

Partner Agency Application for Funding
FY2016
FACE SHEET

Agency Name: Mental Health America of Fredericksburg – Senior Visitors Program	
<i>Has the City/ County Funded This Agency in Previous Years?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Address:	2217 Princess Anne St. Suite 104-1
Mailing Address/PO Box:	same
City:	Fredericksburg
State:	VA
Zip:	22401
Telephone Number:	540-371-2704
Fax Number:	540-372-3709
Federal Tax ID #:	54-0678704
Web Address:	www.mhafred.org
General Email Address:	mhafred@mhafred.org
Agency Main Contact:	Lynn DelaMer
Title:	Executive Director
Telephone Number:	540-371-2704
E-Mail Address:	mhafdir@mhafred.org

Agency General Information

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. The Senior Visitors program meets a gap in supportive services for seniors.
Number of years agency has been in operation:	59 years (founded in February 1955)
Localities Served:	City of Fredericksburg, and counties of Caroline, King George, Spotsylvania, and Stafford

Agency Financial Information

	List Programs	Personnel Expenses	Benefits	Operating Expenses	Total Program Budget
1.	Senior Visitors	67,600	8,100	19,500	88,900
2.	MHAF Programs	69,598	8,400	24,510	111,808
3.					
4.					
5.					
Agency Administration:				13,000	
Capital Outlay:					
Total Agency Budget:		137,198	16,500	57,010	210,708

If your application includes funding increases for personnel (to include new positions or merit / COLA increases), please check here and explain in detail the need for this type of increase under each program budget.

Submission Checklist: <i>(include 1 copies of each)</i>	<input checked="" type="checkbox"/> IRS 501(c)(3) Letter	<input checked="" type="checkbox"/> Audit Report <i>(with Audit Management Letter)</i>	<input checked="" type="checkbox"/> Current Financial statement	<input checked="" type="checkbox"/> IRS 990
<input checked="" type="checkbox"/> Accountant Contact Information	<input checked="" type="checkbox"/> Organizational Chart	<input checked="" type="checkbox"/> Current Board Roster <i>(with contact information)</i>	<input checked="" type="checkbox"/> Agency's Current Strategic Plan	

Agency Administrative Expenses:

In the box below, provide an overview of the administrative costs detailed on the face sheet for the agency as a whole. Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds. If your agency is requesting an increase or decrease in administrative funding, please describe, in detail, the reasons for these changes. (The description should not exceed 15 lines of text.)

The administrative costs reflected on the face sheet are organizational shared expenses – audit, insurance, occupancy, telephone, etc – that are appropriated to programs. Funds requested from localities support direct program costs rather than administrative costs, thus no increase or decrease is requested. 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 organizational costs. As a Neighborhood Assistance Program (NAP) approved by the Virginia Department of Social Services, over 65% of those receiving services live below the federal poverty level. 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.

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. 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. Cost-effective services provided by the Senior Visitors Program reduce the safety net burden for local jurisdictions. 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 in our community while maintaining a strong, healthy organization.

Capital Outlay:

In the box below, provide an overview of the capital expenses detailed on the face sheet 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 10 lines of text.)

NO CAPITAL OUTLAY EXPENSES

Personnel Expenses (General):

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 FY15 with the creation of two new programs: Mental Health First Aid and Suicide Prevention Education. A new position was created through grant funding to support a Suicide Prevention Education Coordinator who is providing staff support for our teen depression education program in local high schools as well as community outreach to those impacted by suicide. Additionally, staff-designated hours for the Mental Health HelpLine increased as a result of additional funding from United Way. MHAF Finance Committee and Executive Director prepare the annual budget by analyzing the organization's financial status with review of the current year revenue and expenses to project for the subsequent fiscal year. The proposed budget is approved by the Board of Directors who recommend merit and/or COLA increases when prudent. A 2% increase was approved for FY2015. No changes in the agency benefits structure or costs are projected for FY2016. Through the utilization of nearly 200 engaged volunteers and leveraged resources, MHAF personnel expenses remain low compared to the value of the services delivered.

Partner Agency Funding Application FY 2016
BUDGET EXPLANATIONS

Mental Health America of
 Fredericksburg – Senior Visitors

Budget Information

Please complete the following chart with the financial information for the agency as a whole. In each area include the budget specifically allocated to your agency from each locality/entity listed below.

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline			4,000
Fredericksburg	12,215	12,215	12,826
King George			2,000
Spotsylvania	22,618	23,749	24,936
Stafford	11,253	11,253	11,816
United Way	30,500	34,500	* 53,500
Grants	45,000	25,000	20,000
Client Fees	0	0	0
Fundraising	72,541	78,620	81,630
Other <i>(explain below)</i>			
Total Agency Budget for PD16	**194,127	185,337	210,708

Detail below what is included in the category 'Other':

No expenses are included in the Other category.

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

* The RUW increase includes \$15,000 projected funding in FY2016 to support the new Suicide Prevention Education program and \$4000 additional funding to support the Senior Visitors program.

** MHAF served as the fiscal agent for its spinoff program, Recovery in Motion (RIM), during FY2014; thus the total budget reflects the \$19,000 that was transferred to RIM in December 2014 when they received their independent IRS 501c3 status.

MHAF was awarded grants totaling \$23,000 to support the new Suicide Prevention Education program that expire on December 31, 2014. Continuation grant proposals totaling \$15,000 have been submitted with notification expected in late December.

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BUDGET EXPLANATIONS

Agency Name:

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Mental Health America of
Fredericksburg – Senior Visitors

Please detail below any legislative initiatives or issues that may impact the agency for the upcoming year and how you are planning for them. 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, nor does it receive any third party reimbursements or charge any fees to program recipients; thus no financial impact from state or national legislation is anticipated for the upcoming year. With recent events regarding Senator Creigh Deeds 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 the dialogue promoting legislative priorities that address the needs of the people we serve and our community.

