

Regional Funding

Fiscal Year 2020 - Partner Funding Application

Mental Health America of Fredericksburg

Agency Information

General Information

Agency Name	Mental Health America of Fredericksburg
Physical Address	2217 Princess Anne Street, Suite 104-1, Fredericksburg, VA, 22401, U.S.A.
Mailing Address	2217 Princess Anne Street, Suite 104-1, Fredericksburg, VA 22401
Agency Phone Number	(540) 371-2704
Federal Tax ID #	540678704
Web Address	www.mhafred.org
Agency Email Address	ritagirard@mhafred.org

Agency Mission Statement

Mental Health America of Fredericksburg (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 in Operation	63
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Main Contact

Main Contact	Rita Girard, phone: (540) 371-2704, email: ritagirard@mhafred.org
Job Title	Executive Director

Localities Served

Please select any/all localities your agency serves.

Caroline	<input checked="" type="checkbox"/>
Fredericksburg	<input checked="" type="checkbox"/>
King George	<input checked="" type="checkbox"/>
Spotsylvania	<input checked="" type="checkbox"/>



Collaborative Impact

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

MHAF provides unique programs and services in the Fredericksburg region. Although merging with another agency would not have a negative impact on our community (providing programs continue), lack of funding for those programs would.

Historically, MHAF has identified gaps in community services and filled those gaps by incubating programs to fill those needs. Often times, those programs become independent of MHAF and flourish. Our current programs fill identified service gaps.

Senior Visitors Program - With few services for older adults (who are isolated and socially disconnected) in the greater Fredericksburg area, and none that specifically address mental wellness, the Senior Visitors program is an example of collaborative impact and the only free service where the individual needs of socially isolated older adults are addressed and met. 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.

Suicide Prevention Education - MHAF is not aware of any similar programs addressing teen depression and risk of suicide in our area. Virginia now requires mental health education in public schools and the Governor's Task Force has recommended suicide prevention education for high school students. However, no curriculum has been approved and funding has not been appropriated. MHAF is the driving force for SPE and we are not aware of another organization who would coordinate this educational opportunity if MHAF dissolved.

MHAF's HelpLine is the only mental health information and referral service in our area. Its purpose is to connect people seeking mental health services with those who can provide it. We are not aware of any similar programs in our community. Without MHAF's HelpLine, the 4608 callers in FY2018 may not have received the help needed to positively impact their lives.

Community Impact

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

Example 1

HelpLine Program

We received a call from a very distraught father of a six-year-old boy. The Dad had just learned that his son was sent to the school counselor after his son told his classmates that he wanted to kill himself. The Dad immediately called us to get help for his son.

We provided the Dad with names of mental health providers who treat children (psychiatrists and counselors) and made suggestions for actions to take in case of emergency or crisis situations.

We made a follow-up call a week later and found out that Dad was able to set up an appointment with one of the providers we suggested. The Dad also shared that he was getting resistance from his ex-wife who was not in agreement with taking the son to see someone - and the health insurance was in her name.

We suggested to him that he talk with his ex-wife about his concerns. We also gave the caller information regarding free clinics in the area just in case she did not agree.

We made another follow-up call two weeks later and Dad reported that the boy's Mom agreed to allow him to take their son to a counselor, that he took his son to one of the providers we suggested, and that his son was doing much better!

The following morning, the Dad walked into our office with flowers and asked to talk to Carla (our HelpLine Coordinator) who assisted him. He expressed how very grateful he was for her help and concern about his son and brought flowers to say, "Thank You".

Example 2

Senior Visitors Program

Roger, who lives alone, struggles with chronic disease, mild intellectual disabilities, and other issues associated with aging, all which leave him feeling depressed. He loves to walk, but felt uncomfortable walking alone. He was referred to the Senior Visitors Program by another community agency. Roger was assessed and matched with Ben. Roger and Ben started meeting to visit and take short walks. Their walks have become longer as Roger has become stronger and more comfortable. They now walk together all over the city, running errands, going to the library, visiting friends, and going to the YMCA. Roger expressed, "Walking has really helped me lose weight and improve my endurance. Ben is a good friend."

As their friendship developed, Roger confided to Ben that he was feeling overwhelmed with the condition of his apartment. Ben helped Roger set goals. Together they cleaned and organized his apartment one room at a time. Roger is feeling so much better that he has set a new goal to visit Washington, D.C. Ben has been helping Roger research places to visit and transportation to get there. Roger has gone from lonely, isolated and depressed to feeling healthier and finding a new enthusiasm for life.

Example 3 (Optional)

Suicide Prevention Education Program

The following story was shared by a member of the (Mental Health America of Fredericksburg) Teen Council.

She was noticing that one of her friends, who was normally energetic, seemed to be feeling depressed. She knew why her friend was feeling depressed: relationship issues. She thought he would bounce back from it, but he did not. He seemed to be getting more and more depressed.

One night, she received a text from him saying the he did not want to live anymore - that there is no point in trying.

When he said to her (in-person), "that he did not want to live anymore and don't tell anyone" she told him that she would not tell anyone. As soon as he left, she told someone anyway.

She said that she promised not to tell because, "I feared that he was going to commit suicide that day

before anyone got a hold of him.”

She tried bringing the situation up with the school’s counselors, but they did not help as much as she wanted them to. She then brought up the situation with the assistant principal and got the results she wanted. The assistant principal made sure he got the help he needed.

Her friend did not talk to her for a while after that incident, but to this day, he is doing much better. They are the best of friends again and he still goes to her whenever he has an issue he wants to discuss. He told our Teen Council member that he is grateful that she did something to help him and shared how alone he felt when other people (who he confided in) did nothing to help, until she stepped in.

She told us, “That is my story. I rather have said something and risk losing him for a few days, weeks or months of contact with him, than not saying anything and never being able to hear his voice again.”

When we asked her if she had ever seen the SOS Suicide Prevention Education program at her school, she said, “Yes, I have seen the program. That is what finally gave me the courage to tell someone about it.”

Mental Health America of Fredericksburg

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

MHAF administrative costs include both the operating costs of running the agency and the fundraising expenses associated with raising unrestricted revenues. This portion of the MHAF submission does not include program expenses. The total administrative costs (\$61,995 for FY20) represent less than 19% of MHAF's projected annual FY20 budget of \$329,074.

Some of MHAF's programs provide indirect funding which covers shared costs such as phone, insurance, rent, etc. MHAF is not asking the locality to provide indirect funding at this time. All locality funding will be used to directly impact the programs it supports.

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

Although we are projecting a growth in the total MHAF budget for FY20 due to a growth in the cost of the programs offered, we are projecting that the administrative costs will remain relatively constant in FY20 (\$61,995) versus budgeted FY19 costs (\$61,826).

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

In FY18, MHAF ended the year with a slight surplus that we applied to the FY19 budget to defray administrative and program costs. For FY20, we are currently projecting a deficit in funding which will affect administrative costs.

We are actively investigating other avenues to either fully fund MHAF's costs, or if the projected FY20 costs cannot be funded, or find ways to reduce the projected FY20 costs.

For FY20, we are not asking any locality to fund administrative costs, however, this may change in FY21 and going forward.

Capital Expenses

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

No capital expenses are currently budgeted for FY20.

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

N/A

Salary & Benefit Expenses

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

MHAF is expecting salary and benefit costs to remain steady from FY19 to FY20.

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

N/A

Budget Issues

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

Two new legislations may affect our organization.

First - Virginia has become one of two states to require mental health education in public schools. This comes as the Centers for Disease Control and Prevention report a 30 percent rise in suicide rates in the U.S. in the past two decades.

King George Schools are now using our suicide prevention education program and Stafford Schools are considering using it to fulfill this mandate. There may be others.

Secondly - Medicaid expansion in Virginia (that begins on Jan. 1, 2019) is what many are calling a game changer for the Commonwealth. It is expected to add about 400,000 Virginians to the Medicaid rolls, according to state data and is expected to allow more patients to take part in care for mental health issues as well as those battling addiction.

MHAF expects to receive an increase in our HelpLine program as people (who are now eligible for mental health services) are trying to find appropriate and available resources.

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.

Our Senior Visitors Program received \$27,500 from National Lutheran Community Services from 2016 to 2018 and must suspend submitting any funding requests for the 2019-20 fiscal year. If we do not increase our fundraising, we may have to reduce program staff hours (that were increased due to the NLCS Grant) to offset the deficit.

We have a four year "\$21,210 matching funds" commitment from Sunshine Lady Foundation for our SPE program that expires in 2020. It is our hope that the MHAF Another Day Walk will continue to grow and replace the expiring revenue.

The goal of the MHAF Board of Directors is to increase fundraising revenues, therefore reducing reliance on grant funding, which is cyclical in nature. However, while we work hard to raise revenues through fundraising, we also work to maintain relationships with our grantors and to seek new grant funding as they become available. We put forth a great deal of effort to be fiscally responsible with the monies entrusted to us.

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

At this time, MHAF's agency needs have been addressed by our program funding requests. See Helpline, Senior Visitors and Suicide Prevention Education program budget requests.

We are not requesting funding for FY20 for our Support Group program. That may change in FY21 and

going forward.

We currently offer three free groups. We offer a Teen Support Group (for teens who struggle with depression and anxiety), a Mental Wellness Support Group (for adults who struggle with a variety of mental illnesses), and a Survivors of Suicide Loss Group (for people who have lost a loved one due to suicide).

