

**Episcopal Presbyterian Health Trust
Responsive Grants
New Grant Request: August 21, 2019**

Organization	CHADS Coalition for Mental Health
Grant Request	\$25,000
Purpose of Grant	Expansion of existing project
Use of Funds	Expanding reach of Family Support Program
Persons Served	64
Grant Period	8/1/19 – 7/31/20

Report Summary

CHADS Coalition for Mental Health is seeking funding to expand its Family Support program which provides counseling to suicidal, severely depressed, and highly anxious youth. Expansion will focus on St. Louis City and St. Louis County. Extrapolating from data, CHADS estimates that in the St. Louis metro area, over 12,000 students attempted suicide in the last 12 months, or 33 suicide attempts per day, with roughly 20% of those attempts resulting in an injury that required medical attention. In St. Louis City, 17,000 youth ages 0 – 19 are projected to have mental health challenges that qualify for a diagnosis. In the County, students reported high levels of anxiety and depression in the most recent Student Behavioral Health Survey. CHADS’ Family Support program focuses on youth who fall into a “treatment gap” between outpatient providers and emergency rooms reluctant to admit them for inpatient treatment.

CHADS Family Support prevents suicide by providing evidence-based counseling and psychoeducational services. The program uses Strategic Solution-Focused Counseling, which focuses on a child’s solutions and strengths to reduce depression and anxiety. In 2018, CHADS provided services to 598 youth individually and 262 youth in group sessions. Overall, 77% of CHADS’ clients report improvement in their symptoms of depression or anxiety. When a child needs support outside of CHADS scope of services, youth and families are referred for additional services such as psychiatric physicians or long-term counseling.

CHADS used the 2018 application which does not ask for percentage of clients from the City of St. Louis or the percentage of people who live in poverty.

Outcomes

The overall goal of CHADS Family Support is to reduce symptoms of depression, anxiety, self-harm, and/or suicidal ideation. Short-term outcomes are that youth will report reduction in symptoms of depression or anxiety and those who are suicidal will report a reduction in suicidal ideation.

Financial Summary

CHADS’s funding is diversified with public funding and contributed revenue from individuals and events funding comprising over 75% of their revenues. The last available audit (2017) indicated that the organization is fiscally responsible. After a significant program expansion in 2017, CHADS ended the year with a slight deficit. This would be something to keep an eye on in consideration of future funding, but the organization remains stable as of now.

Funding Rationale

CHADS has evidence-based treatment protocols that they have been using since 2007 to prevent suicide. The combination of treatment at their offices and at area schools gives them a broad reach. Suicidal ideation requires immediate action and CHADS is well-positioned to provide the necessary treatment to those students it can reach.

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The amount of the request in the budget was higher than the amount on the grant cover sheet. Staff used the \$25,000 listed on the cover sheet as our starting point.

Staff Recommendations	
At \$430,000 in grants	\$25,000
At \$270,000 in grants	\$25,000
At \$195,000 in grants	\$20,000

Previous Funding

2018 - Family Support \$25,000

Total Program Budget:	\$ 1,097,015
Trust Requested Grant:	\$ 25,000
Trust allocation:	2.3%
Cost per person (EPHT):	\$ 391

Common Grant Application Cover Sheet



EPISCOPAL PRESBYTERIAN
HEALTH TRUST

Grantmaker to whom this application is submitted:					
Application Date:	7/23/19	Org Website:	chadscoalition.org		
Applicants Legal Name: (as shown on IRS Letter of Determination)	CHADS Coalition for Mental Health				
Doing Business As: (if different from legal name)					
EIN #:	202172260				
Address:	4121 Union Rd Suite 224				
City:	St. Louis	State:	MO	Zip code:	63129
Telephone #:	314-952-2046	Fax #:			
Executive Director: (or Top Executive)	Mrs. Marian McCord Executive Director	Phone #:	314-952-2046		
		Email Address:	marian@chadscoalition.org		
Main Contact(s) for this Proposal:	Mr. Ben Chambers Development Director	Phone #:	636-288-1859		
		Email Address:	ben@chadscoalition.org		
Board President:	Mrs. Anne Wilding	Phone #:	314-800-7768		
		Email Address:	annewilding6@yahoo.com		

Applicant's tax exempt status/ IRS designation (e.g. 501(c)(3), 501(c)(9), etc)	501(c)(3) (Attach a copy of the IRS Letter of Determination- NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination)
If not a 501(c)(3) Nonprofit, then who is fiscal agent?	(Attach a copy of the written agreement from fiscal agent plus fiscal agent's contact information and EIN)

Organization's mission statement:
CHADS saves young lives by advancing the awareness and prevention of depression and suicide.

Type of request (check one): Note, not all funders support each type of request. Check with individual grantmaker.	
<input type="checkbox"/> Capacity Building	<input checked="" type="checkbox"/> Project/Program
<input type="checkbox"/> Capital	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> General Operating Support	

<input type="checkbox"/> New Project	<input type="checkbox"/> Existing Project	<input checked="" type="checkbox"/> Expansion of Existing Project	
Project/Campaign Name: (if general operating please indicate)	CHADS Family Support		
Proposal Summary - In 100 words or less summarize the purpose of this request.			
To improve mental healthcare through education and innovative programs, CHADS Coalition for Mental Health is respectfully requesting support to further expand CHADS Family Support services in the St. Louis metro area, consisting of counseling to stabilize suicidal, depressed, and anxious youth. CHADS Family Support utilizes Brief Solution Focused Therapy, an evidence-based method focusing on solutions and strengths.			
Funding Period Requested: (be specific)	8/ 1/19 through 8/1/20	Amount Requested:	\$25,000
Total Project Budget for this period: (not required if general operating request)	\$ 1,097,015	Current Annual Organizational Budget:	\$1,349,281
Organization Fiscal Year:	7 / 1 /2019 through 6/ 30/2020		
Geographic Area(s) Served: (include specific counties)	St. Louis City (MO) Franklin County (MO) Jersey County (IL) Jefferson County (MO) Madison County (IL) Lincoln County (MO) Monroe County (IL) St. Charles County (MO) St. Clair County (IL) St. Louis City (MO) St. Louis County (MO) Warren County (MO)		

List applicant's membership of a giving federation:	None CHADS is not an United Way agency
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Agreement
<i>I certify to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.</i>
<i>In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.</i>



Signature, Executive Director
(or authorizing official on behalf of the organization)

7/23/19

Date

NARRATIVE

SECTION A: ORGANIZATIONAL INFORMATION

1. Summary of organization's history.

In April of 2004, Chad McCord, a high-school senior with a bright future, lost his battle to depression and died by suicide. Chad's parents, Marian and Larry McCord, were determined to create an organization focused on saving the lives of our youth by creating a network of resources readily available to every family and every child battling mental illness.

