

Project Mobile Mental Health: Seeking a Grant of \$35,000 for An Initiative to Provide Free, Accessible Mental Health Care



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December 18, 2024

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Anne Johnson, Foundation Coordinator
Massachusetts Association for Mental Health
50 Federal Street
Boston, MA 02110

Dear Mrs. Johnson,

It is with great pleasure that I write to you to speak about Project Mobile Mental Health, a project that I am planning undertaking in Spring of 2025. The purpose of this proposal is to create a more accessible way of receiving therapy for those who live in an underserved area, specifically Worcester, MA. This is a project that can expand to many other regions but is beginning in the heart of Worcester. With this project, I will be able to provide people who are less fortunate than many with a service that is important for their well being, and is just as important as physical health—mental health.

In this project, I am planning on recruiting a group of volunteers who will drive an RV vehicle to and from patient's residences, bringing them to a secure parking area to receive the mental health care they need. This will aid those who do not have proper transportation, a private area to receive mental health care, have the money to cover copay or gas, or do not have insurance that provides therapy as one of its coverage options. There are many people in Massachusetts, usually formed in social media groups such as Facebook, who offer their services as volunteers. Together with these wonderful people we will be able to create a new, innovative service. A similar project has been undertaken, specially in Worcester, that provides emergency mental health counseling. However, there has never been a service that provides short term, but regularly scheduled mental health care. Not only will this project do this, but it will also be a stepping stone into getting long term health care, such as helping those who need it attend church, AA meetings, receive medication referrals, and other relevant services. Project Mobile Mental Health will not only be a short term relief for those who need it, but also a helping hand into researching other care options. This is especially helpful for those who might not be as technologically savvy or as good at research as the therapists we will connect with.

In order for this project to succeed to help hundreds, we will need a reputable foundation to help fund the costs of the service. Already partnered with NAMI (National Alliance on Mental Illness), they have kindly donated \$35,000 to help cover the initial costs of the project. However, due to the unexpected costs that may come along with this project, we will need another \$35,000 as a helping hand. With the help of your foundation, we will be able to help provide others with a service that they may need desperately but not be able to receive.

If you have any questions about the program I am proposing, call me at 781-228-8711, or email me at mkasumova@umass.edu.

Thank you for your time,
Mariya Kasumova

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1) Statement of Problem

An overlooked yet universal part of human experience: emotions. We all experience them, and are able to cope with them in our own, unique ways. However, there are people in this world that struggle with regulating their feelings, in ways that are unique to each human being. From marital problems all the way to psychosis, there are humans in this world that are struggling with their mental health and require professional, personal intervention. Even though “mental and physical health are equally important components of overall health”⁴, mental health is often overlooked and is put below the importance of physical health, not only by society but in the world of medicine, too. The bigger problem starts to arise when we begin to notice the limited amount of healthcare and medical insurance coverage in underserved areas². Yet, living in a poorer environment leads to more mental health issues yet less accessible, quality, healthcare options⁶.

The problem of mental health service accessibility and limited options for treatment is a problem all over the country, but in order to begin, we must start small before expanding. In Worcester, Massachusetts, the mental health crisis is higher than anywhere in Massachusetts. The Worcester suicide rate has been consistently higher than the state rate, with 20.7% of adults having a depressive disorder, and 6 out of 10 random survey respondents identifying behavioral health as top health issue in their community¹⁴. Yet, 37,000 of the residents live below the poverty line, with Worcester County having the highest poverty rate in Massachusetts¹⁴. With the

consistent link of poverty and mental health crisis⁶, Worcester is in need of more mental health facilities².

There are limited mental health options when it comes to practices such as therapy, especially for those in underserved areas. Traditional therapy has been used for centuries, and since the pandemic, overall use of mental health services have increased by 39%¹¹. However, with this rise came the longer waiting lines, increased out of pocket cost, transportation issues, and overall increased responsibilities which reduce time and motivation for therapy.



