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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

RECOVERY OUTREACH WORKER

Request for Applications

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 certified in peer support services and/or recovery support services and 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 this 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.

Recovery Outreach Worker

- I. The Mississippi Department of Mental Health's Bureau of Behavioral Health Services is now accepting proposals for the Substance Abuse Block Grant – Recovery Outreach Worker Position for state fiscal year 2024 (July 1, 2023 – June 30, 2024).**

II. Application Guidelines – Recovery Outreach Worker

A. Required Forms

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 sections IV - VI.

III. Grant Description

The Department of Mental Health (DMH) Bureau of Behavioral Health Services is offering a new SABG funding opportunity to enhance follow-up care to individuals transitioning from crisis or in-patient treatment to recovery. This grant will provide funding for certified and funded providers to hire one Recovery Outreach Worker. Recovery Outreach Workers primary role will be is to follow up with clients post discharge to prevent relapse.

Primary Duties and Responsibilities:

1. Follow up with clients discharged after 30 days from residential, outpatient and intensive outpatient programming.
2. Schedule and track in-person follow-up visits or telephone check-ins with individuals recently discharged from a substance use treatment facility, mental health care facility and/or recently received crisis assistance.
3. Train assigned staff on client engagement, self-management of disorder, and GPRA collection.
4. Assure a peer support staff or case manager conduct home visits to enhance recovery outreach and engagement to reduce recidivism and increase the collection of 6-month follow up GPRA.
5. Works closely with Full Time Crisis Intervention Worker to support clients and their goals.
6. Provide crisis intervention services through telephone or face-to-face contact, in the client's preferred environment.
7. Encourage the client in problem solving, conflict resolution, harm reduction, relapse prevention, medication management and other life skills as appropriate.
8. Advocate on behalf of clients and their natural supports when appropriate
9. Provide follow-up as appropriate.
10. Work cooperatively as a member of the crisis team.
11. Provide back-up assistance to agency programs, as necessary.
12. Maintain documentation of check-ins and related data in accordance with agency standards and provide monthly and end year reports to DMH.
13. Work in compliance with all health and safety policies, procedures and guidelines, and the Occupational Health and Safety Act.
14. Follow all agency policies, procedures and directives.

Outcome Measures Goals

- Comprehensive tracking of all in-person and telephone check-ins with clients.
- Monitor and input data detailing client re-admissions, new crisis team involvements, and hospitalizations resulting from Substance Use.
- Track all services received by client from the Recovery Outreach Worker.

Performance Measures

- Submit a monthly tracking form for all client contacts – in-person or by other electronic media.

- Upon request show DMH representative client long term outcome data entry spread sheet.
- Submit monthly tracking form for all services received by clients from the Recovery Outreach Worker.

Reporting on Performance Measures

DMH grant recipients must review the performance of data submitted to DMH, assess the agency's progress, and use this information to improve the management the grant services. Grant recipients are also required to report on their progress addressing the goals and objective whether the agency is achieving the goal, objective, and outcomes in intended to achieve and whether adjustments need to be made. Your agency will be required to submit monthly and end year reports on the performance measures.

IV. Requirements & Grant Criteria

- a. Every Provider approved to receive funding for a Recovery Outreach Worker agrees to provide monthly and end year reports, service information, and fiscal information to the MS Department of Mental Health as required and requested.
- b. **Services funded through grants and enhancements administered by the MS Department of Mental health must be in compliance with the most recent version of the MS DMH Operational Standards of Service.**
- c. All services must be provided non-discriminately regardless of race, sex, age, creed, national origin, disability, or the ability to pay (DMH Operational Standards, Rule 10.7.B.1).
- d. A maximum funding amount of **\$35,000 per year** may be requested for Recovery Outreach Worker. This grant will be **COST REIMBURSEMENT only**. Only one salary at 100% Full Time Equivalent (FTE) plus fringe can be reimbursed from the awarded amount.
 - i. **DMH requires this position be filled by a Certified Peer Support Specialist Professional (CPSSP) trained in the Adult/Recovery designation** but will not allow these duties to be added to any current CPSSP already working at the provider agency. This is a new hire position that should only be tasked with the Recovery Outreach Worker Duties and Responsibilities listed above.
 - ii. The Recovery Outreach Worker position requires a minimum of one (1) year of related work experience.
 - iii. **Only** the Recovery Outreach Work salary (at 100% FTE) and fringe (not to exceed 28% of salary) are allowable for reimbursement. No special permissions allowed for this funding. In the event this position is vacant, 10% of the A&D Director's salary can be billed to this grant.
 - iv. No other DMH funding source can be used to supplement the Recovery Outreach Worker position.
 - v. Providers approved for this SABG funding must have the Recovery Outreach Worker position filled by **July 1, 2023** or the funding may be withdrawn.
 - vi. The provider must provide the name, phone number, email address, and credentials of the agency's Recovery Outreach Worker
 - vii. The provider is required to notify the Peer Recovery & Support Director within 10 days of this position becoming vacant or a staff change, and the name and contact information for the person who will assume the role and responsibilities of the Recovery Outreach Worker position in the interim.
- e. The Recovery Outreach Worker position is a 100% salaried position therefore this is a cost reimbursement grant, and **no** fee-for-service billing is allowed.

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- f. Indirect cost is **not** allowed. No exceptions.
- g. Equipment Purchases: The purchase of equipment will be considered on a case-by-case basis.
- h. Furniture Purchases: The purchase of furniture is **not** allowed. No exceptions.
- i. Meal Purchases: The purchase of light refreshments and meals are **not** allowed. No exceptions.
- j. 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](#)

V. Required Data Report(s):

1. Provide a monthly report to include items a-g:
 - a. Total number of in-person client contacts;
 - b. Total number of telephone check-in calls;
 - c. Total number of client readmissions;
 - d. Total number of new crisis team involvements;
 - e. Total number of hospitalizations;
 - f. Total number of home visits conducted; and
 - g. Total number of other assistance provided.
2. A year-end report is required as indicated in 1 (a-g) for all recipients of grant funding.
3. Reports are due by the 10th of the following month and are to be emailed to the Peer Support Services Project Coordinator and/or Division Director of Peer Recovery and Support.

VI. Programmatic Questions

Please address the following statements within the proposed Project Narrative:

1. Describe how the agency will utilize the Recovery Support Worker in an attempt to reduce recidivism or to aid with relapse prevention.
2. Provide a detailed description on how your agency intends to design the 30-day outreach program.

SABG funding for Recovery Outreach Worker Acknowledgements:

Initial Below:

_____ The agency will comply with all regulations set forth in this document.

_____ I understand that upon receipt of award announcement, the agency will sign an Assurances Agreement with the MS Department of Mental Health for funds received in fiscal year (FY) 24: July 1, 2023 – June 30, 2024.

Sign and Date Below:

Name of Agency:

Executive Director:

Date:

		Mississippi Department of Mental Health					
		Bureau of Behavioral Health Services					
RECOVERY OUTREACH SERVICES MONTHLY OUTCOMES MEASURES TRACKING FORM							
Service Provider:				Name & Email of Contact Person:			
				(or person completing this form)			
Service Provider #:				Fiscal Year:			
Month	# of In-Person Client Contacts	# of Telephone Check-ins with Clients	# of Client Readmissions	# of New Crisis Team Involvements	# of Hospitalizations (Substance Use)	# of Home Visits Conducted	Total # of Other Assistance Provided
July							
August							
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							
Totals	0	0	0	0	0	0	0