



JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND

EXCELLENCE • ACCOUNTABILITY • COMPASSION

March 1, 2017

Mental Health Service Innovation Projects Instructions for Letters of Interest

Overview

The Board of Trustees is offering an opportunity for current grantees of the Jackson County Community Mental Health Fund to develop and implement one-time Innovation Projects. Innovation funding is intended to provide partial support for projects that enhance mental health services and outcomes. Applicants are encouraged to propose projects that collaborate with partner organizations. Funding may not be used for substance abuse treatment, healthcare or other non-mental health services.

Rather than submitting a complete proposal, Innovation Project applicants will use a three-step project development process beginning with a Letter of Interest. The application process is described below. At the conclusion of the application process, the Trustees will consider support for a limited number of one-time, innovative projects that can work in partnership, utilizing evidence-based practices to improve the quality and/or outcomes of mental healthcare in Jackson County, Missouri.

Contents of this Packet

This program announcement includes information on:

- Priorities for Innovations
- Development Process
- Competitive Strengths
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See the instructions below for more details.



Priorities for Innovations

Indigenous and Cultural Approaches to Care

The Trustees request Letters of Interest for projects that can create a connection between traditional or culturally-based approaches to care and the contemporary community mental health system. The focus includes but is not limited to consumers who may have North American Indigenous or Central American Indigenous backgrounds. This priority comes in response to national standards (see SAMHSA CCBHC criterion 3.d.2 and the principal CLAS Standard). We invite applicants to plan and submit proposals through partnerships involving:

- The applicant mental health service provider agency,
- The applicant agency's internal group responsible for coordinating and advising on cultural competence, and,
- An established community cultural organization (we recognize that some eligible applicant agencies may have this component internally).

Around the United States, recent research and demonstration projects document provider-community partnerships in which indigenous and cultural practices provide the basis of interventions that promote mental health recovery within cultural contexts of empowerment and resilience. For mental health organizations, indigenous and cultural approaches to care can create a *new invitation to engage* by bridging gaps between culturally-based responses to mental health concerns and formal systems of intervention, by creating alternative spaces for mental health staff and consumers to mutually engage.

Applicant agencies may propose a single event, a series of activities or some other approach that can demonstrate an integration of indigenous/cultural and western approaches to care able to enhance routine service delivery through interdisciplinary or transdisciplinary practice.

Training and Technical Assistance (T&TA) for Trauma Informed Care Partnerships

The Trustees request Letters of Interest for projects to deliver T&TA to Jackson County mental health agencies, working in multi-agency partnerships, to increase their capacity to provide trauma informed care. The training should be led by a qualified instructor or established training team to assure consistency.

In its Letter of Interest, the partnership may designate a qualified instructor and curriculum, and devise a preliminary budget to support the project; OR express intent to work with E. Power and Associates, a T&TA provider currently facilitating trauma informed care partnerships that received Innovation funding. The lead agency in a project involving E. Power and Associates will serve as a fiscal agent, and should reflect local (contributed) costs and anticipated consultant costs in the proposed budget. A consultant cost sheet will be provided to interested applicants upon request.

Partnerships may also address individual, social, or organizational impacts of vicarious trauma, also known as secondary trauma, in which helping professionals may experience various impacts of empathic engagement with traumatized clients. This may be included within the above two options, or may be proposed as a stand-alone project. A deliverable of this activity should be a report with recommendations for other partnerships interested in implementing a vicarious trauma intervention oriented toward staff.

Agency costs (staff time, planning/training, supplies, meeting rooms, etc.) for each of these types of projects are expected to be contributed by the partner agencies.

The lead agency must be a current grantee of the Jackson County Community Mental Health Fund. Partner agencies may include non-grantees, provided that they are non-profit organizations located in Jackson County, and based on a clear rationale for their inclusion in the partnership.

The project should involve all levels of staff including front-line staff, clinicians, and administration. T&TA projects are encouraged to “train the trainers,” advancing the goal of developing partner agencies’ long-term capacity and leadership in trauma-informed care in Jackson County.

