COMMUNITY
MENTAL HEALTH
FUND

Pre-Proposal Presentation
2025 Genesis, DeLaSalle, and Youth Ambassadors

Scope of the Presentation

Purpose:

- Guide agency through full application process
- Walkthrough of application portal
- Answer any questions about the process

Submission Essentials

This application is for **current Education and Vocation grantees and Youth Ambassadors.**

Contract dates for this application have been set to allow transition to a new Grants Management System in 2026:

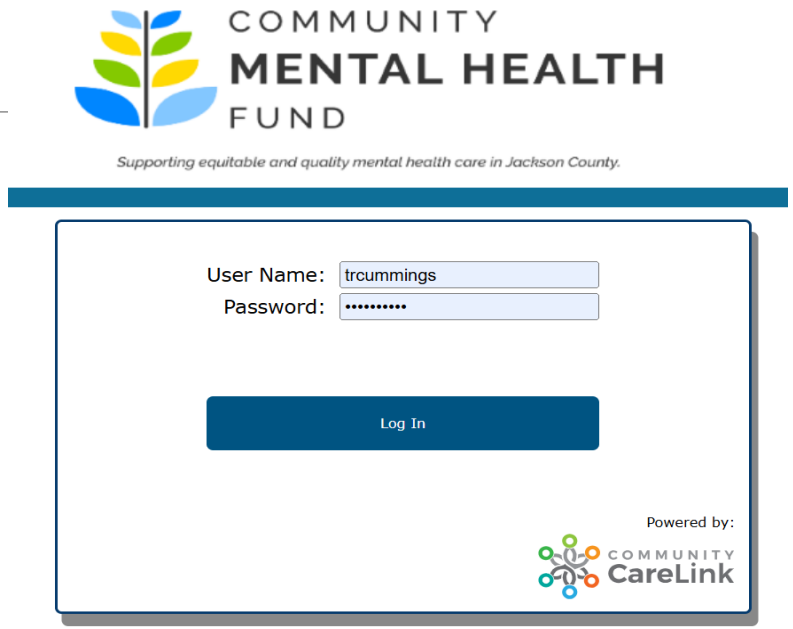
DeLaSalle and Genesis – 4/1/25 - 6/30/26 (15 month), then 7/1/26 - 6/30/2**7**

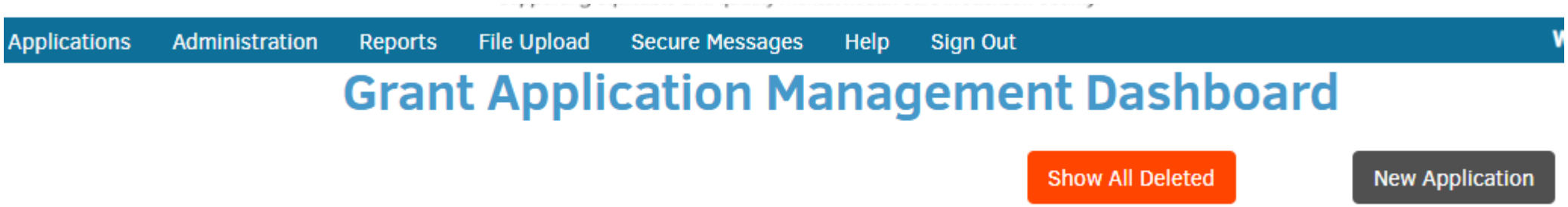
Youth Ambassadors – 4/1/25 - 12/31/25 (9 month), then 1/1/26 - 12/31/26

Submission Essentials

Application link is located on our billing portal. Use the Login button at the top of any page on our website. Usernames and passwords from last year are still active. To add a user, contact your Program Liaison.

Once you have logged in, click Application, then New Application





Submission Essentials

- For information about billable services, use the August 2024 Service Unit Definitions on the *Existing Grantee Funding >Required Documents* page of our website. There have been updates to some Service Units costs. We will cover in this presentation.
- Please spell out **all acronyms** - It helps the reviewer understand what you are writing about.
- Space for answers is limited. Please be concise. Using bullets to summarize is good.
- Questions that ask for “data” require *numbers* - quantitative information.

