

## Program Overview

Completed by tim.clontz@carectr.org on 4/25/2022 10:52 AM

**Case Id:** 15204

**Name:** Mental Health - 2022

**Address:** \*No Address Assigned

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### Program Overview

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Please provide the following information.



City of Winston-Salem  
ARPA Transformational  
Non-Profits Application

City of Winston-Salem  
P.O. Box 2511  
Winston-Salem, NC 27102  
336-727-8000  
[ARPA@cityofws.org](mailto:ARPA@cityofws.org)

This application portal is to request funding from the City of Winston-Salem as part of the Transformational Non-Profits Application Process. Applications received through this portal will only be reviewed by the City of Winston-Salem. Other jurisdictions may have separate application processes. Please contact other jurisdictions (e.g., Forsyth County) for instructions regarding requests to those jurisdictions.

Submitting an application does not guarantee funding. Please see the section below regarding the scoring process. The Mayor and City Council will have final decision-making authority regarding program funding requests.

Non-profit organizations may submit funding requests for capital or operating costs.

#### Minimum Criteria

- Must be registered non-profit organization (includes faith-based organizations providing a public purpose)
- Must have been incorporated as a non-profit for at least one year

#### Scoring Process and Matrix

All completed applications will undergo a review to ensure required documents are attached. Fully completed applications will be reviewed by selected City staff members and scored based on the scoring matrix approved by the Mayor and City Council. [Click here](#) to view the scoring matrix. Scored applications will be reviewed by the City's Management Team for potential recommendation to the Mayor and City Council who will have authority to appropriate funding for programs.

Staff reserves the right to contact any applicant to request clarification or additional details regarding application responses and materials.

## Defining Performance Measures

Sections of the application will reference performance measures and outcomes as required by the U.S. Department of Treasury. Specifically, the application will request workload and effectiveness/outcome measures. Please see this video (<https://www.cityofws.org/2809/Performance-Measures-Video>) for general information on performance measures.

## Upcoming Application Orientation Session

The City will host a virtual application orientation session on April 1, 2022 at 10:00 am. The meeting will take place virtually via the Zoom platform and will also have a live simulcast on the City's YouTube page. The link for that meeting will be posted the morning of the meeting to the website: [www.cityofws.org/clfrf](http://www.cityofws.org/clfrf)

## Contact Information

For any questions or concerns, please email [ARPA@cityofws.org](mailto:ARPA@cityofws.org) or call City Link at 336-727-8000.

## A.Contact Information

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### A.Contact Information

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Please provide the following information.

#### ORGANIZATION/AGENCY INFORMATION

**A.1. Organization/Agency Name**

Community Care Center for Forsyth County, Inc.

**A.2. Mailing Address**

2135 New Walkertown Road Winston-Salem, NC 27101

**A.3. Organization Website**

<https://carectr.org>

**A.4. Year 501 (c)(3) Status Obtained**

2,006

**A.5. Organization/Agency Fiscal Year**

2,022

**A.6. Federal Tax ID Number**

**A.7. Federal DUNS Number**

**A.8. Federal SAM Registered?**

Yes

#### ORGANIZATION/AGENCY CONTACT INFORMATION

**EXECUTIVE DIRECTOR**

**A9. First Name**

Timothy

**A10. Last Name**

Clontz

**A11. Title**

Executive Director/CEO

**A12. E-mail**

[tim.clontz@carectr.org](mailto:tim.clontz@carectr.org)

**A13. Phone Number**

(336) 760-1235

**BOARD CHAIR**

**A14. First Name**

Rob

**A15. Last Name**

DiBella

**A16. E-Mail**

[rob@dibellacg.com](mailto:rob@dibellacg.com)

**A17. Phone Number**

(336) 416-6906

**A18. Term Expiration Date**

12/31/2022

## B. General Project Information

Completed by tim.clontz@carectr.org on 4/25/2022 10:53 AM

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## B. General Project Information

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Please provide the following information.

### PROJECT INFORMATION

#### B.1. Project/Program Title

Transforming Behavioral Health for the Uninsured

#### B.2. Project Location/Address

2135 Walkertown Road Winston-Salem, NC 27101

### PROJECT CONTACT/MANAGER

#### B3. First Name

Timothy

#### B4. Last Name

Clontz

#### B5. Title

Executive Director/CEO

#### B6. E-Mail

tim.clontz@carectr.org

#### B7. Phone Number

(336) 760-1235

## C. General Project Narrative

Completed by tim.clontz@carectr.org on 4/25/2022 3:08 PM

Case Id: 15204

Name: Mental Health - 2022

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### C. General Project Narrative

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Please provide the following information.

#### C.1. Provide description of project and how funds will be used

CCC currently provides limited mental health services with two part-time counselors, one of which is certified as a substance abuse counselor. The counselors provide mental health assessments, counseling, referrals, and intervention services. Patients generally are seen by appointment either during normal clinic hours or by pre-arranged times on or off the clinic site. Patients seen by the counselors already are patients of the clinic and are referred by one of our medical providers. The clinic counselors do share some patients with the Behavioral Health and Community Unit (BeHCU) at Winston-Salem State University.

