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COVER LETTER

[Logo/Letterhead]

[Date]

[Contact Name]

[Funder Name]

[Funder Address]

[City], [State] [Zip Code]

Dear [Contact Name],

I am honored to submit this proposal on behalf of [redacted], a non-profit mental health organization raising awareness and providing free mental health services to low-income communities of color in Dellwood and Ferguson, Missouri. In the past several years, communities of color in Dellwood and Ferguson have experienced severe emotional trauma resulting from police violence, economic damage from mass protests, and further losses related to the COVID-19 pandemic. [redacted] is respectfully requesting a \$350,000 grant from [Funder] to expand the Mental Health Awareness First Aid ([redacted]) program, a grassroots initiative that provides free consultations, referrals, mobile crisis intervention, and first responder training in Dellwood and Ferguson's low-income and minority communities.

These communities suffer from high rates of depression and suicide. In fact, the number of Black, self-harm ER patients in St. Louis, where Dellwood and Ferguson are located, increased 65% between 2010 to 2016 (compared to 40% for all races). In spite of this concerning trend, a 2013 study estimated that 63% of Black Americans believe mental health conditions are a sign of personal weakness. [redacted] seeks to increase public awareness about the severe risks and outcomes associated with undiagnosed mental health conditions.

With the support of [Funder], [redacted] aims to scale [redacted] to benefit thousands of at-risk individuals from Dellwood and Ferguson's low-income and minority neighborhoods. It would be a privilege to work together to uplift these communities and introduce positive changes. Please do not hesitate to reach out to the Grant Contact, [redacted], or the Executive Director, [redacted], if you have any questions regarding [redacted] and its programs. Thank you for your time and consideration.

Sincerely,

[Signature]

[Name], [Title]

ORGANIZATIONAL OVERVIEW

General Information

Business Legal Name: [redacted] Inc

Entity Type: 501(c)(3)

Date Founded:

EIN Number:

DUNS Number:

UEI Number:

Number of Full-Time Employees:

Number of Part-Time Employees:

Number of Board Members:

Annual Operating Budget:

Contact Information

Organization

Address:

Phone:

Email:

Executive Director

Name:

Phone:

Email:

Grant Contact

Name:

Phone:

Email:

Narrative Statements

Mission Statement

[redacted] seeks to provide a light at the end of the tunnel for people struggling with mental health crises in low-income, minority, disadvantaged, and other at-risk communities.

Vision Statement

[redacted] envisions a world where individuals and families impacted by mental illness can seek the help they need without fear of stigma, regardless of their color, creed, or background.

Organizational History

Inspiration for [redacted] grew out of founder [redacted]'s personal experiences of loss of family members to suicide. [redacted] felt the need to address and respond to those who may be suffering in silence. Immediately following his younger brother's suicide, he knew he wanted to start a movement to encourage dialogue about mental illness and mental health awareness in the Black community. He learned everything he could about mental health, ultimately facilitating grief sessions and learning how prevalent suicide is in the Black community. In 2018, he founded [redacted] to fulfill his mission of raising awareness of suicide- and mental health-related issues in the Black community.

Theory of Change

[redacted] was created as a direct response to the lack of access to high quality mental health services in St. Louis' low-income communities of color. We believe that peer-to-peer interaction is an important way of engaging and connecting with those who may be suffering in silence. If we can harness peer support and reduce stigma around mental health conditions, suicides can be prevented. We believe that it is urgently important to address these issues due to the economic impact of COVID and the devastation it has caused in our local communities.

At present, not all those people who need to receive psychological treatment receive it. Those who do receive it do not always establish regular consultation.

There is a tremendous gap in access to healthcare, and mental health services in particular, between high-income and low-income communities. Effective service models are often unaffordable for low- and moderate-income households, and tend to be located in predominantly high-income areas.

Access to mental health care is a human right. Health is a treasure and an asset, and taking care of it is our duty. People and their well-being must be at the center of all of our decisions. We must be concerned with people and their suffering, people and their rights - above the economy, above money, and above growth.

