

## Regional Funding

### Fiscal Year 2019 - 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, USA

**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** 62

##### 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**

**Fredericksburg**

**King George**

Spotsylvania



Stafford



## Collaborative Impact

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

Mental Health America of Fredericksburg provides unique programs and services in the Fredericksburg region. Although merging with another agency would not have a negative impact on our community (providing our 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 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 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. Although the Governor's Task Force has recommended suicide prevention education for high school students, no curriculum has been approved and funding has not been appropriated. MHAF is the driving force for this program which is based on community partnerships. MHAF is 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 help with those who can provide it. We are not aware of any similar programs in our community. Without MHAF's HelpLine, the almost 4000 callers in FY17 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

Our HelpLine connects people in need with appropriate and available mental health resources.

A HelpLine female caller was very anxious and depressed, in need of counseling, had no health insurance, and very little income to spare on therapy sessions. She was in tears during the major part of her call for assistance. She disclosed that she was at the end of her list of places to call for help. She had called the Rappahannock Area Community Services Board (RACSB) (was on their waiting list - at least a month's wait) and the Fredericksburg Counseling Services (was on their wait list). She had called Moss Free Clinic and her intake disclosed that she was barely up to their income line – she did not qualify.

MHAF suggested that she attend our free Support Group. The caller then mentioned that she had been sexually abused as a child and that is part of what is going on now.

At that point MHAF suggested the following resources: Rappahannock Community Against Sexual Assault (RCASA); Community Health Center; we gave her the RACSB walk-in hours and address; the Mental Health America of Virginia's WARM LINE; and the Mary Washington Hospital Emergency Room/crisis center numbers.

Follow-up calls discovered that she had used the contact information given; she had already gotten her assessment and was set up with a schedule of visits to a therapist.

This was a person who was discouraged and feeling hopeless that we were able to provide life-giving resources to through the HelpLine.

## **Example 2**

### **Senior Visitors Program**

By definition, a kindred spirit is that special someone in your life who shares your interests, who has similar thoughts and feelings on most subjects, and who just accepts you for who you are. Senior Visitors Volunteer, Kara Rockwell, and her senior, Nellie, most definitely consider themselves kindred spirits. In 2012, Kara was looking for a volunteer activity when she saw a letter to the editor about the Senior Visitors Program. Kara enjoyed working with seniors and thought the program sounded very rewarding – so she applied and got started. During the first two years, Kara visited two different seniors and she enjoyed them both. However, when they were no longer able to continue with the program, Kara was matched with Nellie. They have been together now for three years. Kara says, “From the beginning, we just clicked. Teresa [Senior Visitors Program Director, Teresa Bowers] does such a great job matching volunteers and seniors.” Nellie agrees wholeheartedly, “We enjoy each other very much. We are like sisters. We have loads of fun together!”

Nellie and Kara’s friendliness and cheerfulness are contagious. Twice while they have been out laughing and talking over lunch, anonymous strangers have paid for their lunch. How wonderful to live in a community where we can inspire each other to be kind and generous.

When asked how they feel about the Senior Visitors Program, Nellie and Kara both had quick responses. “I love it!” exclaimed Nellie. Kara replies, “I tell Nellie that technically it’s volunteering in that I report my hours, but that I would visit with her anyway because we are good friends. I tell anyone looking for volunteer work, you should try Senior Visitors!”

## **Example 3 (Optional)**

### **Suicide Prevention Education**

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 used is Signs of Suicide (SOS), developed by Screening for Mental Health, Inc. It is listed on SAMSHA’S National Registry of evidence-based programs and practices for high school, while the middle school program is considered best practice. The middle school video (Time to ACT) and the high school video (Friends for Life) emphasize that suicide is not a normal response to stress, but is 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.

At one of the suicide prevention education presentations this past year, a teen approached our suicide

prevention education coordinator - SPEC (who was the presenter) following the presentation and expressed concern for a friend who had been acting strange and had made references to wanting to die.

Our SPEC asked the student to go with her to the counseling office to find out more details. It was discovered that the student's friend attended a different school in a different city. The school counselor contacted the other student's school and was able to locate the student's counselor.

After explaining the situation to the counselor in the other school district, the presenter, counselor, and student who was concerned for a friend felt relieved to know that the counselor they reached out to said they would contact the troubled student's parents and get help for that student.

This is just one example of how teaching a simple acronym (ACT) can inspire others to change and save lives.

