



PRESBYTERIAN COMMITTEE ON THE SELF-DEVELOPMENT OF PEOPLE (SDOP)
“People Investing in People”

CRITERIA

The following standards are used by Self-Development of People Committees to determine whether a project is valid for funding within this ministry. The standards include the following criteria:

Projects considered must:

1. Be presented, owned, and controlled by the group of economically poor people who will benefit directly from it.
2. Address long-term correction of conditions that keep people bound by poverty and oppression. This will utilize some combination of the SDOP core strategies to promote justice, build solidarity, advance human dignity and advocate for economic equity.
3. Be sensitive to the environment while accomplishing its goal(s) and objectives.
4. Not advocate violence as a means of accomplishing its goal(s) and objectives.

Projects presented for funding will:

5. Describe, in detail, its goal(s) (the point of the project), its objectives (the specific steps the group will take to accomplish the goal(s)), the way the direct beneficiaries will be involved in all stages of the project, and the methods to be used to achieve the goal(s) and objectives. It will also specify how those methods align with the SDOP core strategies.
6. Describe fully the resources known to be available for its support, including a description of a) those within the community, b) those available to the community, and c) the in-kind and other financial resources sought or to be sought.
7. Contain a balanced income and expenditure budget. A financial plan showing expected income and expenditures over the funding term of the project will be included.
8. Specify an evaluation plan that includes how progress towards the stated goal(s) and objectives will be evaluated, and when the evaluation will be made. This plan will also outline how progress toward the goal(s) and objectives align with the SDOP core strategies.

REQUIREMENTS IF FUNDED:

- A letter from your bank (on the bank’s letterhead) verifying that the group has an account in its name and the account number (not required from the group if using a fiscal agent).
- If a fiscal agent will be used these documents will be needed from them, along with a signed letter of agreement stating that no fees will be charged, that they are simply a pass through for the funds. A letter from you explaining why a fiscal agent is needed will also be required.
- Two signatures on the bank account for all withdrawals (cannot be from same family, names are needed)
- Taxpayer Identification Number (W-9 Form) in the name of the group.
- Letter of agreement to the conditions and purpose of the grant signed by all the decision makers.

Note: It is not necessary to submit this information at this time. However, if submitted it can avoid delays in our final review process - it is not a guarantee of funding.



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SDOP Core Strategies:

Promoting Justice

Building Solidarity

Advancing Human Dignity

Advocating for Economic Equity

SDOP Program Measures

While each project and community with whom SDOP partners is unique and varied, we have developed a set of program measures to cohesively tell the story and impact of our combined work. SDOP partners are asked to consider and report how their work contributes to these measures, both quantitatively and qualitatively. Projects are not expected to demonstrate progress in all of the measure areas or even in each of the examples provided. Instead, each project will report what resonates with the results of their work.

- **Develop diverse leadership/membership/engagement** includes counts of participants involved in leadership activities, their diversity and the degree of engagement.
- **Realize social justice achievements** includes justice measures that build power for the economically poor and oppressed. This can be measured, for example, in changes in policy, transformation of unjust practices, increased independence and increased representation.
- **Strengthen relationships, communication and collaboration** includes counts of outreach activities into the community and the partnerships formed or strengthened.
- **Expand education and skills development** includes counts for the number and types of trainings and technical assistance.
- **Increase economic development opportunities** includes the reporting of activities related to strengthening economic opportunities for group members.
- **Enhance quality of life** includes measures of change and improvement across a broad spectrum of issues including health, housing, food security, transportation, safety, etc.

CN41414

Review SDOP’s Criteria, Core Strategies and Measures (Page 1 and 2) Before Completing This Pre-Application.
Please call or email the office with any questions or requests. Keep your contact information updated.

