Program Overview

Please provide the following information.

This application portal is to request funding from the City of Winston-Salem as part of the Transformational Non-Profits Application Process. Applications received through this portal will only be reviewed by the City of Winston-Salem. Other jurisdictions may have separate application processes. Please contact other jurisdictions (e.g., Forsyth County) for instructions regarding requests to those jurisdictions.

Submitting an application does not guarantee funding. Please see the section below regarding the scoring process. The Mayor and City Council will have final decision-making authority regarding program funding requests.

Non-profit organizations may submit funding requests for capital or operating costs.

Minimum Criteria

- Must be registered non-profit organization (includes faith-based organizations providing a public purpose)
- Must have been incorporated as a non-profit for at least one year

Scoring Process and Matrix

All completed applications will undergo a review to ensure required documents are attached. Fully completed applications will be reviewed by selected City staff members and scored based on the scoring matrix approved by the Mayor and City Council. Click here to view the scoring matrix. Scored applications will be reviewed by the City’s Management Team for potential recommendation to the Mayor and City Council who will have authority to appropriate funding for programs.

Staff reserves the right to contact any applicant to request clarification or additional details regarding application responses and materials.
Defining Performance Measures

Sections of the application will reference performance measures and outcomes as required by the U.S. Department of Treasury. Specifically, the application will request workload and effectiveness/outcome measures. Please see this video (https://www.cityofws.org/2809/Performance-Measures-Video) for general information on performance measures.

Upcoming Application Orientation Session

The City will host a virtual application orientation session on April 1, 2022 at 10:00 am. The meeting will take place virtually via the Zoom platform and will also have a live simulcast on the City’s YouTube page. The link for that meeting will be posted the morning of the meeting to the website: www.cityofws.org/clrf

Contact Information

For any questions or concerns, please email ARPA@cityofws.org or call City Link at 336-727-8000.
A. Contact Information

Please provide the following information.

ORGANIZATION/AGENCY INFORMATION
A.1. Organization/Agency Name
Community Care Center for Forsyth County, Inc.

A.2. Mailing Address
2135 New Walkertown Road Winston-Salem, NC 27101

A.3. Organization Website
https://carectr.org

A.4. Year 501 (c)(3) Status Obtained
2,006

A.5. Organization/Agency Fiscal Year
2,022

A.6. Federal Tax ID Number

A.7. Federal DUNS Number

A.8. Federal SAM Registered?
Yes

ORGANIZATION/AGENCY CONTACT INFORMATION

EXECUTIVE DIRECTOR
A9. First Name
Timothy

A10. Last Name
Clontz

A11. Title
Executive Director/CEO

A12. E-mail
tim.clontz@carectr.org

A13. Phone Number
(336) 760-1235

BOARD CHAIR
A14. First Name
Rob

A15. Last Name
DiBella

A16. E-Mail
rob@dibellacg.com

A17. Phone Number
(336) 416-6906

A18. Term Expiration Date
12/31/2022
B. General Project Information

Case Id: 15204
Name: Mental Health - 2022
Address: *No Address Assigned

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Please provide the following information.

**PROJECT INFORMATION**

**B.1. Project/Program Title**
Transforming Behavioral Health for the Uninsured

**B.2. Project Location/Address**
2135 Walkertown Road Winston-Salem, NC 27101

**PROJECT CONTACT/MANAGER**

**B3. First Name**
Timothy

**B4. Last Name**
Clontz

**B5. Title**
Executive Director/CEO

**B6. E-Mail**
tim.clontz@carectr.org

**B7. Phone Number**
(336) 760-1235
C. General Project Narrative

Please provide the following information.

C.1. Provide description of project and how funds will be used
CCC currently provides limited mental health services with two part-time counselors, one of which is certified as a substance abuse counselor. The counselors provide mental health assessments, counseling, referrals, and intervention services. Patients generally are seen by appointment either during normal clinic hours or by pre-arranged times on or off the clinic site. Patients seen by the counselors already are patients of the clinic and are referred by one of our medical providers. The clinic counselors do share some patients with the Behavioral Health and Community Unit (BeHCU) at Winston-Salem State University.

Any expansion of mental health services will require additional staff, with the intent to provide a broader spectrum of services and providers. Specifically, CCC would hire an experienced individual with a Master of Social Work (MSW) degree, who also is a Licensed Clinical Social Worker (LCSW). This licensure, which requires additional testing and training, allows the provider to offer multiple behavioral health services that our counselors cannot. This individual would become the lead mental health professional.

