

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT: PRE-APPLICATION CONFERENCE



Department of Behavioral Health (DBH)

&

DBH Behavioral Health Council

June 1, 2016

Pre-Application Conference

Community Mental Health Services Block Grant

RFA No. RMO BHC 052016

Application Deadline:
Monday, June 20, 2016, 4:45 P.M.

Agenda

Welcome & Introductions

RFA Discussion

Questions & Answers

Presenters:

Dr. Juanita Reaves, Planning & Performance Management Program Manager

Jocelyn Route, Strategic Planning, Policy and Evaluation Officer

Michael Snoddy, Fiscal Program Monitor

Renee Evans, Grants Coordinator

Summary and Purpose of Grant

- **The District of Columbia Department of Behavioral Health (DBH) and the DBH Behavioral Health Council is seeking projects for funding consideration under the FY 2016-2017 Community Mental Health Services Block Grant.**

- **Projects should reflect the Substance Abuse and Mental Health Services Administration (SAMHSA) focus on behavioral health (mental health and substance use disorder) and the SAMHSA six (6) strategic initiatives.**

- **Initiatives include:**
 1. **Prevention of Substance Abuse and Mental Illness;**
 2. **Health Care and Health Systems Integration;**
 3. **Trauma and Justice;**
 4. **Recovery Support;**
 5. **Health Information Technology; and**
 6. **Workforce Development.**

The DBH BHC recommends reviewing these initiatives on the SAMHSA website, (link provided in NOFA and RFA).

Background

- **SAMHSA oversees the Community Mental Health Services Block Grant (MHBG) that supports a variety of behavioral health services for adults with serious mental illness (SMI) and children and youth with serious emotional disturbances (SED).**

- **The District's mental health system and the D.C. State Mental Health Planning Council (predecessor to the current DBH BHC) initiated the process of awarding MHBG fund to community-based sub-grantees in FY 2006.**

Eligibility Requirements

1. **Be a District of Columbia-based public or private non-profit entity which is:**
 - a) **In good standing with the District government, the Internal Revenue Service and has not been debarred from procurements by the federal government, the Government of the District of Columbia or any governmental entity;**
 - b) **Has not been excluded from participation in federally funded health care programs; and**
 - c) **Able to provide documentation for these requirements.**

2. **Meet the requirements of a qualified non-profit with 501(c)3 status in the District of Columbia; and be currently licensed through the Department of Consumer and Regulatory Affairs.**

Amount of Funding and Grant Awards

- **Approx. \$300,000 is available to fund at minimum ten (10) grant awards.**
- **Projects will be funded ranging from \$5,000 - \$30,000 for each year of 2-year period.**
- **Project proposals for only 1-year, at a maximum of \$30,000, may also be funded.**
- **Grant award will be made for a period of one (1) year from the date of award.**
- **The grant may be continued for up to one (1) additional year based on documented project success and availability of funding for a total of two (2) years.**
- **Grants will be awarded by DBH utilizing funds from United States Department of Health and Human Services, SAMHSA.**
- **No mini-grants or sub-grants are permitted for any entity awarded funding.**
- **The grant award is contingent upon available funding.**

Scope of Work – Topics for Projects

Projects must be from District-based, public or private non-profit entities and be innovative in nature and address at least one (1) of the following topics:

1. **Service and support needs of persons with mental health diagnosis and substance use issues who have experienced trauma;**
2. **Service and support needs of peer run organizations and/or the establishment of peer organizations that support the behavioral health system of care;**
3. **Service and support needs of persons diagnosed with HIV/AIDS and a mental health and/or substance use disorder;**
4. **Service and support needs of children and youth who are at risk for mental, emotional, and behavioral disorders, including but not limited to, addiction, conduct disorder, and depression;**
5. **Service and support needs of women who are pregnant and have a substance use issue and/or a mental disorder;**
6. **Service and support needs of older adults living with substance use issues and/or mental health disorders; and**
7. **Projects that integrate primary health and mental health and substance use disorder to address the service and support needs of children and youth with SED or adults with SMI.**

If the proposed project was previously funded a new service and/or initiative must be implemented. Applicants are also encouraged to propose projects that utilize best or promising practices and/or evidence-based practices. Consumer focused, consumer-run, and family member programs (that serve family members of SMI adults or SED children/youth) can also submit projects.

Scope of Work – Priority Populations

The SAMHSA MHBG emphasizes targeted/required statutory priority service populations and/or services.