Mental Health First Aid

The Trustees request Letters of Interest to coordinate and deliver Mental Health First Aid (MHFA) training in Jackson County. The Trustees’ overarching interest is making MHFA training available in low-income communities, including those impacted by violence. Two populations are of special interest: people who often come into contact with children and youth, and people whose primary language is Spanish.

MHFA is an evidence-based curriculum that introduces members of the public to the risks and warning signs of mental health problems, builds understanding of the need to intervene early, teaches participants how to help with a mental health or substance use challenge, explains what to do in a mental health crisis, and where to go for help.

- Youth MHFA is an adaptation of the curriculum oriented toward those likely to assist children and youth.
- The curriculum is available in Spanish. The Trustees would like to build on prior work, to maintain and expand this capacity.

Projects to coordinate and deliver MHFA are responsible for arranging and managing all communication and logistics. This includes but is not limited to:

- Collaborating with community organizations to recruit participants, arrange locations, and market the training;
- Arranging for, and subcontracting with certified instructors to deliver the curriculum;
- Purchasing/providing curricula and any other materials needed for course delivery;
- Ensuring course evaluations are completed, then entered into a national database.

Public Benefits: Access and Capacity

This Innovation category is designed to provide a one-time opportunity to assist current grantees who are preparing to launch an organized, sustained effort to assist individuals in accessing benefits, or to position their agency to diversify revenue through access to Medicaid and/or some other resource for payment of mental health services. The Trustees request letters of interest from current grantee agencies planning to implement one or more of the following mechanisms.

Individual Access to Benefits: Enrolling low-income, disabled persons with severe, persistent mental illness (SPMI) in publically-supported health care programs is an important gateway to mental healthcare, and can improve quality of life. In Missouri, people who qualify for Social

Security/Supplemental Security Income (SSI/SSDI) are eligible for Medicaid. Successful enrollment requires substantial time and effort, including: outreach, case management efforts, screening to determine eligibility for public insurance benefits, assistance gathering the information needed for a successful determination and completing the application.

Applicants are encouraged to implement and/or partner with organizations using the SOAR (SSI/SSDI Outreach, Access, and Recovery) process or methods approved by the Affordable Care Act (ACA) to increase their capacity to improve individual access to benefits. The SOAR initiative is designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are homeless or at risk of homelessness and have a mental illness and/or a co-occurring disorder.

Medicaid Provider Enrollment: Providers of mental healthcare, including psychologists, professional counselors, and/or social workers may enroll individually as Missouri Medicaid providers. Letters of Interest should specify populations, age group(s) and services that the billing is intended to cover. *Services must be for persons with mental illness.* Applicants should demonstrate a working knowledge of the application process, documentation, credentials, and other required background information, and approach to utilizing the organization's financial management system, compensation, taxes, audit requirements, etc. This priority will support the development of provider enrollment only where none currently exists. It will not augment billing capacity at agencies that provide federally qualified health center (FQHC), community psychiatric rehabilitation center (CPRC) or targeted case management services.

Other Benefit Capacity Strategies: This priority will support the development of the agencies capacity to bill public or private benefits programs or services for mental health care. Letters of Interest should specify the programs and services that the billing is intended to cover. Applicants should also demonstrate a working knowledge of the application process, documentation, credentials, and other requisite background information. This priority will support the development of program enrollment only where none currently exists.

First-time Accreditation

The Trustees request letters of interest from current grantee agencies seeking matching funds for first-time accreditation. The opportunity is limited to agencies that have never been previously accredited. The Trustees are especially interested in assisting residential facilities working toward accreditation, however Letters of Interest from all types of grantee organizations will be considered. The Trustees will consider offsetting a portion of costs charged by the accrediting body, rather than covering local costs such as staff time.

