



AGENCY/PROGRAM APPLICATION FOR FUNDING

Fiscal Year 2022-2023

NAME OF AGENCY			
Samaritan Interfaith Counseling Center Inc., dba SamaraCare Counseling			
CONTACT PERSON AND TITLE			
Anita Scott, Development Director SamaraCare North			
ADDRESS			
690 Oak Street			
CITY	STATE	ZIP	
Winnetka	IL	60093	
PHONE	FAX		
847-4436-6955 ext.416	847-446-6957		
E-MAIL			
ascott@samaracarecounseling.org			
WEB			
www.samaracarecounseling.org			
NO. OF YEARS IN EXISTENCE	TOTAL AGENCY FUNDING REQUEST FOR PROPOSED YEAR		
50	\$ 20,000		
PROGRAMS REQUESTING FUNDING	AMOUNT RECEIVED LAST YEAR	\$ AMOUNT FOR PROPOSED YEAR	FUNDED BY TOWNSHIP SINCE? (Estimate of Year OK)
1. <u>Mental Health Access Program</u>	<u>\$15,000</u>	<u>\$ 20,000</u>	<u>2020</u>
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____
4. _____	\$ _____	\$ _____	_____



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Eligibility Criteria For Funding

New Trier Township General Statement of Policy:

- **Each agency/program requesting funding from the Township will be referred to either the Agency Oversight Committee, the Mental Health Committee, or the Money Follows the Person Committee of the Township. Those committees will make funding and agency/program recommendations to the New Trier Township Board of Trustees. You will be notified of their final decisions sometime in the spring.**
- Agencies considered for funding should have been in existence for one year after receiving their not-for profit status from the State of Illinois and have been providing services to the community during that time.
- No agency with the ability to tax or conduct referendums will receive Township funding.

In order to be eligible for funding an agency must meet the following minimum requirements:

- **Area Served** - While an agency may serve areas other than New Trier Township, its programs must serve residents of New Trier Township.
- **Proportion of Township Residents Served**- For agencies serving more than New Trier Township, the amount of funding requested shall take into consideration the proportion of the agency's service rendered to residents of New Trier Township.
- **Non-Profit** - Funded agencies must be 501 (c) (3) not-for-profits.
- **Needs**- The need for the service must be demonstrated.
- **Standards** - An agency requesting funding must have at least one full-time paid staff person, or its equivalent; the credentials of the applicant's staff shall meet professional standards, commensurate with the responsibilities involved.
- **Employment Practices** - The agency must be an equal opportunity employer.
- **Articles of Incorporation** - Submit a copy, as amended, if changed in the last 12 months.
- **Bylaws** - Submit a copy, as amended, if changed in the last 12 months.
- **Use of Funds** - Funds must be used as specified in the grant application and as approved by the Township. Changes must be cleared with the Township.



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- **Accessibility** - *All services must be available to clients with disabilities and the agency must be able to deliver services from a site that is ADA accessible. If not, please explain.*
- **Accountability** - The agency shall maintain communication with the assigned advisory committee liaison, who must be allowed to attend board meetings upon request. The agency may dismiss the person from a board meeting if they convene into Executive Session. The agency shall provide meeting minutes to the liaison upon request
- **Financial** - *All agencies with budgets of greater than \$300,000 must have an annual audit performed by an independent CPA. Those agencies with a budget of \$300,000 or less must submit to the Township a copy of form AG990 that is sent to the Attorney General's Office. The Township reserves the right to request an audit be performed for agencies with budgets of \$300,000 or less.*
- **Absence of Conflicts of Interest** – The agency certifies, to the best of its knowledge, information, and belief, that it has no current relationship or involvement with any New Trier Township Trustee, Employee, or Committee Member which the Agency reasonably believes could either favorably or unfavorably influence the Township's possible grant of the Agency's funding request.
YES _____
NO _____ - **If no, please explain.**



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Other Certification Issues

Please mark yes, no, or other as appropriate next to each statement. If no, or other, please explain. Supporting documents may be requested at a future date and must be supplied upon request.

YES NO OTHER (PLEASE EXPLAIN)

- | | | | |
|----------|--------------------------|--------------------------|---|
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency maintains a personnel policy manual |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a non-discrimination policy |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a sexual harassment policy |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a grievance procedure |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a Strategic Plan
Covers years <u>2020-2023</u> |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency produces an Annual Report
Most recent report covers period FY <u>2019-2020</u> |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency has an effective fiscal management system in place and has disclosed any and all Conflicts of Interest as described in the Eligibility Criteria for Funding. |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Audit or AG990 completed and copy provided to the Township for most recent fiscal year |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency maintains general liability insurance coverage and names New Trier Township as additional insurer
Amount of coverage <u>\$3,000,000</u>
Name of insurer <u>Philadelphia Indemnity Insurance Co.</u>
Effective dates of coverage <u>11/15/20 -11/15/21</u> |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency pays all state and federal payroll taxes |
| X | <input type="checkbox"/> | <input type="checkbox"/> | Agency has a conflict of interest policy. |



