GRANT PROPOSAL GUIDELINES

The Chester County Community Foundation connects people who care with causes that matter, so their philanthropy makes a difference now and forever.

- The Community Foundation is a collection of Funds: Field of Interest Funds + Donor Advised Funds.
- 99% of the grants issued by the Community Foundation are made possible through the generosity of the Fund Advisors who created donor advised funds. $2.2+ million is granted annually to nonprofits in Chester County and beyond.
- All Community Foundation Funds accept this grant application form.

Proposals submitted by nonprofits will be considered for 2 types of grants:

1) FIELD OF INTEREST & DONOR ADVISED FUNDS

- Proposals received **any time throughout the year** are eligible for funding consideration from the Foundation’s Field of Interest Funds & Donor Advised Funds.
- Grant **awards** typically range from **$500 - $7,500**.
- Grant decisions are made **intermittently** throughout the year, as Fund Advisors desire.
- Proposals are **electronically shared** with Fund Advisors to assist them in making grant decisions.
- **General operating** grants are encouraged. Nonprofits should be specific about their mission, goals, and measurable outcomes.
- Grants **focus on Chester County** causes and issues, but are **not limited** to Chester County.
- Grants may be made to charitable nonprofits working in **all fields of interest** including arts, culture and humanities; education; community improvement; environment; religion; health; and human services.

2) FUND FOR CHESTER COUNTY CAPACITY BUILDING INITIATIVE

- The goal of the Community Foundation’s capacity building grantmaking is to **strengthen the effectiveness of nonprofit organizations serving the Chester County region**.
- Capacity building proposals received by **September 15** annually will be eligible for this special grant initiative.
- Capacity building projects should strengthen a nonprofit, in areas including:
  - Mission, Vision & Strategy
  - Governance & Leadership
  - Strategic Relationships
  - Operations and Technology
  - Fundraising & Development
- Grant **awards** range from **$500-$5,000**.
- NPO’s with budgets **$750,000 or less** preferred
- Grant monies are distributed by **February**.
- Nonprofits must be **located in and serve Chester County** to receive a grant from this special initiative.

- A proposal is considered “complete” when the Chester County Community Foundation has confirmed receipt of the Grant Proposal Summary Sheet, Narrative and Attachments.
- Proposals are shared electronically online with Fund Advisors and the Grants Committee.
- The electronic form is available at www.chescocf.org.

Per IRS regulations, applicants: must be charitable, tax exempt organizations with 501(c)(3) certification and cannot be individuals

- **E-mail proposals to grants@chescocf.org.** Receipt will be confirmed by e-mail.
- Please contact Kevin Baffa or Beth Harper Briglia at (610) 696-8211 or grants@chescocf.org if you have any questions. Thank you.

8-2016
I. CHESTER COUNTY COMMUNITY FOUNDATION
GRANT PROPOSAL SUMMARY SHEET

One page only. This page will be shared electronically with Grant Committee Members & Fund Advisors.
Note: If Philanthropy Network of Greater Philadelphia’s Common Grant Application is used, the Community Foundation’s Summary Sheet MUST accompany application.
To obtain an electronic version of this application, visit www.chescocf.org

Date 10/1/2018

Contact Information

Organization Name: West Chester University Foundation on behalf of WCU Community Mental Health Services

Executive Director Name: Leanne Valentine, Ph.D.

Executive Director E-mail: evalentine@wcupa.edu

Address: 125 West Rosedale Avenue, 8th Floor, West Chester, PA 19383

Phone: 610-436-2510

Board of Directors Chair Name: Barbara Kirby (Chair of Community Advisory Board)

Website: wcupa.edu/communitymentalhealth

Primary Contact Name: Leanne Valentine

Primary Contact E-mail: evalentine@wcupa.edu

Year Incorporated: 2017

FEIN: 23-3054174 (West Chester University Foundation)

Has your nonprofit ever applied to the Community Foundation? Yes ___ No_X_ Not Sure__

Has your nonprofit ever received funding from the Community Foundation? Yes ___ No_X_ Not Sure__

____Donor Advised Fund(s) ____Fund for Chester County ____Don’t know/Not sure

Field/s of Interest:

___ Arts, Culture & Humanities ___ Environment/Animal Welfare ___X__ Education

_X__ Health ___X__ Human Services ___X__ Religion

Organization Information:

Geographic Area Served (If not all of Chester County, specify primary Chester County regions served):
Chester County and portions of Delaware County; primarily the greater West Chester area.

