

Staff Person for Submission: Ms. Jody Fortenberry

PowerForm Link: <https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=d55e5c4b-a120-4f37-961e-d07d6e2319d6&env=na3&acct=f03caff0-d8b6-4e91-ba70-c12592a3e516&v=2>



Mississippi Department of Mental Health

Bureau of Behavioral Health Services

Consumer Education Program

Request for Applications

Application Due Date: **June 9, 2023**

Please note that all grants are contingent on the funding by the Mississippi State Legislature and/or the Federal Government. The submission of this application to the Department of Mental Health is not a guarantee of funding.

The Department of Mental Health, Bureau of Behavioral Health Services/ Division of Peer Recovery and Support is now accepting funding proposals for the state fiscal year 2024. This proposal application is eligible to all Mississippi Department of Mental Health (DMH) certified providers who are in good standing. However, DMH certification is not a guarantee of funding. All submitted proposals will be evaluated by a panel of reviewers using the posted competitive grant scoring rubric. Not all submitted proposals may be funded, but comprehensive feedback will be provided to all providers, particularly if their application was not funded for the current fiscal year.

The funding associated with the grant opportunity is meant to defray a proportion of operational costs for the service.

Cash requests will only be signed and processed for payment after the Department of Mental Health has received required data outcomes and/or metrics specific to the respective grant.

Consumer Education Program

This funding is to provide state-wide evidence-based support and educational programs free of charge to those suffering from mental illness, their caregivers, and their family members. Educational programs are to include but are not limited to:

The Family-to-Family Education Program is a free, 12 class course for family caregivers of individuals with severe mental illnesses. The course is taught by trained family members and provides current information on major mental illnesses such as schizophrenia, major depression, bipolar disorder, obsessive compulsive disorder, and others; information about medications; strategies for handling crises and relapse; and most of all, how to cope successfully with a major challenge in your life, which will in turn allow you to best support your mentally ill loved one to work toward recovery.

In Our Own Voice (IOOV) unmask mental illness using speaker stories to illustrate the individual realities of living with mental illness. Participants gain a better understanding of what it is like to live with mental illness and stay in recovery. In Our Own Voice can change attitudes, preconceived notions and stereotypes regarding mental illness.

Peer-to-Peer is a recovery-focused educational program for adults who wish to establish and maintain wellness in response to mental health challenges. The course provides critical information and strategies related to living with mental illness.

The Provider Education program helps people who work with individuals living with mental illness understand the experience of mental illness from individual and family perspectives. Through exposure to personal stories, participants may gain tools that increase their empathy and professional skills thereby improving patient care.

The Department of Mental Health/Bureau of Behavioral Health Services is now accepting proposal for state fiscal year 2024 (July 1, 2023 – June 30, 2024).

A. Application Guideline Requirements: Please submit the following required forms which can be found in the MS Department of Mental Health's Service Provider Manual.

1. Proposed Budget Summary Form: 100-1
2. Proposed Budget Personnel Form: 100-2
3. Proposed Budget Line Item Form: 100-3
4. Budget Narrative/Justification.
5. Program Narrative (**not to exceed 3 pages**) which addresses B –D.

B. Outcome Measures

1. Goal

To provide statewide evidence-based support and educational programs free of charge to people who have mental illness, their caregivers, and their family members.

2. Performance Measures

- Provide a list of the type, number and location of trainings performed.
- Number of participants attending each training.
- Number of participants that successfully completed each training.
- Provide a list of any additional support groups, health fairs, presentations, and social media interaction provided.

3. Reporting on Performance Measures

DMH grant recipients must review the performance data they submit to DMH, assess their progress, and use this information to improve the management of their grant. Recipients are also required to report on their progress addressing the goals and objectives identified in the grant. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made. You will be required to submit a monthly report on the performance measures in your grant when you submit your cash request.

C. Other Guidelines:

1. This grant will be **COST REIMBURSEMENT** only.
2. Travel reimbursement listed in the budget cannot exceed the current State of Mississippi mileage reimbursement rate, currently \$0.655 per mile. Mileage reimbursement rates are located on the Mississippi Department of Finance and

Administration website: [Privately Owned Vehicle \(POV\) Mileage Reimbursement Rates | GSA](#)

3. Indirect/administrative costs listed in the budget cannot exceed 8% of the budget total.
4. Provide a list of staff from the Proposed Budget Personnel Form 100-2 which also provides a portion of their time to other grant funded services, to include the grant funded service, the position the staff holds, and the percentage of time the staff will be providing the other service(s).
5. Agencies that are not able to meet the required goals/objectives of this service funding and are not able to submit timely and accurate data as required by DMH may not be eligible for future funding for this service.

D. Required Data Report(s):

1. Reporting will be on a monthly basis and are to include the following:
 - a. List the type, number and location of trainings performed;
 - b. List the number of participants attending each training.
 - c. Number of participants that successfully completed each training.
 - d. List any additional support groups, health fairs, presentations, and social media interaction provided.
2. A year-end report is required. Item 1 a. - d. is required in the year-end report for all recipients of grant funding.
3. Reports are to be emailed to the Peer Support Services Project Coordinator and/or Director of Peer Recovery & Support by the 10th of the month.



Consumer Education Program

Monthly Data Report

Date Submitted: _____

Program Location: _____

Month being reported: _____

REQUESTED INFORMATION	NUMBERS/DATA
1. List of the type of training performed	
2. Number of Training Performed	
3. Locations of Training Performed	
4. Number of participants attend each training	
5. Number of participants who successfully completed each training	
6. List of any additional support groups, health fairs, presentations, and social media interaction provided	
Signature of Staff	