



JEFFERSON
BEHAVIORAL
HEALTH

Managed Mental Health Care Organization for Coos, Curry, Jackson, Josephine, and Klamath Counties

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Regional Reinvestment Fund Policy and Procedures

Board Approved May 26, 2009

JBH POLICY & PROCEDURE

[Regional Reinvestment Fund]

Approved by JBH Board of Directors: 5/26/2009

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JBH POLICY & PROCEDURE

[Regional Reinvestment Fund]

Approved by JBH Board of Directors: _____ Approved by State of Oregon – DHS/AMH: _____

I. Policy Description

The JBH Board of Directors will maintain a fund from the monthly sub-capitation payment from each of the member Counties to hold in a Regional Reinvestment Fund. The purpose of the Regional Reinvestment Fund is to support regional prioritized needs for:

- Prevention, Education and Outreach (PEO),
- Children’s System Change Initiative,
- Consumer-run activities and programs, and
- Physical and mental health integration.

A second fund is set up to help fund Training opportunities across the region that supports the purposes of the Regional Reinvestment Fund.

II. Procedures

Funding Criteria and Eligibility

a. The Regional Reinvestment Fund is:

- Not intended to be used for ‘bricks and mortar’.
- Not intended to support programs or activities for which other funds are available.
- A one-time allocation of funds.
- Not intended to supplement project activities that are currently funded through the Regional Reinvestment Grant.
- Limited to \$40,000 per year per Grantee for a one-year grant; \$60,000 for a two-year grant; and \$70,000 for a three-year grant. Funding shall not exceed three (3) years from the date of award.
- Limited to six (6) grant awards per year. The number of grant awards may change and is dependent upon the amount of funds in the Regional Reinvestment Reserve. The limit may be increased or decreased at the discretion of the JBH Board of Directors.

b. The Regional Reinvestment Training Grant is:

- Not intended to support programs or activities for which other funds are available.
- A one-time allocation of funds.
- Not intended to supplement training activities for program activities that are currently funded by the Regional Reinvestment Grant.

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- iv. Limited to six awards per year.
- v. Total funds to be distributed each year to not exceed \$20,000 dollars for all Training Grants funded.
- vi. Scholarships shall be provided to Consumers, Family Member, or Advocates to receive the training (if applicable).

c. Priority will be given for activities or projects that:

- i. Use Evidence-Based Practices.
- ii. Directly benefit JBH OHP members and the Region.
- iii. Are innovative.
- iv. Include consumer participation, and support consumer empowerment and recovery.
- v. Stimulate the availability of Intensive Community-Based Treatment Services.
- vi. Assist JBH Community Mental Health Programs in improving their service array.
- vii. Address any regional service deficits.
- viii. Have a clear plan for sustaining the project beyond the completion of the grant period.
- ix. Are not funded through ordinary OHP funding streams.
- x. Activities that encourage improved Health and Wellness for JBH Members, including but not limited to: Diabetes Education, Smoking Cessation, Alcohol and Drug Treatment, and/or helping Consumers to connect with their Primary Care Physician.

d. Submission of Application

- a. Submit a written proposal to JBH Executive Director by the deadline, as indicated in Section 2.e. The Regional Reinvestment Grant Application Form is on page 12. The Regional Reinvestment Training Funds Application Form is located in page 16.
- b. **Regional Reinvestment Grant Proposals** must include at a minimum:
 - i. Short description of project or activity
 - ii. Clear explanation of how services will be enhanced, good mental health promoted, and/or OHP client populations benefited.
 - iii. Lists of expected outcomes and timelines.
 - iv. A completed Outcomes Matrix, found on page 20.