# 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 (\$60,825 for FY18) represent approximately 20% of MHAF's annual budget (\$295,974 for FY18).

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.**

MHAF's growth of administrative cost is expected to be less than 1.5% above current administrative costs.

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

In previous fiscal years, MHAF has used a portion of the locality funding for administrative expenses via charging indirect costs associated with the programs to the localities. Since MHAF is anticipating a small surplus in its FY18 budget, we will use that surplus to defray the anticipated increase in FY19 administrative expenses as previously stated. Therefore, we will not be asking the localities in FY19 to fund any administrative expenses. This may change in FY20 and going forward.

### Capital Expenses

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

No capital expenses are currently budgeted for FY19.

**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 FY18 to FY19.

**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.**

MHAF receives no state or federal funding to support its programs. No fees are charged to the program beneficiaries of the Senior Visitors and HelpLine programs or Support Groups. No services are billed for third party reimbursements; thus no financial impact from state or national legislation is anticipated for the upcoming year. As a grassroots advocacy organization, MHAF continues to be actively involved in legislative priorities that address the needs of the people we serve and our community.

MHAF has a long history of addressing the mental health needs in our community. The agency has a strong Board of Directors that takes its oversight and fundraising responsibilities seriously. MHAF also has longstanding partnerships with community businesses, institutions of higher education, school systems, local governments, other agencies, mental health professionals, etc.

### **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.**

At the end of 2017, the \$10,000 grant in support of Senior Visitors from National Lutheran Community Services will expire. MHAF has submitted a \$10,000 proposal for the 2018 grant cycle and is waiting to hear if we won the award.

The Duff McDuff Green \$5000 grant for Suicide Prevention Education expires at the end of 2017. MHAF will have submitted a new \$10,000 proposal for 2018. and are waiting to hear the decision to fund.

RUW provided \$37,000 for HelpLine and Senior Visitors in FY18. A proposal for level funding will be submitted in FY19.

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 it becomes 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.

## 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

	<b>FY 2017 Actual</b>	<b>FY 2018 Budgeted</b>	<b>FY 2019</b>
Salary	25,085.00	21,804.00	21,708.00
Benefits	3,712.00	2,651.00	2,639.00
Operating Expenses	28,775.00	29,021.00	29,789.00
Capital Expenses	0.00	0.00	0.00
Other Expenses	7,041.00	7,349.00	7,507.00
Total	64,613.00	60,825.00	61,643.00

#### 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)*

	<b>FY 2017 Actual</b>	<b>FY 2018 Budgeted</b>	<b>FY 2019</b>
Caroline	0.00	0.00	5,960.00
Fredericksburg	12,215.00	12,215.00	18,195.00
King George	0.00	0.00	2,866.00
Spotsylvania	23,000.00	27,142.00	27,348.00
Stafford	12,000.00	15,000.00	15,848.00
United Way	47,285.00	51,000.00	49,000.00
Grants	39,092.00	39,092.00	38,410.00
Client Fees	25,511.00	0.00	26,500.00
Fundraising	105,059.00	88,900.00	86,080.00
Other (Click to itemize)	44,164.00	70,346.00	41,025.00
Total	308,326.00	303,695.00	311,232.00

#### Surplus / Deficit

	<b>FY 2017 Actual</b>	<b>FY 2018 Budgeted</b>	<b>FY 2019</b>
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Surplus or Deficit	243,713.00	242,870.00	249,589.00
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## **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 \$5,569 from Caroline County for the Senior Visitors Program.

The average projected cost (per person served) is \$618.86. The program currently serves 8 Caroline seniors with no locality funding. We project that we will serve 9 residents in FY19. (9 x \$618.86 = \$5,569)

##### HelpLine

We are requesting \$391 from Caroline County for the HelpLine program.

The average cost of an initial (unique) HelpLine call for FY 2017 is \$65.38. RUW supports 52% of the HelpLine program, thus we are asking localities to cover just 25% of the cost (\$15.66) and we will attempt to fund-raise the other 23%.

The HelpLine program served 10 Caroline residents in 2017 with no locality funding. We project that we will serve 25 Caroline County residents in FY19. (25 x \$15.66 = \$391).

##### 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 35 City seniors. The average projected cost for FY19 is \$618.86. We project we will serve 38 residents in FY19. (38 x \$618.86 = \$23,516)

##### HelpLine

We are requesting \$5,480 from the City for the HelpLine program.

