

# Children's Behavioral Health Grants Informational Session

August 2021



# Today's Agenda

1. Introductions
2. Updated Strategy
3. Funded Grants History, Outcomes & Impacts
4. Children's Behavioral Health Grant Cycles
5. How to Apply for a Grant
6. Discussion Questions



*We elevate the mental  
wellbeing of*



*youth and children in  
Lancaster County.*

# *Our Values*

We value caring.

We value collaboration.

We value a whole-person approach.

We value advocacy.

We value visibility.



# *Our Big Questions*

- How will we become more sharply focused on building the talent pipeline in behavioral health to help us elevate the mental wellbeing of youth and children in Lancaster County?
- How will we improve access to behavioral health?

# *Our Strategy Screen Filter Questions*

- To what degree will children's behavioral health be enhanced by this?
- To what degree will this fill an existing gap in services?
- How viable is this in terms of staff capacity?
- How much impact can we have based on our available resources?
- How much of a positive return on investment will there be for Lancaster County?
- To what degree does it align with our values?
- How well will we be able to measure the success of this initiative?
- To what degree does this utilize data-driven best practices?

# Funded Grants History

Outcomes & Impacts



## Examples of Past Grantees

- Compass Mark
  - Family Services Advocate - Supporting the Unique Needs of Children with Incarcerated Parents
- CHI St. Joseph Children's Health
  - The Patchwork Quilt: A family-focused approach to children's behavioral health and psychiatric care
  - Take Your Time: A Universal Mindful Education Series for Elementary Students, Teachers & Families
- CAP
  - Minimizing Trauma for Children of Justice-Involved Parents through a Trauma-Informed Justice System
  - Linking Positive and Proactive Social/Emotional Wellbeing Strategies from School to Homes
- Lancaster Public Library
  - Family Place's Parent/Child Workshops – Fall Session
  - Play, Lean, and Grow Series
- Lancaster Health Center
  - Lancaster Reach Out and Read
  - Striving to make Lancaster County Reach Out and Read an integral part of regular pediatric visits

- Wellspan Philhaven - Attachment-Based Family Therapy (ABFT) Training
- Bethany Christian Services - Safe Families for Children™
- Lancaster Family YMCA - Pre-K and Power Scholars Parent/Family Education Initiative
- Community Action Partnership of Lancaster County - Ensuring the Wellbeing of Children Fleeing Domestic Violence through Evidence Based Interventions
- Advoz - Stand in Justice: Surrogate Victim-Offender Dialogue for Youth
- CASA of Lancaster County – Comprehensive Advocacy for Older Youth
- Lancaster-Lebanon IU13 - Envision U Symposium
- Samaritan Counseling Center – TeenHope Research & Program Development



## Current Grantees

- Safe Communities – Safe Places Prevention + Education
- CompassMark – Family services Advocate: Supporting Children with a Parent in Prison
- COBYS Family Services – Telehealth Training for Lancaster County Mental Health Therapists
- Samaritan Counseling Center – TeenHope Digital Screening
- Patients R Waiting, Inc – Patients R Waiting Mental Health Access and Diversifying Doulas Initiative
- Patients R Waiting, Inc - Diversifying Doulas Initiative (DDI)

- Lancaster-Lebanon IU-13 – Envision U Symposium
- Elizabethtown Community Housing & Outreach Services (ECHOS) - ECHOS Youth Crisis Response Counseling
- Horizons at Lancaster Country Day School - Horizons at LCDS School Counselor
- Advoz - Diversifying Restorative Justice
- Bench Mark Program - Bench Mark Program Open Gym
- Mom's House of Lancaster - Positive Behavioral Intervention & Support Services
- Bethany Christian Services – Safe Families for Children™



# Community Served

## **Children, Youth & Families**

Lancaster County children and young adults (ages 0-25) with mental/behavioral health needs, and their parents/caregivers

## **Community Members**

Primary Care and Behavioral Health providers- physicians, nurses, psychiatrists, psychologists, social workers, guidance counselors, teachers, educators, community professionals working with children and young adults (ages 0-25)

# Grant Funding Cycles

## Fall Cycle - Calendar Year Funding

- Applications due October 1
- Decision Notifications 11/15
- Funds Available 12/1
- Program Operates  
1/1 – 12/31
- Site Visit/Check In: Spring
- Interim Reports due  
July 15
- Final Reports due  
January 15

## Spring Cycle - Fiscal Year Funding

- Applications due March 1
- Decision Notifications 5/15
- Funds Available 6/1
- Program Operates 7/1 – 6/30
- Site Visit/Check In: Fall
- Interim Reports due January 15
- Final Reports due July 15



and visibility. We're interested in supporting targeted workforce development for providers, and improving youth and children (age birth to 26 years) in Lancaster County.

Tax-exempt community benefit organizations serving Lancaster County are eligible to apply. Funds awarded total \$100,000 annually.

#### OUTCOMES AND IMPACTS

Funded activities must focus on one or more of the following outcomes and impacts. We recommend that applicants **view and download our logic model** before applying.

##### Care Coordination

Improved delivery of children's behavioral healthcare services, resulting in one or more of these outcomes:

- Increased access to behavioral healthcare for youth and children
- Ensures seamless transition of behavioral healthcare services for youth into young adulthood (ages 14-26)
- Helps families navigate mental/behavioral healthcare and resources

##### Family/Caregiver Education

Equipping of parents, families, and caregivers, resulting in one or both of the following:

- Integration of behavioral healthcare in primary care practices
- Building parent/caregiver confidence to use strengths-based approaches

##### Access to Providers

Enhancing the capacity of professionals (in physical healthcare, behavioral healthcare, and/or education) resulting in one or both of the following:

- Train professionals in methods that enhance youth/child mental/behavioral health
- Expand behavioral health screenings in primary care

#### APPLICATION PROCESS

##### How to apply

Applications open twice a year (each spring and fall), and must be submitted online. Spring application applications must be submitted by September 1.