Those who lack access to mental health care and diagnoses are disproportionately at risk for self-harm and suicide. We are committed to developing and implementing preventive strategies because we firmly believe that happiness and the ability to properly cope with things can be cultivated and instilled. We believe that empathizing with those who are struggling is necessary to understand their situation. To this end, we aim to cultivate empathetic interpersonal relationships with the communities we serve, building a strong support system for those who need it most.

PROGRAM DESCRIPTION

Summary

[redacted] is an evidence-informed program providing free consultation, referrals, mobile crisis intervention, and first responder training to low-income communities of color in Ferguson and Dellwood, Missouri. In order to maximize visibility and outreach within the target communities, the program will be offered at popular community spaces such as parks and barbershops, on the city streets, and through access to digital tools and resources. [redacted] aims to create a safety net and support system for local community members, particularly those from low-income and minority backgrounds, who are at risk for mental illness and/or suicide.

Services are separated into two major categories:

1) Care Coordination Services

Care Coordination Services seek to identify and assist individuals who are at significant risk for mental illness, self-harm, and/or suicide. These services will primarily be delivered at public check-in points known as “Friendship Benches”, which may be actual benches or spaces where participants can openly consult with a mental health professional about their needs. Friendship Benches will be permanently staffed by Community Health Workers who are certified to diagnose mental illnesses and refer patients to proper care and treatment. Additionally, each Friendship Bench will be affixed with a unique QR code which participants can use to check in virtually and interact with [redacted]’s online community and resources.

Both virtual and in-person services will prioritize high quality diagnosis and referrals for users. [redacted] will leverage its extensive, grassroots network of local health experts and organizations to connect patients with the support they need to lead healthy and fulfilling lives. [redacted] also plans to place Friendship Benches in public parks and barber shops, where the Community Health Workers can engage with participants on a more personal level. These benches will initially be placed throughout Dellwood as a public awareness campaign. After several months, they will be gathered at Peace Park, which will function as a meeting hub for community members seeking to volunteer, engage with [redacted]’s forum, or to seek resources.

In addition to the referral and consultation services offered through Friendship Benches, Care Coordination will create a Mobile Crisis Team, which will maintain an active presence in the streets of high-incidence neighborhoods. The Mobile Crisis Response Team will serve as the front line for direct response to the mental health crises occurring within the community. The Mobile Crisis Team will consist of trained Community Health Workers and Social Workers who will respond around the clock to reports of suicidal behavior and/or highly disturbed individuals, intervening in unpredictable or life-threatening situations. The team will also have all the necessary training and skills to assist people who are struggling with emotionally disturbed family members at home.

2) Educational Services

Educational Services are aimed at raising awareness within local communities about mental health issues and evidence-based suicide prevention strategies.

To this end, [redacted] will hold workshops at popular spaces such as barber shops, retail stores, churches, and universities across Dellwood and Ferguson. Workshops will consist primarily of training in strategies such as Question, Persuade, and Refer (QPR), Mental Health First Aid (MHFA), Youth Mental Health First Aid (YMHFA), and Crisis Intervention Training (CIT).

Participants will also be introduced to general mental health concepts and definitions, as well as information regarding the current mental health challenges faced by communities on the ground. Upon completing the course, participants will earn a professional certificate and become eligible to lead trainings themselves. By utilizing this “teach-the-teacher” model, [redacted] hopes to exponentially increase the number of local community members who are prepared to intervene effectively when a mental health crisis occurs within their household or community. To maximize its reach and impact, [redacted] will also offer these certification trainings virtually in partnership with the University of Missouri – St. Louis (UMSL), Mental Health of America, and National Wellbeing of America.

In addition to these trainings, [redacted] will host a series of public conferences, discussion panels, and workshops that bring together local parents, educators, schools, business, and faith-based organizations to discuss challenges and brainstorm solutions regarding mental health in Dellwood and Ferguson. Feedback from these events will help ensure that [redacted]’s programs and services are responsive to the needs of the local community. Through these gatherings,

[redacted] hopes to strengthen the overall infrastructure of local support networks and increase the pooling of resources to serve the target communities. It will create a locally representative Community Task force to moderate these events, broker community resolutions, and lead local outreach efforts.