CHADS launched the "Signs of Suicide ®" (SOS) in-school prevention and education program in 2007 with full implementation in St. Louis metro area schools by 2008. In 2009, CHADS began providing Family Support to educate, support, and counsel families with a child who has mental illness. In 2010, CHADS launched the Olweus™ Bullying Prevention Program. CHADS was selected as the partner agency for suicide prevention by St Louis County Children's Service Fund in 2010 and again as the partner for bullying prevention in 2011. CHADS is also a partner agency with the Children and Community Resource Board of St. Charles County, the Franklin County Community Resource Board, the St. Louis Mental Health Board, ReCAST, and the Jefferson Foundation. CHADS received a 3 year Commission on the Accreditation of Rehabilitation Facilities (CARF) accreditation in 2013, renewed again in 2016 and 2019.

2. Description of the organization's current programs, activities, number served annually, and accomplishments.

Since CHADS' inception in 2005, we have provided suicide prevention education to 160,820 individuals, family support services to 1407 families, 883 support group sessions, and bullying prevention services to 11,717 students. Students and teachers in schools that have fully implemented the Olweus Bullying Prevention Program for one semester or longer report an average 35% reduction in bullying behavior.

Our recent outcomes as an agency show our approach is working: In 2018, CHADS provided 2174 suicide prevention presentations to 51,983 people including students, parents, counselors, and school staff. Of the students, 14.8% (or 6,795) self-identified as needing help with mental illness or suicidal thoughts and were connected to the school counselor for follow-up. For the Family Support program, in 2018 CHADS provided services to 598 youth individually and 262 youth in group sessions. 80.4% reported a reduction in symptoms of suicidal ideation. 79.5% reported a reduction in symptoms of depression, and 77.1% reported a reduction in symptoms of anxiety.

SECTION B: NEEDS STATEMENT

3. What are the community needs or problems to be addressed by this project/organization? Why is this issue important?

The health needs of the greater St. Louis community related to mental illness and suicide are demonstrated by local data. According to the latest Missouri Student Survey (MSS), conducted by the Missouri Department of Mental Health, 13.7% of students in the St. Louis metro area (6th to 12th grade) had seriously considered suicide in the last year, 8.9% made a plan, 5.5% made an attempt, and 1% attempted resulting in injury. Using data from the MSS and the Missouri Census Data Center, we estimate that 5,570 St. Louis county youth attempted suicide in the past year. This averages to about 15 suicide attempts per day. In 2017, the year for which the most recent data is available, 12 youth age 19 and younger died by suicide in the St. Louis metro area (MODHSS, 2019). In terms of bullying behavior, 59% of St. Louis metro area youth reported experiencing emotional bullying, 51% reported they were emotionally bullying others, 13% reported physically bullying others, and 20% reported experiencing physical bullying. (Missouri Behavioral Health Epidemiology Workgroup, 2018).

CHADS has continued to receive increased demand for services from St. Louis City, reflecting the findings of recent needs assessments that show city youth among our community's most vulnerable children. The St. Louis City Mental Health Board published a Youth Mental Health Needs Assessment Report in 2017. One of the key findings from this assessment was that in St. Louis City alone, 17,000 youth age 0-19 are projected to have mental health challenges that qualify for a diagnosis. Over 3,500 of these youth are projected to have a mental illness with severe impact. The previous 2012 City of St. Louis Community Health Assessment conducted focus groups with city residents who reported that there was a need

for better mental health services and health education. Residents also reported difficulties navigating the mental health system. CHADS Family Support can help youth with intensive, brief interventions for all of these challenges. CHADS receives requests several times a year to provide services to Missouri counties for which there is little funding but high need. For example, according to the MSS, 3% of Marion County students and 5% of Warren County students reported attempting suicide with an injury requiring medical attention. These rates are much higher than the state average of 1.9%.

St. Louis County has the highest demand for CHADS services simply due to population density and diversity of all demographics. The availability of services in the county is threatened by diminished local resources coupled with increasing demand. The high need for CHADS services in St. Louis County is illustrated by the most recent local needs assessments. In the Student Behavioral Health Survey's findings from the St. Louis County Needs Assessment, across all regions the fourth most reported problem for middle school youth was anxiety. Depression was reported among 30% of youth across all regions. Controlling emotions, anger management, and conflict resolution was identified as the third most prevalent issue by 44% of middle school students, with 50% of North County students dealing with this problem. For high school age youth, anxiety/worrying a lot was one of the top issues in all of the sub-regions with the exception of North County. In North County, the prevalence was still high with 30% of students identifying this issue. Depression was reported among 44% of high school age youth across the region. Also reported in the needs assessment was that one of the most troubling indicators over time has been the 50% increase from 2009-2015 in impulse control related diagnoses for youth. There has also been a 31% increase in mood disorder diagnoses in the same period.

The previous 2012 St. Louis County needs assessment gathered different kinds of data, including focus groups among students. The students reported that they felt that school staff were not well trained to handle mental health problems, and that stigma prevents people from seeking help for mental illness. Students wanted care that was easier to access and focused on their concerns (such as CHADS solution focused therapy). Surveys conducted among St. Louis County school staff found that school staff felt ill equipped to deal with or identify students who have mental health issues. School staff also felt that teacher training, clinical referrals, and parent education are some of the most useful services agencies can offer. CHADS Family Support services directly address these health concerns.

