

Regional Funding

Fiscal Year 2021 - 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	cathleen.pessolano@mhafred.org

Agency Mission Statement

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

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

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

Number of Years in Operation	64
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Main Contact

Main Contact	Cathleen J. Pessolano, phone: (540) 840-3054, email: cathleen.pessolano@mhafred.org
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Job Title	Executive Director
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Localities Served

Please select any/all localities your agency serves.

Caroline	<input checked="" type="checkbox"/>
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Fredericksburg	<input checked="" type="checkbox"/>
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- 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.

MHAF provides unique programs and services to PD-16 which are beneficial to all no matter your income level, where you live, or your education level. As an agency, we assist those in need to navigate the health care system and to access mental health resources and services. Although merging with another agency would not have a negative impact on our community, lack of funding for these programs would.

Living our mission means that our programs educate, advocate, and serve the most vulnerable in our community by identifying and filling gaps in community services in response to mental health needs. Our current programs are:

Senior Visitors (SV)- Older adults are at the highest risk for depression and suicide. Over the past 4 years, we have seen an increase of 22% in APS cases in Virginia. Senior citizens have increasing needs for behavioral health and personal safety services. SV addresses these needs by assessing each senior's health and safety, identifying community resources that assists them to continue to safely live in their homes, connecting seniors with trained volunteers who provide companionship and community engagement. Loneliness, isolation, disconnection from others are all risk factors for depression, suicide, and personal neglect. If the SV program dissolved, those we serve would not be able to safely continue to reside in their community and their unmet mental health needs may result in tragic consequences

Suicide Prevention Education- At this time, there are no other programs addressing teen depression & risk of suicide in our area in response to growing number of teens suffering with anxiety, depression & suicidal ideations.

HelpLine is the only mental health information & referral service in our area helping to navigate the health system. Its purpose is to connect people seeking mental health services with those who can provide it. Without the HelpLine, 4,878 individuals last year would not have received the help they needed.

Community Impact

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

Example 1

Access to health care services and especially the need for assistance to navigate these services is one of the top priorities for our local area according to the Mary Washington Health Community Assessment. Our HelpLine directly provides this service to individuals who call, email, access our webpage, or even walk in. A prime example of this can be seen in the story of S.W. She originally called the HelpLine in order to find counseling at the insistence of her adult children. At age 75, S.W. had been a life long alcoholic and would often drive after drinking. Her daughter had been concerned about her safety and wellbeing and thus had removed her ability to drive. Since S.W. resided in an assisted living home, she had other transportation options. Within a three day period of time, S.W. called our HelpLine at least twelve times. Each time she asked for counseling services, but did not remember speaking to us before. She also did not recall the provider list which we had emailed her only an hour earlier. With information from S.W. and her permission, we were able to contact her daughter who lives in the D.C. metro area and provide the list of providers' information and also share our concerns for S.W. When S.W. called back, we were able to remind her of our conversation and reassure her that her daughter was arranging appointments for her. We continued to follow up with the family to make sure that they had found the resources they needed. Because S.W. shared that she drinks because she is lonely, staff also spoke to the family about the Senior Visitors Program which can offer companionship and community engagement. This is just one example of how our services are unique as it enables us to both connect individuals to community services and also support the family as they navigate the system.

Example 2

A.P., who lost his wife eight years ago and still lives in his family home in the local area, was referred to the Senior Visitors Program by one of our volunteers. A.P. had extensive needs that were not able to be met by his concerned neighbors. The house he was living in was not assessible for easy movement with his walker and his appliances no longer worked. He refused to go out as it made him anxious. With no living relatives, A.P. was alone in the world, isolated and depressed. The Senior Visitors Program staff came in and identified community funds to help complete the necessary home repairs. Most recently, one of our other volunteers donated a working fridge so that A.P. no longer had to live on canned food. A.P. has also been matched with a volunteer who comes over twice a week to take walks when the weather is nice. At first A.P. would only go short distances before his anxiety became too much, but after several months, he was able to walk much further distances. He shared stories of his time with his wife and all of the things that have changed in the community. A.P. speaks to his volunteer or calls staff to talk to when he starts to feel unsure or depressed. Since being enrolled in the SV program, A.P. is much more consistent about going to his doctor's appointments and following his doctor's recommendations. Without the SV program, A.P. would definitely be in an assisted living residence due to personal neglect or may even be dead due to the unhygienic environment he was living in or because of his suicidal contemplations.

Example 3 (Optional)

At a recent event at a local high school, staff met A.G. (a 10th grader), who shared that her "Don't suffer in silence" wristband which she received in 7th grade from MHAF's Suicide Prevention Education Program had just broken. She had continued to wear it for the past three years because its meaning was important to her. It helped her remember that "suicide is not the answer" and that "there are people who can help". She asked for a new band to wear. As we further discussed, she shared that learning the warning signs of depression and suicide had helped her reach out to other students who were struggling. She also remembered ACT (Acknowledge the feelings, Care- show that you care, Tell- Tell a trusted adult). Since A.G. was already acting as an ambassador for suicide prevention education, she was invited to apply to be a member of the Teen Council.

Mental Health America of Fredericksburg

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

MHAF administrative costs include both the operating costs of running the agency and all fundraising expenses associated with raising unrestricted revenues. This portion of the MHAF submission does not include program expenses. The total administrative costs budgeted represents 24 percent of the estimated FY21 revenue. 7.6% is admin cost and 16.4% is fundraising cost.

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 FY21 due to a growth in the cost of programs offered, we are projecting that the administrative costs will only experience a 2 percent growth in FY21, based upon the estimated cost of living.

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

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

Capital Expenses

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

No capital expenses are currently budgeted for FY21

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

No capital expenses are being defrayed by locality funding.

Salary & Benefit Expenses

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

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

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

N/A

Budget Issues

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

Two legislative initiatives which are still having an impact on our agency are:

1. Virginia is requiring mental health education in public schools. Local school systems are still trying to interpret this mandate to insure that education is provided to students, faculty, and parents. At this point, Spotsylvania, King George and Fredericksburg public schools are all benefiting from the Signs of Suicide Program which is part of our Suicide Prevention Education program.

2. Medicaid expansion in Virginia has added over 400,000 Virginians of which 138,000 were previously unable to acquire health insurance. With Medicaid now being managed by 6 MCOs, our HelpLine calls have doubled as consumers struggle in navigating the health care systems and finding appropriate local mental health resources which can be funded through their particular Medicaid plan.

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 Suicide Prevention Education Program has received a "\$21,210 matching funds" grant from the Sunshine Lady Foundation which expires in FY20. Our concern is that without these funds, we will need to reduce staff hours which will limit the number of Signs of Suicide presentations which we can present in local schools. It is our hope that we will find additional funding and that our Another Day Walk will continue to grow and offset this deficit.

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

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

Mental Health America of Fredericksburg

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 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Salary			19,246.00	21,646.00	22,079.00
Benefits			2,988.00	3,394.00	3,462.00
Operating Expenses			31,883.00	34,674.00	35,367.00
Capital Expenses			0.00	0.00	0.00
Other Expenses			7,709.00	12,995.00	13,255.00
Total	0.00	0.00	61,826.00	72,709.00	74,163.00

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 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline			0.00	0.00	6,103.00
Fredericksburg			12,215.00	12,215.00	19,664.00
King George			0.00	0.00	3,352.00
Spotsylvania			27,348.00	14,750.00	26,083.00
Stafford			15,000.00	15,584.00	19,838.00
United Way			47,000.00	47,000.00	47,000.00
Grants			42,530.00	50,457.00	40,000.00
Client Fees			15,000.00	5,500.00	6,000.00
Fundraising			93,000.00	99,750.00	103,000.00
Other (Click to itemize)	0.00	0.00	56,580.00	37,360.00	37,800.00
Total	0.00	0.00	308,673.00	282,616.00	308,840.00

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Surplus or Deficit	0.00	0.00	246,847.00	209,907.00	234,677.00

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 (SV)

We request \$5,500 from Caroline County for the SV Program. The average projected cost per person is \$170 annually. Currently serving 33 Caroline residents, seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors.

