



COMMUNITY
MENTAL HEALTH
FUND

Supporting equitable and quality mental health care in Jackson County.

Pre-Proposal Presentation
2022 Special Populations



Introductions

Introductions: CMHF Staff

Special Population Agencies:

Domestic Violence Agencies: Hope House, Rose Brooks, Newhouse, MOCOSA

Consumer Services: BFMA, JVS, Reconciliation Services

Education: Genesis School

Forensic: Benilde Hall

Other:



Scope of the Presentation

Focus on changes.

Purpose: helping you avoid having to re-submit.

Not a substitute for written instructions.



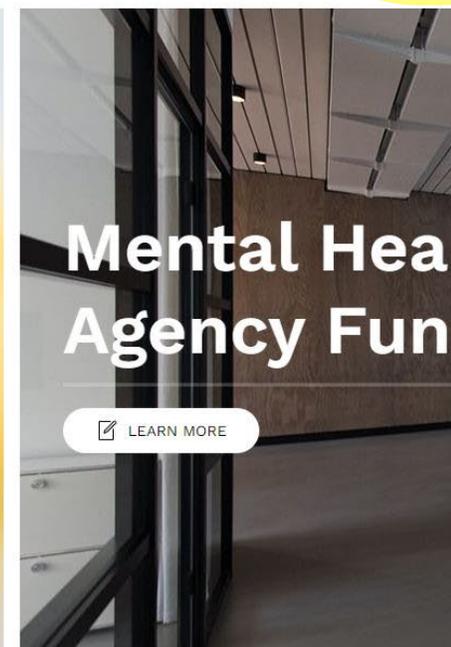
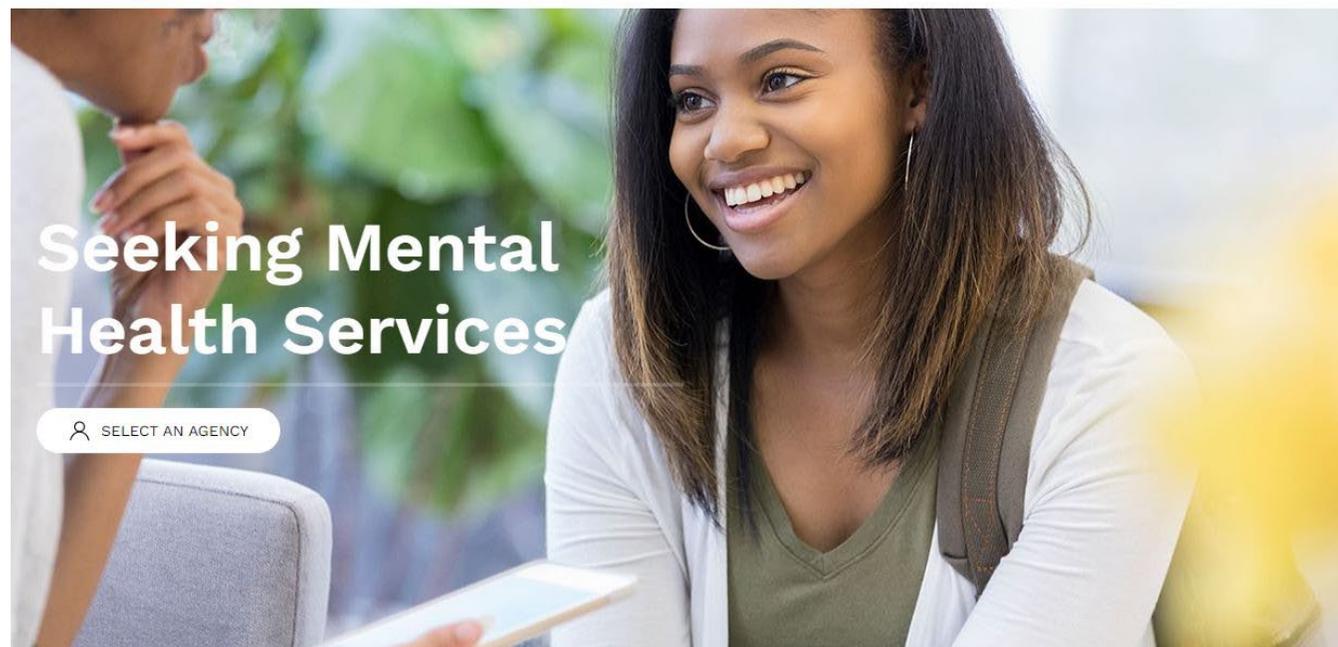
Submission Essentials

This application is for **current grantees**, who have a username and password. The application is on our billing portal which you access from the Login button at the top of any page on our website.