Youth with frequent suicidal ideation can fall in a "treatment gap" when outpatient providers are uncomfortable providing services and refer them to the emergency room, but after assessment, they do not meet inpatient criteria and are referred back to outpatient, and the cycle can begin again until the youth reaches a crisis point, leading to an attempted or completed suicide. Individuals who are in the "treatment gap" are at greater risk for death by suicide. Depending on severity of crisis, appointments with CHADS Family Support can be made same day or within a 24-hour period to provide intervention. CHADS Family Support program provides unique and comprehensive support for clients at risk for suicide. CHADS clinicians are thoroughly trained to effectively assess for risk and create comprehensive safety plans. All clinicians are proficient in the Collaborative Assessment and Management of Suicidality (CAMS) framework, which is a highly interactive, evidence-based intervention for treating those at risk for suicide.

SECTION C: PROJECT INFORMATION

4. Who will be served by this grant (describe) and how many will be served?

The target audiences for these services are youth age 5-25 in the St. Louis metro area, with most services provided in St. Louis County and St. Louis City.

Depending on demand for specific services, this funding could provide Family Support counseling for approximately 64 youth.

5. What are your project goals? (Operating or capital requests- What are your agency's major goals?)

Our overall goals in terms of improving healthcare are to prevent suicide, increase mental health literacy, and provide services responsive to community needs. Specific to CHADS Family Support, the goals are:
Reduce symptoms of depression and anxiety

Reduce suicidal ideation

Provide information to youth and families about mental health issues

Output goals – Provide Family Support counseling services to over 500 youth in 2019

6. What activities do you intend to engage in or provide to achieve these goals? Please provide an in-depth description of the activities/services, including 1) how much, 2) how often, 3) how long activities/services will be provided. For expanded project requests, distinguish between current and expanded activities/services.

CHADS Family Support is focused on providing effective, quick, and accessible counseling services to youth. CHADS specializes in helping youth who are having problems with suicidal thoughts, depression, and anxiety. CHADS Family Support prevents suicide by providing evidence based counseling and psychoeducational services. CHADS Family Support is designed to keep youth from “falling through the cracks” by reducing barriers to care. This is similar to the recommendations of several local needs assessments (such as Forward Through Ferguson, Ready By 21) both generally making service optimally accessible and investing in school-based capacity to address behavioral health needs. CHADS Family Support is an important follow-up resource for students and schools after our Signs of Suicide presentations, so that we are able to quickly offer referrals or counseling appointments as needed when students ask for help after presentations. We reduce barriers by embedding counselors in various schools one day a week to specifically work with youth in crisis for anxiety, depression and suicidal ideation. We have multiple office locations throughout the community to further reduce the transportation barrier. Family Support office counseling services include a negotiable \$25 copay to encourage client participation and reinforce the value of the service. The copay is waived if it is determined to be a barrier to accessing services. In-school services are provided at no charge.

CHADS Family Support utilizes Brief Solution Focused Therapy (BSFT). Family Support counseling, whether in-school or in one of our offices, begins with intake paperwork, including obtaining written informed consent from the parent/guardian.

Family Support clinicians use evidence-based treatment protocols, based on level of risk and unique treatment needs. Treatment is provided both in the office and in various partnering schools in the area.

When treating youth presenting with depression or anxiety symptoms, a Brief Solution-Focused Therapy (BSFT) approach will be used to support the client in identifying personal strengths, setting realistic goals, and building upon current skills. Most clients need 6-8 sessions, although some will need 10 or more. CHADS provides psychoeducational groups in schools and our offices for youth with anxiety and depressive symptoms. These groups teach new coping skills in a peer-support environment. Psychoeducational groups last 8-10 weeks. The therapist will often also teach simple coping skills for symptoms, such as deep breathing exercises or mindfulness techniques. All clients are given a Brief Mood Survey or Pediatric Mood-Check-In (depending on age), which determines severity for depression, suicidal ideations, anxiety, anger and violent urges. This provides the clinician with a key foundation for goal setting and determining treatment planning needs for the client. Moreover, if a client indicates any thoughts regarding suicidal ideation, the client is then given the Columbia – Suicide Severity Rating Screen. This instrument helps to determine the risk level and intent an individual has regarding suicidal ideations. Youth experiencing suicidal ideation will be treated with the CAMS protocol, a collaborative process between therapist and client to assess, track, and rapidly reduce suicidal ideation. The CAMS protocol typically takes 12 sessions, with some clients needing additional support.

The client, therapist, and parents/guardians will develop a safety plan with assessment and removal of means from the home using Counseling on Access to Lethal Means (CALM) protocol.

Our services also include making personal connections, risk assessment and problem-solving, mental health/safety education, follow-up treatment compliance education, managing triggers, effective communication skills, dealing with depression, anxiety, and stress, addressing school issues, and promoting resiliency.

7. What are the anticipated short and long-term measurable outcomes that would be achieved by this grant?

70% of youth will report reduction in symptoms of depression as measured by a decreased score of 1 point on the Brief Mood Survey/Mood Check-in, given at every session, tracking first and last session to outcomes to ensure pre/post measures.

70% of youth will report reduction in symptoms of anxiety as measured by a decreased score of 1 point on the Brief Mood Survey/Mood Check-in, given at every session, tracking first and last session to outcomes to ensure pre/post measures.

75% of youth will report reduction in suicidal ideation as measured by a change from “yes” to “no” on at least one item of the Columbia Suicidality Screen, given at every session for youth presenting with suicidal ideation

8. What is the timeline for implementation of this grant?

- Ongoing: tracking and review of outcome measure and survey data.
- Ongoing: CHADS Family Support clinicians to provide counseling services, referrals, support groups, and other supportive clinical services to youth, families, and school staff as needed.
- Ongoing: CHADS will expand the staff to meet the growth of the program.

9. What are the organization’s most significant interactions with other organizations and efforts? For project requests, address this question with respect to that project only. (e.g., who are the other partners, what is your past experience collaborating with this organization, what are their roles in this project, and what is their expertise, etc?)

CHADS Family Support clinicians are also available to the schools where we give Signs of Suicide presentations to provide additional resources, referrals, and supportive counseling.

