***Waukesha County***

**Public Health CHIP Funding Initiative**

**Mental Health Application**

The COVID-19 pandemic and the associated societal changes have elevated the stress felt by families by increasing change in their lives while decreasing resources. With many families losing income and access to institutional resources (school systems, daycare, mental health, and substance misuse services, etc.), individuals and families have had fewer coping resources to deal with the elevated stress and anxiety during this time of crisis. The federal government has appropriated American Rescue Plan Act (ARPA) funding to local and state governments to ensure communities have access to the resources necessary to mitigate the impacts of the pandemic while assuring that local systems will not be financially depleted. Elevated individual and family stress will often translate into negative outcomes. HHS staff indicate that underlying negative behaviors or issues families were dealing with prior to the pandemic became exacerbated during and since the pandemic. Building additional community-based supports and services to address the increased mental health challenges, substance misuse concerns, and ensure our aging residents have access to the services/supports that reinforce healthy living will result in a healthier community.

The Public Health Division of Health and Human Services is seeking applications for projects that have measurable impact on specific indicators of desired states of being according to strategic health priority areas and their corresponding result. These interventions should be rooted in data and evidence-based practices. The partnerships forged from this funding opportunity shall result in systems level changes and improvements that contribute to the overall health of the county. Any services or interventions proposed must be made available to Waukesha County residents. The ARPA funding is giving the Public Health Department extra funding that is normally not available to CHIP partners. The infusion of these funds is to enhance the impact agencies are able to have on our community. Funds will be used to implement programs, services, obtain data, and implement systemic policy changes that improve critical health inequities or gaps in Waukesha County. Review the application instructions [here](https://waukeshacountywi.sharepoint.com/:w:/r/sites/CHIPPCoalition/Shared%20Documents/ARPA/Application%20Instructions%203.4.24.docx?d=wfdad27c05e714e469ea1336205453f70&csf=1&web=1&e=OdXTXn).

**GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Agency’s Legal Name:** | |  | | | | | |
| **2.** | **Address (No P.O. Boxes):** | |  | | | | | |
| **3.** | **Project Title:** | |  | | | | | |
| **4.** | **Project Address (If different than applicant’s):** | | | | | |  | |
| **5.** | **Primary Contact Person and Title:** | | |  | | | | |
| **6.** | **Telephone:** |  | | |  | **Fax:** | |  |
|  | **Email:** |  | | | | | | |
| **7.** | **Federal Identification Number:** | | |  | | | | |
| **8.** | **Amount of Funding Requested:** | | |  | | | | |
| **9.** | **Total Project Costs:** | | |  | | | | |

**PROGRAM DESIGN**

1. **Please describe the overall program proposed, who it will serve, and the outcomes to be achieved:**

1. **Describe how this program will address Social Determinants of Health and root causes:**

1. **Describe the resources that are needed to make these changes:**

**ROOT CAUSE AND INDICATORS**

1. **Describe how the project will impact the access to quality mental health services for youth (if applicable):**

1. **Describe how the incidence of anxiety and depression felt by youth will be lessened (If applicable):**

1. **Describe how staffing and specialty staffing may be impacted and how this will be mitigated (if applicable):**

**ORGANIZATIONAL EXPERIENCE, CAPACITY, & SUSTAINABILITY**

1. **Describe the experience the organization has in working with this population (if applicable):**

1. **Describe the organization’s experience with offering this type of service (if applicable):**

1. **Describe the current available resources of the organization for this project:**

1. **Describe how the program will be continued, after funding, if successful:**

**BUDGET (5 POINTS)**

Please complete the included budget for the organization’s proposed services.

**LOGIC MODEL (10 POINTS) - If Applicable**

Please complete the included logic model for the organization’s proposed services.

**ACKNOWLEDGEMENT**

An officer of the organization’s governing body must sign this proposal:

The undersigned, an authorized officer of the organization, does hereby certify that the information set forth in this application is true and correct, that the Federal tax exemption (if applicable) determination letter provided as part of this proposal has not been revoked and the present operation of the organization and its current sources of support are not inconsistent with the organization’s continuing tax-exempt classification as set forth in such determination letter.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Date: |  |
| Title: |  | | | |
| Signature: |  | | | |