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case. Also, please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported above. If you are restating the goals or objectives for FY2017, please include those below.</i></p>	
Explanation & Overview	
Goal 1	Goal 2
Objective 1a	Objective 2a
Objective 1b	Objective 2b
Updates for FY2017	
Goal 1	Goal 2
Objective 1a	Objective 2a
Objective 1b	Objective 2b

Agency Name:	Mental Health America of Fredericksburg		
Program Name:	Helpline	<i>Is This a New Program?</i>	<i>No</i>
Program Contact:	Rita Girard	Title:	Executive Director
Telephone Number:	540-371-2704		
E-Mail Address:	ritagirard@mhafred.org		

Projected Program Expenses for FY2017

Program Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
Helpline	\$ 38,422.00	\$ 5,000.00	\$ 12,000.00	\$ -	\$ 55,422.00

Program Revenues

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline		\$ -	\$ 284.00
Fredericksburg		\$ -	\$ 1,990.00
King George		\$ -	\$ 352.00
Spotsylvania		\$ -	\$ 1,746.00
Stafford		\$ -	\$ 1,583.00
United Way	\$ 22,500.00	\$ 25,000.00	\$ 27,500.00
Grants	\$ 1,000.00	\$ -	\$ 5,000.00
Client Fees		\$ -	\$ -
Fundraising	\$ 31,996.00	\$ 27,512.00	\$ 28,000.00
Other*		\$ -	\$ -
Total Agency Revenues	\$ 55,496.00	\$ 52,512.00	\$ 66,455.00

**Detail below what revenues are included under "Other", in the table above:*

In the box below, please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2017. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please describe in detail if any increase is sought for new positions or personnel.

This is the first time funds are requested from the local government to support the Mental Health Information & Referral Services program (HelpLine) so there are no budget changes to report from FY16. The HelpLine unit cost is approximately \$10 per caller. MHAF is requesting \$1 per HelpLine caller from each locality. The number of callers is based on FY2015 actual data with a projected 9% increase in FY2016.

Client Fees

In the box below, please describe the fees clients must pay for the services provided by this program. Please also include how those fees are determined and if any scales are used, or if determinations are made on an ability to pay basis. This description should not exceed 10 lines of text.

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.

Agency Name:	Mental Health America of Fredericksburg
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Program Purpose / Description

In the box below, provide an overview of the program. The description should not exceed 10 lines of text.

MHAF's HelpLine, the ONLY Mental Health Information & Referral Service in our community, improves access for those seeking help by connecting them with appropriate mental health and community resources. It serves a broad spectrum of mental states ranging from optimal mental health to severe mental illness – those in crisis to those with common mental illnesses (depression & anxiety) to those experiencing as a result of a life situation (divorce or loss of a loved one). 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. The HelpLine complements 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 ombudsmen to assist people having difficulty navigating the cumbersome system to ensure they get connected. A color-coded provider listing with monthly updates is posted on our website for those seeking help online.

Justification of Need

In the box below, 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 this is a new program, be sure to include the benefit to the region for funding a new request. The description should not exceed 10 lines of text.

National statistics reveal that 1 in 4 families - 25% of all Americans - will experience a mental health problem each year. The 2011 Healthy Communities Partnership needs survey identified mental health as the 5th health priority in our area. Even though research shows that 2 in 3 people who seek help get better, unfortunately only 1 in 3 actually seek help. Why is that? No local service exists for mental health practitioners (like MWHC's Physician Referral Services for medical doctors). The phone book is confusing as mental health providers are listed together rather than identified by specialty like physicians – cardiology, oncology. Health insurance companies will provide lists to those they insure when requested; however, information about who (children or adults) or what areas they serve (stress, grief) is not included. Most lists are not current. Those seeking help hit many barriers and oftentimes are frustrated after making calls and leaving messages for providers who can't help them. They simply don't know where to turn. The HelpLine fills that gap – a beginning place for those seeking help and the missing link in the mental health community.