Timeline

2021

- November 1 - 30 Staff Training (Care Coordination and Mobile Crisis Team)
- November 30 Giving Tuesday Fundraiser
- December 1 Launch Care Coordination and Mobile Crisis Team.
- December 1 - 31 Staff Training (Friendship Benches)
- December 1 - 31 Fundraiser/Open Call for Friendship Bench Artist Designs

2022

- February 1 Launch Barber Shops and Community Workshops
- March 1 Set up Friendship Benches throughout Dellwood
- April 1 - 15 Participant Surveys and Impact Assessment (Round 1)
- June 1 Move Friendship Benches to Peace Park
- October 1 World Mental Health Day Fundraiser
- December 1 - 15 Participant Surveys and Impact Assessment (Round 2)

2023

- January 30 Publish Inaugural Annual Report

Staff Training

Marketing & Outreach

Partnerships

Sustainability

No earned income is expected, as programs will be offered free-of-charge for participants. Currently, [redacted] is being funded exclusively through out-of-pocket donations by leadership, board members, and community supporters. The core team is implementing a robust fundraising campaign to sustain and expand its programs through 2022 and beyond. Several members of the Board of Directors hold leadership positions at local media and press companies, and will be instrumental in rallying public support behind [redacted]'s mission and vision. [redacted] leadership also has a history of friendship and collaboration with faith-based communities, academic institutions, and think tanks. [redacted] will develop these relationships into functional partnerships that increase its impact, efficacy, and outreach.

By investing in strategic partnerships and outreach campaigns, [redacted] aims to build a strong base of recurring donors around a core of local supporters who are highly informed about their work. The [redacted] team will also cultivate relationships with philanthropists and grantmakers to explore possibilities in grant funding. By balancing a solid recurring donor base with periodic grant funding, [redacted] hopes to achieve long-term financial sustainability, and aims to eventually establish a physical location to base their operations.

Cost

Total Cost:	\$350,000
Participants (Estimate):	2,000
Cost-per-Participant:	\$175 / Participant
Request Amount:	\$350,000
Cost Match:	\$0

Request Summary

The requested funds will be used to employ 5 administrative staff and 18 direct service staff for a period of one year. Remaining funds will be used for outreach campaigns, event venue rentals, web development, and legal and administrative expenses.

Funding Sources

Organizational Capacity

Organizational Management

Staff Description

Executive Director:

Programs and Partnerships Director:

Finance and Budget Director:

Additionally, the [redacted] team will consist of the following personnel:

- **Community Health Workers (10):** Community Health Workers will educate the public about [redacted]'s programs and values, which includes mental health awareness and stigma reductions at the community level. They will educate thousands of residents in suicide prevention. Community Health Workers must be dedicated individuals with extensive experience in community development, social service programs, and social justice movements. They will also staff the Friendship Benches initiative and work closely with the crisis intervention teams to connect patients on the ground with the mental health treatment and services personnel at [redacted]. Community Health Workers will operate at a 1:150 staff-to-client ratio.
- **Health Educators (2):** Health Educators will be responsible for coordination of care and communication between patients, family members, allied health professionals, administrative staff, and insurance companies to ensure that program participants are receiving the best possible healthcare services. Duties may include interviewing program participants, identifying care problems, making referrals to appropriate healthcare services, directing patient inquiries or complaints, facilitating satisfactory resolutions, explaining policies to patients, assisting patients with choosing service providers, discussing treatment options, keeping track of prescriptions, and even accompanying program participants to doctor appointments. Health Educators will operate at a 1:75 staff-to-client ratio.
- **Crisis Intervention Manager (1):** The Crisis Intervention Manager will lead the Mobile Crisis Team. They will assist in providing intensive treatment and intervention services. The Crisis Intervention Manager will deliver these services in-person, as well as through the crisis and emergency service hotline for individuals with mental illness and/or intellectual disabilities. Their aim is to prevent mental health crises that place individuals at risk of hospitalization.
- **Clinical Social Workers (5):** The Clinical Social Worker Team will work directly with clients to provide ongoing support of mental health issues and concerns. Duties will include observing client behavior, assessing their needs, and creating individualized treatment strategies. Additional tasks include diagnosing psychological, behavioral, and emotional disorders, as well as developing and putting treatment plans in place. Health Educators will operate at a 1:40 staff-to-client ratio.
- **Other Staff:** Office Administrator (1), Volunteer Coordinator (1), Evaluation Team (TBD)

STATEMENT OF NEED

Service Area & Demographics

[redacted] will serve low-income and minority communities in Dellwood and Ferguson, Missouri. It will focus on benefiting individuals who are at risk for severe depression, self-harm, and/or suicide.

