

Kushner
Sample Grant Proposal for Mental Health Program (EXCERPT)

(note: identifying information on the organization has been removed from narrative)

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5. Description of Program/Project:

_____ Health Center currently provides mental health counseling services to over 300 patients through more than 2,100 counseling visits. Current staff provides both individual and family counseling in English, Portuguese and Spanish, with both short-term and long-term psychotherapy provided by a full-time LICSW, two part-time psychiatrists, and doctoral-level psychology students who provide specialized

behavioral medicine services such as biofeedback, hypnotherapy, cognitive-behavioral treatment, relaxation training, and other services in a manner that is socially and culturally relevant.

Patients are referred for counseling by JMSCHC primary care providers when a mental health issue is raised during a medical visit. We provide medical care using a Family Practice model, which enables staff from various departments to collaborate on ensuring patients receive appropriate care. This includes medical staff who identify patients in need of mental health services, counseling staff who screen and treat patients and ensure that they are engaged in regular primary care, and outreach staff who both translate as needed during appointments and educate community members about the services available at JMSCHC, including bilingual mental health counseling. After being referred by their primary care provider, patients are typically seen by a mental health professional within 3 - 5 weeks. For urgent cases, a same-day referral process enables medical patients to be immediately connected with on-site mental health services. Patients are predominantly treated for depression and anxiety (see **Table 3**). We are one of the few facilities in the area that accepts patients on MassHealth, and the only provider in the area able to see patients without insurance on a sliding fee scale.

Diagnosis	% patients
Depression/bipolar	42%
Anxiety	22%
Adjustment disorder	7%
Psychotic	4%
Other	24.00%

We now seek to further reduce the barriers our patients face by hiring additional part-time counseling staff that are bilingual in English and one of the predominant languages spoken by our patients: Spanish, Portuguese, Russian, Vietnamese, Thai, and/or Haitian Creole. Our goal is to hire one or more part-time bilingual psychologists and/or Licensed Independent Clinical Social Workers to provide counseling for a total of 10 to 15 hours a week (.28 - .41 FTE). This will enable us to remove several barriers patients face and improve services offered to them:

- The **length of time patients wait** before being seen for non-urgent cases, **particularly uninsured patients**, needs to be reduced through the hiring of additional staff to provide added treatment sessions. Currently, 94 patients in our mental health program are waiting for openings in provider availability.
- There is an unmet need for additional counseling services in **new immigrants' native languages** which the new staff will be able to provide. Currently, our Portuguese provider has no more

availability in his schedule and our Spanish speaking providers have limited availability to see Spanish-speaking patients.

- A large percentage of mental health patients do not show up for services and do not respond to provider attempts to contact them. Increased **follow-up with patients** is needed to ensure communication, financial, logistical and emotional barriers are identified and removed to enable patients to continue needed treatment. Currently, 25% of patients referred to the mental health department who need to be seen have not returned provider calls

_____ **Health Center is requesting \$25,000 from _____ Foundation to fund .28 FTE to .41 FTE in additional bilingual clinical staff for our Counseling Department. Funding will enable approximately 50 to 75 low-income, underserved patients to receive counseling through 300 to 420 visits over the course of the year.**

6. Description of Need

Our patient population is one that suffers from mental health disparities, including increased incidence of depression and other mental health issues and high barriers to care. Our patients face these disparities because they are low-income, uninsured, immigrants, and in need of services in languages other than English, as depicted in **Table 1**. Forty-one percent (41%) of our patients have incomes at or below 100% of the Federal Poverty Level (FPL), or \$20,000 for a family of four, and 74% have incomes at or below 200% of FPL. Sixty-four percent (64%) of our patients are uninsured and 20% are on MassHealth. With the advent of health care reform, we anticipate approximately half of our uninsured patients will be eligible for MassHealth or Commonwealth Care, but the remaining half will continue to be uninsured as they will fall outside eligibility and program requirements, or be unable to obtain the needed documentation. A total of 42% of our patients require services in another language, with a majority of our patients coming from Central and South America (Guatemala, Brazil, El Salvador), Asia (Thailand, Vietnam) and other countries such as Russia and Haiti (see **Table 4**).