Some youth and families may need to be referred to additional services such as psychiatric physicians or counseling outside the scope of our services. We have strong ongoing working relationships with other local providers and as the need arises we will provide referrals to the appropriate agencies. Follow-up calls are made after referrals to ensure connection to care. Some of the local agencies CHADS works closely with include Behavioral Health Response/YouthConnection Hotline, Beyond Housing, Southwest Pediatrics, Lutheran Family and Children’s Services, and Kids in the Middle.

10. What other agencies or projects are doing similar work and how are you different?

CHADS is unique in that stabilizing suicidal youth is our core competency and focus. Other local agencies such as Provident Counseling, Preferred Family Healthcare, and BJC Behavioral Health provide general counseling for youth. Other providers may be reluctant to work with suicidal youth, referring them to the emergency room, where they may or may not be admitted. CHADS educational and supportive services for families are complimentary to other mental health providers.

11. What are the qualifications of key staff and volunteers that will ensure the success of the project/organization? Are there specific staff/volunteer training needs for this project?

CHADS’ core competencies are suicide prevention and bullying prevention delivered by educated, specially trained personnel. CHADS Family Support clinicians are all licensed and have additional in-depth training in suicide prevention and trauma informed care.

As an agency, our mission is save young lives through awareness, education, family support and innovative programs. CHADS is Missouri’s largest provider of suicide prevention training to students. The majority of our board, staff, and volunteers have been impacted by mental illness or lost a loved one lost to suicide. CHADS employs diverse staff knowledgeable about different cultural strengths and needs. Staff go through extensive training specific to their area(s) of responsibility. Our volunteers and staff are devoted to CHADS and work tirelessly because we seek and attract people with a passion for our mission. The founders of CHADS also inspire others through their story, dedication, and example.

In addition to recruiting and hiring passionate staff, we have a strong volunteer team to assist us. Volunteers fill out an application to match skills with appropriate tasks, and most of the volunteer work is administrative or fundraising support. Formal training is held every quarter to train the CHADS volunteers. CHADS prides itself on operating a responsive organization and has effectively expanded staff and volunteer capacity to meet community needs and demand.

CHADS Family Support Clinicians

Heather Barnett, MA, LPC, CGDC - Program Director

Heather has a great deal of experience in suicide crisis intervention and prevention, as well as human services program management. Heather has tremendous passion and dedication to improve the lives and mental health of children. Heather has her Masters of Art; she is a Licensed Professional Counselor, a Certified Gambling Disorder Counselor, and Signs of Suicide Trainer.

Heather Borah - Family Support Program Manager

Her long work history at Crider Health Center in a management role over community support. has made Heather a great addition to the CHADS team. She also has extensive experience working as a School-Based Mental Health Specialist. Heather has her Masters of Science in Clinical Psychology, and is a Licensed Professional Counselor.

Lisa Creath, LPC

Family Support Counselor

Stephanie Lessmeier, M. Ed, LPC, NCC

Family Support Counselor

Stephanie Dunn, M. Ed, LPC

Family Support Counselor

Brynne Downum, PhD, PLPC

Family Support Counselor

Sarah Johnson, MA, PLPC

Family Support Counselor

12. How does this request fit with your organization’s long-term goals? We define long-term as the time-period beyond this grant.

CHADS mission and ultimate long-term goal is to save young lives by advancing the awareness and prevention of depression and suicide. CHADS advances this mission through awareness, education, family support and innovative programs. This request would allow CHADS to expand services and provide low cost and free Family Support Counseling, helping us to reach some of our community’s most vulnerable youth. An immediate expansion of our client base would not only advance our mission in the short-term, but would raise our profile in the community and enable us to reach new populations going forward. This expansion process is why we see this grant fulfilling both an immediate and long-term need.

13. What is your long-term funding plan? For project requests, address this question with respect to that project only.

CHADS employs development director and a grant writer. CHADS has a long term fundraising plan with innovative and traditional techniques to enable our programs to be sustainable in perpetuity. The plan includes gifts from individuals, corporations and foundations. CHADS established an endowment fund with a donation from Swimming to Ferguson. CHADS was selected as a partner agency for bullying, suicide prevention and family support by the St. Louis County Children’s Fund. CHADS Family Support was recently funded by the St. Charles County Community Resource Board, the Jefferson Community Foundation, the Saigh Foundation, St. Louis ReCast, the Berges Family Foundation, and the Bridgeton Landfill Community Project Fund.

14. Describe the extent to which your project/organization is based on approaches that have been shown to be effective in other settings.

CHADS Family Support utilizes Brief Solution Focused Therapy (BSFT) and the Collaborative Assessment and Management of Suicidality protocol, both evidence based models. Multiple studies and literature reviews demonstrate that they are effective for our target population, in school settings, and for the problems we are addressing.

A literature review of controlled studies found that 74% of the studies reported significant positive benefits of BSFT while the remainder reported positive trends (Gingerich & Peterson, 2013). Another literature review of studies from 1990-2010 of SFBT with adolescents found that it seems to be especially effective as an early intervention (Bond, Woods, Humphrey, Symes, & Green, 2013). A study focused on BSFT for youth in a school setting using a pre-post design with a control group. This study found that BSFT was effective for both internalizing problems (such as depression, anxiety) and externalizing problems (disruptive classroom behavior, bullying others) (Franklin, Moore, & Hopson, 2008). The Australian National Health and Medical Research Council published a systematic literature review of all quality research on evidence based practice published in English since 2004, titled "Examination of the evidence base for psychological interventions in the treatment of mental disorders". This includes a short list of recommended treatments with a strong and growing evidence base showing effectiveness in at least one or more properly designed, randomized controlled study. BSFT is one of the recommended models (Australian Psychological Society, 2013).

Three randomized controlled trials have been published proving CAMS effectiveness for treating suicidal risk (Jobes, 2016). Replicated data with different populations from these studies demonstrate that CAMS quickly reduces suicidal ideation, changes suicidal thoughts, and increases hope. In 2017, the Centers for Disease Control (CDC) released a report called Preventing Suicide: A Technical Package of Policy, Programs, and Practices. CAMS was identified in this report as a best practice treatment for people with suicide risk.