MHAF is currently engaged in an organizational assessment to ensure our programs and services are relevant to our mission and meeting community needs. This endeavor also includes transition planning to facilitate knowledge migration and continuation of operations into new leadership as the executive director who has served for 21 years has announced her plans to retire in September 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 pursues an expanding 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.

With limited finances and staff for the Senior Visitors program, MHAF appropriates funding and staff time based on local government support as reflected in the beneficiary data form. The program will celebrate its 15th anniversary in March 2015, yet program expenses and 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 isolated older adults. Historically, grantors choose to fund new programs rather than established ones with a history of successful outcomes and impact on lives. Through strategic planning, the MHAF Board of Directors continues to explore diverse funding streams for this program whereby more seniors can benefit from these unique, individualized services promoting mental and physical wellness and safety.

The program director works 22 hours per week; the program assistant works 10 hours per week, thus less than 1 FTE designated staff support for a program that serves an average of 110 seniors. Program staff perform the many tasks a matching program requires to recruit and train volunteers, process and assess clients, and manage the individual care needs of seniors on a daily basis. More staff hours are needed and that requires increased funding in order to maintain and grow this unique program that is providing significant impact to older adults.

The primary outcome of the Senior Visitors program is that the mental wellness of older adults is improved through social connectedness, increased activity levels, and connection with community resources to meet their individual needs. Seniors seeking or needing care management services are informed and/or referred to appropriate community resources. Seniors enrolled in the program are presenting with extensive care management needs requiring more staff time to connect them with needed resources – mental and physical health services, devices to improve hearing, blinking smoke alarms for those with hearing impairments as well as home repairs. Oftentimes, a client's need requires several phone calls to find an appropriate service that responds to their specific need as well as contact with referring partner agencies and family members. The identified program concern is sufficient funding to increase staff hours whereby the needs of seniors in our region are addressed and resolved.

Partner Agency Funding Application FY 2016
LOCALITY NOTES

Agency Name:

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Mental Health America of
Fredericksburg – Senior Visitors

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

City of Fredericksburg:

City residents aged 65 and older rose by 44% and regional growth at 3 times the national average. The 5% requested increase will afford more staff hours to serve homebound, isolated City seniors.

Caroline County:

MHAF has submitted an application in prior years to support the Senior Visitors program and staff attended the budget public hearing; however, funding was not appropriated. Thus, program staff hours are not dedicated to solicit client referrals and recruit volunteers in Caroline County. The MHAF Board of Directors who provide financial stewardship for our nonprofit organization prioritize limited human and financial resources based on locality partnership which includes funding support. The Senior Visitors program is currently serving 7 Caroline County seniors with no locality funding support. There are several homebound, isolated seniors on our waiting list who could be served with funding appropriated by Caroline County.

King George County:

MHAF has submitted an application in prior years to support the Senior Visitors program and staff attended the budget public hearing; however, funding was not appropriated. Thus, program staff hours are not dedicated to solicit client referrals and recruit volunteers in King George County. The MHAF Board of Directors who provide financial stewardship for our nonprofit organization prioritize limited human and financial resources based on locality partnership which includes funding support. The Senior Visitors program is currently serving 2 King George County seniors with no locality funding support. There are several isolated seniors on our waiting list who could be served with funding appropriated by King George County.

Spotsylvania County:

Spotsylvania residents aged 65 and older rose by 61% and regional growth at 3 times the national average. The 5% requested increase will afford more staff hours to serve homebound, isolated Spotsylvania County seniors.

Stafford County:

Stafford residents aged 65 and older rose by 73% - the biggest increase in PD16 and regional growth at 3 times the national average. The 5% requested increase will afford more staff hours to serve homebound, isolated Stafford County seniors.

Senior Visitors Program

Each agency submitting a funding request must fill out the following pages for each program serving citizens within the region and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. PLEASE do not include any unrequested information. Each locality reserves the right to request additional information once the application has been submitted.

Program Name:	Senior Visitors Program	Is this a new program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Contact:	Lynn DelaMer	Title:	Executive Director
Telephone Number:	540-371-2704		
E-Mail Address:	mhafdir@mhafred.org		

1. Program Purpose/Description: *(the following description should not exceed 10 lines of text)*

Senior Visitors (SV), the **only free** supportive service program in our community for older adults, provides in-home, community-based individualized assistance and care management services to improve social, emotional and mental wellness of homebound, isolated seniors by alleviating loneliness and social isolation – known predictors of 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. The program matches trained, screened volunteers with seniors referred by local government agencies, health care 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. With support from volunteers and staff, the unmet needs and unresolved problems of many seniors are identified and addressed resulting in community connection with needed resources.

2. 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 this is a new program, be sure to include the benefit to the region for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

Services for seniors ranked in the top 10 issues identified in the 2011 Healthy Communities Partnership assessment. The 2010 census reports regional residents aged 65 and older increased by 3 times the national average. Yet 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 FY14 they served 5451 hours/contacts valued at \$116,488 (FY13 VEC volunteer rate \$21.37); staff responded to 2364 care management needs – a 52% increase from FY13. The program reaches seniors not currently receiving any services and provides 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 and the local government safety net burden would increase. SV volunteers do extraordinary things for seniors every day!

3. Program Collaboration: *(The following should describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area, and should not exceed 10 lines of text.)*

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 Seminar Series, Art of Aging expo, Operation Medicine Cabinet, Caregivers Appreciation Luncheon, Caregiver of the Year award and Dr. Wayland Marks Gratitude award. Partnerships with local government agencies (eg, DSS, RAAA), nonprofit human service agencies, and private sector businesses (eg, 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, 68 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.