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YES	NO	OTHER (PLEASE EXPLAIN)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency has by-laws in place Date last amended/accepted July 2021_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency is accredited by recognized accreditation organization (where appropriate) Date of most recent accreditation June 2019_____ Accreditation Organization Solihten Institute_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency's board serves without compensation Number of board members 12_____ Number of Board vacancies _3_____ List board sub-committees Governance, Finance, Personnel & Resource Development_____ _____ Schedule of board meetings Bi-monthly, 6 scheduled per year_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Agency has Auxiliary or other Advisory/Governing Board. If so, please explain: _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency provides staff with opportunities for training and personal development
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency has filed its annual report with the Illinois Attorney General # 01-010,025_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency has filed its annual report with the Illinois Secretary of State # 49850816_____
		Federal Tax ID# 36-2846570
<p><i>We certify that we meet all the eligibility criteria for funding and that the information contained in this application is true and correct to the best of our knowledge and agree to comply with all requirements of the program and funder if we are awarded and accept funding. Furthermore, our Board has been advised of the Eligibility Criteria and approved our signing of this document.</i></p>		
Agency Director Name: Dr. Scott Mitchell		
		Date: 9/1/2021



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Board President Name: **Patricia Carl**

Signature

Date: 9/1/2021

Organizational Profile

(A) The Organizational Profile is part of the New Trier Township Application For Funding; and (B) It is the Agency's responsibility to keep the Organizational Profile information current each year and provide New Trier Township with further information on an ongoing basis if there are any significant changes, such as to the mission, organization, board requirements, and/or other changes.

(1) Briefly summarize the agency's mission, history, services, and organizational structure. Have these changed significantly over the lifespan of the organization? (Please attach a current organizational chart, if available.)

MISSION: SamaraCare helps people achieve their greatest potential by being compassionate, spirit-led counselors, consultants and advocates.

HISTORY: SamaraCare was founded in 1971 as the Interfaith Family Life Center by three Naperville congregations to provide preventative and therapeutic mental health counseling with a focus on family life in response to meeting the unmet mental health needs of a rapidly growing Naperville community. Its mission is to provide affordable access to high quality comprehensive care to everyone regardless of financial resources, religious affiliation or insurance status. In 1983, the center affiliated with Solihthen Institute, a nationwide accrediting organization, and changed its name to Samaritan Interfaith Counseling Center. In 2017, it rebranded under the name, SamaraCare, to avoid confusion with other organizations using the name "Samaritan", strengthen its marketing presence, and raise awareness in its service territory. In 2019, SamaraCare merged with Winnetka-based Samaritan Counseling Center, an organization with similar core values, to expand SamaraCare's geographic footprint to become a regional provider of mental health services. The organization now serves 6 counties in Chicagoland.

In July 2021, SamaraCare merged with a long-time collaborative partner, Wellspring Clinical Associates, a provider of psychiatric care services. The Wellspring merger positions the organization to serve as a "medical home" for clients by offering psychological counseling, psychotherapy, psychological testing/assessment as well as psychiatric care within one organization. It is also the first step towards a long-term strategic goal to eventually provide psychiatric fee-subsidized care to under-resourced clients.

SERVICES:

SamaraCare is a nonprofit, essential outpatient behavioral health organization that provides in-person and virtual out-patient mental health counseling, psychotherapy, psychiatric care as well as



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psychological assessments/testing for individuals, couples and families from diverse backgrounds and varied financial means. It offers a wide variety of client-focused and goal-oriented counseling services in a broad range of specialty areas, so clients can find the emotional, behavioral and spiritual balance that's right for them.

SamaraCare is unique in its ability to provide spiritually-integrated care for those interested in that option and in providing fee subsidy assistance, to under-resourced individuals, couples and families, through its Mental Health Access Program. In the last 15 years alone, the program provided over \$7.5 million in fee subsidy assistance to thousands of under-resourced individuals, couples and families.

We also provide customized mental health educational/wellness programming to schools, service clubs, and faith/community groups. The presentations are preventive in nature, interactive, share practical applications and designed to increase community understanding to end the stigma associated with mental illness. Our two most recent virtual Exploring Grief Groups have been filled to capacity with waiting lists. New Trier Township residents have historically attended. We are offering two new group sessions this fall; registration for both groups is at capacity.

Our client base ranges in age from 2-92. Populations include children, adolescents, adults, seniors, couples, families, clergy, teachers, police/first responders, LGBTQ, trauma survivors, veterans and anyone needing quality mental health care. Historically, over 65% of our clients have been female. We have extensive clinical expertise in working with children/teens and older adults whose mental health needs continue to increase due in large part to the psychological fallout from the pandemic.

Organizational Structure: SamaraCare is a 501(c)3 non-profit organization governed by a Board of Directors which includes representatives from supporting congregations, business people, and community volunteers. The President and CEO is accountable to the board for overall direction. A senior leadership team consisting of the organization's clinical directors and senior administrative staff, including finance and development, work alongside the President to coordinate SamaraCare's management. Staffing consists primarily of professional counseling and psychiatric staff that specialize in various modalities to diagnose and treat different types of mental illness.

