



# COMMUNITY MENTAL HEALTH FUND

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Pre-Proposal Presentation  
2025 Safety Net & Children and Families



# Scope of the Presentation

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Purpose: updates and clarification on some application questions

- Simplification of process
- Walk through application portal

# Submission Essentials



This application is for **current Safety Net & Children and Families agencies**. It is located on our billing portal. Use the Login button at the top of any page on our website. Usernames and passwords from last year are still active. To add a user, contact your Program Liaison.

- For information about billable services use the August 2024 Service Unit Definitions on the *Existing Grantee Funding* page of our website. There have been updates to some Service Units. We will cover in this presentation.
- Please spell out **all acronyms** - It helps the reviewer understand what you are writing about.
- Space for answers is limited. Please be concise. Using bullets to summarize is good.
- Questions that ask for “data” require *numbers* - quantitative information.

# Service Unit- Cost Update

Service Unit (1 unit = 1 hour)	Old Rate	New 2025 Rate
Evaluation	\$90	\$120
Individual Therapy	\$85	\$115
Family Therapy	\$85	\$130
Psychiatry	\$195	\$200
Tele Psychiatry	\$200	\$230
APRN Prescriber	\$155	\$180
Prescriber Support	\$95	\$105
PSRC Group (per individual in group)	\$25	\$31
Peer Support	\$50	\$61
Psycho Ed Groups (Per Group)	\$80	\$90

# Service Unit- Cost Update

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2025 expenditure plans are expected to be the same as 2024 with the exception of the applicable service unit cost increases.

Your total contract amount will increase in accordance with the increase in service unit cost.

# Application Home Page



The application consists of the following sections:

- Grant Application Information
- Agency Information
- Application Information
  - Application Form
  - Additional Documents
  - Expenditure Plan
  - Staff and Board Demographics

**Application Home Page**

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### Grant Application Info

**Grant Name:**

**Grant Category:**

**Contract Period:**  
01/01/2025 - 12/31/2025

**Submission Period:**  
09/09/2024 - 10/07/2024

**Amount Requested:**  
\$

### Agency Info

**Name:**  
Mental Health Levy

**Agency Contact:**

**Primary Address:**  
1627 Main St  
Suite 500  
Kansas City, MO 64108

**Phone:**

**No Email Address On File**

**Update Agency Info**

### Application Info

Section	User
<b>Application Form</b>	Susan Jones
<b>Additional Documents</b>	Susan Jones
<b>Expenditure Plan</b>	Susan Jones
<b>Staff Demographics</b>	Susan Jones

**Save** **Submit for Review** **Show Incomplete Items**

### Send Message

**Message:**  
You cannot send messages until the application has been submitted for review.

**Send Message**

**Application Status:**  
In Process

**Application Due By:**  
10/07/2024

**Days Remaining:**  
32

# Agency Information



- This section is for forms
- Please include most recent Language Access Plan in use by your agency.
- Documents in this section are pre-populated from last year's submission. Please Review and upload new document if there are changes.

Agency Documentation:

Agency Revenue & Expense Pie Charts

ⓘ PAC Man Doc.xlsx Download Delete

Agency Audit (PDF)

ⓘ PAC Man Doc.xlsx Download Delete

Board Roster (PDF)

ⓘ PAC Man Doc.docx Download Delete

Proof of Liability Insurance

ⓘ PAC Man Doc.docx Download Delete

Board Approved Language Access Plan (PDF)

ⓘ PAC Man Doc.docx Download Delete

# Language Access Plans

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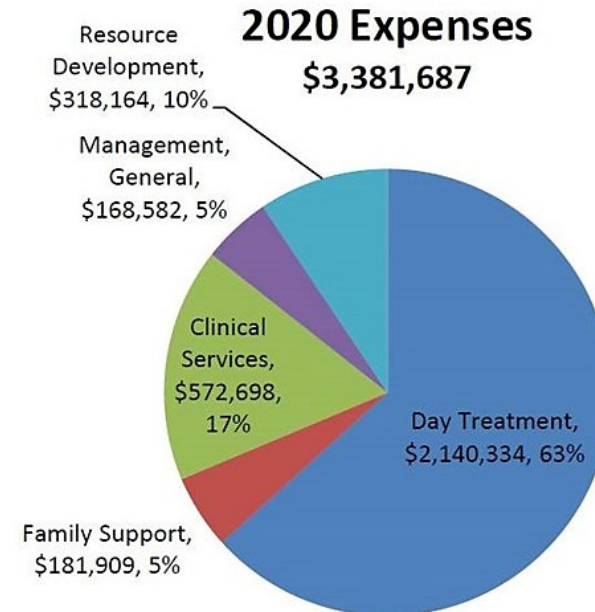
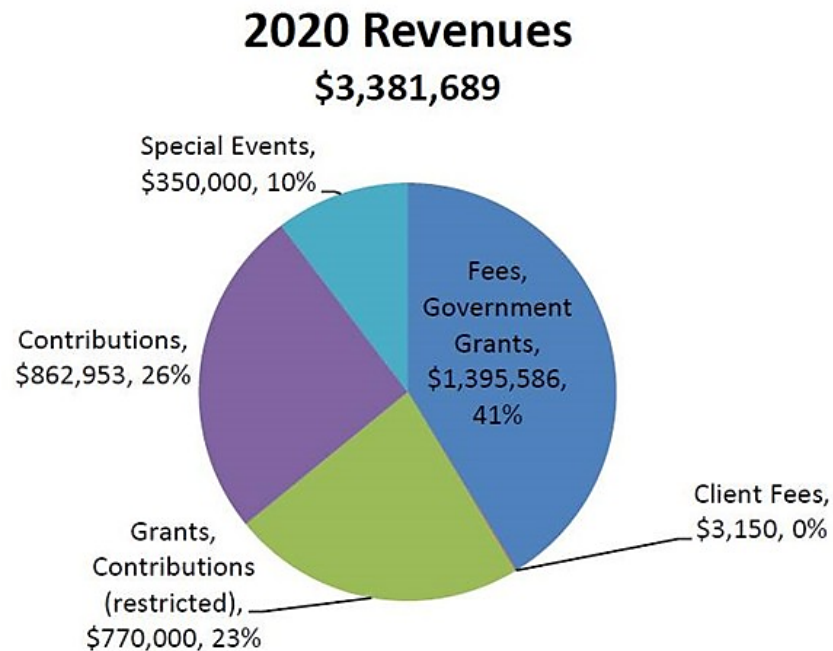
- Application uploads have been contract requirements for many years
- The Board of Trustees is giving increased attention to how agencies respond to disparities
- Our Advisory Council is developing indicators of agency progress in addressing disparities in language access.
- Indicators will be finalized during the year. You can expect to receive a brief agency self-assessment. The date is to be determined.
- If we have questions, we may be in contact with you to further discuss uploaded information.