The average cost of an initial (unique) HelpLine call for FY17 is \$65.38. RUW supports 52% of the program. We are asking localities to cover just 25% of the cost (\$15.66) and will attempt to fund-raise the other 23%.

The HelpLine program served 325 City residents in FY17 . We project that we will serve 350 residents in FY19. (350 x \$15.66 = \$5,480).

##### Suicide Prevention Education

We are requesting \$500 from the City of Fredericksburg 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 \$2,475 from King George County for the Senior Visitors Program.

The average projected cost (per person served) is \$618.86. The program currently serves 3 King George seniors with no locality funding. We project that we will serve 4 residents in FY19. (4 x \$618.86 = \$2,475)

#### HelpLine

We are requesting \$391 from Caroline County for the HelpLine program.

The average cost of an initial (unique) HelpLine call for FY 2017 is \$65.38. RUW supports 52% of the HelpLine program, thus we are asking localities to cover just 25% of the cost (\$15.66) and we will attempt to fund-raise the other 23%.

The HelpLine program served 16 Caroline residents in 2017 with no locality funding. We project that we will serve 25 King George residents in FY19. (25 x \$15.66 = \$391).

#### Suicide Prevention Education

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

### **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 55 County seniors. The average projected cost for FY19 is \$618.86. We project we will serve 55 residents in FY19. (55 x \$618.86 = \$34,037)

#### HelpLine

We are requesting \$2,348 from the County for the HelpLine program.

The average cost of an initial (unique) HelpLine call for FY17 is \$65.38. RUW supports 52% of the program. We are asking localities to cover just 25% of the cost (\$15.66) and will attempt to fund-raise the other 23%.

The HelpLine program served 103 County residents in FY17 . We project that we will serve 150 residents in FY19. (150 x \$15.66 = \$2,348).

#### Suicide Prevention Education

We are requesting \$2,000 from Spotsylvania County for suicide prevention education to offset the costs to the schools. In FY17, we presented the SPE program to 2,920 (7th and 9th grades) Spotsylvania students.

### **Stafford County**

#### Senior Visitors Program

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

The program currently serves 33 County seniors. The average projected cost for FY19 is \$618.86. We project we will serve 34 residents in FY19. (34 x \$618.86 = \$21,041)

#### HelpLine

We are requesting \$2,348 from Stafford County for the HelpLine program.

The average cost of an initial (unique) HelpLine call for FY17 is \$65.38. RUW supports 52% of the program. We are asking localities to cover just 25% of the cost (\$15.66) and will attempt to fund-raise the other 23%.

The HelpLine program served 105 County residents in FY17 . We project that we will serve 150 residents in FY19. (150 x \$15.66 = \$2,348).

#### Suicide Prevention Education

We are requesting \$1,500 from Stafford County for SPE to start expanding into Stafford Schools. We presented our program to 150 Stafford High School teachers this summer and budgeted for 958 Stafford

students in FY19.

# 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. 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. SV program serves a monthly average of 138 isolated older adults through volunteers. SV volunteers provided 4177 service hours (valued at \$100,833 per FY17 volunteer rate of \$24.14) with 2,587 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 the individualized in-home support, service delivery is maximized and duplication minimized.

Volunteers make weekly visits to senior's homes providing companionship and support based on the individual needs of the senior – caregiver respite, 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 4177 hours/contacts delivered in FY2017.

**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, screen 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 supported our program in the past.

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 130 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 supported our program in the past.

**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.

However, MHAF received two \$10,000 awards from the National Lutheran Communities Services (NLCS) organization in 2016 and 2017. That funding has been used for additional staff hours in order to serve more lonely seniors, and purchase marketing materials.

We submitted a third \$10,000 grant request for 2018 to National Lutheran Communities Services to continue the additional staff hours so that we can recruit more Senior Visitor volunteers and be able to serve more seniors (who are currently on our waiting list.)

## Mental Health America of Fredericksburg - Senior Visitors Program

### Program Specific Budget

Please provide your program specific budget below.