Briefly summarize the role of the board and the requirements for serving on it. What role does the board play in the administration and operation of your organization and what is the desired size of a full and active board?

Board of Directors: The SamaraCare Board of Directors is responsible for establishing policies, defining services, guiding development, acquiring financial resources and assuring operational accountability in accordance with its purpose and bylaws. Board members represent both SamaraCare regions and all serve 3-year terms.

General Expectations of board members include:

1. Maintaining knowledge of SamaraCare's mission, bylaws, purposes, goals, policies, programs, financials, services, strengths, and needs.



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2. Giving time by prioritizing attendance at meetings and events, including fundraisers and serve in leadership positions and Board committees willingly when asked.
3. Giving financially through a meaningful annual gift (100% Board participation) and assisting with fundraising efforts through personal action and influence with others (corporations, foundations, individuals).
4. Participating in Board development, along with the Nominating Committee for suggesting nominees for the Board.
5. Preparing for and participating in Board and Committee meetings.
6. Signing and abiding by a Conflict of Interest and Code of Ethics Statement.
7. Counseling the CEO/President as appropriate and offer support.

We are actively recruiting additional Board members for both the North and West Regions.

Agency/Program Funding Request Information

PROGRAM DESCRIPTION

- (1) Describe the services provided by this program, eligibility requirements, and the target population.

Program Overview:

Our *Mental Health Access Program* ("MHAP") was created, in tandem with our mission, to advance behavioral health equity by providing affordable access to high-quality mental health care services to under-resourced clients who are uninsured, under-insured or who have financial limitations. It is the funding mechanism which connects under-resourced clients to one of SamaraCare's 30 therapists. The program utilizes a sliding fee scale, based on the Federal Poverty Guidelines, to discount standard fees for psychotherapy and psychological testing services. Extenuating circumstances are also considered in setting fees (as noted below). The MHAP does not pay the total cost of services. All clients are responsible for paying a portion of their bill which is based solely on their ability to pay. Fee subsidies from the MHAP are contingent on client need as well as the availability of funds.

Approximately 25% of our client base qualified for financial assistance in FY 21. SamaraCare served 292 MHAP unduplicated households (351 clients). 212 of the 292 MHAP Households served (73%)were documented as low/moderate income households with income less than 80% of Median Family Income. We expended \$489,068 in fee subsidy assistance. This equates to \$1,393 per client or 8.4 visits at no charge. The North Region served a total of 213 clients of which 46 were MHAP clients.

Eligibility Requirements:



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Eligibility for fee subsidy assistance occurs when a client cannot afford SamaraCare's standard fees due to an existing financial hardship or change in financial circumstances. Qualifying reasons for a hardship consideration include:

- 1) low/moderate household income
- 2) unemployment
- 3) long term/permanent disability or serious illness
- 4) no health care insurance
- 5) limited health care insurance due to a high deductible/high copay benefit plan (underinsured)
- 6) exhausted benefits under the current health care insurance plan
- 7) extenuating circumstances, such as
 - a) recent separation/divorce
 - b) subject of physical, sexual, or emotional abuse
 - c) subject of spousal abandonment
 - d) death of the primary household wage earner
 - e) extraordinary medical expenses
 - f) personal bankruptcy

Household income and size are evaluated to determine eligibility for sliding fee scale discounts through the MHAP. The Federal Poverty Guidelines (FPG) are used to create and update SamaraCare's sliding fee scale which determines eligibility. FPG are published annually by the Department of Health & Human Services. Individuals and families with income levels that exceed the FPG will not qualify for sliding fee scale rates unless there are extenuating circumstances warranting a standard fee discount irrespective of household income and size.

SamaraCare does not discriminate in providing services or offering sliding fee scale discounts to eligible applicants on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation or military status.

Target Population:

Any SamaraCare client lacking insurance coverage or who has insufficient financial resources to pay standard fees for mental health services may inquire about the MHAP and apply for discounted fees. Information can be obtained from our website, billing office and/or a therapist.



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(2) How does this program fit in with one or more of the priorities identified by New Trier Township in its strategic plan? Please explain.

SamaraCare’s Mental Health Access Program dovetails with several stated intentions of New Trier Townships’ strategic plan priorities as follows:

- “To Continue to oversee and fund programs in the traditional manner that do not fit the money follows the person model, including outreach, drop-in centers and counseling centers”.

SamaraCare is recognized as an essential outpatient behavioral health care provider whose mission is to serve everyone, regardless of insurance status or financial limitations.

- “Encourage individual choice and the creation of more programs to support living and working in one’s local community for those who would choose to, particularly for individuals with disabilities, seniors and those with severe mental illness.”
SamaraCare has maintained a presence in New Trier Township for over 50 years providing both counseling and educational/wellness programming. We also maintain an office in Wilmette where one of our counselors specializes in serving seniors and the aging population. Our counselors are available to provide in-person and/or virtual services for those residing in the Township. We have extensive clinical experience with teens/young adults and seniors whose mental health needs continue to increase.
- “Provide leadership to increase awareness of those who are more vulnerable in our community...”