Partner Agency Funding Application FY 2016
PROGRAM INFORMATION

4. Program Audience and Service Delivery: *(The following should 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. Please do not exceed 10 lines of text.)*

Older adults aged 60+ residing in Fredericksburg, Caroline, King George, Spotsylvania and Stafford who are isolated and socially disadvantaged with physical and mental health impairments limiting their mobility and connection with community are eligible. Through partnerships with community agencies and businesses that refer clients who can benefit from the individualized in-home services, service delivery is maximized and duplication minimized. Volunteers make weekly visits to senior's homes providing companionship and supportive services based on the individual needs of the senior – respite relief for caregivers, transportation to medical appointments, running errands (grocery shopping, picking up medications, etc). Visit times are determined by volunteers and senior clients to accommodate schedules of both individuals. 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 5451 hours/contacts delivered in FY2014. SV meets a significant gap in services for seniors, oftentimes delaying their need for local government assistance.

5. Client Fees: *(Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)*

MHAF receives no state or federal funding to support this program; no fees are charged to program recipients and no services are billed for third party reimbursement. The program is provided as a FREE service to area seniors. Sixty-eight seniors enrolled in our program were the grateful recipients of gifts in December 2013 collected by Home Instead Senior Care, sponsor of the annual "Be a Santa to a Senior" holiday program. Through partnerships with youth, church, nonprofit groups, and RUW's Day of Caring, many seniors are fortunate to have home repairs and yard work done at no charge.

6. Budget Information: *(Please complete the following chart with the financial information for this program. In each area include the dollars specifically allocated/requested for this program.)*

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline			4,000
Fredericksburg	12,215	12,215	12,826
King George			2,000
Spotsylvania	22,618	23,749	24,936
Stafford	11,253	11,253	11,816
United Way	12,000	12,000	16,000
Grants	0	5,000	2,500
Client Fees	0	0	0
Fundraising	14,709	12,533	14,822
Other			
Total Program Budget for PD16	72,795	76,750	88,900

Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY2016. 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 increase requested from local government will support the 5% increase in program fixed expenses (rent, postage, printing, supplies) during FY14 and additional staff hours to recruit and match volunteers with seniors on our waiting list, provide services for an expected 50+ new client referrals in FY16, as well as meet the rising care management needs of all program beneficiaries at no cost to them. During FY2014, the program provided weekly visits by volunteers with service hours valued at \$116,488, social events, newsletters, and a 50% increase in care management services to seniors. The MHAF Board of Directors has increased its fundraising capacity by over 40%. Our ability to respond to seniors' needs depends on adequate funding. MHAF receives no state or federal funding to support its free programs; 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 (staff positions/administrative support) at a higher cost than the funding appropriated by local government. The program reaches seniors not currently receiving any services as well as providing an adjunct to those served by community agencies, thus complementing, augmenting and expanding services to many seniors who live on fixed incomes at a significant cost savings to local government rather than duplicating services.

7. Goals, Objectives, & Evaluation: *(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. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Individual descriptions should not exceed 5 lines of text.)*

Program Goal 1:

Improved social support, interaction and community connection for isolated, lonely seniors as a result of enrollment and participation in the Senior Visitors program, thus reducing their risk of depression

Objectives:

1a.	Provide weekly, supportive visits to isolated older adults by trained volunteers to alleviate loneliness, social isolation, and risk of clinical depression.
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1b.	<p>Provide socialization opportunities for isolated older adults to encourage “life outside their four walls”:</p> <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)
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Program Goal 2:

Improved community connectedness to needed resources for isolated older adults enrolled in the Senior Visitors program, thus reducing their unmet needs and unresolved problems

Objectives:

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)
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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)
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Evaluation Method: *(Please describe the method used to measure the above goals/objectives. Please do not exceed 10 lines of text.)*

A logic model collects client and program data to evaluate and inform staff of changes needed for improved client impact (FY14 results and FY15 projections attached). Outcome measurement tools gather quantitative and qualitative data – a daily phone/email log tracks calls from seniors and volunteers to document care management requests. Volunteers submit monthly visit forms reviewed by staff to monitor client status, identify care management needs, and ensure client-volunteer match success. The Program Director visits and assesses newly-referred clients in their homes. A client form gathers demographic, health and safety information and the Patient Health Questionnaire (PHQ2), a standardized mental health assessment tool, measures risk of depression. A client survey is completed by program participants each year that includes a follow-up question to track depressive symptoms measured by the PHQ2 as well as questions related to alleviation of loneliness and social isolation that provide a clearer picture of the program's value and benefit to seniors' enhanced mental wellness and quality of life, needs met/problem resolution and connection with community.

8. Outcome Data: *(Please give the most recent outcome data for the objectives above. Indicate below what time period the data covers.)*

Data Collection Period: **July 1, 2013 – June 30, 2014 (See attached logic model with impact results)**

Objective 1a.

Objective: Provide weekly, supportive visits to isolated older adults by trained volunteers to alleviate loneliness, social isolation and risk of clinical depression.

Client satisfaction surveys reveal that seniors receive significant benefits from individualized assistance and support from their volunteer friends and staff, including alleviation of loneliness and social isolation, known predictors of risk of depression. The weekly in-home visits provide companionship and assistance in resolving the individual needs of older adults, thus they enjoy feeling cared for and their independence is optimally maintained. Volunteers provide various support services – caregiver respite relief, transportation to medical appointments, and running errands (grocery shopping, picking up medications). Previously unmet needs are identified resulting in connection with needed resources (food assistance, phone amplification, blinking smoke alarms, home repairs). Many who have no or few family members living in the area appreciate being “adopted” by their volunteer and enjoying holidays with a family. For homebound older adults, “life outside their four walls” enhances their quality of life. Nearly 450 volunteers have been trained over the program's service history providing compassionate support and friendship to lonely seniors.

Objective 1b.