SECTION D: EVALUATION

15. What is your organization's evaluation process? How do you plan to track and measure the effectiveness of your project/ organization (e.g., intake sheets, participation checklists, pre/post surveys, client questionnaires, follow-up surveys, etc)?

As briefly described above, participants are given a Brief Mood Survey at each session, which determines severity for depression, suicidal ideations, anxiety, anger and violent urges. It is a quick measure where the client rates from 1-5 how depressed, anxious or angry they have been feeling over the past week and in the current moment. For younger clients (age 9 and under) CHADS uses the Pediatric Mood Check-In, which is a simplified version of the BMS that also uses a Likert scale, but with fewer items and frowning to smiling faces (similar to the pain scale seen in hospitals) rather than numbers to make it easier to understand for younger kids.

These measures provide clinicians with a key foundation for goal setting and determining treatment planning needs for the client. Moreover, if a client indicates any thoughts regarding suicidal ideation, the client is then asked questions on the Columbia – Suicide Severity Rating Screen (CSSRS). This instrument helps to determine the risk level and intent an individual has regarding suicidal ideations. This is another brief measure with six "yes or no" items about suicidal thoughts. Copies of these measures are available on request.

In the case of youth experiencing suicidal ideation, the client, therapist, and parents/guardians will develop a safety plan including assessment and removal of means from the home using Counseling on Access to Lethal Means (CALM) protocol.

16. How will the evaluation results be used to inform future programming?

CHADS Family Support program will be evaluated on an ongoing and annual basis. Family Support collects both verbal and formal written feedback. Standardized assessment tools and survey results are used to evaluate project quality and performance. CHADS uses the Continuous Quality Improvement (CQI) model for each of its programs. CQI uses a simple yet common method for driving process improvement: Plan>Do>Check>Act, which is a cyclical approach to reviewing processes and continually improving them. The steps include: plan improvements, implement changes, monitor progress, assess, reflect, and repeat. The beauty of PDCA is that it can be applied to the same process as many times as needed to drive continuous improvement, even in light of business changes or staff turnover. CQI is applied to all CHADS programs and administrative procedures. During bimonthly Family Support staffing, our clinicians discuss/review program procedures and apply the same methodology to ensure quality programming internally as well.

Improvements are made based on evaluation feedback and are incorporated into future program implementations. For example, we found that younger children were having trouble understanding the BMS, so we developed the simplified measure, the Mood Check-In, for them. We have found that client's experiences with trauma and the resulting depression and anxiety are sometimes manifesting more often in externalizing behaviors (anger, acting out in class) than internalizing problems (low mood, self-harm) than we have typically seen in the past. To respond to this, we have found that we may need to take a little more time with building rapport and trust rather than enforce session limits, while still keeping to the spirit of brief, solution-focused therapy. CHADS clinicians are scheduled for several trauma-informed trainings. This training experience will help CHADS best serve each client's individual needs.

SECTION E: BUDGET NARRATIVE JUSTIFICATION

17. After completing the budget template, please provide a description of each line item expense listed on the program/project budget. Indicate whether this is a new expense for your project or if funding is being requested to cover a current/existing expense. For example, if you list personnel expenses, please state whether these funds will be used for new or existing staff positions. Explain how the numbers are being calculated.

We estimated what quantities by Unit of Service we could deliver. The actual numbers will be different based on the needs for the schools. Through this grant we will impact approximately 64 students.

Unit of Service	Qty	Impact Each	Students Impacted
FS Office counseling and Family Support	60 hrs.	0.20	12
FS School counseling and support	260 hrs.	0.20	52
Total	320 hrs.		64

The amount CHADS is asking for funding is about 5.7% of the total Family Support program.

1. Salary and Benefits - \$28,852, - most of the staff work in multiple programs.
2. Occupancy (rent, utilities, maintenance) - \$1,400, this is an allocated number based on payroll dollars.
3. Training & Professional Development - \$250, our licensed staff is required to continue their training.
4. Insurance - \$175, is for liability insurance for the staff.
5. Travel - \$325, travel is frequently needed for the above Professional Development and to out of office work assignments.
6. Equipment - \$250, covers maintenance and usage of laptops, internet and phones.

Administration at 12% - \$3748, M&G for CHADS organization yearend audit is normally about 12%. I applied that percentage for this budget. If this is not allowed or too high, please use the excess for Salary and Benefits

ADDENDUM QUESTIONS

SECTION F: Recognition Opportunities

18. What opportunities for donor recognition are available with this grant?

If CHADS were to receive this grant, we would immediately publicize the Trust's support through our website that receives approximately 1100 unique visitors per month, our Facebook page with 3496 followers, and our newsletter with 3614 subscribers. With permission, we would add the EPHT logo to our website, on presentations, and in prominent placement on signage at our popular yearly community events.

REQUIRED ATTACHMENTS

- 1. A copy of the current IRS Letter of Determination indicating tax-exempt status.**

2. List of current board of directors including their professional affiliations (name of organization of employment).

3. Financials

- ✓ Project Budget (*must use excel template included as part of this application*)
- ✓ Internally prepared income statement for current fiscal year (*may use organizational budget included in this application*)

AND

- i. Complete copy of organization's audited/reviewed/compiled financial statements for the last fiscal year which includes two (2) years of financial information

OR

- ii. Organization's most recently filed Form 990 plus internally prepared financial statements for the past two (2) years. **Must include:**
 - * statement of activities (income statement)
 - * statement of financial position (balance sheet)
 - * statement of cash flow

NOTE- financial statements are to be prepared according to generally accepted accounting procedures (GAAP)

Please read the following statement and check the boxes certifying that this application is complete according EPHT.

- ✓ MM I have reviewed the website or spoken of the grantmaker to whom I am submitting this application and have reviewed their mission, funding interests, process, and requirements to determine if my request is a funding fit.