Target Audience and Service Delivery

In the box below, describe the program's intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your program has specific entry or application criteria, please describe it below. In the second box, list the actual numbers served, along with the projected numbers to be served during the upcoming fiscal year. The description should not exceed 10 lines of text.

The HelpLine is available to anyone who has a need for mental health information and/or referral services for themselves or another. Physicians, schools, churches, businesses, local government and human service agencies either call seeking help for someone they are serving or they refer patients, parents, congregation members, employees or clients to the HelpLine. The reason is the same - MHAF maintains information to guide them to mental health services that meet their SPECIFIC needs rather than the frustrating experience of calling numbers in the phone directory to determine who can or cannot help them. The HelpLine primarily serves PD16; however, we respond to callers from across the state and nation as people plan to move to our area or perhaps have loved ones residing here who need help. Serving a large commuter population, calls are frequently received from nearby military bases and northern Virginia Employee Assistance Programs seeking resources in the community where their military families and workers live. Of the 5597 callers in FY2015, 5466 were from individuals within PD16; 131 from outside our region; 2014 were uninsured; 311 were crisis calls; 258 were court-ordered.

Number of Individuals Served		
<i>Locality</i>	<i>FY2015 (Actual)</i>	<i>FY2017 (Projected)</i>
<i>Fredericksburg City</i>	<i>1,826</i>	<i>1,990</i>
<i>Caroline County</i>	<i>261</i>	<i>1,746</i>
<i>King George County</i>	<i>324</i>	<i>1,583</i>
<i>Spotsylvania County</i>	<i>1,602</i>	<i>352</i>
<i>Stafford County</i>	<i>1,453</i>	<i>284</i>
<i>Other Localities</i>	<i>131</i>	<i>143</i>
Total Served	5,597	6,098

Please use the columns to the left to provide the actual numbers of individuals served in this program during FY2015, and the projected numbers of individuals to be served in FY2017.

Agency Name:	Mental Health America of Fredericksburg
Program Collaboration	
In the box below, describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area. The description should not exceed 10 lines of text.	
<p>The HelpLine is effective through collaborative impact. We depend on an extensive network of mental health practitioners & agencies, human service organizations, local & state government agencies, schools & colleges, and the faith community to provide information used to connect those seeking help with resources to benefit client outcomes. MHAF partners with Mental Health providers through an established dual referral system. We refer to clinicians for treatment services. They refer to the HelpLine when they cannot meet the specific need of a client or for support services for their clients (support groups, workshops, community resources). An unintended outcome of the HelpLine has resulted in coordinated information sharing. MHAF maintains a confidential email list of providers, thus we have become the “bulletin board” to inform providers about continuing education workshops for them and resources to benefit their clients. By working together, connections are improved between those providing services and those who need them resulting in identification and coordination of opportunities to leverage resources for maximum community impact.</p>	
Collaborative Impact	
In the box below, describe, in detail, how the community would be impacted if your agency were dissolved or merged with another partner agency. The description should not exceed 10 lines of text.	
<p>MHAF's HelpLine is the only mental health information and referral service in our area. Its purpose is to connect people seeking help with those who can provide it in the public, private and nonprofit sectors. The Mary Washington HealthCare HealthLink includes medical doctors which in the mental health field is limited to psychiatrists. Therapists, psychologists and agencies providing mental health services are not included in their referral service. The RACSB, as required by the Code of Virginia for all 40 CSBs across the Commonwealth, provides 24-hour emergency services with response by mental health professionals to individuals in crisis rather than providing a referral and information service. The HelpLine is not a crisis service, rather it guides individuals with mental health issues to providers and community services that meet their needs. HelpLine crisis callers are oftentimes referred to RACSB emergency services as well as 9-1-1, emergency rooms of local hospitals and the national suicide lifeline. We are not aware of any similar programs in our community. Without MHAF's HelpLine, the nearly 5600 callers in FY2015 may not have received the help needed to positively impact their lives.</p>	
Community Impact	
In the box below, please provide at least two examples of how your services have impacted members of our community. This description should not exceed 20 lines of text.	
<p>Jason called the HelpLine seeking help for his mother. He explained that due to her diabetes, she had lost a few toes due to restricted circulation and was facing a foot amputation as she had not heeded her doctor's advice to change her eating habits and get some exercise. Instead, she had isolated herself and quit her job. She had stopped her morning walks with her neighbors and rarely welcomed visits from friends or former colleagues. To complicate her life situation, she had lost her husband of 34 years to a sudden heart attack and her grief was overwhelming. Once an active woman who raised a family of six children while working as a nurse at the hospital, she now sat on the couch in the living room crying. Jason expressed that he didn't know how to help her – he could check her blood to monitor her sugar level but he didn't know how to cheer her up. “I want desperately to help her, to fix the problem, but I am without a clue what to do. So I do the only thing I know – I hug her while she cries in our quiet living room that once bustled with kids coming and going, a sink full of dishes, or a Halloween costume in production on the kitchen table.”</p> <p>Jason was given the names and contact information of several mental health providers who work with adults facing mental health challenges resulting from chronic health conditions. He seemed so relieved to know there might be hope for his mother. He welcomed our offer of an angel call in a couple of weeks to check on him and his mother. We stayed in touch for several months as changed behavior takes time. Each call found Jason more hopeful and excited to share his good news. His mother was responding well to anti-depressant medications prescribed for her and her therapist was helping her cope with her grief and develop habits to manage her diabetes. “Despite her other medical challenges, I have my Mom back. She invites me for dinner to try out new healthy recipes, and is going to the YMCA at least twice each week.” Jason went on to say that his mother has met new friends at the gym and is talking about returning to work again or volunteering in the community to help others with chronic disease like her. With needed help for her mental health problems, Jason said: “I am witnessing a transformed life. Thank you so much for guiding us to someone who truly gave her the skills and the will to want to live healthy. I want you to meet my mother – she is so amazing and loving her life again.”</p>	