PRESBYTERIAN COMMITTEE ON THE SELF-DEVELOPMENT OF PEOPLE (SDOP) NATIONAL LEVEL PRE-APPLICATION

If a group wishes, it may fill out this pre-application before taking time to complete the full version of the grant application. If your group submits a pre-application, we will review it and discuss with you by phone or email whether to proceed with completing the grant application. Download the pre-application form: <http://www.pcusa.org/sdop/applicationprocess.htm>

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“People Investing in People”

Name of the Project: Mental Health Justice Team

Name of the Organization: ONE Northside
(If different from Project)

Mailing Address: (Provide Physical Address Only, No P.O.BOX) 4648 N. Racine

City: Chicago State: IL Zip Code: 60640

Contact Person Name: Ellen Glover Title: Organizer

Group member? Yes ___ No X If No, what is your relationship with the group? Staff Organizer for Mental Health Justice Team

Work Phon e: (773)769-3232 x12 Cell Phone : (952) 334-6348 Home Phone : Same as Cell Fax: (773)769-0729

Email: eglover@ONENorthside.org Website: ONENorthside.org

1. How much is being requested from SDOP and for what? \$ 15,000 (**Grants usually do not exceed \$15,000**).
The \$15,000 is being requested to sustain the good work that is being done by our Mental Health Justice Team. To do our best, we need lots of stuff—day to day stuff like markers, paint, tape, newsprint, paper. We also need bigger stuff—it would be nice to have a projector, be able to rent buses or provide transportation for members, or be able to pay an intern to help out at the office. Though we are a part of a larger organization (ONE Northside), this grant money would be designated to the Mental Health Justice Team. We have our own budget as a part of the larger organization’s budget. Our budget is based on previous year’s spending and what we expect will be needed in the coming year. Currently our team is funded almost primarily through general revenue money that our organization has received from other foundations and team membership dues. Having our own money that is designated for our team would give us a greater sense of security and independence as a team. Each month, we need paper to print agendas, flyers, sign in sheets and other materials for our meetings. Right now, we don’t have the money to provide any snacks at meetings and that would be nice to be able to do especially since some of our team members are really struggling and it is a sacrifice to make it to a meeting and have to skip out on a meal provided by a neighborhood meals program. I personally love peanuts, but would be open to a team discussion on what kind of snacks we want to get! When we have events/actions/rallies, we often could bring in more members by offering help with getting there either by renting a school bus if that is fitting for the event or just paying their way on public transit. Being able to purchase art supplies for sign making is both helpful for our rallies, but also provides some good art therapy and community building while fighting for social justice! These are a few examples of what we would use the money for which would be decided in our month team meetings.
2. Describe the project and why it is needed? (Be specific).
Our Mental Health Justice Team is primarily made up of people living with mental illness. We have a few team members that would identify themselves as allies in that they have close friends or family members who are living with mental illness, and that is what brings them to the group. Our view on mental illness is that recovery is possible. We believe that people living with mental illness should be able to live in the community rather than institutions. We want to end the oppressive stigma of mental illness. We work together to ensure that the needs of all community members are met through community based services and advocacy focused on recovery.

For many of us (including myself—Sam Wickham), the Team is like an ongoing empowerment class. We work together to choose an issue very carefully, to zero in on it and try to make substantive changes to accomplish our goals. This year we

decided to set a long-term vision for our team so that we can always keep in sight why we are fighting our fights. Our long-term goal is for universal healthcare that recognizes mental healthcare as an important piece of holistic health. Our more short-term goal is about bettering the treatment of people living with mental illness in the current system we have right now. We feel like this is needed because society at large stigmatizes and stereotypes us so much and we need to take our future into our own hands. Even sometime providers don't really get it—especially providers in the for profit industry.

Our new campaign is focusing on deinstitutionalization of people living in nursing facilities. Many individuals living with mental illness are receiving their mental health care within nursing facilities in IL. Institute for Mental Diseases (IMD) are nursing facilities with +50% of people's primary reason for being the facility being a mental health diagnosis. Of the 24 IMDs in the State of IL, six are in ONE Northside's area (1000 beds). This is a significant concentration. IMDs exist because of a lack of varying levels of community-based care for people with mental health issues. Many of these individuals are capable of living independently in the community when provided with community-based support. Our Team is a testament to this because many of our team members have spent time in this type of institutionalization, but now are living independently in the community.