Missouri CGA - Project Budget

Episcopal Presbyterian Health Trust	CHADS Coalition for Mental Health	
Expenses	Total Project Expenses	Amount Requested from Funder
Salary and Benefits	\$ 497,685	\$ 28,852
Contract Services (consulting, professional, fundraising)	\$ 5,025	\$ -
Occupancy (rent, utilities, maintenance)	\$ 24,630	\$ 1,400
Training & Professional Development	\$ 4,036	\$ 250
Insurance	\$ 3,053	\$ 175
Travel	\$ 5,418	\$ 325
Equipment	\$ 4,046	\$ 250
Supplies	\$ 500	\$ -
Printing, Copying & Postage	\$ 910	\$ -
Evaluation	\$ -	\$ -
Marketing	\$ 4,557	\$ -
Conferences, meetings, etc.	\$ -	\$ -
Administration	\$ 65,945	\$ 3,748
*Other -	\$ -	\$ -
*Other - Misc	\$ -	\$ -
TOTAL EXPENSES	\$ 615,805	\$ 35,000
Revenues	Committed	Pending
Contributions, Gifts, Grants, & Earned Revenue		
Local Government	\$150,000	\$134,878
State Government	\$ -	-
Federal Government	\$ -	-
Individuals	\$ 32,000	\$ 25,000
*Foundation - Bridgeton Landfill	\$ 50,000	-
*Foundation - Saigh Foundation	-	\$ 9,000
*Foundation - Boeing	-	\$ 5,000
*Foundation - Berges Family Foundation	\$ 10,000	-
*Foundation - Cardinals Care	-	\$ 3,000
*Foundation - EPTH Foundation	-	\$ 28,852
*Corporation-Emerson	\$ 25,000	\$ -
*Federation-	\$ -	\$ -
*Other -	-	\$ 34,228
Membership Income	\$ -	\$0
Program Service Fees	-	\$ 12,000
Products	\$ -	\$ -
Fundraising Events (net)	\$ 30,000	\$ 2,000
Investment Income	\$ -	\$ -
In-Kind Support	\$0	\$ -
*Other - donations	-	\$ 64,847
TOTAL REVENUES	\$ 297,000.00	\$ 318,804.59

*Please specify for contributions over \$1,000.



Missouri CGA - Organizational Budget (Optional)

Episcopal Presbyterian Health Trust	CHADS
Expenses	
Salary & Benefits	\$1,111,665
Contract Services (consulting, professional, fundraising)	\$32,930
Occupancy (rent, utilities, & maintenance)	\$53,899
Training & Professional Development	\$9,350
Insurance	\$7,073
Travel	\$13,075
Equipment	\$9,374
Supplies	\$1,455
Printing, Copying & Postage	\$5,520
Evaluation	\$0
Marketing	\$12,240
Conferences, meetings, etc.	\$0
Depreciation	\$5,500
Administration	\$0
*Other -	\$0
*Other - Misc	\$66,199
TOTAL EXPENSES:	\$ 1,328,280.00

Revenues	Committed	Pending
Contributions, Gifts, Grants, & Earned Revenue		
<i>Local Government</i>	\$268,357	\$ 250,780
<i>State Government</i>	\$ -	
<i>Federal Government</i>	\$ -	
<i>Individuals</i>	\$40,000	\$129,000
*Foundation - Boeing		\$ 25,000
*Foundation - Berges Family Foundation	\$ 10,000	
*Foundation - Bridgeton Landfill	\$ 50,000	
*Foundation - Saigh Foundation		\$ 10,000
*Foundation - ReCAST	\$ 50,000	
*Foundation - Cardinals Care		\$ 3,000
*Foundation - EPHT foundation		\$ 35,000
*Corporation - Emerson	\$ 50,000	
*Other -		\$101,099
<i>Membership Income</i>	\$10,000	\$ 42,032
<i>Program Service Fees</i>	\$10,000	\$ 30,999
<i>Products</i>	\$ -	\$ -
<i>Fundraising Events (net)</i>	\$45,000	\$ 155,186
<i>Investment Income</i>		\$1,750
<i>In-Kind Support</i>		\$ -
*Other -		\$ 60,000
TOTAL REVENUES:	\$ 533,357	\$ 843,846.00

*Please specify for contributions over \$1,000.

CHADS COALITION FOR MENTAL HEALTH

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2017

CHADS COALITION FOR MENTAL HEALTH

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
CHADS Coalition for Mental Health
St. Louis, MO

We have audited the accompanying financial statements of CHADS Coalition for Mental Health (a nonprofit organization), which comprise the statement of financial position as of December 31, 2017, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of CHADS Coalition for Mental Health as of December 31, 2017, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of functional expenses on page 9 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Fick, Eggemeyer & Williamson

Fick, Eggemeyer & Williamson, CPA's
Saint Louis, Missouri
August 17, 2017

CHADS COALITION FOR MENTAL HEALTH
STATEMENT OF FINANCIAL POSITION

December 31,

2017

ASSETS

Cash and cash equivalents	\$	184,341
Investments		44,511
Receivables		24,054
Inventory		7,964
Property and equipment (Net of accumulated depreciation) - note 5		6,319
		<hr/>
Total assets	\$	<u><u>267,189</u></u>

LIABILITIES AND NET ASSETS

Accounts payable	\$	1,474
Accrued payroll and liabilities		26,076
Unearned revenue		29,583
		<hr/>
Total liabilities		<u>57,133</u>
Net assets		
Unrestricted		175,056
Temporarily restricted		-
Permanently restricted		35,000
		<hr/>
Total net assets		<u>210,056</u>
		<hr/>
Total liabilities and net assets	\$	<u><u>267,189</u></u>