Any expansion of mental health services will require additional staff, with the intent to provide a broader spectrum of services and providers. Specifically, CCC would hire an experienced individual with a Master of Social Work (MSW) degree, who also is a Licensed Clinical Social Worker (LCSW). This licensure, which requires additional testing and training, allows the provider to offer multiple behavioral health services that our counselors cannot. This individual would become the lead mental health professional.

CCC also would hire a full-time counselor to replace the two existing part-time counselors, who are leaving the clinic in the near future for separate personal life change reasons. The hiring of these two full-time individuals will allow us to expand services to our patients. This level of staff would allow for us to have consistent mental health coverage in the building to allow for PRN (as needed) consultation with our paid and volunteer providers, crisis intervention (mental health and substance abuse), case management, telehealth services and limited in-home services. In addition, it will allow us to perform mental health screening of our existing patient population for early problem detection and interventions. Currently our mental health staff's time is consumed with responding to acute needs and doesn't have the time to look for potential issues screenings might reveal.

#### C.2. How will a participant access the proposed project/program, use the services, and derive a beneficial outcome from participation?

CCC is a free and charitable clinic, located in Qualified Census Tract 16:02 in East Winston. We provide a variety of medical services to promote the mental and physical health and well-being of our patients, all at no cost to the patient.

To access any of our services an individual must financially qualify and become a patient of the clinic. They will then be seen by one of our medical providers during an initial office medical visit. The provider will assess the patient and provide any needed care or referrals, including a mental health referral if warranted. The patient is then given an in-clinic appointment for whatever mental health services are needed that we provide.

The approach outlined will allow us to provide integrated medical care, where primary care medicine and mental health services are coordinated within one practice. Integrated care is recognized as the preferred model for the well-being of patients. According to the American Psychological Association[1], here are a few of the benefits that accrue to patients of a clinic with integrated medical care.

- Mental and behavioral health services offered by psychologists and other qualified providers in primary care settings play a significant role in the prevention, diagnosis, management, and treatment of the leading causes of death in the U.S., including heart disease, cancer, and chronic respiratory disease.
- Co-occurring mental disorders (e.g. anxiety and depression) can worsen the course of chronic diseases, such as cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer. Psychological distress has also been found to weaken the immune system.
- Physicians are increasingly pressured to diagnose and treat mental and behavioral health problems that they are often not adequately trained to diagnose or treat. As many as 70% of primary care visits are driven by patients' psychological problems, such as anxiety, panic, depression, and stress. More than 80% of patients with medically unexplained symptoms receive psychosocial treatment in primary care by a physician—only 10% will follow up on a referral to a mental health provider that is not co-located.
- Furthermore, in as many as 70% of individuals with depression, their depression goes undetected in primary care. Of individuals who die by suicide, about 90% had a mental disorder, and 40% had visited their primary care physician within the month before their suicide. Thus, primary care is an important setting for detecting, treating, and managing mental and behavioral health problems.

[1] American Psychological Association leaflet - Briefing Series on the Role of Psychology in Health Care  
<https://www.apa.org/health/briefs/primary-care.pdf>

**C.3 Total estimated number of unique participants to be served annually**

600

**C.4. Will program beneficiaries be only residents of Winston-Salem?**

No

**Describe the other areas (counties) that will benefit**

CCC serves Forsyth, Davie, and Stokes counties. Just over 4% of our patients reside at zip codes within Davie and Stokes.

**Estimate the percentage of beneficiaries that will be residents of Winston-Salem**

80.80 %

**TOTAL FUNDING REQUEST**

**C.5. Total Operating Funding Request**

\$551,297.00

**C.6. Total Capital Funding Request**

\$0.00

**SPENDING TIMEFRAME**

**C.7 Capital Spending Timeframe**

N/A

**C.8 Operating Spending Timeframe**



## D. Project Budget Categories

Completed by tim.clontz@carectr.org on 4/25/2022 4:03 PM

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### D. Project Budget Categories

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Please provide the following information.

Use templates below to input **the total** Project Budget (**only requested expenses and estimated revenues related to the program or project for which you are requesting funding**) by clicking **Add Column**. Please include all funding from the City and other sources.

Operating Costs	Total
Personnel (2 full-time employees)	\$459,326.00
Fringe Benefits	\$78,085.00
Travel (education and mileage reimbursement)	\$2,904.00
Equipment (furniture, laptops, phones)	\$1,914.00
Supplies/Software	\$140.00
Communications Services (Telehealth, cell plan)	\$8,928.00
	\$551,297.00

Capital Costs	Total
N/A	\$0.00
	\$0.00

### PROJECT/PROGRAM REVENUE CATEGORIES

Please fill out the revenue estimate table. **Note: operating revenues and expenses must be balanced (be equal).**

Operating	Total
3 year ARPA grant from Winston Salem	\$551,297.00
	\$551,297.00

Please list below all known/expected **individual** grants and contributions totaling 10% or more of the project's budget.