HelpLine

We request \$603.05 from Caroline for our HelpLine. Aver. cost per unique contact for FY20 is \$68.92. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received necessary services. Most callers receive approx. 5 contacts to assist in navigating the health system to obtain services. HelpLine served 32 Caroline residents & their families in FY19 & already 18 in the first 2 months of FY20. (35 X \$17.23=\$603.05)

City of Fredericksburg

Senior Visitors Program (SV)

We request \$13,600 for the SV Program. The avg. cost per person is \$170 annually. Currently we serve 80 residents: seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors. (80 X \$170)

HelpLine

We request \$5,513.60 for our HelpLine. Avg. cost per caller for FY20 is \$68.93. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). We connect callers w/ resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received critical services. Most callers receive approx. 5 contacts to assist in navigating the health system. HelpLine served 294 residents & their families in FY19 & already 61 in the first 2 months of FY20. (320 X \$17.23)

Suicide Prevention Education (SPE)

We request \$550 for the SPE program to serve Fredericksburg 7th & 9th graders.

King George County

Senior Visitors Program (SV)

We request \$2130 for the SV Program. The avg. cost per person is \$170 annually. Currently we serve 14 residents: seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors. (15 X \$170)

HelpLine

We request \$671.97 for our HelpLine. Avg. cost per caller for FY20 is \$68.93. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). We connect callers w/ resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received critical services. Most callers receive approx. 5 contacts to assist in navigating the health system. HelpLine served 38 residents & their families in FY19 & already 8 in the first 2 months of FY20. (39 X \$17.23)

Suicide Prevention Education (SPE)

We request \$550 for the SPE program to serve Fredericksburg 7th & 9th graders.

Spotsylvania County

Senior Visitors Program (SV)

We request \$20,740 for the SV Program. The avg. projected cost per person is \$170 annually. Currently serving 122 residents, seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors. (122 X \$170)

HelpLine

We request \$2842.95 for our HelpLine. Avg. cost per call for FY20 is \$68.93. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received crucial services. Most callers receive approx. 5 contacts to assist in navigating the health system. HelpLine served 160 residents & their families in FY19. (165 X \$17.23).

Suicide Prevention Education (SPE)

We request \$2500 to provide suicide prevention education to county youth.

Stafford County

Senior Visitors Program (SV)

We request \$14,960 for the SV Program. The avg. projected cost per person is \$170 annually. Currently serving 88 residents, seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors. (88 X \$170)

HelpLine

We request \$2377.74 for our HelpLine. Avg. cost per call for FY20 is \$68.93. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received crucial services. Most callers receive approx. 5 contacts to assist in navigating the health system. HelpLine served 136 residents & their families in FY19. (138 X \$17.23).

Suicide Prevention Education (SPE)

We request \$2500 to provide suicide prevention education to county youth.

Mental Health America of Fredericksburg - Senior Visitors Program

Program Overview

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

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

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

General Information

Program Name Senior Visitors Program

Is this a new program? No

Program Contact

Name Cathleen J. Pessolano

Title Executive Director

Email cathleen.pessolano@mhafred.org

Phone (540) 371-2704

Program Purpose / Description

Provide an overview of this program

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

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

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

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

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

Client Fees

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

There are not 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 a 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.

APS reports of neglect and/or abuse have doubled in Virginia, but locally, APS reports have quadrupled as 15.4% of our population is now 65 and over (US Census Bureau). Often when a senior is referred to Senior Visitors it is their first experience with any type of assistance. Many seniors are reluctant to accept help due to fear of fiscal exploitation, losing their independence or their home. Our ongoing weekly relationship with a senior can help them feel more confident in accepting help from our community agencies as their needs change and it enables us to meet their needs for health and safety so that they do not become an APS case.

The need for mental health services & assistance in navigating the health care system has been identified as a top priority in the MWHC needs assessment. Senior Visitors provide ongoing education on health and safety to seniors, their family, & volunteers, plus provides a safe connection to the community and decreases the risk of suicide.

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. 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 health and safety net burden for local jurisdictions. Trained staff assess the ever-changing needs of seniors in the program, provide ongoing education to the senior on health and safety and serve as link between the family and community resources. Volunteers are recruited, trained and receive ongoing continued education by program staff to insure that service delivery is effective and meets the changing needs of each senior.

Target Audience and Service Delivery

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

SV serves adults aged 60 & older residing in PD-16 who are lonely, socially isolated, vulnerable & have lost connection with their community-known predictors for risk of depression. Many are limited by physical & mental health impairments. SV reaches vulnerable seniors not currently receiving services from local agencies, as well as provides an adjunct to those served by regional agencies (DSS or HGAAA), thus complementing and augmenting services at a significant cost savings. Volunteers make weekly visits to seniors' homes providing companionship & support based on the individual needs of the senior, including: transportation to medical appointments, running errands, grocery shopping, picking up medications, monitoring home safety, providing resources and caregiver respite. Visit times are determined by volunteers & seniors. Volunteers commit to 1 hour per week to visit, but most exceed this commitment as evidence by 4599 hours/2941 contacts delivered in FY19.

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

SV's serves adults aged 60 & older who are lonely, socially isolated, vulnerable, & have lost connection with their community. Those socially isolated older adults are referred by local agencies, churches, families, & self-referral & then assessed by the clinically trained SV Program Director for health & safety risk factors, social isolation & depression via PHQ2 tool, & unmet needs. Trained, screened volunteers are then matched with those seniors & provide companionship, offer emotional support, encourage physical activity, & restore community connection. Volunteers are trained to recognize emotional & physical health & safety risks & other gaps where community resources may benefit our seniors. SV works in conjunction with any family members to provide respite care to decrease the likelihood of caregiver burnout & possible neglect/abuse. The SV staff provide education, support & connection to community resources for family members to assist them in meeting their senior's needs.

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 funding from localities to support services provided to their citizens based on service usage by residency according to FY19 usage. For some localities, this funding request is consistent with prior funding requests & for some localities this is funding is for additional financial supports so that we are able to continue offering this unique program (providing significant impact to socially isolated seniors, educating a corp of volunteers to be able to respond to the physical, mental & emotional needs of this unique population, & prevents caregiver burnout for family members) in order to continue serving lonely seniors in our community at a great risk for depression, suicide, & physical neglect/abuse.

There is a growing number of seniors requesting to be in the program, yet finances & staff hours are limited. Staff recruit/train volunteers, match volunteers, assess clients, manage individual needs of seniors & their caregivers, & provide ongoing support/education.

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

Currently there are 33 seniors waiting to be matched with a volunteer. Assessments, training time, working with the volunteer and seniors to insure that its an effective match, educating on health and safety concerns, advocating for the growing needs of this population, and serving as a liaison between the family, the senior, & community resources all require staff time. Seniors are an extremely vulnerable population and its critical for health and safety that our trained staff keep in communication with all parties to insure quality service and to be responsive to the ever-changing needs as one ages. Our services fill a growing need, enable seniors to remain in their community longer, provide opportunities for growth and engagement, and reduce the burden on locality supported safety net agencies.