Mental Health America of Fredericksburg

Agency Total Budget

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

Expenses

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Salary	25,085.00	21,804.00	19,443.00	19,246.00	19,047.00
Benefits	3,712.00	2,651.00	2,740.00	2,988.00	3,108.00
Operating Expenses	28,775.00	29,021.00	30,977.00	31,883.00	31,640.00
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Other Expenses	7,041.00	7,349.00	7,160.00	7,709.00	8,201.00
Total	64,613.00	60,825.00	60,320.00	61,826.00	61,996.00

Revenues

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

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Caroline	0.00	0.00	0.00	0.00	5,750.00
Fredericksburg	12,215.00	12,215.00	12,215.00	12,215.00	18,133.00
King George	0.00	0.00	0.00	0.00	3,322.00
Spotsylvania	23,000.00	27,142.00	27,142.00	27,348.00	26,250.00
Stafford	12,000.00	15,000.00	15,000.00	15,000.00	15,584.00
United Way	47,285.00	51,000.00	53,631.00	61,500.00	49,000.00
Grants	39,092.00	39,092.00	33,805.00	28,030.00	25,980.00
Client Fees	25,511.00	0.00	22,505.00	15,000.00	20,500.00
Fundraising	105,059.00	88,900.00	87,741.00	93,000.00	87,500.00
Other (Click to itemize)	44,164.00	70,346.00	60,523.00	56,580.00	49,075.00
Total	308,326.00	303,695.00	312,562.00	308,673.00	301,094.00

Surplus / Deficit

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Surplus or Deficit	243,713.00	242,870.00	252,242.00	246,847.00	239,098.00

Mental Health America of Fredericksburg

Locality Information

Locality Notes

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

Caroline County

Senior Visitors Program

We are requesting \$5,600 from Caroline County for the Senior Visitors Program.

The average projected cost (per person served) is \$622.32 The program currently serves 11 Caroline seniors with no locality funding. We project that we will serve 9 residents in FY20. (9 x \$622.32 = \$5,600)

HelpLine

We are requesting \$150 from Caroline County for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 11 Caroline residents in 2018 with no locality funding. We project that we will serve 9 Caroline County residents in FY20. (9 x \$16.67 = \$150).

Suicide Prevention Education

We are not requesting funding from Caroline County for the Suicide Prevention Education program at this time.

City of Fredericksburg

Senior Visitors Program

We are requesting level funding of \$12,215 from the City of Fredericksburg for the Senior Visitors Program.

The program currently serves 44 City seniors. The average projected cost (per person served) is \$622.32 We project we will serve 38 residents in FY20. (38 x \$618.86 = \$23,648)

HelpLine

We are requesting \$5,418 from the City for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 283 City residents in FY18 . We project that we will serve 325 residents in FY20. (325 x \$16.67 = \$5,418).

Suicide Prevention Education

We are requesting \$500 from the City for the Suicide Prevention Education program.

We currently serve Fredericksburg 7th and 9th grades. Funding will help defray the costs born by MHAF unrestricted revenues.

King George County

Senior Visitors Program

We are requesting \$2,489 from King George County for the Senior Visitors Program.

The average projected cost (per person served) is \$622.32. The program currently serves 3 King George seniors with no locality funding. We project that we will serve 4 residents in FY20. (4 x \$622.32 = \$2,489)

HelpLine

We are requesting \$333 from King George County for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 13 King George residents in 2018 with no locality funding. We project that we will serve 20 King George residents in FY20. (20 x \$16.67 = \$333).

Suicide Prevention Education

We are requesting \$500 from King George for the Suicide Prevention Education program.

We currently serve King George 7th and 9th grades.

Spotsylvania County

Senior Visitors Program

We are requesting level funding of \$23,000 from Spotsylvania County for the Senior Visitors Program.

The program currently serves 56 County seniors. The average projected cost for FY20 is \$622.32. We project we will serve 55 residents in FY20. (55 x \$622.32 = \$34,228)

HelpLine

We are requesting \$2,250 from the County for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 126 County residents in FY19 . We project that we will serve 135 residents in FY20. (135 x \$16.67 = \$2,250)

Suicide Prevention Education

We are requesting \$1,000 from Spotsylvania County for suicide prevention education to offset the costs to schools. In FY18 we presented the SPE program to 3,186 (7th and 9th grades) Spotsylvania students.

Stafford County

Senior Visitors Program

We are requesting level funding of \$12,000 from Stafford for the Senior Visitors Program.

The program currently serves 29 County seniors. The average projected cost for FY20 is \$622.32. We project we will serve 34 residents in FY20. (34 x \$622.32 = \$21,159)

HelpLine

We are requesting \$2,084 from Stafford for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 111 County residents in FY18 . We project that we will serve 125 residents in FY20. (125 x \$16.67 = \$2,084)

Suicide Prevention Education

We are requesting \$1,500 from Stafford for SPE to expand into Stafford Schools. We

presented our program to 50 Stafford H. S. counselors/social workers this summer to consider using for

the State required mental health curriculum.

Mental Health America of Fredericksburg - Suicide Prevention Education

Program Overview

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

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

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

General Information

Program Name Suicide Prevention Education
Is this a new program? No

Program Contact

Name Rita Girard
Title Executive Director
Email ritagirard@mhafred.org
Phone (540) 371-2704

Program Purpose / Description

Provide an overview of this program

The Suicide Prevention Education Program empowers middle and high school students with the ability to identify the signs and symptoms of suicide and depression and what they can do to get help.

The curriculum Signs of Suicide (SOS), by Screening for Mental Health, Inc. is listed on SAMSHA'S National Registry of evidence-based programs and practices for high schools. The middle school program is considered best practice. The videos emphasize that suicide is not a normal response to stress, but a preventable tragedy that can be a result of untreated depression. An easy-to-remember acronym, ACT (Acknowledge, Care, Tell), equips students with steps they can take if they require help for themselves or friends.

Each session involves:

- 2 presenters, classroom teacher, and school counselor to provide instruction of where and how to seek help within the school
- Pre & Post tests determine the students' knowledge and understanding of the signs and symptoms of depression and suicide and help-seeking behaviors, before and after presentation
- Videos help students recognize the signs and symptoms of suicide and depression, and help-seeking behaviors

- Class discussion throughout video presentation
- Evaluation forms
- Student Request For Help - to request help and ask questions they are not comfortable asking aloud
- "Friend in Your Pocket" cards to provide community resources to students
- Bracelets with National Suicide Prevention Lifeline 24/7 phone #

Client Fees

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

While no fees are charged to the students/participants of the program, MHAF asks school districts to share a percentage of the SPE cost.

We are seeking locality funding to offset costs to make it possible for school districts to provide SPE to their students.

The current program cost is \$23.86 per student. Currently, MHAF raises 72% of program costs through grants and fund-raising efforts and asks school districts to provide the remaining costs. This cost rate will need to be reviewed each fiscal year based upon any funding and grants expected to be received each fiscal year.

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.

According to the Center for Disease Control:

- Suicide is the second leading cause of death among young people ages 10 - 24.
- The rate of suicide has doubled among children 10 - 14 since 2007
- Untreated depression is responsible for more suicides than any other risk factor, yet it is estimated that 8-12% of high school aged youth will have depression, yet only one of every three will seek help.
- Each day in the US there are an average of over 4,800 attempts by young people grades 7 - 12.

This data emphasizes the importance of suicide prevention education for our youth.

In addition, SPE fulfills two of the "Common Plan" Developmental Assets.

- Safety
- School and Community Programs

MHAF implemented a suicide prevention education program for middle and high school students in 2014. We are not aware of other programs that are coordinated by other organizations in our area to reduce the incidence of youth suicide.

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

MHAF began our SPE program in the 2013 - 2014 school year, so it is not a new program. However, this is the third year that we are asking localities to provide a portion of funding to offset the program costs.

The ultimate benefit of Suicide Prevention Education (SPE) is to Change Minds and Change (Save) Lives.

We want to reduce suicide, by teaching teens that suicide is not a normal response to stress, and to provide them with the tools to respond effectively.

Target Audience and Service Delivery

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

Our goal is to provide SPE to teens in the PD 16 community, to benefit organizations serving youth. We use the Signs of Suicide curriculum, which targets high school and middle school teens through two separate curricula.

MHAF is dedicated to the prevention of youth suicide through educational & awareness programs that equip young people, educators, youth workers & parents with the tools /resources to help identify and assist at-risk youth.

We began this program for freshman in the Spotsylvania County Public Schools (SCPS) in the 2013 -14 school year and expanded to Fredericksburg City Schools in 2015. We expanded to the 7th and 9th grades in SCPS and City Schools between 2016 thru 2018. SCPS decided to use the educational base we provided and have their counselors present SPE this year.

We are currently presenting to King George & City Schools (7th & 9th grades). We are also working with Stafford Schools to see how we can work together to provide SPE to their students.

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

There are no criteria for entry or application for the students receiving the education. The SPE curriculum has been adopted as part of each school's Health curriculum.

Mental Health America of Fredericksburg - Suicide Prevention Education

Program Budget Narrative

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

We are asking localities to help offset the cost of providing SPE as we continue to work toward establishing a sustainable funding stream. Our hope is that the MHAF Another Day Walk will eventually generate enough funds to sustain the SPE program.

Currently, we ask school systems to provide a portion of the SPE costs (approximately \$5 per student of the \$23.86 per student).

We are requesting level funding from Stafford County (\$1,500) to help us expand into Stafford Schools.