**Note: capital revenues and expenditures must be balanced (be equal)**

Capital	Total
N/A	\$0.00
	\$0.00



## E. Demographic and Geographic Distribution

Case Id: 15204  
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Completed by tim.clontz@carectr.org on 4/25/2022 10:57 AM

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### E. Demographic and Geographic Distribution

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Please provide the following information.

Demographic distribution is an assessment of the level of the project funds spent on a program or service provided at a physical location in a Qualified Census Tract (QCT), OR where the primary intended beneficiaries live within a QCT, OR whether the program benefits residents that earn less than 60 percent of median income for the City, OR whether over 25 percent of program beneficiaries are below the federal poverty line.

E.1 Is this project/program located in a QCT or serve residents that live in a QCT?

Yes

If yes, what percentage of clients served are estimated to be residents of QCTs? ([Click here](#) to view the QCT mapping tool)

35.00 %

E.2 If the project or program is not a QCT or specifically serve residents in a QCT, will residents meet the follow criteria:

25% or more of participants below the federal poverty line or participants served make less than 60% of the Area Median Income

The project/program does not operate in a QCT, and beneficiaries neither reside in a QCT nor meet the income thresholds mentioned above.

## F. Alignment to Strategic Plan

Completed by [tim.clontz@carectr.org](mailto:tim.clontz@carectr.org) on 4/25/2022 3:14 PM

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## F. Alignment to Strategic Plan

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Please provide the following information.

Strategic planning is a process in which organizational leaders determine their goals and objectives, and allocate needed/limited resources to successfully achieve those goals and objectives. [Click here](#) to view Winston Salem's Strategic Plan. The Strategic Plan includes three (3) tiers of priorities:

### Tier 1:

- Focus on job creation/sustainability and workforce development
- Collaboration and funding for pre-K opportunities
- Funding for affordable housing
- Funding for economic development

### Tier 2:

- Poverty reduction/cessation
- COVID reopening plan
- Community engagement (Power of connections)
- Funding for arts

### Tier 3:

- Community Fundraising
- Environmental initiatives
- Address digital divide
- Address childcare needs
- Neighborhood maintenance
- Organization efficiency and public-private partnerships
- Law enforcement reform

**F.1. Please select the primary priority from the list above addressed by your project/program.**

Tier 2

**F.2. Please select the secondary priority from the list above addressed by your project/program.**

Tier 3

**F.3. Please describe how the workload or outcomes from your project/program addresses the primary priority you**

**selected.**

The priorities listed above are not as detailed as the Winston Salem 2022-2025 Strategic Plan PDF. We will respond using the PDF's stated priorities since healthcare isn't mentioned by name above. Our proposed program aligns with two Tiers of the City's Strategic Plan; therefore, we address both.

Tier 2 - Priority 5: Implement programs designed to reduce poverty and eliminate barriers to economic mobility

Priority 5.1: Design and fund programs with community partners to use American Rescue Act Funding to ADDRESS HEALTH DISPARITIES, build stronger neighborhoods, address educational disparities, and promote healthy childhood outcomes.

Priority 5.5: Conduct a feasibility analysis to provide VOCATIONAL CAREER TRAINING, HEALTH, WELLNESS, housing, and other wrap around services; and opportunities for economic development and empowerment.

Tier 3, Priority 9: Engage in fundraising efforts with community partners TO PROVIDE ADDITIONAL CAPACITY TO MEET COMMUNITY NEEDS

Priority 9.1: Identify SPECIFIC COMMUNITY ORGANIZATIONS ALIGNED WITH CITY COUNCIL PRIORITIES AND PROVIDE ASSISTANCE with capital campaigns.

Priority 9.2: Review American Rescue Plan Act funding eligibility for PROVIDING ASSISTANCE TO NON-PROFIT ORGANIZATIONS WHO SUPPORT HEALTHY OUTCOMES AND COMMUNITY INITIATIVES IN QUALIFIED CENSUS TRACTS.

Priority 9.3: INCREASE ENGAGEMENT WITH NON-PROFIT ORGANIZATIONS to provide a platform to review and address emerging community needs.

Because we've capitalized the salient intersections above between the City's Priorities and the services we provide to the community, we won't relist each one here in the discussion.

We provide free healthcare to a diverse, primarily minority, population of the most economically disadvantaged among us. Exactly the people who the City's Strategic Plan says ARPA funding was designed to help. Because of whom makes up this population, our workload performance measures to track the number of free mental health appointments completed and number of patients served by this grant, directly address the disparities in healthcare Priorities listed above. Each individual served, each appointment completed, reduces the disparity in mental health services for the poor.