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 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Personnel	53,696.00	60,510.85	64,251.00	63,423.00	65,960.00
Benefits	8,442.00	8,729.58	9,977.00	9,947.00	10,345.00
Operating Expenses	19,046.00	19,767.29	18,498.00	19,283.00	19,870.00
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Total	81,184.00	89,007.72	92,726.00	92,653.00	96,175.00

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 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline	0.00	0.00	0.00	0.00	5,500.00
Fredericksburg	12,215.00	12,215.00	12,215.00	12,215.00	13,600.00
King George	0.00	0.00	0.00	0.00	2,130.00
Spotsylvania	23,000.00	23,000.00	23,000.00	23,000.00	20,740.00
Stafford	12,000.00	12,000.00	12,000.00	12,000.00	14,960.00
United Way	12,000.00	12,000.00	12,000.00	12,000.00	12,000.00
Grants	10,200.00	9,250.00	3,750.00	827.00	500.00
Client Fees	0.00	0.00	0.00	0.00	0.00
Fundraising	6,738.00	14,313.72	24,241.00	38,511.00	21,145.00
Other (Click to itemize)	5,031.00	6,229.00	5,520.00	5,600.00	5,600.00
Other	780.00	2,095.00	1,520.00	1,600.00	1,600.00
In-Kind	4,251.00	4,134.00	4,000.00	4,000.00	4,000.00
Total	81,184.00	89,007.72	92,726.00	104,153.00	96,175.00

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021

Surplus or Deficit	0.00	0.00	0.00	11,500.00	0.00
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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 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
Seniors who report that overall the Senior Visitor program has met their needs by cultivating and maintaining effective working relationships that ensure referrals to and from needed community resources providing services to older adults (eldercare providers, local government and human service agencies, healthcare providers, civic organizations, faith and business communities).	Total # Clients Served	28	45	44	45		45
	Total # Clients Achieved/Successful	26	38	44	38		38
	% Achieved / Successful	92.86	84.44	100	84.44	0	84.44
Seniors who report feeling better connected with their community and needed resources by providing services through communication with client, referral sources and family members to connect older adults with needed community resources (physicians, healthcare providers, local government agencies,	Total # Clients Served	28	45	44	45		45
	Total # Clients Achieved/Successful	27	38	39	38		39
	% Achieved / Successful	96.43	84.44	88.64	84.44	0	86.67

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

Explanation & Overview

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

We served 155 seniors this year and the Senior Visitors Program Survey (our measurement tool) was mailed on April 1, 2019 to 66 volunteers/seniors who are in established "match". Of those surveys, 34 were returned. The data reported is based on those 34 surveys.

We are also able to document success on these indicators based on client self reports in contacts with our staff, according to written statements in our volunteer's monthly visit notes, in conversations with community partners and interactions with the families of our seniors.

Results:

100% of our seniors feel better connected to their community through the relationships that the Senior Visitors program has assisted them in making.

88% of our seniors feel batter connected to their community by Senior Visitor program staff connecting them to necessary community resources.

Updates for FY2018

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

We are strategizing different ways to collect more survey data by explaining the importance of the survey results and providing follow-up details.

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 connection to their community and community resources, thus decreasing risky health and safety behaviors and improving their healthy behaviors.

Objective #1:

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

Objective #2:

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

Goal:

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

Objectives

		2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
Seniors who report that overall the Senior Visitors program has met their needs by providing socialization opportunities for isolated older adults to encourage "life outside their four walls" through: outings in the community; annual holiday social in December and summer picnic; monthly newsletter, cards remembrance program and communication with seniors (notes, calls).	Total # Clients Served	28	45	44	45		45
	Total # Clients Achieved/Successful	26	38	44	38		38
	% Achieved / Successful	92.86	84.44	100	84.44	0	84.44
Seniors who report feeling less lonely and	Total # Clients Served	28	45	44	45		45

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	27	38	43	38		38
	Achieved/Successful						
	% Achieved / Successful	96.43	84.44	97.73	84.44	0	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 155 seniors this year and the Senior Visitors Program Survey (our measurement tool) was mailed on April 1, 2019 to 66 volunteers/seniors who are in established "match". Of those surveys, 44 were returned. The data reported is based on those 44 surveys.

We are also able to document success on these indicators based on client self reports in contacts with our staff, according to written statements in our volunteer's monthly visit notes, in conversations with community partners and interactions with the families of our seniors.

Results:

100% of our seniors feel their needs were met by the socialization opportunities provided by the Senior Visitors Program.

97% of our seniors report feeling less lonely and isolated as a result of visits by their volunteer.

Updates for FY2018

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

We are looking at ways to increase the completion and return of our annual surveys.

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.

Objective #1:

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

Objective #2:

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

Mental Health America of Fredericksburg - Senior Visitors Program

Number of Individuals Served

Localities

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

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 (Actual)	FY 2020 Estimate	FY 2021 Projected
Fredericksburg City	35	44	40	38	38
Caroline County	8	11	10	9	11
King George County	3	3	6	4	6
Spotsylvania County	55	56	54	55	55
Stafford County	33	29	39	34	38
Other Localities	4	6	4	4	4
Total	138	149	153	144	152

Mental Health America of Fredericksburg - Senior Visitors Program

Collaborative Impact

Efforts and Partnerships

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

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

Partnerships with local government agencies (DSS, HGAAA), nonprofit human service agencies, and private sector businesses (home health agencies, assisted living facilities) results in coordination that leverages resources for maximum impact. The program collaborates with Partners in Aging, a nonprofit organization providing education and services to raise awareness of senior needs through activities such as the Art of Aging, Operation Medicine Cabinet, and the Caregivers Appreciation Luncheon. Through partnerships with youth, church, and nonprofit groups, many seniors are fortunate to have home repairs done at no charge.

Collaboration to navigate and access healthcare and social services impacts senior's lives and results in locality savings.

Collaborative Impact

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

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

If the 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 2021 - 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	cathleen.pessolano@mhafred.org

Agency Mission Statement

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

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

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

Number of Years in Operation	64
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Main Contact

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

Localities Served

Please select any/all localities your agency serves.

Caroline	<input checked="" type="checkbox"/>
Fredericksburg	<input checked="" type="checkbox"/>

- 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.

MHAF provides unique programs and services to PD-16 which are beneficial to all no matter your income level, where you live, or your education level. As an agency, we assist those in need to navigate the health care system and to access mental health resources and services. Although merging with another agency would not have a negative impact on our community, lack of funding for these programs would.

Living our mission means that our programs educate, advocate, and serve the most vulnerable in our community by identifying and filling gaps in community services in response to mental health needs. Our current programs are:

Senior Visitors (SV)- Older adults are at the highest risk for depression and suicide. Over the past 4 years, we have seen an increase of 22% in APS cases in Virginia. Senior citizens have increasing needs for behavioral health and personal safety services. SV addresses these needs by assessing each senior's health and safety, identifying community resources that assists them to continue to safely live in their homes, connecting seniors with trained volunteers who provide companionship and community engagement. Loneliness, isolation, disconnection from others are all risk factors for depression, suicide, and personal neglect. If the SV program dissolved, those we serve would not be able to safely continue to reside in their community and their unmet mental health needs may result in tragic consequences

Suicide Prevention Education- At this time, there are no other programs addressing teen depression & risk of suicide in our area in response to growing number of teens suffering with anxiety, depression & suicidal ideations.

HelpLine is the only mental health information & referral service in our area helping to navigate the health system. Its purpose is to connect people seeking mental health services with those who can provide it. Without the HelpLine, 4,878 individuals last year would not have received the help they needed.