1. **Comprehensive community-based mental health services for adults with SMI and children with SED:**
 - a. **Children with SED and their families;**
 - b. **Adults with SMI;**
 - c. **Older adults with SMI; and**
 - d. **Individuals with SMI or SED in the rural and homeless populations, as applicable**

2. **Services for persons with or at risk of having substance use and/or SMI/SED:**
 - a. **Adolescents with substance abuse and/or mental health problems;**
 - b. **Children and youth who are at risk for mental, emotional, and behavioral disorders, including but not limited to addiction, conduct disorder, and depression;**
 - c. **Women who are pregnant and have a substance use and/or mental disorder;**
 - d. **Parents with substance and/or mental disorders who have dependent children; and**
 - e. **Military personnel (active, guard, reserve, and veteran) and their families**

Scope of Work – Priority Populations, cont'd

- 3. Services for persons with or at risk of contracting communicable diseases:**
 - a. Persons living with or at risk for HIV/AIDS and who are in need of mental health or substance abuse early intervention, treatment, or prevention services**

- 4. In addition to the targeted/required populations and/or services required in statute, states are encouraged to consider the following populations, and/or services:**
 - a. Individuals with mental and/or substance use disorders who are homeless or involved in the criminal or juvenile justice systems;**
 - b. Individuals with mental and/or substance use disorders who live in rural areas;**
 - c. Underserved racial and ethnic minority and LGBT populations; and**
 - d. Persons with disabilities**

Payments to Grantee

- **Upon award, DBH shall provide funding to the sub-grantee according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms.**
- **Payments to the sub-grantee will be based on a risk assessment conducted by the DBH Office of Fiscal Services.**
- **Payments will be made as an advance, a cost-reimbursement basis or a combination of both.**
- **All payments will be contingent upon compliance with program and financial reporting.**
- **DBH reserves the right to withhold any payment if the sub-grantee is found in non-compliance with the DBH Notice of Grant Award (NOGA), the Request for Application and/or the Grant Agreement.**

Application Delivery

- **Due Monday, June 20, 2016 no later than 4:45 p.m. (ET) to DBH, c/o Lynne Smith, 64 New York Avenue, NE, 2nd Floor, Washington, DC 20002. Applications will not be accepted by email or fax.**
- **Applications received at or after Monday, June 20, 2016, 4:46 p.m., will not be forwarded to the review panel for funding consideration. Any additions or deletions to an application will not be accepted after the deadline of 4:45 p.m.**
- **Applicants will not be allowed to assemble application material on the premises of DBH.**
- **Applications must be ready for receipt by DBH.**

Application Criteria

- 1. The application proposal format conforms to the “Proposal Format and Content” listed in Section VIII.C.1 of the RFA.**
- 2. Provide documentation as listed in Section VIII.B.1.F.**
- 3. Application printed on 8 ½ x 11 inch paper, double-spaced, on one-side, using 12-point type with a minimum of one inch margins, with all pages numbered.**
- 4. Narrative for Section VIII.C.2: Program Narrative must not exceed 20 pages. Note: Attachments and appendices do not count toward the page limit.**
- 5. The Work Plan template, Attachment F is complete.**

Application Criteria, cont'd

- 6. The Budget and Budget Narrative are complete and comply with the Budget form listed as Attachment G of the RFA. The line item budget narrative describes the categories of items proposed.**
- 7. The Applicant Profile, Attachment A and Certification and Assurances listed in Attachments B, C, D and E are signed.**
- 8. Application must be submitted in a sealed envelope with DBH Receipt (Attachment H).**
- 9. Six (6) copies of the proposal are submitted with one stamped “original.”**
- 10. Application is submitted no later than 4:45p.m., Monday, June 20, 2016.**

Application Requirements

- A. Applicant Profile (Attachment A)**
- B. Table of Contents**
- C. Narrative (Should not exceed 20 pages)**
 - i. Administrative**
 - ii. Proposed Work Plan**
 - iii. Fiscal and Financial Management**
 - iv. Program Reporting**
- D. Work Plan (Attachment F)**
- E. Budget and Budget Narrative (Attachment G)**
- F. Appendices**

Program Narrative

All sections of the program narrative require responses. The following sections are being emphasized to highlight the important aspects of the proposal.