Describe Population Served and Annual Number of People Served:
We opened for business in August 2017. Last year we provided therapy and assessment services to 91 individuals, ages 6 to 64. Our therapy clients were diverse, with sixty-two percent (62%) identifying as female, 36% as male, and 2% as transgender. Self-reported ethnic/racial percentages for our therapy clients are as follows: 70% White, 14% Black, 2% Asian, 5% Hispanic, and 5% Mixed Race (remaining respondents chose not to answer). Client incomes range from 0 (20%) to $200,000/year (2%). The majority of our clients present with anxiety and/or depression-related disorders, and we also see a significant number of clients with trauma-related disorders. Approximately 30% of our clients have co-occurring substance use disorders, and 25% have reported suicidal ideation, with 12% reporting an attempt within the 12 months preceding treatment.

Mission:
The West Chester University Foundation (“the Foundation”) was formed to promote the charitable, scientific and educational interests of West Chester University whose mission is to be a community of educators that develops graduates to succeed personally and professionally and contribute to the
common good. WCU Community Mental Health Services is affiliated with the West Chester University Doctor of Psychology (Psy.D) Program. We are a training center for graduate students in the Psy.D Program and a clinical research site for faculty in the Psychology Program. As a non-profit training and research facility, Community Mental Health Services is able to provide low-cost, high quality psychotherapy and testing for residents in surrounding communities. We provide a wide range of psychological services as well as specializations in trauma-related disorders and child & adolescent mental health. Services are provided by graduate students earning a doctorate in Psychology, who are closely supervised by experienced, licensed Psychologists. We serve children, adolescents, adults, couples and families from all backgrounds. Our providers strive to be culturally sensitive and compassionate and are committed to the highest ethical standards.

Proposal Summary: Treatment of PTSD and Other Disorders Using Virtual Reality Technology

The PsyD program provides treatment to clients with a wide range of mental illnesses. The majority of our clients are diagnosed with Generalized Anxiety Disorder, with Major Depressive Disorder, Post-Traumatic Stress Disorder (PTSD), Dysthymic Disorder and Specific Phobias completing the top 5 most frequently seen diagnoses in our clinic. The gold standard for treatment of anxiety-related disorders, PTSD, and phobias is exposure to the feared stimulus, whether that is anxious thoughts, heights, a trauma memory or speaking in public. Virtually Better has develop virtual reality software that allows clinicians to conduct exposure with their clients in the safety of the clinic. There are many advantages to this approach for our clinic:

1) Our therapists are students in training, so this allows us to conduct exposures that we otherwise would not be able to conduct, as the students need to remain in the clinic during therapy for support and supervision;
2) This equipment expands the pool of clients that we can treat, which will improve sustainability;
3) This equipment provides clients with an opportunity to face their fears with the assistance of the therapist, something they may not be able to do otherwise. It also allows therapists to ensure the exposure is done properly and at a level that is therapeutic for the client;
4) Virtually Better has conducted research which demonstrates the effectiveness of this form of exposure, but the method is still relatively new. This equipment may provide opportunities for funded research in the future, which will provide additional training opportunities for our students and additional income for the clinic.

If Capacity Building Proposal, the focus is:

___ Mission, Vision & Strategy  ___ Governance & Leadership  ___ Strategic Relationships
___ Fundraising & Development  ___ Technology  Other: ________________________________

Annual Budget $58,930.00

___ 82% of budget for program expenses
___ 18% of budget for administrative expenses
___ 0% of budget for fundraising expenses

100% total

# of Full-Time Equivalent Paid Staff  ___ 3

# of Board Volunteers  ___ 11

# of Active Non-Board Volunteers  ___ 2

20hrs/week # of Volunteer Hours

Top 3-5 funding sources:
West Chester University
Client Fees
Private Donations

Grant Amount Requested from the Community Foundation: $10000 - $36,000
(see explanation of three funding level options below)
II. CHESTER COUNTY COMMUNITY FOUNDATION
GRANT PROPOSAL NARRATIVE

Provide clear, concise information. 3 pages maximum.

1. Organization’s history, goals, key achievements and distinctiveness

WCU Community Mental Health Services (CMHS) opened in August 2017. Our primary goals are to: 1) Provide comprehensive clinical training to graduate students in the Psy.D. Program and 2) increase access to affordable mental health treatment and assessment for residents of Chester County. We met both goals our first year in business, seeing 91 clients and insuring that all of our students have a full caseload so they can get adequate training. We are distinct in that we can offer high quality, evidence-based mental health services at a significantly lower cost than other providers. We are providing access to mental health care for residents who normally would not have access to care. We know this, because even thought our fees are very low, approximately 30% of the people we see qualify for a discount or pro bono services. We are also distinct in that we are able to see a wide range of clientele, including children, adolescents and adults. We are able to do this, because our students are supervised by 9 psychologists, each of whom has expertise in a different area.

