

Winnebago County Community Mental Health Board

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Acknowledgement

Instruction for the Collaborate Feature

The Collaborate feature (the lightbulb at the top right of the page) can be used to invite other people to work on this request.

- From the Collaborate popup, enter the email address of the person you wish to collaborate with
- Set Permission to either View (the collaborator can only view forms in the request), Edit (the collaborator can view and edit the request), or Submit (the collaborator can view, edit, and submit the request)
- Include a message about what you are asking your collaborator to do for you and select "Invite"
- You can revoke this permission at any time

An email will be sent to the collaborator containing your message, their username, and a link to the log-on page. After clicking this link, they will be brought to the log-in page. If this is their first time logging onto the system, they will be asked to create a password. Once in the system, the collaborator will be able to see the request under the Collaboration Requests tab of their Applicant Dashboard, where they can select Edit Application to complete your request.

Collaboration tutorial (1:37)

Acknowledgement*

Click on the link to access documents. Most documents are also available on the WCCMHB webpage in the "Funding Resources" section.

Strategic Plan for Program Years 2022-2024
Program Year 2022 Notice of Funding Opportunity
Funding Policy
Scoring Rubric

Choices

I acknowledge that I have read and understand the documents above.

Financial Officer Information

Financial Officer Name*

Character Limit: 100

Financial Officer Title*

Character Limit: 100

Financial Officer Phone*

Character Limit: 12

Financial Officer Email*

Character Limit: 254

Agency Description

You may use your GuideStar profile to populate your mission statement. Before doing so, please be sure that your GuideStar profile contains the most up-to-date information.

To auto-populate your form with GuideStar profile answers click the "Copy GuideStar Profile" button in the top right corner. Simply pick and choose which answers you would like to pull into the form by clicking the checkbox next to the applicable answer. When finished selecting, click the "Copy Answers" button in the bottom right of the pop-up and the Guidestar data will be pulled into the applicable fields in the form.

Please note that copying answers will not overwrite any existing answers and any answers pulled from Guidestar which populate into your form can be edited and updated. If you do not have a Guidestar profile you may simply answer the questions by typing or copy/pasting in your response.

Mission Statement*

Character Limit: 3000

Cultural Competency & Trauma Informed*

Please describe the agency's policy and approach to cultural competency and trauma-informed practice and the extent to which both elements are integrated into service delivery throughout the agency.

Character Limit: 3000

Total agency number of Full Time Equivalents (FTE)*

Character Limit: 20

Total agency employees.*

Character Limit: 5

Approximate number of volunteer hours per week

Character Limit: 20

Explain the agency's current process of capturing consumer satisfaction information.*

Include frequency, method and evaluation. If the agency is not capturing consumer satisfaction information, please explain how it will meet this funding requirement. This could include a plan to work with WCCMHB to develop these processes.

Character Limit: 3000

Does the agency have a Risk Management Plan or Policy?*

Read the *WCCMHB Risk Management Summary* to determine what constitutes a Risk Management Plan.

Choices

Yes

No

Risk Management Plan - Yes

Attach the agency's Risk Management Plan or Policy*

If the file is too large, upload an abbreviated version.

File Size Limit: 2 MB

Risk Management Plan - No

Provide an explanation for not having a Risk Management Plan or Policy*

Character Limit: 1000

Agency Information

Length of time established*

All agencies applying through the WCCMHB must have been running for at least 3 years. Is this agency at least 3 years old?

Choices

Yes

Evidence for Length of Time in Existence*

Please attach evidence that this organization has been in existence for at least 3 years. This could include tax returns, articles of incorporation, or other relevant documents.

File Size Limit: 2 MB

Agency type*

Choices

- Government entity
- Not for profit
- Hospital or healthcare organization
- For profit (including sole proprietor and LLC)

Attach most recent independent financial audit, balance sheet, revenue/expenses & cash flow report*

If the agency is not required to receive an independent financial audit, attach the most recent unaudited balance sheet, revenue/expenses and cash flow report.

File Size Limit: 4 MB

Attach the agency's current accreditation.*

Include accreditations from: CARF, Joint Commission, Healthcare Facilities Accreditation Program, Council on Quality Leadership and/or Council on Accreditation.

If not accredited by one of the above accreditation organizations, please provide an explanation.

Character Limit: 3000 | File Size Limit: 1 MB

File Size Limit: 1 MB

Board Member Information.

If applicable, please attach a list that includes the board members name, term expiration, position on the board and email address.

File Size Limit: 1 MB

Does the agency currently bill Medicaid/Medicare or commercial insurance?*

For mental health or substance abuse disorder services.