There is a very large correlation between pandemic and mental health, as well as income and mental health.²²

To begin, the transportation part of therapy has always been an issue. The lack of reliable transportation can be an issue of not having a car and increasing gas prices¹³, but can also be an

issue of public transport. Not having a car is an obvious issue, since not having one will not allow you to travel for an appointment, and it is rare to have a therapist within walking distance. However, public transport can also be an issue. Traveling longer distances or limited transportation is likely to result in delays¹². Most therapists have late fees and cancellations, meaning after a certain time they may charge you or cancel your appointment—some insurances even charge you the full price if you are a no-show. However, this only becomes a problem if you are even able to score an appointment—as noted in the American Psychological Association, 40% of therapists have a waitlist⁹. This waitlist can last from weeks to months to years. Not only this, but there has been a rise in telehealth services, meaning applications such as Zoom are now used to provide mental health treatment. Although this is a good option for those who are unable to seek in-person treatment, this would require the presence of a device, such as a laptop, as well as a space to be able to perform this service, such as a private room. Many people do not have this luxury—those who live in underserved areas are likely to have shared rooms, big families, and some even “double up”⁸. With multiple families in the house, or even one family but shared rooms or a loud home, those who need a private therapy session are unable to receive this treatment, even with a service like telehealth. Additionally, it is unfair to assume that everyone has a laptop or stable wifi. Low income communities are the least connected to the world in terms of broadband—poor wifi and the possibility of not having a laptop are both more reasons why telehealth services are likely inaccessible for those in underserved communities¹⁰. Not only this, but the overall idea of telehealth erases the purpose of traditional therapy—the connection between patient and provider. Though some research has stated that telehealth and in-person therapy styles do not have sufficient evidence to prove that telehealth is a worse method, the

truth of the matter is undeniable: the “tangible therapeutic connection”⁵ is missing when it comes to online therapy.

The financial issues of therapy are not a problem to ignore, either. It is not a misconception that healthcare is expensive, both physical and psychological care. However, when it comes to mental health, each session is 130\$ on average in Massachusetts²³, which is much more expensive than any person with a low income can afford. This is an out of pocket price, which seems uncommon, but in reality, over 62% of patients are paying out of pocket²⁴. Insurance companies are able to employ therapists, but many take a big percentage of the cost and only reimburse the therapist a small percentage, which lowers the incentive to work with insurance companies for therapists³. Thus, quality mental health care through insurance is scarce, especially for those who are unable to afford it. Even though poverty has been linked with poor mental health and psychological disorders for children and adults alike, hardly any receive high-quality mental health services⁶.

2) Statement of Request

I am asking for the Massachusetts Association for Mental Health to match a previous grant given by NAMI (National Alliance on Mental Illness)⁷ of \$35,000 in order to fund Project Mobile Mental Health, specifically in the city of Worcester, Massachusetts. Seeing MAMH’s goal for mental health, which is to “combat disparities in health services access”¹, I believe this foundation is perfectly fit to join me on the journey of providing an new, innovative mental health service that can be expandable in the coming years.

Project Mobile Mental Health will work alongside MAMH and NAMI to provide a new way of receiving short term, traditional therapy. With all of the perks of traditional therapy, Mobile Mental Health will be conducted with a real life counselor, who will be a thoroughly screened volunteer, someone who is passionate about helping people in mental health crises. Not only will there be direct human interaction that promotes the interpersonality of therapy, but it will be conducted in a private RV, free from distractions of home. And with thorough budgeting and planning, this service will be completely free of charge and will be able to provide references and support for long term usage of therapy and referrals to reputable psychiatrists, clinics, and other group mental health communities.

3) Description of Proposed Work

a) Objectives of Project

- i) To create an affordable method of therapy for those who are unable to pay out of pocket, copay, or find quality care through insurance.
- ii) Provide a private space for patients to speak about their problems without the worry of hiring childcare, noise in the house, lack of space to engage in therapy, or other distractions.
- iii) Provide reliable transportation to therapy for those who are unable to access public transport or a car.
- iv) To provide a support system while in search of a long term therapy/counseling system.

b) Core Services Offered

i) Therapy

Therapy will be provided by volunteers who are willing to provide free services short term. This will be treated like tradition talk therapy, the only difference being it will take place in a Soundproof RV to maximize privacy. This will be short term due to maximize the amount of patients that can be accepted into Project Mobile Mental Health.