#### Expenses

	<b>FY 2017 Actual</b>	<b>FY 2018 Budgeted</b>	<b>FY 2019</b>
Personnel	53,696.00	61,167.00	63,937.00
Benefits	8,442.00	7,437.00	7,735.00
Operating Expenses	19,046.00	16,935.00	17,443.00
Capital Expenses	0.00	0.00	0.00
Total	81,184.00	85,539.00	89,115.00

#### 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.

	<b>FY 2017 Actual</b>	<b>FY 2018 Budgeted</b>	<b>FY 2019</b>
Caroline	0.00	0.00	5,569.00
Fredericksburg	12,215.00	12,215.00	12,215.00
King George	0.00	0.00	2,475.00
Spotsylvania	23,000.00	23,000.00	23,000.00
Stafford	12,000.00	12,000.00	12,000.00
United Way	12,000.00	12,000.00	12,000.00
Grants	10,200.00	10,200.00	10,200.00
Client Fees	0.00	0.00	0.00
Fundraising	6,738.00	11,624.00	7,156.00
Other (Click to itemize)	5,031.00	4,500.00	4,500.00
Total	81,184.00	85,539.00	89,115.00

#### Surplus / Deficit

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Surplus or Deficit	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

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).

Objective Results	Year End	Baseline
Total # Clients Served	28	45
Total # Clients Achieved/Successful	27	38
% Achieved / Successful	96.43	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	28	45
Total # Clients Achieved/Successful	26	38
% Achieved / Successful	92.86	84.44

## Outcomes Narratives

### Explanation & Overview

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

We served 138 seniors this year and the Senior Visitors Program Survey (our measurement tool) was

mailed on 5/22/17 to 59 volunteers/seniors who are in an established "match." Of those surveys, 28 were returned. The data reported is based on those 28 surveys (a 47% 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:

96.43% of seniors report feeling better connected with their community and needed resources.

92.86% 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**

We have no planned changes to the Senior Visitor program or their goals and objectives at this time.

**If you are restating the goals or objectives for FY 2018, please include those here**

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

Objective - Seniors report feeling better connected with their community and needed resources.

Objective - Seniors report finding community resources by contacting Senior Visitor staff.

### 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

**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.**

Objective Results	Year End	Baseline
Total # Clients Served	28	45
Total # Clients Achieved/Successful	27	38
% Achieved / Successful	96.43	84.44

**Seniors who report that overall the Senior Visitors program has met their needs by providing socialization opportunities for isolated older adults to encourage "life outside their four**

Total # Clients Served	28	45
Total # Clients Achieved/Successful	26	38
% Achieved / Successful	92.86	84.44

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).

## Outcomes Narratives

### Explanation & Overview

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

We served 138 seniors this year and the Senior Visitors Program Survey (our measurement tool) was mailed on 5/22/17 to 59 volunteers/seniors who are in an established "match." Of those surveys, 28 were returned. The data reported is based on those 28 surveys (a 47% 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:

96.43% of seniors report feeling less lonely and isolated as a result of visits by their volunteer  
92.86% 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**

We have no planned changes to the Senior Visitor program or their goals and objectives at this time.

**If you are restating the goals or objectives for FY 2018, 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.

Objective - Seniors report feeling less lonely and isolated as a result of visits by their volunteer.

Objective - Seniors report that the overall Senior Visitors program has met their needs.

## 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 FY2016 and the projected numbers of individuals to be served in FY2018.*

<b>Locality</b>	<b>FY2017 (Actual)</b>	<b>FY2019 (Projected)</b>
Fredericksburg City	35	38
Caroline County	8	9
King George County	3	4
Spotsylvania County	55	55
Stafford County	33	34
Other Localities	4	4
Total	138	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.

## 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 FY16-17 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 2017 was 3,964 with the following breakdown:

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

1290 Follow-Up calls

2039 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 cost for an initial (unique) HelpLine call for FY 2017 was \$65.38. Our projected cost for an initial HelpLine call for FY 2019 is \$62.63.

The RUW grant covers 52% 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 23%.

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. However, the number of hours manning the HelpLine has increased by approximately 30%, thus increasing the cost of the program.

## Mental Health America of Fredericksburg - HelpLine

### Program Specific Budget

Please provide your program specific budget below.