CCC also would hire a full-time counselor to replace the two existing part-time counselors, who are leaving the clinic in the near future for separate personal life change reasons. The hiring of these two full-time individuals will allow us to expand services to our patients. This level of staff would allow for us to have consistent mental health coverage in the building to allow for PRN (as needed) consultation with our paid and volunteer providers, crisis intervention (mental health and substance abuse), case management, telehealth services and limited in-home services. In addition, it will allow us to perform mental health screening of our existing patient population for early problem detection and interventions. Currently our mental health staff’s time is consumed with responding to acute needs and doesn’t have the time to look for potential issues screenings might reveal.

C.2. How will a participant access the proposed project/program, use the services, and derive a beneficial outcome from participation?
CCC is a free and charitable clinic, located in Qualified Census Tract 16:02 in East Winston. We provide a variety of medical services to promote the mental and physical health and well-being of our patients, all at no cost to the patient.

To access any of our services an individual must financially qualify and become a patient of the clinic. They will then be seen by one of our medical providers during an initial office medical visit. The provider will assess the patient and provide any needed care or referrals, including a mental health referral if warranted. The patient is then given an in-clinic appointment for whatever mental health services are needed that we provide.

The approach outlined will allow us to provide integrated medical care, where primary care medicine and mental health services are coordinated within one practice. Integrated care is recognized as the preferred model for the well-being of patients. According to the American Psychological Association[1], here are a few of the benefits that accrue to patients of a clinic with integrated medical care.
• Mental and behavioral health services offered by psychologists and other qualified providers in primary care settings play a significant role in the prevention, diagnosis, management, and treatment of the leading causes of death in the U.S., including heart disease, cancer, and chronic respiratory disease.

• Co-occurring mental disorders (e.g. anxiety and depression) can worsen the course of chronic diseases, such as cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer. Psychological distress has also been found to weaken the immune system.

• Physicians are increasingly pressured to diagnose and treat mental and behavioral health problems that they are often not adequately trained to diagnose or treat. As many as 70% of primary care visits are driven by patients’ psychological problems, such as anxiety, panic, depression, and stress. More than 80% of patients with medically unexplained symptoms receive psychosocial treatment in primary care by a physician—only 10% will follow up on a referral to a mental health provider that is not co-located.

• Furthermore, in as many as 70% of individuals with depression, their depression goes undetected in primary care. Of individuals who die by suicide, about 90% had a mental disorder, and 40% had visited their primary care physician within the month before their suicide. Thus, primary care is an important setting for detecting, treating, and managing mental and behavioral health problems.

[1] American Psychological Association leaflet - Briefing Series on the Role of Psychology in Health Care

C.3 Total estimated number of unique participants to be served annually
600

C.4. Will program beneficiaries be only residents of Winston-Salem?
No

Describe the other areas (counties) that will benefit
CCC serves Forsyth, Davie, and Stokes counties. Just over 4% of our patients reside at zip codes within Davie and Stokes.

Estimate the percentage of beneficiaries that will be residents of Winston-Salem
80.80%

TOTAL FUNDING REQUEST
C.5. Total Operating Funding Request
$551,297.00

C.6. Total Capital Funding Request
$0.00

SPENDING TIMEFRAME
C.7 Capital Spending Timeframe
N/A

C.8 Operating Spending Timeframe
D. Project Budget Categories

Please provide the following information.

Use templates below to input the total Project Budget (only requested expenses and estimated revenues related to the program or project for which you are requesting funding) by clicking Add Column. Please include all funding from the City and other sources.

<table>
<thead>
<tr>
<th>Operating Costs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel (2 full-time employees)</td>
<td>$459,326.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$78,085.00</td>
</tr>
<tr>
<td>Travel (education and mileage reimbursement)</td>
<td>$2,904.00</td>
</tr>
<tr>
<td>Equipment (furniture, laptops, phones)</td>
<td>$1,914.00</td>
</tr>
<tr>
<td>Supplies/Software</td>
<td>$140.00</td>
</tr>
<tr>
<td>Communications Services (Telehealth, cell plan)</td>
<td>$8,928.00</td>
</tr>
<tr>
<td></td>
<td>$551,297.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capital Costs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**PROJECT/PROGRAM REVENUE CATEGORIES**

Please fill out the revenue estimate table. *Note: operating revenues and expenses must be balanced (be equal).*

<table>
<thead>
<tr>
<th>Operating</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 year ARPA grant from Winston Salem</td>
<td>$551,297.00</td>
</tr>
</tbody>
</table>

*Please list below all known/expected individual grants and contributions totaling 10% or more of the project's budget. Note: capital revenues and expenditures must be balanced (be equal)*

<table>
<thead>
<tr>
<th>Capital</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
E. Demographic and Geographic Distribution

Please provide the following information.

