

WHF Trauma Informed Mental Health Access Application

Section I:

- Organization Name:
- Application Contact Person name & email (This person will receive email notices about the grant):
- Executive Director name & email:
- Other Contact name & email:

Section II Executive Summary

Project Title:

Program Name: Total Dollar Amount Requested:

Brief Narrative overview of proposal: (Limit to 200 words)

Purpose of Grant – What you hope to accomplish: (Limit to 50 words)

Start Date:

End Date:

Section III Organizational Characteristics

- History

State when and why the organization was established, and explain any notable changes in the organization's purpose. (Limit to 300 words)

- Current Mission

Provide the organization's board-approved mission statement. (Limit to 250 words)

- Content Expertise

Describe your organization's expertise in providing counseling services to high-risk individuals (children and/or adults), including but not limited to trauma sensitive care, if any. If you currently provide counseling services, describe how you identify high-risk individuals/families. (Limit to 500 words)

- Community Engagement

Describe your community engagement efforts with partnering organizations, networks, and key leaders that help ensure the success of your organization. How do you collaborate with other social service agencies to serve Wyandotte County? Please describe your referral process in place to take in new clients, specifically regarding clients in need of mental/behavioral health services, if any. (Limit to 500 words)

- Sustainability

Describe the steps your organization has/is taking to date to assure its long-term sustainability, e.g., conducting an organizational assessment, conducting a strategic plan, developing a business plan, exploring another business model, etc. (Limit to 500 words)

WHF Trauma Informed Mental Health Access Application

Capacity

- Key Staff & Leadership

Staff: Please provide information about key staff, leadership, and organizational expertise to help fulfill your mission and meet the proposed purpose of your grant. (Limit to 500 words)

- Services Provided

Please describe the services provided by your organization. Specifically, describe your organization's mental/behavioral health services provided. Include information on target population, number of mental health providers and their credentials, their caseloads, challenges, and success of interventions. Do any of these providers have specialized training in childhood trauma? If so, describe. (Limit to 750 words)

- Quality Improvement/Assurance Plan

Does your organization have a written quality improvement/assurance plan? If so, when was it last updated? Is it exclusively for direct services or does it apply to the organization as a whole? (Limit to 500 words)

- Quality Improvement/Assurance Process

Briefly describe the process used in your organization to improve client outcomes and assure quality, safety and cost efficiency. Also describe the board of directors' involvement with quality improvement and assurance. (Limit to 500 words)

- **Alignment with WHF interest**

The Wyandotte Health Foundation has a deep interest in promoting cultural awareness and trauma-informed approaches to care. We believe that these approaches can play important roles in improving communication between patients and providers and in identifying underlying causes of physical and mental/emotional health conditions. Not only do these approaches improve the care process, but they are important steps in improving population health consistent with current understanding of the social determinants of health. Given the social conditions in much of Wyandotte County, we believe that attention to cultural awareness and trauma-informed approaches to care across a broad array of health care, social, and educational providers can make a meaningful contribution to the health and well-being of the community.*

** Culture is about more than simply the language one speaks. Culture is the knowledge, beliefs, customs, and values members of a society share. According to the University of Ottawa's Faculty of Medicine, "cultural awareness" involves observing and being conscious of similarities and contrasts between cultural groups and the ways in which culture may affect different people's approach to health, illness and healing. The U.S. Substance Abuse and Mental Health Services Administration construes "trauma-informed care" as an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. "Trauma" is defined here as the impact of violence, abuse, neglect, loss, disaster, war and other emotionally harmful experiences on individuals and families.*

Read the Wyandotte Health Foundation Interest Section above.

Please describe your organization's efforts to engage clients and their families in these two areas, such as, written policies, training at all levels in the areas of cultural sensitivity, and/or the effects of trauma on the brain and body. (Limit to 500 words)

WHF Trauma Informed Mental Health Access Application

Section IV Program Description

This grant application is intended to increase access to trauma informed mental/behavioral health services in Wyandotte County. Funding will increase mental health capacity/expertise/services to assist families experiencing trauma to reduce the health impacts associated with Adverse Childhood Experiences (ACEs)/trauma.

- Program Description

Briefly describe your proposed program and how it will achieve the above grant purpose; identify the services you will provide and the specific outcomes you are committed to achieving. Describe the need for these services, including supporting evidence, if known. (Limit to 750 words)

If you request funds to hire new/additional staff, please describe the position and their role in meeting the above program description. Be as specific as possible when describing the position. (Limit to 500 words)

If this is a request for continued funding from the previous grant year from WHF, please describe your successes from the previous grant, outcomes achieved, and how this request will build on your previous grant. (Limit to 750 words)

- Client Information

Briefly describe the number of clients to be served by your proposed program; how many do you anticipate being existing clients, and new clients? If known, describe your target client demographics (i.e. age, race, geographic location, etc.) (Limit to 500 words)

- Performance Measurement

Please describe how you will evaluate success of your proposed program. What results do you expect to achieve by conducting the proposed activities; in other words, how will clients be different as a result of the proposed activities? What measures will you use to show you are making progress toward achieving your anticipated results (outcomes)? (Limit to 750 words)

- Project Sustainability

In terms of this project, describe how you will go about working toward sustainability. Consider the following elements as some possibilities: diversified funding, participatory planning, plan for retaining key staff, etc. If your approach to this project would differ with one year of funding vs. multiple years, please describe. (Limit to 500 words)

- Additional Information

Please provide any other information you would like for the Wyandotte Health Foundation to take into consideration in reviewing your application. (Limit to 300 words)

Section V Attachments

Program / Project Budget (Required)

A detailed one-year line item budget and actuals of income and expenses for your proposal and indicate which income line items have been secured or are pending. Maximum of two pages. Use the format on the Excel spreadsheet provided. Complete budget narrative as necessary.

WHF Trauma Informed Mental Health Access Application

Annual Organizational Operating Budget (Required)

Please provide your organizational annual budget, specifically your profit and loss statement. Limit to 2 pages.

Board of Directors Information (Required)

Include a detailed list with the following for board of directors members

1. Full name
2. company affiliation (if any)
3. term expiration
4. indicate board chair name, affiliation and term start date and end date
5. breakdown of board demographics including race, ethnicity and gender.

Additional Supporting Attachments

You may include up to three additional one-page documents to support your application, these may include but are not limited to letters of support, logic models, pictures, client testimony, etc.