Increased Incidence

Depression is an illness that strikes the poor, immigrants, and women disproportionately, decreasing their quality of life. Low-income women are more likely to suffer from depression and anxiety and Asians are 1.6 times more likely to lack mental health treatment for serious mental illness compared to Whites, according to the *2005 National Healthcare Disparities Report*. The Boston Public Health Commission’s (BPHC) *Data Report: A presentation and analysis of disparities in Boston* identifies increased incidence of mental health issues among Latinos, who are 50% more likely than Whites to report poor mental health—particularly relevant for us as 55% of our patients are Hispanic.

Country	% patients
USA	27.4%
Guatemala	18.4%
Brazil	7.7%
El Salvador	4.5%
Russia	4.4%
Thailand	3.4%
Mexico	2.9%
Columbia	2.2%
Haiti	1.5%
Vietnam	1.3%

Barriers to Care

Lack of health insurance is the most significant barrier to obtaining needed counseling services. The *2005 National Healthcare Disparities Report* underscores how immigrants of all races and ethnicities under age 65 are less likely to have insurance than people born in the United States, making it harder for immigrants to obtain needed mental health services. This is particularly

troubling given many new immigrants experience mental health issues as a result of the violence, war, and other situations that they experienced in their countries of origin. Similarly, BPHC identifies 1 in 7 Latinos and 1 in 15 Asians in Boston as lacking coverage, compared to 1 in 18 Whites.

Boston residents surveyed by BPHC identified lack of health insurance and the cost of therapy as two of the three barriers most contributing to obtaining needed counseling services. Children face additional barriers: 64% of outpatient pediatric mental health facilities had wait times of greater than 10 days and there are limited language capacities at inpatient facilities for children who do not speak English or Spanish.

Mental Health Issues

The patients we serve frequently have mental health issues stemming from their immigration to the United States and poor economic situations. Many of our patients, especially the women, are cut off from the traditional support networks they could rely on in their countries of origin. Some women are abused by their spouses—and come from cultures where women are expected to be submissive. Other patients suffer from depression and anxiety related to problems adjusting to America and conflicts with children who want to follow American cultural mores instead of their parents' traditional values. Economic hardship places constant stress on our low-income patients, and strains family relations. Finally, cultural beliefs surrounding mental illness often creates a barrier to care. See **Table 3** for a list of our patients' major mental health diagnoses.

There is thus an unmet need in our community for additional affordable, bilingual, culturally-knowledgeable counseling providers to screen, diagnose and treat low-income, uninsured and immigrant patients to remove the mental health disparities these populations face. JMSCHC proposes meeting this need through the hiring of .28 FTE - .41 FTE bilingual counseling staff through this grant, and a total of .5 FTE - .75 FTE in bilingual counseling staff through leveraged funds.

8. Objectives and Goals:

The goal of our project is to provide additional low-cost, high quality, culturally competent mental health counseling services to our underserved patient populations.

Objectives

- 1) Successful hiring of at least one part-time bilingual psychologist or Licensed Independent Clinical Social Worker for our Counseling Department for 10 - 15 hours a week.

The project will then be evaluated by the following measures:

- 2) 60% decreased wait time for treatment from current 5 weeks to 2 weeks within six months of start of project
- 3) provision of therapy to 50 – 70 low-income, uninsured and underserved patients a year through 300 – 420 visits, with a particular focus on immigrants needing bilingual counseling services
- 4) improved follow-up on patients who stop coming for services or who do not enter treatment despite being referred by their primary care provider and contacted by mental health staff

5) appropriateness of staff linguistic skills for patient needs

9. Evaluation:

After the hiring of one or more counselors, the outcomes identified above will be evaluated using both quantitative measures and management oversight of staff.

Measure	Outcome	Measurement Tool
Decreased wait-time from time of referral to beginning of treatment	Decrease from 5 weeks to 2 weeks	Referral Tracking System
Provision of bilingual counseling services	50 – 75 patients through 300 – 420 visits	Practice Management System
Improved follow-up with patients who stop coming for care	Decrease number of patients who either stop showing up for treatment or never enter treatment from 35% to 20%	Chart audits and treatment plan reviews
Linguistic appropriateness	Request for counseling services in languages other than English	Monitoring by Director of Counseling and Community Services