#### Expenses

	<b>FY 2017 Actual</b>	<b>FY 2018 Budgeted</b>	<b>FY 2019</b>
Personnel	25,675.00	34,414.00	36,113.00
Benefits	3,877.00	4,184.00	4,352.00
Operating Expenses	11,965.00	9,364.00	9,638.00
Capital Expenses	0.00	0.00	0.00
Total	41,517.00	47,962.00	50,103.00

#### 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.

	<b>FY 2017 Actual</b>	<b>FY 2018 Budgeted</b>	<b>FY 2019</b>
Caroline	0.00	0.00	391.00
Fredericksburg	0.00	0.00	5,480.00
King George	0.00	0.00	391.00
Spotsylvania	1,746.00	2,142.00	2,348.00
Stafford	1,583.00	1,500.00	2,348.00
United Way	25,000.00	25,000.00	25,000.00
Grants	2,000.00	0.00	0.00
Client Fees	0.00	0.00	0.00
Fundraising	8,788.00	16,920.00	11,745.00
Other (Click to itemize)	2,400.00	2,400.00	2,400.00
Total	41,517.00	47,962.00	50,103.00

#### Surplus / Deficit

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Surplus or Deficit	0.00	0.00	0.00

[View Diagram](#) Goals and Objectives

**Goals**

**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	Objective Results	Year End	Baseline
<b>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.</b>	Total # Clients Served	635	800
	Total # Clients Achieved/Successful	385	600
	% Achieved / Successful	60.63	75
<b>Follow-up calls end with confirmation from the client that they used the information they received (in initial call) to get the mental health help they need, or will accept another follow-up call.</b>	Total # Clients Served	1,290	1,400
	Total # Clients Achieved/Successful	1,138	1,100
	% Achieved / Successful	88.22	78.57

**Outcomes Narratives**

**Explanation & Overview**

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

We noticed a decrease in the number of people who agreed to a follow-up call this past year as they indicated they had received the resources they were seeking and were satisfied.

**Updates for FY2018**

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

We have no major changes planned to the program or the stated goals and objectives.

**If you are restating the goals or objectives for FY 2018, please include those here**

Goal #2 - "HelpLine caller with mental health needs or questions gain appropriate referrals for assistance and uses information to make contact with mental health professional."

Objective #1 - "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."

Objective #2 - We re-worded the second objective to clarify intent to read. "Follow-up calls end with confirmation from the client that they used the information they received (in initial call) to get the mental health help they need, or will accept another follow-up call."

**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 refers to appropriate mental health and community resources.**

<b>Objectives</b>	<b>Objective Results</b>	<b>Year End</b>	<b>Baseline</b>
<b>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.</b>	Total # Clients Served	635	800
	Total # Clients Achieved/Successful	584	700
	% Achieved / Successful	91.97	87.50
<b>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.</b>	Total # Clients Served	635	800
	Total # Clients Achieved/Successful	385	600
	% Achieved / Successful	60.63	75

**Outcomes Narratives**

**Explanation & Overview**

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

Our overall numbers include initial calls, follow-up calls and website hits and have increased from 3272 in FY16 to 3964 in FY17. We are still working on building an online program so that we can collect data from online HelpLine users.

That said, we track phone, email and in person HelpLine usage accurately to separate initial and follow-up call data to ensure counting individuals served vs. total number of calls and collect data on the follow- through of individuals seeking mental health help.

The overall FY17 HelpLine numbers are slightly higher than FY16 with a shift in how people access HelpLine information. Our records indicate a decrease in initial phone calls, with an increase in the

number of follow-up calls to individuals, and a significant increase in the number of website usage to find mental health resources.

We also noticed a decrease in the number of people who agreed to a follow-up call as they indicated they had received the resources they were seeking.

## **Updates for FY2018**

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

We have no major changes planned to the program.

There has been a significant increase in online HelpLine users (1456 in FY16 to 2039 in FY17). Our goal is to work through the technical difficulties we have experienced and finish building an interactive, online HelpLine program to help us capture important data.

The data we collect is needed to assess/identify gaps in services, unmet needs, access barriers and sometimes duplication of services.

For example, we began tracking callers requesting services for teens in FY14-15 and saw a high number of callers regarding teens. As a result, we found funding and created a teen, depression, education, and support group in April of 2016. We are currently conducting our fourth 8-week series and seeking funding for a year-round teen support group.

### **If you are restating the goals or objectives for FY 2018, please include those here**

Our goal and objectives remain the same as last year.

Goal #1 - 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 refers to appropriate mental health and community resources.

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

Objective #2 - "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."

The goal and objectives accurately reflects the first step of the HelpLine process and the effectiveness of the HelpLine program .