Administrative

- **Identify the project manager, staff and the credentials, responsibilities and roles of persons who will work on the proposed project. Include resumes for these identified individuals. If staffing is not yet established, discuss plan to ensure staff are in place by the date the project will start.**

The project staffing should be carefully considered as it is essential to successfully implementing the project. Staff turnover can adversely affect project timelines, deliverables and jeopardize project completion and funding. All project staffing changes should be reported immediately to the DBH Mental Health Block Grant Program Manager.

Proposed Work Plan

- **Identify the name and definition for the specific SAMHSA initiative related to the proposed project. When multiple initiatives are applicable, provide name and definition for each initiative. The target population should be consistent with the SAMHSA priority population.**

For example, one of the six SAMHSA initiatives is the “Prevention of Substance Abuse and Mental Illness.” The project must “integrate primary health, mental health and substance use disorders to address the service and support needs of children and youth with SED or adults with SMI.” The applicant should define the initiative based on their organization's target population.

Program Narrative

Proposed Work Plan

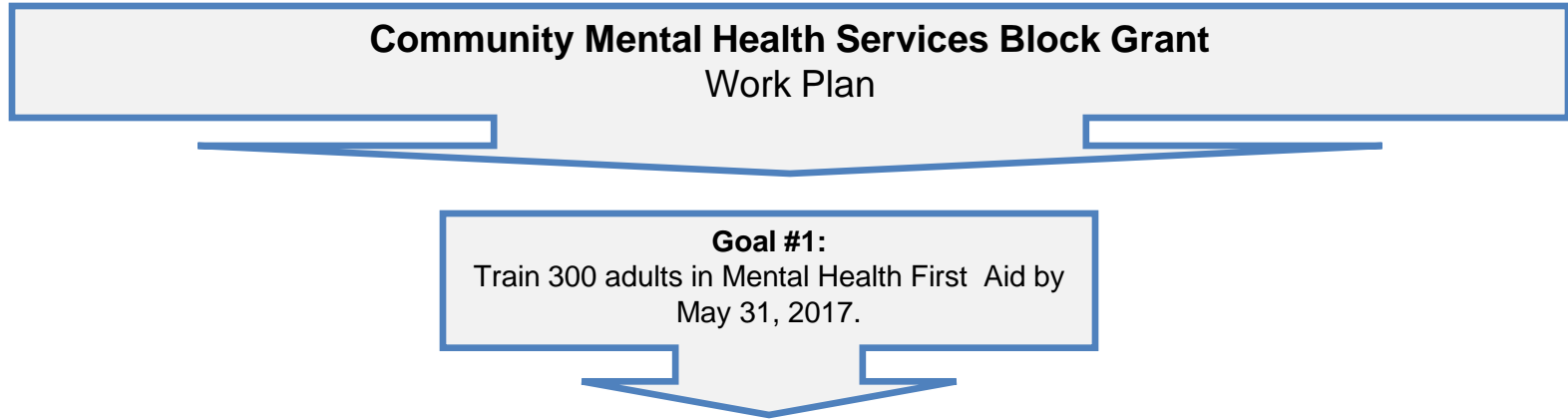
- **Identify the tool/method that will be used to measure the success of the proposed project.**
Example: Youth with high scores on the Anger Management Scale will participate in a 6-week Anger Management Course and be re-tested to see if their scores are significantly lower.

This addresses how the project outcomes will be determined, measured, evaluated, and reported. Both qualitative and quantitative measures should be considered that clearly demonstrate the project's success.

- **Provide 2-5 goals that include both short-term and long-term goals that the proposed project will accomplish. Create goals that are specific, measurable, attainable, realistic, and time sensitive (S.M.A.R.T. goals).** ***Example: The Older Adult Committee will develop a plan for serving 30 older adults with mental illness and chronic health issues by June 30, 2017.***

The project short-term and long-term goals should clearly articulate the project activities, timeline and how they will be achieved. Each goal will be detailed in the Work Plan Template (Attachment F). The status of these goals will be reported in the quarterly reports.