We are requesting \$500 from Fredericksburg City to offset our costs.

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

We decreased our funding request to Spotsylvania County from \$2000 to \$1000 because we are serving as advisers rather than presenters this year to SPCS.

We are currently presenting SPE in Fredericksburg and King George Schools (7th and 9th grades), serving as advisers to Spotsylvania Schools, and hoping to provide SPE to Stafford Schools.

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

SPE is vitally needed in this community and MHAF is the only agency (that we are aware of) that is providing specific and pointed suicide prevention education (teen depression and risk of suicide) to middle and/or high school students in this area.

Although the Virginia Legislature passed a law that requires school districts to provide mental health education and has recommended suicide prevention education for high school students, no curriculum has been approved and funding has not been appropriated.

Unless we receive adequate funding, we will not be able to provide or expand the program.

We want to do everything we can to shift the growing numbers of young people dying by suicide.

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

We are not requesting funding for new positions or personnel.

Our request for funding is due to the significant change to our budget in FY18 when we made the shift from using volunteers to present SPE, to contracting with mental health professionals, to provide suicide prevention education presentations in the classroom.

The change occurred to provide consistent and quality program delivery and establish the necessary personnel to expand the program.

Mental Health America of Fredericksburg - Suicide Prevention Education

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Personnel	40,612.00	56,615.00	52,468.48	52,843.00	55,280.00
Benefits	6,380.00	6,884.00	7,610.04	8,206.00	8,534.00
Operating Expenses	18,629.00	16,398.00	22,317.14	15,930.00	16,589.00
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Total	65,621.00	79,897.00	82,395.66	76,979.00	80,403.00

Revenues

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

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Caroline	0.00	0.00	0.00	0.00	0.00
Fredericksburg	0.00	0.00	0.00	0.00	500.00
King George	0.00	0.00	0.00	0.00	500.00
Spotsylvania	0.00	2,000.00	0.00	2,000.00	1,000.00
Stafford	0.00	1,500.00	0.00	1,500.00	1,500.00
United Way	0.00	0.00	0.00	10,000.00	0.00
Grants	26,200.00	26,210.00	24,710.00	21,210.00	23,711.00
Client Fees	25,510.00	0.00	22,504.70	15,000.00	20,500.00
Fundraising	11,811.00	17,322.00	30,110.70	24,669.00	30,192.00
Other (Click to itemize)	2,100.00	32,865.00	5,070.26	2,600.00	2,500.00
Total	65,621.00	79,897.00	82,395.66	76,979.00	80,403.00

Surplus / Deficit

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Surplus or Deficit	0.00	0.00	0.00	0.00	0.00

[View Diagram](#) Goals and Objectives

Goals

Goal:

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

Objectives

		2017 Baseline	2017 Year End	2018 Baseline	2019 Baseline
Teens will learn that suicide is not a normal response to stress and that it can be prevented by using help seeking behaviors for themselves or others.	Total # Clients Served		3,364	4,152	3,550
	Total # Clients Achieved/Successful		2,779	3,900	3,000
	% Achieved / Successful		82.61	93.93	84.51
Teens will improve their knowledge and understanding of help seeking behaviors for themselves or others.	Total # Clients Served		3,364	4,152	3,550
	Total # Clients Achieved/Successful		2,779	3,900	3,000
	% Achieved / Successful		82.61	93.93	84.51

Explanation & Overview

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

Although our outcomes are not significantly less than our stated objectives, we realized that our method of measuring our goals and objectives needed clarification. Our goal is that participants will improve their knowledge and recognition of the signs and symptoms of depression and suicide and that they would be more likely to get help if they developed symptoms of depression or had thoughts of suicide.

We revised our pre and post test questions to be more specific regarding the outcome / objective and revised our method from a True/False measurement - to a Likert Scale. A Likert Scale is a five (or seven) point scale which is used to allow the individual to express how much they agree or disagree with a particular statement.

Updates for FY2018

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

Based on recommendations from the Rappahannock United Way and our desire to be effective, we are making changes to the Suicide Prevention Education program goals and objectives for next year. to the following:

Goal #1. Teens will improve their knowledge and recognition of the signs and symptoms of depression and suicide thus reducing risky behaviors in themselves.

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

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

Goal:

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

Objectives

		2017 Baseline	2017 Year End	2018 Baseline	2019 Baseline
Teens will improve their knowledge and understanding of depression as an illness and treatment options.	Total # Clients Served		3,364	4,152	3,550
	Total # Clients Achieved/Successful		2,779	3,800	3,000
	% Achieved / Successful		82.61	91.52	84.51
Teens will improve their knowledge and understanding that suicide is not a normal response to stress.	Total # Clients Served		3,364	4,152	3,550
	Total # Clients Achieved/Successful		2,779	3,800	3,000
	% Achieved / Successful		82.61	91.52	84.51

Explanation & Overview

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

Although our outcomes are not significantly less than our stated objectives, we realized that our method of measuring our goals and objectives needed clarification. Our goal is that participants will improve their knowledge and recognition of the signs and symptoms of depression and suicide in others and be more likely to offer help.

We revised our pre and post test questions to be more specific regarding the outcome / objective and revised our method from a True/False measurement - to a Likert Scale. A Likert Scale is a five (or seven) point scale which is used to allow the individual to express how much they agree or disagree with a particular statement.

Updates for FY2018

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

Based on recommendations from the Rappahannock United Way and our desire to be effective, we are making changes to the Suicide Prevention Education program goals and objectives for next year. to the following:

Goal #2. Teens will improve their knowledge and recognition of the signs and symptoms of depression and suicide in others and would be more likely to offer help.

Objective # 2. Students report that after participating in the program, they would be more likely to help someone who is depressed or had thoughts of suicide.

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

Mental Health America of Fredericksburg - Suicide Prevention Education

Number of Individuals Served

Localities

Please provide the actual numbers of individuals served in this program during FY2017 and FY2018, the estimated numbers of individuals served in FY2019 and the projected numbers of individuals served in FY2020.

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 Estimate	FY 2020 Projected
Fredericksburg City	444	429	687	700
Caroline County	0	0	0	0
King George County	0	0	800	850
Spotsylvania County	2,920	3,186	0	0
Stafford County	0	22	2,000	2,000
Other Localities	0	0	0	0
Total	3,364	3,637	3,487	3,550

Mental Health America of Fredericksburg - Suicide Prevention Education

Collaborative Impact

Efforts and Partnerships

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

Collaboration and community involvement are imperative to reduce teen suicide.

MHAF has been an integral member of the Community Collaborative on Youth and the development of the "Common Plan" whose mission is to cultivate a thriving community through an inclusive collaborative helping youth and families acquire the foundation to be stable and successful.

Suicide Prevention Education (SPE) helps teens acquire the foundation to be stable, successful and alive through SPE!

The MHAF SPE was originally developed in 2014 through a creative community "coalition". The Coalition included MHAF, Fredericksburg Counseling Services, Spotsylvania County Public Schools (SCPS).

Current partners include :

- School Administrators, Teachers, Counselors/Social Workers
- Master's level Interns; Licensed Mental Health Providers to serve as presenters
- UMW Department of Psychology provides the data analysis
- MHAF Teen Council provides a "teen voice" for program relevancy/improvement

Collaborative Impact

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

MHAF is open to the idea of working with other agencies to provide SPE in our community.

Although many nonprofit organizations and local agencies offer programs within the school systems to educate youth on topics relevant to them, MHAF is not aware of any agency providing teen depression and/or risk of suicide education in our area. MHAF is not aware of another organization that would coordinate this educational opportunity if the MHAF SPE program were dissolved.

Although the State of Virginia has made it law to provide mental health education and 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.

MHAF plans to provide training for school staff and parents and identify partnering agencies to assist with this community outreach.

Regional Funding

Fiscal Year 2020 - Partner Funding Application

Mental Health America of Fredericksburg

Agency Information

General Information

Agency Name	Mental Health America of Fredericksburg
Physical Address	2217 Princess Anne Street, Suite 104-1, Fredericksburg, VA, 22401, U.S.A.
Mailing Address	2217 Princess Anne Street, Suite 104-1, Fredericksburg, VA 22401
Agency Phone Number	(540) 371-2704
Federal Tax ID #	540678704
Web Address	www.mhafred.org
Agency Email Address	ritagirard@mhafred.org

Agency Mission Statement

Mental Health America of Fredericksburg (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 in Operation	63
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Main Contact

Main Contact	Rita Girard, phone: (540) 371-2704, email: ritagirard@mhafred.org
Job Title	Executive Director

Localities Served

Please select any/all localities your agency serves.

Caroline	<input checked="" type="checkbox"/>
Fredericksburg	<input checked="" type="checkbox"/>
King George	<input checked="" type="checkbox"/>
Spotsylvania	<input checked="" type="checkbox"/>



Collaborative Impact

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

MHAF provides unique programs and services in the Fredericksburg region. Although merging with another agency would not have a negative impact on our community (providing programs continue), lack of funding for those programs would.

Historically, MHAF has identified gaps in community services and filled those gaps by incubating programs to fill those needs. Often times, those programs become independent of MHAF and flourish. Our current programs fill identified service gaps.

Senior Visitors Program - With few services for older adults (who are isolated and socially disconnected) in the greater Fredericksburg area, , and none that specifically address mental wellness, the Senior Visitors program is an example of collaborative impact and the only free service where the individual needs of socially isolated older adults are addressed and met. 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.

