



2017 FUNDING APPLICATION

Date Received by NFF: _____

| | | | |
|--|--|---|---|
| 1) Organization Full Legal Name: Clarity Child Guidance Center (Clarity CGC) <ul style="list-style-type: none"> As shown on organization's IRS Determination Letter If requesting organization is doing business under another name ("doing business as," "d/b/a"), a copy of the documentation from the applicable state/government entity, generally the Secretary of State's office, recognizing the d/b/a name must accompany this proposal. | | | |
| 2) Address: 8535 Tom Slick | | Phone: (210) 616-0300 | |
| 3) City, State, Zip: San Antonio, TX 78229 | | Fax: 210-447-6933 | |
| 4) Exec. Director/CEO: Frederick W. Hines | | Signature: | |
| 5) Title: President & CEO | | Phone: 210-616-0300 | Fax: 210-447-6933 |
| E-Mail Address: fred.hines@claritycgc.org | | Web URL: www.claritycgc.org | United Way Funded: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 6) 501(c)(3) Public Charity <input checked="" type="checkbox"/> Select One: 509 (a)(1) <input checked="" type="checkbox"/> Y 509 (a)(2) <input type="checkbox"/> Y Designation must appear on the IRS Determination letter 509 A (3)? <input type="checkbox"/> Y If yes, written legal opinion is required and must accompany application. Tax ID Number of the Organization Applying: 74-1153067 | | 7) Amount Requested: \$75,000 8) Total Project Cost: \$23,354,411 9) Organization's annual budget: \$ _____ (for the current year) 10) Previous Najim Funding: 2007: \$ 40,900 2008: \$ _____ 2009: \$5000 2010: \$15,000 2011: \$2,500 2012: \$9,984 2013: \$35,000 2014: \$35,000 2015: \$60,000 2016: \$60,000 2017: \$ _____ | |
| 11) Has the organization applied to the Najim Family Foundation in the past and been declined? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, when? <i>(This includes all organizations, for any and all requests made to the foundation, regardless if funding received for one request and a decline for a different request.)</i> <ul style="list-style-type: none"> 2007 request for \$100,000 to renovate bathrooms in our hospital 2011 request for \$28,000 for a GPS tracking system for company vans and a Security Cart | | | |
| 12) HARVEY E. NAJIM FAMILY FOUNDATION PRIORITIES: (Please check only one area below that applies to the funding request) | | | |
| <input type="checkbox"/> Child Abuse & Child Neglect | | <input type="checkbox"/> Food, Shelter and Clothing | |
| <input type="checkbox"/> Disabilities/Special Needs | | <input checked="" type="checkbox"/> Medical Needs | |
| <input type="checkbox"/> Education | | | |
| 13) Please provide the percentage of each group below that will be served by the project in which funds are being requested. Do not leave any area blank. If that specific group will not be served, include zero or N/A. The percentage should total 100%. | | | |
| A. Population Served Age: 3 % Infants (0-5) 52 % Children (6-13) 45 % Young Adults (14-18) 100 % TOTAL | | B. Population Served Ethnicity: 8 % African American 1 % Asian American 22 % Caucasian 40 % Hispanic/Latino 0 % Native American 29 % Other (Define self-identified as "other") 100 % TOTAL | |
| <i>(Example: If more than one group is affected, divide the percentage appropriately among those affected or in some instances the project may only affect one group, therefore the entire percentage will be applied to that group.)</i> | | | |

14) Project Title: **To support mental health services to children of low-income families**

15) Project Description: (Describe in detail the project the funds are being request for – may include goals, issues, or needs the project will address, individuals impacted, expected results). *This section will expand and if additional space is required, organization may add no more than 1 additional sheet.*

Support from The Harvey E. Najim Family Foundation would provide mental health treatment to children ages 3 to 17 in the acute care program whose families cannot afford treatment. The acute care program is comprised of two levels of care: *inpatient hospitalization* and *day treatment*.

Inpatient hospitalization provides a child at risk of immediate harm to self or others with intensive services including 24-hour care. The goal of this program is to stabilize the patient and bring them to an appropriate level of safety and self-control. Once stabilized, the child will progress along the continuum of care by stepping down to day treatment services available Monday through Friday 8a.m. to 3p.m. This comprehensive program allows the family and child to adjust to new coping and communication tools to help them deal with the pressures and challenges of everyday life. Day treatment serves as an effective bridge from hospitalization; it can also be a deterrent from hospitalization. For example, if a child is taking medication and has a growth spurt, the medication may need to be adjusted, this change can be made under supervision of a medical team in a more appropriate and comfortable surroundings.

Children in acute care also receive Therapeutic Recreation through Play with Purpose™, an art, music, and physical activity program designed to restore a child's level of functioning by teaching problem-solving skills, improving self-esteem and promoting healthier ways to deal with challenges and problems. Wrap around services play an important role in the recovery process. Our case managers work with the family and child to develop an after-care treatment plan and engage additional community supports.

In 2005, Clarity CGC discontinued the use of the reward-and-punishment model for behavioral management and implemented Claritycare™ based on the principle that children do well when they can and if they are not doing well, it is our job to listen, understand, and help that child work toward healthier solutions. In 2015, Claritycare™ 2.0 was introduced which incorporated the core values of dignity, respect, and understanding for all children and families, at all times and in all situations.

While there are only four child psychologists per every 100,000 kids in Texas, Clarity CGC has 11 child psychiatrists, 9 psychologists, 16 therapists and a dedicated team of nurses and caseworkers, to provide care and treatment to children and adolescents in the acute care program. To provide the best care, a ratio of at one staff member per three kids is ensured. That ratio does not include RNs and LVNs on staff. Children under the age of six receive one-on-one care, as does any child of any age who needs that level of care.