- **Apply online** for our Spring 2019 grant cycle
- Suggested range of grant request is \$5,000-\$25,000
- Letters of support from community partners along with a list of any collaborative partners will be requested

Click to add text

Apply Online at [lohf.org/grants](https://lohf.org/grants)



## Fall 2021 Grant Program

Are you a community benefit organization providing children's behavioral health programs in Lancaster County? **We fund programs that elevate the mental well-being of children in Lancaster County.**

We support programs that accomplish either of these two main goals:

1. Increase access to mental health care for children, teens, and families
2. Build the talent pipeline of mental health care providers

 Preview

 Send to GrantHub



## Section 1: Organization Information

**Fields with an asterisk (\*) are required.**

Organization Information

IRS 501(c)(3) community benefit organization?

☐ Yes  
☐ No

If yes, please indicate your Employer Identification Number (EIN).\*

#

If no, please identify your fiscal agent name.

**Annual Report Link or Summary**  
Latest annual report or summary of the organization's prior year activities. Please feel free to insert a link to your website.

1,000 characters left of 1,000

**Describe current programs, activities, services statistics and strengths\***  
Please focus on the most recent year. What makes your organization unique?

500 characters left of 500

## Section 1: Organization Information

### Organization's mission/ vision\*

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### Current Board of Directors List

Please include employment affiliations or constituencies and years served. Feel free to insert a link if this information is available on your website.

1,000 characters left of 1,000

### Organization Annual Operating Budget\*

Include organization's actual income and expenses for most recently completed fiscal year and organization's actual income and expenses for current year-to-date (align income and expenses side-by-side on both budgets)

[5 MiB allowed]

### Audited Financial Statement\*

Organization's most recent AUDITED financial statement (if budget is greater than \$100,000) or Form 990 (if budget is between \$25,000 and \$100,000). If neither document is available, include unaudited financial statement.

[10 MiB allowed]



## Section 2: Purpose of Grant

▼ Purpose of Grant

**Project Name\***

Name of Project.

**Is this a new program?\***

☐ Yes

☐ No

**Who will you serve?\***

**Program Rationale\***

- **Identify the problem statement.**  
What is the problem, issue, or specific need in the community that your proposal addresses? How was that need determined?
- **Identify health status needs of target population**
- **Identify cultural demographic needs of the target population**

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## Section 2: Purpose of Grant

### Program Summary

Please describe the opportunities your program offers the target group's specific need in Lancaster County.

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### Grant Proposal Start Date

### Grant Proposal End Date

### Legal Compliance for Applicants Who Work Directly with Children

If you are applying for a project that works directly with children, please verify that your organization is in compliance with all clearances required to work with children and adolescents.

☐ Yes, my organization is in compliance.

## Section 3: Grant Proposal Project Questions

Grant Proposal Project Questions

Estimated Number of Children to be Served

#

Estimated Number of Family Members to be Served

#

Estimated Number of Community Members to be Served

Examples include health care professionals, teachers, program personnel, etc.

#

To what degree will this program use data-driven best practices?\*

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How will you measure success?\*

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How will your program promote inclusiveness and diversity to support the Lancaster County community?\*

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## Section 3: Grant Proposal Project Questions

Please describe how you will provide this program virtually, if necessary.\*

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How is your organization adapting to current challenges that families are facing?\*

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How does your program align with one or both of our two big goals?\*

At LOHF, our 2 big goals are: 1) building the talent pipeline in behavioral healthcare; and 2) improving access to behavioral healthcare for youth and children in Lancaster County.

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How will your program focus its resources on children, youth and families who are most in need?\*

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## Section 4: Grant Budget

▼ Grant Budget

**Total Project Budget\***

What is the total cost of this project or program? If total cost is unknown, please include an estimate.

\$

**Amount Requested\***

Suggested range is \$5,000 to \$25,000

\$

**Revenue: Secured Funds\***

What amount of the total project budget is committed to date, either from your own organization and/or from other sources? Enter 0 if none.

\$

**Revenue: Pending Funds\***

What amount of the total project budget funds are submitted and/or pending a response to date? Do not include this request in the amount. Enter 0 if none.

\$

**Expenses: Salaries\***

How much of **this grant request** will you allocate to support personnel expenses for employees already working at your organization? This can include: salaries, payroll, taxes, and benefits. Enter 0 if none. Please list and describe.

\$

**Expenses: Operations\***

How much of **this grant request** will you allocate towards program operations? This may include program supplies, materials, training tools, curriculum, or travel expenses. Enter 0 if none. Please list and describe.

\$

**Budget Explanation**

Describe any budget items listed above.

2,000 characters left of 2,000

**Project Budget**

If you have an existing project budget, please upload it here.

Upload a file

[5 MiB allowed]

## Sections 5 & 6: Optional Supporting Materials & Signature

### Optional Supporting Materials

**Please share any additional supporting materials that may be helpful.**

Examples may include: letter of support, staff bio, memorandum of understanding with another organization, or patient/client testimonial.

Upload a file [5 MiB allowed]

### Signature

**Signature of Executive Director on Application\***

**Date of Signature on Application\***

**Due by 10/01/2021 12:00 AM EDT.**

Abandon Request

Save Application

Submit Application





Questions?  
Contact Us!

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