



Mississippi Department of Mental Health Bureau of  
Behavioral Health Services  
Division of Children and Youth Services

**NAVIGATE**

**Notice of Funding Opportunity FY 2027**

# State of Mississippi

## NAVIGATE

The Department of Mental Health/Bureau of Community Services is now accepting funding applications for state fiscal year 2027.

Please note that all grants are contingent on 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. Currently, only Community Mental Health Centers (CMHCs) are eligible to apply for this funding opportunity. We anticipate multiple grant awards. The funding associated with the grant opportunity is meant to defray a proportion of operational costs for the service.

For the required 10% set aside of the Community Mental Health Services block grant, DMH selected the NIMH recommended Coordinated Specialty Care (CSC) model for First Episode Psychosis (FEP). CSC Teams are trained using the NAVIGATE program that was created under the RAISE initiative. NAVIGATE for First Episode Psychosis is listed in SAMHSA's National Registry of Evidence-based Programs and Practices. The Coordinated Specialty Care team includes the following: Team Leader, Prescriber, Individual Resiliency Trainer, Family Education Clinician, Supported Employment and Education Specialist and Case Manager. A three-day intensive training course focuses on the roles of these individual members. In addition, team members participate in bi-monthly and/or monthly telephone calls with national NAVIGATE consultants who review roles, manuals, discuss youth and young adults referred, and provide input and guidance on further program development.

The target population is youth/young adults aged 15-40 years of age who have experienced a first episode of psychosis inclusive of diagnosis in the schizophrenia spectrum and other psychotic disorders.

### *Length of services*

NAVIGATE teams are encouraged to offer services to clients with first episode clients for at least 18 months to 2 years, but not more than 3 years.

It is critical that the providers have expertise in their specialty area as well as interest, experience, and skill in providing care to youth experiencing FEP. Clinical skills and abilities important for working in early intervention include empathy, unconditional positive regard, and a non-judgmental approach. NAVIGATE Team members should understand the unique challenges of an individual experiencing FEP and their families, the diversity of the youth served, recovery and the potential for FEP youth to lead productive lives. The treatment team staff must also have a high level of respect for participants' independence and self-determination, be flexible in tailoring interventions, and be open to partnering with natural supports.

**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 - F.

**B. Objective**

To provide mental health services and supports to youth/young adults 15- 40 years of age who have experienced a first episode of psychosis inclusive of diagnosis in the schizophrenia spectrum and other psychotic disorders.

**C. Required Data**

- Number served by NAVIGATE
- 95% or more of youth and young adults receiving NAVIGATE services will be maintained in their homes and communities.
- 70% or more of youth and young adults receiving NAVIGATE services will be employed and/or enrolled in school
- Participation in local community events (health fairs, workshops, meetings, etc.) to provide information on the NAVIGATE program **at least once per quarter.**
- Provide outreach to local referral sources (Crisis Stabilization Units, hospitals, doctor’s offices, schools, other mental health agencies) **at least once per month.** Please provide a description of outreach/marketing plans for the FY 2027 grant year (July 1, 2026 – June 30, 2027).
- **Participate in monthly technical assistance calls** to review roles, manuals, referrals, and receive guidance. All team members will participate in the monthly technical assistance calls. Participation on these calls is a requirement.

**Reporting on Performance Metrics**

DMH grant recipients must review the performance metrics, assess their progress, and use this information to improve the management of their grant. Recipients are also required to report on their progress by addressing the

objective identified in the grant. The assessment should be designed to help you determine whether you are achieving the 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. Cash requests will not be reimbursed unless data/monthly reports are submitted and received.

