

# CARROLL COUNTY

## APPLICATION FOR FINANCIAL ASSISTANCE

### AGENCY CONTACT INFORMATION

**Applicant Agency: Mt Washington Valley Supports Recovery Coalition**

**Contact Person: Janice Spinney**

**Phone: 603-662-0668**

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**E-mail: president@mwwsupportsrecovery.org**

**Agency Address:**

**City: Center Conway**

**State: NH**

**ZIP Code: 03813**

**Agency's Total Operating Budget: \$194,300**

**Prior Year: 2019 \$5000**

**Current Year: 2020 \$5000**

**Proposed Year: 2021 -\$5000**

**Amount of Funding Requested from Carroll County for 2021: \$5000**

NO CHARGE FOR SERVICES AT THE RECOVERY CENTER. ENDEAVOR HOUSE FEMALE SOBER LIVING IS \$135/ WEEK ALL INCLUDED EXCEPT FOOD.

### FUNDING SOURCES

<u>Category</u>	<u>Source, Title, Act</u>	<u>Actual Prior FY: 2019</u>	<u>Budget Current FY: 2020</u>	<u>Request FY: 2021</u>
<b>Fees</b>				
<b>Federal</b>	GOF	0	15,000	<b>0</b>
<b>State</b>	Harbor Care	104,000	80,300 (30%cut)	<b>80,300</b>
<b>County</b>	Carroll county	5000	5000	<b>5000</b>
<b>Municipal</b>	Tufton/Madison	3000	3000	<b>3000</b>
<b>Fund Raising</b>		3999	5000	<b>5000</b>
<b>Grants</b>	IDN/ NH Char	30,000	17,000	<b>10,000</b>
<b>Other (rental)</b>		34,460	20,975	<b>30,500</b>

### AGENCY OPERATING BUDGET

	<u>Actual Prior FY: 2019</u>	<u>Budget Current FY: 2020</u>	<u>Request FY: 2021</u>
<b>Personnel</b>	<b>104,995</b>	<b>93,000</b>	<b>96,500</b>
<b>Fringe Benefits</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Consultants &amp; Subcontracts</b>	<b>1312</b>	<b>1713</b>	<b>2000</b>

<b>Utilities:</b> Electric, Phone, Heat, etc.	35,900	32,000 (new furnace0	32,000
<b>Rent (mortgage pmt)</b>	15,000	15,000	15,000
<b>Office Supplies, Printing, Advertising, etc.</b>	14,787	20,400	20,500
<b>Education &amp; Training (please attach detail on separate page)</b>	281	1722	2500
<b>Travel, Lodging</b>	778	883	800
<b>Other Legal/acct/ins</b>	7576	5697	6000
<b>TOTALS:</b>	<b>180,629</b>	<b>155,415 to date</b>	<b>174,800</b>

**DEFINE UNIT OF SERVICE FOR THIS PROGRAM:**

Recovery coaching and outreach programs are currently free. One-hour session with a CRSW (certified recovery coach worker) is a unit of service (Billing nh medicaid and commercial insurance is in process of credentialing for 2021/2022.)

Endeavor House cost \$135/ week all-inclusive except food is a unit of service

One support meeting is a unit of service

Bringing or transporting a client to the Way Station or Food bank or appointment is a unit of service

One encounter in the Memorial Hospital emergency room (CCPRSS) program is a unit of service

Meeting with an individual to provide clean syringes or narkan is a unit of service

Outreach to community collaborating agencies is a unit of service

	<u>Actual Prior FY: 2019</u>	<u>Budget Curr FY: 2020</u>	<u>Request FY: 2021</u>
<b>Total number of units of service in Carroll County</b>	1020	920	<b>1300</b>
<b>Unit of Service Cost</b>	0	0	<b>0</b>
<b>Total number of individuals served in Carroll County (count each person only once)</b>	918	828	<b>1170</b>

**Explain Method of Formula used to determine amount of Carroll County funding requested:**

Our general operating budget is a obtained from a mix of rental income, state funding, town and county budget request and fund raising. 100% of our revenues are used to determine staffing, programs and outreach development. community.

90% of our clients at the recovery center are residents of Carroll county. 75% of our residents at Endeavor house are from the towns of the Mt Washington valley.

zip code data is still not available but we will estimate percentages

SERVICE AND FINANCIAL DATA

**Service and Cost Distribution (estimated) for:**

<u>Municipality</u>	<u>% Individuals Served of 90% CC</u>	<u>Units of Service</u>
Albany	1	<b>1</b>
Bartlett	3	<b>3</b>
Brookfield	0	<b>0</b>
Chatham	1	<b>1</b>
Conway	60	<b>690</b>
Eaton	3	<b>3</b>

Effingham	2	2
Freedom	2	2
Hale's Location	0	0
Hart's Location	0	0
Jackson	3	23
Madison	4	96
Moultonborough	2	6
Ossipee	5	5
Sandwich	2	25
Tamworth	7	7
Tuftonboro	1	1
Wakefield	3	3
Wolfeboro	2	2
TOTALS	100	870 +/- outreach activities

**Board of Directors:** On a separate page, please provide the name of each member of your agency's board of directors and a detail of what, if any, compensation each Director receives. **All members are uncompensated**

**Provide a brief narrative description of the program(s) for which you are requesting funding.**

**Within the narrative:**

- a. Describe the problem which the program will address.
- b. Describe the services to be provided and/or the activities to be engaged in.
- c. Describe the target population as succinctly as possible, including the geographical coverage, age group and/or other special characteristics.

**a. Our program addresses SUD -substance use disorder -addiction to any and all chemical substances majority being alcohol, opiates and methamphetamine**

**b. We provide one on one recovery coach services to individuals working on a recovery path  
Crisis intervention for detox and referral for inpatient or community medical services  
24/7 Memorial Hospital advocate response to patients presenting with SUD related admission  
SSP - syringe service provider (clean syringe exchange and medical referral for HIV and Hep C testing and treatment)  
Narcans distribution at site and at community events  
Recovery/sober House for up to 9 female residents (Endeavor House)  
Support group meetings weekly SMART Recovery and FASTER FAMILY groups  
Homeless outreach and support  
Training and job creation for the recovery community and addiction treatment professional pathway  
Relapse Prevention through connection**

**c. Our target population are males and females, trans, age 18+ either needing individual services or dealing with a family member who is ill Endeavor House target population is women 18+ who are mature and willing to live in a recovery community. We approve of all paths to recovery and stress support and connection. We**

**do allow women on suboxone to live at our house. We are not a 12 step house but support the 12 steps with individuals and groups that practice it. We target those individuals using substances who, unemployed or underemployed, homeless or housing insecure. We target families and individuals in crisis or in situations that create dysfunction in the family- child removal, custody, pregnancy while using, legal issues, no transportation and any KDH Key Determinant of Health the is unmet.**


**CERTIFICATION BY AUTHORIZED REPRESENTATIVES**

**The undersigned hereby certifies and represents that:**

- 1. The information contained in this application and attached appendices is, to the best of my knowledge, accurate and complete;
- 2. The undersigned is authorized to act on behalf of the organization in submitting this application.

**SIGNATURES**

<i><b>Executive Director/CEO/Administrator Printed Name</b></i>	<i><b>Preparer's Printed Name &amp; Title</b></i>
<i>Signature</i>	<i>Signature</i>
<i>Date</i>	<i>Date</i>