2. Funding request

We are requesting funding to purchase a virtual reality system specifically designed to be used in psychotherapy. The majority of our clients are diagnosed with Generalized Anxiety Disorder, with Major Depressive Disorder, Post-Traumatic Stress Disorder (PTSD), Dysthymic Disorder and Specific Phobias completing the top 5 most frequently seen diagnoses in our clinic. The gold standard for treatment of anxiety-related disorders, PTSD, and phobias is exposure to the feared stimulus, whether that is anxious thoughts, heights, a trauma memory or speaking in public. Virtually Better has develop virtual reality software that allows clinicians to conduct exposure with their clients in the safety of the office. There are many advantages to this approach for our clinic:

1) Our therapists are students in training, so this allows us to conduct exposures that we otherwise would not be able to conduct, as the students need to remain in the clinic during therapy for support and supervision;
2) This equipment expands the pool of clients we can treat, which improves sustainability;
3) This equipment provides clients with an opportunity to face their fears with the assistance of the therapist, something they may not be able to do otherwise. It also allows therapists to monitor the exposure, ensuring it is done properly and at a level that is therapeutic for the client;
4) Virtually Better has conducted research which demonstrates the effectiveness of this form of exposure, but the method is still relatively new. This equipment may provide opportunities for funded research in the future, which will provide additional training opportunities for our students and additional income for the clinic.

We are requesting funding for this initiative, because we believe it will help us with our two primary goals of training students and providing low-cost mental health care. Virtual Reality is on the cutting edge of treatment for anxiety, phobias, and PTSD, so the training will be invaluable to our students and help them be more competitive when they leave the university. The technology will improve the care we provide to clients and also allow us to see clients we may have hesitated to see in the past, due to the
need to do exposures outside of the clinic. By seeing more clients, we will increase income via client fees, which will improve sustainability.

We are supported by the University: they provided the space that we use for the clinic and do not require us to pay rent, and they also provide the salaries for two of our full-time staff. However, we are expected to be self-supporting outside of these two areas, so are responsible for all office costs, the salary for one FT employee and other professional fees, as well as any future employee we may need to hire. Therefore, we are looking for ways to increase income in order to keep client fees low and continue to offer pro bono services to those who need them.

The virtual reality system has different components and software packages that can be purchased separately or together. The configuration options are as follows:

**Level 1:** $10,000
This includes hardware + software for treatment of Phobias and Substance Use, as well as a Relaxation software suite to be used with Phobias and Anxiety (e.g. paced breathing, mindfulness, progressive muscle relaxation, etc.).

**Level 2:** $20,000
This is the Bravemind package, which includes hardware and software specifically designed to treat PTSD.

**Level 3:** $36,000
This would include both systems listed above, integrated into one system, as well as a 2 year maintenance contract on the entire system.

### 3. How impact and results will be demonstrated

We use electronic medical records and already track clients seen and outcomes/response to treatment. We currently measure client progress in treatment with the Treatment Outcome Package and other evidence-based outcome measures commonly used in therapy. We plan to continue to use these measures to monitor the outcomes for clients treated utilizing the virtual reality system. We are also able to monitor the income we receive, discounts provided and for whom. We plan to track all of these related to the Virtually Better software so that we can measure and report the impact of this software to our clients and bottom line.

We are confident the virtual reality system will help us provide good care to our clients, as there has been research conducted on its effectiveness. For example, two studies (Difede, et al., 2007 and McLay, et al., 2012) found that virtual reality is an effective treatment tool for enhancing exposure therapy for both civilian and disaster workers with PTSD, as well as active duty service members. Both studies found that participants had significant declines in PTSD symptoms compared to wait-list controls. Researchers have found that virtual reality systems are effective used alone (rather than in conjunction with another form of therapy) for treating agoraphobia (Malbos, Rapee, Kavakli, 2013). Meta-analyses (Opris, et al., 2012 and Powers & Emmelkamp, 2008) found that participants treated utilizing virtual reality systems perform far better than waitlist control, and as good as or better than cognitive-behavioral therapy (CBT) alone. Similar results were found for the treatment of specific phobias (Morina, et al., 2015) and social anxiety disorder (Anderson, et al., 2013).
In addition to being effective, virtual reality has been found to be more practical to implement than exposures in “real life” (Bouchard, et al., 2017). Two groups of researchers (Garcia-Palacios, et al., 2007 and Garcia-Palacios, et al., 2001) measured attitudes towards therapy for specific phobias, comparing therapy utilizing virtual reality to therapy utilizing exposures in “real life” and found that the majority (over 80%) of participants preferred virtual reality. This indicates that clients are more likely to engage in therapy that utilizes virtual reality, which may increase the number of people who seek therapy for specific phobias.

References


President – Barbara Kirby, St. Agnes Outreach
Vice President – Marcie Bergin
Secretary -