Objective: Provide socialization opportunities for isolated older adults to encourage “life outside their four walls”

Seniors report on the client satisfaction survey and through phone calls and notes to program staff that the socialization opportunities offered by the Program brighten their lives immensely. They enjoy the weekly outings with volunteers – grocery shopping, doctor's appointments, or just enjoying a cup of tea together – and being part of their community again. The annual summer picnic and holiday party had the most people attend in the program's 14- year history. Seniors look forward to the newsletter arriving in their mailbox, and are especially thrilled to receive comforting cards when they are not feeling well or in remembrance of their birthday or a special occasion. Communication – calls and notes – from program staff and volunteers let them know someone is thinking about them and genuinely cares.

Objective 2a.

Objective: Provide care management services through communication with client, volunteer, referral sources and family members to connect older adults with needed community resources

Seniors enrolled in the program are presenting with extensive care management needs requiring more staff time to connect them with needed resources – mental and physical health services, devices to improve hearing, blinking smoke alarms for those with hearing impairments as well as home repairs. Client care management calls totaling 2364 were responded to in FY2014 – a 52% increase from FY13. Oftentimes, a client's need requires several phone calls to find an appropriate service that responds to their specific need as well as contact with referring partner agencies (physicians, healthcare providers, local government agencies, nonprofit organizations, and private sector businesses serving older adults) and family members. Seniors report to their volunteers and program director how grateful they are to have their unmet needs heard and problems resolved through connection with appropriate community resources and services.

Objective 2b.

Objective: Cultivate and maintain effective working relationships that ensure referrals to and from needed community resources providing services to older adults

Program Staff cultivate relationships with newly-identified eldercare providers while maintaining working relationships with established providers to ensure effective referrals to and from needed community resources (local government and human service agencies, healthcare providers, civic organizations, faith and business communities). The Program Director provides training on mental health and the elderly for agencies that fosters service coordination and presents to civic organizations and local agencies strengthening the referral network – 46 presentations in FY14. The Program Director is an active member of Partners in Aging, a local coalition promoting older adult and caregiver issues.

9. Program Goal Updates: (Please provide a brief description of the current status of your program goal(s), given your outcome data. For example, if reported data was well below the stated outcome measure, please indicate why you feel that is the case. Also, include how your outcome data will influence or modify the program for the upcoming fiscal year. These descriptions should not exceed 20 lines of text.)

Program Goal 1:

Goal: Improved social support, interaction and connection for isolated, lonely seniors as a result of enrollment and participation in the Senior Visitors program, thus reducing their risk of depression

100% of matched seniors report they feel less lonely and isolated as a result of individualized support services provided by their Senior Visitor volunteer, thus reducing their risk of depressive symptoms and risk of suicide. The Program has become a vital resource for seniors, caregivers, agencies serving the elderly, and our community. The weekly supportive services allow many seniors to remain in their own home environment and live independently with minimal assistance from their special friend. Volunteers, who serve as watchful “eyes and ears,” identify concerns whereby intervention keeps seniors safe and healthy. Seniors enjoy the outings and socialization opportunities that afford reconnection with their community; caregivers are delighted with respite relief. Additionally, seniors are connected with other needed services provided by local agencies – DSS, RAAA, and Food Bank as needed. Partnerships with youth, church and nonprofit groups have resulted in additional free services for seniors – raking leaves, trimming shrubs, painting, and minor home repairs.

In-home companionship, respite relief and supportive services provided by trained volunteers result in a significant savings to individuals, families, local government and our community. However, the most important achievement is the smiles returned to faces of many lonely seniors in our community. Without the help of SV volunteers, many older adults might need more expensive, less personal care. Volunteers are providing caring and compassionate services every week by offering seniors contact with the world outside of their home, thus enhancing their quality of life and making their lives less lonely. Seniors report that the program is successfully meeting program goals of enhanced quality of life, independence and dignity. The weekly services promoting senior wellness are alleviating loneliness, decreasing the risk of depression, and reducing the incidence of preventable illnesses through care coordination and early intervention services. Many senior clients report that their volunteer has become their “extended family” providing companionship and true friendship. Ruth wrote on a note to the program director: “Barbara brings joy to my life each week. I love her like a daughter.”

Program Goal 2:

Goal: Improved community connectedness to needed resources for isolated older adults enrolled in the Senior Visitors program, thus reducing their unmet needs and unresolved problems

88% of seniors referred to community resources reported satisfaction and feeling better as a result of being connected with needed help. Outcome data reflects that the program is serving more people who have greater needs – 2364 care management calls in FY14, thus more staff hours are required to address the unmet needs and unresolved problems of older adults and the 50+ expected new referrals in FY16. Nearly 200 calls were received and responded to each month during FY14 – a 52% increase from FY13 – from seniors, family members, volunteers and referral sources requesting identification of and connection with community resources. The safety and health of older adults is promoted through these resource connection services that provide early intervention and continuity of care when concerns arise to keep seniors healthy and safe in their own homes. Seniors can remain in their own homes as tax-paying citizens within their existing neighborhoods rather than moving to institutional settings. Enhanced quality of life and connection with their community is provided through weekly outings with volunteer friends, program-sponsored social events, bi-monthly newsletter, cards remembrance program, and reassurance calls to seniors to let them know we care. The SV Program provides a lifeline to seniors who have worked and been a vital part of our community, but now need a little assistance to enjoy their golden years.

Perhaps a story will convey the value of this program to seniors in our region. Joyce has various health issues and lost her ability to drive, so she is stuck at home, lonely and depressed. Her son who lives in Maryland enrolled her in the Senior Visitors program, and she was matched with volunteer Barbara who visits each week and helps Joyce get back out into her community – taking her to doctor’s appointments, grocery shopping, running errands, and pursuing common interests and hobbies. In Joyce’s own words: “Thank you for making my life better, you’re in my prayers every day for all you do for all of us and sending us a “friend” and that’s what Barb is to me!”

Our 59 year old agency values fiscal responsibility, yet the fact is that service to more seniors with increasing needs requires more funding. Local government support reduces the locality’s safety net burden while ensuring continuation and expansion of these unique free services to isolated seniors like Joyce who need help to live independently and safely in their own homes.