Need for Proposed Program(s)

Black communities in St. Louis are in urgent need of accessible programs that provide critical mental health services and resources for those in risk of, or currently experiencing, mental illness and suicidal thoughts. In St. Louis, Black people have experienced an increase in emergency room visits related to self-harm, with an estimated 65% increase in visits between 2010 and 2016 (compared to 40% for all racial groups). Recent data compiled from local surveys suggest that mental distress is a significant factor contributing to suicide. Vulnerable residents of St. Louis, such as those from low-income or minority backgrounds, urgently need resources to learn about, and cope with, mental health conditions. The majority-Black communities of Dellwood and Ferguson are particularly at risk due to ongoing struggles with racial discrimination, economic marginalization, and police violence. Additionally, the socio-economic stress of the COVID-19 pandemic has increased multiple factors that contribute to mental distress, including social isolation and unemployment. During the pandemic, suicidal thoughts have increased among blacks across the country, with 15% of blacks reporting such thoughts since late June.

Prior to the pandemic, Blacks in St. Louis County were the highest racial group to be sent to the ER for mental health, including teens and children. Suicide and self harm rates among this population have exponentially increased in recent years as well. Individuals from low income backgrounds have been hit the hardest, and often either lack insurance or are reluctant to seek necessary care due to stigma. Many members of these communities do not realize that national programs such as Mental Health America and the American Red Cross have affiliates in the area. Quality diagnosis and referral services are needed, in addition to treatments offered by professional clinics.

Currently, communities such as Dellwood and Ferguson face significant barriers to accessing the mental health programs they need. Both cost and accessibility present

challenges for many residents. Most high quality healthcare services tend to be located in high-income areas, and rates can often be unaffordable for those living in poverty. High-income residents are also more likely to have private insurance plans that lower the out-of-pocket cost of mental health services. The result is a growing gap in access and quality-of-service between low- and high-income residents. Moreover, widespread stigma around mental health discourages many residents from seeking help. A recent study by the National Alliance on Mental Illness found that 63% of black people believe mental health conditions are a sign of personal weakness.

The lack of diagnosis, referral, and treatment services for mental illnesses in Black communities across the country is extremely concerning. 70% of the 5 million Black Americans with a mental illness do not receive treatment. This subjects them to multiple risks associated with undiagnosed mental illness. For instance, 18% of American adults with mental illness also have a substance use disorder, and research shows that people suffering from undiagnosed mental illnesses are more likely to experience homelessness and develop chronic diseases like cancer and diabetes. Sadly, undiagnosed mental illness have been shown to lead to self-harm and suicide in the long term, and cause many other issues that impact the individual, family, and community at large.

Demonstrated Effectiveness

The [redacted] program model is based on evidence of similar programs that have achieved success in comparable communities. In particular, [redacted] is inspired by a collaborative 2021 research project undertaken by The Alliance for Research in Chicagoland Communities (ARCC) and the Northwestern University Clinical & Translational Sciences Institute (NUCATS). The study found that public institutions such universities and faith-based organizations were indispensable partners in the provision of mental health-related public services and outreach to communities in Chicago. [redacted]'s program model addresses the need for collaboration between academic, faith-based, and health institutions to provide an adequate level of mental health care in underserved communities.