Work Plan Template - SAMPLE



<u>Activity/Milestone</u> What are you going to do and who is going to do it?	<u>Inputs</u> What resources do you contribute?	<u>Time Frame</u> Start and end date during which an activity will occur.	<u>Responsible Person</u>	<u>Anticipated Outcomes</u> A measurable statement that can be evaluated.
<i>Train 300 adults (5 instructors, 3 courses each) in MHFA. Certified Adult Mental Health First Aid instructors.</i>	<i>Training space</i>	<i>Nov. 1, 2016 – May 31, 2017</i>	<i>Janet Smith, Training Coordinator</i>	<i>Classes will have a maximum of 20 trainees who will receive a certificate. Total of 300 persons trained.</i>

Budget and Budget Narrative

- **Attachment G contains the budget and budget narrative form. This form does not count towards the twenty (20) page limit.**
- **If the project is for two (2) years, please provide two (2) budgets and label “Year 1” and “Year 2.”**
- **Administrative costs are for the purposes of planning and execution of the project activities, not staff and overhead costs. This cost cannot exceed 5% of the total project budget.**
- **Please review the Public Health Service Act restrictions on the use of MHBG funding on pg. 16.**

Allowable Budget Line Items

- ❑ **Personnel** – designated project staff salary and wages.
- ❑ **Fringe Benefits** – percentage rate of designated project staff total salaries.
- ❑ **Consultant/Expert** – must include name, title, hourly/rate, hours, and brief description of responsibilities for each consultant and copy of consultant contract.
- ❑ **Occupancy** – can include rent, facility insurance, utilities and building maintenance and requires copy of the lease.
- ❑ **Travel & Transportation** – includes local travel mileage, Metrorail/bus fare and taxi fare, for staff and community participants. Out of state travel not permitted.

Allowable Budget Line Items, cont'd

- ❑ **Supplies & Minor Equipment** – e.g., stationary, pens, paper, postage, computers, desks, chairs and file cabinets.
- ❑ **Client Costs** – tangible items supplied directly to participants related to the grant objectives (food costs and gift cards).
- ❑ **Communications** – telephone, internet, postage, printing and copying.
- ❑ **Other Direct Costs** – the costs not identified through other categories, such as stipends.
- ❑ **Indirect Costs** – the components of indirect costs must be itemized. Cannot exceed 10% of the total project.

Appendices

- **#1 – Certification and Assurances (Attachments A,B, C, D and E)**
- **#2 – Articles of Incorporation, if applicable**
- **#3 – Bylaws, if applicable**
- **#4 – IRS letter of non-profit corporation status, if applicable**
- **#5 – List of current board of directors, if applicable. Include their mailing and email addresses and phone numbers, as well as board titles of officers.**
- **#6 – Most recent audit or organization budget, income statement and balance sheet certified by authorized representative of the organization.**
- **#7 – Form 990, Return of Organization Exempt from Income Tax, if applicable.**
- **#8 – Proposed organization chart, job descriptions and resumes for project.**
- **#9 – Current DC Business License or Application (submitted no later than June 3, 2016)**
- **#10 – Current Certificate of Clean Hands from the Office of Tax and Revenue**

Evaluation Process

- **All applications that are complete and meet the eligibility and administrative criteria will be reviewed and scored by an independent review panel.**
- **Scoring and the recommendations of the review panel are advisory.**
- **If the DBH Director does not follow the panel's recommendation, a written justification shall be provided as required by District regulations.**
- **The final decision to fund an application rests solely with the DBH Director.**
- **Anticipated award date is September 1, 2016.**

Scoring of Applications

- **All applications for this RFA will be objectively reviewed and scored against the following key criteria.**
- **Criterion A – Administrative (Total of 20 Points)**
- **Criterion B – Proposed Work Plan (Total of 50 Points)**
- **Criterion C – Fiscal and Financial Management (Total of 15 Points)**
- **Criterion D – Program Reporting (Total of 5 Points)**
- **Criterion E – Budget and Budget Narrative (Total of 10 Points)**

Selection Process

- Applications will be scored according to the evaluation criteria. The results of the evaluation for each application submitted will be classified into 1 of 4 categories:

Ranking Classification	Point Range
Most Qualified	95 - 100
Very Qualified	80 - 94
Qualified	70 - 79
Minimally Qualified	69 and below

- The grantee(s) will be selected from among the providers that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DBH may select from the “Very Qualified” and “Qualified” categories.

Audits and Disallowances

- **DBH may conduct fiscal and/or program audits of grantees either directly or by an independent auditor.**
- **The grantee may request informal dispute resolution of any disallowance determination in accordance with the City-Wide Grant Manual and Sourcebook.**
- **The grantee shall cooperate fully and promptly with any audit.**

Remember.....

- **Read the entire RFA, including the attachments!**
- **Have a second reader to review your application before submitting.**
- **Before submitting, complete the Checklist found on pg. 3 and review the Administrative Criteria found on pgs. 8-9.**
- **Don't wait until the last minute to submit your application!**
- **Good Luck!**



Questions?

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