We are working to address two areas that feel the most important to us as a Team. We think these campaigns will provide people living in IMDs with the opportunity to live a more dignified life:

- **Increasing the monthly Personal Needs Allowance (PNA) that is given to nursing home residents.** The State of Illinois allots \$30/month for individuals in nursing homes to keep as a personal allowance. This amount is too small for individuals to effectively use to transition out of nursing homes into the community. Additionally \$30/month does not allow people to meet their basic needs or live with any level of dignity or freedom. This level has not increased since 1987. We support a PNA increase from \$30 to \$100/ month. Increasing the PNA, which comes from the individual's own SSI/SSDI check, will allow people to have an increased quality of life, and to begin to save and plan for the future.
- **Standardizing and mandating regular evaluations and support to help nursing home residents move into permanent supportive housing.** Nursing homes lack accountability around objectively evaluating residents and supporting them to transition into independent living. To combat these issues and promote autonomous living outside nursing homes we seek to continue and standardize the evaluation and transition procedure utilized to satisfy the Williams vs. Quinn Consent Decree. Mandating regular evaluations and ensuring that transition supports exist for IMD resident, will help to ensure that all community members are treated with dignity and respect. Additionally community-based living solutions are a less expensive form of care.

3. Which of the SDOP core strategies does this project fulfill?

All of them!

We **promote justice** by the specific issues that we choose. For example, our Team's last campaign was about getting more police officers trained in crisis intervention so they would stop locking people up for being in mental health crisis. That issue was about justice for people in mental health crisis. Our new campaigns are about justice for people living with mental illness in institutions.

Solidarity happens by all of us being in the same room, fighting the same fight. We come from many different backgrounds and many different mental health and addiction journeys, but we all come together for this fight and we work with groups throughout Chicago and IL to make this happen.

We **advance human dignity** by reminding people that people living with mental illness are human and deserve dignity and respect. We do this by being AT the decision making table. We make the decision makers face us and realize that we are just as human as they are.

We are **advocating for economic equity** through the work on raising the personal needs allowance which means that people in institutions have more control over their own money rather than having to give it all to the for-profit nursing home owners.

4. Who initiated the project, how are they involved in it, and how will they benefit from the project?

We initiated the new campaign following the successful completion of our last campaign related to increasing Crisis Intervention Training of Police Officers in 2014. Our team is made up of people living with mental illness (75%) and community allies (25%). We spent the first half of 2015, leading "house meeting" discussions in congregations and organizations. We held 14 house meetings throughout the community with people who are also living with mental illness, asking questions including "what do you love about mental health services?", "what is something that you don't like?", and "what does your dream mental health system look like?"

In these community discussions, we found four reoccurring themes—nursing homes, holistic care, access to care and quality of care. From there we did research and met with mental health policy makers to hear their perspectives. In December of 2015 we voted to return to our roots (our team was formed in 2010 when a neighborhood IMD was closed down after being under investigation by the state for poor care) and focus on the issues we just talked about in #3.

We all work together to do projects like these house meetings and research on the different issues. William loves to do reminder calls. Pastor Fred keeps us going through his research. Rachel always brings rationale to the group. Robert is always willing to share his experience of living in a nursing home. Jackie keeps us laughing. John helps us to dream bigger. I keep us a little behind on time! There are many more people on our team that play different roles and I know that we are stronger with all of us there. That's one way that we all benefit from the project. We benefit from getting to try new roles and develop different skills that we are often told we can't do because we're "mentally ill." We also will get to see the issues and the things that we really care about change! Seeing things change or realizing that people in power are listening to us in past campaigns as really built my self-confidence which actually helps my recovery and why I stick around! We call our Team members "leaders" because we are leading the way for change in our communities!