See accompanying notes and independent auditors' report

CHADS COALITION FOR MENTAL HEALTH
STATEMENT OF ACTIVITIES

For the year ended December 31,

2017

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Support and revenue				
Contributions	\$ 212,165	\$ -	\$ -	\$ 212,165
Grants	45,000	-	-	45,000
Program revenue	341,640	-	-	341,640
Special events revenue	141,016	-	-	141,016
Investment income	6,120	-	-	6,120
Total support and revenue	<u>745,941</u>	<u>-</u>	<u>-</u>	<u>745,941</u>
Net assets released from restrictions	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	745,941	-	-	745,941
Program expenses				
Program expenses	<u>552,901</u>	<u>-</u>	<u>-</u>	<u>552,901</u>
Total program expenses	<u>552,901</u>	<u>-</u>	<u>-</u>	<u>552,901</u>
Support expenses				
Management and general	88,638	-	-	88,638
Fundraising	<u>184,867</u>	<u>-</u>	<u>-</u>	<u>184,867</u>
Total support expenses	<u>273,505</u>	<u>-</u>	<u>-</u>	<u>273,505</u>
Total expenses	<u>826,406</u>	<u>-</u>	<u>-</u>	<u>826,406</u>
Changes in net assets	(80,465)	-	-	(80,465)
Net assets, beginning of year	<u>255,521</u>	<u>-</u>	<u>35,000</u>	<u>290,521</u>
Net assets, end of year	<u>\$ 175,056</u>	<u>\$ -</u>	<u>\$ 35,000</u>	<u>\$ 210,056</u>

See accompanying notes and independent auditors' report

CHADS COALITION FOR MENTAL HEALTH
STATEMENT OF CASH FLOWS

For the year ended December 31,	2017
CASH FLOWS FROM OPERATING ACTIVITIES	
Changes in net assets	\$ (80,465)
Adjustments to reconcile changes in net assets to net cash provided by (used in) operating activities:	
Depreciation	5,447
Net unrealized (gain) loss on investments	(5,047)
Changes in assets and liabilities:	
(Increase) decrease in receivables	(17,297)
(Increase) decrease in inventory	3,313
Increase (decrease) in accounts payable	(262)
Increase (decrease) in accrued payroll and liabilities	5,206
Increase (decrease) in unearned revenue	<u>10,000</u>
Net cash provided by (used in) operating activities	<u>(79,105)</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchase of investments	(1,072)
Purchase of fixed assets	<u>(3,919)</u>
Net cash provided by (used in) investing activities	<u>(4,991)</u>
CASH FLOWS FROM FINANCING ACTIVITIES	
None	<u>-</u>
Net cash provided by (used in) financing activities	<u>-</u>
Net increase (decrease) in cash and cash equivalents	<u>(84,096)</u>
Cash and cash equivalents - beginning of year	<u>268,437</u>
Cash and cash equivalents - end of year	<u><u>\$ 184,341</u></u>

See accompanying notes and independent auditors' report

CHADS COALITION FOR MENTAL HEALTH
NOTES TO FINANCIAL STATEMENTS
December 31, 2017

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Organization

CHADS Coalition for Mental Health (“the Organization”) was incorporated on January 13, 2005 as a nonprofit organization in the state of Missouri. The Organization’s mission is to save young lives by advancing the awareness and prevention of depression and suicide.

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis in accordance with auditing standards generally accepted in the United States of America. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

Income Taxes

The Organization is exempt from income taxes pursuant to section 501(c)(3) of the Internal Revenue Service Code. Therefore, no provision is made for taxes on income.

The Organization adopted the provisions of Accounting for Uncertainty in Income Taxes on January 1, 2011. The adoption of that guidance resulted in no change to the financial statements for prior periods. As of December 31, 2017, no amounts have been recognized for uncertain tax positions. The Organization’s tax returns filed prior to fiscal 2014 are closed.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents for financial statement purposes.

Basis of Presentation

The Organization’s financial statement presentation complies with the recommendations of the Financial Accounting Standards Board. The Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted Net Assets - represent resources over which the Board of Directors has unlimited discretionary control to carry out the activities of the Organization in accordance with the Articles of Incorporation and By-Laws.

Temporarily Restricted Net Assets - represent resources whose use is limited by donor-imposed restrictions that will be met either by actions of the Organization or by the passage of time. The organization currently has no temporarily restricted net assets.

Permanently Restricted Net Assets - are subject to donor-imposed stipulations that the net assets be retained and invested permanently.

CHADS COALITION FOR MENTAL HEALTH
NOTES TO FINANCIAL STATEMENTS
December 31, 2017

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Promises to Give

Contributions and grants are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions or grants are recognized. All other donor-restricted contributions and grants are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Receivables

Receivables represent amounts due to the Organization that have not been collected. A provision for doubtful accounts has not been established as management considers all accounts to be collectible.

Fixed Assets and Depreciation

Fixed assets are recorded at cost or, in the case of donated property, at their estimated fair market value at the date of the donation. Depreciation of fixed assets is provided over the estimated useful lives of the respective assets on a straight-line basis. Property is depreciated over the following lives: equipment-five years, software-three years, and building improvements-fifteen years.

Expenditures for repairs and maintenance are charged to operating expense as incurred. The cost of assets sold or returned and the related amounts of accumulated depreciation are eliminated from the accounts in the year of disposal, and the resulting gains or losses are included in operations.

Accrued Vacation Payable

Vacation expense is recorded in the period earned and accrued as a liability until used. As of December 31, 2017 the vacation liability was \$13,713.

Use of Estimates in Financial Statements

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investments

The Organization has adopted "Accounting for Certain Investments Held by Non-Profit Organizations." Under the standard investments in marketable securities with readily determinable fair values are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the statement of activities.

CHADS COALITION FOR MENTAL HEALTH
NOTES TO FINANCIAL STATEMENTS
December 31, 2017

NOTE 2 - DONATED SERVICES

The Organization receives a significant amount of donated services from unpaid volunteers who assist in fundraising and special projects. No amounts have been recognized in the statement of activities because the criteria for recognition have not been satisfied.

NOTE 3 - INVENTORY

The Organization maintains inventory that consists of supplies stated at cost. As of December 31, 2017 the Organization carried \$7,964 in supplies inventory.

NOTE 4 - FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated between program expenses, management and general, and fundraising. This allocation and the detail of the functional expense categories is provided on the statement of functional expenses on page 9.

