

**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

**Respite**

Funding Application Request

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

# State of Mississippi

## Respite 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.

Respite Care is short-term planned relief care in the home or community for children/youth **with serious emotional/behavioral disturbances (SED)**. This service offers time out for caregivers and children/youth and helps families to cope with their responsibilities. Respite offers parents/caregivers time to rest and regroup facilitating stability so the parent/caregiver feels less isolated from the community, family and friends and the child/youth is able to be maintained in the parent/caregiver's home reducing the risk of institutionalization. Respite is community-based, culturally competent, and child-centered with the family participating in all decision-making.

**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. Outcome Measures

1. List goals and/or objectives from FY 2023's application (if funded in FY23).
  - 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 to overcome the barrier(s) identified in the upcoming fiscal year.
2. List the new goals and/or objectives for FY 2024 using 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.
3. Include a brief description of the following:
  - a. Outreach and recruitment efforts for new Respite Workers/Mentors
  - b. Description of case record keeping and content of case records
  - c. Referral process for children/youth **with SED** referred to Respite.
  - d. Each child/youth with SED receiving respite will be given a case number
  - e. Process for matching children/youth with other families/adults providing Respite.
  - f. Procedure for background checks and fingerprints for Respite Workers/Mentors.
  - g. The **curriculum** utilized and required **training schedule and topics** for agency staff and Respite Workers.
  - h. Satisfaction surveys for Respite Worker/Mentor and parent/caregiver (recipient) needing Respite. **Please attach survey.**
  - i. Group respite is not an allowable service with this grant.
  - j. Respite rates for services provided

## 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. The monthly report should include:

1. Number of outreach efforts

2. Number of trained Respite Workers/Mentors/Providers available
3. A list of Respite Providers (This list will be posted on our website and made available to our DMH certified programs and providers.
4. Number of new Respite Workers/Mentors/Provider trained
5. Number of children/youth **with SED** referred for Respite
6. Number of children/youth **with SED** who received Respite **by case number and DSM diagnosis**
7. Number of children/youth receiving respite that were maintained in the parent/caregiver's home

### **C. Specific Requirements:**

1. Staffing Requirements – An individual with, at a minimum, a Master's degree in a mental health or closely related field must be designated to plan and supervise respite services. The Supervisor can also have administrative or other supervisory responsibility for other services or programs.
2. Service Requirements – Respite Services must be available a minimum of once per month for up to the number of hours per month determined necessary, based on individual needs of the children/youth and his or her family.

### **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.

**Respite 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.			



## RESPITE SERVICES

### MONTHLY REPORT

Date Submitted: \_\_\_\_\_

Month/Year being reported: \_\_\_\_\_

Provider: \_\_\_\_\_

1. Number of outreach efforts: \_\_\_\_\_

Please describe your outreach efforts this month:

2. Number of trained Respite Workers/Mentors/Providers available: \_\_\_\_\_

3. Number of new Respite Workers/Mentors/Provider trained: \_\_\_\_\_

4. Number of children/youth **with SED** referred for Respite: \_\_\_\_\_

Please list referral sources:

5. Children/youth who received Respite **by case number and DSM diagnosis**  
(Please include all children and youth **with SED** served during the reporting month)

Case Number	DSM Diagnosis
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