5. Who will benefit directly from the project and how are they involved in it?

The project will most directly benefit the individuals currently living in IMD facilities. At least half of our Team leaders living with mental illness have been institutionalized at some point in their life in an IMD/nursing facility. Three leaders have moved out of an IMD in the last 5 years and one team leader is currently living in an IMD. We all (including leaders who have been or are currently institutionalized) participate in meetings with elected officials, speak at press conferences, speak at organizational meetings, facilitate meetings, build relationships with community members to support the campaigns, draft the policies we are pushing, and complete research on the issues to name a few. We all get to create and implement the organizing strategy.

As a Team, we decided that we want to be growing the group of people involved. We want to bring in more people who are currently living in IMD facilities. From personal experience, we know that these people can be hard to reach because the IMDs are very restrictive and do not often welcome community groups into the facilities. Luckily, many of our team members (myself included) have some connections with people living in IMDs so we plan to come up with some fun and creative ways to build more relationships with IMD residents in and out of the facilities.

6. Who owns and controls the project?

We do! Our Team makes all of the decisions related to the project. We exist as a part of ONE Northside which helps us to expand our reach and power, but we control our project. We are also a part of the larger decision making bodies within ONE Northside which one way that we connect with more organization and more people.

7. Who are the decision makers for the project, how will they benefit from the project, and how are they involved in it?

All of us on the Team—like mentioned above at least 75% of our team members are people living with a serious mental illness. Through our campaign, we will be building new relationships with more IMD residents to make sure they become strong leaders with our team too! They will benefit most directly from receiving a PNA raise and a more secure route for exiting their current institutionalization.

We will all benefit by seeing our work grow and that will help our self-esteem because we are standing up for ourselves and being effective. We also know that some of our members may end up living in an IMD in the future depending on their recovery so these wins help make sure that if that happens we are treated with dignity and respect.

Also all of us will benefit from the expanded support for community-based programming if we complete the project related to transition supports. With stronger community-based programming for services and a more holistic view of mental illness, we will have access to good treatment oriented toward recovery. This campaign will also help to reduce the stigma that we feel and experience because we are forcing people to realize that society as a whole continues to violate the rights of people living with mental illness. Our work will continue to slowly take down the stigma of mental illness because we are constantly forcing those in power to recon with who should have control of the lives of people living with mental illness—institutions or the individuals themselves.

Lastly, one of our main goals is leadership development. Like I mentioned above, we call all team members leaders and through the work of the campaign we hope that being a leader also means that people have followers! We attend and run meetings, doing research and take other leadership positions to make sure our voice is heard. Through this work we gain skills in strategic planning, meeting with elected officials, working as a team, civic engagement, letter writing, and public speaking to name a few. These skills help us to improve our lives outside of the campaign and program because we are doing things to be proud of and taking control of our lives which so often are out of our control. This type of leadership development helps us all to build confidence and overcome the deep engrained stigmas that we may even hold against ourselves related to mental illness.

8. How will you evaluate the success of the project?

We evaluate our success in a number of ways. First off, because we believe in the development of people, we will measure our success by how each of us is developing. We evaluate this partially based on development plan that we create for ourselves with the organizer on staff, which includes items like new risks taken and skills developed. We also will evaluate our success based on how many new members are brought into the Team through outreach and campaigning. Additionally, we will evaluate based on whether or not we are able to achieve our campaign goals and shift the dominant narrative about people living with mental illness in Illinois. This will be measured by if we are able to pass legislation, and the way the media describes our work (is it using stigmatizing language?). Lastly we always spend at least 5 minutes at the end of each meeting evaluating the success of that meeting by asking “how is everyone feeling?”, “what went well in the meeting?”, and “what could have gone better? How do we improve for next time?” Each meeting is an opportunity to grow and we work to recognize the small successes as well as the larger victories.

9. What is the total cost of the project? **\$51,782** and what is the organization's total budget **\$615,525**

10. How many members are in the group? (Since SDOP seeks to partner with communities, it is unusual for a community group of less than 10 people to apply for and receive funding.)

We have about 20 core team leaders (who make decisions about the campaign strategy), 20-30 peripheral leaders (who join in meetings and actions about every-other month) and over 200 supporters (who support in letter writing, petition signing, and attending actions at least 1x/year).