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- v. Expectation of consumer participation (including percentage of OHP clients expected to be involved).
 - vi. Budget and budget breakdown for funds requested.
 - vii. Commitment to provide JBH with all requested documentation of clients served and activities completed.
 - viii. Letters of Support.
- c. **Regional Reinvestment Training Fund Proposals** must include at a minimum:
- i. Short description of proposed Training and the credentials of the person giving the training.
 - ii. Clear explanation of how services will be enhanced, good mental health promoted, and/or OHP client populations benefited.
 - iii. Lists of expected outcomes and timelines.
 - iv. Expectation of consumer participation (including percentage of OHP clients expected to be involved).
 - v. Budget and budget breakdown for funds requested.
 - vi. Commitment to provide JBH with all requested documentation of clients served and activities completed.
 - vii. Letters of Support.
- d. **Letters of Support:** There must be at least one letter of support from the appropriate County Mental Health and/or Health Services Director(s). Additional letters of support from community organizations are limited to no more than three.
- e. **Multiple Applicants:** More than one applicant may apply for the same project. If there is more than one applicant for a project, then the following would apply:
- i. Applicants will need to be from different Counties.
 - ii. Project will need to have regional significance.
 - iii. Each applicant will need to submit Letters of Support.
 - iv. Grantees will need to submit individual reports to JBH.
 - v. Each Grantee will receive their own allocation of funds.
 - vi. Any criteria that may be recommended by the Regional Reinvestment Grant Oversight Committee, as part of its review process.

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f. Applications and Grant Award Timelines:

Regional Reinvestment Grant Award Timeline					
Deadline	Level 1: Screening	Level 2: Review	Level 3: Recommend to Board	Level 4: Board Vote	Award Date
February 15 th	February 22 nd	March 7 th	March 14 th	4 th Monday of March	April 1 st
May 15 th	May 22 nd	June 7 th	June 14 th	4 th Monday of June	July 1 st
August 15 th	August 22 nd	September 7 th	September 14 th	4 th Monday of September	October 1 st
November 15 th	November 22 nd	December 7 th	December 14 th	3 rd Monday of December	January 1 st

Note: Dates are approximate and subject to change. JBH shall attempt to notify applicants of any changes. Applicants should also check the JBH website for the most current information. If any date falls on a non-business day, then the timeline would be moved to the next business date.

Regional Reinvestment Grant Oversight Committee

- a. **Committee Composition:** The Regional Reinvestment Grant Oversight Committee shall be composed of at least two Community Mental Health Program Directors, two consumer advocates, one parent advocate, one private non-profit provider, one independent individual not involved with the mental health system, and a JBH staff person. The Regional Reinvestment Oversight Committee members will nominate a chair. Membership on the Committee will be one year unless extended by the Member. All Committee members shall be approved by the JBH Board of Directors. The terms of the committee members shall be one year and members may elect to serve an additional term of one year. The term may not exceed two years. Consumer and Family Advocates shall receive stipends and travel reimbursements.
- b. **Committee Purpose:** The Regional Reinvestment Grant Oversight Committee will be responsible for reviewing applications and making recommendations to the Local Mental Health Advisory Committee; reviewing quarterly and final reports to ensure that Grantees' projects are meeting their goals; and providing recommendations to the Local Mental Health Advisory Committee

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on actions, such as application awards and whether to withhold payment for such matters as non activity or not following activities outlined in the Grantee's application.

c. **Selection Process**

Level 1 – Screening by JBH: JBH staff will provide an initial screening of all applications and return any that are incomplete. JBH shall screen all applications within seven calendar days following the submission deadline. All applications that are complete will be forwarded to the Regional Reinvestment Oversight Committee.

Level 2 – Review by the Regional Reinvestment Oversight Committee: After receipt of the application material the Chair of the Regional Reinvestment Oversight Committee shall meet on a quarterly basis to review applications, review the progress being made on each grant award, and to monitor the Regional Reinvestment Reserve funds. The Regional Reinvestment Oversight Committee will review all applications and make recommendations to the Local Mental Health Advisory Committee.

Level 3 – Recommendation to JBH Board by the Local Mental Health Advisory Committee: After the Regional Reinvestment Oversight Committee completes its review JBH will develop a synopsis of each grant application that is being recommended to the JBH Board of Directors. A representative of the Regional Reinvestment Oversight Committee will present the recommendations to the Local Mental Health Advisory Committee. The Local Mental Health Advisory Committee will review the recommendations and vote for grant projects to move forward to the JBH Board of Directors.

