



Mississippi Department of Mental Health

Bureau of Behavioral Health Services

Division of Children and Youth Services

**Transitional Outreach Program**

**Notice of Funding Opportunity FY 2027**

## 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 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 operational costs for the service. Unless otherwise directed, please submit your proposal for the same budgeted amount as last fiscal year. Multiple awards are available with a funding amount of \$62,655.

The intent of the Transitional Outreach Program is to provide youth/young adults with SED/SMI 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.)

**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**

1. To provide youth/young adults with SED/SMI, ages 14 -21 years, with the mental health services and resources necessary to become **independent and productively engaged** in the community
2. To identify and assist youth/young adults' ability in obtaining independent living and interpersonal skills to reach educational and vocational goals

### **List goals and/or objectives from FY 2026'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.

## **C. Program Metrics**

1. Number of youth/young adults with SED/SMI served in the TOP Program
2. 75% pf youth/young adults with SED/SMI served in the TOP will be enrolled in an educational program (public school, community college, 4-year college/university)
3. 20% of youth/young adults with SED/SMI will maintain gainful employment
4. Youth young adults with SED/SMI not enrolled in an educational program or unemployed will be enrolled in a GED program

## **Reporting on Program 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 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. Specific 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

**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. Performance Measure reports required by this funding must be submitted monthly with your cash request.
5. 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.
6. 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 6) is required to be submitted with the monthly cash request by the 10th of each month.
2. Any questions regarding this grant can be emailed to [lynda.stewart@dnh.ms.gov](mailto:lynda.stewart@dnh.ms.gov) in the Division of Children and Youth Services.
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.



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 \_\_\_\_\_