ii) Resource Navigation

Staff will help clients find appropriate resources for future and long term use. Additionally, staff will be equipped with different resources which will be part of their training. This project will be mainly for therapy, but a very large part of it is helping the client with finding future resources. This will be especially helpful for non-native English speakers, elderly, those who do not understand technology or are unable to access technology, etc. For example, a therapist may help a client find a spot in an addiction support group, or may help locate local psychiatrists and help find someone who takes their insurance. Additionally, the staff can help clients find immediate rehab centers, or even more importantly, can call 911 for those who are in immediate danger to themselves or others. This project is a great opportunity for staff to give specific clients the push that they need to get professional help.

c) Therapy Procedure

In order to proceed with this project, we must create an extensive plan and ritual that is used in order to best help serve our clients.

a) Pre-Screening

As with traditional therapy, there must always be a pre-screening. With this pre-screening, we will be able to best match the patient with a volunteer based on their needs. For example, if the volunteer went to school to get a PhD in Personality Disorders, and we have a patient who seems to show traits of a personality disorder, we will be more likely to match those two people up.

The pre-screening questionnaire will be email or mail-in that will be mailed to the United States Postal Service in Worcester, MA. Utilizing the USPS ground, we will set up a P.O box in which the mail-in questionnaires will be received for those who are unable to access G-Mail. Those who are able to access G-Mail will be able to email their pre-screening to projectmobilementalhealth@gmail.com.

b) Pick Up

The therapist volunteer on duty will be responsible for picking up the RV from the designated parking spot (to be discussed in a later part of the proposal). From here, the therapist will drive to pick up the patient, whose address will be disclosed in the pre-screening. Since this project is centered in Worcester, there are no limitations as to where the patient lives, as long as it is in Worcester — at high traffic, the longest it would take the therapist to reach the patient is 40-50 minutes. This was calculated by seeing how far the furthest parts of Worcester are apart from each other, meaning most of the time, it will be much faster than 40-50 minutes. After the therapist has picked up the patient, they will head back to the parking space in order to conduct

the therapy session. Again, this could, hypothetically, take up to 40-50 minutes to reach.

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However, this is a very generous estimation, meaning that it will likely never take more than 20 minutes.

From here, the therapy session may begin. Sessions can last from 30-50 minutes, which is standard practice in therapy. This range may be slightly less or slightly more time, depending on the situation that the client is in. If immediate help is needed, 911 is to be called as soon as possible.

After the therapy session is over, the therapist volunteers must drive the patient back to their residence. Afterwards, it is the therapist's responsibility to fill the gas tank of the RV up with the company card. This money will be part of the budget from the grant money received (to be discussed later). After the gas tank is filled, the RV is to be returned to the parking space and the therapist must ensure that the RV is locked and the keys are placed into the safe attached to the RV. There will be a combination that unlocks the keys and is only available to the therapists.

c) Details of Timeline

Since this is a completely new way of providing therapy, the timeline I have created will be put to use in order to have a smooth flowing start to the project. It is as follows:

Weeks 1-3: After finalizing grants, I will begin by creating community ties. I will reach out to

appropriate facilities, like the local AA/NA groups, nearby churches, shelters, etc., in order to create a larger outreach. Even though my timeline expands to 15 weeks before launching the project, I will still begin with creating community ties. I see this as a necessary first step in

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spreading the word about this program for different purposes before even creating client outreach, such as looking for therapists. Resource information pamphlets will be made in order to hand out to clients when the time comes and in order to help train the therapists. At this point, I will begin recruiting staff (to be debriefed in a later section further). The staff will be mostly volunteers to help with therapist recruitment, as well as managers for the email address, social media, and other various tasks. Staff will be found through community ties and our online Project Mobile Mental Health social media.

Weeks 4-6: At this point, I will be finalizing a purchase for the mobile unit (the RV). During this time, I will make sure to obtain the proper licensing, documentation, and retrofit for the RV in order to safely and legally adapt the RV to therapy standards. This will include soundproofing, purchasing simple furniture to use during sessions (chairs, table), and purchasing a Wi-Fi hotspot and Power Bank. After the RV is purchased, we will obtain a parking spot for the RV to stay at and for the therapy sessions to take place (discussed further in a later part of the proposal). At this point, my staff will begin to recruit volunteers for therapists.