Service Unit – Cost Update

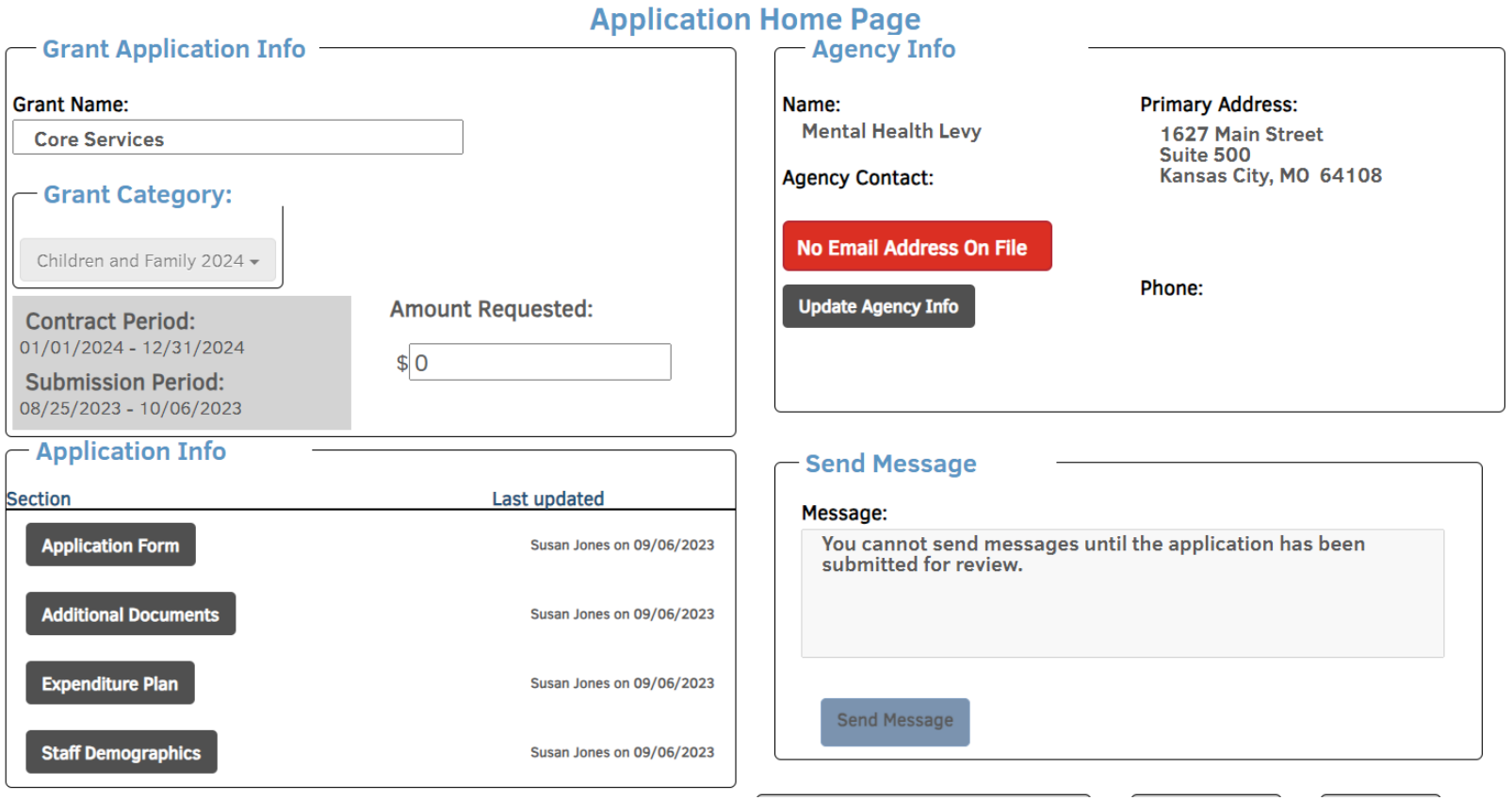
Service Unit (1 unit = 1 hour)	Old Rate	New 2025 Rate
Evaluation	$90	$120
Individual Therapy	$85	$115
Family Therapy	$85	$130
Psychiatry	$195	$200
Tele Psychiatry	$200	$230
APRN Prescriber	$155	$180
Prescriber Support	$95	$105
PSRC Group (per individual in group)	$25	$31
Peer Support	$50	$61
Psycho Ed Groups (Per Group)	$80	$90

Refer to https://jacksoncountycares.org/files/required-documents/Service-unit-definitions-August-2024.pdf on our website for this document.

