COMMUNITY MENTAL HEALTH FUND

Pre-Proposal Presentation
Special Populations-Domestic and Sexual Violence,
Education/Vocational, Consumer Services
2021-22 Contract Year

2021 CONTRACT YEAR

Scope of the Presentation and Introductions

Not a substitute for written instructions.

Experience from our previous RFP. Focus on proposal items that required follow-up. Helping you avoid having to re-submit.

- Introductions: CMHF Staff
- BFMA, JVS, Reconciliation Services
- Hope House, MOCSA, Newhouse, Rose Brooks
- Genesis, TMC-BH Employment
- Benilde Hall
- Others?

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. The application consists of four areas, including uploads:

- Agency Information

- Application Form (narrative)

- Additional Documents

- Expenditure Plan

Submission Essentials

- Billable costs have changed. Use the new Service Unit Definitions revised Sept, 2020 on the Required Documents page of our website.

- Spell out all acronyms. It helps the reviewer understand what you are writing about.

- 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

First time: Behavior and Symptom Identification Scale (BASIS)

After that: BASIS

We can't emphasize this enough.

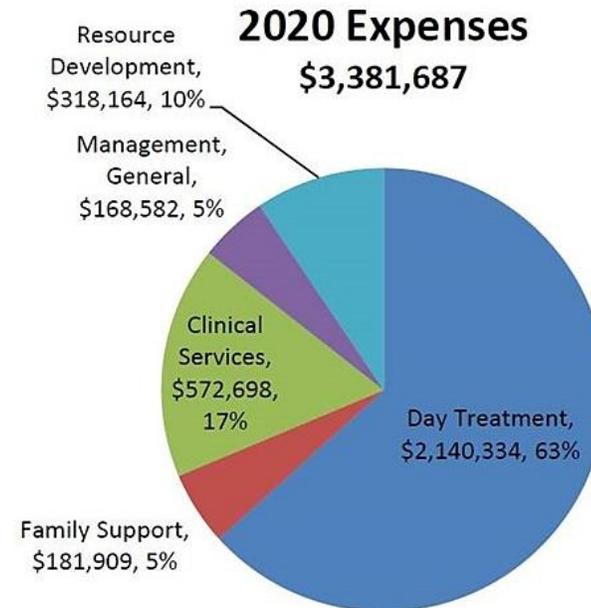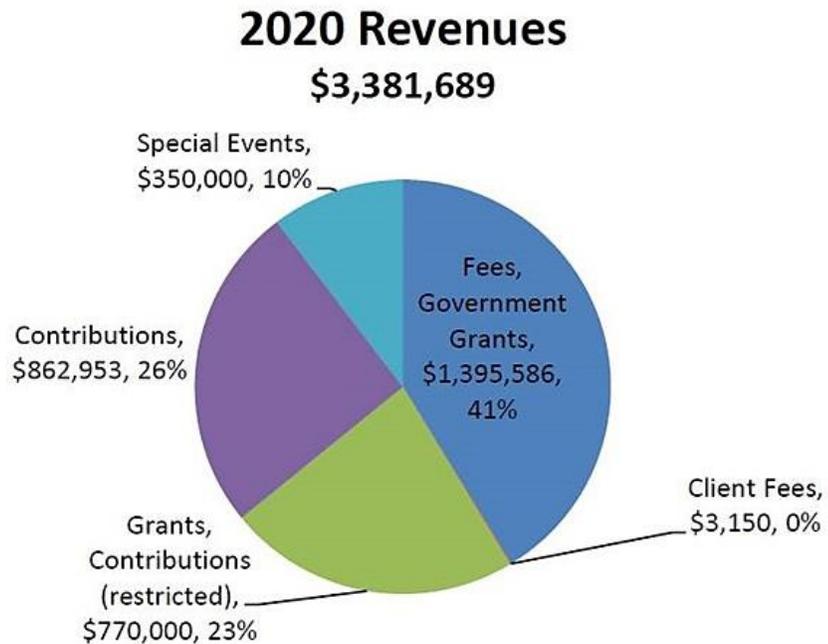We will return applications if not done correctly.