Community Impact

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

Example 1

Access to health care services and especially the need for assistance to navigate these services is one of the top priorities for our local area according to the Mary Washington Health Community Assessment. Our HelpLine directly provides this service to individuals who call, email, access our webpage, or even walk in. A prime example of this can be seen in the story of S.W. She originally called the HelpLine in order to find counseling at the insistence of her adult children. At age 75, S.W. had been a life long alcoholic and would often drive after drinking. Her daughter had been concerned about her safety and wellbeing and thus had removed her ability to drive. Since S.W. resided in an assisted living home, she had other transportation options. Within a three day period of time, S.W. called our HelpLine at least twelve times. Each time she asked for counseling services, but did not remember speaking to us before. She also did not recall the provider list which we had emailed her only an hour earlier. With information from S.W. and her permission, we were able to contact her daughter who lives in the D.C. metro area and provide the list of providers' information and also share our concerns for S.W. When S.W. called back, we were able to remind her of our conversation and reassure her that her daughter was arranging appointments for her. We continued to follow up with the family to make sure that they had found the resources they needed. Because S.W. shared that she drinks because she is lonely, staff also spoke to the family about the Senior Visitors Program which can offer companionship and community engagement. This is just one example of how our services are unique as it enables us to both connect individuals to community services and also support the family as they navigate the system.

Example 2

A.P., who lost his wife eight years ago and still lives in his family home in the local area, was referred to the Senior Visitors Program by one of our volunteers. A.P. had extensive needs that were not able to be met by his concerned neighbors. The house he was living in was not assessible for easy movement with his walker and his appliances no longer worked. He refused to go out as it made him anxious. With no living relatives, A.P. was alone in the world, isolated and depressed. The Senior Visitors Program staff came in and identified community funds to help complete the necessary home repairs. Most recently, one of our other volunteers donated a working fridge so that A.P. no longer had to live on canned food. A.P. has also been matched with a volunteer who comes over twice a week to take walks when the weather is nice. At first A.P. would only go short distances before his anxiety became too much, but after several months, he was able to walk much further distances. He shared stories of his time with his wife and all of the things that have changed in the community. A.P. speaks to his volunteer or calls staff to talk to when he starts to feel unsure or depressed. Since being enrolled in the SV program, A.P. is much more consistent about going to his doctor's appointments and following his doctor's recommendations. Without the SV program, A.P. would definitely be in an assisted living residence due to personal neglect or may even be dead due to the unhygienic environment he was living in or because of his suicidal contemplations.

Example 3 (Optional)

At a recent event at a local high school, staff met A.G. (a 10th grader), who shared that her "Don't suffer in silence" wristband which she received in 7th grade from MHAF's Suicide Prevention Education Program had just broken. She had continued to wear it for the past three years because its meaning was important to her. It helped her remember that "suicide is not the answer" and that "there are people who can help". She asked for a new band to wear. As we further discussed, she shared that learning the warning signs of depression and suicide had helped her reach out to other students who were struggling. She also remembered ACT (Acknowledge the feelings, Care- show that you care, Tell- Tell a trusted adult). Since A.G. was already acting as an ambassador for suicide prevention education, she was invited to apply to be a member of the Teen Council.

Mental Health America of Fredericksburg

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

MHAF administrative costs include both the operating costs of running the agency and all fundraising expenses associated with raising unrestricted revenues. This portion of the MHAF submission does not include program expenses. The total administrative costs budgeted represents 24 percent of the estimated FY21 revenue. 7.6% is admin cost and 16.4% is fundraising cost.

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 FY21 due to a growth in the cost of programs offered, we are projecting that the administrative costs will only experience a 2 percent growth in FY21, based upon the estimated cost of living.

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

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

Capital Expenses

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

No capital expenses are currently budgeted for FY21

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

No capital expenses are being defrayed by locality funding.

Salary & Benefit Expenses

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

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

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

N/A

Budget Issues

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

Two legislative initiatives which are still having an impact on our agency are:

1. Virginia is requiring mental health education in public schools. Local school systems are still trying to interpret this mandate to insure that education is provided to students, faculty, and parents. At this point, Spotsylvania, King George and Fredericksburg public schools are all benefiting from the Signs of Suicide Program which is part of our Suicide Prevention Education program.

2. Medicaid expansion in Virginia has added over 400,000 Virginians of which 138,000 were previously unable to acquire health insurance. With Medicaid now being managed by 6 MCOs, our HelpLine calls have doubled as consumers struggle in navigating the health care systems and finding appropriate local mental health resources which can be funded through their particular Medicaid plan.

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 Suicide Prevention Education Program has received a "\$21,210 matching funds" grant from the Sunshine Lady Foundation which expires in FY20. Our concern is that without these funds, we will need to reduce staff hours which will limit the number of Signs of Suicide presentations which we can present in local schools. It is our hope that we will find additional funding and that our Another Day Walk will continue to grow and offset this deficit.

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

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

Mental Health America of Fredericksburg

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 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Salary			19,246.00	21,646.00	22,079.00
Benefits			2,988.00	3,394.00	3,462.00
Operating Expenses			31,883.00	34,674.00	35,367.00
Capital Expenses			0.00	0.00	0.00
Other Expenses			7,709.00	12,995.00	13,255.00
Total	0.00	0.00	61,826.00	72,709.00	74,163.00

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 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline			0.00	0.00	6,103.00
Fredericksburg			12,215.00	12,215.00	19,664.00
King George			0.00	0.00	3,352.00
Spotsylvania			27,348.00	14,750.00	26,083.00
Stafford			15,000.00	15,584.00	19,838.00
United Way			47,000.00	47,000.00	47,000.00
Grants			42,530.00	50,457.00	40,000.00
Client Fees			15,000.00	5,500.00	6,000.00
Fundraising			93,000.00	99,750.00	103,000.00
Other (Click to itemize)	0.00	0.00	56,580.00	37,360.00	37,800.00
Total	0.00	0.00	308,673.00	282,616.00	308,840.00

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Surplus or Deficit	0.00	0.00	246,847.00	209,907.00	234,677.00

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 (SV)

We request \$5,500 from Caroline County for the SV Program. The average projected cost per person is \$170 annually. Currently serving 33 Caroline residents, seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors.

HelpLine

We request \$603.05 from Caroline for our HelpLine. Aver. cost per unique contact for FY20 is \$68.92. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received necessary services. Most callers receive approx. 5 contacts to assist in navigating the health system to obtain services. HelpLine served 32 Caroline residents & their families in FY19 & already 18 in the first 2 months of FY20. (35 X \$17.23=\$603.05)

City of Fredericksburg

Senior Visitors Program (SV)

We request \$13,600 for the SV Program. The avg. cost per person is \$170 annually. Currently we serve 80 residents: seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors. (80 X \$170)

HelpLine

We request \$5,513.60 for our HelpLine. Avg. cost per caller for FY20 is \$68.93. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). We connect callers w/ resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received critical services. Most callers receive approx. 5 contacts to assist in navigating the health system. HelpLine served 294 residents & their families in FY19 & already 61 in the first 2 months of FY20. (320 X \$17.23)

Suicide Prevention Education (SPE)

We request \$550 for the SPE program to serve Fredericksburg 7th & 9th graders.

King George County

Senior Visitors Program (SV)

We request \$2130 for the SV Program. The avg. cost per person is \$170 annually. Currently we serve 14 residents: seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors. (15 X \$170)

HelpLine

We request \$671.97 for our HelpLine. Avg. cost per caller for FY20 is \$68.93. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). We connect callers w/ resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received critical services. Most callers receive approx. 5 contacts to assist in navigating the health system. HelpLine served 38 residents & their families in FY19 & already 8 in the first 2 months of FY20. (39 X \$17.23)

Suicide Prevention Education (SPE)

We request \$550 for the SPE program to serve Fredericksburg 7th & 9th graders.