Suicide Prevention Education - MHAF is not aware of any similar programs addressing teen depression and risk of suicide in our area. Virginia now requires mental health education in public schools and the Governor's Task Force has recommended suicide prevention education for high school students. However, no curriculum has been approved and funding has not been appropriated. MHAF is the driving force for SPE and we are not aware of another organization who would coordinate this educational opportunity if MHAF dissolved.

MHAF's HelpLine is the only mental health information and referral service in our area. Its purpose is to connect people seeking mental health services with those who can provide it. We are not aware of any similar programs in our community. Without MHAF's HelpLine, the 4608 callers in FY2018 may not have received the help needed to positively impact their lives.

Community Impact

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

Example 1

HelpLine Program

We received a call from a very distraught father of a six-year-old boy. The Dad had just learned that his son was sent to the school counselor after his son told his classmates that he wanted to kill himself. The Dad immediately called us to get help for his son.

We provided the Dad with names of mental health providers who treat children (psychiatrists and counselors) and made suggestions for actions to take in case of emergency or crisis situations.

We made a follow-up call a week later and found out that Dad was able to set up an appointment with one of the providers we suggested. The Dad also shared that he was getting resistance from his ex-wife who was not in agreement with taking the son to see someone - and the health insurance was in her name.

We suggested to him that he talk with his ex-wife about his concerns. We also gave the caller information regarding free clinics in the area just in case she did not agree.

We made another follow-up call two weeks later and Dad reported that the boy's Mom agreed to allow him to take their son to a counselor, that he took his son to one of the providers we suggested, and that his son was doing much better!

The following morning, the Dad walked into our office with flowers and asked to talk to Carla (our HelpLine Coordinator) who assisted him. He expressed how very grateful he was for her help and concern about his son and brought flowers to say, "Thank You".

Example 2

Senior Visitors Program

Roger, who lives alone, struggles with chronic disease, mild intellectual disabilities, and other issues associated with aging, all which leave him feeling depressed. He loves to walk, but felt uncomfortable walking alone. He was referred to the Senior Visitors Program by another community agency. Roger was assessed and matched with Ben. Roger and Ben started meeting to visit and take short walks. Their walks have become longer as Roger has become stronger and more comfortable. They now walk together all over the city, running errands, going to the library, visiting friends, and going to the YMCA. Roger expressed, "Walking has really helped me lose weight and improve my endurance. Ben is a good friend."

As their friendship developed, Roger confided to Ben that he was feeling overwhelmed with the condition of his apartment. Ben helped Roger set goals. Together they cleaned and organized his apartment one room at a time. Roger is feeling so much better that he has set a new goal to visit Washington, D.C. Ben has been helping Roger research places to visit and transportation to get there. Roger has gone from lonely, isolated and depressed to feeling healthier and finding a new enthusiasm for life.

Example 3 (Optional)

Suicide Prevention Education Program

The following story was shared by a member of the (Mental Health America of Fredericksburg) Teen Council.

She was noticing that one of her friends, who was normally energetic, seemed to be feeling depressed. She knew why her friend was feeling depressed: relationship issues. She thought he would bounce back from it, but he did not. He seemed to be getting more and more depressed.

One night, she received a text from him saying the he did not want to live anymore - that there is no point in trying.

When he said to her (in-person), "that he did not want to live anymore and don't tell anyone" she told him that she would not tell anyone. As soon as he left, she told someone anyway.

She said that she promised not to tell because, "I feared that he was going to commit suicide that day

before anyone got a hold of him.”

She tried bringing the situation up with the school’s counselors, but they did not help as much as she wanted them to. She then brought up the situation with the assistant principal and got the results she wanted. The assistant principal made sure he got the help he needed.

Her friend did not talk to her for a while after that incident, but to this day, he is doing much better. They are the best of friends again and he still goes to her whenever he has an issue he wants to discuss. He told our Teen Council member that he is grateful that she did something to help him and shared how alone he felt when other people (who he confided in) did nothing to help, until she stepped in.

She told us, “That is my story. I rather have said something and risk losing him for a few days, weeks or months of contact with him, than not saying anything and never being able to hear his voice again.”

When we asked her if she had ever seen the SOS Suicide Prevention Education program at her school, she said, “Yes, I have seen the program. That is what finally gave me the courage to tell someone about it.”

Mental Health America of Fredericksburg

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

MHAF administrative costs include both the operating costs of running the agency and the fundraising expenses associated with raising unrestricted revenues. This portion of the MHAF submission does not include program expenses. The total administrative costs (\$61,995 for FY20) represent less than 19% of MHAF's projected annual FY20 budget of \$329,074.

Some of MHAF's programs provide indirect funding which covers shared costs such as phone, insurance, rent, etc. MHAF is not asking the locality to provide indirect funding at this time. All locality funding will be used to directly impact the programs it supports.

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

Although we are projecting a growth in the total MHAF budget for FY20 due to a growth in the cost of the programs offered, we are projecting that the administrative costs will remain relatively constant in FY20 (\$61,995) versus budgeted FY19 costs (\$61,826).

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

In FY18, MHAF ended the year with a slight surplus that we applied to the FY19 budget to defray administrative and program costs. For FY20, we are currently projecting a deficit in funding which will affect administrative costs.

We are actively investigating other avenues to either fully fund MHAF's costs, or if the projected FY20 costs cannot be funded, or find ways to reduce the projected FY20 costs.

For FY20, we are not asking any locality to fund administrative costs, however, this may change in FY21 and going forward.

Capital Expenses

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

No capital expenses are currently budgeted for FY20.

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

N/A

Salary & Benefit Expenses

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

MHAF is expecting salary and benefit costs to remain steady from FY19 to FY20.

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

N/A

Budget Issues

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

Two new legislations may affect our organization.

First - Virginia has become one of two states to require mental health education in public schools. This comes as the Centers for Disease Control and Prevention report a 30 percent rise in suicide rates in the U.S. in the past two decades.

King George Schools are now using our suicide prevention education program and Stafford Schools are considering using it to fulfill this mandate. There may be others.

Secondly - Medicaid expansion in Virginia (that begins on Jan. 1, 2019) is what many are calling a game changer for the Commonwealth. It is expected to add about 400,000 Virginians to the Medicaid rolls, according to state data and is expected to allow more patients to take part in care for mental health issues as well as those battling addiction.

MHAF expects to receive an increase in our HelpLine program as people (who are now eligible for mental health services) are trying to find appropriate and available resources.

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.

Our Senior Visitors Program received \$27,500 from National Lutheran Community Services from 2016 to 2018 and must suspend submitting any funding requests for the 2019-20 fiscal year. If we do not increase our fundraising, we may have to reduce program staff hours (that were increased due to the NLCS Grant) to offset the deficit.

We have a four year "\$21,210 matching funds" commitment from Sunshine Lady Foundation for our SPE program that expires in 2020. It is our hope that the MHAF Another Day Walk will continue to grow and replace the expiring revenue.

The goal of the MHAF Board of Directors is to increase fundraising revenues, therefore reducing reliance on grant funding, which is cyclical in nature. However, while we work hard to raise revenues through fundraising, we also work to maintain relationships with our grantors and to seek new grant funding as they become available. We put forth a great deal of effort to be fiscally responsible with the monies entrusted to us.

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

At this time, MHAF's agency needs have been addressed by our program funding requests. See Helpline, Senior Visitors and Suicide Prevention Education program budget requests.

We are not requesting funding for FY20 for our Support Group program. That may change in FY21 and

going forward.

We currently offer three free groups. We offer a Teen Support Group (for teens who struggle with depression and anxiety), a Mental Wellness Support Group (for adults who struggle with a variety of mental illnesses), and a Survivors of Suicide Loss Group (for people who have lost a loved one due to suicide).

Mental Health America of Fredericksburg

Agency Total Budget

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

Expenses

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Salary	25,085.00	21,804.00	19,443.00	19,246.00	19,047.00
Benefits	3,712.00	2,651.00	2,740.00	2,988.00	3,108.00
Operating Expenses	28,775.00	29,021.00	30,977.00	31,883.00	31,640.00
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Other Expenses	7,041.00	7,349.00	7,160.00	7,709.00	8,201.00
Total	64,613.00	60,825.00	60,320.00	61,826.00	61,996.00

Revenues

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

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Caroline	0.00	0.00	0.00	0.00	5,750.00
Fredericksburg	12,215.00	12,215.00	12,215.00	12,215.00	18,133.00
King George	0.00	0.00	0.00	0.00	3,322.00
Spotsylvania	23,000.00	27,142.00	27,142.00	27,348.00	26,250.00
Stafford	12,000.00	15,000.00	15,000.00	15,000.00	15,584.00
United Way	47,285.00	51,000.00	53,631.00	61,500.00	49,000.00
Grants	39,092.00	39,092.00	33,805.00	28,030.00	25,980.00
Client Fees	25,511.00	0.00	22,505.00	15,000.00	20,500.00
Fundraising	105,059.00	88,900.00	87,741.00	93,000.00	87,500.00
Other (Click to itemize)	44,164.00	70,346.00	60,523.00	56,580.00	49,075.00
Total	308,326.00	303,695.00	312,562.00	308,673.00	301,094.00

Surplus / Deficit

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Surplus or Deficit	243,713.00	242,870.00	252,242.00	246,847.00	239,098.00

Mental Health America of Fredericksburg

Locality Information

Locality Notes

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

Caroline County

Senior Visitors Program

We are requesting \$5,600 from Caroline County for the Senior Visitors Program.