Demographic distribution is an assessment of the level of the project funds spent on a program or service provided at a physical location in a Qualified Census Tract (QCT), OR where the primary intended beneficiaries live within a QCT, OR whether the program benefits residents that earn less than 60 percent of median income for the City, OR whether over 25 percent of program beneficiaries are below the federal poverty line.

E.1 Is this project/program located in a QCT or serve residents that live in a QCT?
Yes

If yes, what percentage of clients served are estimated to be residents of QCTs? Click here to view the QCT mapping tool
35.00 %

E.2 If the project or program is not a QCT or specifically serve residents in a QCT, will residents meet the follow criteria:

- 25% or more of participants below the federal poverty line or participants served make less than 60% of the Area Median Income
- The project/program does not operate in a QCT, and beneficiaries neither reside in a QCT nor meet the income thresholds mentioned above.
F. Alignment to Strategic Plan

Please provide the following information.

Strategic planning is a process in which organizational leaders determine their goals and objectives, and allocate needed/limited resources to successfully achieve those goals and objectives. Click here to view Winston Salem's Strategic Plan. The Strategic Plan includes three (3) tiers of priorities:

Tier 1:
- Focus on job creation/sustainability and workforce development
- Collaboration and funding for pre-K opportunities
- Funding for affordable housing
- Funding for economic development

Tier 2:
- Poverty reduction/cessation
- COVID reopening plan
- Community engagement (Power of connections)
- Funding for arts

Tier 3:
- Community Fundraising
- Environmental initiatives
- Address digital divide
- Address childcare needs
- Neighborhood maintenance
- Organization efficiency and public-private partnerships
- Law enforcement reform

F.1. Please select the primary priority from the list above addressed by your project/program.
Tier 2

F.2. Please select the secondary priority from the list above addressed by your project/program.
Tier 3

F.3. Please describe how the workload or outcomes from your project/program addresses the primary priority you
The priorities listed above are not as detailed as the Winston Salem 2022-2025 Strategic Plan PDF. We will respond using the PDF’s stated priorities since healthcare isn’t mentioned by name above. Our proposed program aligns with two Tiers of the City’s Strategic Plan; therefore, we address both.

Tier 2 - Priority 5: Implement programs designed to reduce poverty and eliminate barriers to economic mobility
Priority 5.1: Design and fund programs with community partners to use American Rescue Act Funding to ADDRESS HEALTH DISPARITIES, build stronger neighborhoods, address educational disparities, and promote healthy childhood outcomes.
Priority 5.5: Conduct a feasibility analysis to provide VOCATIONAL CAREER TRAINING, HEALTH, WELLNESS, housing, and other wrap around services; and opportunities for economic development and empowerment.

Tier 3, Priority 9: Engage in fundraising efforts with community partners TO PROVIDE ADDITIONAL CAPACITY TO MEET COMMUNITY NEEDS
Priority 9.1: Identify SPECIFIC COMMUNITY ORGANIZATIONS ALIGNED WITH CITY COUNCIL PRIORITIES AND PROVIDE ASSISTANCE with capital campaigns.
Priority 9.2: Review American Rescue Plan Act funding eligibility for PROVIDING ASSISTANCE TO NON-PROFIT ORGANIZATIONS WHO SUPPORT HEALTHY OUTCOMES AND COMMUNITY INITIATIVES IN QUALIFIED CENSUS TRACTS.
Priority 9.3: INCREASE ENGAGEMENT WITH NON-PROFIT ORGANIZATIONS to provide a platform to review and address emerging community needs.

Because we’ve capitalized the salient intersections above between the City’s Priorities and the services we provide to the community, we won’t relist each one here in the discussion.

We provide free healthcare to a diverse, primarily minority, population of the most economically disadvantaged among us. Exactly the people who the City’s Strategic Plan says ARPA funding was designed to help. Because of whom makes up this population, our workload performance measures to track the number of free mental health appointments completed and number of patients served by this grant, directly address the disparities in healthcare Priorities listed above. Each individual served, each appointment completed, reduces the disparity in mental health services for the poor.