Application Homepage

The application consists of the following sections:

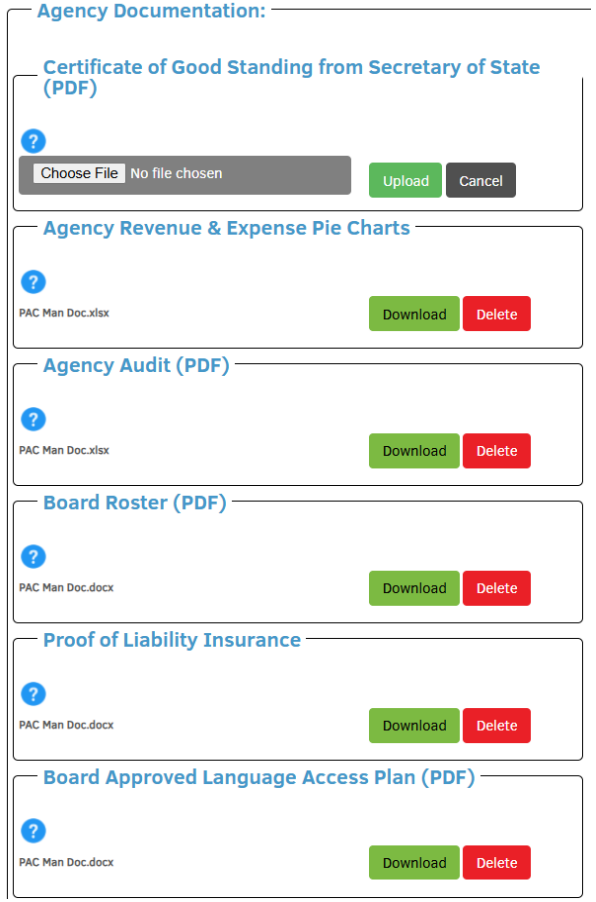
- Grant Application Information
- Agency Information
- Application Information
  - Application Form
  - Additional Documents
  - Expenditure Plan
  - Staff and Board Demographics