Agency Documentation

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

Agency Documentation Items

Revenue and Expenses: Pie Charts *only.* Convey major categories

2020 Revenues
$3,381,689

- Special Events, $350,000, 10%
- Contributions, $862,953, 26%
- Grants, Contributions (restricted), $770,000, 23%
- Fees, Government Grants, $1,395,586, 41%
- Client Fees, $3,150, 0%

2020 Expenses
$3,381,687

- Resource Development, $318,164, 10%
- Management, General, $168,582, 5%
- Clinical Services, $572,698, 17%
- Family Support, $181,909, 5%
- Day Treatment, $2,140,334, 63%

Agency Documentation Items

Expenditure Plan Narrative: *(eligibility / service completion-discharge) (150 character limit).*

- Cut and paste likely to be returned for you to re-do

- Information consistent with the service. For example: explain key differences between individual and group psychotherapy?

- Eligibility: clinical reasons or presenting issue brings the individual into the service.

- Responses about 2 sentences.

Agency Documentation Items

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
Board of Directors	15	1	0	0	5	0	2	1	0

Staff – # Individuals Full Time and # Part Time in Each Category																	
		American Indian		Asian		Black or African American		Hispanic or Latino		Native Hawaiian/ Pacific Islander		White		Bi/Multi-Racial		Other	
Staff Position	# FTE In Position	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)	6	0	0	0	0	0	0	4	0	0	0	1	0	0	0	0	0
Program Manager/Supervisor – (credentialed or not)	10	0	1	0	0	0	0	5	3	0	0	5	1	0	0	0	0
Direct Service Provider- credentialed (state licensed- such as MD, APRN, RN, LPC, LCSW –including provisional)	50	1	2	0	0	0	0	10	5	0	1	5	15	0	0	1	5
Direct Service Provider- not credentialed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	66	1	3	0	0	0	0	19	8	0	1	11	16	0	0	1	5

Application Information

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

Application Form Questions

1. Using your agency's data, explain the long-term impact of Levy-funded services for participants. What we are looking for:

- Brief. Emphasis on data. Response requires numbers.

- Do you know how well participants are doing **after** they received treatment? **How?**

- As a fallback, can you extrapolate from known information? How are they doing after longest engagement?

- If you don't have this in place, are you planning anything?

- If you don't have this information don't spin, simply say "not available."

Application Form Questions

2a. Explain your agency's overarching practice, model, or approach for services.

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

3.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.

3a-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

4. 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

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

Economic Stability

Education Access and Quality

Health Care Access and Quality

Neighborhood and Built Environment

Social and Community Context

Application Form Questions

15. 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 see it first and last!

- This is where reviewers look to understand increases, major allocation changes, services that have not been billed before (new).

Additional Documents

Personnel Summary (Excel) – upload (template provided)

Staff Licensure – upload

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

Q & A

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 have added a print feature this year.

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.

Q & A

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 15.

We expect more clients in 2021. Will increases be considered? The need should be explained in Question 15. 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 15. In this example, reviewers will probably want to know how clients' individual therapy needs will be met after the amount is reduced.

Q & A

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 Missouri Secretary of State. 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.

Q & A

How do we complete the *Expenditure Plan* when the Service Units Definition has no unit cost?
1. Make sure you are using the Sept. 2020 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.

Q & A

Submission Instructions include a time of day. It this Central Time?

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 web site 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.

More Questions?