As one of the largest providers of free healthcare in NC, we are well-experienced in providing healthcare to these underserved populations. We also help train future medical professionals by partnering with local medical education institutions such as Wake Forest University, Winston Salem State University, and Forsyth Technical Community College, to provide their students with clinic experience. We serve Community Health AND Workforce Education and Training City Council Priorities.

## G. Collaboration

Completed by tim.clontz@carectr.org on 4/25/2022 3:15 PM

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### G. Collaboration

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Please provide the following information.

**Collaboration is when an organization is partnering or proactively working with one or more external stakeholders to achieve the same goal.**

**G.1. How many other external partners, organizations, stakeholders will you be collaborating with to provide the project/program?**

2

**G.2. Please provide the names of the organizations and the roles they will serve in the project/program?**

CCC's Executive Director, Tim Clontz, has discussed the proposed expansion of services with Andy Hagler, Executive Director of the Mental Health Association of Forsyth County. Andy has indicated his concurrence and support of the proposal. Leadership at Winston-Salem State University also has been briefed on the potential expansion and has shown interest in deepening the relationship between the organizations, especially since WSSU has plans to expand as well.

## H. Administration/Reporting

Completed by tim.clontz@carectr.org on 4/25/2022 3:29 PM

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### H. Administration/Reporting

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Please provide the following information.

Per U.S. Treasury rules and associated guidance, the City's framework for using these funds aligns with specific administrative reporting requirements. The administration/reporting criterion has three core elements: 1) the organization's/project's development of clear performance indicators and measurable outcomes, 2) the use of evidence-based interventions, 3) and the City's evaluation of organization and project risk.

#### H.1. Please clearly define the workload and outcome measures that are associated with your project/program

Workload	We will track number of unique mental health patients seen; number of mental health appointments completed
Effectiveness/Outcome	Percent and number of unique mental health patients seen target achieved; percent and number of mental health appointments completed target achieved; patient satisfaction with their mental health visit results (via surveys) The following is a sample survey: <a href="http://www.ibhpartners.org/wp-content/uploads/2016/01/IBHP-PatientSatisfactionSurvey.pdf">http://www.ibhpartners.org/wp-content/uploads/2016/01/IBHP-PatientSatisfactionSurvey.pdf</a>

#### H.2. Does the project/program use evidence-based interventions?

Yes

#### Please provide a link to (or attach a copy of) the evaluation of the program model

YES <https://www.mgma.com/resources/quality-patient-experience/integrated-behavioral-health-in-a-clinical-primary>



#### Program Model Evaluation

Mental Health Project Evidence Based Interventions.docx

H.3. For transparency purposes, the risk matrix is attached. This is NOT required, however, you can self-assess if you wish. Please fill out and upload the [Risk Matrix](#).



#### Risk Matrix

BH Risk Assessment 04 24 22.xlsx

# I. Capacity

Completed by tim.clontz@carectr.org on 4/25/2022 3:33 PM

Case Id: 15204

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## I. Capacity

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Please provide the following information.

**An organization's capacity can be defined as its ability to implement the proposed project, as characterized by the alignment of its mission and vision with the proposed project, existing internal infrastructure to support it, and its plan for implementation and assessment of project success.**

**I.1. Please provide your organization's vision and mission statements and explain the alignment between the proposed project/program and the organizational mission.**

The mission of the Community Care Center is: "To provide access to compassionate, high-quality health care services to the medically uninsured and underserved who reside in Forsyth, Stokes, or Davie Counties and meet the eligibility guidelines of the Community Care Center."

Expanding free mental health services to the economically least among us directly serves that Mission in a straightforward way. CCC has no defined Vision Statement.

**I.2. Describe the organization's current infrastructure and capacity to deliver the program services or complete the project. Include any relevant current programming and experience providing similar services.**

CCC currently provides limited mental health services with two part-time counselors, one of which is certified as a substance abuse counselor. The counselors provide mental health assessments, counseling, referrals, and intervention services. We also have a volunteer who has helped us provide limited case management services. Patients generally are seen by appointment either during normal clinic hours or by pre-arranged times on or off the clinic site. Patients seen by the counselors already are patients of the clinic and are referred by our medical providers. The clinic counselors do share some patients with the Behavioral Health and Community Unit (BeHCU) at Winston-Salem State University.

Our two part-time counselors joined CCC in July 2019 and January 2020. Prior to July 2019, one of the employed counselors was on-site through a contractual agreement for approximately six years. During this same period, there have been irregular services provided by volunteer providers

With only two part-time counselors and over 2,300 active clinic patients, we are understaffed to provide mental health services to all who need them. One of our counselors is in his 70s and has been hinting about retirement for some time. We have the physical space and administrative infrastructure to increase services. We just need the mental health staff, and the office furnishings for them.

**I.3. Describe the program/project implementation plan. Include any known barriers to success and how those will be overcome**

Any expansion of mental health services will require additional staff, with the intent to meet current needs and also provide a broader spectrum of services. Specifically, CCC would hire an experienced individual with a Master of Social Work (MSW) degree, who also is a Licensed Clinical Social Worker (LCSW). This licensure, which requires additional testing and training, allows the provider to offer psychotherapy services. This individual would become the lead mental

health professional at the clinic.

