

**COMMUNITY MENTAL HEALTH
SERVICES BLOCK GRANT (MHBG)
RENEWAL APPLICATION INSTRUCTIONS
FOR SFY 2013-2014**

The application must address all programs funded with the MHBG.

Please note the following changes for SFY 2013-14:

- **Children's System of Care (CSOC) program,**
- **Affordable Care Act (ACA) requirements.**

The seven counties; Humboldt, Los Angeles, Merced, Monterey, Placer, San Luis Obispo, and Stanislaus receiving MHBG dollars to fund their Children's System of Care (CSOC) programs will incorporate a narrative and budget within their MHBG Renewal Application. A Scope of Work Plan and budget will no longer be required under separate cover. The Annual Report due December 15th and the Annual Roster Data due September 30th are no longer required. All elements of the CSOC program which includes the narrative, program data sheets, and detailed program budget, will now adhere to the guidelines of the MHBG program.

All application package contents (Enclosures and Forms) may be downloaded from the following website:

<http://www.dhcs.ca.gov/services/MH/Pages/MHBG.aspx>.

The county application must include the following:

1. Signed Planning Estimate Worksheet (Enclosure 1);
2. Signed Agreements (Enclosure 4);
3. Signed Certifications (Enclosure 5);
4. Completed MHBG Program Data Sheet (Enclosure 6), one per program and must indicate any transformational services provided;
5. Federal Grant Detailed Program Budget, DHCS 1779, (Enclosure 7), one per program; and

6. Program Narrative is required for each program funded with the base allocation, dual diagnosis set-aside, Children System of Care (CSOC) set-aside in Humboldt, Los Angeles, Merced, Monterey, Placer, San Luis Obispo and Stanislaus counties, and the Integrated Services Agency (ISA) programs funded in Los Angeles and Stanislaus counties. Multiple programs and/or subcontractor expenses including dual diagnosis set-aside, CSOC and ISA programs must be detailed on separate DHCS 1779 forms and summarized on a single county DHCS 1779 form (see examples, enclosure 7a). All program names must be the same on the narrative and DHCS 1779 forms. Please ensure that all programs titled in the narrative correspond to the program name on each DHCS 1779 budget.

Each narrative should be no longer than ten pages and must include the following:

- a) Statement of Purpose - reflects the principles on which the program is being implemented. MHBG programs are required to implement the principles of integrated systems of care. Specify how the program works with other departments and agencies that serve the same population.
- b) Program Description - specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, and planned community outreach, as applicable. The budget line items within the Federal Grant Detailed Program Budget, DHCS 1779, must be explained in the program description.
- c) Target Population - specifies the population that your block grant funded programs are serving. Federal statutes require that the target population must include adults and older adults with a serious mental illness (SMI) and/or children with a serious emotional disturbance (SED). The federal definitions, as published in the Federal Register in 1992, are enclosed (Enclosure 8), Center for Mental Health Services Definitions of Adults with a Serious Mental Illness and Children with a Serious Emotional Disturbance). There may be discrete programs serving specific sub-populations such as dually diagnosed, homeless, forensic, minorities, consumer operated, transitional age youth, etc. The application must include a brief description of the target population including any sub-population served with the block grant funds.

The dual diagnosis set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in your description.

- d) Staffing Chart - that specifies position title; total full time equivalency (FTE) for the program; and the total dollars paid for by the block grant funds. MHBG positions must be listed in this section and must match the submitted budgets. Use sample chart as shown below.

TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	TOTAL
Program Manager	\$35,000	.75	\$26,250

- e) Designated Peer Review Representative - who may participate as a member of the Peer Review Team, in a neighboring county. The County Mental Health Director is to designate one person to represent the county (not one person per program).
- f) Implementation Plan - specifies dates by which each phase of the program will be implemented or states that the program is fully implemented.
- g) Program Evaluation Plan - for monitoring progress toward meeting the program’s objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems. Although no longer mandatory, the application may also include any measurable outcome objectives that demonstrate progress toward stated purpose(s) or goal(s) of the program along with a statement reflecting the progress made toward achieving last year’s objectives.
- h) Affordable Care Act Implementation** – Provide a description of the county’s plan to implement the Affordable Care Act effective FY 2014-2015. Please keep in mind SAMHSA’s four purposes: (1) to fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time; (2) to fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery; (3) to fund primary prevention: universal, selective, and indicated prevention activities and services for persons not identified as needing treatment; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services and to plan the implementation of new services on a nationwide basis.

County application packages must be submitted electronically, narrative in Word and budgets in Excel format, to MHBG@dhcs.ca.gov no later than close of business on August 9, 2013. All documents requiring original signatures, including the Planning Estimate, Funding Agreements, and Certifications, must be postmarked no later than August 9, 2013 and mailed to:

California Department of Health Care Services
Mental Health Services Division
Grants Management Unit
1500 Capitol Avenue, 72.4.15, MS 2704
Sacramento, CA 95814

MHBG funds may not be used as county matching funds, nor are any matching funds required.

Counties that want to make revisions to their application after the initial submission must submit a revised program narrative and/or budget to the above e-mail address. Implementation of any changes is contingent upon approval by the State DHCS. However, counties are allowed to move 10% or less of the budgeted amount for a program between line items in that budget without prior approval. Should you have any questions please contact your MHBG analyst at MHBG@dhcs.ca.gov.