Executive Summary
Mental disorders are more common than heart disease and cancers combined. However, mental illnesses have for too long been treated as separate and tangential to our overall health and wellbeing. Because of this, accessing mental health services is not as simple as making an appointment with your family doctor. The stigma surrounding mental illness often prevents people from seeking treatment, and those that do want help are not sure where to turn.

The National Council for Behavioral Health has spearheaded the adoption of Mental Health First Aid (MHFA), an innovative public education model that is addressing this pervasive and persistent challenge in communities across the United States. MHFA is an evidence-based, in-person training program with the proven ability to teach individuals how to recognize and respond to the warning signs of mental and substance use disorders and link people with appropriate treatment. MHFA increases the understanding that mental illnesses are real, common, and treatable.

The National Council’s goal is to make MHFA as common as First Aid. Originating in Australia in 2001, MHFA has expanded to more than 19 countries. Since the program was introduced in the U.S. in 2008, more than 3,700 instructors have been certified to teach the program and over 120,000 Americans have been trained as “Mental Health First Aiders.”

The Organization Name requests your consideration of a grant in the amount of [enter amount] to support Mental Health First Aid in our community. MHFA is a low-cost, high-impact program that generates tremendous community awareness and support, and enables thousands of individuals to be trained with a small investment.

“Mental Health First Aid is truly a population based health initiative. The response we have gotten to this program has been tremendous. We are very excited about this initiative and the impact that we believe it will have on community health. We see this initiative as an important component of our public health approach to behavioral health issues. It’s been one of the best things to happen to the field.”

Dr. Arthur Evans, Commissioner, Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Organizational Capacity and Administration
Give organizational history and overview here; good to include example of organizational success. Following is an example for the National Council:

The National Council for Behavioral Health (National Council) is a not-for-profit 501(c)(3) association that acts as the unifying voice of America’s behavioral health organizations. Together with our 2,000 member organizations, we serve our nation’s most vulnerable citizens
more than 8 million adults and children with mental illnesses and addiction disorders. We are committed to providing comprehensive, quality care that affords every opportunity for recovery and inclusion in all aspects of community life.

The National Council advocates for public policies in mental and behavioral health that ensure that people who are ill can access comprehensive healthcare services. We offer state-of-the-science education, and practice improvement resources so that services are efficient and effective. These services are offered to state and local governments, as well as health and human services organizations. The National Council provides trainings, technical assistance, consultation, and public education to address organizational leadership and strategy, workforce development, systems change, best practices implementation, outcomes measurement, and community understanding and support.

MHFA is the National Council’s premier public education program and benefits from the active participation of senior leadership and staff at the National Council. National Council President and CEO Linda Rosenberg is personally involved in growing the program and working to make it as well known and widely used as regular First Aid and CPR. The National Council is staffed and resourced to offer multiple instructor and community trainings in response to growing demand; develop curriculum; and offer strong support to the instructor network to help them roll out community trainings.

**Needs Assessment**

Add local or state statistics in addition to some of these statistics; approximately 5 total is recommended.

- It is more likely that one will come in contact with someone having an emotional or mental crisis than someone having a heart attack, or choking on a piece of food in a restaurant.

- A 2012 federal report reveals that one in five Americans — 45.9 million adults aged 18 or older — experienced mental illness in 2011.

- An estimated 8.7 million American adults had serious thoughts of suicide in the past year — among them 2.5 million made suicide plans and 1.1 million attempted suicide.

- Only about 4 in 10 people experiencing a mental illness in 2011 (39.2 percent) received mental health services during that period. If left unacknowledged and untreated, mental illnesses can result in disability, substance abuse, suicide, lost productivity, and family discord.

- According to the World Health Organization, mental illness accounts for more disability in developed countries than any other group of illnesses, including cancer and heart disease.
The economic impact of mental illness in the United States is substantial—about $300 billion annually.

Mental illness often co-exists with other health problems, such as cardiovascular disease, diabetes, and obesity. Treating the mental illness can reduce the effects of these additional disorders.

**Program Overview**

*Good to include some specific information on Mental Health First Aid’s presence and presentation in your organization here, as well as some information on the national program overall, as described below.*

The National Council developed the MHFA USA curriculum and training program in collaboration with the Maryland and Missouri Mental Health Offices of Transformation, building upon the foundation of the evidence-based Mental Health First Aid Training and Research Program in Australia. The Australia program was developed using the consensus of international expert panels involving mental health consumers, caregivers, and professionals.

The Mental Health First Aid course is designed to give ordinary people the skills to help someone who is experiencing a mental health crisis or intervene early to prevent a crisis from occurring. The program is based on the principle that early intervention prevents mental illness from becoming more severe by encouraging people to seek help early. MHFA teaches people ways to connect to the appropriate professional, peer, or self-help care.

Mental Health First Aid has been rigorously evaluated and is proven to improve mental health literacy and reduce the stigma surrounding mental illness.¹ Because the training increases access to treatment, evaluations demonstrate that the program reduces the damaging and costly effects of mental and emotional disorders such as job loss, school dropouts, relationship issues, and drug and alcohol problems. The core message of MHFA is communicated through a 5-step action plan encompassing the skills, resources, and knowledge to help connect an individual in crisis with appropriate professional, peer, social, and self-help care.

The program adheres to its fidelity by utilizing a core group of approximately 18 national experts who provide 32 hours of training to individuals who become certified instructors around the country. Those instructors teach an in-person course in local communities to individuals who become certified Mental Health First Aiders.