## Mental Health America of Fredericksburg - HelpLine

### Number of Individuals Served

#### Localities

*Please provide the actual numbers of individuals served in this program during FY2016 and the projected numbers of individuals to be served in FY2018.*

<b>Locality</b>	<b>FY2017 (Actual)</b>	<b>FY2019 (Projected)</b>
Fredericksburg City	325	350
Caroline County	10	25
King George County	16	25
Spotsylvania County	103	150
Stafford County	105	150
Other Localities	76	100
Total	635	800

## **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 through 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.

MHAF partners with Mental Health providers through an established dual referral system. We refer to clinicians for treatment services. They refer to the HelpLine when they cannot meet the specific need of a client or for support services for their clients (support groups, workshops, community resources). An unintended outcome of the HelpLine has resulted in coordinated information sharing. MHAF became the "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.

#### **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.

Without MHAF's HelpLine, the almost 4000 callers in FY2017 may not have received the help needed to positively impact their lives.

# 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 & high school students with the ability to identify the signs & symptoms of suicide & 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 & 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 & symptoms of depression & suicide and help-seeking behaviors, before and after presentation
- Videos help students recognize the signs & symptoms of suicide and depression, and help-seeking behaviors

- Class discussion throughout video presentation
- Evaluation forms
- Blank paper for student to write questions they do not feel comfortable asking in a group
- “A Friend in Your Pocket” cards to provide community resources to students
- Bracelets with National Suicide Prevention Lifeline 24/7 phone #
- Student request for help form

## **Client Fees**

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

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

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

The current program cost is \$20.86 cost per student. Currently, MHAF raises 70% 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.

MHAF implemented a suicide prevention education program for middle and high school students in 2014. It became our top priority when MHAF’s HelpLine experienced a 51% increase in callers requesting help for teens experiencing depression in FY2015 and no programs to reduce the incidence of youth suicide were coordinated in our area by other organizations.

### **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 second 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.**

Ultimately, we would like to provide SPE to teens in PD 16, and the community, to benefit organizations serving youth. We use the Signs of Suicide curriculum, which targets high school and middle school teens through two separate curriculums.

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

As stated before, we began this program for freshman in the Spotsylvania County Public Schools (SCPS) in the 2013 -2014 school year , expanded to Fredericksburg City Schools in 2015, and during the 2016 - 2017 school-year we were able to expand SPE to the 7th grade in SCPS and Fredericksburg City Schools.

We are currently 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 seeking level funding from both Spotsylvania County (\$2,000) and Stafford County (\$1,500). We are requesting the same amount as we requested in FY18 from Fredericksburg City (\$500).

Program costs are increasing slightly to accommodate additional personnel costs to continue expanding the SPE program throughout PD 16.

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

Unless we receive adequate funding, we will not be able to 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.**

To grow the program we would need to add hours to our current personnel for the Suicide Prevention Education Program.

## Mental Health America of Fredericksburg - Suicide Prevention Education

### Program Specific Budget

Please provide your program specific budget below.

#### Expenses

	<b>FY 2017 Actual</b>	<b>FY 2018 Budgeted</b>	<b>FY 2019</b>
Personnel	40,612.00	56,615.00	59,203.00
Benefits	6,380.00	6,884.00	7,159.00
Operating Expenses	18,629.00	16,398.00	16,966.00
Capital Expenses	0.00	0.00	0.00
Total	65,621.00	79,897.00	83,328.00

#### 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.

	<b>FY 2017 Actual</b>	<b>FY 2018 Budgeted</b>	<b>FY 2019</b>
Caroline	0.00	0.00	0.00
Fredericksburg	0.00	0.00	500.00
King George	0.00	0.00	0.00
Spotsylvania	0.00	2,000.00	2,000.00
Stafford	0.00	1,500.00	1,500.00
United Way	0.00	0.00	0.00
Grants	26,200.00	26,210.00	26,210.00
Client Fees	25,510.00	0.00	26,500.00
Fundraising	11,811.00	17,322.00	24,618.00
Other (Click to itemize)	2,100.00	32,865.00	2,000.00
Total	65,621.00	79,897.00	83,328.00

#### Surplus / Deficit

	<b>FY 2016 Actual</b>	<b>FY 2017 Budgeted</b>	<b>FY 2018 Requested</b>
Surplus or Deficit	0.00	0.00	0.00