By supporting SamaraCare’s MHAP, the Township is providing leadership that increases awareness of those who are more vulnerable in NTT as the program is designed to enable the under-resourced to receive counseling services which they might otherwise not seek or be able to obtain. Lastly, with our recent merger with Wellspring Clinical Associates (see answer to question #5 for additional information), SamaraCare now offers in-house psychiatric services for those needing that level of care.

Please check each priority you feel the program addresses. (Most programs will address only one or two priorities.)

See our website at www.newtriertownship.com for more information.

- | | |
|--|---|
| <input type="checkbox"/> Aging in Place | <input checked="" type="checkbox"/> Low Income Families |
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Persons with Disabilities |
| <input checked="" type="checkbox"/> Other <u>Mental Health</u> | |

NEED

(3) Describe the need and demand for this program in the community and justify that it deserves investment of Township funding. You may include both data and examples of individual clients.



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Program Need: The MHAP was established because professional mental health services are expensive, and the cost precludes some in our service area from receiving consistent high-quality counseling and psychological testing services. In addition, some clients may have the financial means to afford care but may not have access to funds due to extenuating circumstances such as divorce, abuse, or abandonment situations. Treatment for mental health care may require weekly visits and on-going treatment for years unlike one-time physician visits. For this reason, clients can experience a significant financial impact - especially those coping with financial hardships and limited resources. A lack of financial resources prevents many from seeking the help they need and deserve. For others, it leads to inadequate treatment further perpetuating a mental health crisis. The demand for reduced cost mental health care far exceeds the availability.

Currently, there are few options for reduced cost mental health services. The private sector is not designed to provide significant amounts of free or reduced cost care. County health departments serve clients who cannot pay, but it is difficult to get into a county's system due to high demand. Few providers accept Medicaid due to its low and delayed payments as well as cumbersome bureaucratic requirements.

As the COVID-19 pandemic enters its second year, new fast-spreading variants have caused a surge in infections, and renewed quarantines and lockdowns. The devastation of the pandemic — thousands of deaths, economic strife and unprecedented curbs on social interaction — has already had a marked effect on people's mental health. During the height of the pandemic, nearly half of US adults reported symptoms of anxiety or depression, a figure that has been largely consistent, up from one in 10 who reported these symptoms from January to June 2019.

Most people will recover, though that recovery can take some time. A notable fraction of people will develop chronic symptoms severe enough to meet criteria for a mental illness, such as post-traumatic stress disorder (PTSD) or major depressive disorder. People who experience more severe stressors, such as exposure to the dead or dying, and people with more prolonged disruptions are more likely to experience enduring symptoms that would benefit from intervention. We also know that people are more likely to develop chronic or severe reactions if they have one or more risk factors, such as poor social supports, financial difficulties, food or housing instability, or a history of mental illness. Receiving economic or social supports and using coping strategies can lower these risks and maximize a person's chances for recovery.

With mental health symptoms surging during the pandemic, nurturing mental wellness has become a collective social responsibility. Early diagnosis and self-care can help manage the progression of mental illnesses and reduce healthcare costs. Greater self-care means expanding the range of mental-health services available to the public. That said, not all mental wellness can be managed with self-care alone; but multiple studies have shown that screening and early professional intervention will prevent more severe conditions from setting in following major trauma.

Funding from NTT is needed to help cover the MHAP direct (therapist salary costs) and indirect costs, as outlined in the attached budget. In FY 21, the MHAP program incurred total expenses of \$897,700, of which \$23,609.51 (2.63%) were attributed to serving New Trier Township MHAP clients. We expect these expenses to increase as we continue to grow and serve more clients



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within the township. To that end, we are requesting an increase in funding from \$15,000 to \$20,000 for FY22 to help offset program expenses.

We note that fee subsidies are indirect payments to clients, in the form of a discount below our standard fee, resulting in a savings for those the subsidies are designed to help. While counseling fees can be discounted for eligible MHAP clients, the cost of providing mental health services to MHAP clients is not. Therefore, the funds we raise are used to cover the cost of therapist salaries, as well as related overhead expenses, such as facility usage, telehealth platform, billing and insurance, as well as other costs incurred in delivering direct services to MHAP clients.

- (4) Are you able to meet the full demand for this service or is there a waiting list? What new or unmet needs do you see in the community or for the clients served in this program?

Yes, however SamaraCare currently has a waiting list of 30-35 individuals since our clinicians in both regions are operating at full capacity. We are actively hiring several new therapists and psychiatrists with varying specialties to help meet demand that will enable us to expand clinical capacity. In addition, we are working with a professional recruiter to help identify, vet and recruit additional therapists for both regions.

Since the onset of the pandemic, many of our clients, including those receiving fee subsidy assistance, are presenting with more chronic conditions requiring longer periods of treatment. This development has adversely impacted the ability to take on additional clients since most of our therapists are operating at or above capacity. We expect the situation to be mitigated in the coming months by hiring several more therapists, which will enable us to increase total capacity.