Level 4 – Vote by JBH Board of Directors: Grant proposals that are recommended for award will be submitted to the JBH Board of Directors by the Local Mental Health Advisory Committee. The County Mental Health and/or Health Services Directors may provide consultative advice to its respective JBH County Commissioner to assist in the review and award determination process.

Conflict of Interest: Any individual having a personal interest regarding a decision to award a Regional Reinvestment grant are precluded from participating in or voting on the deliberation related to that decision.

Voting: Each member of the Regional Reinvestment Oversight Committee, Local Mental Health Advisory Committee and JBH Board of Directors shall have one vote. The Chairs of the Regional Reinvestment Oversight Committee, Local Mental Health Advisory

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Committee and JBH Board of Directors shall only vote in the event of a tie.

Notification of Award Decision: JBH shall provide notice to applicants in writing within seven calendar days of the Board's decision. Applications not passing any level shall be returned to the applicant with the reasons pertaining to its non award.

Financial Awards and Grant Periods

Regional Reinvestment Grant Maximum Award

- i. **One-Year Grants.** The maximum grant allocation for a one-year grant will be \$40,000 to be paid in four equal installments of \$10,000.
 - ii. **Two-Year Grants.** The maximum grant allocation for a two-year grant will be \$60,000 to be paid in four equal installments of \$10,000 in the first year, and four equal installments of \$5,000 in second year.
 - iii. **Three-Year Grants.** The maximum grant allocation for a three-year grant will be \$70,000 to be paid in four equal installments of \$10,000 in the first year, and four equal installments of \$5,000 in second year, and four equal installments of \$2,500 in third year.
 - iv. If an applicant needs an extension a written request by the applicant detailing the rationale for the extension should be sent to JBH's Executive Director 60 days prior to the last day of the grant award. JBH's Executive Director may approve an extension of up to six months for projects to complete expending the original allocation of funds. No new funds will be awarded during the extension.
 - v. Payments will be made at or prior to the start of each calendar quarter during the grant period.
 - vi. **Grant Award Periods.** A grant award period shall not exceed three (3) years from the date of award for a total of 12 quarters unless extended by the JBH Executive Director.
- g. **Regional Reinvestment Training Funds Maximum Award:**
- i. **Training Fund** requests are limited to six awards per year. The total of all grants awarded not to exceed \$20,000.
 - ii. **Grant Award Periods:** Training funds must be used 1 year from the date of award unless extended by the JBH Executive Director.

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Financial Award Guidelines

- a. **Grant and Training Funds.** The use of grant and training funds is expressly limited to the activities in the grant application. Any additions and/or changes must be approved in writing by JBH prior to making additions and/or changes.
 - b. **Unexpended Funds.** Any unexpended grant funds remaining at the end of the grant period must be returned to JBH within 30 days of the close of the grant period.
 - c. **Financial Records and Inspection.** The Grantee shall maintain a complete record relating to the purpose for which the grant funding was expended in accordance with generally accepted accounting principles. Grantee gives JBH and any authorized representative of JBH access to and the right to examine all books, records, papers or documents relating to the use of grant funds.
 - d. **Insurance.** The Grantee shall, at its own expense and at all times of the grant period, maintain in force a comprehensive general liability policy.
2. **Project Sustainability.** Regional Reinvestment Grants are intended to provide funds to initiate new programs or to expand existing programs. The grantee must be able to demonstrate how the proposed project will be sustainable after the completion of the grant period. A key factor in awarding Regional Reinvestment Grants will be based on the Grantee's ability to sustain the project activities beyond the completion of the grant award period.

Reporting Requirements

- a. A *quarterly report* shall be submitted to JBH 30 days after the end of each calendar quarter. Reports should contain both narrative, outcomes, financial and project sustainability components.
- b. Training Fund recipients do not need to complete a quarterly report. They will be required to submit a report after the training has occurred.
- c. *Project Sustainability:* Activities and efforts for sustaining the project should be included as part of the quarterly and final reports.
- d. An *end of year and final report* is due to JBH 60 days after the one-year grant anniversary, the end of the final grant period or any extensions provided by JBH. Reports should contain narrative, financial and project sustainability components.