# Agency Information



**Agency Revenue and Expenses:** Pie Charts *only*. Convey major categories and include dollar amounts. (example only, use most recent complete year)





# Application Portal Live Demonstration

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This section is for the Application Form (narrative), Project Documents, Expenditure Plan, and Staff Demographics

# Application Form Questions – 10 questions

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

- Overarching means embracing everything else. What is the model or philosophy of care that is the foundation of your service delivery?
- Please do not list (EBP) Evidence-Based Practices. EBP compliments and supports the model, but are not the model or philosophy per se.
- If you do not identify an overarching practice or philosophy, please indicate.

**2. Provide diagnostic categories of participants – Most recent complete year**

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



# Application Form Questions

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## 4. Focusing on Jackson County, discuss Major changes in conditions

- Staffing
- Participant demographics / acuity
- COVID impact
- Medicaid expansion
  - Numbers served/capacity
  - Financial Impact on use of CMHF funds

## 5. List the major non-CMHF sources of funding for **Mental Health** Services



# Application Form Questions

## 6. 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/healthy-people/2030)



# Application Form Questions

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## **7. How does your agency assist participants to enroll in MoHealthNet?**

Mo Health Net is not a direct funding stream, this is about assuring checking eligibility, in house or out of house, making applications, assuring enrollment when eligible.

## **8. What interpreter services are used in the delivery of mental health services?**

## **9. Are you proposing school-based services? Yes or No**



# Application Form Questions

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

- This is the most important question!
- This is where reviewers look to understand increases, major allocation changes, new services that have not been billed before.



# Additional Documents

**Personnel Summary (Excel) – upload (template provided)**

**Line-Item Budget – upload – (template provided)**

**Cover Page – upload – (template provided)**

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PLEASE USE THE TEMPLATES PROVIDED, WHICH ARE ALSO LOCATED  
ON THE WEBSITE UNDER “REQUIRED DOCUMENTS”



# Frequently Asked Questions (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.** You will receive an email from the portal indicating the “status of your grant has changed” to “under review”.

**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 for the application.

**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 12

**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.

# FAQs



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

1. Make sure you are using the 2024 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, contact your Program Liaison.

The recording of this presentation will be posted on the website.



# More suggestions:

**Keep it simple.** Keep answers simple, brief and direct. Don't read anything else into the questions besides what is asked. If we need more information, we will ask for it at a later time.

**Do your research.** For example, people ask what we mean by *social determinants of health*. There is a lot of information on the internet about this topic and we encourage you to familiarize with the topic and how it relates to your program.

**Internal communication.** Seek input from all staff regarding your application. Check the facts and get a review of your application prior to submission. It is noticed when there is uncertainty from the writer and words become placeholders rather than meaningful information for the reviewer. Applications that are unclear to the reviewer typically require re-writes and more work for the writer and CMHF staff.



# Questions

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# More Questions?



We will accept written questions about application instructions until **5:00 PM September 18, 2024.**

Send to:

[administration@jacksoncountycare.org](mailto:administration@jacksoncountycare.org)

Responses posted within 24 hours on the website.

Website Portal Questions:

Send to: [sejones@jacksoncountycare.org](mailto:sejones@jacksoncountycare.org)



# Timeline

This presentation  
is on our RFP  
page

Written  
Questions Due  
September 18,  
2024

Application Due  
October 7th,  
2024



# 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 your first 2025 payment after we receive:

- Fourth quarter 2024 billing, and
- 2024 Annual Demographic report.



# Thank You



SUPPORTING EQUITABLE AND QUALITY MENTAL HEALTH CARE IN  
JACKSON COUNTY