Agency-Initiated Innovations

The Trustees request Letters of Interest for Innovation Projects initiated by applicant agencies. Agency-initiated innovations should be one-time projects able to produce measurable, long-term improvements in mental health service quality and access. Projects that are intended to operate past the grant period may request start-up funding and demonstrate how they are designed to continue from other sources. Topics for innovations may be wide-ranging, and should reflect applicants' best efforts toward using evidence-based responses to well-documented needs and issues experienced within their own practice. Agency-initiated innovations may include, but are not limited to:

- Response to new population or service needs;
- Capacity to implement and/or improve electronic mental health records; and
- New partnerships that enhance mental healthcare access and mental health outcomes

Development Process

Summarized below, the Innovation Project application process begins with a Letter of Interest. The Trustees will review letters and select a limited number of agencies to work with staff and partner agencies to develop and refine a specific Project Work Plan that identifies deliverables, time line and budget. The Appropriations Committee will then review Project Work Plans, interview applicants, and make a limited number of funding recommendations to the Board of Trustees.

step 1	LETTER OF INTEREST April 7, 2017	Project summary, planning and capacity (<i>Instructions below</i>)	Letters of Interest are reviewed. Selected projects go to Step 2
step 2	Refine Project with staff, project partners.	Document budget, timeline for implementation, deliverables.	DRAFT PROJECT WORK PLAN Due: May 19, 2017 FINAL PROJECT WORK PLAN Due: June 2, 2017
step 3	APPROPRIATIONS COMMITTEE meets June 2017.	Selected projects recommended for funding	FINALIZE implementation plans. Contract year begins July 1, 2017

Competitive Strengths

Innovation funding is competitive. Only a subset of agencies submitting Letters of Interest will be selected to develop a Project Work Plan. Work Plans may be accepted for funding, further negotiated, or declined by the Board of Trustees. Project strengths should be highlighted in the Letter of Interest. Following are *examples*:

- Documented unmet need (unserved population, access barrier, etc.)
- Collaborative agreement with partner organization on specific needs, services, populations
- Commitment of matching funds, contributed resources, other leveraging
- Feasible plans that integrate an evidence-based practice and culturally competent approach to mental health service;
- Participant involvement in planning and delivering the proposed innovation
- Demonstrating readiness for implementation without delay
- Thorough understanding of the intended outcomes and how to achieve them

Applicants selected to develop a Project Work Plan will have additional time to prepare documentation and finalize collaborations and procedures.

Time Frame for Innovation Projects

Innovation projects are a one-time funding opportunity for projects either of limited duration, or *planned* to continue from sources outside the Mental Health Fund. Time frame should be appropriate with tasks required to achieve proposed goals. Levy contracts are a maximum of one year. Projects that extend beyond a single contract year will be considered but require a clear, reasonable rationale within the work plan.

Financial Resources

Contract amounts or limits are not specified. Documentation of available and requested resources for the proposed project will be required. An initial estimate of costs and contributed resources will be required in the Letter of Interest (instructions below). Agencies who are selected to develop a Work Plan will have additional time to prepare more detailed documentation and budget justification.

Eligibility

This offering is limited to current contractors of the Jackson County Community Mental Health Fund in contract compliance. Funding may not be used to cover the costs for existing services. Innovation funding cannot replace or supplant programs that previously received support from other sources. Substance abuse treatment and healthcare programs cannot be supported. Physical plant and non-technology capital expenses are excluded.

A Letter of Interest includes:

1. Cover Page with contact information, assurances and attesting to consent by the agency CEO and chief voluntary officer or Board president. Available at our web site. Go to community investment and select helpful forms.
2. Letter of Interest (three pages max): please use the following headings to organize the letter: Applicant, Project Title, Priority Area, Project Description, Need for the Innovation, Effectiveness of the Innovation, Anticipated Results, Anticipated Cost.

Format and Deadline: Letters of Interest are due no later than **12:00 Noon on April 7, 2017**. Submit one (1) MS Word document that combines Cover Page and Letter of Interest (maximum four pages total). Submit electronically to: almarshall@jacksoncountycares.org
Agencies submitting Letters of Interest will receive electronic acknowledgment of their submission.

Key Dates:

3/1/17	Request for Letters of Innovation
4/7/17	Due date for Letter of Interest
5/19/17	Draft Project Work Plan due
6/2/17	Final Project Work Plan due
6/23/16	Board of Trustees Meeting
7/1/16	Contract Year begins