Agency Name:		Mental Health America of Fredericksburg	
Goals & Objectives			
Please provide the following information regarding the goals and objectives for your program. Space has been provided for two goals, with two objectives per goal, along with a space for the most recently collected data for that program objective. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Please note the data collection period for each objective's outcome data.			
Program Goal 1			
Clients with mental health needs or questions gain appropriate information and referrals for assistance and make contact. One in four people will experience a mental health problem every year. Two of 3 will get better with help; however, only 01 3 people will seek help as oftentimes they don't know where to turn for help. The HelpLine strives to increase that ratio to 3:3 so more people enjoy improved mental wellness.			
Objective 1a:		Most Recent Outcome Data for Objective 1a:	
Provide a HelpLine service that connects people facing mental health challenges with those who can provide needed help. Staff listen to callers, determine needs and refer to appropriate mental health & community resources. At end of call, callers are asked if they have the information they need and if they would like a follow-up call.		In FY15 we responded to 5597 HelpLine callers - 9% growth and assisted 311 crisis callers - a 10% growth from FY14. 38,848 referrals were made to community resources - 6.94 per caller. Of the callers, 2014 were uninsured; 1339 Medicaid; 3036 privately insured. At end of call, 97% reported they had information needed to seek help; 36% accepted a follow-up call.	
		<i>Data Collection Period for 1a:</i>	<i>July 01, 2014 - June 30, 2015</i>
Objective 1b:		Most Recent Outcome Data for Objective 1b:	
Maintain and update mental health provider and agency information as well as community resources for staff to use in referring callers. Maintain provider listing on website for those seeking online help.		MHAF updates its mental health provider and agency listing used to assist HelpLine callers each year with monthly updates as changes are recognized. A color-coded, web-based provider listing with monthly updates is posted on the agency website to assist those seeking help online. The number of people seeking help via emails increased 3% from 1945 in FY14 to 2005 in FY15.	
		<i>Data Collection Period for 1b:</i>	<i>July 01, 2014 - June 30, 2015</i>
Program Goal 2			
Clients with mental health needs who called the HelpLine have made a connection with referral resources so they have the opportunity for improved mental wellness.			
Objective 2a:		Most Recent Outcome Data for Objective 2a:	
Provide a follow-up service (angel calls) within 2 weeks to HelpLine callers who agree to a call back to ensure they were able to use the information we provided to get needed help; offer additional resources if needed and assist with any barriers encountered.		In FY2015, 1714 callers agreed to a follow-up call. 57% were connected with referral resources - a 1:2 ratio (higher than the national 1:3 ratio). Many were seeing a psychiatrist for medication evaluation/management, a mental health provider for therapy; some were attending support groups, 97% were grateful for HelpLine's assistance in finding appropriate help.	
		<i>Data Collection Period for 2a:</i>	<i>July 01, 2014 - June 30, 2015</i>
Objective 2b:		Most Recent Outcome Data for Objective 2b:	
Collect data to identify issues/barriers encountered in accessing resources, gaps in services and unmet needs in our community. Report to relevant community coalitions for collaborative solutions.		Data collected by the HelpLine is shared with community groups relevant to mental health. As a core program of MHAF, HelpLine data informs our agency of unmet needs and gaps in services that become part of our strategic planning and guides our programming focus for community impact.	
		<i>Data Collection Period for 2b:</i>	<i>July 01, 2014 - June 30, 2015</i>