As one of the largest providers of free healthcare in NC, we are well-experienced in providing healthcare to these underserved populations. We also help train future medical professionals by partnering with local medical education institutions such as Wake Forest University, Winston Salem State University, and Forsyth Technical Community College, to provide their students with clinic experience. We serve Community Health AND Workforce Education and Training City Council Priorities.
G. Collaboration

Please provide the following information.

Collaboration is when an organization is partnering or proactively working with one or more external stakeholders to achieve the same goal.

G.1. How many other external partners, organizations, stakeholders will you be collaborating with to provide the project/program?
2

G.2. Please provide the names of the organizations and the roles they will serve in the project/program?
CCC’s Executive Director, Tim Clontz, has discussed the proposed expansion of services with Andy Hagler, Executive Director of the Mental Health Association of Forsyth County. Andy has indicated his concurrence and support of the proposal. Leadership at Winston-Salem State University also has been briefed on the potential expansion and has shown interest in deepening the relationship between the organizations, especially since WSSU has plans to expand as well.
H. Administration/Reporting

Please provide the following information.

Per U.S. Treasury rules and associated guidance, the City's framework for using these funds aligns with specific administrative reporting requirements. The administration/reporting criterion has three core elements: 1) the organization's/project's development of clear performance indicators and measurable outcomes, 2) the use of evidence-based interventions, 3) and the City's evaluation of organization and project risk.

H.1. Please clearly define the workload and outcome measures that are associated with your project/program

<table>
<thead>
<tr>
<th>Workload</th>
<th>We will track number of unique mental health patients seen; number of mental health appointments completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness/Outcome</td>
<td>Percent and number of unique mental health patients seen target achieved; percent and number of mental health appointments completed target achieved; patient satisfaction with their mental health visit results (via surveys) The following is a sample survey: <a href="http://www.ibhpartners.org/wp-content/uploads/2016/01/IBHP-PatientSatisfactionSurvey.pdf">http://www.ibhpartners.org/wp-content/uploads/2016/01/IBHP-PatientSatisfactionSurvey.pdf</a></td>
</tr>
</tbody>
</table>

H.2. Does the project/program use evidence-based interventions?

Yes

Please provide a link to (or attach a copy of) the evaluation of the program model


☑️ Program Model Evaluation

Mental Health Project Evidence Based Interventions.docx

H.3. For transparency purposes, the risk matrix is attached. This is NOT required, however, you can self-assess if you wish. Please fill out and upload the Risk Matrix.

☑️ Risk Matrix

BH Risk Assessment 04 24 22.xlsx
I. Capacity

Please provide the following information.

An organization's capacity can be defined as its ability to implement the proposed project, as characterized by the alignment of its mission and vision with the proposed project, existing internal infrastructure to support it, and its plan for implementation and assessment of project success.

I.1. Please provide your organization’s vision and mission statements and explain the alignment between the proposed project/program and the organizational mission.

The mission of the Community Care Center is: “To provide access to compassionate, high-quality health care services to the medically uninsured and underserved who reside in Forsyth, Stokes, or Davie Counties and meet the eligibility guidelines of the Community Care Center.”

Expanding free mental health services to the economically least among us directly serves that Mission in a straightforward way. CCC has no defined Vision Statement.

I.2. Describe the organization’s current infrastructure and capacity to deliver the program services or complete the project. Include any relevant current programming and experience providing similar services.

CCC currently provides limited mental health services with two part-time counselors, one of which is certified as a substance abuse counselor. The counselors provide mental health assessments, counseling, referrals, and intervention services. We also have a volunteer who has helped us provide limited case management services. Patients generally are seen by appointment either during normal clinic hours or by pre-arranged times on or off the clinic site. Patients seen by the counselors already are patients of the clinic and are referred by our medical providers. The clinic counselors do share some patients with the Behavioral Health and Community Unit (BeHCU) at Winston-Salem State University.

Our two part-time counselors joined CCC in July 2019 and January 2020. Prior to July 2019, one of the employed counselors was on-site through a contractual agreement for approximately six years. During this same period, there have been irregular services provided by volunteer providers.

With only two part-time counselors and over 2,300 active clinic patients, we are understaffed to provide mental health services to all who need them. One of our counselors is in his 70s and has been hinting about retirement for some time. We have the physical space and administrative infrastructure to increase services. We just need the mental health staff, and the office furnishings for them.

I.3. Describe the program/project implementation plan. Include any known barriers to success and how those will be overcome.