<https://www.jacksoncountycares.org/>



ABOUT PEOPLE AGENCIES PUBLIC INFORMATION CONTACT **LOGIN**





Submission Essentials

The application consists of five areas, including uploads:

- Agency Information
- Additional Documents
- Application Form (narrative)
- Expenditure Plan
- Staff Demographics



Submission Essentials

- Billable costs have been updated. Use the new [Service Unit Definitions revised January 2022](#) on the Required Documents page of our website.
- Space for answers is limited. If your sentences don't fit in the box, it's because we want bullets.
- Questions that ask for "data" require *numbers* - quantitative information.

Avoid having to re-do your proposal - Remember these essentials



Acronyms

Spell out Acronyms

First time: Behavior and Symptom Identification Scale (BASIS)

After that: BASIS

We can't emphasize this enough.

We will return applications if not done correctly.



Agency Documentation

THIS SECTION IS FOR FORMS, SOURCE DOCUMENTATION, AND
BACKGROUND OF INTEREST TO THE BOARD



Agency Documentation Items

No changes to required legal documents.

- Upload as attachments
- Audit should be the most recent one for your agency
- Note: prior year document uploads re-populate in this section – check for accuracy

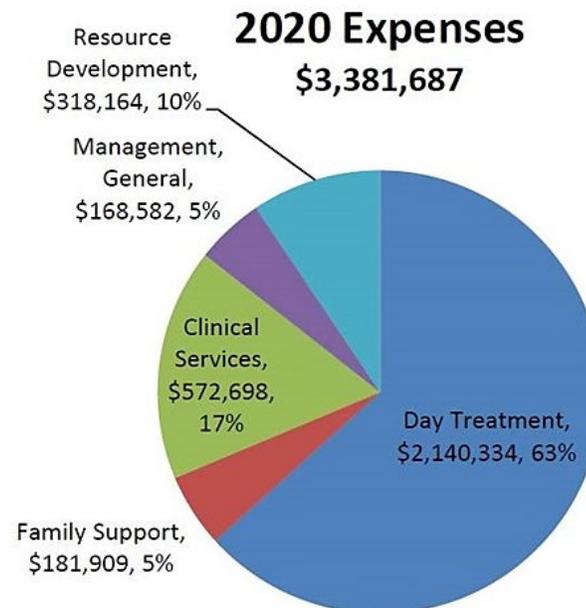
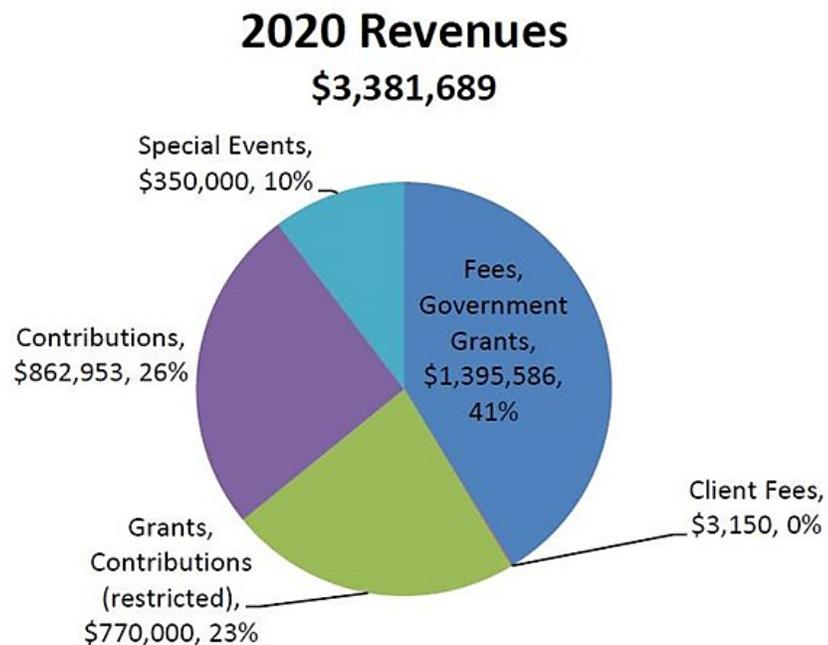
Agency Documentation:

<p>Certificate of Good Standing from Secretary of State (PDF)</p> <p>App Instructions 2020.docx</p> <p>Download Delete</p>	*Required
<p>Agency Revenue & Expense Pie Charts</p> <p>PAC Man Doc.pdf</p> <p>Download Delete</p>	*Required
<p>Agency Audit (PDF)</p> <p>PAC Man Doc.pdf</p> <p>Download Delete</p>	*Required
<p>Board Roster (PDF)</p> <p>PAC Man Doc.docx</p> <p>Download Delete</p>	*Required
<p>Board Approved Cultural Competence Plan (PDF)</p> <p>PAC Man Doc.pdf</p> <p>Download Delete</p>	*Required



Agency Documentation Items

Revenue and Expenses: Pie Charts *only*, include dollar amount. Convey major categories





Application Information

THIS SECTION IS FOR THE NARRATIVE, PROJECT DOCUMENTS and
EXPENDITURE PLAN, and STAFF DEMOGRAPHICS



Application Information

- **Application Form - narrative**
- **Additional Documents:**
 - **Personnel Summary (Excel) – upload (template provided)**
 - **Staff Licensure – upload PDF**
 - **Line-Item Budget – upload – (template provided)**
 - **Cover Page – upload – (template provided)**

Please Use only the current versions of these forms,
Located on the ***required Documents*** page of our website

<https://jacksoncountycare.org/agencies>



Application Information

Demographic table: We are now aggregating and looking at your diversity over time

Staff Demographics

BOARD OF DIRECTORS - #Individuals Per Category																	
Total # Members	American Indian	Asian	Black or African American	Hispanic or Latino	Native Hawaiian/Pacific Islander	White	BI/Multi-Racial	Other Race									
Board of Directors	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>												
Staff - # Individuals Full Time and # Part Time in Each Category																	
Staff Position	# FTE In Position	American Indian		Asian		Black or African American		Hispanic or Latino		Native Hawaiian/Pacific Islander		White		BI/Multi-Racial		Other Race	
		Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Executive Leadership - (CEO, CFO, HR Director, etc)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>				
Program Manager/Supervisor - (credentialed or not)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>				

Expenditure Plan – eligibility/discharge criteria not requested

Expenditure Plan

Service	Funding Type	Unit of Measure	Cost Per Unit	# Units	Service Total Cost	Adult/Child
Acute Day Hospital	Full	Hour	\$300.00	<input type="text"/>	<input type="text"/>	Adu...



Application Form Questions

1a. Explain your agency's overarching practice, model, or approach for services.

1b. Explain the process to assess/measure fidelity to the model or approach indicated above.

1c. Name, Title of individual responsible for overseeing this process.

- Overarching means embracing everything else. Organizing principle?
- Not looking for a list of Evidence-Based Practices (EBP's)
- If there is no overarching practice or philosophy, please indicate.



Application Form Questions

2. List the main outcomes for proposed programs or services and how they are measured (limit 200 characters per response)

- Major services: Prioritize services with the majority of CMHF funding
- If more than one service uses the same instrument, they can be grouped.
- If a service is provided to more than one population, but the baseline and indicator of improvement are different, identify.

Example: Therapy for adults and children. Same instrument, but the baselines and indicators are different. In your response, identify the different information for adults and for children.

2a-e Service or Program

Instrument Used ?

Validated ?

Baseline ?

Indicator of Meaningful Improvement ?

Functional Outcome ?

Instrument Used: Full name (acronym)

Baseline: Usually the average measure (level of functioning, score or condition) for the target population at the start of the service or intervention. This would be data collected in the previous year.

Validated: extent to which an instrument has been statistically determined to measure or perform as designed.

Indicator of Meaningful Improvement for Intended Outcome: targeted or expected change; improvement from the baseline.

Functional Outcome: benefit resulting from the intervention. Not a score, but a plain language explanation of how participants actually benefit.



Application Form Questions

3. Provide two examples of how outcome data has changed / improved program or services.

Do you review outcome data and use that as internal feedback to make improvements in the intervention or agency process?

If not, then say “no”.

If so, an example would look like this:

*We collect **data** on participants’ improvement in depression, measured by the Beck Depression Inventory (BDI). After 3 months, average youth scores showed little change, while adults improved (out of the clinical range). In response, we increased the number of weekly meetings for youth and added medication review. Both groups are now similar in improvement, on average.*



Application Form Questions

4a. Diagnostic Categories – Most Recent Year

4b. If not counting diagnostic categories of participants, or if you do not diagnose, then please explain.

Questions 5-8 there are no changes, but please provide the most current information.