Spotsylvania County

Senior Visitors Program (SV)

We request \$20,740 for the SV Program. The avg. projected cost per person is \$170 annually. Currently serving 122 residents, seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors. (122 X \$170)

HelpLine

We request \$2842.95 for our HelpLine. Avg. cost per call for FY20 is \$68.93. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received crucial services. Most callers receive approx. 5 contacts to assist in navigating the health system. HelpLine served 160 residents & their families in FY19. (165 X \$17.23).

Suicide Prevention Education (SPE)

We request \$2500 to provide suicide prevention education to county youth.

Stafford County

Senior Visitors Program (SV)

We request \$14,960 for the SV Program. The avg. projected cost per person is \$170 annually. Currently serving 88 residents, seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors. (88 X \$170)

HelpLine

We request \$2377.74 for our HelpLine. Avg. cost per call for FY20 is \$68.93. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received crucial services. Most callers receive approx. 5 contacts to assist in navigating the health system. HelpLine served 136 residents & their families in FY19. (138 X \$17.23).

Suicide Prevention Education (SPE)

We request \$2500 to provide suicide prevention education to county youth.

Mental Health America of Fredericksburg - Suicide Prevention Education

Program Overview

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

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

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

General Information

Program Name Suicide Prevention Education

Is this a new program? No

Program Contact

Name Cathleen J. Pessolano

Title Executive Director

Email cathleen.pessolano@mhafred.org

Phone (540) 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, & educates parents and community members on identification and how to respond.

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

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

Client Fees

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

While no fees are charged to the students/participants in the school-based program, MHAF asks school districts to share a percentage of the SPE cost. We are seeking locality funding to offset costs to make it possible for school districts to provide SPE to their students.

The current program cost is \$23.86 per student. Currently, MHAF raises 70% of program costs through grants and fund-raising efforts and asks school districts to provide 20%. We are requesting 10% of costs from localities to fund this life saving program.

Justification of Need

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

In the 2017 Virginia Youth Survey, the data showed an increase of 15.3% increase over the past 8 years in the number of youth feeling sad and hopeless. 21.4% of middle schoolers reported that they seriously thought of committing suicide, with 14.5% who made a suicide plan and 8.5% who attempted suicide. This is an increase in Virginia of 20% over the past two years. 29.5% of high schoolers reported feelings of sadness and hopelessness which lasted more than two weeks and which resulted in stopping of usual activities. 15.7% of these youth seriously considered attempting suicide, 12.6% made a plan, and 7.2% attempted suicide. Suicide Prevention Education is a necessity for the health and safety of our youth when almost a quarter of our youth have experienced the signs of depression and over 10% of our youth have had suicidal ideation which they have considered seriously enough in which to make a detailed plan. Its critical that youth learn the warning signs and how to get help.

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

Suicide Prevention Education is an established program.

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 adolescents, teachers, parents and concerned community members in PD-16. We use the Signs of Suicide curriculum in our school-based component, which targets middle and high school age teens through two separate curricula. This program is presented in a single class session with the support of the classroom teacher, school guidance counselor, and other faculty. Prior to beginning Suicide Prevention Education at a specific school, an intensive training is offered to school personnel so that they can respond appropriately to students.

Our community suicide prevention education program teaches about: what is mental illness, signs of depression, red flags for suicide, how to increase protective factors/resiliency, and how to get help. The intended audience are youth groups, summer camps, parents, and concerned community groups that work with youth.

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

Suicide Prevention Education is provided to 7th and 9th grade students at partnering schools in our school-based program. We are open to partnering with all schools to serve all students. Our community based program is offered to any interested person, group, or organization.

Mental Health America of Fredericksburg - Suicide Prevention Education

Program Budget Narrative

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

We are asking localities to offset the cost of providing SPE as we continue to work toward establishing a sustainable funding stream. Our hope is that the MHAF Another Day 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 cost).

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

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

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

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

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

MHAF is the only agency providing suicide prevention education to middle and/or high school students in PD-16. Even though 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, Virginia Department of Education has not identified/developed a curriculum and has not provided any state funding to support these measures.

Unless we receive adequate funding, we will not be able to continue to provide this life saving training to area youth. Since major depression in youth has increased by 4.35% over the past five years, suicide prevention education in schools is even more critical for personal safety and wellbeing. The program teaches about the signs of depression, warning signs of suicide, available resources, and help-seeking behaviors.

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

We are not requesting funding for new positions or personnel.

Mental Health America of Fredericksburg - Suicide Prevention Education

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Personnel	40,612.00	52,468.48	52,843.00	41,486.00	43,145.00
Benefits	6,380.00	7,610.04	8,206.00	6,506.00	6,766.00
Operating Expenses	18,629.00	22,317.14	15,930.00	20,593.00	21,131.00
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Total	65,621.00	82,395.66	76,979.00	68,585.00	71,042.00

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 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline	0.00	0.00	0.00	0.00	0.00
Fredericksburg	0.00	0.00	0.00	0.00	550.00
King George	0.00	0.00	0.00	0.00	550.00
Spotsylvania	0.00	0.00	2,000.00	1,000.00	2,500.00
Stafford	0.00	0.00	1,500.00	2,084.00	2,500.00
United Way	0.00	0.00	10,000.00	10,000.00	10,000.00
Grants	26,200.00	24,710.00	21,210.00	21,210.00	0.00
Client Fees	25,510.00	22,504.70	15,000.00	5,500.00	5,500.00
Fundraising	11,811.00	30,110.70	24,669.00	26,191.00	46,842.00
Other (Click to itemize)	2,100.00	5,070.26	2,600.00	2,600.00	2,600.00
Corporations	0.00	3,071.06	600.00	600.00	600.00
In-Kind	2,100.00	1,999.20	2,000.00	2,000.00	2,000.00
Total	65,621.00	82,395.66	76,979.00	68,585.00	71,042.00

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021

Surplus or Deficit	0.00	0.00	0.00	0.00	0.00
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Mental Health America of Fredericksburg - Suicide Prevention Education

[View Diagram](#) Goals and Objectives

Goals

Goal:

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

Objectives

Objectives		2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
Students report that after participating in the program, they think they would be more likely to get help if they developed symptoms of depression or had thoughts of suicide.	Total # Clients Served	3,364	4,152	3,623	3,550		3,500
	Total # Clients Achieved/Successful	2,779	3,900	3,478	3,000		3,325
	% Achieved / Successful	82.61	93.93	96	84.51	0	95
Teens will improve their knowledge and understanding of help seeking behaviors for themselves or others.	Total # Clients Served	3,364	4,152	3,623	3,550		3,500
	Total # Clients Achieved/Successful	2,779	3,900	3,478	3,000		3,325
	% Achieved / Successful	82.61	93.93	96	84.51	0	95

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 to be finetuned. We are utilizing several methods of assessment to determine effectiveness: pre/post survey, audience response, and feedback from allied professionals/parents. We expect in the upcoming year to have a more accurate representation of the effectiveness of our programs.

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 the recommendations from the Rappahannock United Way and our desire to be effective (and to accurately measure based on the program being presented), we have changed our goals and objectives beginning in FY20:

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

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

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

Outcome #1: Trained adults will be able to identify 3 warning signs of suicide and know at least two resources that can be provided to a teen who is depressed or threatening to harm self.

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

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

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

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

Outcome #1: Trained adults will be able to identify 3 warning signs of suicide and know at least two resources that can be provided to a teen who is depressed or threatening to harm self.