Agency Information

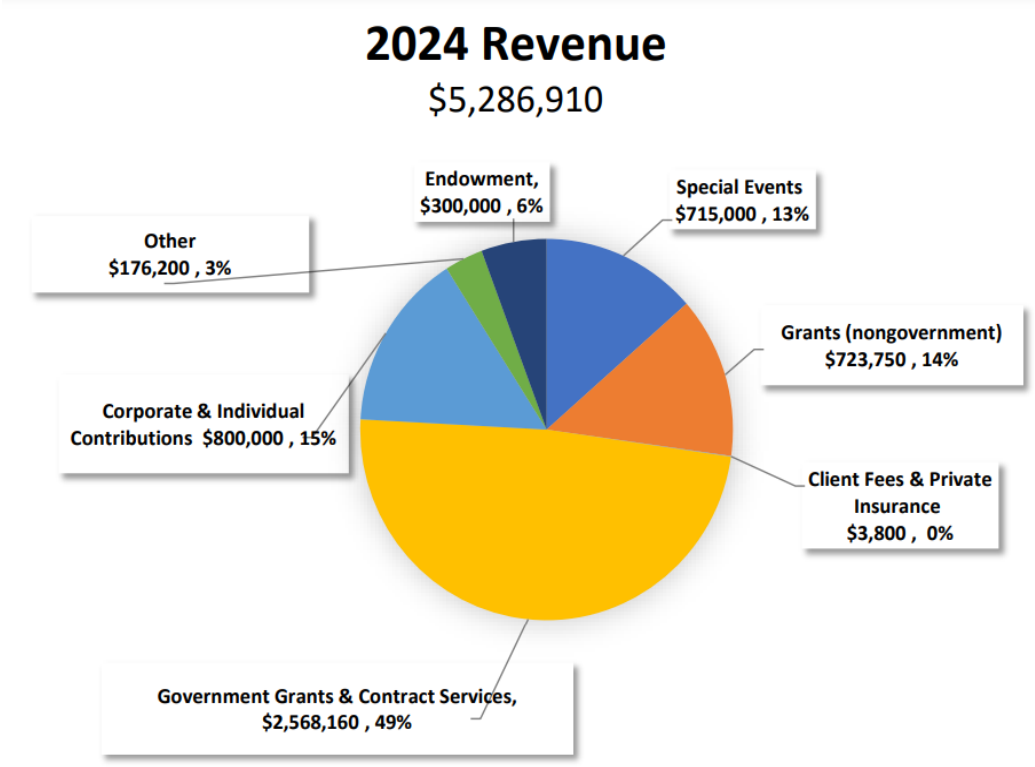
Agency Documentation

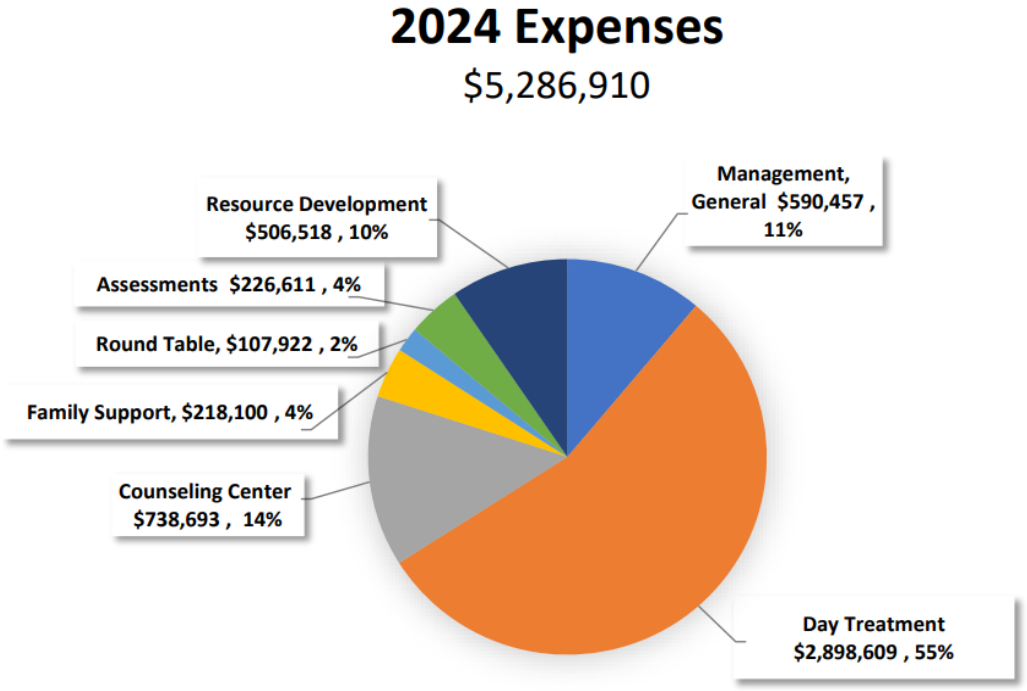
- This section is for form uploads
  - Certificate of Good Standing
  - Agency Revenue and Expense
  - Most recent agency financial audit
  - Board Roster
  - Proof of Liability Insurance
  - Language Access Plan



Agency Information

Agency Revenue and Expenses: Pie Charts *only,* include dollar amounts.





Agency Information

Language Access Plan - The Board of Trustees is giving increased attention to how agencies respond to disparities

- The Board has approved indicators of agency progress in addressing disparities in language access.
- During the second quarter of 2025, we will send agencies a brief, online survey on language access at their agency. Completion of the survey will be a condition of your contracts. The results will be used to keep us updated and identify opportunities for assistance.
- If we have questions, we may be in contact with you to further discuss your agencies language access plan.

Application Portal Go Live

This section is for the Application Form (narrative), Project Documents, Expenditure Plan, and Staff Demographics

Application Form Questions

1a. Explain your agency's overarching practice, model, or approach for services.

- Overarching means embracing everything else. What is the model or philosophy of care that is the foundation of your service delivery?
- Please do not list (EBP) Evidence-Based Practices. EBP compliments and supports the model, but are not the model or philosophy per se.
- If you do not identify an overarching practice or philosophy, please indicate.