Choices

- Yes
- No

Certifications & Insurance Panels

Attach Medicaid/Medicare certifications*

File Size Limit: 2 MB

File Size Limit: 2 MB

File Size Limit: 2 MB

Provide a list of billable Insurance Panels the agency is credentialed with.*

Character Limit: 1000

Collaborative Proposal Questions

Please use the following section to fill out some more information for collaborative grant proposals. All questions are optional because they were added after the grant portal was released.

Identify collaboration

Does your team consist of two or more organizations with an executed memorandum of understanding ("MOU") (signed and dated by all parties who have already registered through email and phone call)

Choices

Team consists of two or more organizations and has an executed MOU

Team consists of two or more organizations but there is not an MOU

Team does not consist of two or more organizations

Collaboration Description

MOU

If your team has an executed MOU, please upload it here

File Size Limit: 1 MB

Organization Names

Please list the full legal names of each of the organizations in your team.

Character Limit: 3000

Collaboration Description

Describe your collaboration leadership and partners. If relevant, describe how and why the collaboration was formed.

Character Limit: 5000

COVID-19 Pandemic Impact

How has the COVID-19 pandemic impacted agency operations?*

Please explain how the COVID-19 pandemic has impacted your current operations and how you anticipate it influencing future operations.

Character Limit: 3000

Service, Program or Project Proposal Name

Service, Program or Project Proposal Name*

Character Limit: 100

Project Priority Area, Target Population

In the following sections, select the Target Population, Priority Area, Service Area, and Intended Outcomes that best match your proposal. Proposals can target several Priority Areas or Target Populations, but services should be integrated or coordinated with one another. Consider creating separate applications for proposals that cannot integrate or coordinate the service areas being proposed. Descriptions of each can be found in the Strategic Plan.

Which Target Population will this proposal support?*

Choices

- Substance Abuse Disorders (all ages)
- Serious Mental Illness (18+)
- Infant and Early Childhood Mental Health (0-5)
- Severe Emotional Disturbances (children)

Which Priority Area(s) will this proposal serve?*

Select the Priority Area(s) this proposal will serve

Choices

- Mental Health Treatment
- Crisis Response Services
- Family and Community Support
- Case Management

System Capacity Outcomes*

Please select which of the following System Capacity Outcomes your proposal will measure. If there are others, please select "Other" and describe them later in the narrative section.

Choices

- Accessibility
- Hours of service

Other (to be specified in narrative description of program proposal)

Payment options

Translation services

Wait time

Mobile services

More providers

Housing

Coordination

Awareness

Individual and Family Outcomes*

Please select which of the following Individual and Family Outcomes your proposal will measure. If there are others, please select "Other" and describe them later in the narrative section.

Choices

Persons and families served

Symptom improvement

Education/Employment

Criminal Justice Involvement

Housing Stability

Perception of Care

Other

Community Outcomes will be discussed in a later section

Mental Health Treatment

Which Service Areas does this proposal support?*

Choices

Diagnostic Evaluation

Supportive Counseling

Medication Management

Substance Abuse Services

Crisis Response Services

Which Service Areas does this proposal support?*

Choices

Crisis Telephone Services

Walk-In Crisis Services

Crisis Outreach Services

Crisis Residential Services

Family and Community Support

Which Service Area does this proposal support?*

Choices

- Support and Assistance to Families
- Support Education for the Community

Service, Program or Project Description

In the following sections, please describe

1. The proposed service, program, etc.
2. COVID mitigation strategies
3. How the proposal aligns with WCCMHB's values
4. Additional data (as applicable)
5. Intended outcomes and metrics
6. Descriptions of positions for clinicians/providers this proposal would fund (as applicable)

Define the proposed service, program, project to be supported or delivered by requested funds.*

In your description be sure to:

- Provide a summary of the proposed program
- Show the connection between your proposed services and the Target Population (for example, "this clinician training program will help providers create trauma-informed supportive counseling programs for young people with severe emotional disturbance")
- Describe which Priority Areas and services areas will be supported and how they are integrated (for example, describe how a proposed Crisis Response Service will incorporate Case Management).

Character Limit: 10000

COVID 19*

Describe how the agency will mitigate COVID-19-related concerns to effectively implement the proposed program. These could include financial or health concerns.

Character Limit: 3000

Winnebago County*

The MHB grants can only be used for programs serving Winnebago County residents. How will you ensure this proposal will serve this population?

Character Limit: 1000

Demonstrate alignment with Mental Health Board values*

Include how proposed service, program or project is aligned with the Mental Health Board's values. Highlight the most relevant items. **Be sure to include how your proposal intends to address the WCCMHB values of collaborative, diversity, client-centered, trauma-informed, and accessible mental health services** in addition to others specific to your proposal.

Character Limit: 5000

Provide additional data

Provide any data that supplements the research highlighted in the WCCMHB 3-year strategic plan that supports the need for the services described in your proposal.