10. Community Impact: (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.)

A client referral was received from the Department of Social Services. When the client was assessed by the Senior Visitors (SV) program director, it was determined that the home environment was not safe for this hearing-impaired senior as it was bug infested. Through partnerships with DSS, disAbility Resource Center and the senior's apartment manager, a flashing smoke detector, Cap Tel telephone and pest control services were obtained. As a result of meeting these needs, the senior was matched with a volunteer who is now visiting each week in a safe environment providing socialization to decrease the senior's isolation. An Adult Protective Services referral was avoided for this senior.

After retiring and living independently for several years in Florida, Dick suffered a stroke and began having symptoms of depression and memory loss. Given his health changes, it was necessary that he move in with his daughter. In addition to his loss of independence, friends and community, Dick's daughter works all day. She recognized that her dad was lonely and depressed. She enrolled him in the Senior Visitors program. She explained that her dad's isolation and loneliness often led to him sleeping all day. Dick expressed to the Program Director at the in-home assessment that he felt little pleasure in activities now. He worried about his health, loss of independence, and finances. He was assigned Jim as his volunteer and they've been visiting for 3 years. They go for lunch each Friday. Jim takes Dick to the barber and they run errands. Sometimes they just stay home and play cards. Dick is smiling again and feels lucky that Jim came into his life. Dick says, "I have a friend and his name is Jim. Fridays are my favorite days!"

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!

11. Collaborative Impact: (Please describe how the community would be impacted if your agency were dissolved or merged with another partner agency. This description should not exceed 20 lines of text.)

MHAF is committed to coordinating efforts and working together with diverse sectors to identify common goals and create lasting solutions to social issues rather than working in isolation. MHAF values collective wisdom and is an active participant in local coalitions that are developing common agendas with shared vision for social change that are relevant to the people we serve. As a grassroots advocacy organization, MHAF strives to bring cross-sector parties together around a common agenda to define challenges facing our community and develop shared goals for resolution.

MHAF, the oldest mental health non profit organization in the area, has a rich history of coalition-building strengths, identifying and addressing community issues and tailoring solutions to identified unmet needs via collaboration, innovation and resource sharing among community-based organizations. MHAF has "birthed, incubated and adopted out" programs that merged with other agencies or became independent organizations over its 60-year history of service. Without MHAF and its unique services, our community might be negatively impacted if it dissolved. MHAF has engaged in conversations with other agencies to merge programs; however, none have felt they could represent the mental health perspective which is the unique mission of MHAF – improving mental wellness of everyone, everyday.

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.

Partner Agency Funding Application FY 2016
SERVICE DATA

Program Service Data:			Service Period: July 1, 2013 to June 30, 2014							
Locality Served	Total Served		Gender		Race					
	FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other
Fredericksburg	25	26								
Caroline	7	7								
King George	2	4								
Spotsylvania	44	45								
Stafford	25	26								
Other	4	4								
Total	107	112	25	82	88	16	1	2	0	0

**Please include the projected number to be served in each locality for the upcoming fiscal year.*

Locality Served	Age Groups								Income Levels				
	0-4	5-10	11-13	14-18	19-25	26-40	41-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000
Fredericksburg													
Caroline													
King George													
Spotsylvania													
Stafford													
Other													
Total							7	102	**				

Please describe below your data collection methodology and tracking measures. Indicate systems or processes that are used and responsible parties. Please also describe how your projections are determined for the upcoming year. If any of the above information is not available, please indicate why:

The number of seniors served is a fluid process and can change daily as new clients are enrolled, seniors continue in the program, some move away to be with family, and unfortunately due to the age of the population served, some pass away. Based on historical data, an average 110 clients are actively served at any given time during the year. On June 30, 2014, there were 107 seniors enrolled in the Program. A logic model is used to measure outcomes (see attached) that employ various data sources and methods with specified indicators and targets.

** Eligibility as a Senior Visitors program beneficiary is not based on income. Those visibly meeting "near poverty" guidelines during the initial in-home assessment by the program director are referred to DSS, RAAA, Food Bank, and other human service organizations to determine financial status and program eligibility for services provided by those agencies.

Measurement Plan & Results Report Form

Results Reported for the Period of July 1, 2013 – June 30, 2014

Program Name: Senior Visitors – Mental Health America of Fredericksburg

Outcome(s) From logic model, the benefits or changes for individuals during or after participating in program	Indicator(s) The observable, measurable change that shows achievement of the outcome	Relevant Client Specific, targeted individuals you will measure – may not be all program participants	Data Source The location / source of where data is collected, tracked, and reported	Method How, how often and by whom is data collected to determine level of achievement)	Target Level of achievement the program expected to reach	Outputs Actual results of activities during reporting period	Result Changes in program participants which came about as a result of outputs
Improved social support, interaction and community connection for isolated, lonely seniors, thus reducing their risk of depression	# / % of clients who enjoy regular visits with their matched volunteer	All actively matched seniors enrolled in program	Volunteer monthly visit sheet, phone call &/or email log, correspondence & observation	Client visits are logged on monthly volunteer visit sheet that are submitted to program director who reviews and enters data on a monthly basis.	75%	38 new clients referred 31 new clients assessed 41 new clients matched 58 matched clients * 107 seniors receiving services* 2364 care mgmt calls 645 newsletters mailed to senior clients ** 172 cards, correspond 68 gifts to seniors 46 presentations-PR and educational 32 volunteers recruited 30 volunteers trained 3320 volunteer hours *** 2151 volunteer contacts ***	<i>100% of seniors enjoy regular visits with their volunteer friend, thus seniors feel less isolated</i>
Improved community connectedness for isolated older adults, thus reducing their unmet needs	# / % of clients informed and/or referred to community resources	All seniors enrolled in program identified with a care management need	Client assessment, volunteer monthly visit sheet, phone call &/or email log, correspondence & observation	Director completes initial client assessment, volunteers submit monthly visit sheets, director logs phone calls, emails, correspondence and observations	75%	35 seniors referred to community resources * FY2014 average matched seniors = 58 and average total seniors receiving services =107 ** newsletters emailed to volunteers, referral sources, eldercare agencies, local govt, MHAF Board & friends, RUW listserve *** numbers may change as June visit sheets are returned by volunteers with hours reported	<i>88% of seniors referred to community resources report satisfaction, thus they are better connected</i>