Goal:

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

Objectives		2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
Teens will demonstrate that they can identify at least three warning signs for depression and suicide.	Total # Clients Served	3,364	4,152	3,623	3,550		3,600
	Total # Clients Achieved/Successful	2,779	3,800	2,971	3,000		3,400
	% Achieved / Successful	82.61	91.52	82	84.51	0	94.44

Teens will increase their knowledge of help-seeking behaviors.	Total # Clients Served	3,364	4,152	3,623	3,550	3,600
	Total # Clients Achieved/Successful	2,779	3,800	3,080	3,000	3,300
	% Achieved / Successful	82.61	91.52	85.01	84.51	0

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, it is our belief supported by the expertise of our program evaluator from UMW, that we are not evaluating the true measures of success for the Suicide Prevention Program. What we've determined is student responses were influenced by the way the questions were stated and also how the post surveys were handled. The knowledge of help seeking behaviors is very different than the intention to act which can be dependent on many variables beyond the control of our program. In moving forward, we have taken the suggestion of our data analysis mentor at UMW in rephrasing our pre and post test questions for clarity and also providing an opportunity for additional feedback to be recorded throughout the presentation compared to only assessing at the end as previously done. We expect that these changes will allow us to more accurately determine program effectiveness.

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

Our intention is to keep the same stated goals and objectives, but change the way that we collect evaluation data. We are streamlining our pre and post tests so that students have time to complete the assessment thoroughly without rushing. We have also rephrased questions which students have expressed confusion about so that they are measuring true understanding. In addition, we will be collecting data in the middle of the presentation to check for understanding so that a reinforcement of the information can be provided as needed since these key elements are crucial for suicide prevention.

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 and will develop help-seeking behaviors.

Objective #1:

Teens will demonstrate that they can identify at least three warning signs for depression and suicide.

Objective #2:

Teens will increase their knowledge of help-seeking behaviors.

Mental Health America of Fredericksburg - Suicide Prevention Education

Number of Individuals Served

Localities

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

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 (Actual)	FY 2020 Estimate	FY 2021 Projected
Fredericksburg City	444	429	687	700	700
Caroline County	0	0	0	0	60
King George County	0	0	800	850	850
Spotsylvania County	2,920	3,186	125	150	200
Stafford County	0	78	570	1,200	1,500
Other Localities	0	0	0	0	0
Total	3,364	3,693	2,182	2,900	3,310

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.

To reduce suicide by adolescents, we must work collaboratively with community members and agencies to reduce the risk factors, increase protective factors, and reduce the stigma associated with obtaining help for a mental illness. MHAF currently partners with local schools (administration, guidance, teachers), UMW Psychology Department (provides data analysis), Teen Council (forum to plan awareness campaigns in support of SPE), Community Collaborative on Youth and Families (cultivate collaborative relationships between agencies to focus energies on common mission to improve the lives of youth and families in PD-16), RACSB, the Be Well Rappahannock council and local mental health providers. MHAF's Suicide Prevention Education Program was originally developed in 2014 through a creative community "coalition": MHAF, Fredericksburg Counseling Services, Spotsylvania County Public Schools who all came together after a tragic suicide at Riverbend High School.

Collaborative Impact

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

According to the most recent national survey on the state of mental health in America, over 2 million youth suffer with severe mental illnesses and 70% do not receive treatment. These startling statistics represent an increase of 4.35% over the last 5 years in the number of youth living with major depression. Without programs that can meet youth where they are (spend the majority of their time in school), our hopes to reach them, increase their knowledge of alternatives, awareness of the signs of depression, learn practical help-seeker behaviors, and understand that suicide is not a normal response is extremely limited and the likelihood of connecting youth in need with resources is nil. Suicide prevention is a community concern and requires a community approach. MHAF is connected with local schools and has developed the necessary infrastructure to consistently reach youth in 7th and 9th grade. If the program were to be dissolved, these youth would truly suffer in silence.

Regional Funding

Fiscal Year 2021 - 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	cathleen.pessolano@mhafred.org

Agency Mission Statement

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

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

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

Number of Years in Operation	64
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Main Contact

Main Contact	Cathleen J. Pessolano, phone: (540) 840-3054, email: cathleen.pessolano@mhafred.org
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Job Title	Executive Director
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Localities Served

Please select any/all localities your agency serves.

Caroline	<input checked="" type="checkbox"/>
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Fredericksburg	<input checked="" type="checkbox"/>
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- 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.

MHAF provides unique programs and services to PD-16 which are beneficial to all no matter your income level, where you live, or your education level. As an agency, we assist those in need to navigate the health care system and to access mental health resources and services. Although merging with another agency would not have a negative impact on our community, lack of funding for these programs would.

Living our mission means that our programs educate, advocate, and serve the most vulnerable in our community by identifying and filling gaps in community services in response to mental health needs. Our current programs are:

Senior Visitors (SV)- Older adults are at the highest risk for depression and suicide. Over the past 4 years, we have seen an increase of 22% in APS cases in Virginia. Senior citizens have increasing needs for behavioral health and personal safety services. SV addresses these needs by assessing each senior's health and safety, identifying community resources that assists them to continue to safely live in their homes, connecting seniors with trained volunteers who provide companionship and community engagement. Loneliness, isolation, disconnection from others are all risk factors for depression, suicide, and personal neglect. If the SV program dissolved, those we serve would not be able to safely continue to reside in their community and their unmet mental health needs may result in tragic consequences

Suicide Prevention Education- At this time, there are no other programs addressing teen depression & risk of suicide in our area in response to growing number of teens suffering with anxiety, depression & suicidal ideations.

HelpLine is the only mental health information & referral service in our area helping to navigate the health system. Its purpose is to connect people seeking mental health services with those who can provide it. Without the HelpLine, 4,878 individuals last year would not have received the help they needed.

Community Impact

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

Example 1

Access to health care services and especially the need for assistance to navigate these services is one of the top priorities for our local area according to the Mary Washington Health Community Assessment. Our HelpLine directly provides this service to individuals who call, email, access our webpage, or even walk in. A prime example of this can be seen in the story of S.W. She originally called the HelpLine in order to find counseling at the insistence of her adult children. At age 75, S.W. had been a life long alcoholic and would often drive after drinking. Her daughter had been concerned about her safety and wellbeing and thus had removed her ability to drive. Since S.W. resided in an assisted living home, she had other transportation options. Within a three day period of time, S.W. called our HelpLine at least twelve times. Each time she asked for counseling services, but did not remember speaking to us before. She also did not recall the provider list which we had emailed her only an hour earlier. With information from S.W. and her permission, we were able to contact her daughter who lives in the D.C. metro area and provide the list of providers' information and also share our concerns for S.W. When S.W. called back, we were able to remind her of our conversation and reassure her that her daughter was arranging appointments for her. We continued to follow up with the family to make sure that they had found the resources they needed. Because S.W. shared that she drinks because she is lonely, staff also spoke to the family about the Senior Visitors Program which can offer companionship and community engagement. This is just one example of how our services are unique as it enables us to both connect individuals to community services and also support the family as they navigate the system.

Example 2

A.P., who lost his wife eight years ago and still lives in his family home in the local area, was referred to the Senior Visitors Program by one of our volunteers. A.P. had extensive needs that were not able to be met by his concerned neighbors. The house he was living in was not assessible for easy movement with his walker and his appliances no longer worked. He refused to go out as it made him anxious. With no living relatives, A.P. was alone in the world, isolated and depressed. The Senior Visitors Program staff came in and identified community funds to help complete the necessary home repairs. Most recently, one of our other volunteers donated a working fridge so that A.P. no longer had to live on canned food. A.P. has also been matched with a volunteer who comes over twice a week to take walks when the weather is nice. At first A.P. would only go short distances before his anxiety became too much, but after several months, he was able to walk much further distances. He shared stories of his time with his wife and all of the things that have changed in the community. A.P. speaks to his volunteer or calls staff to talk to when he starts to feel unsure or depressed. Since being enrolled in the SV program, A.P. is much more consistent about going to his doctor's appointments and following his doctor's recommendations. Without the SV program, A.P. would definitely be in an assisted living residence due to personal neglect or may even be dead due to the unhygienic environment he was living in or because of his suicidal contemplations.