Any expansion of mental health services will require additional staff, with the intent to meet current needs and also provide a broader spectrum of services. Specifically, CCC would hire an experienced individual with a Master of Social Work (MSW) degree, who also is a Licensed Clinical Social Worker (LCSW). This licensure, which requires additional testing and training, allows the provider to offer psychotherapy services. This individual would become the lead mental
health professional at the clinic. CCC also would hire a full-time counselor to replace the two existing part-time counselors, who are leaving the clinic in the near future for separate personal life change reasons. The hiring of two full-time individuals will allow us to expand services to our patients. This level of staff would allow for us to have consistent mental health coverage in the building to allow for PRN (as needed) consultation with our paid and volunteer providers, crisis intervention (mental health and substance abuse), case management, telehealth services and limited in-home services. In addition, it will allow us to perform mental health screening of our existing patient population for early problem detection and interventions. Currently our mental health staff’s time is consumed with responding to acute needs and doesn’t have the time to look for potential issues screenings might reveal.

There are two potential barriers that could impede program success. The first is the fact that many of our patients are Spanish speaking. Although we have paid and volunteer interpreters, behavioral health staff need to be bilingual in English and Spanish to allow for direct back and forth with the patients. That limits our pool of potential staff candidates.

The second barrier is also related to staffing. The demand for mental health services is always high so our compensation to staff must be competitive, particularly as the first potential barrier limits our employment pool to mental health workers already in demand for their bilingual ability. We have added a premium to the average compensation package to attract the people with the skills we need.

I.3a. Describe the program assessment plan including how the data will be collected for selected performance metrics and any other evaluation tools that will be used to determine program/project success.

The performance metrics we’ve chosen are listed in section H.1.

Since our program is designed to increase free mental health appointments, thereby making those services available to more people, we will count interactions completed and unique patients served to assess our success. We have not tracked unique patients served in the past but we can begin doing so from the data we already collect. We had 769 patient interactions in 2019, 675 in 2020, and 1,003 in 2021. The current year will be a transition year with no set times when staff will be leaving or brought on board. For that reason we provide a target for 2023 interactions of 1,800. Since many mental health issues require more than one visit, we’ll estimate 3 visits per patient, which would give us 600 unique patients with 1,800 interactions.

Clinic mental health staff track the number of interactions, category of interaction, and which patients were served, in Excel on their computers and then accumulate the data in a master Excel spreadsheet for analysis and reporting.

We will provide totals for visit categories in our grant reporting if requested, but since our funding request isn’t associated with specific mental health services, the numbers are informational only and not intended as accountable performance measures. Obviously, the services we will provide will be driven by the individual needs of patients, not predefined goals.

We currently use paper patient satisfaction surveys for the general clinic. Responses are accumulated in Excel for analysis and reporting. We are going to use a standard Patient Satisfaction Survey[1] developed for behavioral health patients to gauge patient satisfaction with their care. This performance measure is necessarily subjective and qualitative, rather than quantitative like our other performance measures, but we think it is important to find out how our patients feel about the services they are receiving. Other than a couple of general comment fields, answers to the survey questions fall into numerical categories which can be tabulated and reported.

J. Impact/Community Need

Please provide the following information.

Impact/Community needs concern whether or not the proposed project will address an identified need within the community and what the short term (One year) and long term (3 years) impact of this project will be.

J1. Describe the identified community need for this project/program. *Cite specific data or studies/reports that have identified this as a community need.*

The most recently published (2017) Forsyth County Community Health Assessment[1] calls Mental Health “a major health issue that community partners [seek] to resolve.”

The 2020 Forsyth County State Of The County Health Report[2] says, “Mental Health continues to be a health crisis for Forsyth County.”

The NC Healthcare Association declared last June that the “Behavioral health crisis across North Carolina has reached a state of emergency.”[3] North Carolina has fallen short in providing a behavioral health system that is accessible and accountable for its outcomes. For example, Mental Health America has ranked North Carolina 44th among states for access to mental health care.”

The Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule[4] from the US Treasury specifically recognizes behavioral health care as needing ARPA funding because COVID has “broadly impacted American’s behavioral health.”

As recently as April 9, 2022, the Winston Salem Journal published an editorial on the mental health crisis in our community: “Our view: Working to prevent a mental-health crisis.”