The average projected cost (per person served) is \$622.32 The program currently serves 11 Caroline seniors with no locality funding. We project that we will serve 9 residents in FY20. ($9 \times \$622.32 = \$5,600$)

HelpLine

We are requesting \$150 from Caroline County for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 11 Caroline residents in 2018 with no locality funding. We project that we will serve 9 Caroline County residents in FY20. ($9 \times \$16.67 = \150).

Suicide Prevention Education

We are not requesting funding from Caroline County for the Suicide Prevention Education program at this time.

City of Fredericksburg

Senior Visitors Program

We are requesting level funding of \$12,215 from the City of Fredericksburg for the Senior Visitors Program.

The program currently serves 44 City seniors. The average projected cost (per person served) is \$622.32 We project we will serve 38 residents in FY20. ($38 \times \$618.86 = \$23,648$)

HelpLine

We are requesting \$5,418 from the City for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 283 City residents in FY18 . We project that we will serve 325 residents in FY20. ($325 \times \$16.67 = \$5,418$).

Suicide Prevention Education

We are requesting \$500 from the City for the Suicide Prevention Education program.

We currently serve Fredericksburg 7th and 9th grades. Funding will help defray the costs born by MHAF unrestricted revenues.

King George County

Senior Visitors Program

We are requesting \$2,489 from King George County for the Senior Visitors Program.

The average projected cost (per person served) is \$622.32. The program currently serves 3 King George seniors with no locality funding. We project that we will serve 4 residents in FY20. ($4 \times \$622.32 = \$2,489$)

HelpLine

We are requesting \$333 from King George County for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 13 King George residents in 2018 with no locality funding. We project that we will serve 20 King George residents in FY20. ($20 \times \$16.67 = \333).

Suicide Prevention Education

We are requesting \$500 from King George for the Suicide Prevention Education program.

We currently serve King George 7th and 9th grades.

Spotsylvania County

Senior Visitors Program

We are requesting level funding of \$23,000 from Spotsylvania County for the Senior Visitors Program.

The program currently serves 56 County seniors. The average projected cost for FY20 is \$622.32. We project we will serve 55 residents in FY20. ($55 \times \$622.32 = \$34,228$)

HelpLine

We are requesting \$2,250 from the County for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 126 County residents in FY19 . We project that we will serve 135 residents in FY20. ($135 \times \$16.67 = \$2,250$)

Suicide Prevention Education

We are requesting \$1,000 from Spotsylvania County for suicide prevention education to offset the costs to schools. In FY18 we presented the SPE program to 3,186 (7th and 9th grades) Spotsylvania students.

Stafford County

Senior Visitors Program

We are requesting level funding of \$12,000 from Stafford for the Senior Visitors Program.

The program currently serves 29 County seniors. The average projected cost for FY20 is \$622.32. We project we will serve 34 residents in FY20. ($34 \times \$622.32 = \$21,159$)

HelpLine

We are requesting \$2,084 from Stafford for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 111 County residents in FY18 . We project that we will serve 125 residents in FY20. ($125 \times \$16.67 = \$2,084$)

Suicide Prevention Education

We are requesting \$1,500 from Stafford for SPE to expand into Stafford Schools. We

presented our program to 50 Stafford H. S. counselors/social workers this summer to consider using for

the State required mental health curriculum.

Mental Health America of Fredericksburg - Senior Visitors Program

Program Overview

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

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

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

General Information

Program Name Senior Visitors Program

Is this a new program? No

Program Contact

Name Rita Girard

Title Executive Director

Email ritagirard@mhafred.org

Phone (540) 371-2704

Program Purpose / Description

Provide an overview of this program

The Senior Visitors program provides socialization, companionship, client needs management, support and community connection to lonely, isolated older adults who are at risk of depression, to improve their social, emotional, and mental wellness.

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

Many seniors 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 appropriate resources for resolution are provided.

Client Fees

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

There are no fees charged to the client; 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.

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.

Need for senior services ranks 4th per the 2015 MWHC needs assessment (conducted every 3 years). 2014 US census reports 8.76% population growth in PD16 with 11.64% of residents being aged 65 & older.

Despite growing numbers, we have few FREE services for older adults. In the 2017 - 18 FY, we served 149 isolated older adults through volunteers. SV volunteers provided 4,860 service hours (valued at \$119,993 per FY18 volunteer rate of \$24.69) with 3,064 volunteer contacts.

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.

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

The Senior Visitors program is an existing program.

Target Audience and Service Delivery

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

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 individualized in-home support, service delivery is maximized and duplication minimized.

Volunteers make weekly visits to seniors' homes providing companionship and support based on the individual needs of the senior – caregiver respite, transportation to medical appointments, running errands, grocery shopping, picking up medications. Visit times are determined by volunteers and seniors to accommodate schedules of both.

Volunteers commit to 1 hour per week for at least a 6-month period. Most exceed this commitment as

evidenced by 4860 hours and 3064 contacts delivered in FY2018.

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

The Senior Visitors program criteria is that it serves adults aged 60 and older who are lonely, socially isolated and have lost connection with their community. Those socially isolated older adults are referred by local agencies, churches, families, and self-referral and then assessed by the clinically trained SV Program Director for health and safety risk factors, social isolation and depression via PHQ2 tool, and unmet needs.

Trained, screened volunteers are then matched with those seniors and provide companionship, offer emotional support, encourage physical activity, and restore community connection.

Mental Health America of Fredericksburg - Senior Visitors Program

Program Budget Narrative

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

We are requesting level funding from the localities who have supported the Senior Visitors program in the past and are requesting new funding from the localities we serve who have not yet supported our program.

Continued level funding is needed to be able to continue offering this unique program (providing significant impact to socially isolated older adults) in order to continue serving lonely seniors in our community.

A concern for Senior Visitors is the growing number of seniors requesting to be in the program, yet finances and staff hours are limited. Approximately 1.2 FTE (Full Time Employee) support this program that serves over 149 seniors annually. Program staff perform many tasks to recruit/train volunteers, make matches, process and assess clients, and manage individual needs of seniors and need to at least maintain the hours they work to adequately serve lonely seniors.

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

We are requesting level funding from the localities who have supported the Senior Visitors program in the past and are requesting new funding from the localities we serve who have not yet supported our program.

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

We are not seeking funding for new positions or personnel from local government funding.

Mental Health America of Fredericksburg - Senior Visitors Program

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Personnel	53,696.00	61,167.00	60,510.85	64,251.00	67,144.00
Benefits	8,442.00	7,437.00	8,729.58	9,977.00	10,376.00
Operating Expenses	19,046.00	16,935.00	19,767.29	18,498.00	19,020.00
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Total	81,184.00	85,539.00	89,007.72	92,726.00	96,540.00

Revenues

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

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Caroline	0.00	0.00	0.00	0.00	5,600.00
Fredericksburg	12,215.00	12,215.00	12,215.00	12,215.00	12,215.00
King George	0.00	0.00	0.00	0.00	2,489.00
Spotsylvania	23,000.00	23,000.00	23,000.00	23,000.00	23,000.00
Stafford	12,000.00	12,000.00	12,000.00	12,000.00	12,000.00
United Way	12,000.00	12,000.00	12,000.00	12,000.00	12,000.00
Grants	10,200.00	10,200.00	9,250.00	3,750.00	200.00
Client Fees	0.00	0.00	0.00	0.00	0.00
Fundraising	6,738.00	11,624.00	14,313.72	24,241.00	23,786.00
Other (Click to itemize)	5,031.00	4,500.00	6,229.00	5,520.00	5,250.00
Total	81,184.00	85,539.00	89,007.72	92,726.00	96,540.00

Surplus / Deficit

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Surplus or Deficit	0.00	0.00	0.00	0.00	0.00

Mental Health America of Fredericksburg - Senior Visitors Program

[View Diagram](#) Goals and Objectives

Goals

Goal:

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

Objectives

	2017 Baseline	2017 Year End	2018 Baseline	2019 Baseline
Seniors who report feeling better connected with their community and needed resources by providing services through communication with client, referral sources and family members to connect older adults with needed community resources (physicians, healthcare providers, local government agencies, nonprofit organizations, and private sector businesses serving older adults).	Total # Clients Served	28	45	45
	Total # Clients Achieved/Successful	27	38	38
	% Achieved / Successful	96.43	84.44	84.44
Seniors who report that overall the Senior Visitor program has met their needs by cultivating and maintaining effective working relationships that ensure referrals to and from needed community resources providing services to older adults (eldercare providers, local government and human service agencies, healthcare providers, civic organizations, faith and business communities).	Total # Clients Served	45	28	45
	Total # Clients Achieved/Successful	38	26	38
	% Achieved / Successful	84.44	92.86	84.44

Explanation & Overview

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

We served 149 seniors this year and the Senior Visitors Program Survey (our measurement tool) was mailed on March 23, 2018 to 70 volunteers/seniors who are in an established "match." Of those surveys, 44 were returned. The data reported is based on those 44 surveys (a 63% return).

Through collection and monitoring of reliable data using a variety of methods, we can confidently report that the program is making a positive impact on seniors' lives – alleviating loneliness, increasing activity levels, decreasing risk of depression, and reducing incidence of preventable illness through early intervention via an extensive network of eldercare providers. Program activities reduce social isolation and loneliness while increasing healthy behaviors and community connection.