CCC also would hire a full-time counselor to replace the two existing part-time counselors, who are leaving the clinic in the near future for separate personal life change reasons. The hiring of two full-time individuals will allow us to expand services to our patients. This level of staff would allow for us to have consistent mental health coverage in the building to allow for PRN (as needed) consultation with our paid and volunteer providers, crisis intervention (mental health and substance abuse), case management, telehealth services and limited in-home services. In addition, it will allow us to perform mental health screening of our existing patient population for early problem detection and interventions. Currently our mental health staff's time is consumed with responding to acute needs and doesn't have the time to look for potential issues screenings might reveal

There are two potential barriers that could impede program success. The first is the fact that many of our patients are Spanish speaking. Although we have paid and volunteer interpreters, behavioral health staff need to be bilingual in English and Spanish to allow for direct back and forth with the patients. That limits our pool of potential staff candidates.

The second barrier is also related to staffing. The demand for mental health services is always high so our compensation to staff must be competitive, particularly as the first potential barrier limits our employment pool to mental health workers already in demand for their bilingual ability. We have added a premium to the average compensation package to attract the people with the skills we need.

**I.3a. Describe the program assessment plan including how the data will be collected for selected performance metrics and any other evaluation tools that will be used to determine program/project success.**

The performance metrics we've chosen are listed in section H.1.

Since our program is designed to increase free mental health appointments, thereby making those services available to more people, we will count interactions completed and unique patients served to assess our success. We have not tracked unique patients served in the past but we can begin doing so from the data we already collect. We had 769 patient interactions in 2019, 675 in 2020, and 1,003 in 2021. The current year will be a transition year with no set times when staff will be leaving or brought on board. For that reason we provide a target for 2023 interactions of 1,800. Since many mental health issues require more than one visit, we'll estimate 3 visits per patient, which would give us 600 unique patients with 1,800 interactions.

Clinic mental health staff track the number of interactions, category of interaction, and which patients were served, in Excel on their computers and then accumulate the data in a master Excel spreadsheet for analysis and reporting.

We will provide totals for visit categories in our grant reporting if requested, but since our funding request isn't associated with specific mental health services, the numbers are informational only and not intended as accountable performance measures. Obviously, the services we will provide will be driven by the individual needs of patients, not predefined goals.

We currently use paper patient satisfaction surveys for the general clinic. Responses are accumulated in Excel for analysis and reporting. We are going to use a standard Patient Satisfaction Survey[1] developed for behavioral health patients to gauge patient satisfaction with their care. This performance measure is necessarily subjective and qualitative, rather than quantitative like our other performance measures, but we think it is important to find out how our patients feel about the services they are receiving. Other than a couple of general comment fields, answers to the survey questions fall into numerical categories which can be tabulated and reported.

[1]: Integrated Behavioral Health Partners sample post-BH visit survey <http://www.ibhpartners.org/wp-content/uploads/2016/01/IBHP-PatientSatisfactionSurvey.pdf>





## J. Impact/Community Need

Completed by tim.clontz@carectr.org on 4/25/2022 3:42 PM

Case Id: 15204

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### J. Impact/Community Need

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Please provide the following information.

**Impact/Community needs concern whether or not the proposed project will address an identified need within the community (years) impact of this project will be**

**J1. Describe the identified community need for this project/program. Cite specific data or studies/reports that have identified**

The most recently published (2017) Forsyth County Community Health Assessment[1] calls Mental Health “a major health issue th

The 2020 Forsyth County State Of The County Health Report[2] says, “Mental Health continues to be a health crisis for Forsyth Co

The NC Healthcare Association declared last June that the “Behavioral health crisis across North Carolina has reached a state of e  
North Carolina has fallen short in providing a behavioral health system that is accessible and accountable for its outcomes. For ex  
Mental Health America has ranked North Carolina 44th among states for access to mental health care.”

The Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule[4] from the US Treasury specifically recognizes b  
COVID has “broadly impacted American’s behavioral health.”

As recently as April 9, 2022, the Winston Salem Journal published an editorial on the mental health crisis in our community: “Our

Has there been a time in this century when we didn’t need more behavioral health resources? Our community, our state, and our  
seriously exacerbated the need for mental health services. The words “behavioral health” and “mental health” don’t describe just  
of services, and to attempt to describe community need in terms of this or that service is a daunting task. What we can do is spea  
patients of our clinic. One of our counselors provided this list of patient behavioral health needs that we need more resources to

Goal: Engage 75% of patient population with BH screening/intervention

Need: Family therapy

Need: Counselor available in-clinic for PRN consultation by medical staff

Need: Crisis Intervention: Mental Health - Mania, Psychosis, Suicide/Homicide

Need: Crisis Intervention: Substance Use - Overdose, Withdrawal, Acute Intoxication