Logic Model FY2016 Projections

Program/Project: Senior Visitors Program
Agency: Mental Health America of Fredericksburg

Phone: 540-371-2704

Contact Name: Lynn DeLaMer
Email: mhafdir@mhafred.org

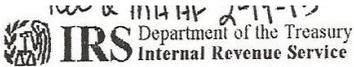
Target population served by program: Socially isolated, lonely older adults 60 years or older who have lost connection with their community, known predictors of depression in the elderly, residing in Fredericksburg and counties of Caroline, King George, Spotsylvania, and Stafford.

Specific need addressed by program: Improving mental wellness, social interaction and community connection for older adults who are lonely and socially isolated. Depression is the most prevalent mental health problem among older adults (US Dept of Health and Human Services, 2009). The key indicator for depression is loneliness resulting from social isolation and lack of social support. Seniors who lack social connections or report feelings of loneliness have a higher rate of morbidity and mortality (Brummett et al, 2001). There are no free companionship and supportive service programs in our area that specifically address social isolation and community connectedness – unique mental health needs of older adults. Addressing depression involves promoting new skills and habits to avoid risky behaviors and increasing social activity and community connection.

Inputs (\$'s, staff, volunteers, materials & other resources required)	Activities (what the program does with the inputs to achieve its outcomes)	Outputs (the direct products of program activities)	Projected Outcomes (Effects on knowledge, attitudes, skills, behavior, condition, or status during or after the program or project)		
			Short term Outcomes	Intermediate Outcomes	Long term Outcomes
Funding for salaries: .5 FTE clinical director .15 admin program assistant .15 admin director Senior participants Volunteers Referral relationships - clients and volunteers Training materials Meeting space Office space Computers Telephones Program/data forms Educational literature Marketing literature Office supplies	Promote & process client referrals Conduct free in-home client assessment & identify needs Match seniors with volunteers based on needs/interests of both Monitor ongoing client status/needs Provide care management services to meet seniors' identified needs Facilitate referral to/connection with community resources/services Facilitate community service projects to meet seniors' needs Recruit & train volunteers Weekly senior visits by volunteers Provide volunteer support Produce & distribute newsletter Conduct program socials – summer picnic and holiday party Educate – increase eldercare issue awareness Data collection – senior status and volunteers hours/contacts	Of the # active clients served during FY2016: # clients referred # clients assessed # matched clients # unmatched receiving services # care mgmt calls # newsletters # total community connections # presentations - Education; recruit volunteers & seniors # people attended above events # volunteers recruited # volunteers trained # volunteer hours # volunteer contacts	Seniors have improved home environment as unmet needs are identified during free in-home assessment and resolved Seniors increase their knowledge of program & community opportunities Seniors, with the help of volunteers and program staff, identify opportunities for assistance from other community resources	Seniors participate in visitation & bond with volunteer Seniors gain skills and confidence in identifying appropriate opportunities for socialization Seniors seeking/needng care management services are informed, referred &/or connected with appropriate community resources	Improved social support, interaction and community connection for isolated, lonely seniors, thus reducing their risk of depression Improved community connectedness for isolated older adults, thus reducing their unmet needs

Measurement Plan Form FY2016 Projections

Outcome (s) <i>(From the logic model, the benefits or changes for individuals during or after participating in program)</i>	Indicator (s) <i>(The observable, measurable characteristic or change that shows achievement of the outcome.)</i>	Relevant Client	Data Source	Method <i>(The method for collecting information to determine level of achievement of outcome.)</i>	Target <i>(Level of achievement the program expects to reach.)</i>
<p>Improved social support, interaction and community connection for isolated, lonely seniors, thus reducing their risk of depression</p>	<p>% (# of #) seniors who report feeling less lonely & isolated as a result of visits by their volunteer</p>	<p>All actively matched seniors enrolled in program</p> <p>Unmatched seniors receiving services</p>	<p>Client assessment / enrollment form</p> <p>Volunteer visit form – hours, contacts, loneliness, senior status</p> <p>Staff daily log-calls & emails</p> <p>Annual program participant survey</p> <p>Correspondence-seniors, volunteers, referral sources</p> <p>Observation-volunteers & staff</p>	<p>Director conducts in-home assessment - health, mental health, isolation, social support, mobility conditions</p> <p>Volunteers complete & submit monthly form staff review senior status & record data - hours, contacts, loneliness/ isolation</p> <p>All staff complete & submit monthly call log - volunteers, seniors, referral sources</p> <p>Annual survey mailed to seniors; data is compiled & analyzed (program evaluation)</p> <p>Correspondence – phone & notes - are logged and reviewed by program staff</p> <p>Observation notes are logged & reviewed by program staff</p>	<p>80% of matched seniors feel less lonely and isolated</p> <p>80% of unmatched seniors gain opportunities for social and community connection</p>
<p>Improved community connectedness for isolated older adults, thus reducing their unmet needs</p>	<p>% (# of #) seniors who report being better connected with their community and needed resources</p>	<p>All seniors enrolled in program with identified care management needs</p>	<p>Client assessment / enrollment form</p> <p>Volunteer visit sheet – needs identified</p> <p>Staff daily log – calls & emails</p> <p>Correspondence / Observation</p>	<p>Director conducts initial in-home senior assessment & identifies immediate needs</p> <p>Program staff review volunteer visit forms, staff daily log form (calls & emails), correspondence & observation notes to identify senior needs</p>	<p>80% of seniors with identified care management needs report satisfaction with referrals to and/or connection with community resources</p>



