

Mental Health Fund Windom Area Health Foundation



POLICY

SCOPE: Windom Area Health

1. PURPOSE

- 1.1 To establish a process for the allocation of funds contributed to the Windom Area Health (WAH) Foundation Mental Health Fund.

2. POLICY

- 2.1 A fund of the WAH Foundation, called the Mental Health Fund, will be designated to support increased responsiveness to community mental health challenges.
 - 2.1.1 One purpose of this fund will be to financially support community education initiatives related to improved mental wellbeing and reduced stigma around mental illness.
 - 2.1.1.1 Initiatives should demonstrate the ability to respond to a mental health issue in the community, ideally through evidence-based methods.
 - 2.1.1.2 Requests involving collaboration between community partners are encouraged and given preferential consideration.
 - 2.1.1.3 Up to \$5,000 may be granted per request.
 - 2.1.2 A second purpose of this fund will be to support mental health professionals or first responders to receive advanced training that improves responsiveness to mental health crises.
 - 2.1.2.1 Support may include, but is not limited to: train-the-trainer workshops, conference speaker fees, or enhancements to facility resources for improved patient care related to mental health responsiveness.
 - 2.1.2.2 Requests involving collaboration between agencies are encouraged and given preferential consideration.
 - 2.1.2.3 Up to \$5,000 may be granted per request.
 - 2.1.3 A third purpose of this fund will be to support individuals in our community who have an unmet financial need because of a mental health condition or crisis.
 - 2.1.3.1 A qualified condition or crisis must be one in which an individual has sought professional care (ex: emergency department, mental health professional or practitioner, or other professional intervention). The crisis situation cannot be one of long duration or frequent occurrence.

- 2.1.3.2 Support may include: covering costs of travel associated with an inpatient stay, covering bills for therapy sessions, or covering expenses related to mental health treatment.
 - 2.1.3.3 Expenses for medication are not eligible to be funded.
 - 2.1.3.4 Up to \$3,000 may be granted per individual, per incident, per request.
 - 2.1.3.5 Applicants are encouraged to work with their mental health professional in requesting funds to maintain continuity.
- 2.2 The solicitation of contributions for this fund will be the responsibility of the WAH Foundation.
 - 2.3 Awardees may receive only one award every other calendar year (non-consecutive years).

3. PROCEDURE

- 3.1 Funds may be requested by contacting the Director of Foundation for an application packet relevant to the requested area of need. The materials will also be made available on the WAH website.
 - 3.1.1 Applicants must complete an application and provide documentation of cost and financial need to assist the WAH Foundation Board in their decision-making process.
- 3.2 A majority vote of the members present will be required for each request of funds.
- 3.3 The WAH Foundation Board will review applications at regular meetings and determine awards.
 - 3.3.1 All Personal Health Information (PHI) shall be removed from the application, prior to Board review.
 - 3.3.2 If the request is approved, distribution of funds will be paid directly to a specified third-party versus the applicant.
- 3.4 The Director of Foundation will inform applicants of the award decisions and work with vendors to distribute approved payouts.

MENTAL HEALTH FUND EXTERNAL PROJECT APPLICATION

The Mental Health Fund can cover expenses related to a community-based project or professional training focused on mental health education, increased awareness, stigma reduction, or advanced responsiveness. The committee will consider requests such as, but not limited to:

- Family engagement night focused on parent/child relationships
- Initiatives focused on suicide prevention, mental wellbeing, or reducing stigma of mental illness
- Train-the-trainer workshops or group trainings for delivering higher levels of care (not for individual licensures or continuing education credits)

Applicants must reside in Cottonwood County or its adjacent surrounding counties. Funding up to \$5,000 can be provided. Awarded applicants can receive funds every other year (non-consecutive years). Applicants must provide documentation of cost through at least two vendor quotes or estimates.

Date:	Organization:
Name of person completing application:	Phone:
Job role/title:	Email:
	Address:
Project Title:	
Requested Item(s) & Cost:	Total Project Cost:
<i>List what you are requesting and the cost for each item.</i>	<i>Is your request part of a larger project? Please explain.</i>
<i>Documentation of cost is required. Please attach at least two vendor quotes or estimates.</i>	
1. Describe the problem, issue, or need your request addresses. Please include any data or statistics to back up your explanation.	

2. How does investing in this request enhance responsiveness to mental health challenges overall mental wellbeing in our area?

3. Who are the collaborative partners involved in this request?

**4. What are the expected short-term and long-term outcomes of this request?
How will you measure the impact of this request?**

5. Why are you pursuing this Fund to fulfill this request? What other financial resources have you sought?

By checking this box, I certify that the information provided in this application is true to the best of my knowledge. I acknowledge that falsification of any information will disqualify me from funds consideration. I grant permission for the Foundation's Mental Health Fund Committee to confidentially review the information I have provided.

Proposal submitted by (name, date):