Agency Name:	Mental Health America of Fredericksburg	
Outcomes Explanation & Goal Updates for FY2017		
<p><i>Please note below if you feel you have met your goals and objectives for the data reported above. If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case. Also, please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported above. If you are restating the goals or objectives for FY2017, please include those below.</i></p>		
Explanation & Overview		
Goal 1	Goal 2	
Objective 1a	Objective 2a	
The HelpLine continues to experience growth in the number of people who call seeking help for themselves or others. We continue to analyze data collected to inform the program of any changes to improve this free service to our community.	The HelpLine continues to exceed the national 1:2 ratio of those who seek help - actually make a call to find providers and resources. MHAF strives to increase the ratio to 3:3 The number of angel calls increased slightly this year; however, the trend in prior years had been a reduction as oftentimes people call from their offices and do not want a call back there.	
Objective 1b	Objective 2b	
Maintaining the mental health provider and community resource listing is sometimes a challenge in keeping information updated. This year UMW students assisted in calling providers and agencies who did not respond to the update mailing.	The HelpLine data collection will continue to track gaps in services and unmet needs that are relevant to mental health and provide this information to our community as well as inform our agency's strategic planning.	
Updates for FY2017		
Goal 1	Goal 2	
Clients with mental health needs or questions gain appropriate information and referrals for assistance and make contact. As an access and link to mental health and community resources, the HelpLine and web-based mental health listing provide a vehicle to produce results-based positive impact for individuals, families, & our community.	Clients with mental health needs who called the HelpLine have made a connection with referral resources so they have the opportunity for improved mental wellness.	
Objective 1a	Objective 2a	
We project continued growth in the number of HelpLine callers during FY17. The angel call program to check back with those seeking help is effective in ensuring people get connected with referral resources. For many, MHAF provides that human voice that provides comfort in times of distress.	although all MHAF staff respond to HelpLine callers, the follow-up angel call service is conducted by one staff member who tracks data, offers additional resources when needed, and oftentimes makes calls on their behalf to get them connected when barriers are encountered. .	
Objective 1b	Objective 2b	
MHAF is tracking hits on our web-based provider listing to inform the program of online use. MHAF has a new volunteer committee and the Board is looking at ways to expand HelpLine coverage beyond staff hours using trained volunteers and expand awareness of the free service with a focus on schools, physicians and the faith community.	The data collection form used to evaluate the HelpLine program was recently revised so that we can better capture information to identify gaps in services and unmet needs to report back to the community for collaborative solutions tailored to meet those needs.	