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- e. A report on Training Funds is due to JBH 60 days after the training has occurred. Reports should include narrative, training outcomes (if any), financial and project sustainability components.
- f. The financial report must show expenses for the project period. It should clearly show the amount granted by JBH and how these funds were spent.
- g. The narrative report must include a description of the progress towards the original outcomes and successes of the project as well as any barriers encountered. The Quarterly Narrative Report Form is found on page 23. It should also include any numerical data associated with the outcomes proposed in the outcomes matrix that was submitted with the application. An outcomes report form is found on page 24.
- h. A grantee shall submit a Prevention, Education and Outreach (PEO) report to JBH 30 days after the end of each calendar quarter along with the narrative component for the quarterly report. A narrative component is required for the final report. The PEO report is found on page 25

Funding of the Regional Reinvestment Reserve

- a. JBH shall maintain a separate account for the Regional Reinvestment Reserve.
- b. Funding shall also be maintained for Training Funds that is separate from the Regional Reinvestment Grant Funds.
- c. JBH shall withhold 0.5% of each month's capitation received from the State of Oregon to fund the Regional Reinvestment Reserve.
- d. JBH shall initiate the withholding of capitation when the Regional Reinvestment Reserve goes below \$200,000 and cease withholding capitation when the reserve goes over \$400,000 or any other amount that would be needed to adequately to fund ongoing projects.

Assistance with Grant Applications

JBH will to the best of its ability assist applicants, particularly consumer-run and family-based organizations, in competing grant applications. The staff member assigned to assist applicants will not be part of the committee that awards either the Reinvestment Grant or Training Funds.

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IV. Attachments:

Regional Reinvestment Fund Policy and Procedure

1. Regional Reinvestment Grant Application Cover Sheet
 - a. Proposal Narrative
 - b. Proposal Checklist
 - c. Proposal Budget Worksheet
2. Regional Reinvestment Training Funds Application Cover Sheet
 - a. Proposal Narrative
 - b. Proposal Checklist
 - c. Proposal Budget Worksheet
3. Grant Outcomes Matrix
4. Quarterly Narrative Grant Report
5. Quarterly Outcomes Report Form
6. Quarterly Expense Report
7. Prevention, Education and Outreach (PEO) Reporting Requirements
8. JBH Regional Reinvestment Grant Proposal Review Form

JBH Regional Reinvestment Grant Application Form

Regional Reinvestment Grant Application Cover Sheet

Organization Information

Name of Organization

Address

City, State, ZIP

Employer Identification Number

Phone

Fax

Website

Name of Highest Level Staff Person

Title

Phone

email

Name of Contact Person

Title

Phone

Email

Is your organization an IRS 501(c)(3) not-for-profit?

Yes

No

If no, is your organization a public agency/unit of government?

Yes

No

Proposal Information

Project Name:

Please Briefly Describe how Grant funds will be used:

Budget

Dollar amount requested:

\$

Total annual organization budget:

\$

Total project budget

\$

Agency Authorization

Name

Title

Signature

Date

JBH Regional Reinvestment Grant Application Form

Proposal Narrative

Please use the following outline as a guide to your proposal narrative. The proposal narrative should be no more than five pages, excluding attachments.

I. Organization Information

1. Brief summary of organization history, mission, and goals including the date the organization was established.
2. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments.
3. The organization's relationship with other organizations working with similar populations, such as JBH and the County Community Mental Health Programs.
4. Number of board members, full-time paid staff, part-time paid staff and volunteers.

II. Purpose of Grant

A. Situation

1. The opportunity, challenges, issues or need and the geographic community that your proposal addresses.

B. Activities

1. Describe how services will be enhanced, good mental health promoted, and/or OHP client populations benefited.
2. Overall goal(s) of the project.
3. Objectives or specific activities with which you plan to meet the goal(s).
4. Who will carry out those activities?
5. Describe if there will be consumer participation, and if so, the estimated percentage of OHP clients expected to be involved.
6. What is the approximate percent of Oregon Health Plan (OHP) population served?
7. The estimated unduplicated number of people served per month.
8. What County geographic areas will the project serve?