Week 5-8: After rigorous searches through Facebook groups, local advertisements through the community ties, social media, etc., staff will begin screening volunteers for therapists. Screening process:

- Begin by running a background check. After receiving written consent to run a background check from an individual, through a commonly used site such as Checkr, we will submit a request for a search for criminal history, driving records, educational background, etc. We will check the sex-offender registry, court history, and other relevant

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histories. From here, we must check the person's identity through their social security number and their government issued ID. Lastly, through the state license board, we must check for therapy credentials, such as checking their PhD, their master's degree, and make sure they are properly licensed for the job they are about to undertake.

- Although it may seem like a stretch to find people who are licensed and want to work for free in exchange for helping people—this is not a stretch. This is especially true for those in the psychology/social work field. This will be discussed in a further section of this grant proposal.
- Next, if they pass the screening, we will request an interview. We will request at least 2 professional references and then proceed to conduct an interview with one of our staff to see the qualifications the potential therapist should possess. Skills we would be looking for would include: crisis intervention, CBT/DBT therapy skills (basic therapy knowledge), prior experience, and other relevant information.
- If a person passes the interview, they will be hired as a volunteer therapy staff. From here, they will have to be trained and sign legal documents. They will need to sign a volunteer agreement which will outline their duties, such as counseling, peer support, and outreach facilitation. We must then commit to times and days that they are available. Most

importantly, the therapist must understand and sign off on a HIPAA agreement, which is necessary for any medical staff in order to keep confidentiality and make sure they understand penalties if there is a breach of confidentiality. In addition to HIPAA, an NDA (Non-Disclosure Agreement) will be signed for additional security, prohibiting the therapist from sharing details about the client and session to those who are not authorized to know. Additionally, they will sign off on a code of conduct and a termination clause.

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Liability waivers will also be signed. Liability waivers will include: acknowledgement that their assistance is voluntary, liability release from specific risks, such as driving the RV, and a general clause about understanding the roles and responsibilities, including challenges and risks of the position.

○ Likely, the therapist will already know all of these risks and challenges since they must be licensed therapists, and are likely running their own practice already. Weeks 9-12: During these weeks, a three-week training course will be held. This training is essential to providing consistent, effective help with minimal hiccups throughout the service. Training will be done by volunteer staff that are eligible. Training will include: ● Detailed overview of HIPAA, NDA, and other legal documents. Even though they were already signed, it is important to emphasize the importance of confidentiality. ● Educate all staff on mandatory reporting. As mentioned before if the client is a danger to themselves or others, or is sharing details of abuse or neglect, those are obligatory topics to report and they must call 911 or report to the authorities. We will practice recognizing these scenarios with faux-clientele scenarios.

- The importance of boundaries and ethics will also be discussed. Topics such as professional boundaries (no romantic client relationships), other dual relationships, and client-first focus will be discussed. In the training, there will be examples and practice of

ethical dilemmas and how to handle such situations.

- Overall, there will be plenty of simulated scenarios to train therapists on real-life experiences that they may have.
- Therapists will be vigorously trained on looking for long-term therapists, psychiatrists, and other relevant resources in order to help clients. They will be briefed on all the

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websites, phone numbers, emails, and other resources they will be expected to use to help the clients find therapists within their insurance/budget, psychiatrists for needed medications, AA/NA groups, etc.

- Additionally, training for driving the RV will be held. Each therapist must complete a total of 3 driving hours (3 1-hour sessions) of driving the RV in order to gain practice before taking on clients.

Weeks 12-15: After the beginning phases of the project, we will begin to reach out for customers.

This will be a light load at first since this is the very beginning of something new. During this time, we will reconnect with our community ties and begin accepting customers. During this 3-week launch, we will request that therapists keep notes of all the things that may have gone wrong, went right, and so on. With this information, we will adjust the program as needed.

4) Description of Measure of Progress

There will be multiple ways in which I will evaluate the progress of my goals for Project Mobile Mental Health. To begin, I would like to outline the top 3 goals I see for this project: 1) Increasing the amount of people receiving mental health care in underserved areas, Worcester,

MA.

- 2) Provide quality mental health care with no charge for the client.
- 3) Assist patients into receiving long term care, whether that be a church, group, shelter, therapist, psychiatrist, etc.

With these main goals in mind I would like to create a measurable goal for each one of them.