# Mental Health America of Fredericksburg - Suicide Prevention Education

[View Diagram](#) Goals and Objectives

## Goals

### Goal:

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

Objectives	Objective Results	Year End	Baseline
Teens will improve their knowledge and understanding of depression as an illness and treatment options.	Total # Clients Served	3,364	4,152
	Total # Clients Achieved/Successful	2,691	3,800
	% Achieved / Successful	79.99	91.52
Teens will improve their knowledge and understanding that suicide is not a normal response to stress.	Total # Clients Served	3,364	4,152
	Total # Clients Achieved/Successful	3,195	3,800
	% Achieved / Successful	94.98	91.52

## Outcomes Narratives

### Explanation & Overview

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

Our data shows clearly that education increased teen's knowledge of the signs and symptoms of depression and suicide and help seeking behaviors - that they would be able to use the ACT model (Acknowledge, Care and Tell) to help themselves or others.

### 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**

Although we will continue using Signs of Suicide as our curriculum, we are making changes to our data tracking tools (Pre/Post Test and Evaluation forms) to more accurately measure the effectiveness of the program.

As a result, we are refining the verbiage of our Goals and Objectives to coincide with those tools for ease of tracking and reporting.

Goal 1: Students will increase their knowledge and recognition of the signs and symptoms of suicide and depression, and how to respond if they or someone they know is experiencing these issues.

Objective 1: Students will demonstrate improvement in their knowledge of signs, symptoms and myths of suicide and depression as indicated by improvement in their responses on statements 1-5 on the pretest and post-test.

Objective 2: Students will recognize the steps necessary to take if they or a friend require help as indicated by improvement in their responses on statements 6-10 on the pretest and the post-test.

**If you are restating the goals or objectives for FY 2018, please include those here**

**Goal:**

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

<b>Objectives</b>	<b>Objective Results</b>	<b>Year End</b>	<b>Baseline</b>
<b>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.</b>	Total # Clients Served	3,364	4,152
	Total # Clients Achieved/Successful	3,084	3,900
	% Achieved / Successful	91.68	93.93
<b>Teens will improve their knowledge and understanding of help seeking behaviors for themselves or others.</b>	Total # Clients Served	3,364	4,152
	Total # Clients Achieved/Successful	3,229	3,900
	% Achieved / Successful	95.99	93.93

**Outcomes Narratives**

**Explanation & Overview**

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

Our data shows clearly that education increased teen's knowledge of the signs and symptoms of depression and suicide.

**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**

Although we will continue using Signs of Suicide as our curriculum, we are making changes to our data tracking tools (Pre/Post Test and Evaluation forms) to more accurately measure the

effectiveness of the program.

As a result, we are refining the verbiage of our Goals and Objectives to coincide with those tools for ease of tracking and reporting.

Goal 2: Students will be more likely to seek help for themselves or a friend after participating in the program.

Objective 1: After participating in the program, students will indicate that they would be more likely to get help if symptoms of depression or thoughts of suicide develop as indicated on the student evaluation.

Objective 2: After participating in the program, students will indicate that they would be more likely to help someone who is depressed or had thoughts of suicide as indicated on the student evaluation.

**If you are restating the goals or objectives for FY 2018, 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 FY2016 and the projected numbers of individuals to be served in FY2018.*

<b>Locality</b>	<b>FY2017 (Actual)</b>	<b>FY2019 (Projected)</b>
Fredericksburg City	444	516
Caroline County	0	0
King George County	0	0
Spotsylvania County	2,920	3,636
Stafford County	0	958
Other Localities	0	0
Total	3,364	5,110

## **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.**

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

We realize that there must be community involvement to reduce teen suicide.

Our partners include:

- SCPS: Fredericksburg City and Stafford County Schools (Administrators, Teachers, Counselors/Social Workers)
- FCS; Catholic Charities; Trained Master's level Interns; Licensed Mental Health Providers to serve as presenters.
- University of Mary Washington Department of Psychology provides the data analysis.
- MHAF Teen Council provides a "teen voice" for program relevancy/improvement and participation in school events to promote teen mental wellness.

MHAF is also involved in a community wide effort with RACSB, MWHC, GWRC, DSS, the Health Department and other agencies to address the opioid epidemic and suicide prevention.

### **Collaborative Impact**

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

MHAH 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 Governor's Task Force has recommended suicide prevention education for high school students, no curriculum has been approved and funding has not been appropriated. MHAF is the driving force for this program which is based on community partnerships.

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