III. Project Sustainability

1. If this project is intended to be ongoing, describe the long-term funding strategies for sustaining this effort.

IV. Evaluation

1. Please describe how you would measure success. What do you want to happen as a result of your activities?
2. How will you measure these changes?

V. Budget

1. Include a budget breakdown and narrative for requested funds. (The Proposal Budget Worksheet may be submitted or used as a guide to budgeting.)

JBH Regional Reinvestment Grant Application Form

Proposal Checklist

Please ensure the following items are included with your proposal:

- Cover letter
- Grant Application Cover sheet
- Proposal narrative and project budget
- Financial statements showing actual expenses
- List of additional funding sources, including in-kind support
- Letters of Support (minimum two/maximum four). There should be at least one letter from a County Mental Health or Health Services Director and at least one from a community organization.
- List of board members and their affiliations
- Brief description of key staff or organizational chart
- Copy of a certificate of general liability insurance

What if I need help or have questions about the application process?

If you need help completing the application or have any questions, feel free to contact:

Heather Hartman
JBH Member Services Specialist
541-244-4862
hhartman@jbh.org

Where do I send my application once it is completed?

Please send your completed application to:

David Bast, ACSW
JBH Executive Director
900 SE 8th Street, Suite 100
Grants Pass, Oregon 97526

JBH Regional Reinvestment Grant Application Form

Proposal Budget Worksheet

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

Income

Source

Amount

Support

Government grants/contracts	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$

Revenue

Government contracts	\$
Earned income	\$
Other (specify)	\$

Total Income

\$

Expenses

Item

Amount

%FT/PT

Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
SUBTOTAL	\$	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	

Total Income

\$

Difference (Income minus Expense)

\$

JBH Regional Reinvestment Grant Application Training Funds Request

Regional Reinvestment Grant Training Funds Application Cover Sheet

Organization Information

Name of Organization

Address

City, State, ZIP

Employer Identification Number

Phone

Fax

Website

Name of Highest Level Staff Person

Title

Phone

email

Name of Contact Person

Title

Phone

Email

Is your organization an IRS 501(c)(3) not-for-profit?

Yes

No

If no, is your organization a public agency/unit of government?

Yes

No

Proposal Information

Training Name:

Please briefly describe the training to be given:

Budget

Dollar amount requested:

\$

Total annual organization budget:

\$

Total project budget

\$

Agency Authorization

Name

Title

Signature

Date

JBH Regional Reinvestment Grant Application Training Funds Request

Proposal Narrative

Please use the following outline as a guide to your proposal narrative. The proposal narrative should be no more than five pages, excluding attachments.

I. Organization Information

1. Brief summary of organization history, mission, and goals including the date the organization was established.
2. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments.
3. The organization's relationship with other organizations working with similar populations, such as JBH and the County Community Mental Health Programs.
4. Number of board members, full-time paid staff, part-time paid staff and volunteers.

II. Purpose of Training

A. Situation

1. The opportunity, challenges, issues or need and the geographic community that your training will address.

B. Activities

1. Describe how services will be enhanced, good mental health promoted, and/or OHP client populations benefited.
2. Who is the trainer? What are their qualifications? What skills do they bring that cannot be found elsewhere?
3. How many people will the training be for?
 - Who is the intended audience? Clinicians, Parents, Doctors, Consumers, Families, Allied Professionals, and/or Other?
 - If consumers, parents, and/or family members are included in the training will they be given scholarships in order to attend?
 - Is the training open to attendees from across the region?

a. Budget

2. Include a budget breakdown and narrative for requested funds. (The Proposal Budget Worksheet may be submitted or used as a guide to budgeting.)