Telehealth has been beneficial for the delivery of services. SamaraCare was able to rapidly pivot to a telehealth platform during the onset of the pandemic which enabled us to provide uninterrupted services to our clients from the safety and comfort of their own homes. Telehealth has also been beneficial for our clients for a number of reasons including reduced travel costs and the ability to see specific therapists located outside of their geographic area. Telehealth is expected to be a service delivery option for the foreseeable future – especially since the state of Illinois extended insurance coverage for telehealth for another next five years. See also the above answer(d) regarding unmet and upcoming needs.

CAPACITY

- (5) Demonstrate that the program has the vision, personnel, and skills to successfully carry out the program and achieve its goals, objectives and performance measures.

Vision: The MHAP has been the cornerstone of SamaraCare's mission and has been in place since the organization's founding in 1971 (50 years). Within the last 15 years alone, the program has spent over \$7.5 million in fee subsidy assistance to nearly 6,800 under-resourced households. The goals of the program are two-fold:

- 1) to provide affordable access to high-quality mental health services for under-resourced individuals, couples and families who are uninsured, underinsured or who have other financial limitations.



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2) to improve the quality of our client's lives by facilitating growth and healing as well as enabling them to choose and maintain healthy relationships while coping with life's stressors.

Personnel: All of our clinicians have post-graduate degrees and are licensed psychiatrists, clinical psychologists, social workers, counselors and marriage and family therapists.

Since 1983, SamaraCare has been accredited by the Solihden Institute which serves as a singular conduit for an integrated network of nonprofit community mental health professionals. Accreditation is based on maintaining sound organizational structure, efficient management and administration, high-quality clinical processes, appropriate personnel and financial practices, as well as professional accountability through standards that are recognized nationally by managed care companies, denominations, and colleagues in the field. Full accreditation is valid for 4 years. SamaraCare was last reviewed and re-accredited in June 2019.

Skills: SamaraCare has the capability to ensure that the majority of its clients will see improvement in their mental health. Preparation begins with a holistic approach that incorporates elements of mind, body, spirit and community as they relate to the clients' unique needs and issues. Our overarching counseling strategy is a plan-oriented team approach. Treatment plans are regularly reviewed with clinical staffing groups for feedback and accountability for goal setting/achievement. The Clinical Directors are responsible for intake and carefully match every client with a therapist that has the appropriate credentials and expertise to address the presenting problems. An explanation of the therapeutic process is provided, identifying needs/concerns and setting goals/expectations. Therapists determine if psychiatric care is required and if so, make a referral. Clients are also informed of the MHAP.

SamaraCare has in place an electronic medical records (EMR) system that contains general information such as treatment and medical history about a client and enables the therapist to track progress. The greatest value derived from EMRs is leveraging data to drive strategic decisions, improve patient care and control costs. A data-driven approach provides SamaraCare with the ability to diagnose and correct problems by measuring and evaluating performance across specific metrics. SamaraCare is exploring switching to a new more sophisticated EMR system that will integrate client outcome measurements and results.

SERVICE STATISTICS/DEMOGRAPHICS



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(6) Who is being served by this program? Please provide a statistical breakdown of the number of clients served, the total units of service delivered, and costs per unit of service by filling in the chart below. Please state and define your unit of service for this program and why you chose it. To calculate cost per unit of service, divide the total number of units of service into the total budget for the program. (Suggestions for the appropriate unit of service are included in the proposal in the directions. For some programs you may wish to calculate cost per unit of service in more than one manner.)

(6a) Unit of service definition – MHAP Clinical Hours of Service = Total Projected Clinical Hours x 25% (based on projected percentage of total households qualifying for the MHAP)

(6b) SERVICE STATISTICS – Please indicate fiscal year dates for each column

Please note that SamaraCare bases its MHAP budget and forecasts for clinical hours and number of clients to be served on the actual results of the most recent completed fiscal year. Because we just began the current fiscal year 22, projections for FY23 are extremely difficult to forecast.

PLEASE INDICATE FISCAL YEAR/DATES IN EACH COLUMN	Prior Year: FY21 (7/1/20-6/30/21)	Present Year: FY22 (7/1/21-6/30/22)	Proposed Year: FY23 (7/1/22-6/30/23)
Number of persons served (unduplicated count)	292	330	350
Number of units of service	4,924	5,815	6,250
Cost per unit of service	182.31	112.54	147.94

(7) What are the demographics of New Trier clients served in the prior year? (breakdown by community).