Department of the Treasury
Internal Revenue Service
P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550279
Feb. 14, 2013 LTR 4168C 0
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BODC: TE

MENTAL HEALTH AMERICA OF
FREDERICKSBURG INC
2217 PR ANNE ST STE 104-1
FREDERICKSBURG VA 22401-3350



012895

Employer Identification Number: 54-0678704
Person to Contact: Sophia Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 28, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 1998.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

3:23 PM

08/26/14
Accrual Basis

Mental Health America of Fredericksburg
Profit & Loss
July 2 through September 1, 2014

	<u>Jul 2 - Sep 1, 14</u>	<u>Jul 2 - Sep 1, 13</u>
Income		
4050 · Restricted Contributons	24,095.11	37,365.00
4200 · Special Events	220.00	0.00
4300 · Memorial Gifts	0.00	50.00
4600 · Contributions Assoc/Orgs	0.00	105.01
6000 · donors	611.87	3,465.80
6500 · Investment Income	10.88	19.21
6800 · Other Income	255.00	0.00
6998 · RUW Designated	2,111.63	1,849.87
6999 · Rappahannock United Way	<u>2,875.00</u>	<u>5,083.40</u>
Total Income	30,179.49	47,938.29
Expense		
7000 · Salary Expense	22,096.24	19,531.22
8000 · Professional Fees	493.86	450.45
8100 · Supplies	13.15	0.00
8200 · Telephone	398.07	393.21
8400 · Office Expenses	1,260.00	653.26
9200 · Special Events Expense	70.00	0.00
9300 · Community Service	7,434.01	3,000.57
9400 · Miscellaneous	<u>1,184.00</u>	<u>1,131.00</u>
Total Expense	32,949.33	25,159.71
Net Income	-2,769.84	22,778.58

Reviewed and approved at MHAF Board of Directors Meeting September 2, 2014



...Bringing Wellness Home

FY2014-16 Budget

Support & Revenue	FY 2014 Budget	FY 2014 Actual	FY 2015 Budgeted	FY 2016 Projected
Grants	32,000	* 45,000	25,000	20,000
Donor Campaign	22,700	* 27,760	25,000	26,500
Special Events	43,000	36,993	45,000	46,000
Government Grants & Contracts	45,523	46,086	47,217	55,578
Investment Income	106	114	120	130
Designated Gifts	8,500	7,674	8,500	9,000
RUW Allocation	30,500	30,500	34,500	53,500
Total Support And Revenue	182,329	194,127	185,337	210,708
Operating Expenses				
Personnel Costs	131,329	123,439	130,337	148,008
Occupancy and Related	12,000	9,995	11,000	12,000
Professional Fees	5,000	4,650	5,000	5,500
Postage and Printing	500	420	500	500
Office Expenses / Corporation fee	500	208	500	500
Program Supplies / Materials	26,000	* 39,996	30,500	35,500
Insurance	1,500	1,373	1,500	1,600
Special Events	5,000	3,059	5,500	6,600
Payments to Affiliated Organization	500	500	500	500
Total Expenses	182,329	183,640	185,337	210,708
Net Income		10,487		

* MHAF served as fiscal agent for Recovery in Motion until 12/31/13.
 FY2014 actual revenue include \$12,000 grants and \$5,953 donors; FY2014 actual expenses include \$19,538 program materials.



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Treasurer
Walter Bouchard

Secretary
Emily Sperlazza

Past President
Ernest Ackermann

Board of Directors
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Senior Visitors
Teresa Bowers
Laurie Black

Suicide Prevention
Mary Wheatley

Program Assistant
Mary Therese Kelly

Boosters Club
Dennis Ahearn
W. Robert Brammer
Pat Holland
Linda LaFave
Joseph P. O'Malley
Caroline Parr
Missy Pixton

Programs
Mental Health HelpLine
Community Support Services
Resource Center
Senior Visitors
Education & Advocacy

**Please designate
to MHAF!**

**CFC 71643
CVC 6418 LGC 6411**



Local Government FY 2016 Regional Agency Funding Application Accountant Attachment

MHAF Financial Services provided by:

Auditor

Pat Ward, CPA
812 Colonial Avenue
Colonial Beach, VA 22443
804-224-9285

MHAF Accountant

W. Robert Brammer
804 Lafayette Blvd
Fredericksburg VA 22401
540-374-0545

MHAF Treasurer

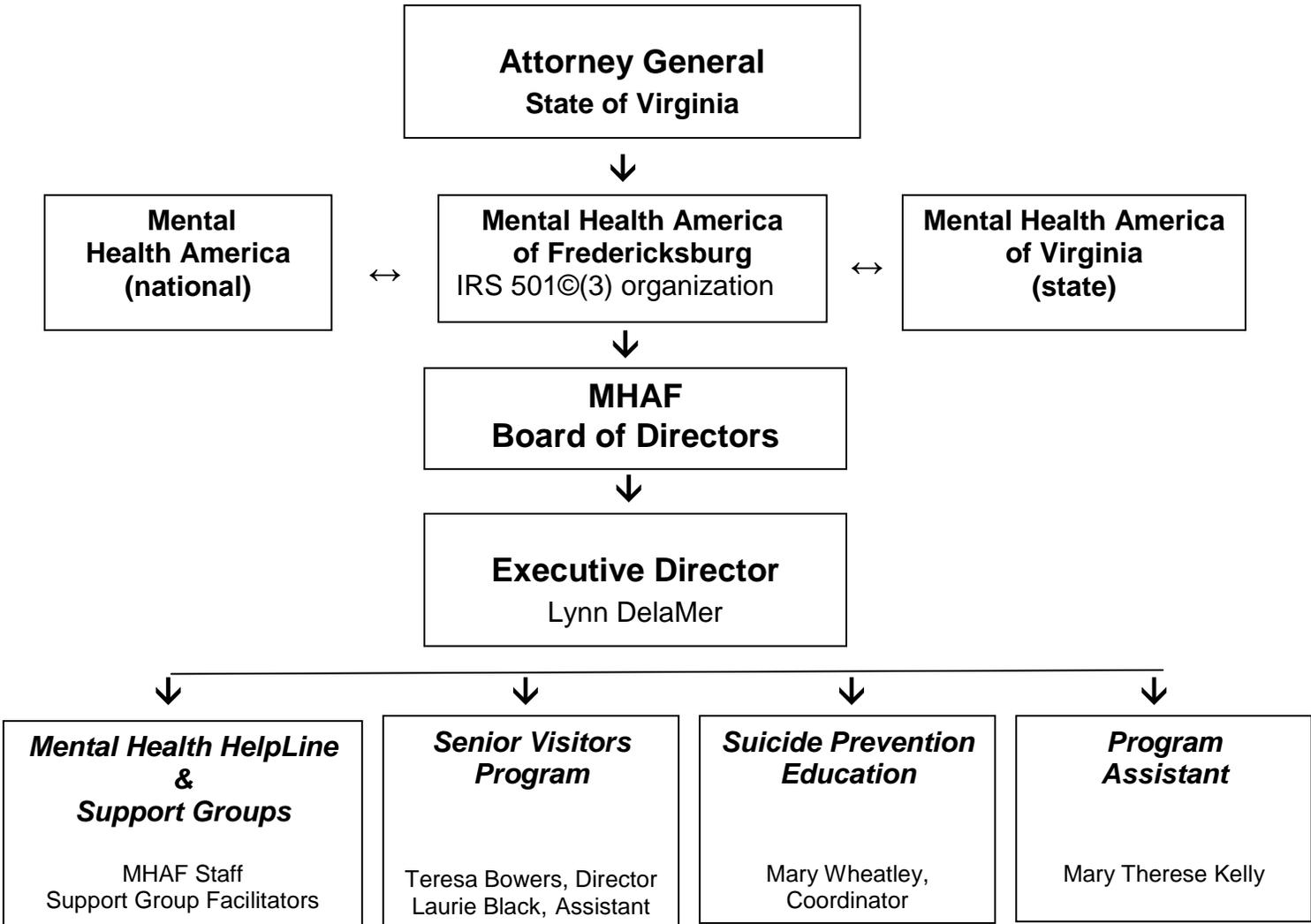
Walter Bouchard
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540- 368-9287

MHAF Financial Officer

Lynn DelaMer
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540-371-2704
mhafdir@mhafred.org



Organizational Chart



Mental Health America of Fredericksburg (MHAF) was founded in 1955 by local citizens to address the mental health needs of people in our community. Nearly six decades later, MHAF continues to promote mental health awareness and improve access for all people to needed resources through advocacy, education and supportive services.

MHAF provides Mental Health Referral & Information Services (HelpLine); Mental Health First Aid training; Support Groups – Depression & Bipolar Disorder, Survivors of Suicide; Senior Visitors program; Suicide Prevention Education and Community Outreach; lending library, public education and advocacy at community, state and national levels.

MHAF, the oldest nonprofit mental health agency in our community, has a rich history of coalition-building strengths that addresses community issues and tailors solutions to identified unmet needs via collaboration, innovation and resource sharing among community-based organizations.



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Program Assistant

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VISION

Mental Health America of Fredericksburg envisions a just, humane and healthy society in which all people are accorded respect, dignity and the opportunity to achieve their full potential free from stigma and prejudice. Mental Health America of Fredericksburg exists to promote mental health awareness and understanding through education and advocacy for quality, consumer responsive community mental health services that are accessible to all people.

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.

VALUES

Mental Health America of Fredericksburg is guided by the following values:

- Mental wellness is essential to the development and realization of every person's full potential
- The promotion of mental health and the prevention of mental, emotional and social problems is the responsibility of every person and social institution in the community
- All people should have access to a full array of high quality, community based, integrated mental health services, regardless of ability to pay
- MHAF accomplishes its mission as a force for social change through advocacy, education and service
- MHAF maintains its capacity for informed, independent action in its relationships with government, professional groups, funding bodies and other sources of possible influence
- MHAF identifies with consumer interests and to that end promotes consumer participation in the programs of the organization
- MHAF functions at the community, state and national levels and achieve its goals most effectively by the concentration of attention and efforts on objectives shared widely throughout the organization
- MHAF envisions broad based citizen participation as essential to community mental health and broad based volunteer participation as the primary force by which the goals of MHAF are achieved
- Staff works in partnership with Board members and volunteers, enabling both to fulfill their responsibilities effectively

GOALS

MHAF was founded in 1955 and has been the broad-based, citizen's voluntary movement for mental health in the Rappahannock region for over five decades. Each year, we rededicate ourselves to achieving the following goals:

Advocacy

MHAF will provide effective advocacy to support public policies that promote mental health, consumer empowerment and ensure an integrated, comprehensive and accessible system of care for children, adults and seniors.

Public Education

MHAF will reduce stigma and improve public understanding, attitudes, and actions regarding mental health and mental illnesses.

Services

MHAF will facilitate and support efforts to provide high quality, consumer responsive mental health services for children, adults and seniors.

Organization

MHAF will enhance the resources and infrastructure necessary to support and advance its mission as it strives to achieve its vision.

**MHAF MESSAGE: We provide mental health advocacy, education and service.
Mental health matters to everyone --- children, adults, families, communities**

Clientele: Anyone and everyone - individuals, families, schools, courts, churches, businesses, physicians. . .

Uniqueness: MHAF identifies critical gaps and emerging trends in mental health services, then strives to fill identified needs in collaboration with existing resources.



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