

Staff Person for Submission: Mr. Dwayne Nelson

PowerForm Link: <https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=b473e9f3-a4db-424d-990e-697d192d5ce4&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

Transitional Outreach Program

Funding Application Request

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

State of Mississippi

Transitional Outreach Program (TOP)

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 operational costs for the service.

The intent of the Transitional Outreach Program is to provide youth/young adults with SED and other high-risk factors, ages 14 -21 years, with the services and resources necessary to become **independent** and **productively engaged** in the community. The goals include, but aren't limited to the following:

- Expand community capacity to serve transitional age youth with SED;
- Provide access to services/supports specific to this population;
- Increase the target population's ability to obtain independent living and interpersonal skills;
- Assist youth/young adults in achieving educational goals
- Identify goals that include obtaining and maintaining gainful employment;
- Participate in youth team/council (SOC Youth Council if applicable, Open Up MS, etc.)

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.
 - 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 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. Program Narrative Requirements:

- a. Describe the referral process and eligibility criteria for the program.
- b. List any assessments or surveys that are utilized by the program and the results.
- c. List and describe the array of services provided to transition-aged youth in the program. Services **must** include clinical services as well as services to assist with educational goals, Independent Living Skills, Job Skills, etc.
- d. Describe plans for including Parent/Caregiver and/or Youth Peer Support Services.
- e. Describe plans for staff to participate in local MAP team
- f. Identify location of program services (region-wide or in specific counties.)
- g. Identify staff positions/titles required to complete the goals and objectives of the grant

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.

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. Information to be reported will include number of youth/young adults served; types of services provided; number of youth maintained in community/home; number of youth employed; number of youth enrolled in school, GED program, or academic classes; number of youth involved in the juvenile justice system; number of youth involved with CPS. This form can be found on page 6 and must be submitted with the monthly cash request.
2. Any questions regarding this grant can be emailed to lynda.stewart@dmh.ms.gov in the Division of Children and Youth Services.

Transitional Outreach 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.			



MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
DIVISION OF CHILDREN AND YOUTH SERVICES
TOP GRANT FUNDED PROGRAMS
MONTHLY REPORTING FORM

Name of Agency/Organization_____

Report Month/Year_____

1. Number of youth/young adults served in the TOP Program in the previous month_____
2. Number of new youth/young adults enrolled in the TOP Program this month

3. Number of youth/young adults enrolled in an educational program (public school, community college, 4-year college/university) _____
4. Number of youth/young adults employed_____
5. Number enrolled in a GED program_____