Has there been a time in this century when we didn’t need more behavioral health resources? Our community, our state, and our nation has just been through a grinding two years that has seriously exacerbated the need for mental health services. The words “behavioral health” and “mental health” don’t describe just one kind of services, and to attempt to describe community need in terms of this or that service is a daunting task. What we can do is speak to the needs of a few thousand of our residents who are patients of our clinic. One of our counselors provided this list of patient behavioral health needs that we need more resources to address right now.

Goal: Engage 75% of patient population with BH screening/intervention
Need: Family therapy
Need: Counselor available in-clinic for PRN consultation by medical staff
Need: Crisis Intervention: Mental Health - Mania, Psychosis, Suicide/Homicide
Need: Crisis Intervention: Substance Use - Overdose, Withdrawal, Acute Intoxication
Need: Basic Service - Therapy, Case Management
Need: Assertive Outreach
Need: Expand tele-BH services
Need: In-home Services - Elderly, Family therapy, Monitor meds and nursing needs
Need: How to get people involved in activities outside the house? Get out of isolated and unhealthy situations at home. Engage in community.

Consider a straightforward example of how just two of the needs described above require additional staff. We need a mental health counselor to be in the clinic when it is open in order to provide consultation to the medical providers, and to handle any acute behavioral health problems. We also need to expand our engagement with our patients outside of the clinic in the community. Both of our current mental health employees are part-time and only one works outside of the clinic. Earlier this month we had a patient come in for a medical appointment who stated they had a plan to do harm to themself. We had no mental health counselors in the building because one wasn’t scheduled.
patient outside of the clinic. Fortunately, we were able to stall and distract the patient for an extended period while we recalled the working counselor and put them with the patient to handle the situation. “Fortunately”. “Luckily”. Words we don’t want to use in these situations. Our patients need more staff.


J2. Describe the short-term impacts of the project/program and how they align with the community need identified above.

The World Health Organization: “COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide”[1]

2021 State of Mental Health in America Report by Mental Health America: “North Carolina is ranked 44th among states for access to mental health care.”

Community Care Center: Continues to employ the same two part-time mental health counselors for our thousands of patients as before the pandemic.

Our goal is to provide a slightly bigger bucket with which to bail out the sinking mental health services boat in NC, specifically in Winston Salem. Our mental health services are barely keeping up with growing demand. As part of meeting our patients’ needs, we need to expand our contacts with them outside of the clinic building. As demonstrated by the example elsewhere of the medical patient who was a suicide risk, we also need to keep the clinic covered during normal operating hours. Bringing on two full-time mental health workers will help address both of those needs, expanding hours of availability, increasing the number of appointments, and seeing more patients.

The first year will also be a time of transition as the older current counselor enters full retirement and hands his patients off to the new staff member.

One of the short-term and long-term impacts of CCC’s mental health services for the community at large is keeping our patients out of emergency rooms and off the phone to emergency services.

Not a short-term impact, but something that will have an immediate impact, are the extra services a LCSW can offer our patients. LCSW performs all of the counselor duties, plus

- Identifying and addressing legal issues affecting client
- Connect clients to community services
- Manage other professionals in the clinic
- Case management
- Advocate for systemic change within the clinic and within the community

J3. Describe the long-term impacts of the project/program and how they align with the community need identified above.

As stated elsewhere in this application, “mental health services” is not one thing. It is an umbrella term for a variety of services that help people achieve good mental health.[1] However, since that goal/impact is highly individualistic, it isn’t something that can be easily quantified, tracked, and reported, particularly by a small staff trying to bail out the boat.

Mental health services is a contact sport. The more people you can apply toward providing them, the more people you’re going to be able to help. Bringing this full-time position (Licensed Clinical Social Worker - LCSW) to the clinic in particular is the first step of moving CCC from simply reacting to acute mental health demands to planning and implementing programs and procedures to map our way forward in a changing environment. This individual would become the lead mental health professional for the future instead of just bailing out the boat. Our planned expansion move allows us not to just replace a part-time counselor with another part-time counselor, but allows us to get a slight step ahead by replacing both of them with full-time people capable of adding not just more hours but more services.

One of the short-term and long-term impacts of CCC’s mental health services for the community at large is keeping our patients out of emergency rooms and off the phone to emergency services.


J4. Referencing previous section on outcomes, describe how the impacts noted above will be measured.

As described in Section J4, we seek to help our patients achieve good mental health. The paths to that are many and varied, along with the particular needs listed in Section J1 that we must meet with patients at the clinic, in their homes, at the police station. We have to meet with the medical providers when they encounter mental health issues during patient medical visits, and talk with their patients. With all the myriad of mental health services we provide, we must meet and interact with people. So we will track those people (unique patients seen) and those interactions, also referenced as “appointments” throughout this application.