As the results reflect:

87% of seniors report feeling better connected with their community and needed resources.

100% of seniors report finding community resources by contacting Senior Visitor staff.

Updates for FY2018

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

Based on recommendations from the Rappahannock United Way, we are making changes to the Senior Visitor program goals and objectives for next year.

Goal #1- Seniors reduce their risk of depression.

Objective - Seniors (who are matched) report a decrease in risks of depression.

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

Goal:

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

Objectives

		2017 Baseline	2017 Year End	2018 Baseline	2019 Baseline
Seniors who report feeling less lonely and isolated as a result of visits by their volunteer who provides weekly, supportive visits to isolated older adults by trained volunteers to alleviate loneliness, social isolation, and risk of clinical depression.	Total # Clients Served	45	28	45	45
	Total # Clients Achieved/Successful	38	27	38	38
	% Achieved / Successful	84.44	96.43	84.44	84.44
Seniors who report that overall the Senior Visitors program has met their	Total # Clients Served	45	28	45	45

needs by providing socialization opportunities for isolated older adults to encourage "life outside their four walls" through: outings in the community; annual holiday social in December and summer picnic; monthly newsletter, cards remembrance program and communication with seniors (notes, calls).	Total # Clients	38	26	38	38
	Achieved/Successful				
	% Achieved / Successful	84.44	92.86	84.44	84.44

Explanation & Overview

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

We served 149 seniors this year and the Senior Visitors Program Survey (our measurement tool) was mailed to 70 volunteers/seniors who are in an established "match." Of those surveys, 44 were returned. The data reported is based on those 44 surveys (a 63% return).

Through collection and monitoring of reliable data using a variety of methods, we can confidently report that the program is making a positive impact on seniors' lives – alleviating loneliness, increasing activity levels, decreasing risk of depression, and reducing incidence of preventable illness through early intervention via an extensive network of eldercare providers. Program activities reduce their social isolation and loneliness while increasing healthy behaviors and community connection.

As the results reflect:

98% of seniors report feeling less lonely and isolated as a result of visits by their volunteer

100% of seniors report that the overall Senior Visitors program has met their needs.

Updates for FY2018

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

Based on recommendations from the Rappahannock United Way, we are making changes to the Senior Visitor program goals and objectives for next year.

Goal #2- Seniors reduce individual safety and health risks.

Objective - Clients who have safety and health needs identified are given resources (to resolve those needs) by volunteers or staff.

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

Mental Health America of Fredericksburg - Senior Visitors Program

Number of Individuals Served

Localities

Please provide the actual numbers of individuals served in this program during FY2017 and FY2018, the estimated numbers of individuals served in FY2019 and the projected numbers of individuals served in FY2020.

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 Estimate	FY 2020 Projected
Fredericksburg City	35	44	38	38
Caroline County	8	11	9	9
King George County	3	3	4	4
Spotsylvania County	55	56	55	55
Stafford County	33	29	34	34
Other Localities	4	6	4	4
Total	138	149	144	144

Mental Health America of Fredericksburg - Senior Visitors Program

Collaborative Impact

Efforts and Partnerships

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

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

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 leverages resources for maximum impact. Through partnerships with youth, church, and nonprofit groups, 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.

Collaborative Impact

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

With few services for older adults in the greater Fredericksburg area who are isolated and socially disconnected, 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 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.

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.

Regional Funding

Fiscal Year 2020 - Partner Funding Application

Mental Health America of Fredericksburg

Agency Information

General Information

Agency Name	Mental Health America of Fredericksburg
Physical Address	2217 Princess Anne Street, Suite 104-1, Fredericksburg, VA, 22401, U.S.A.
Mailing Address	2217 Princess Anne Street, Suite 104-1, Fredericksburg, VA 22401
Agency Phone Number	(540) 371-2704
Federal Tax ID #	540678704
Web Address	www.mhafred.org
Agency Email Address	ritagirard@mhafred.org

Agency Mission Statement

Mental Health America of Fredericksburg (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 in Operation	63
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Main Contact

Main Contact	Rita Girard, phone: (540) 371-2704, email: ritagirard@mhafred.org
Job Title	Executive Director

Localities Served

Please select any/all localities your agency serves.

Caroline	<input checked="" type="checkbox"/>
Fredericksburg	<input checked="" type="checkbox"/>
King George	<input checked="" type="checkbox"/>
Spotsylvania	<input checked="" type="checkbox"/>



Collaborative Impact

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

MHAF provides unique programs and services in the Fredericksburg region. Although merging with another agency would not have a negative impact on our community (providing programs continue), lack of funding for those programs would.

Historically, MHAF has identified gaps in community services and filled those gaps by incubating programs to fill those needs. Often times, those programs become independent of MHAF and flourish. Our current programs fill identified service gaps.

Senior Visitors Program - With few services for older adults (who are isolated and socially disconnected) in the greater Fredericksburg area, and none that specifically address mental wellness, the Senior Visitors program is an example of collaborative impact and the only free service where the individual needs of socially isolated older adults are addressed and met. 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.

Suicide Prevention Education - MHAF is not aware of any similar programs addressing teen depression and risk of suicide in our area. Virginia now requires mental health education in public schools and the Governor's Task Force has recommended suicide prevention education for high school students. However, no curriculum has been approved and funding has not been appropriated. MHAF is the driving force for SPE and we are not aware of another organization who would coordinate this educational opportunity if MHAF dissolved.

MHAF's HelpLine is the only mental health information and referral service in our area. Its purpose is to connect people seeking mental health services with those who can provide it. We are not aware of any similar programs in our community. Without MHAF's HelpLine, the 4608 callers in FY2018 may not have received the help needed to positively impact their lives.

Community Impact

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

Example 1

HelpLine Program

We received a call from a very distraught father of a six-year-old boy. The Dad had just learned that his son was sent to the school counselor after his son told his classmates that he wanted to kill himself. The Dad immediately called us to get help for his son.

We provided the Dad with names of mental health providers who treat children (psychiatrists and counselors) and made suggestions for actions to take in case of emergency or crisis situations.

We made a follow-up call a week later and found out that Dad was able to set up an appointment with one of the providers we suggested. The Dad also shared that he was getting resistance from his ex-wife who was not in agreement with taking the son to see someone - and the health insurance was in her name.

We suggested to him that he talk with his ex-wife about his concerns. We also gave the caller information regarding free clinics in the area just in case she did not agree.

We made another follow-up call two weeks later and Dad reported that the boy's Mom agreed to allow him to take their son to a counselor, that he took his son to one of the providers we suggested, and that his son was doing much better!

The following morning, the Dad walked into our office with flowers and asked to talk to Carla (our HelpLine Coordinator) who assisted him. He expressed how very grateful he was for her help and concern about his son and brought flowers to say, "Thank You".

Example 2

Senior Visitors Program

Roger, who lives alone, struggles with chronic disease, mild intellectual disabilities, and other issues associated with aging, all which leave him feeling depressed. He loves to walk, but felt uncomfortable walking alone. He was referred to the Senior Visitors Program by another community agency. Roger was assessed and matched with Ben. Roger and Ben started meeting to visit and take short walks. Their walks have become longer as Roger has become stronger and more comfortable. They now walk together all over the city, running errands, going to the library, visiting friends, and going to the YMCA. Roger expressed, "Walking has really helped me lose weight and improve my endurance. Ben is a good friend."

As their friendship developed, Roger confided to Ben that he was feeling overwhelmed with the condition of his apartment. Ben helped Roger set goals. Together they cleaned and organized his apartment one room at a time. Roger is feeling so much better that he has set a new goal to visit Washington, D.C. Ben has been helping Roger research places to visit and transportation to get there. Roger has gone from lonely, isolated and depressed to feeling healthier and finding a new enthusiasm for life.

Example 3 (Optional)

Suicide Prevention Education Program

The following story was shared by a member of the (Mental Health America of Fredericksburg) Teen Council.

She was noticing that one of her friends, who was normally energetic, seemed to be feeling depressed. She knew why her friend was feeling depressed: relationship issues. She thought he would bounce back from it, but he did not. He seemed to be getting more and more depressed.

One night, she received a text from him saying the he did not want to live anymore - that there is no point in trying.

When he said to her (in-person), "that he did not want to live anymore and don't tell anyone" she told him that she would not tell anyone. As soon as he left, she told someone anyway.

She said that she promised not to tell because, "I feared that he was going to commit suicide that day

before anyone got a hold of him.”

She tried bringing the situation up with the school’s counselors, but they did not help as much as she wanted them to. She then brought up the situation with the assistant principal and got the results she wanted. The assistant principal made sure he got the help he needed.

Her friend did not talk to her for a while after that incident, but to this day, he is doing much better. They are the best of friends again and he still goes to her whenever he has an issue he wants to discuss. He told our Teen Council member that he is grateful that she did something to help him and shared how alone he felt when other people (who he confided in) did nothing to help, until she stepped in.

She told us, “That is my story. I rather have said something and risk losing him for a few days, weeks or months of contact with him, than not saying anything and never being able to hear his voice again.”

When we asked her if she had ever seen the SOS Suicide Prevention Education program at her school, she said, “Yes, I have seen the program. That is what finally gave me the courage to tell someone about it.”

Mental Health America of Fredericksburg

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

MHAF administrative costs include both the operating costs of running the agency and the fundraising expenses associated with raising unrestricted revenues. This portion of the MHAF submission does not include program expenses. The total administrative costs (\$61,995 for FY20) represent less than 19% of MHAF's projected annual FY20 budget of \$329,074.

