

Staff Person for Submission: Ms. Katherine Simmons

PowerForm Link: <https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=998f5971-c1e0-46ab-9fed-788796b9e21c&env=na3&acct=f03caff0-d8b6-4e91-ba70-c12592a3e516&v=2>



Mississippi Department of Mental Health

Bureau of Behavioral Health Services

Division of Children & Youth Services

Early Childhood Intervention Services

Funding Application Request

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

State of Mississippi

Early Childhood Intervention Services

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 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 costs for the service or program.

Early Childhood Intervention Services provides screenings, assessments, counseling and preschool classes utilizing evidence-based practices to young children age's birth to 5 years and their parents. These services provide parents/caregivers of young children with the support and education needed to improve their child's emotional or behavioral symptoms. This includes, but not limited to the following:

- Providing linkages and resources to other community agencies
- Screenings and Assessments
- Multi-family group counseling
- Preschool classes
- Positive parenting support
- Behavioral management planning
- Educate and inform community agencies about the need for awareness regarding early childhood mental health

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. Describe how the barriers listed will be addressed 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.
 - c. Describe how culturally competent services will be implemented.

C. Specific Requirements:

1. List staff responsible for each activity by position/title. Include percentage of time related to this proposal per staff member.

D. 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.

E. Required Data Report(s):

1. A monthly report should be submitted with the cash request and should include case numbers of children served. Please contact Lynda Stewart at Lynda.stewart@dmh.ms.gov with questions regarding monthly reporting.

Early Childhood Intervention Services
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.			



Prevention/Early Intervention Grant

REPORTING MONTH/YEAR: _____

AGENCY _____

1. Number of children/youth served in your prevention/early intervention program:
2. Number of children/youth that received an initial/intake assessment by case number:
3. Number of preschool classes held
4. Number of children served in your preschool classes
5. List sources of referral
6. List evidence-based curricula utilized
7. List awareness activities/outreach provided during the reporting month
8. List accomplishments of the program, if applicable