Example 3 (Optional)

At a recent event at a local high school, staff met A.G. (a 10th grader), who shared that her "Don't suffer in silence" wristband which she received in 7th grade from MHAF's Suicide Prevention Education Program had just broken. She had continued to wear it for the past three years because its meaning was important to her. It helped her remember that "suicide is not the answer" and that "there are people who can help". She asked for a new band to wear. As we further discussed, she shared that learning the warning signs of depression and suicide had helped her reach out to other students who were struggling. She also remembered ACT (Acknowledge the feelings, Care- show that you care, Tell- Tell a trusted adult). Since A.G. was already acting as an ambassador for suicide prevention education, she was invited to apply to be a member of the Teen Council.

Mental Health America of Fredericksburg

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

MHAF administrative costs include both the operating costs of running the agency and all fundraising expenses associated with raising unrestricted revenues. This portion of the MHAF submission does not include program expenses. The total administrative costs budgeted represents 24 percent of the estimated FY21 revenue. 7.6% is admin cost and 16.4% is fundraising cost.

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 FY21 due to a growth in the cost of programs offered, we are projecting that the administrative costs will only experience a 2 percent growth in FY21, based upon the estimated cost of living.

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

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

Capital Expenses

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

No capital expenses are currently budgeted for FY21

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

No capital expenses are being defrayed by locality funding.

Salary & Benefit Expenses

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

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

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

N/A

Budget Issues

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

Two legislative initiatives which are still having an impact on our agency are:

1. Virginia is requiring mental health education in public schools. Local school systems are still trying to interpret this mandate to insure that education is provided to students, faculty, and parents. At this point, Spotsylvania, King George and Fredericksburg public schools are all benefiting from the Signs of Suicide Program which is part of our Suicide Prevention Education program.

2. Medicaid expansion in Virginia has added over 400,000 Virginians of which 138,000 were previously unable to acquire health insurance. With Medicaid now being managed by 6 MCOs, our HelpLine calls have doubled as consumers struggle in navigating the health care systems and finding appropriate local mental health resources which can be funded through their particular Medicaid plan.

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 Suicide Prevention Education Program has received a "\$21,210 matching funds" grant from the Sunshine Lady Foundation which expires in FY20. Our concern is that without these funds, we will need to reduce staff hours which will limit the number of Signs of Suicide presentations which we can present in local schools. It is our hope that we will find additional funding and that our Another Day Walk will continue to grow and offset this deficit.

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

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

Mental Health America of Fredericksburg

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 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Salary			19,246.00	21,646.00	22,079.00
Benefits			2,988.00	3,394.00	3,462.00
Operating Expenses			31,883.00	34,674.00	35,367.00
Capital Expenses			0.00	0.00	0.00
Other Expenses			7,709.00	12,995.00	13,255.00
Total	0.00	0.00	61,826.00	72,709.00	74,163.00

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 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline			0.00	0.00	6,103.00
Fredericksburg			12,215.00	12,215.00	19,664.00
King George			0.00	0.00	3,352.00
Spotsylvania			27,348.00	14,750.00	26,083.00
Stafford			15,000.00	15,584.00	19,838.00
United Way			47,000.00	47,000.00	47,000.00
Grants			42,530.00	50,457.00	40,000.00
Client Fees			15,000.00	5,500.00	6,000.00
Fundraising			93,000.00	99,750.00	103,000.00
Other (Click to itemize)	0.00	0.00	56,580.00	37,360.00	37,800.00
Total	0.00	0.00	308,673.00	282,616.00	308,840.00

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Surplus or Deficit	0.00	0.00	246,847.00	209,907.00	234,677.00

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 (SV)

We request \$5,500 from Caroline County for the SV Program. The average projected cost per person is \$170 annually. Currently serving 33 Caroline residents, seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors.

HelpLine

We request \$603.05 from Caroline for our HelpLine. Aver. cost per unique contact for FY20 is \$68.92. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received necessary services. Most callers receive approx. 5 contacts to assist in navigating the health system to obtain services. HelpLine served 32 Caroline residents & their families in FY19 & already 18 in the first 2 months of FY20. (35 X \$17.23=\$603.05)

City of Fredericksburg

Senior Visitors Program (SV)

We request \$13,600 for the SV Program. The avg. cost per person is \$170 annually. Currently we serve 80 residents: seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors. (80 X \$170)

HelpLine

We request \$5,513.60 for our HelpLine. Avg. cost per caller for FY20 is \$68.93. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). We connect callers w/ resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received critical services. Most callers receive approx. 5 contacts to assist in navigating the health system. HelpLine served 294 residents & their families in FY19 & already 61 in the first 2 months of FY20. (320 X \$17.23)

Suicide Prevention Education (SPE)

We request \$550 for the SPE program to serve Fredericksburg 7th & 9th graders.

King George County

Senior Visitors Program (SV)

We request \$2130 for the SV Program. The avg. cost per person is \$170 annually. Currently we serve 14 residents: seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors. (15 X \$170)

HelpLine

We request \$671.97 for our HelpLine. Avg. cost per caller for FY20 is \$68.93. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). We connect callers w/ resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received critical services. Most callers receive approx. 5 contacts to assist in navigating the health system. HelpLine served 38 residents & their families in FY19 & already 8 in the first 2 months of FY20. (39 X \$17.23)

Suicide Prevention Education (SPE)

We request \$550 for the SPE program to serve Fredericksburg 7th & 9th graders.

Spotsylvania County

Senior Visitors Program (SV)

We request \$20,740 for the SV Program. The avg. projected cost per person is \$170 annually. Currently serving 122 residents, seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors. (122 X \$170)

HelpLine

We request \$2842.95 for our HelpLine. Avg. cost per call for FY20 is \$68.93. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received crucial services. Most callers receive approx. 5 contacts to assist in navigating the health system. HelpLine served 160 residents & their families in FY19. (165 X \$17.23).

Suicide Prevention Education (SPE)

We request \$2500 to provide suicide prevention education to county youth.

Stafford County

Senior Visitors Program (SV)

We request \$14,960 for the SV Program. The avg. projected cost per person is \$170 annually. Currently serving 88 residents, seniors, volunteers, & caregivers are provided resources, ongoing support, & services which decreases the risk factors for depression & suicide in lonely, isolated seniors. (88 X \$170)

HelpLine

We request \$2377.74 for our HelpLine. Avg.. cost per call for FY20 is \$68.93. RUW supports 50%, we fund-raise for 25% & are asking localities to cover 25% of the cost (\$17.23). This service connects individuals with community resources that meet their needs & work with their insurance, plus provide follow-up calls to insure they received crucial services. Most callers receive approx. 5 contacts to assist in navigating the health system. HelpLine served 136 residents & their families in FY19. (138 X \$17.23).

Suicide Prevention Education (SPE)

We request \$2500 to provide suicide prevention education to county youth.

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 Cathleen J. Pessolano

Title Executive Director

Email cathleen.pessolano@mhafred.org

Phone (540) 371-2704

Program Purpose / Description

Provide an overview of this program

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

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

Client Fees

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

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

Justification of Need

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

Current research on the effects and occurrences of mental illness in our community confirm that the need continues to grow beyond current capabilities. We know that 1 in 4 families will experience a mental health problem and 10.3 million adults each year have serious thoughts of suicide (an increase of nearly 450,000 people). The 2019 MWHC Community Needs Assessment identified mental health as one of the top 3 health priorities for our area. Research shows that those who seek help get better, yet nationally we see that 70% of youth with severe depression go without treatment and more than 10 million adults have an unmet need for mental health services. Individuals experiencing a mental health crisis need assistance to navigate the health care system to enhance health and personal safety (and the safety and wellbeing of the whole family unit). Our HelpLine fills this need as no other local service exists to connect those in need to mental health services and resources.