The more staff we have, the more people we can see, the more interactions we can have, and that is how we can quantify the impact of these full-time staff members.

Other than goals such as performing mental health screening on at least 75% of our patient population, the services we provide are specific to the needs of our particular patients. Therefore, we cannot set targets for specific services. We will accumulate and report total interactions for different service categories, but that doesn’t tell us if we’ve actually helped people with their mental health problems. To get a sense of how well we’re doing that we will use a mental health survey based on the one referenced previously in this application. That should at least give us a qualitative assessment of how our patients view our services.
K. Funding Stability

Please provide the following information.

Funding stability is an assessment of both the organization’s annual funding and the planned funding mechanism for the project/program from grants, donations, sales, and other income generators. To the extent possible, the City wishes to ensure applying entities have sustainable funding sources outside the City’s ARPA allocation. An entity will be deemed as having superior funding stability if it demonstrates at least three years of sustainable grant, contribution, and/or fee-based revenues to cover operating costs. The entity must also demonstrate commitments from other organizations to cover the full cost of project deficits or future-year operating costs (in combination with realistic fee-based revenue assumptions).

K.1. Have your organization’s operating revenues covered operating expenses the last three years?
No

K.2. Approximately what percentage of your organization’s total budget is covered by competitive grants that you must re-apply for?
71.10 %

K.3. What percentage of your project/program’s budget is covered by City ARPA funds as part of this request?
100.00 %

K.4. Please provide narrative on funding for this program after City ARPA funding has been exhausted.
(Note on K.1. answer: Operating revenues covered operating expenses in 2021 and 2020; however, CCC had a negative operating margin in 2019.)

Let’s just state the obvious from the start - once in a generation funding will be a huge challenge to replace. More so than in a typical grant reward situation. Otherwise, it wouldn’t be called once in a generation funding.

2020 marked the 20th anniversary of the Community Care Center Clinic opening its doors. This clinic was started in this community, and it has always been supported by this community. Sustainability for an operation of our size is always a challenge. We solicit funds from members of the medical community annually and submit proposals to foundations that have healthcare as a funding focus. Over the years CCC has been fortunate to have Foundation Funders who have varied with the times and our needs. Here is a partial list of current and previous partners.

The Richard and Marie Reynolds Foundation The Tomlinson Family Trust
Forsyth-Stokes-Davie Medical Society United Way of Forsyth County
NC Sisters of Mercy Foundation Blue Cross Blue Shield of NC
Novant Health FMC Foundation

Currently, our clinic primarily is funded by our overall CCC operating grant from the Novant Health Forsyth Medical
Center Foundation. Novant has been a major contributor to CCC since its inception, providing our building, computer systems, software, and other infrastructure. Our patients also make voluntary contributions. Patients give what they can to help, but no one is denied care if they cannot donate. Patient donations provided $19,878 for CCC operations in 2021. We do not count that revenue in this mental health grant budget because it is already allocated against the general expense of operating the entire clinic.

Doctors, dentists, and other providers from over a dozen specialties support CCC’s mission and work by donating their time. Donations of equipment have allowed us to have an ultrasound machine, an x-ray room (also provides dental x-rays), and a medical lab. Local laboratories donate additional laboratory tests and process pathology reports. All of these volunteer partners believe in the mission of CCC and help us fulfill it for the good of the community.

We ask for three years of City ARPA funding for our mental health program. We have to because this once in a generation funding is needed to provide an expansion of CCC’s services in its essential role as a free provider of the mental health services the community says are a priority. As previously noted, we are going to lose at least one of our counselors to retirement in the near future. This counselor is the one who has been performing patient interactions external to the clinic, and we are at a point where we need to increase external services. Because of the nature of the work, mental health counselors form close relationships with their patients. Patients need stability. If we were to only seek funding for only a year, we run the risk of building these new relationships only to potentially have them disrupted if this new position failed to find continuation funding at the same level and the employee left the clinic.

There is another reason we need more than just one year of secure funding support as we attempt to improve the community’s mental health services safety net. Just in the past week or two there have been news reports about the potential of a recession as the Federal Reserve takes steps to cool inflation. The last time inflation was this high, small business loans had interest rates of 18% and money got very tight. If our mental health program was funded for just one year, we might come to the end of our ARPA funding just when there is a recession-generated pullback on charitable giving, making that once in a generation funding just that much harder to replace as recession increases the number of economically disadvantaged people who need mental health services.