Need: Basic Service - Therapy, Case Management

Need: Assertive Outreach

Need: Expand tele-BH services

Need: In-home Services - Elderly, Family therapy, Monitor meds and nursing needs

Need: How to get people involved in activities outside the house? Get out of isolated and unhealthy situations at home. Engage in

Consider a straightforward example of how just two of the needs described above require additional staff. We need a mental hea  
provide consultation to the medical providers, and to handle any acute behavioral health problems. We also need to expand our  
community. Both of our current mental health employees are part-time and only one works outside of the clinic. Earlier this mon  
stated they had a plan to do harm to themselves. We had no mental health counselors in the building because one wasn’t schedule

patient outside of the clinic. Fortunately, we were able to stall and distract the patient for an extended period while we recalled to handle the situation. “Fortunately”. “Luckily”. Words we don’t want to use in these situations. Our patients need more staff.

1. 2017 Forsyth County Community Health Assessment: ([https://www.forsyth.cc/PublicHealth/assets/documents/2017\\_CHA\\_Report.pdf](https://www.forsyth.cc/PublicHealth/assets/documents/2017_CHA_Report.pdf))

2. 2020 Forsyth County State of the County Health Report:  
[https://www.forsyth.cc/PublicHealth/assets/documents/2020\\_FC\\_SOTCH\\_Report.pdf](https://www.forsyth.cc/PublicHealth/assets/documents/2020_FC_SOTCH_Report.pdf)

3. NCHA Letter: Behavioral health crisis across North Carolina has reached a state of emergency.  
<https://www.ncha.org/2021/06/letter-behavioral-health-crisis-across-north-carolina-has-reached-a-state-of-emergency/>

4. US Treasury: Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule  
<https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-Overview.pdf>

5. Winston Salem Journal editorial: “Our view: Working to prevent a mental-health crisis.”  
[https://journalnow.com/opinion/editorial/our-view-working-to-prevent-a-mental-health-crisis/article\\_6da00578-b760-11ec-b29d-000119080000.html](https://journalnow.com/opinion/editorial/our-view-working-to-prevent-a-mental-health-crisis/article_6da00578-b760-11ec-b29d-000119080000.html)

**J2. Describe the short-term impacts of the project/program and how they align with the community need identified above.**

The World Health Organization: “COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide”[1]

2021 State of Mental Health in America Report by Mental Health America: “North Carolina is ranked 44th among states for access to mental health services”

Community Care Center: Continues to employ the same two part-time mental health counselors for our thousands of patients as well as other services

Our goal is to provide a slightly bigger bucket with which to bail out the sinking mental health services boat in NC, specifically in Winston-Salem. Our services are barely keeping up with growing demand. As part of meeting our patients’ needs, we need to expand our contacts with the community. For example elsewhere of the medical patient who was a suicide risk, we also need to keep the clinic covered during normal operating hours. Our workers will help address both of those needs, expanding hours of availability, increasing the number of appointments, and seeing patients sooner.

The first year will also be a time of transition as the older current counselor enters full retirement and hands his patients off to the new counselor.

One of the short-term and long-term impacts of CCC’s mental health services for the community at large is keeping our patients covered by our services.

Not a short-term impact, but something that will have an immediate impact, are the extra services a LCSW can offer our patients

LCSW performs all of the counselor duties, plus

Identifying and addressing legal issues affecting client

Connect clients to community services

Manage other professionals in the clinic

Case management

Advocate for systemic change within the clinic and within the community

[1] WHO Press Release: COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide <https://www.who.int/news-room/press-releases/2021-06-01-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide#:~:text=Wake%20call%20to%20all,mental%20health%20services%20and%20support&text=In%20the%20first%20year>

[2] NCHA Letter: Behavioral health crisis across North Carolina has reached a state of emergency. <https://www.ncha.org/2021/06/letter-behavioral-health-crisis-across-north-carolina-has-reached-a-state-of-emergency/>

**J3. Describe the long-term impacts of the project/program and how they align with the community need identified above.**

As stated elsewhere in this application, “mental health services” is not one thing. It is an umbrella term for a variety of services that help people achieve good mental health.[1] However, since that goal/impact is highly individualistic, it isn’t something that can be easily achieved by staff trying to bail out the boat.

Mental health services is a contact sport. The more people you can apply toward providing them, the more people you’re going to help. Hiring a Clinical Social Worker - LCSW) to the clinic in particular is the first step of moving CCC from simply reacting to acute mental health issues to having procedures to map our way forward in a changing environment. This individual would become the lead mental health professional for the future instead of just bailing out the boat. Our planned expansion move allows us not to just replace a part-time counselor with a full-time one, but a slight step ahead by replacing both of them with full-time people capable of adding not just more hours but more services.

One of the short-term and long-term impacts of CCC’s mental health services for the community at large is keeping our patients out of the hospital and in our services.

