



**Mississippi Department of Mental Health**

Bureau of Behavioral Health Services  
Division of Peer Recovery and Support

**Consumer Education Program**

**Notice of Funding Opportunity FY 2027**

Request for Proposals

**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.**

## **Consumer Education Program**

**The Department of Mental Health is now accepting funding applications for state fiscal year 2027 (July 1, 2026 – June 30, 2027.) 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 the grant opportunity is meant to defray a proportion of operational costs for the service.**

**Cash requests will only be signed and processed for payment after the Department of Mental Health has received required data outcomes and/or metrics specific to the respective grant.**

This funding is to provide state-wide evidence-based support and educational programs free of charge to those living with mental illness, their caregivers, and their family members. Educational programs are to include but are not limited to:

The Family-to-Family Education Program is a free, 12-class course for family caregivers of individuals with severe mental illnesses. The course is taught by trained family members and provides current information on major mental illnesses such as schizophrenia, major depression, bipolar disorder, obsessive compulsive disorder, and others; information about medications; strategies for handling crises and relapse; and most of all, how to cope successfully with a major challenge in your life, which will in turn allow you to best support your mentally ill loved one to work toward recovery.

In Our Own Voice (IOOV) unmask mental illness using speaker stories to illustrate the individual realities of living with mental illness. Participants gain a better understanding of what it is like to live with mental illness and stay in recovery. In Our Own Voice can change attitudes, preconceived notions and stereotypes regarding mental illness.

Peer-to-Peer is a recovery-focused educational program for adults who wish to establish and maintain wellness in response to mental health challenges. The course provides critical information and strategies related to living with mental illness.

The Provider Education program helps people who work with individuals living with mental illness understand the experience of mental illness from individual and family perspectives. Through exposure to personal stories, participants may gain tools that increase their empathy and professional skills thereby improving patient care.

**Eligible Applicants:** 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.

**Number of Awards:** Single award

**Funding Amount:** \$120,110

**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. Program Evaluation**

**1. Objectives**

- To provide statewide evidence-based support and educational programs at no cost to individuals living with mental illness, their caregivers, and family members.
- To increase participation and engagement in trainings, classes, and presentations.
- To increase outreach, awareness, and engagement efforts to expand participation in trainings and services.

## 2. Performance Metrics

- Number of trainings, classes, and presentations conducted: **Target:**  $\geq$  100% of scheduled trainings are conducted with  $\geq$  6 participants per event
- Number of participants successfully completing trainings: **Target:**  $\geq$  85% of participants attending trainings successfully complete the program
- Number of outreach activities conducted (e.g., presentations, health fairs, community events): **Target:**  $\geq$  6 outreach activities conducted annually
- Number of outreach and engagement efforts (including social media and community engagement):  $\geq$  2 outreach or engagement efforts conducted monthly

## 3. Required Data

### Training & Participation Reporting:

- List of the type, number, and location of trainings performed monthly
- Number of participants attending each training
- Participant sign-in sheets for each training
- Number of participants who successfully completed each training

### Outreach & Engagement:

- List of additional support groups, health fairs, and presentations conducted
- List of outreach and engagement efforts to recruit participants for trainings
- List of social media engagement activities

## C. Reporting Requirements:

Grantees are required to submit required data to DMH to continue funding and use data to assess progress and improve services. Additional reports may be required as specified by DMH.

- Reports are due by the 10th of the following month and are to be submitted with the monthly cash request to the Division Director of Peer Recovery & Support
- In addition to monthly reporting there must be a submission of a mid-year and end of year report

Failure to meet reporting requirements or established metrics, unless required otherwise by federal law, shall result in:

- Immediate suspension of grant payments pending corrective action
- Agency review for potential grant termination; and
- Termination of grant award if metrics remain unmet in 120 days following the due date of annual report.

**D. Other Guidelines:**

1. This grant will be COST REIMBURSEMENT only.
2. Any travel reimbursement listed in the budget cannot exceed the current State of Mississippi reimbursement rate (currently \$0.725 per mile.)
3. Indirect/administrative costs listed in the budget cannot exceed 8% of the budget total.
4. Data reports required by this funding must be submitted monthly by the 10<sup>th</sup> of the following month.
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.
6. Comply with all provisions of HB1171 as passed in the 2026 legislative session.
7. 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).

**E. Evaluation Criteria:**

**Applications will be evaluated based on:**

- Program design, feasibility, and alignment with goals
- Capacity to deliver services
- Budget and cost effectiveness
- Impact on target population

A review panel will score applications using standardized rubric.



**Consumer Education Program**

**Monthly Data Report**

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

Month being reported: \_\_\_\_\_

Training(s):				
Date of Training	Type of Training	Number of Participants	Location	Presenter(s)

Presentation(s):				
Date of Presentation	Type of Presentation	Number of Participants	Location	Presenter(s)

Outreach:			
Date	Type of Outreach	Number of Participants	Location


Signature of Executive Director: \_\_\_\_\_

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

## Mid-Year and End-Year Report

Fiscal Year: \_\_\_\_\_

Agency Name: \_\_\_\_\_

### 1. Annual Training Outcomes

Metric	Target	Actual	Met (y/n)
Trainings Conducted	100% scheduled for each training goal with ≥6 participants		
Participant Increase	+5%		
Completion Rate	≥85%		

### 2. Outreach & Engagement

Metric	Target	Total	Met (y/n)
Outreach Events	≥6 annually		
Engagement Activities	≥2/month		

### 3. Program Evaluation

Area	Response
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How attendance  
increased by 5%

Outreach strategy  
effectiveness

Program effectiveness

Signature of Executive Director: \_\_\_\_\_

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