See charts below. Data reflects households served (household refers to the primary billing client)

NEW TRIER TOWNSHIP DATA - FY 21

GENDER	Kenilworth	Wilmette	Winnetka	Total
Male	0	5	3	8
Female	1	13	11	25
TOTAL HH	1	18	14	33

RACE/ETHNICITY	Kenilworth	Wilmette	Winnetka	Total
White-NonHispanic	1	17	12	30
White-Hispanic	0	0	0	0
Black - Hispanic	0	0	0	0
Black/African Amer.	0	0	0	0



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Native American/Pacific Islander	0	0	0	0
Asian	0	1	0	1
Mixed Race	0	0	0	0
Other	0	0	0	0
Non-Disclosed	0	0	2	2
TOTAL HH	1	18	14	33

AGE	Kenilworth	Wilmette	Winnetka	Total
0-6	0	0	0	0
7 thru 12	0	0	0	0
13-18	0	1	2	3
19-59	0	8	9	17
60+	1	9	3	13
Unident.	0	0	0	0
TOTAL	1	18	14	33

INCOME	Kenilworth	Wilmette	Winnetka	Total
<\$20,000	1	5	1	7
\$21,000-\$40,000	0	1	1	2
\$41,000-\$60,000	0	2	0	2
\$61,000-\$80,000	0	2	2	4
\$81,000-\$100,000	0	0	4	4
\$100,000+	0	3	0	3
Not Provided	0	5	6	11
TOTAL	1	18	14	33

FEE RANGE	Kenilworth	Wilmette	Winnetka	Total
\$0-\$5	0	0	0	0
\$5-\$10	0	0	0	0
\$11-\$20	0	0	0	0
\$21-\$30	0	3	0	3
\$31-\$40	0	1	1	2
\$41-\$60	0	4	3	7
\$61-\$80	0	2	3	5
\$81-\$100	0	2	0	2
\$101-\$125	0	1	1	2
\$126-\$165	1	5	3	9
Not Provided	0	1	2	3
TOTAL	1	19	13	33



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(8) Total from New Trier Township (unduplicated).

33 unduplicated households were served in FY21

(9) New Trier Township clients are what % of total?

NTT is 17% of North Region total households served; 2.63% of total organization households served.

(10) Units of Service to New Trier clients.

129.50 clinical hours

(11) Units of Service to NTT clients are what % of total

2.5% of total MHAP Clinical Hours

(12) New Trier clients age breakdown

See chart above

OUTCOMES/EVALUATION

(13) What outcomes did you achieve for your clients in the prior year? Results should be client-outcome based, specify a target level of achievement, the measurement tool that was used, the rationale for setting the target at a certain level, and a timeframe for accomplishment. Detail any changes made in the program as a result of these outcome results.

SamaraCare uses the following indicators to track client progress:

1. Global Assessment of Functioning (GAF) Scale. The GAF scale is a numerical (1-severely impaired to 100-extremely high functioning) evidence-based evaluation tool used to assess the social, occupational and psychological functioning of an individual on a continuum. Success is measured by changes in the GAF score as measured by therapists upon intake and again after the tenth therapy session (or termination, whichever is first). The GAF is the standard used in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. Our GAF results show as a result of treatment, clients move from a higher to lower level of symptomology. Their coping skills improve empowering them with the ability to choose and maintain healthy personal and professional



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relationships. Our target level of achievement continues to be the same as last year and continues to be met according to the GAF Scale.

2. Client Satisfaction Survey (CSS): a survey, issued semi-annually to all clients, which has several embedded research-based questions that are demonstrated markers of therapeutic progress.

Outcomes:

- 1) Goal: 70% of clients will show improvement in their GAF score as measured upon intake and again after every 10th session, or termination of services, whichever comes first.
- 2) Goal: 85% of clients who complete the Client Satisfaction survey will agree/strongly agree that they deal more effectively with their symptoms and concerns.
- 3) Goal: 85% of clients who complete the Client Satisfaction survey will agree/strongly agree that they were able to accomplish what they set out to do.
- 4) Goal 85% of the clients who complete the Client Satisfaction survey will agree/strongly agree that they are better able to handle conflict and stress.
- 5) Goal: 85% of the clients who complete the Client Satisfaction survey will agree/strongly agree that their counselor's interventions and interactions were helpful.

SamaraCare has consistently performed in the 90%-100% percentile range. Aside from the outcome measurements, SamaraCare has a number of quality assurance programs and procedures in place (for MHAP and all other clients) including: full clinical staffing for all new cases in which a treatment plan is developed; ongoing individual and group supervision; monthly group psychiatrist consultation for difficult cases; and funding of ongoing continuing education for clinical staff. Clinical staff constantly assesses the client's insight, coping strategies, and signs of improvement. If a client reports low satisfaction, the therapist and clinical director will review the case to determine how to improve service to meet the client's needs and increase satisfaction.

There are five phases of therapy that lead to sustainable client improvement:

Intake: Therapist gathers specific written and verbal information to address the client's presenting issues, establish rapport, and ascertain the appropriate treatment modality.

Identification: Client and therapist work together to discuss treatment goals and create a plan with specific measurable objectives that include techniques and interventions to support goal achievement.

Exploration: Client progress begins by looking at issues in depth and regaining a healthy sense of power and control while adopting appropriate coping strategies.

Resolution/Termination: Therapy ends when the client accomplishes the plan goals. This marks the closure of the professional clinical relationship.



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Aftercare: Therapist refers the client to outside resources or agencies with educational programs and support groups. The after-care plan often recommends periodic check-ins with the therapist for stabilization and maintenance.