Application Form Questions

9. List major partnerships for addressing participants' basic social determinant needs.

Social Determinant, Agency Name

- Area of focus for CMHF
- Healthy People 2030
- Report internal agency resources
- Report external resources
- We may ask for specifics later
- [Social Determinants of Health - Healthy People 2030 | health.gov](https://www.health.gov/ourresearch/social-determinants-of-health)





Application Form Questions

Questions 10-11, 13,14 and 15 there are no changes, but provide the most updated information.

12. Medicaid Expansion:

- Elaborate on any impacts Medicaid may have on your agency.
- Looking for specific agency strategy, actions, financing, Not general statement of how individuals could benefit.
- Agencies with Case Management & Care Coordination: looking for action in response to Medicaid expansion, planning is acceptable.
- Screening for benefits: several disconnects between proposal and actual process i,e., we know who screens; proposals state they don't.



Application Form Questions

16. Explain the reasons for major changes to expenditure plan from last year (i.e. new service, shift in distribution of units, total cost)

- May be most important question!
- It's toward the end of the application, but reviewers look here first!
- This is where reviewers look to understand increases, major allocation changes, services that have not been billed before (new).

FAQs



Can multiple people sign-in and work on the application with their own sign-in credentials? Yes.

However, messaging or status updates go only to the agency contact identified in the Agency information section of the application.

Will the agency contact receive confirmation once the proposal is submitted? Yes.

Is it possible to have more than one agency email contact? No. Only one email contact, identified in the Agency Information section of the application, can be used.

Is there a downloadable application template so that we can work offline before uploading? No, but we have added a print feature.

What is the 'send message' box used for? It is enabled when you submit your application. Messaging will be used to request clarification, send follow-up information, or communicate on proposal revisions. Messages go to the Agency Contact.

FAQs



Are all services on the Service Unit Definitions available to us? Not necessarily. A few require prior approval- those are identified. Several have license and documentation requirements that are not a fit for all agencies. Remember, if you are proposing *any* new service, (a service not in your current contract) the reasons should be explained using *data*, in Question 16.

We expect more clients in 2022. Will increases be considered? The need should be explained in Question 16. The Board may consider factors such as:

- Quantitative and clinical *data* that justify your request,
- Explain capacity to provide services that respond to the data you provided
- Availability of CMHF funds.

My agency is planning to shift services from individual therapy to group. Is this acceptable? Any significant change to your Expenditure Plan should be explained in Question 16. In this example, reviewers will probably want to know how clients' individual therapy needs will be met after the amount is reduced.

FAQs



How recent does our Certificate of Good Standing need to be? Current as of the date of application. This document certifies the agency is registered with the Secretary of State to do business in Missouri. Upload copy does not need to be certified.

What are the word limits for the narrative questions? None, unless otherwise noted. Brief responses are strongly preferred. Using bullets is encouraged.

Are there limits on how we allocate funding to personnel, fringe benefits, other, and indirect costs when creating the line-item budget? Yes. Total personnel cost (salary and fringe combined) should be at least 70% of your total project budget. If we have questions about this, we may request documentation, but that is not part of the application.

In Question 3, there are several blanks to list services, but we have more. The question relates to outcome measures for the major services being proposed. Emphasis should be on the majority of CMHF funding. Not all services will necessarily be listed there. The Expenditure Plan is the place to list all proposed services.

FAQs



How do we complete the *Expenditure Plan* when the *Service Units Definition* has no unit cost?

1. Make sure you are using the [January 2022](#) version of the Definitions. Almost all costs are now set.
2. If there still is no unit cost, Under *Funding Type* in the Expenditure Plan, click “partial” then enter the total dollar amount of the proposed service and the total number of units. If you still have questions, you may contact us.

Last year we proposed a service that is no longer listed in the *Service Unit Definitions*. What should we do? Service Unit Definitions were revised. Some services have been re-named, some have been combined, a few are no longer billable. If you still have questions, you may contact us.

A *Service Unit Definition* includes the term *young adults*. What age range is specified by CMHF? We do not set this guideline. If your agency needs a guideline, consider the legal and practical issues that apply. Define the term in policy/procedure, apply it consistently, and be able to provide it upon request.



