

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 and Youth Services

Independent Living Program

Funding Application Request

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

State of Mississippi

Independent Living Program

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 at 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.

This proposal application is eligible to all Mississippi Department of Mental Health (DMH) certified providers who are in good standing and are licensed to operate a therapeutic group home by the Mississippi Department of Child Protection Services. 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 or program.

The Independent Living Program is designed to facilitate healing, recovery, and promote the social and emotional well-being of youth who have experienced homelessness, neglect, exposure to violence and/or trauma. Comprehensive services are provided to help youth make a successful transition to sustainable living situations.

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 – E.

B. Performance Measures

1. Provide a summary of goals and/or objectives from FY 2023's application to include:
 - a. If the goal/objective was not met, describe the barrier(s) which prevented the service from meeting the goal/objective.
 - b. Provide a plan to overcome the identified barrier(s) in the upcoming fiscal year.
2. List the new goals and objectives from for FY 2024 utilizing the chart on page 5.
Please limit to a maximum of three (3) goals.
 - a. List the activities for each goal/objective and the timeline for each.
 - b. Describe how you plan to evaluate the effectiveness of the service (data evaluation) and staff responsible.

2. Reporting on Performance Measures

You will be required to submit a monthly report on the performance measures in your grant when you submit your cash request.

Monthly report must include:

- a. Number served
- b. Number enrolled in school/GED program
- c. Number employed
- d. Number discharged to a sustainable living situation
- e. Number transitioned to an increased level of care

C. Specific Requirements:

1. Intensive Community Support services are provided and include Individual Service Plan development, linkage to resources including education and/or employment.
2. Transitional Living Plans are developed to ensure a safe and stable living environment after exiting the program.
3. Aftercare follow-up to include at least 3 months of contact with the youth.
4. Staffing schedule by position should be included with the proposal.
5. Outreach activities must be described in the Program Narrative.
6. At least one bed must be reserved for a youth in CPS custody that meets the qualifications and expectations of the program.

D. Other Guidelines:

1. Indirect/administrative costs listed in the budget cannot exceed 8% of the budget total.
2. 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. The data reporting/monthly reporting form is found on page 6 of this RFA and must be attached to the cash request for reimbursement.
2. Any questions regarding the Independent Living Program grant can be emailed to lynda.stewart@dmh.ms.gov in the Division of Children and Youth Services.

**Independent Living Program
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.			



Supporting a Better Tomorrow...One Person at a Time

INDEPENDENT LIVING PROGRAM MONTHLY REPORT

Date Submitted: _____

Agency Name: _____

Reporting Month/Year: _____

NUMBER SERVED

Males: _____

Females: _____

Number of CPS Youth Served: _____

NUMBER EMPLOYED/ENROLLED IN SCHOOL

Number of Youth employed: _____

Number of Youth enrolled in school: _____

Number of Youth pursuing a GED: _____

Number discharged to a sustainable living situation _____

Number transitioned to a higher level of care _____