Works Cited

IMPACT & EVALUATION

Objectives

- 1) Reduce rates of mental illness and suicide among Blacks in Dellwood and Ferguson.
- 2) Increase the accessibility of mental health services in Dellwood and Ferguson for Blacks with undiagnosed mental illness.
- 3) Raise awareness about mental health issues affecting Black and other at-risk communities in St. Louis and around the country.
- 4) Reduce the stigma associated with seeking mental health services.
- 5) Train staff and participants in best practices for diagnosing and responding to mental health crises in their communities.
- 6) Provide direct suicide intervention services to at-risk communities.
- 7) Provide digital and in-person consultations and referrals for mental health services and other basic needs.
- 8) Increase community engagement with mental health and suicide prevention curricula and resources.

Outcomes

In its first year of programming, [redacted] aims to achieve the following outcomes:

- 1) Reduce the number of local suicide attempts and mental illness diagnoses.
- 2) Serve 2,000 participants through the Care Coordination, Friendship Benches, Barber Shops, Mobile Crisis Team, and Community Workshops programs.
- 3) Engage 500 local community members through public workshops that explore mental health frameworks and provide best practices for crisis intervention.
- 4) Train 500 staff and participants in evidence-based suicide prevention frameworks.
- 5) Refer 500 participants to accessible and affordable mental health treatment.
- 6) Provide 5,000 hours of free health consultation to participants.
- 7) Provide 5,000 hours of active monitoring and mental health crisis response in local, at-risk communities.
- 8) Reduce stigmatization against mental health services in 100% of participants.
- 9) Increase accessibility of mental health services for 100% of participants.
- 10) Increase affordability of mental health services for 100% of participants.
- 11) Decrease likelihood of suicide and self-harm in 100% of participants.

Evaluation Framework and Methodology

[redacted] uses a three-part evaluation framework that is informed by existing approaches such as the Health Belief Model (HBM) and those included in the RAND Suicide Prevention Program Evaluation Toolkit. Each component of the framework measures different indices of program success, and together they form a comprehensive impact assessment strategy that is highly measurable and mission-aligned. The three-part framework consists of the following components:

- (1) **Local Public Health Data** uses publicly available datasets sourced from hospitals and local health agencies to measure key mental health indicators in at-risk populations. A multi-year research study will be designed and implemented by the Evaluation Team to assess the impact of [redacted] programs on these benchmarks. It is critical that we monitor these public trends to create an accurate picture of our progress on a larger scale.
- (2) **Participant Engagement** collects basic information on demographic factors like race, gender, and income from participants. Using this data, [redacted] can understand where its services are most needed and take concrete steps towards fulfilling the participant engagement quotas it has set for each program.
- (3) **Participant Attitudes** reflect changes in program participants' attitudes towards mental health services through longitudinal survey studies. Participant surveys will take place semi-annually, and will collect more detailed, nuanced information such as affordability of services, stigmatization levels, and participant stress levels.

Under the guidance of the Leadership Team, the Evaluation Team will supervise the monitoring and assessment of all outcomes relating to these three components. In January 2023, [redacted] intends to publish an inaugural annual report which will share a detailed analysis of the organization's impact in these areas. Additional outcome and evaluation measures will be used as deemed necessary by the Evaluation Team.

ATTACHMENTS

Financial Statements: Attach an audited financial statement for the most recent fiscal year.

Organizational Budget: Attach an organizational budget projecting operating expenses for the current fiscal year.

Organizational Chart: Attach an organizational chart showing the management structure of the organization.

Program Logic Model: Attach a logic model that shows how program design leads to stated goals and objectives.

Program Budget: Attach a budget that lists all program-related income and expenditures.

Budget Narrative: Attach a budget narrative that justifies major line items in the Program Budget.

Letters of Support: Attach any relevant letters of support, intent, or commitment from partners, funders, and others.

Staff Resumes: Attach the resumes of key program staff.

Board of Directors: Attach a list of board members. Include their names, companies, titles, skills, industries, and the year they joined.

Bylaws and Procedures: Attach requested excerpts from corporate bylaws, including DEI, Equal Opportunity, and other statements.

Media Attachments: Attach any press or media that illustrates the program.

Nonprofit Determination Letter: Attach an IRS Nonprofit Letter of Determination.

Past Awards: Attach a list of relevant grants awarded in the past.

Evaluation Tools: Attach surveys and other evaluation tools that the organization uses.