The program has been field tested through community trainings and has been updated based upon participant feedback. While the core adult model has broad applications with a diverse range of audiences, a youth version of MHFA was rolled out in the Fall of 2012. Specific modules are under development for public safety/law enforcement personnel and members of the military. A Spanish adaptation was also rolled out in early 2013.

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¹ Reference source.
Methodology

Also include specific information on your organization’s MHFA audience types, how many instructors you have on staff, how many courses are typically offered, etc.

The National Council for Behavioral Health trains, certifies, and supports instructors. Instructors serve as ambassadors for the program in their communities — generating awareness and demand — in addition to teaching the course and providing local resources for treatment and help.

MHFA participants typically include law enforcement and corrections officers; emergency first responders; human resources professionals; nurses and other primary care workers; secondary education and university faculty, staff, and student leadership; library personnel, corporate human resource managers, faith community leaders; veterans, national guard and military families; mental health/substance use patients and family members; and other caring citizens.

Once certified, a MHFA instructor is required to teach at least three community trainings per year to maintain certification. Ideal class size for a community training is 25-30 people. The intent is for instructors to offer the program free or for a nominal fee, even though program expenses — instructor time, participant manuals, venue and audio-visual costs, etc. — are significant. Instructors are often able to work with regional and local certifying bodies to award Continuing Education credits to multiple groups of professionals who take the MHFA course.

The National Council trains and manages the national instructor network; consults on program implementation, growth, and marketing; analyzes evaluations from community courses; continuously enhances and updates the curriculum; and provides live and virtual refresher and upgrade courses for instructors. Technical assistance visits are carried out nationwide to ensure fidelity to the core program model. In addition, the National Council staff delivers the course in Washington DC and nationally to members of the public, opinion leaders, and key influencers.

Goals & Objectives

Propose organization’s goal(s), and expected objectives here. Following is an example for the National Council:

The National Council believes that Mental Health First Aid can change the way America thinks about mental illness — that this simple yet powerful program holds the key to increasing literacy and understanding, promoting health, and connecting people to care. Our goal is to have 150,000 individuals trained and certified as Mental Health First Aiders by 2014.

Goal: Mental health-related crises are prevented because the general public understands strategies to intervene early and to access appropriate treatment.

Process Objective: To facilitate the training and certification of an additional 30,000 people throughout the US, for a total of 150,000 individuals trained since 2008.
Outcome Objective: By 2014, approximately 0.05% of the total American population will be trained in MHFA, and be better equipped to handle mental health issues.

Action Plan & Timeline
*Give organizational timeline based on goals and objectives stated in previous section.*

Quarter 1
Invite applications from instructors for financial support for local program delivery; establish selection criteria (population target, instructor experience, and financial needs and ability to provide/raise matching funds); complete selection process.

Quarter 2
Have selected instructors schedule community courses, engaging local partners in audience outreach and marketing; and organize all training logistics. Provide marketing/PR and technical assistance as needed by instructors.

Quarter 3
Delivery of community courses; monitor course completion and feedback through reported evaluations; ongoing marketing/PR and technical assistance support.

Quarter 4
Complete delivery of community courses; confirm number of new Mental Health First Aiders and review all course feedback to develop final grant report.

Outcomes Measurement Plan
*List all outcome indicators that your organization will use to assess progress and achievement of goals, and explain how this will be done.*

Outcome indicators will be based upon:

- The total number of people trained and certified in MHFA

Instructors are required to register individuals for subsidized courses through a national web-based information management system [WIMS] that tracks program delivery. Upon course completion, instructors also must submit, through the WIMS, standardized evaluations completed by each participant. The National Council will use WIMS data to track and confirm the number of Mental Health First Aiders certified through grant-subsidized programs. The evaluation and data collection instruments are based on a review conducted by the University of Maryland, as part of an independent national fidelity study of MHFA USA.

The National Council also will conduct a limited number of technical assistance visits to ensure fidelity to the core program model. Qualitative and anecdotal data about the impact of MHFA will be gathered through national online communities and forums of instructors and Mental Health First Aiders.
Budget Narrative

*Redo based on specific grant to describe how the funding will be used, and what expenses will be incurred.*

A [enter amount] grant will provide the resources to accelerate the growth of the MHFA program, allowing the National Council to fund the delivery of courses across the country.

- Local communities will receive a grant not to exceed $5,000 based upon their training capacity. Local sites will compete through an RFP process. The National Council MHFA team will establish and implement the selection criteria.
- The amount of funding per site will be dependent upon the communities’ local financial needs. The costs per training include facilities, manuals, staff time, and supplies.

Personnel Bios of Staff

*Give names and titles of the individuals who manage the MHFA program, and any instructors who will be teaching the course using grant funds.*

The MHFA program at the National Council is managed by our Public Education team:

- Bryan Gibb, Director of Public Education (and a national MHFA trainer)
- Margaret Jaco, Program Associate, Mental Health First Aid
- Linda Rosenberg, President and CEO
- Betsy Schwartz, Vice President, Public Education & Strategic Initiatives
- Tramaine Stevenson, Director of Program Development and Operations, Public Education & Strategic Initiatives

Appendices

50c3 IRS documentation
Board of Directors List
Media articles
Marketing materials
One-pager of community quotes
Overall National Council budget