



**Mississippi Department of Mental Health**

**Bureau of Behavioral Health Services**

**Division of Children and Youth Services**

**System of Care Enhancement**

**Notice of Funding Opportunity FY 2027**

# State of Mississippi

## System of Care Enhancement

The Department of Mental Health/Bureau of Community Mental Health Services is now accepting requests for proposals 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.

This 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 the operational costs for the service. This is a single award with \$41,480 available in funding.

The goal of the System of Care Enhancement grant is to improve behavioral health outcomes for children/youth with SED and their families. The three (3) core values of SOC are that services should be child-centered and family focused; community-based, and culturally competent. The Enhancement grant funds will focus on families, parents and caregivers being full participants in all aspects of the planning and delivery of services. Family-focused care provides parents/caregivers of children/youth with SED the support and education needed to improve their child's emotional or behavioral symptoms. This includes, but is not limited to the following:

- Providing linkages and resources to other community agencies
- Multi-family group counseling
- Positive parenting support
- Behavioral management planning
- Conducting a Community Needs and Resources Assessment
- Developing a parent resource center

The target population includes parents/caregivers of youth involved in the juvenile justice system, child protection services, special education, alternative school, system of care programs, wraparound facilitation, and youth at-risk of out-of-home placement.

**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. Objectives**

- a. To provide multi-family group counseling, behavior management planning, and positive parenting support to parents/caregivers of children/youth with SED to improve their child's emotional or behavioral symptoms.
- b. To provide linkages to community agencies to parents/caregivers of children/youth with SED to maintain the child/youth in his/her home and community.
- c. To develop and/or maintain a parent resource center

### **List objectives from FY26's application (if applicable).**

- a. Provide the outcome for each objective listed.
- b. If the objective was not met, describe the barrier(s) which prevented the service from meeting the goal/objective.
- c. Describe how the barriers listed will be addressed in the upcoming fiscal year.

## **C. Performance Metrics**

- Conduct 12 parenting and/or psychoeducational classes provided to parents or guardians of children with SED, at least one per month, during the grant year (July 1-June 30). Sign-in sheets are required to be submitted with monthly cash requests.
- Conduct 12 mental health awareness and/or educational events provided for parents or guardians of children with SED. at least one per month, during the grant year (July 1-June 30). Flyers, sign-in sheets, etc., must be submitted with monthly cash requests.
- Conduct at least two (2) outreach activities per month to announce opportunities for classes and/or events. Flyers or other marketing material must be submitted with monthly cash request.
- 10 or more visits by parents each month to the parent resource center. Log/parent sign-in sheet of visits must be submitted with monthly cash requests.

## **Reporting on Performance Metrics**

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 by addressing the objectives 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 when you submit your cash request.

## **D. Specific Requirements:**

1. This grant requires a Program Coordinator. List all staff responsible for each activity by position/title. Include percentage of time related to this proposal per staff member.
2. Provide multi-family group counseling, behavior management planning, and positive parenting support to parents/caregivers of children/youth with SED to improve their child's emotional or behavioral symptoms.
3. Provide linkages to community agencies to parents/caregivers of children/youth with SED to maintain the child/youth in his/her home and community.
4. Develop and/or maintain a parent resource center

## **E. Other Guidelines:**

- a. Any travel reimbursement listed in the budget cannot exceed the current State of Mississippi reimbursement rate (currently \$0.725 per mile.)
- b. Indirect/administrative costs listed in the budget cannot exceed 8% of the budget total. 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).
- c. Agencies that cannot 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.
- d. Comply with all provisions of HB1171 as passed in the 2026 legislative session.

## **F. Required Data Report(s):**

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. A monthly report (page 5) must be submitted by the 10th of each month with each cash request for reimbursement.
2. Monthly reports must be submitted to the Division of Children and Youth Services for reimbursement and consideration for future funding. Please submit monthly reports to Lynda Stewart at [lynda.stewart@dmh.ms.gov](mailto:lynda.stewart@dmh.ms.gov).
3. 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.



**SYSTEM OF CARE ENHANCEMENT**  
**Monthly Reporting Form**

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

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

Reporting Month/Year: \_\_\_\_\_

1. Number of parenting and/or psychoeducational classes provided to parents or guardians of children with SED during the reporting month. \_\_\_\_\_
2. Number of mental health awareness and/or educational events provided for parents or guardians of children with SED during the reporting month. \_\_\_\_\_
3. Number of outreach efforts conducted during the reporting month. \_\_\_\_\_
4. Number of parent visits to the Parent Resource Center during the reporting month \_\_\_\_\_