NOTE 5 - FIXED ASSETS AND DEPRECIATION

A summary of fixed assets as of December 31, 2017 follows:

Equipment	\$ 17,940
Software	11,181
Less: Accumulated depreciation	<u>(22,802)</u>
Property and equipment, net	<u>\$ 6,319</u>

Depreciation expense for the year ended December 31, 2017 was \$5,447.

NOTE 6 - PERMANENTLY RESTRICTED FUND BALANCE

The Permanently Restricted Fund Balance at December 31, 2017 was comprised of the Endowment Fund in the amount of \$35,000.

CHADS COALITION FOR MENTAL HEALTH
NOTES TO FINANCIAL STATEMENTS
December 31, 2017

NOTE 6 - PERMANENTLY RESTRICTED FUND BALANCE (Continued)

CHADS endowment is comprised of principal of \$35,000, which is permanently restricted, and earnings available to be used for operating expense of \$9,511.

	Temporarily			Total Endowment Net Assets
	Unrestricted	Restricted	Restricted	
Endowment net assets, 1/1/2017	\$ 3,391	\$ -	\$ 35,000	\$ 38,391
Contributions	-	-	-	-
Investment returns				
Investment income	1,073	-	-	1,073
Unrealized net gains	5,047	-	-	5,047
Endowment net assets, 12/31/2017	<u>\$ 9,511</u>	<u>\$ -</u>	<u>\$ 35,000</u>	<u>\$ 44,511</u>

NOTE 7 - OPERATING LEASES

The Organization entered into a lease agreement for office space in 2016. The lease payment is \$1,000 per month and the term is month to month. Total lease payments for 2017 were \$11,000.

Subsequent to year end the organization entered into a lease agreement for new office space. The lease term is from January 19, 2018 to March 31, 2023 and the annual rents are \$49,000.

NOTE 8 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through August 15, 2018, the date which the financial statements were available for issue, and noted an event detailed in note 7.

CHADS COALITION FOR MENTAL HEALTH
NOTES TO FINANCIAL STATEMENTS
December 31, 2017

NOTE 9 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Statement, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy under *Fair Value Measurements* are described below:

Level 1- Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

Level 2- Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3- Inputs to the valuation methodology are unobservable and significant to the fair value measurement

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017.

Mutual funds: Valued at the net asset value of shares held by the Organization at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 44,511	\$ -	\$ -	\$ 44,511
Totals	<u>\$ 44,511</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 44,511</u>

CHADS COALITION FOR MENTAL HEALTH
SCHEDULE OF FUNCTIONAL EXPENSES
For the year ended December 31, 2017

	Program expenses	Management and general	Fundraising	Total
Educational programs (including salaries and benefits)	\$ 281,766	\$ -	\$ -	\$ 281,766
Family support (including salaries and benefits)	271,135	-	-	271,135
Other salaries and benefits	-	58,457	58,007	116,464
Special event expenses	-	-	57,659	57,659
Contractor	-	-	24,669	24,669
Consultant	-	-	22,000	22,000
Direct expenses	-	-	9,476	9,476
Payroll taxes	-	4,372	4,737	9,109
Health insurance	-	2,969	3,217	6,186
Depreciation	-	5,447	-	5,447
Audit Fees	-	4,700	-	4,700
Bank fees	-	4,014	-	4,014
Rent	-	1,185	1,284	2,469
401k match	-	913	989	1,902
Health savings	-	774	838	1,612
Printing and copying	-	1,148	-	1,148
Conferences and meetings	-	1,055	-	1,055
ADP Fees	-	433	449	882
Insurance	-	399	433	832
Computer	-	196	611	807
Telephone	-	360	391	751
Supplies	-	747	-	747
Miscellaneous	-	620	-	620
Training	-	409	-	409
Property Tax	-	314	-	314
Utilities	-	126	107	233
TOTAL	\$ 552,901	\$ 88,638	\$ 184,867	\$ 826,406

See accompanying notes and independent auditors' report

CHADS COALITION BOARD OF DIRECTORS – 2019

Officers

Anne Wilding – President

Former Executive Director of The Community Alliance for Healthy Kids for the School District of Clayton

Bob Dorste - Vice President

Independent Contractor

Lisa Klempert, CPA – Treasurer

Partner at Shapiro Flom & Company LLC

Board Members at Large

Karen Davis

Retired, CFO Royal Banks of MO

Thurma DeLoach, Ph.D.

Student Support Services Consultant, UMSL Charter School Partnership

Lisa Hearn

CFO, Epworth Children & Family Services

Ajlina Karamelic, PhD, MA, BA – Director of Research

Associate Professor, Dept. of Sociology & Criminal Justice at St. Louis University

Rita Pratt – Director of Events

Senior Account Manager for Windstream

John Weiter – Director of Events

President and CEO of Gateway Pyrotechnic Productions

Barry Worth

Brown Smith Wallace, L.L.C., Member

Bradley J. Worth

Future Demand Manager, North America Row Crops, Monsanto Company

Non Voting Board Member

Marian McCord, RN, BA – Executive Director

Executive Director, CHADS Coalition for Mental Health

Larry McCord, MBA – Business Manager

Retired, former Project Manager in IT for Anthem Blue Cross Blue Shield

CHADS Coalition Advisory Board

Erin Aholt, PhD Psychology Residency at Auburn University

Dr. Barbara Geller, MD

Retired Professor of Psychology from Washington University School of Medicine, 40 years lifetime experience as practitioner, teacher and researcher in clinical psychiatry

Russel Hyken, Ed.S, M.A., LPC, NCC, CEP, CPE

Educational Diagnostician, Educational & Psychotherapy Services, LLC

Dr Patrick Stack, D.Min.,LMFT, LPC, NCC, CASAC

Director of Counseling/Life Development at Webster University

Scientific Mentors

John Nicholas Constantino, MD

Blanche F. Ittleson Professor of Psychiatry and Pediatrics Director, William Greenleaf Elliot Division of Child & Adolescent Psychiatry

Anne L. Glowinski, M.D., M.P.E.

Associate Professor of Psychiatry (Child) Director Child and Adolescent Psychiatry Education and Training

Ginger E. Nicol, MD Instructor, Psychiatry

Specialty Areas Child and Adolescent Psychiatry