Some of MHAF's programs provide indirect funding which covers shared costs such as phone, insurance, rent, etc. MHAF is not asking the locality to provide indirect funding at this time. All locality funding will be used to directly impact the programs it supports.

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

Although we are projecting a growth in the total MHAF budget for FY20 due to a growth in the cost of the programs offered, we are projecting that the administrative costs will remain relatively constant in FY20 (\$61,995) versus budgeted FY19 costs (\$61,826).

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

In FY18, MHAF ended the year with a slight surplus that we applied to the FY19 budget to defray administrative and program costs. For FY20, we are currently projecting a deficit in funding which will affect administrative costs.

We are actively investigating other avenues to either fully fund MHAF's costs, or if the projected FY20 costs cannot be funded, or find ways to reduce the projected FY20 costs.

For FY20, we are not asking any locality to fund administrative costs, however, this may change in FY21 and going forward.

Capital Expenses

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

No capital expenses are currently budgeted for FY20.

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

N/A

Salary & Benefit Expenses

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

MHAF is expecting salary and benefit costs to remain steady from FY19 to FY20.

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

N/A

Budget Issues

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

Two new legislations may affect our organization.

First - Virginia has become one of two states to require mental health education in public schools. This comes as the Centers for Disease Control and Prevention report a 30 percent rise in suicide rates in the U.S. in the past two decades.

King George Schools are now using our suicide prevention education program and Stafford Schools are considering using it to fulfill this mandate. There may be others.

Secondly - Medicaid expansion in Virginia (that begins on Jan. 1, 2019) is what many are calling a game changer for the Commonwealth. It is expected to add about 400,000 Virginians to the Medicaid rolls, according to state data and is expected to allow more patients to take part in care for mental health issues as well as those battling addiction.

MHAF expects to receive an increase in our HelpLine program as people (who are now eligible for mental health services) are trying to find appropriate and available resources.

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.

Our Senior Visitors Program received \$27,500 from National Lutheran Community Services from 2016 to 2018 and must suspend submitting any funding requests for the 2019-20 fiscal year. If we do not increase our fundraising, we may have to reduce program staff hours (that were increased due to the NLCS Grant) to offset the deficit.

We have a four year "\$21,210 matching funds" commitment from Sunshine Lady Foundation for our SPE program that expires in 2020. It is our hope that the MHAF Another Day Walk will continue to grow and replace the expiring revenue.

The goal of the MHAF Board of Directors is to increase fundraising revenues, therefore reducing reliance on grant funding, which is cyclical in nature. However, while we work hard to raise revenues through fundraising, we also work to maintain relationships with our grantors and to seek new grant funding as they become available. We put forth a great deal of effort to be fiscally responsible with the monies entrusted to us.

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

At this time, MHAF's agency needs have been addressed by our program funding requests. See Helpline, Senior Visitors and Suicide Prevention Education program budget requests.

We are not requesting funding for FY20 for our Support Group program. That may change in FY21 and

going forward.

We currently offer three free groups. We offer a Teen Support Group (for teens who struggle with depression and anxiety), a Mental Wellness Support Group (for adults who struggle with a variety of mental illnesses), and a Survivors of Suicide Loss Group (for people who have lost a loved one due to suicide).

Mental Health America of Fredericksburg

Agency Total Budget

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

Expenses

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Salary	25,085.00	21,804.00	19,443.00	19,246.00	19,047.00
Benefits	3,712.00	2,651.00	2,740.00	2,988.00	3,108.00
Operating Expenses	28,775.00	29,021.00	30,977.00	31,883.00	31,640.00
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Other Expenses	7,041.00	7,349.00	7,160.00	7,709.00	8,201.00
Total	64,613.00	60,825.00	60,320.00	61,826.00	61,996.00

Revenues

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

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Caroline	0.00	0.00	0.00	0.00	5,750.00
Fredericksburg	12,215.00	12,215.00	12,215.00	12,215.00	18,133.00
King George	0.00	0.00	0.00	0.00	3,322.00
Spotsylvania	23,000.00	27,142.00	27,142.00	27,348.00	26,250.00
Stafford	12,000.00	15,000.00	15,000.00	15,000.00	15,584.00
United Way	47,285.00	51,000.00	53,631.00	61,500.00	49,000.00
Grants	39,092.00	39,092.00	33,805.00	28,030.00	25,980.00
Client Fees	25,511.00	0.00	22,505.00	15,000.00	20,500.00
Fundraising	105,059.00	88,900.00	87,741.00	93,000.00	87,500.00
Other (Click to itemize)	44,164.00	70,346.00	60,523.00	56,580.00	49,075.00
Total	308,326.00	303,695.00	312,562.00	308,673.00	301,094.00

Surplus / Deficit

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Surplus or Deficit	243,713.00	242,870.00	252,242.00	246,847.00	239,098.00

Mental Health America of Fredericksburg

Locality Information

Locality Notes

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

Caroline County

Senior Visitors Program

We are requesting \$5,600 from Caroline County for the Senior Visitors Program.

The average projected cost (per person served) is \$622.32 The program currently serves 11 Caroline seniors with no locality funding. We project that we will serve 9 residents in FY20. ($9 \times \$622.32 = \$5,600$)

HelpLine

We are requesting \$150 from Caroline County for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 11 Caroline residents in 2018 with no locality funding. We project that we will serve 9 Caroline County residents in FY20. ($9 \times \$16.67 = \150).

Suicide Prevention Education

We are not requesting funding from Caroline County for the Suicide Prevention Education program at this time.

City of Fredericksburg

Senior Visitors Program

We are requesting level funding of \$12,215 from the City of Fredericksburg for the Senior Visitors Program.

The program currently serves 44 City seniors. The average projected cost (per person served) is \$622.32 We project we will serve 38 residents in FY20. ($38 \times \$618.86 = \$23,648$)

HelpLine

We are requesting \$5,418 from the City for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 283 City residents in FY18 . We project that we will serve 325 residents in FY20. ($325 \times \$16.67 = \$5,418$).

Suicide Prevention Education

We are requesting \$500 from the City for the Suicide Prevention Education program.

We currently serve Fredericksburg 7th and 9th grades. Funding will help defray the costs born by MHAF unrestricted revenues.

King George County

Senior Visitors Program

We are requesting \$2,489 from King George County for the Senior Visitors Program.

The average projected cost (per person served) is \$622.32. The program currently serves 3 King George seniors with no locality funding. We project that we will serve 4 residents in FY20. (4 x \$622.32 = \$2,489)

HelpLine

We are requesting \$333 from King George County for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 13 King George residents in 2018 with no locality funding. We project that we will serve 20 King George residents in FY20. (20 x \$16.67 = \$333).

Suicide Prevention Education

We are requesting \$500 from King George for the Suicide Prevention Education program.

We currently serve King George 7th and 9th grades.

Spotsylvania County

Senior Visitors Program

We are requesting level funding of \$23,000 from Spotsylvania County for the Senior Visitors Program.

The program currently serves 56 County seniors. The average projected cost for FY20 is \$622.32. We project we will serve 55 residents in FY20. (55 x \$622.32 = \$34,228)

HelpLine

We are requesting \$2,250 from the County for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 126 County residents in FY19 . We project that we will serve 135 residents in FY20. (135 x \$16.67 = \$2,250)

Suicide Prevention Education

We are requesting \$1,000 from Spotsylvania County for suicide prevention education to offset the costs to schools. In FY18 we presented the SPE program to 3,186 (7th and 9th grades) Spotsylvania students.

Stafford County

Senior Visitors Program

We are requesting level funding of \$12,000 from Stafford for the Senior Visitors Program.

The program currently serves 29 County seniors. The average projected cost for FY20 is \$622.32. We project we will serve 34 residents in FY20. (34 x \$622.32 = \$21,159)

HelpLine

We are requesting \$2,084 from Stafford for the HelpLine program.

The average projected cost (per unique) HelpLine call for FY 19 is \$66.66. RUW supports 50% of the HelpLine program, thus we are asking localities to cover 25% of the cost (\$16.67) and we will attempt to fund-raise the other 25%.

The HelpLine program served 111 County residents in FY18 . We project that we will serve 125 residents in FY20. (125 x \$16.67 = \$2,084)

Suicide Prevention Education

We are requesting \$1,500 from Stafford for SPE to expand into Stafford Schools. We

presented our program to 50 Stafford H. S. counselors/social workers this summer to consider using for

the State required mental health curriculum.

Mental Health America of Fredericksburg - HelpLine

Program Overview

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

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

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

General Information

Program Name HelpLine

Is this a new program? No

Program Contact

Name Rita Girard

Title Executive Director

Email ritagirard@mhafred.org

Phone (540) 371-2704

Program Purpose / Description

Provide an overview of this program

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.

Understanding that there is a broad spectrum of mental states ranging from optimal mental health to severe mental illness, the HelpLine serves those in crisis - to those with common mental illnesses (depression & anxiety) to those experiencing stress as a result of a life situation (divorce or loss of a loved one).

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 compliments the health service network by providing accurate, caller-specific information for informed choice and decision-making. Trained staff provide guidance to local mental health practitioners & agencies in the public, private, and nonprofit sectors as well as local human service agencies and serve as advocates to assist people having difficulty navigating the cumbersome system to ensure they get connected. A color-coded provider listing with monthly updates is posted on our website for those seeking

help online.