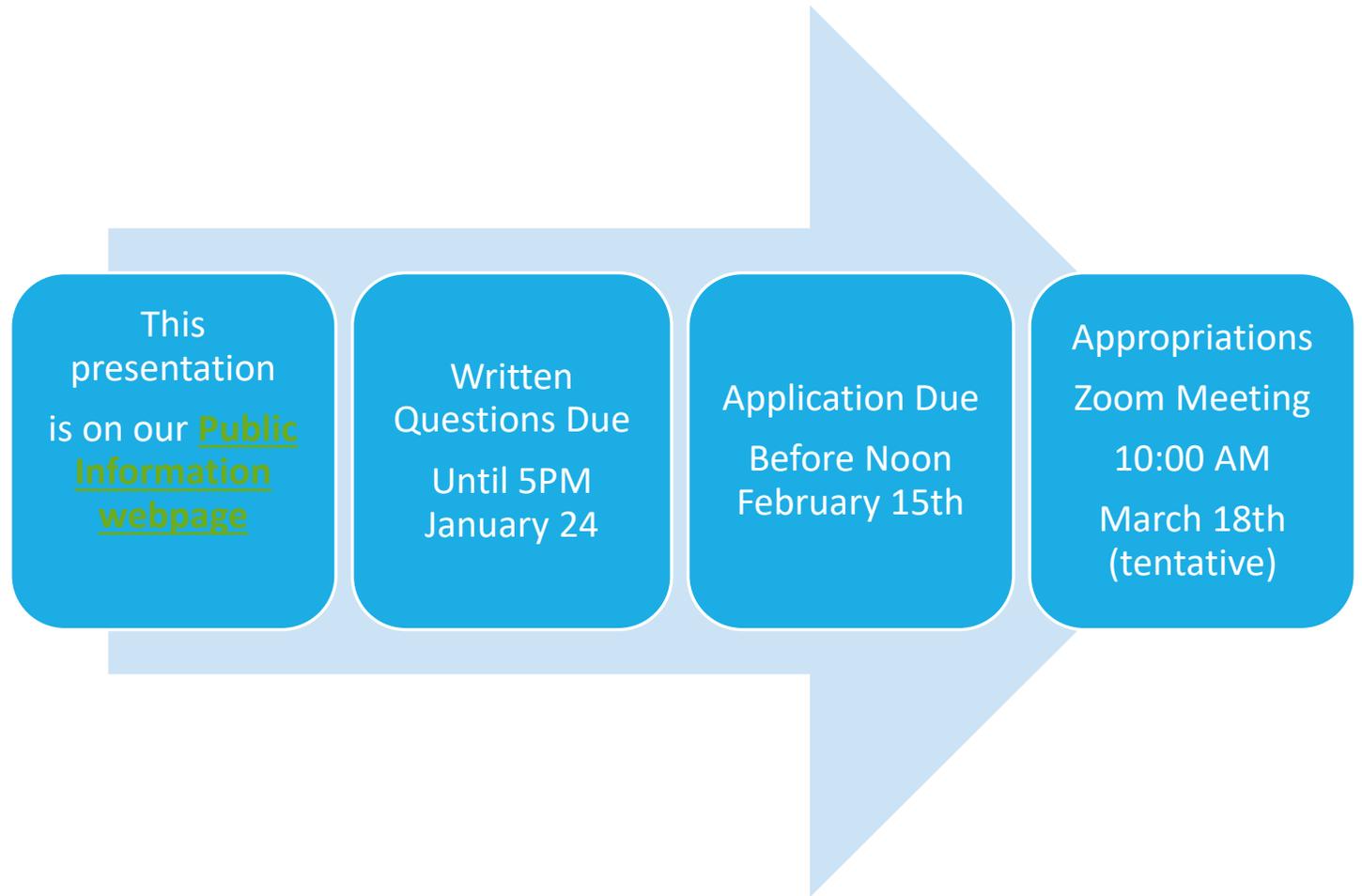
More Hints

Don't overthink questions. Instead of trying to uncover the hidden meaning, respond to the most straightforward and direct meaning. Answer simply, briefly, directly.

Do some investigating. Check background. For example, people often ask what we mean by [social determinants of health](#). We would be delighted if they did a Google search, visited the website we recommend.

Internal communication. Some grant writers improvise instead of asking for input from internal leaders and clinical staff. This shows. We have knowledge of your agency. It's much more efficient to check your facts than to write a proposal, have it reviewed, then sent back, then you revise, then we re-review, etc.

Timeline



More Questions?



We will accept written questions
about [application instructions](#) until
5:00 PM January 24, 2022

Responses posted January 26

Send to:

administration@jacksoncountycares.org

Website Portal Questions:

Send to: sejones@jacksoncountycares.org



Contract Reminder

If your proposal is approved,

- Contract is signed electronically
- Quarterly Billing is due 30 Days after the end of each quarter, and
- Annual Demographic Report is due 30 Days after the end of the contract year.



We send the first 2022 payment after we receive your:

- Fourth quarter 2021 billing, and
- 2021 Annual Demographic report.