#### **D. Specific Requirements:**

1. Staffing Requirements – Team Leader (at least 80% on the NAVIGATE grant), Prescriber (at least 20% on the NAVIGATE grant), Individual Resiliency Trainer (at least 50% on the NAVIGATE grant), Family Education Clinician (at least 50% on the NAVIGATE grant), Supported Employment/Education Specialist (at least 50% on the NAVIGATE grant). It is strongly recommended to include a community support specialist and a peer support specialist on the Coordinated Specialty Care Team. **Funds in the Personnel category will only be allowed for the above Team Members.**
2. The Team Leader may also serve in the role of the Family Education Clinician. Please note that Individual Resiliency Trainer (IRT), the Supported Employment Specialist (SEE), nor the Prescriber may serve a dual role on the team. (i.e. the IRT cannot also serve as the Team Leader or Family Education Clinician; the SEE cannot also serve as the Team Leader or Family Education Clinician; the Prescriber cannot also serve as the Team Leader or Family Education Clinician).
3. Team Leaders are required to conduct weekly supervision with team members (IRT, SEE, Peer Support Specialist, and Community Support Specialist). Documentation of this supervision must be available for review by DMH upon request.
4. The NAVIGATE teams must establish **a weekly meeting time conducted by the Team Leader.** A specific day of the week, time, and location must be specified in this application for the weekly team meeting. Sign-in sheets for team meetings must be available for review by DMH. Teams must also be able to provide a list of youth/young adults in the program (case numbers or initials) for DMH review.
5. Selected agencies must bill all payers for reimbursable services. “Grant” funds are to be used to supplement this revenue from billing for services to cover only those expenses for which no third-party reimbursement is possible.
6. The NAVIGATE team must have the ability to serve both Medicaid and Non-Medicaid youth. The team must have access to resources they need to implement the program such as cellphones, computers, photocopies, brochures, etc.). They need to have flexible hours to meet the client and family needs and can make home visits when needed.

7. Outreach is a critical component to the success of the service. The NAVIGATE team must establish a network for referrals and partnerships within the community including, but not limited to, inpatient facilities, schools, crisis services, law enforcement, primary care, and faith-based organizations. Time must be set aside to educate the community and find appropriate referrals.
8. The NAVIGATE team **must** make home visits and provide services in home, community, and clinic settings.

**E. Other Guidelines:**

1. Any travel reimbursement listed in the budget cannot exceed the current State of Mississippi reimbursement rate (currently \$0.725 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. 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 will not be eligible for future funding for this service.
5. Comply with all provisions of HB1171 as passed in the 2026 legislative session.

**F. 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.

1. NAVIGATE Monthly Reporting Form included on page 7-8 .
2. Completed Monthly Reporting Form must be submitted by the 10th of each month.
3. Monthly reports are to be submitted to Katherine Johnson via email ([katherine.johnson@dmh.ms.gov](mailto:katherine.johnson@dmh.ms.gov)).
4. 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.

**G. 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.



**Monthly NAVIGATE Report**  
**Due by the 10th of the following month**

**Month Reporting For:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**CMHC Region:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

Answer the following according to the month being reporting for the NAVIGATE Program.

1. Number of new appropriate referrals: \_\_\_\_\_

(Appropriate referrals are youth/young adults ages 15 to 30 experiencing their first episode of psychosis)

2. Total Number of new admissions: \_\_\_\_\_

a. ages 15-17 \_\_\_\_\_ b. ages 18-20 \_\_\_\_\_ c. ages 21-24 \_\_\_\_\_ d. ages 25-40 \_\_\_\_\_

3. Total Number discontinued services prior to discharge: \_\_\_\_\_

a. ages 15-17 \_\_\_\_\_ b. ages 18-20 \_\_\_\_\_ c. ages 21-24 \_\_\_\_\_ d. ages 25-40 \_\_\_\_\_

4. Total Number successfully discharged: \_\_\_\_\_

a. ages 15-17 \_\_\_\_\_ b. ages 18-20 \_\_\_\_\_ c. ages 21-24 \_\_\_\_\_ d. ages 25-40 \_\_\_\_\_

5. Total number served: \_\_\_\_\_

6. Current number served receiving FEP services: \_\_\_\_\_

a. ages 15-17 \_\_\_\_\_ b. ages 18-20 \_\_\_\_\_ c. ages 21-24 \_\_\_\_\_ d. ages 25-40 \_\_\_\_\_

7. Number served maintained in their home and/or community: \_\_\_\_\_

8. Total Number served admitted into psychiatric hospital: \_\_\_\_\_

a. ages 15-17 \_\_\_\_\_ b. ages 18-20 \_\_\_\_\_ c. ages 21-24 \_\_\_\_\_ d. ages 25-40 \_\_\_\_\_

9. Of those served, number employed (incl. discharged): \_\_\_\_\_

10. Of those served, number enrolled in school/educational courses (incl. discharged):

\_\_\_\_\_

11. Total Number of youth/young adults served arrested: \_\_\_\_\_

a. ages 15-17 \_\_\_\_\_ b. ages 18-20 \_\_\_\_\_ c. ages 21-24 \_\_\_\_\_ d. ages 25-40 \_\_\_\_\_