Psychological treatments and fee assistance vary based on the individual. Clients and counselors discuss treatment goals throughout the course of therapy to determine progress. On average, 15-20 clinical sessions are required for 50% of clients to show significant change or recovery. In practice, clients and therapists sometimes prefer to continue treatment over a longer period (20-30 sessions over 6 months) to achieve more complete symptom remission and to feel confident in the skills needed to maintain treatment gains. Some clients with chronic or more serious forms of mental illness may require long-term treatment (12-18 months) for therapy to be most effective. Treatment length is often open-ended and revisited throughout the course of treatment. Therapy ends successfully when the client has achieved the goals mutually agreed upon with the therapist.

- (14) What results are you committed to achieving in the present year? (If outcomes are the same as above, simply state that we hope to improve upon the past year's results).

For FY22, SamaraCare is estimating that it will serve a total of 1,318 households, of which 330 (25%) will qualify for fee subsidy assistance. Of those 330 MHAP projected households, we estimate 50 households will reside in the North Region, which includes NTT. The estimates are based on current staffing levels and are subject to change upon hiring additional staff.

The outcome measures remain the same although we always hope to improve upon the past years' results.

- (15) Are there any other program effectiveness/evaluation measures you think are important, such as customer/client satisfaction surveys, quality of service measures, or other indicators? Please describe.

Please refer to Question #13 above, which details information regarding our Client Satisfaction Surveys

CHANGES/CHALLENGES

- (16) What changes or challenges (legal, socio-economic, demographic, financial, political or other) did the agency, program, and clients face in the prior year? How did you respond? What challenges or changes do you anticipate in the present year? (If changes/challenges were the same for all programs, do not repeat).

SamaraCare encountered several challenges during FY 21:

1) *Staffing shortages*: SamaraCare encountered staffing shortages due to the pandemic - some staff were unable to work full time due to child care or became ill from the virus and could not work for a period of time. In addition, we encountered the retirements/moving on of several clinical staff which affected our ability to take on additional clients. To remedy the situation, we engaged a professional



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recruiter to help with our staffing needs. Several therapists have since been hired. In addition, we announced the merger with Wellspring Clinical Associates. effective July 1st, which expands our staffing for both psychotherapy and well as psychiatric care services.

2. *More chronic mental health conditions among clients:* More clients with presenting mental health issues were diagnosed with chronic conditions that required longer treatment and greater levels of fee subsidy assistance. This has affected our ability to take on more new clients. This has been remedied by hiring more staff to expand capacity as well merging with Wellspring Clinical Associates to help bolster our financial base, expand staffing, and provide an additional source of fee revenue to support and expand the MHAP.

3) *MHAP Fundraising challenges:* Traditional donated funding sources have become more tentative due to the negative financial impact of the pandemic. The greatest uncertainty in funding is with churches, service clubs and foundation grants. Congregational support has been adversely impacted by the absence of in-person services and/or rummage sales resulting in collecting less contributions. In addition, many service clubs have not been able to hold their annual fundraising events for the benefit of non-profit organizations. This negatively impacts their funding ability and results in fewer and/or reduced contributions to our organization. We are also experiencing some foundation grant application notifications being delayed, reduced and/or on hold. We expect these funding sources to return to historical levels of support this year as their fundraising activities resume and the pandemic pinch subsides. However, we have reduced the MHAP budget in FY22 to reflect a more conservative outlook. This impacts the number of qualifying under-resourced clients we expect to serve in the program.

As for client challenges, the results from our confidential online self-assessment screening tool show that the pandemic had a direct impact on many people who used our free mental health screening. The majority of those using the tool in all but one of the diagnostic areas were individuals who had never been treated before and/or likely never before considered seeking mental health services. The results are as follows:

61% of individuals completing the depression screening had never been treated

63% of individuals completing the anxiety screening had never been treated

82% of individuals completing the PTSD screening had never been treated

96% of the individuals completing the Bi-Polar screening had never been treated

94% of the individuals completing the eating disorder screening had never been treated

99% of the individuals completing the alcohol screening had never been treated

31% of individuals indicated that they thought about or wanted to end their life some, most or all of the time.



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RECOMMENDATION RESPONSES

- (17) How did you respond to the recommendations made by New Trier Township, if any? Please describe in detail. (These are contained in the funding letter you received in June).

In response to our first grant application to the NTT, it recommended that SamaraCare update and revise its MHAP sliding fee scale to be "more generous to low income clients". We did exactly that. SamaraCare updated its Mental Health Access Program policy, application process and sliding fee scale. Clients at the poverty level now pay as low as \$5 per session.

That same year, the Township suggested that we consider a different client outcome measurement tool and offered to share an example of one they created. SamaraCare remains interested in seeing that tool to determine if it's a fit for our organization. However, as mentioned in the answer to question 5, we are considering a new EMR system that will incorporate a client outcome measurement tool. We anticipate a change over to a new system in mid-year 2022.