Application Form Questions

2. **Diagnostic Table**

3. If not counting diagnostic categories of participants, or if you do not diagnose, please explain.

4. **Focusing on Jackson County, list major conditions that have changed in the past year, the impact on the agency, and agency response.**
   - Staffing
   - Participant demographics / acuity
   - COVID impact
   - Medicaid expansion
     - Numbers served/capacity
     - Financial Impact on use of CMHF funds

5. **List themajor non-CMHF sources of funding for Mental Health Services**

Application Form Questions

6. List major partnerships for addressing participants' basic social determinant needs.

Social Determinant, Agency Name

Area of focus for CMHF

- Healthy People 2030.
- Report internal agency resources.
- Report external resources.
- We may ask for specifics later.

Social Determinants of Health - Healthy People 2030 | health.gov

Application Form Questions

7. How does your agency assist participants to enroll in MoHealthNet?

- Mo Healthnet is not a direct funding stream, this is about checking for eligibility and assuring people get access to enrollment when eligible.

8. What interpreter services are used in the delivery of mental health services?

9. Are you proposing school-based services? yes/no

10. Explain major changes to expenditure plan from last year.

Additional Documents

Personnel Summary (Excel) – upload

TEMPLATE PROVIDED IN APPLICATION, ALSO LOCATED ON THE WEBSITE UNDER “REQUIRED DOCUMENTS”

Frequently Asked Questions (FAQs)

Can multiple people sign-in and work on the application with their own sign-in credentials? Yes. However, messaging or status updates go only to the *agency contact* identified in the Agency information section of the application.

Will the agency contact receive confirmation once the proposal is submitted? Yes. You will receive an email from the portal indicating the “status of your grant has changed” to “under review”.

Is it possible to have more than one agency email contact? No. Only one email contact, identified in the Agency Information section of the application, can be used for the application.

Is there a downloadable application template so that we can work offline before uploading? No, but we have added a print feature.

What is the 'send message' box used for? It is enabled when you submit your application. Messaging will be used to request clarification, send follow-up information, or communicate on proposal revisions. Messages go to the Agency Contact.

FAQs

Are all services on the Service Unit Definitions available to us? Not necessarily. A few require prior approval- those are identified. Several have license and documentation requirements that are not a fit for all agencies. Remember, if you are proposing any *new* service, (a service not in your current contract) the reasons should be explained using *data,* in Question 10

How recent does our Certificate of Good Standing need to be? Current as of the date of application. This document certifies the agency is registered with the Secretary of State to do business in Missouri. Upload copy does not need to be certified.

What are the word limits for the narrative questions? None, unless otherwise noted. Brief responses are strongly preferred. Using bullets is encouraged.

How do we complete the *Expenditure Plan* when the Service Units Definition has no unit cost?
1. Make sure you are using the 2024 version of the Definitions.
2. If there still is no unit cost, Under *Funding Type* in the Expenditure Plan, click “partial” then enter the total dollar amount of the proposed service and the total number of units. If you still have questions, contact your Program Liaison.

More suggestions:

Keep it simple. Keep answers simple, brief and direct. Don't read anything else into the questions besides what is asked. If we need more information, we will ask for it at a later time.

Do your research. For example, people ask what we mean by *social determinants of health*. There is a lot of information on the internet about this topic and we encourage you to familiarize with the topic and how it relates to your program.

Internal communication. Seek input from all staff regarding your application. Check the facts and get a review of your application prior to submission. It is noticed when there is uncertainty from the writer and words become placeholders rather than meaningful information for the reviewer. Applications that are unclear to the reviewer typically require re-writes and more work for the writer and CMHF staff.

Questions

Timeline

This presentation

will be **on** our Website **under** Existing Agency Funding

Application Due end of day

February 3rd , 2025

Contract Reminder

If your proposal is approved,

- Contract is signed electronically
- Quarterly Billing is due 30 Days after the end of each quarter
- There will be a self-assessment survey on Language Access during the second quarter
- Annual Demographic Report is due 30 Days after the end of the contract year.

We send your first 2025 payment after we receive:

- Signed Contract

Genesis and DeLaSalle will be a 15-month contract. April 1, 2025, to June 30th, 2026

Youth Ambassadors will be a 9-month contract, April 1, 2025, to December 31st, 2025, with a new application in the fall to align with a calendar year for 2026.

Thank You

SUPPORTING EQUITABLE AND QUALITY MENTAL HEALTH CARE IN JACKSON COUNTY