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# Community Mental Health Fund FY24-26

Application Cycle

# Application Process [4 Months]



# Review Process [2 Months]

ACTIVITY	RESPONSIBLE PARTY	TIMEFRAME
<b>Individual Review</b> – Dedicated time to read and score assigned applications independently	Trustees, Staff, Community Reviewers	1 Week March 6 - 10
<b>Staff Internal Review</b> – Sort and group applications in preparation for Review Meetings	Staff	1 Week March 13 - 17
<b>Joint Review Team Meetings</b> – Teams meet to discuss their assigned applications and recommend ranked order.	Trustees, Staff, Community Reviewers *Note: Trustees will be equally divided among 3 – 4 review teams, depending on number of applications received.	2 Weeks March 20 - 31
<b>Summary Documents</b> – Presentations are prepared to summarize the discussion and recommendations of each team.	Staff	2 Weeks April 3 – 14
<b>Full Trustee Review Discussion &amp; Vote</b> – Trustees hear presentations from each team and vote on a final combined ranking.	Trustees, Staff	April Board Meeting

# Changes from CCSF Application Cycle

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1. Program Committee members will not be the only Trustees responsible for participating in the Joint Review Team. All Trustees will be assigned to Joint Review Teams. This eliminates the need for two separate meetings.
2. During the April board meeting, Trustees will hear a presentation from each group to gain insight into how applications were ranked.
3. Trustees will then finalize a combined ranking to allocate funding across all applications instead of making allocations at the Team level.

# Determining Need

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## CMHF Funding Priorities Based on Community Needs:

- University of Pennsylvania Center for High Impact Philanthropy – Health in Mind: a philanthropic guide to mental illness and addiction 2020
  - *Review of evidence based programs and consumer interviews*
- City of St. Louis Department of Health Mental Health Data Brief 2021
  - *Prevalence rates for mental disorders in City of St. Louis*
- St. Louis Regional Health Commission Access to Care Databook 2022
  - *Rates of behavioral health encounters in primary care organizations and emergency departments*

# CMHF Funding Priorities & Outcome Statements

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1. Reduce barriers to evidence-based care in clinical and non-clinical settings for groups disproportionately experiencing mental health disorders and substance use disorders.

**Outcome:** People disproportionately experiencing mental health disorders and/or substance use disorders initiate and sustain healthy behaviors

**Outcome:** People disproportionately experiencing mental health disorders and/or substance use disorders experience fewer barriers, resulting in increased access to and participation in behavioral health programs and services.

## **Programs and services:**

- Alternatives to incarceration and re-entry support
- Culturally & linguistically competent service provision (e.g., African American clinicians serving African American clients, services for immigrants and refugees provided in their language, gender and sexual minority clinicians serving gender and sexual minority clients, etc.)
- Services designed to meet the unique behavioral health needs of adults age 55+
- Peer support

# CMHF Funding Priorities & Outcome Statements

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2. Provide care at an appropriate level of intensity, consistency, and stability for people with serious mental health disorders and/or substance use disorders.

**Outcome:** People with serious mental health disorders and/or substance use disorders initiate and sustain healthy behaviors.

Programs and services:

- Specialized care including coordinated specialty care for first episode psychosis
- Harm reduction approaches and medication assisted treatment for those with substance use disorders
- Supportive employment
- Clubhouse models
- Peer support