As suggested, we continue to increase our awareness of SamaraCare in the township region. Our President/CEO participated in one of the Township's Podcasts during Mental Health Awareness month last May. A North Region therapist will be giving a presentation at a local congregation this fall about the impact of the pandemic on mental health. We are also in discussions with Winnetka-Kenilworth Living about an article highlighting SamaraCare as we recognize our 50th anniversary this year. We also have plans to update and enhance our website to make it easier for clients and donors to find information. SamaraCare appreciates the feedback from NTT and offers thoughtful consideration of all recommended changes.

In our second and most recent grant application to the Township, no new recommendations were made.

RESOURCES/BUDGET



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- (18) What non-financial resources are required to deliver this service? Specify staffing/volunteer requirements, budgetary needs and other resources, inputs, and/or community partners that are needed for this program. If the Township is unable to fund this program at the desired level, what will the impact be on services? Describe how your program will or will not continue without investment by the Township. Complete the attached budget forms. Were any cost reduction measures implemented in the prior year? If there is a sliding fee scale for this program, please attach it and indicate how many clients paid each fee level.

Non-Financial Resources: SamaraCare utilizes volunteers for administrative/development functions. HIPAA restrictions prevent us from using volunteers at the clinical level. Our volunteers consist of the Board of Directors as well as volunteers engaged for development purposes, as data mining, special events, and donor identification/cultivation. We are looking to expand our board to include more representation from the North Region communities. SamaraCare welcomes any suggestions from NTT for possible board member candidates.

NTT Support: SamaraCare has provided township residents with mental health services for over 50 years and been funded by NTT for the past two years. Our ability to provide fee subsidy assistance to under-resourced clients is directly correlated to how much money we can garner from community partners, like NTT. Any reduction in funding will adversely impact the number of MHAP qualifying clients we can serve overall. In light of continued growing demand for mental health counseling services stemming from the pandemic, we need continued funding from the township to help fund the program so that together we build mentally healthier communities.

Sustainability Plan: Historically, the MHAP has been funded by net program fee revenue (35% of program budget) and donated revenue sources (65% of program budget). These percentages can fluctuate from year to year. While the pandemic has temporarily created uncertainty around some donated sources of revenue in FY22, we are confident the program is sustainable over the long term. Overall, SamaraCare has maintained a strong financial position in FY21, despite the economic fall-out from the pandemic. We exceeded our budget goals for nearly all fundraising categories during FY21 during the midst of the pandemic, which is a testament to the commitment of our donor base in recognizing the importance of our work especially during these most challenging times.

SamaraCare's Board of Directors recently approved a 3-year Strategic Fundraising Plan as well as a plan for building reserves in the event of future unplanned events that could jeopardize revenue generation. The Strategic Fundraising plan lays out a comprehensive strategy for diversifying funding sources.

SamaraCare has also bolstered its financial base by merging with Wellspring Clinical Associates, a psychiatric care practice, effective July 1, 2021. The financial impact of the merger will not only provide an additional stable source of fee revenue for SamaraCare, but it will also provide opportunities to partner with new funding sources that have in interest



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in funding organizations that serve as a "Medical Home" for patient-centered, comprehensive, and coordinated behavioral health care that is focused on quality and safety. SamaraCare will eventually be able to expand fee subsidy assistance for under-resourced clients with psychiatric care needs.

Sliding Fee Scale: SamaraCare implemented a new Sliding Fee Scale at the onset of FY21. The Federal Poverty Guidelines (FPG) are used to create and update SamaraCare's sliding fee scale which determines eligibility. FPG are published annually by the Department of Health & Human Services. Please refer to the attached fee schedule for FY22. The chart below reflects the fees paid by all MHAP clients in FY 21.

MHAP CLIENT FEE	WEST HH	NORTH HH	TOTAL HH	%
\$0-\$5	8	0	8	2.7%
\$5-\$10	13	2	15	5.1%
\$11-\$20	19	2	21	7.2%
\$21-\$30	24	5	29	9.9%
\$31-\$40	25	7	32	11.0%
\$41-\$60	43	9	52	17.8%
\$61-\$80	35	14	49	16.8%
\$81-\$100	60	2	62	21.2%
\$101-\$125	13	2	15	5.1%
\$126-\$165	9	0	9	3.1%
Not Known	0	0	0	0.0%
TOTAL	249	43	292	100.0%

- (19) If your program or agency budget request represents an increase from last year, please explain the reason for the change and what the increase will be used for.

SamaraCare's FY22 organizational budget reflects an increase in revenue and expenses over FY21 due to the merger with Wellspring Clinical Associates (under SamaraCare's federal tax-ID number) as well as organic growth stemming from increased clinical staff that will expand capacity. The MHAP budget, which is based on the previous year's revenue and expenses, also reflects an increase, albeit less than previous years due to a conservative fundraising outlook as a result of the pandemic. The increases in both the organization and program budgets reflect serving more households than the previous year. The additional funding from NTT will be used to cover a portion of the costs incurred in providing fee-subsidized, unreimbursed services to clients within the township.



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*All MHAP clients in the fee range of \$126-\$165 pay less than the standard \$165 fee, depending on income and household size.