Two recent changes in the mental health landscape have affected how Clarity CGC cares for children with mental illness. One is the closure of the adolescent unit at the San Antonio State Hospital this February and it's reopening with limited beds for teenage girls in late August. The other is Bexar County ending child and youth judicial commitments. Children with severe mental illnesses are not getting the treatment they need when they need it. As a result, we are seeing kids with higher than normal acuity levels evident by the increased one-on-one care required.

Most children and adolescents who experience mental illnesses will improve if they receive the treatment and care they need. According to the Substance Abuse and Mental Health Services Administration, "childhood emotional and behavioral disorders are the costliest of all illnesses in children and youth. Half of adult mental health problems begin before age 14, and three-quarters begin before age 24." Left untreated, childhood mental, emotional and behavioral disorders can lead to poor outcomes in school, limited employment opportunities, incarceration, homelessness, or suicide. Suicide is the second leading killer among young people.

Support from the Harvey Najim Family Foundation would allow children and families to have access to treatment regardless of their ability to pay. The most vulnerable families in our community rely on Clarity CGC to care for their children's mental healthcare needs.

16) Children impacted:

- The **TOTAL** project initiative will impact 1900 number of unduplicated children.
- **NFF requested funds** will impact 80 number of unduplicated children.

17) Zip Code/City Council District: (Enter the zip code(s) and the City Council District from which the children are being served for this project)

78229/City Council District 8

18) Organization's Mission:

Our mission is to help children, adolescents, and families overcome the disabling effects of mental illness and improve their ability to function successfully at home, at school, and in the community. We are dedicated to providing a continuum of services to meet each child's needs regardless of their ability to pay. As a result of our services, we help heal young minds and hearts.

19) (For Project being Requested): Funding sources and amounts, pending and committed: Insert as table and total each Pending & Committed columns. **REQUIRED:** (This section must include the names & dollar amounts of other funding sources & foundations, pending and committed for this specific project. **Application will be declined if the name and dollar amount is not included.**) Rows can be added to table below (if needed).

| PROJECT - PENDING | |
|--|------------------|
| Funder | Amount |
| Baptist Health Foundation | \$300,000 |
| USAA Foundation | \$102,000 |
| Bexar County | \$100,000 |
| SWBC Foundation | \$ 75,000 |
| Ed Rachal Foundation | \$50,000 |
| American Legion Child Welfare Foundation | \$50,000 |
| Fluor Foundation | \$25,000 |
| Cathay Bank Foundation | \$15,000 |
| Total Pending: | \$717,000 |

| PROJECT - COMMITTED | |
|---------------------------------|------------------|
| Funder | Amount |
| Methodist Healthcare Ministries | \$400,000 |
| Kronkosky Charitable Foundation | \$172,200 |
| Valero Foundation | \$60,000 |
| Frost Bank | \$60,000 |
| San Antonio Area Foundation | \$50,000 |
| | |
| | |
| | |
| Total Committed: | \$742,200 |

20) Other funding sources and amounts, pending and committed not specific to this request: Insert as table and total each Pending & Committed columns. **REQUIRED:** (This section must include the names & dollar amounts of other funding sources & foundations, pending and committed. **Application will be declined if the name and dollar amount is not included.**) Rows can be added to table below (if needed).

| ORGANIZATION - PENDING | |
|------------------------|---------------|
| Funder | Amount |
| United Way of SA | \$1.0M |
| | \$ |
| | \$ |
| Total Pending: | \$1.0M |

| ORGANIZATION - COMMITTED | |
|--------------------------|------------|
| Funder | Amount |
| | \$ |
| | \$ |
| | \$ |
| Total Committed: | \$0 |

21) What percentage of your board contributes financially to the organization? 100%

22) How are board members expected to participate in your organization? (financially and other roles)

Our governing board is comprised of 19 volunteer community members who work to promote our mission and spread awareness of our services in the San Antonio community. They attend meetings and participate in strategic planning for our hospital. They sit on committees that help with fundraising, finance, governance and more to ensure our hospital is running as effectively as possible. Our governing board contributes 100% of their time, talent, and treasure to Clarity CGC. Further, they actively participate in the many events and initiatives we launch throughout the fiscal year to end the stigma of mental illness, start the conversation around mental health and create access to care.

23) Plans to sustain project beyond the term of this request:

Clarity CGC has been in existence since 1886 and has been providing services to the most disenfranchised children in the community. Clarity CGC will not waver in its commitment to finding the resources necessary to ensure that even those who cannot pay have access to mental health treatment.

Clarity CGC implemented a targeted strategic donor plan to cultivate new donor prospects. Clarity CGC will continue to seek funding from foundations, corporations, and individuals. Clarity CGC's annual gala is the largest fundraising event. Governing board members are highly involved in fundraising efforts and most of their contributions are made during Gala.

24) Required documents: Requests without these documents will not be processed. Attach in order listed below. The required documents and application cannot exceed 10 pages in total combined. Numbers 1-3 below may be combined on one page if room permits.

1. Line item budget for project.
2. Project timeline. (**one sentence** –list the project start date & end date including the year)
3. Project evaluation plan.
4. List of board members with their corporate affiliations.
5. Current Balance Sheet. – **Must list all current assets (cash etc.) and all current liabilities otherwise application will be declined.**
6. Last 12 Month Consolidated Income Statement
 - It is acceptable to use the last fiscal year
 - If not available, submit the last FY Income Statement
7. Annual Budget.

| | | | | | | | | | |
|-----------------|---------------|---------------|---------------------|---------------|--------------|----------------|--|--------------|---------|
| Contact: | Mia Buentello | Title: | Development Manager | Phone: | 210-616-0300 | E-Mail: | Mia.buentello@claritycgc.org | Date: | 9/18/17 |
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