[1] MentalHealth.gov: What is Mental Health? <https://www.mentalhealth.gov/basics/what-is-mental-health>

**J4. Referencing previous section on outcomes, describe how the impacts noted above will be measured.**

As described in Section J4, we seek to help our patients achieve good mental health. The paths to that are many and varied, along with the particular needs listed in Section J1 that we must meet with patients at the clinic, in their homes, at the police station. We have to work with the medical providers when they encounter mental health issues during patient medical visits, and talk with their patients. We must meet and interact with people. So we will track those people (unique patients seen) and those interactions, also referenced in Section J4.

The more staff we have, the more people we can see, the more interactions we can have, and that is how we can quantify the impact of our services.

Other than goals such as performing mental health screening on at least 75% of our patient population, the services we provide are not easily quantifiable. Therefore, we cannot set targets for specific services. We will accumulate and report total interactions for different service categories to help people with their mental health problems. To get a sense of how well we’re doing that we will use a mental health survey based on patient feedback that should at least give us a qualitative assessment of how our patients view our services.

## K. Funding Stability

Completed by tim.clontz@carectr.org on 4/25/2022 3:59 PM

Case Id: 15204

Name: Mental Health - 2022

Address: \*No Address Assigned

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### K. Funding Stability

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Please provide the following information.

**Funding stability is an assessment of both the organization's annual funding and the planned funding mechanism for the project/program from grants, donations, sales, and other income generators. To the extent possible, the City wishes to ensure applying entities have sustainable funding sources outside the City's ARPA allocation. An entity will be deemed as having superior funding stability if it demonstrates at least three years of sustainable grant, contribution, and/or fee-based revenues to cover operating costs. The entity must also demonstrate commitments from other organizations to cover the full cost of project deficits or future-year operating costs (in combination with realistic fee-based revenue assumptions).**

**K.1. Have your organization's operating revenues covered operating expenses the last three years?**

No

**K.2. Approximately what percentage of your organization's total budget is covered by competitive grants that you must re-apply for?**

71.10 %

**K.3. What percentage of your project/program's budget is covered by City ARPA funds as part of this request?**

100.00 %

**K.4. Please provide narrative on funding for this program after City ARPA funding has been exhausted.**

(NOTE on K.1. answer: Operating revenues covered operating expenses in 2021 and 2020; however, CCC had a negative operating margin in 2019.)

Let's just state the obvious from the start - once in a generation funding will be a huge challenge to replace. More so than in a typical grant reward situation. Otherwise, it wouldn't be called once in a generation funding.

2020 marked the 20th anniversary of the Community Care Center Clinic opening its doors. This clinic was started in this community, and it has always been supported by this community. Sustainability for an operation of our size is always a challenge. We solicit funds from members of the medical community annually and submit proposals to foundations that have healthcare as a funding focus. Over the years CCC has been fortunate to have Foundation Funders who have varied with the times and our needs. Here is a partial list of current and previous partners.

The Richard and Marie Reynolds Foundation  
The Tomlinson Family Trust  
Forsyth-Stokes-Davie Medical Society  
United Way of Forsyth County  
NC Sisters of Mercy Foundation  
Blue Cross Blue Shield of NC  
Novant Health FMC Foundation

Currently, our clinic primarily is funded by our overall CCC operating grant from the Novant Health Forsyth Medical

Center Foundation. Novant has been a major contributor to CCC since its inception, providing our building, computer systems, software, and other infrastructure. Our patients also make voluntary contributions. Patients give what they can to help, but no one is denied care if they cannot donate. Patient donations provided \$19,878 for CCC operations in 2021. We do not count that revenue in this mental health grant budget because it is already allocated against the general expense of operating the entire clinic.

Doctors, dentists, and other providers from over a dozen specialties support CCC's mission and work by donating their time. Donations of equipment have allowed us to have an ultrasound machine, an x-ray room (also provides dental x-rays), and a medical lab. Local laboratories donate additional laboratory tests and process pathology reports. All of these volunteer partners believe in the mission of CCC and help us fulfill it for the good of the community.

We ask for three years of City ARPA funding for our mental health program. We have to because this once in a generation funding is needed to provide an expansion of CCC's services in its essential role as a free provider of the mental health services the community says are a priority. As previously noted, we are going to lose at least one of our counselors to retirement in the near future. This counselor is the one who has been performing patient interactions external to the clinic, and we are at a point where we need to increase external services. Because of the nature of the work, mental health counselors form close relationships with their patients. Patients need stability. If we were to only seek funding for only a year, we run the risk of building these new relationships only to potentially have them disrupted if this new position failed to find continuation funding at the same level and the employee left the clinic.

There is another reason we need more than just one year of secure funding support as we attempt to improve the community's mental health services safety net. Just in the past week or two there have been news reports about the potential of a recession as the Federal Reserve takes steps to cool inflation. The last time inflation was this high, small business loans had interest rates of 18% and money got very tight. If our mental health program was funded for just one year, we might come to the end of our ARPA funding just when there is a recession-generated pullback on charitable giving, making that once in a generation funding just that much harder to replace as recession increases the number of economically disadvantaged people who need mental health services.