These goals will shift as follows:

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- 1) Increase access to mental health care to 10 clients within the first 3 weeks of operation with a goal of reaching 100 clients in the first year.

After reaching out to patients, we aim to receive at least 10 intake forms by the first week. We will likely not accept more intake forms for at least the first 3 weeks in order to run the trial run of the project. Throughout our intake forms and session logs, we will assist these 10 clients and then continue to adjust the program according to feedback, increase our volunteer therapist amount and climb the ladder up to 100 patients within the first year.

- 2) Provide quality health care to all 10 patients within the first 3 weeks of operation with an 80% satisfaction rate.

Quality care is: matching the patient up with the correct therapist, providing warm and caring therapy, and using the correct technique based on information provided (for example, if a patient states they have depression on the intake form, the therapist will likely use a Cognitive Behavioral Technique). This also includes being on time to sessions, being respectful to the patient and giving proper and educated feedback, as well as being thorough and helpful with rescheduling and other concerns. With this being said, at the end of the 3-week trial, we will send out a feedback survey and request each patient to fill it out. Questions such as: Did your therapist

treat you with respect and kindness? Or, did you think your therapist was timely? Or, did you think your sessions were helpful? From these questions, we aim for a “Highly satisfied” or a “Satisfied” on the ballot, and we are aiming for an 80% satisfaction rate. Similarly, we will aim for an 80% satisfaction rate towards the end of the year.

- 3) Assist at least 75% of clients within the first 3 weeks of operation with reaching out to a long term care program.

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For our last goal, through a survey, we will aim for 75% of the clients to *at least* apply to a long term care facility, for those who need it. Some clients may not see therapy/medication necessary, in which case their answers would be void. However, for those who answer “yes” to feeling like they need long term care on the survey, we will aim for 75% of our clients, by the end of the 3 week trial, to have applied to or been in touch with a long term care facility.

5) Description of Available Facilities

For this project, a facility for parking is the only facility we will need in order to proceed with the therapy session. Luckily, it is not difficult to find daily, weekly, and monthly parking online, and it is even easier when it is in cities like Worcester. Additionally, lucky for us, the parking space does not have to be anything luxurious. Simply a private parking spot.

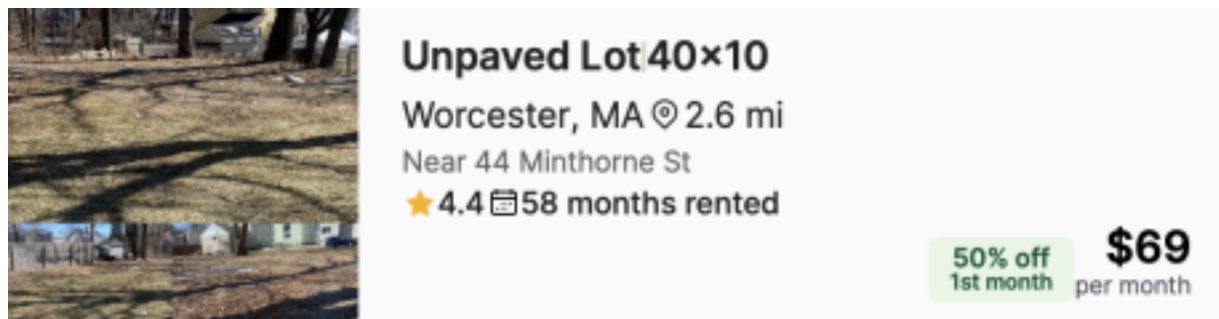
Apps like SpotHero offer such services, but it seems to be less reliable, and also does not have as much space for bigger vehicles like RV’s. However, upon other research, there are a myriad of other parking spots available for RV’s, ranging from trailer parks to people’s property that they rent. SpotHero will be a good back-up if needed.

After researching, neighbor.com offers the best deals for private parking and offers it monthly for big vehicles, such as RVs. The parking spot, preferably, should be consistent, but luckily does not have to be. Therefore, this makes this operation slightly easier — the only reason consistency would help is the therapist would know exactly where to go every time. However, it is not hard to relocate, especially if it only has to be monthly.