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

The HelpLine is an established program which is experiencing an increase in the number of callers seeking assistance especially due to the changes in the Medicaid/Medicare system and the new hybrid CCC+ waivers.

Target Audience and Service Delivery

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

The HelpLine is a free service for anyone in PD-16 who has a need for mental health information and/or referral services for themselves or another. In addition, we receive many calls for help from physicians, schools, churches, businesses, local government & human service agencies looking for assistance to connect someone they serve with appropriate mental health services & resources. We are called because MHAF maintains accurate information to guide them to mental health services that meet their specific needs, rather than the frustrating experience of making several calls without finding the right help. We are especially seeing this need in those that receive Medicaid services since the addition of the 6 MCO's has added an additional level of hardship for those trying to navigate & obtain appropriate services for themselves or their children. We are living our mission: to connect those in need to appropriate services & increase the number of people who seek help.

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

N/A- We are a community program providing a service to all those that contact us.

Mental Health America of Fredericksburg - HelpLine

Program Budget Narrative

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

The total HelpLine contacts in FY2019 was 4,878. We record (initial) calls received by locality to track unique users by their locality. Our hope is to continue to update our online program so as to collect locality data from online users as well.

The average cost per unique contact is \$9.78 (which includes follow-up calls and contact with providers to update services provided and insurance accepted). 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 we will attempt to fundraise the additional 25%.

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

Our ability to respond to the unique needs of each HelpLine contact depends on adequate funding. No fees are charged to those seeking help or to the providers and agencies where callers are referred. Not receiving adequate funding would reduce staff hours available to promptly respond to the critical need of those seeking assistance for a mental health issue. 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 within our community.

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 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Personnel	25,675.00	31,750.45	35,337.00	40,078.00	41,681.00
Benefits	3,877.00	4,347.93	5,487.00	6,286.00	6,537.00
Operating Expenses	11,965.00	9,533.70	10,103.00	11,058.00	11,390.00
Capital Expenses	0.00	0.00	0.00	0.00	
Total	41,517.00	45,632.08	50,927.00	57,422.00	59,608.00

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 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021
Caroline	0.00	0.00	0.00	0.00	603.05
Fredericksburg	0.00	0.00	0.00	0.00	5,513.60
King George	0.00	0.00	0.00	0.00	671.97
Spotsylvania	1,746.00	2,142.00	2,348.00	2,250.00	2,847.95
Stafford	1,583.00	1,500.00	1,500.00	1,500.00	2,377.74
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	14,456.42	19,179.00	25,772.00	19,693.69
Other (Click to itemize)	2,400.00	2,533.66	2,900.00	2,900.00	2,900.00
In-Kind	2,400.00	2,533.66	2,400.00	2,400.00	2,400.00
Individual Contributions		0.00	500.00	500.00	500.00
Total	41,517.00	45,632.08	50,927.00	57,422.00	59,608.00

Surplus / Deficit

	FY 2017 Actual	FY 2018 Actual	FY 2019 Budgeted	FY 2020 Budgeted	FY 2021

Surplus or Deficit	0.00	0.00	0.00	0.00	0.00
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[View Diagram](#) Goals and Objectives

Goals

Goal:

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

Objectives

		2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 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	764	825		850
	Total # Clients Achieved/Successful	584	700	717	625		799
	% Achieved / Successful	91.97	87.50	93.85	75.76	0	94
HelpLine callers (initial phone calls, emails or walk-in clients who agree to a follow-up call) report that they have used the information provided or request additional information when provided a follow-up call.	Total # Clients Served	635	800	698	825		850
	Total # Clients Achieved/Successful	385	600	632	500		782
	% Achieved / Successful	60.63	75	90.54	60.61	0	92

Explanation & Overview

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

Some clients who call us do not wish for a follow-up call, but many state that they will contact us back if they need further assistance. We do track the total number of contacts for each client, and whether they felt satisfied with the assistance they were provided. We are still trying to find a way to obtain feedback from clients who access our online provider list for assistance.

Updates for FY2018

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

No changes.

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

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

Objective #1

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

Objective #2:

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

Goal:

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

Objectives

Objectives	2017 Year End	2018 Baseline	2018 Year End	2019 Baseline	2019 Year End	2020 Baseline
HelpLine virtual callers seeking assistance in identifying appropriate providers will gain the necessary knowledge to make an informed choice as demonstrated by the number of website contacts registered.	Total # Clients Served		0			4,045
	Total # Clients Achieved/Successful		0			4,045
	% Achieved / Successful		0			100
HelpLine virtual callers, who receive mental health information and are connected to a community provider, that are surveyed will express an increased sense of personal safety and wellbeing.	Total # Clients Served		0			3,333
	Total # Clients Achieved/Successful		0			3,200
	% Achieved / Successful	0	0	0	0	0

Explanation & Overview

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

This is a new outcome which will access the effectiveness of our online provider resource. This resource is available 24/7 and meets the needs of clients who are looking for immediate assistance and/or are having a mental health emergency. Clients utilizing this resource do not always contact our program, so its of incredible value to evaluate the benefits and effect of virtual services. This program does allow us to monitor page views and thus evaluate the types of specific needs of our virtual callers, thus enabling us to identify specific client needs and streamline delivery.

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

As stated above, this is a new goal and objectives which we believe will better evaluate the full range of services which are HelpLine provides to our community in promoting the health and safety of those in need of mental health information and services.

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

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

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

Objective #2: HelpLine virtual callers, who receive mental health information and are connected to a community provider, that are surveyed will express an increased sense of personal safety and wellbeing.

Mental Health America of Fredericksburg - HelpLine

Number of Individuals Served

Localities

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

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 (Actual)	FY 2020 Estimate	FY 2021 Projected
Fredericksburg City	325	283	325	335	320
Caroline County	10	18	20	25	35
King George County	16	13	15	20	39
Spotsylvania County	103	126	130	135	165
Stafford County	105	111	120	125	138
Other Localities	76	213	190	210	213
Total	635	764	800	850	910

Mental Health America of Fredericksburg - HelpLine

Collaborative Impact

Efforts and Partnerships

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

Mental illness requires a community health approach. Accordingly, MHAF's HelpLine provides information and referrals based on effectively identifying community partners to meet the growing need. We currently work with mental health practitioners/ agencies, human service organization, local/state governmental agencies, schools/colleges, and the faith community. Our new HelpLine Coordinator brings with her over twenty years experience in navigating the Medicaid health care system. Our current focus is to identify and build new relationships with individuals and organizations that provide mental health/personal wellbeing services for youth and families (Parent Resource Centers, YMCA, etc) as a way to build awareness and increase our ability to connect with those in need of mental health information and services. This is in response to current national data which shows a 4.35% increase in the number of youth suffering from anxiety & depression of which 70% do not receive treatment.

Collaborative Impact

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

MHAF's HelpLine is the only mental health information and referrals service in PD-16. We serve as a conduit between those in need and limited mental health resources. Navigating the health care system is complicated and with the changes in the structure surrounding Medicaid, we are seeing increased frustration in finding help according to our callers. Instead, many are utilizing unhealthy/dangerous means to cope with their illnesses. Without HelpLine, many individuals would not be able to find mental health services that enable them to live a safe, healthy, and productive life.