Character Limit: 3000

System Capacity Outcomes*

Describe how your proposal will work towards the intended System Capacity Outcomes in the Strategic Plan, others important to this proposal, and the agency's framework to collect and report these outcomes.

System Capacity Outcomes:

- Providers
- Wait time
- Payment options
- Accessibility
- Translation services
- Mobile services
- Housing
- Hours of service
- Coordination
- Awareness
- Other outcomes as defined by the agency

List the intended outcome, a rationale for the choice, the measure used, any relevant benchmark, the target, and the collection method. Also note connections to other intended outcomes as applicable.

For example:

Wait time - This proposal to add more full-time staff will shorten the time between when a client calls and the service can be provided. This will also increase hours of service per day by opening up evening time slots. Wait time is measured in days. We aim to reduce wait time from 7-14 days to 3-5 days. We will use our current scheduling software to measure wait time.

Character Limit: 5000

Individual and Family Outcomes*

Describe how your proposal will work towards the intended Individual and Family Outcomes in the Strategic Plan, others important to this proposal, and the agency's framework to collect and report these outcomes.

Individual and Family Outcomes:

- Persons and families served
- Symptom improvement
- Education/employment
- Criminal Justice Involvement
- Housing stability
- Perception of care

List the intended outcome, a rationale for the choice, the measure used, any relevant benchmark, the target, and the collection method. Also note connections to other intended outcomes as applicable.

Character Limit: 5000

Community Outcomes*

Describe how your proposal will work towards the intended Community Outcomes in the Strategic Plan, others important to this proposal, and the agency's framework to collect and report these outcomes.

Community Outcomes:

- Suicide
- Opioid death
- Incarceration
- Homelessness

Note if your agency collects any data that might be useful for measuring these outcomes for Winnebago County (for example, "Our agency collects and keeps data for the number of suicides in Winnebago County on an annual basis")

Character Limit: 5000

Personnel

If this proposal includes funding new/continuing providers (accredited/licensed individuals who provide direct mental health services) please briefly list and describe those positions below. Include type of service, licenses, and purpose. All staff costs should be included in the budget.

Character Limit: 3000

Please provide logistic information below

Hours of Program Operation*

Please specify the hours of operation and describe why these are appropriate for the services and target populations in the proposal.

Character Limit: 200

Clients Served - Infant and Early Childhood Mental Health*

Estimate the number of clients served in this population with the MHB funds. Enter 0 if this proposal does not serve clients in this area.

Character Limit: 10

Clients Served - Severe Emotional Disturbances*

Estimate the number of clients served in this population with the MHB funds. Enter 0 if this proposal does not serve clients in this area.

Character Limit: 10

Clients Served - Serious Mental Illness*

Estimate the number of clients served in this population with the MHB funds. Enter 0 if this proposal does not serve clients in this area.

Character Limit: 10

Clients Served - Substance Abuse*

Estimate the number of clients served in this population with the MHB funds. Enter 0 if this proposal does not serve clients in this area.

Character Limit: 10

Evidence-Based Practice Information

Please list Evidence-Based Practices proposed*

Include how the agency will maintain fidelity to these practices.

Character Limit: 5000

Service, Program or Project Budget Request

All AGENCY FUNDING APPLICATION BUDGET INFORMATION

[Link to Budget Template](#)

Download and save the PY22 Budget Worksheet Template to your computer. The PY22 Budget Worksheet Template is required to be filled out and uploaded as part of this application.

PY22 Budget*

Please upload the completed PY22 Budget Template

File Size Limit: 5 MB

Attach a complete (signed and dated) W9 form (if applicable)

A current W-9 form can be found on the [IRS website](#).

File Size Limit: 2 MB

Please write the amount of funding you are requesting for each Priority Area based on your completed budget. If you are not planning on funding a Priority Area, write 0.

Total Amount Requested*

Character Limit: 20

Amount Requested - Mental Health Treatment*

Character Limit: 20

Amount Requested - Crisis Response Services*

Character Limit: 20

Amount Requested - Family and Community Support*

Character Limit: 20

Amount Requested - Case Management*

Character Limit: 20

Funding Streams and Sustainability*

Explain how the proposed service, program or project leverages or plans to leverage other funding streams to maintain sustainability.

Character Limit: 3000

This concludes the Winnebago County Community Mental Health Board PY21 Annual Funding application.

Please review the responses carefully before submitting the application. Once submitted you will receive an email verification that the Mental Health Board has received the Agency's application.

Thank you for the submission and interest in serving the residents of Winnebago County.

Staff Rated Agency Compliance

Select this radio button if you determine this application to be non-compliant with requirements of the WCCMHB. This will highlight to board members issues with the application.

Choices

Non-compliant

If non-compliant, explain rationale

Character Limit: 3000