We would love to be presenting a transformational program that would change the landscape of mental health services in Forsyth County, but the reality is that the need for a multiplicity of services is so great, and the resources continually so inadequate, that we must ask for these resources just to try and keep abreast of the demand for services from our patient population.

The fact that the City would make the choice to put significant resources into this public health priority during this once in a generation opportunity will be a selling point to help us make the case to potential future funders of both the community's need and its support. Mental health services for the economically disadvantaged in our community are in a hole. If we do not take steps to reverse that with this extraordinary opportunity, then when will we do so? When will be the right time, if not now?

As always, Community Care Center actively pursues funding opportunities to expand access to mental health services for our patients. We can return to our regular funders with three years of results to show their continued contributions to CCC's mental health program have generated successes. Many recent events, including the obvious COVID-19 pandemic, have made CCC's mission more challenging. CCC and the DEAC clinic are the only free clinics providing mental health care in our tri-county service area. We are committed to continuing our mental health program despite the funding challenges we meet and will continue to provide free mental health services to our patients at whatever level we are able to gain funding to support.

**K.5. Please attach commitment letters from other organizations showing financial support for the project/program.**

**Commitment Letters**

Mental Health Financial Commitment Letters.docx

## L. Representation

Completed by tim.clontz@carectr.org on 4/25/2022 10:57 AM

Case Id: 15204

Name: Mental Health - 2022

Address: \*No Address Assigned

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### L. Representation

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Please provide the following information.

**Representation deals with how diverse an organizations leadership is compared with community demographics, which includes Winston-Salem's race/ethnic backgrounds as well as gender. Local non-profit organizations should reflect the communities they serve. Since organizations are requesting to receive ARPA funding through the City, we must ensure these entities hold themselves accountable to having diverse staff and leadership panels**

**L.1. Provide a list of board members including the race, ethnicity, and gender identification for each member.**

Name	Race	Ethnicity	Gender Identification
Rudy Allen, MSA, SHRM CP	Black	African/American	Male
Anthony H. Brett, JD	White	American	Male
Robert Coil	White	American	Male
Ernesto de la Torre, MD	Hispanic/Latino	Cuban	Male
Robert DiBella	White	American	Male
Robert Ford, MD	White	American	Male
Loraine Frank Lightfoot, DNP, MBA, RN, NEA-BC	White	American	Female
Kimberly Gregg	White	American	Female
Gregory Holthusen, MD	White	American	Male
Ben Hough	White	American	Male
Marlon Hunter	Black	African/American	Male
Lucinda Jones	White	American	Female
Gilmour Lake	White	American	Male
James T. Robinson	White	American	Male
Sarah Sabiston	White	American	Female
William M. Satterwhite, JD, MD	White	American	Male
Millie Schultz	White	American	Female
Nancy Smith	White	American	Female
J. Baldwin Smith, MD	White	American	Male
Sharon Storm	White	American	Female
Alex Turner, CFA	White	American	Male
Carl Westcott, MD	White	American	Male
Yen Nguyen, DDS	Asian	Vietnamese	Female

## M. Required Documents

Completed by tim.clontz@carectr.org on 4/25/2022 10:57 AM

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Name: Mental Health - 2022

Address: \*No Address Assigned

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### M. Required Documents

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Please provide the following information.

For North Carolina Secretary of State - Current and Active Status, [Click Here](#)

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### Documentation

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**Code of Conduct/Conflict of Interest Policy \*Required**

CCC Conflict of Interest Annual Acknowledgement and Policy 04 13 2022.pdf



**Copy of the agency's latest 990 Form as submitted to the Internal Revenue Service \*Required**

CCC 2020 Form 990 11 02 2021.pdf



**Organization By-Laws \*Required**

CCC-Bylaws.doc



**Articles of Incorporation \*Required**

CCC Restated Articles of Incorporation.pdf



**Organization Policies (including personnel, formal non-discrimination, procurement, accounting, etc) \*Required**

CCC HANDBOOK & POLICIES.pdf



**IRS 501(c)3 Designation Letter \*Required**

CCC IRS Tax Exempt Letter (3).pdf



**Most recent audited financial statements or a third-party review \*Required**

CCC 2020 Audit Letter + Audited Financials.pdf

**North Carolina Secretary of State - Current and Active Status \*Required**

CCC Secretary of State Document.pdf

## N. Submit

Completed by [tim.clontz@carectr.org](mailto:tim.clontz@carectr.org) on 4/25/2022 4:03 PM

**Case Id:** 15204

**Name:** Mental Health - 2022

**Address:** \*No Address Assigned

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## N. Submit

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Please provide the following information.

I certify that all information entered into this application is true.

Tim Clontz

Electronically signed by [tim.clontz@carectr.org](mailto:tim.clontz@carectr.org) on 4/25/2022 4:03 PM

04/25/2022