

PY24 NEW Winnebago County Community Mental Health Board

Winnebago County Community Mental Health Board

Abstract Questions

Organization Name*

Character Limit: 200

Proposal Name*

Character Limit: 100

Proposal Description*

Character Limit: 2200

Estimated Total Proposal Budget*

Character Limit: 20

Target Population:*

Choices

- Infant and Early Childhood Mental Health (0-5)
- Serious Emotional Disturbances (3-21)
- Serious Mental Illness (18+)
- Substance Use Disorders (all ages)

WCCMHB Priority Funding Category*

Under what WCCMHB Priority Funding Category would you classify your proposal?

Choices

- Mental Health Treatment
- Case Management
- Crisis Response Services
- Family & Community Support
- Client Identification & Outreach
- Housing

Funding Gaps*

Does your proposal fill any of the following gaps in the WCCMHB system?

Choices

- Eating Disorder Treatment
- Harm Reduction or Low-Income Detox Services
- Infant and Early Childhood

Older Adults (50+)
Substance (Ab)use (Family and Community Support)
Supportive Housing (Youth, Families and Adults)
Youth Crisis Services (Ages 5-17)
Other

Other Funding Gap

If you chose other, please explain what gap you intent to address.

Character Limit: 250

Funding Gap Explainer*

Please explain how your proposal fills an existing mental health or substance use gap in Winnebago County.

Character Limit: 2200

Evidence Basis for Proposal*

Please select all that apply to your proposal.

Choices

Evidence-Based
Best Practice
Promising Practice

Rational for Evidence Basis*

Please describe how your proposal is evidence-based practice, best practice, or promising practice. Be as specific as possible.

Character Limit: 1000

Proposal Goals & Anticipated Outcomes*

Character Limit: 1500