The top five needs reported for FY17-18 are: counseling referrals; depression and anxiety issues; issues regarding teens and children; the need for medication evaluations; and family and marital issues.

Client Fees

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

Client fees are not charged and services are not billed for reimbursement. The HelpLine is provided as a free program to benefit anyone facing a mental health challenge in our community.

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.

National statistics reveal that 1 in 4 families will experience a mental health problem each year. The 2015 MWHC Healthy Community Needs Assessment identified mental health as the 4th health priority in our area. Research shows that 2 in 3 people who seek help get better, yet only 1 in 3 actually seek help. Why?

No other local service exists for mental health practitioners. The phone book is confusing as mental health providers are listed together rather than identified by specialty like physicians – cardiology, oncology. Health insurance companies provide lists to those they insure; however, information about who or what areas they serve (children, adult, stress, grief) is not included or 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 don't know where to turn. The HelpLine fills the gap for those seeking help and is the missing link in the mental health community.

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

The HelpLine is an established program.

Target Audience and Service Delivery

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

The HelpLine is a free service available to anyone who has a need for mental health information and/or referral services for themselves or another.

In addition to individuals calling for their own needs, 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.

Individuals and providers call us because 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. Our mission is to be a community resource and increase the number of people who seek help.

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

N/A

Mental Health America of Fredericksburg - HelpLine

Program Budget Narrative

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

The total of HelpLine contacts in FY 2018 was 3,990 with the following breakdown:

764 initial contacts (phone, walk-ins, mail and email)

618 Follow-Up calls

3226 Website Hits

We record (initial) calls received by locality to track unique users by their locality. Our hope is to finish building an online program that collects locality data from online users as well.

The average projected cost for an initial (unique) HelpLine call for FY 2019 is \$66.66.

The RUW grant covers 50% of HelpLine costs. We are asking the localities to cover just 25% of the remaining costs based on the number served in their locality - and will attempt to fund-raise the additional 25%.

Due to the mix of contacts to the HelpLine, our metrics may change in future periods to reflect the increase use of our HelpLine internet database to obtain mental health resources.

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

Our ability to respond to needs of HelpLine callers depends on adequate funding. No fees are charged to those seeking help or to the providers and agencies where callers are referred, although this has been identified as a potential funding stream.

We continue to seek funding opportunities for this unique, critical service as more staff hours result in more people having their unmet mental health needs met.

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

We are not seeking funding for new positions or personnel.

Mental Health America of Fredericksburg - HelpLine

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Personnel	25,675.00	34,414.00	31,750.45	35,337.00	37,073.00
Benefits	3,877.00	4,184.00	4,347.93	5,487.00	5,707.00
Operating Expenses	11,965.00	9,364.00	9,533.70	10,103.00	10,400.00
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Total	41,517.00	47,962.00	45,632.08	50,927.00	53,180.00

Revenues

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

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Caroline	0.00	0.00	0.00	0.00	150.00
Fredericksburg	0.00	0.00	0.00	0.00	5,418.00
King George	0.00	0.00	0.00	0.00	333.00
Spotsylvania	1,746.00	2,142.00	2,142.00	2,348.00	2,250.00
Stafford	1,583.00	1,500.00	1,500.00	1,500.00	2,084.00
United Way	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00
Grants	2,000.00	0.00	0.00	0.00	0.00
Client Fees	0.00	0.00	0.00	0.00	0.00
Fundraising	8,788.00	16,920.00	14,456.42	19,179.00	15,045.00
Other (Click to itemize)	2,400.00	2,400.00	2,533.66	2,900.00	2,900.00
Total	41,517.00	47,962.00	45,632.08	50,927.00	53,180.00

Surplus / Deficit

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Surplus or Deficit	0.00	0.00	0.00	0.00	0.00

[View Diagram](#) Goals and Objectives

Goals

Goal:

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 and community resources.

Objectives

		2017 Year End	2018 Baseline	2019 Baseline
Initial HelpLine callers (initial phone calls, emails or walk-in clients) seeking help report they receive appropriate, available mental health and/or community resources referrals and are satisfied.	Total # Clients Served	635	800	825
	Total # Clients Achieved/Successful	584	700	625
	% Achieved / Successful	91.97	87.50	75.76
Initial HelpLine callers (initial phone calls, emails or walk-in clients) seeking help report that they have the information they need for appropriate, available mental health and/or community resources and agree to a follow-up call.	Total # Clients Served	635	800	825
	Total # Clients Achieved/Successful	385	600	500
	% Achieved / Successful	60.63	75	60.61

Explanation & Overview

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

The data we report to local government does not include the many people who access our HelpLine data base online (because we have not yet developed a track-able system). Thus our numbers do not reflect a large number of our HelpLine users. Our total number of HelpLine users (which includes initial callers and online users) grew from 3272 in FY16 to 3964 in FY17. The number of people who are accessing our database online increased from 1456 in FY16 to 2039 in FY17.

The HelpLine initial users that are track-able (phone calls, emails, walk-ins, and written correspondence) decreased from 857 in FY16 to 636 in FY17 . We believe that decrease is due to a shift from phone callers to online users.

We attribute the low number of people who agreed to a follow-up call this past year to the fact that they indicated they had received the resources they were seeking (during the initial contact) and were satisfied.

Another factor in low numbers is our new method of tracking data.

Updates for FY2018

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

Based on RUW recommendations, we revamped our entire HelpLine tracking system to differentiate between: individuals served (number of initial callers, walk-ins, emails, and written correspondence); number of Web Directory visits; and number of people who accept a follow-up call (a subset of individuals served). From that subset, we will track how many used the information they received to access mental health assistance.

We also are simplifying our goals and objectives to clearly state that people got the referrals they needed and used the information that we gave them to get the mental health assistance they asked for.

Thus, our new #1 Goal and Objective will be:

Goal #1: Clients with mental health needs or questions gain appropriate referrals for assistance.

Objective #1: Clients will report that they have the information they need at the end of the initial call/contact and are satisfied.

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

Goal:

HelpLine caller with mental health needs or questions gain appropriate referrals for assistance and uses information to make contact with mental health professional.

Objectives

		2017 Baseline	2017 Year End	2018 Baseline	2019 Baseline
Clients report that they have the information they need and agree to a follow-up call. Initial callers include: initial phone calls, emails, walk-ins, and jail letters.	Total # Clients Served	1,500	385	800	500
	Total # Clients Achieved/Successful	1,000	338	600	400
	% Achieved / Successful	66.67	87.79	75	80
Follow-up calls end with confirmation from the client that they used the	Total # Clients Served		385	1,400	500

information they received (in initial call) to get the mental health help they need, or will accept another follow-up call.	Total # Clients	338	1,100	400
	Achieved/Successful			
	% Achieved / Successful	87.79	78.57	80

Explanation & Overview

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

When reporting on follow-up calls, we came to realize that we were counting the number of follow-up calls that were made - not the unique individuals who accepted a follow-up call. We refined our tracking methods, thus, our numbers are lower and more accurate to reflect data on people who accept follow-up calls.

It needs to be re-stated that the data we report on does not include the many people who access our data base online (because we have not yet developed a track-able system) thus our numbers do not reflect a large number of our HelpLine users.

Updates for FY2018

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

Based on RUW recommendations, we revamped our entire HelpLine tracking system to differentiate between individuals served (number of initial callers, walk-ins, emails, and written correspondence); number of Web Directory visits; and number of people who accept a follow-up call (a subset of individuals served). From that subset, we will track how many used the information they received to access mental health assistance.

We also are simplifying our goals and objectives to clearly state that people got the referrals they needed and used the information that we gave them to get the mental health assistance they asked for.

Thus, our new Goal and Objective will be:

Goal #2: Clients with mental health needs or questions gain appropriate referrals for assistance and use that information to make contact.

Objective #2: Follow-up calls end with confirmation from the HelpLine caller (who agreed to a follow-up call) that they have used the information provided or will accept another call.

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

Mental Health America of Fredericksburg - HelpLine

Number of Individuals Served

Localities

Please provide the actual numbers of individuals served in this program during FY2017 and FY2018, the estimated numbers of individuals served in FY2019 and the projected numbers of individuals served in FY2020.

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 Estimate	FY 2020 Projected
Fredericksburg City	325	283	325	335
Caroline County	10	18	20	25
King George County	16	13	15	20
Spotsylvania County	103	126	130	135
Stafford County	105	111	120	125
Other Localities	76	213	190	210
Total	635	764	800	850

Mental Health America of Fredericksburg - HelpLine

Collaborative Impact

Efforts and Partnerships

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

The HelpLine is effective because of collaborative impact. An extensive network of mental health practitioners/agencies, human service organizations, local/state government agencies, schools/colleges, and the faith community provide the information we use to connect those seeking help with resources.

It also serves as a "bulletin board" to inform providers of continuing education workshops and resources to benefit their clients. By working together, connections are improved between those providing services and those who need them - resulting in leveraging resources for maximum community impact.

MHAF has been an integral member of the Community Collaborative on Youth and the development of the "Common Plan" whose mission is to cultivate a thriving community through an inclusive collaborative helping youth and families acquire the foundation to be stable and successful.

Finding appropriate/available mental health resources is the foundation for creating stability & success.

Collaborative Impact

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

MHAF's HelpLine is the only mental health information and 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 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 that help people find resources. Without HelpLine, the almost 4000 callers in FY2018 may not have received the help needed to positively impact their lives.