We will accept written questions about <u>application instructions</u> until

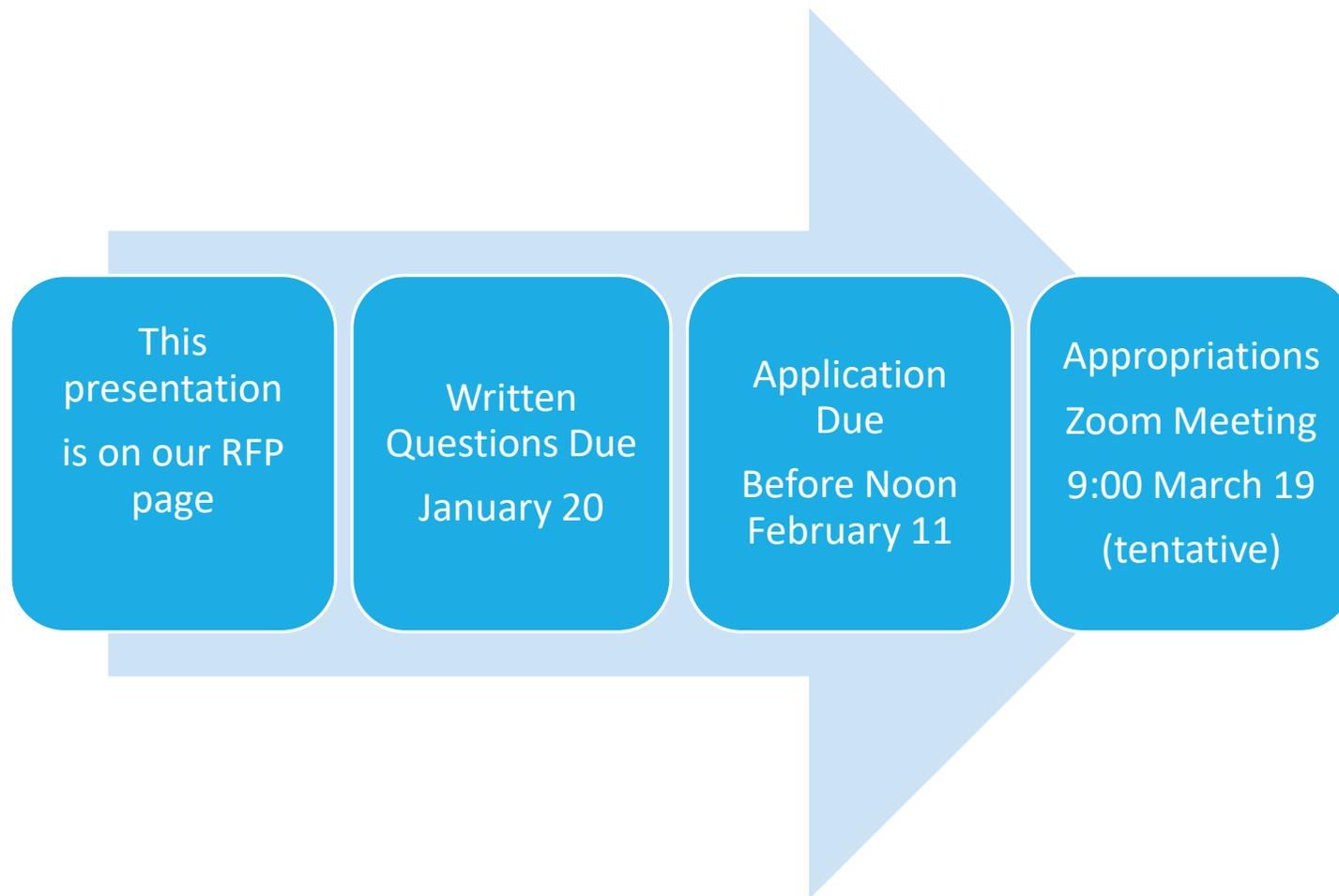5:00 PM January 20, 2021

Responses posted January 25

Send to:

administration@jacksoncountycares.org

Website Portal Questions:

Send to: sejones@jacksoncountycares.org

Timeline

This presentation is on our RFP page

Written Questions Due January 20

Application Due Before Noon February 11

Appropriations Zoom Meeting 9:00 March 19 (tentative)

Contract Reminder

If your proposal is approved,

- Contract is signed electronically

- Quarterly Billing will be due 30 Days after the end of each quarter, and

- Annual Demographic Report will be due 30 Days after the end of the contract year.

The first 2022 payment will be sent

after receipt of your:

- Fourth quarter 2021 billing, and

- 2021 Annual Demographic report.