A good option is a 40 x 10 unpaved lot in Worcester, MA¹⁵. It is extremely private, and not close to much traffic, meaning that with the soundproofing system, it will be almost

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impossible to hear in or out of. A similar spot is available in a few driveways in Worcester, however, those are less ideal since they are a little less private. So, for our purposes, the 40 x 10 unpaved parking spot will be our best bet. It is \$69 dollars a month, and is 50% off the first month, meaning that continual use will likely be very possible. However, if for some reason this parking spot does not work out (unlikely), there are other options, such as Truck Parking Club, Extraspace.com, and so on.



The advertisement features a photograph of a large, open, unpaved lot with trees in the background. To the right of the photo, the text reads: **Unpaved Lot 40x10**, **Worcester, MA** with a location pin icon and **2.6 mi**, **Near 44 Minthorne St**, a star icon followed by **4.4** and a calendar icon followed by **58 months rented**. In the bottom right corner, there is a green box containing the text **50% off 1st month** and the price **\$69 per month**.



An image of a private, quiet area that can be used to hold therapy sessions.¹⁵

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6) Qualification of Personnel

Throughout the entirety of the project I am running, I will be relying a lot on the work of volunteers and other personnel. They are absolutely vital to the success of Project Mobile Mental Health, and are at the core of providing help. This is a lot to ask—volunteering up to 10 hours of their time a month is a big ask. However—there are massive Facebook groups (such as V.I.P, Volunteers in Psychotherapy) that live solely to use their skills and degree to help those who are unable to pay for therapy. Because sociology, psychology, and similar professions are the study of people and helping them, there are tons of people in Massachusetts whose whole purpose is to help those in need, mentally. I will now outline the personnel I will need to recruit in order to make this project happen.

a) Social Media Managers

As this is a new project, there will need to be lots of advertising. Social media is a great outlet to not only advertise our new project, but also to recruit new therapy volunteers. Social Media Managers will be in charge of keeping up with posting about any changes made to our program, editing our website, keeping an eye out for collaborations from local communities, and other relevant jobs. There are many people who are passionate about social media management. This could be a great opportunity for younger people, such as college or high school students, who are looking for experience in this field. We will need someone who is technologically savvy, is punctual, and is able to dedicate a few hours a month into updating social media and our website.

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b) Training Staff

We will need to recruit at least one volunteer to run our training session. We will not need more than a couple people at first since our therapist base will not be too large during the test trial. During this time, a training volunteer will need to create a course on providing effective therapy, creating simulations for practice, and training for de-escalating situations/being a mandated reporter. This training staff will only be needed in person for a few hours, seeing as I plan to make the training course largely online.

c) Hiring/Matching Manager

I, Mariya Kasumova, will serve as the hiring/matching manager. My task in this role will be collecting all resumes, running background checks on possible therapy staff, and providing

documentation for staff if hired. As well as this, I will be the one in charge of intake forms from patients and I will do the matchmaking between patient and volunteer. Because of my Psychology degree, I am educated in mental illnesses and other various relevant topics, such as types of therapies. Equipped with my knowledge, I will be able to proficiently match a patient's needs to the correct therapist. Additionally, I will use my knowledge of HIPAA to accurately write several confidentiality documents. However, I will need to use part of the budget to meet with an attorney to create the initial documents, which will be a one time cost and the documents will be reused for there on out. Additionally, I will run other minuscule tasks, such as paying the monthly parking pass fee, registering the vehicle, etc.

1) Therapist Volunteers

Finally, at the core of our projects, we will need staff to conduct the therapy sessions. As mentioned, there are plenty of people in Massachusetts that are dedicating their lives to help

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people who are less fortunate than them. There are organizations out there that form alliances with psychologists and sociologists who are willing to volunteer to help other people. Examples include Stand By Me, Volunteers in Psychotherapy, and Volunteer Therapist Collective. Within these groups, there are certainly people who are willing to join this initiative. We would need reliable therapists who have their degree in either Psychology or Sociology or another related course. Additionally, we need them to be licensed as a LICSW or LCSW (or related license), meaning they are allowed to do their practice in Massachusetts.