We would love to be presenting a transformational program that would change the landscape of mental health services in Forsyth County, but the reality is that the need for a multiplicity of services is so great, and the resources continually so inadequate, that we must ask for these resources just to try and keep abreast of the demand for services from our patient population.

The fact that the City would make the choice to put significant resources into this public health priority during this once in a generation opportunity will be a selling point to help us make the case to potential future funders of both the community’s need and its support. Mental health services for the economically disadvantaged in our community are in a hole. If we do not take steps to reverse that with this extraordinary opportunity, then when will we do so? When will be the right time, if not now?

As always, Community Care Center actively pursues funding opportunities to expand access to mental health services for our patients. We can return to our regular funders with three years of results to show their continued contributions to CCC’s mental health program have generated successes. Many recent events, including the obvious COVID-19 pandemic, have made CCC’s mission more challenging. CCC and the DEAC clinic are the only free clinics providing mental health care in our tri-county service area. We are committed to continuing our mental health program despite the funding challenges we meet and will continue to provide free mental health services to our patients at whatever level we are able to gain funding to support.
K.5. Please attach commitment letters from other organizations showing financial support for the project/program.

☑ Commitment Letters

Mental Health Financial Commitment Letters.docx
L. Representation

Please provide the following information.

Representation deals with how diverse an organization's leadership is compared with community demographics, which includes Winston-Salem's race/ethnic backgrounds as well as gender. Local non-profit organizations should reflect the communities they serve. Since organizations are requesting to receive ARPA funding through the City, we must ensure these entities hold themselves accountable to having diverse staff and leadership panels.

L.1. Provide a list of board members including the race, ethnicity, and gender identification for each member.

<table>
<thead>
<tr>
<th>Name</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Gender Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rudy Allen, MSA, SHRM CP</td>
<td>Black</td>
<td>African/American</td>
<td>Male</td>
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<tr>
<td>Anthony H. Brett, JD</td>
<td>White</td>
<td>American</td>
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<tr>
<td>Robert Coil</td>
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<tr>
<td>Ernesto de la Torre, MD</td>
<td>Hispanic/ Latino</td>
<td>Cuban</td>
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<td>Robert DiBella</td>
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<td>Robert Ford, MD</td>
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<td>Loraine Frank Lightfoot, DNP, MBA, RN, NEA-BC</td>
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<td>Kimberly Gregg</td>
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<td>Gregory Holthusen, MD</td>
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<td>Ben Hough</td>
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<td>Marlon Hunter</td>
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<td>Lucinda Jones</td>
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<td>Gilmour Lake</td>
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<td>Sarah Sabiston</td>
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<td>William M. Satterwhite, JD, MD</td>
<td>White</td>
<td>American</td>
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<tr>
<td>Millie Schultz</td>
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<td>Nancy Smith</td>
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<tr>
<td>J. Baldwin Smith, MD</td>
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<td>Sharon Storm</td>
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<td>Alex Turner, CFA</td>
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<td>Carl Westcott, MD</td>
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<tr>
<td>Yen Nguyen, DDS</td>
<td>Asian</td>
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<td>Female</td>
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</table>
M. Required Documents

Please provide the following information.

For North Carolina Secretary of State - Current and Active Status, Click Here

Documentation

- Code of Conduct/Conflict of Interest Policy *Required
  CCC Conflict of Interest Annual Acknowledgement and Policy 04 13 2022.pdf

- Copy of the agency’s latest 990 Form as submitted to the Internal Revenue Service *Required
  CCC 2020 Form 990 11 02 2021.pdf

- Organization By-Laws *Required
  CCC-Bylaws.doc

- Articles of Incorporation *Required
  CCC Restated Articles of Incorporation.pdf

- Organization Policies (including personnel, formal non-discrimination, procurement, accounting, etc) *Required
  CCC HANDBOOK & POLICIES.pdf

- IRS 501(c)3 Designation Letter *Required
  CCC IRS Tax Exempt Letter (3).pdf
☑️ Most recent audited financial statements or a third-party review *Required
CCC 2020 Audit Letter + Audited Financials.pdf

☑️ North Carolina Secretary of State - Current and Active Status *Required
CCC Secretary of State Document.pdf
Please provide the following information.

☑️ I certify that all information entered into this application is true.

Tim Clontz

*Electronically signed by tim.clontz@carectr.org on 4/25/2022 4:03 PM*

04/25/2022