

Staff Person for Submission: Ms. Albertstein Johnson-Pickett

PowerForm Link: <https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=5d982d5f-c33c-48e4-97f8-0a6aba3009c2&env=na3&acct=f03caff0-d8b6-4e91-ba70-c12592a3e516&v=2>



Mississippi Department of Mental Health

Bureau of Behavioral Health Services

Division of Children and Youth Services

Domestic Violence Shelter

Intensive Community Supports

Funding Application Request

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

State of Mississippi
Domestic Violence Shelter
Intensive Community Supports

The Department of Mental Health/Bureau of Community Mental Health Services is now accepting requests for proposals for state fiscal year 2024.

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.

This proposal application is eligible to all Mississippi Department of Mental Health (DMH) certified providers **designated as Domestic Violence Shelters** and 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 this grant opportunity is meant to defray a proportion of the operational costs for the service.

DMH, Division of Children and Youth Services is accepting applications for Intensive Community Supports and Services that address children ages 3-18. These services include assessments, individual and group counseling, implementation of Evidence-based Practices (i.e. Incredible Years and TF-CBT), crisis prevention and intervention, case management, violence prevention education.

The target population for this program is children and their mothers/caregivers affected by domestic violence and /or sexual assault or live in a potential abusive environment due to substance abuse in the home. All children referred are assessed to determine his/her level of need and for serious emotional/behavioral disturbances.

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 6 pages) which addresses B – D.

B. Outcome Measures

1. List goals and/or objectives from FY 2023's application.
 - a. Provide the outcome for each goal/objective listed.
 - b. If the goal/objective was not met, describe the barrier(s) which prevented the service from meeting the goal/objective.
 - c. Provide a plan for overcoming the barrier(s) identified in the upcoming fiscal year.
2. List the new goals and/or objectives for FY 2024 utilizing the chart on page 5.
 - a. Describe how the service will meet each goal/objective.
 - b. Describe how you plan to evaluate the effectiveness of the service.

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. The selected agency 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. Any travel reimbursement listed in the budget cannot exceed the current State of Mississippi reimbursement rate (currently \$0.665 per mile.)
2. Indirect/administrative costs listed in the budget cannot exceed 8% of the budget total.
3. 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).
4. Performance Measure reports required by this funding must be submitted monthly with your cash request.
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. The following data should be reported monthly in any format: counties served; number of children/youth served during the reporting period (at the beginning and then newly admitted) including separate numbers for residential and nonresidential; number discharged and level of care child/youth was referred to upon discharge (outpatient or inpatient services); number and type of education presentations, and results of outcome reports (i.e. Eyberg Child Behavior Inventory, Parent Report Checklist, Family Crisis Oriented Personal Evaluation Scales, etc.)
2. The above data must be submitted monthly attached to your monthly cash request.
3. Any questions regarding this grant can be emailed to lynda.stewart@dmh.ms.gov in the Division of Children and Youth Services.

**Domestic Violence Shelter
Intensive Community Supports
Goals and Objectives
July 1, 2023– June 30, 2024**

**GOAL 1:
OBJECTIVE:**

ACTIVITIES	TIME LINES	DATA EVALUATION (EVIDENCE OF MOVEMENT TOWARDS GOALS OR ACCOMPLISHMENT OF GOALS)	STAFF RESPONSIBLE
1) A.			
1) B.			

**GOAL 1:
OBJECTIVE:**

ACTIVITIES	TIME LINES	DATA EVALUATION (EVIDENCE OF MOVEMENT TOWARDS GOALS OR ACCOMPLISHMENT OF GOALS)	STAFF RESPONSIBLE
2) A.			
2) B.			

**GOAL 1:
OBJECTIVE:**

ACTIVITIES	TIME LINES	DATA EVALUATION (EVIDENCE OF MOVEMENT TOWARDS GOALS OR ACCOMPLISHMENT OF GOALS)	STAFF RESPONSIBLE
3) A.			
3) B.			



**Domestic Violence Shelter
Intensive Community Supports**

Reporting Month/Year: _____

Agency: _____

1. Number of new referrals to the Intensive Community Supports program during the reporting month. _____
2. Sources of referral
3. Number served through Intensive Community Supports during the reporting month _____
4. Number of intake/initial assessments conducted during the reporting month

5. Number of children and youth served able to maintain in the home/community _____
6. Number of children and youth requiring a higher level of care (acute or PRTF level of care)

7. Please list Evidence-Based Practices utilized during the reporting month.