7) Budget

Since this is a very large project, I am requesting \$35,000 from the Massachusetts

Association of Mental Health to match a previous donation of \$35,000 from the National Alliance on Mental Illness for a total of \$70,000 dollars. This is necessary in order to have a smooth and successful launch for Project Mobile Mental Health, which will provide people with care that they would otherwise never receive.

a) RV/Retrofit Purchase

One of the largest purchases is the RV and the retrofit. Although RV's range greatly in price, on average, a used one will cost between \$10,000-50,000. A used RV that I have been looking at is \$36,000¹⁶ and is in great condition. Although we cannot know for sure what the cost is/which vehicle we will select before receiving the grant for sure, the range I am planning to stick to no more than \$40,000 for the vehicle.

Additionally, the retrofit for the vehicle will be just as important. It is important to soundproof the RV, which again, can range from the quality. Although I could not find a

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precise dollar amount of how much it costs to soundproof an RV, soundproofing a 4-door truck costs about \$1240¹⁷, which is approximately how much it would cost for an RV. Besides this, we will need to invest in some furniture for the RV, such as a lamp, two seats, and possibly a desk. Since second-hand stores sell these appliances for cheap, we can resort to only spending \$500 for furniture. Lastly, a Wifi-Hotspot and a Power Bank will be necessary for the therapist in order to help search for long term treatment for patients. A portable hotspot from Best Buy is \$44.99²¹, and for one powerful and multi-purpose Power Bank, it will be \$149.99²⁰ for a total of about \$195. The total for the retrofit and the RV will be about \$37,500.

b) RV Maintenance

Of course, the RV will need fuel and maintenance. On average, it costs about \$2,000 for maintenance of an RV vehicle. Additionally, it will be about another \$2,000 to keep up with the insurance of the RV¹⁹. On top of that, if the therapist is traveling in the RV to the patient's house, back to the lot, and then back to the patient's house and to the lot again, it will be about a total of, very roughly, 20 miles a session. If the average gas cost in Worcester is \$2.71 per gallon¹⁸, depending on the RV's efficiency, gas will range from \$3.39 to \$5.42 a trip. If we are making 7 trips a week, gas will range from \$23.73 to \$37.94 a week, or between \$102.62 and \$164.76 a month. So, for a year, we will be spending between \$1,231.44 and \$1,976.96. Additionally, for the parking pass, if we go with the original plan (\$69 a month), it will be around \$828 a year for the parking pass.

In total, it will cost about \$45,000 for all the costs associated with the RV.

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c) Marketing/Outreach

A big part of this project is being able to bring in new clientele that may not have social media, internet access, etc. So, for some of our outreach we will advertise through posters, brochures, and advertisements. For this cost, we would like the scale of our outreach to be large, so we will allocate \$3,000 for the year to distribute posters, advertisements, and so on.

d) Legal Fees

There will be several legal fees we will have to account for. To begin, we will need to hire an attorney to help create the legal documents previously mentioned. The range of an

attorney can range, but in Massachusetts it is about \$290 hourly. If we allocate 5 hours of work to the attorney, we will need about \$1,500.

With the help of the attorney, we will also apply to the needed services in order to proceed with Mobile Mental Health. Services will include the IRS, Public Health Permits, Insurance and Liability Services, and Volunteer and Vendor Contracts. Legal fees are costly, and if we add another 10 hours to the attorney's work, we will need another \$2,900 for these efforts. In total, we will need about \$4,400 for legal fees.

e) Contingency Fund

Although a contingency fund is meant for emergencies, and it seems as though we have a lot of money left over (\$17,600), this is a necessary precaution we will have to take in order to go through with Project Mobile Mental Health. Vehicles and legal fees are costly, and there are bound to be unprecedented surprises that come our way. Vehicles have a tendency to fall apart, and legal fees are more expensive the more you need to discuss with your attorney. So, leaving

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\$17,600 is a reasonable amount of extra money to make sure we are able to keep up with surprises that come our way.

8) Summary

If the Massachusetts Association of Mental Health chooses to match the previous donation of \$35,000 from the National Alliance on Mental Illness for a total of \$70,000 dollars, then Project Mobile Mental Health will begin. There will now be a chance for those who are unable to receive the proper mental health care they deserve through a system that caters directly

to them.

Mental health will always be a priority, yet it will keep being stigmatized until we as a society learn to value it just as much as physical health. It is not fair that only those who can afford to go to therapy receive therapy, especially since the correlations between mental health and income are so tightly knit. With this project, we will be giving those who need a leg up the help they deserve.

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