



COMMUNITY
MENTAL HEALTH
FUND

Pre-Proposal Presentation
2025 Special Populations and Domestic and Sexual Violence



Scope of the Presentation

CMHF will be transitioning to a new Grants Management System (GMS)

2025 Applications will be based on a 9-month contract year

- April 1st , 2025 to December 31st , 2025
- Simplified application with only a few questions.

2026 applications will be in the new GMS the fall of 2025

All network agency partners will be on a January 1st – December 31st contract year starting in 2026.

Submission Essentials



This application is for **current Special Populations and Domestic and Sexual Violence agencies**. It 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.

- For information about billable services, use the August 2024 Service Unit Definitions on the [Existing Grantee Funding](#) page of our website. There have been updates to some Service Units. We will cover in this presentation.

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

Service Unit- Cost Update

2025 expenditure plans are expected to be the same as 2024 with the exception of the applicable service unit cost increases.

Your total contract amount will increase in accordance with the increase in service unit cost but will only be for a 9-month period this year (4.1.2025 to 12.31.2025).

For 2026, the contract dates will be for 1.1.2026 to 12.31.2026 and will remain on a calendar year.

Portal Instructions

The application 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 or change a user, contact your Program Liaison.

Supporting equitable and quality mental health care in Jackson County.

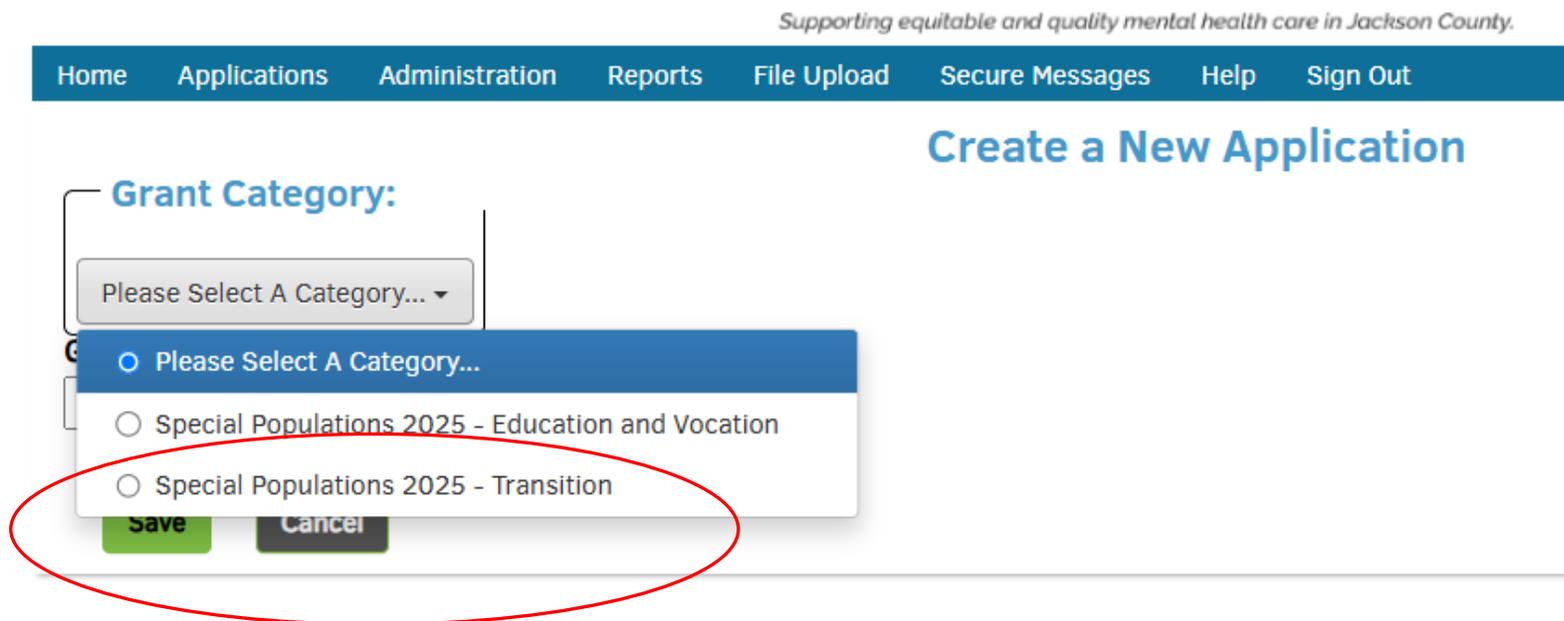
Home Applications Administration Reports File Upload Secure Messages Help Sign Out

Create a New Application

Grant Category:

Please Select A Category... ▾

- Please Select A Category...
- Special Populations 2025 - Education and Vocation
- Special Populations 2025 - Transition



Application Home Page



The application consists of the following sections:

- Grant Application Information
- Agency Information
- Application Information
 - Application Form
 - Expenditure Plan

Home Applications Administration Reports File Upload Secure Messages Help Sign Out Welcome, Susan Jones

Application Home Page

Grant Application Info

Grant Name:
Core Services

Grant Category:
Special Populations 2025 - Transition

Contract Period:
04/01/2025 - 12/31/2025

Submission Period:
01/10/2025 - 02/03/2025

Amount Requested:
\$0

Agency Info

Name:
Mental Health Levy

Agency Contact:

Primary Address:
1627 Main St
Suite 500
Kansas City, MO 64108

Phone:

No Email Address On File

Update Agency Info

Application Info

Section	User
Application Form	Susan Jones
Expenditure Plan	Susan Jones

Send Message

Message:
You cannot send messages until the application has been submitted for review.

Send Message

Save **Submit for Review** **Show Incomplete Items**

Application Status:
In Process

Application Due By:
02/03/2025

Days Remaining:
24

Agency Information



- This section is for form uploads
- Please include most recent Language Access Plan in use by your agency.
- Documents in this section are pre-populated from last year's submission. Please Review and upload a new document if there are changes.

Certificate of Good Standing from Secretary of State (PDF)

?

Choose File No file chosen Upload Cancel

Agency Revenue & Expense Pie Charts

?

PAC Man Doc.xlsx Download Delete

Agency Audit (PDF)

?

PAC Man Doc.xlsx Download Delete

Board Roster (PDF)

?

PAC Man Doc.docx Download Delete

Proof of Liability Insurance

?

PAC Man Doc.docx Download Delete

Board Approved Language Access Plan (PDF)

?

PAC Man Doc.docx Download Delete

Language Access Plans



The Board of Trustees is giving increased attention to how agencies respond to disparities.

The Board 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 Live Demonstration

This section is for the Application Form (narrative) and
Expenditure Plan

Application Form Questions – 2 questions



- 1. Focusing on Jackson County, list major conditions that have changed in the past year, impact on the agency, and agency response (may include payers, intake volume, severity, trauma conditions, facility conditions, etc.)**

- 2. Explain the reasons for major changes to expenditure plans from last year (i.e. new service, shift in distribution of units, total cost)**

FAQs



How do we complete the *Expenditure Plan* when the *Service Unit Definition* has no unit cost?

1. Make sure you are using the 2024 version of the Definitions. Almost all costs are now set.
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.

What Agency Audit should we upload?

1. Use the most recent available.



Questions?

Website Portal Questions:

Send to: sejones@jacksoncountycare.org



Timeline

This presentation
will be on Grant Funding
page on our website

Applications Due by
February 3, 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:

- Fourth quarter 2024 billing, and
- 2024 Annual Demographic report.

Thank You



SUPPORTING EQUITABLE AND QUALITY MENTAL HEALTH CARE IN
JACKSON COUNTY