JBH Regional Reinvestment Grant Application Training Funds Request

Proposal Checklist

Please ensure the following items are included with your proposal:

- Cover letter
- Application Cover sheet
- Proposal narrative and project budget
- List of additional funding sources, including in-kind support
- Support letter(s) from any other partner(s) putting together the training
- Copy of a certificate of general liability insurance

Application Deadlines:

Last Friday in March and September of each calendar year

What if I need help or have questions about the application process?

If you need help completing the application or have any questions, feel free to contact:

Heather Hartman
JBH Member Services Specialist
541-244-4862

Where do I send my application once it is completed?

Please send your completed application to:

Dave Bast, ACSW
JBH Executive Director
Jefferson Behavioral Health
900 SE 8th ST, Suite 100
Grants Pass, OR 97528

JBH Regional Reinvestment Grant Application Training Funds Request

Proposal Budget Worksheet

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

Income

Source

Amount

Support

Government grants/contracts

\$

Foundations

\$

Corporations

\$

United Way or other federated campaigns

\$

Individual contributions

\$

Fundraising events and products

\$

Membership income

\$

In-kind support

\$

Investment income

\$

Revenue

Government contracts

\$

Earned income

\$

Other (specify)

\$

Total Income

\$

Expenses

Item

Amount

%FT/PT

Salaries and wages (breakdown by individual position and indicate full- or part-time.)

\$

\$

\$

\$

\$

SUBTOTAL

\$

Insurance, benefits and other related taxes

\$

Consultants and professional fees

\$

Travel

\$

Equipment

\$

Supplies

\$

Printing and copying

\$

Telephone and fax

\$

Postage and delivery

\$

Rent and utilities

\$

In-kind expenses

\$

Depreciation

\$

Total Income

\$

Difference (Income minus Expense)

\$

Example Regional Reinvestment Grant Outcomes Matrix

Regional Reinvestment Grant Outcomes Matrix		Program:		
Goal	Objective	Activity/Activities	Outcome	Measurement:
<i>Example: Providing prevention services at Drop In Center.</i>	<i>Example: Decrease possible hospitalizations by adult consumers.</i>	<p><i>Example:</i></p> <ol style="list-style-type: none"> <i>1. Train and hire 3 Peer Specialists to provide mentoring and act as support to The Drop in Center's consumers.</i> <i>2. Peer Specialists will be available to provide one-one sessions for clients in crisis.</i> <i>3. Peer Specialists will provide 3 WRAP Model classes to Drop In Center Consumers.</i> 	<p><i>Example:</i></p> <ol style="list-style-type: none"> <i>1. Drop in Center Consumers will experience a decrease in hospitalizations.</i> <i>2. Consumers will have access to more preventative services.</i> <i>3. Consumers will be able to decrease symptoms and to self-manage their illness(es).</i> 	<p><i>Example:</i></p> <ol style="list-style-type: none"> <i>1. 25% decrease in hospitalization among Drop In Center Consumers.</i> <i>2. Measured by number of hours of one-on-one sessions provided by Peer Specialists.</i> <i>3. 75% of consumers will pass pre and post tests from WRAP classes.</i>

Regional Reinvestment Grant Outcomes Matrix Instructions and Definitions

Instructions:

Please fill out the Outcomes Matrix when applying for the grant. Fill in each box appropriately to your Program and the activities you want to accomplish with grant funding. See page 20 for an example Outcomes Matrix. A blank form is provided on the next page to fill out and return with your grant application.

Definitions

Goal: What is the purpose Program activity in the overall picture?

Objective: What is the aim of your Goal? How will the proposed project meet the purpose of the Regional Reinvestment Grant?

Activity: What will your program do to meet both the proposed goal and objective?

Outcome: What is the result of your program activities? What will program success look like. What changes will occur due to your program activities.

Measurement: How will your program measure success? This is best represented by numbers

Program:

Regional Reinvestment Grant Outcomes Matrix

Goal	Objective	Activity/Activities	Outcome	Measurement:

Quarterly Narrative Grant Report

Regional Reinvestment Grant Quarterly Report	
Agency Name:	Project Name:
Date:	Grant Start Date:
Report Time Period: <input type="checkbox"/> 1 st Quarter <input type="checkbox"/> 2 nd Quarter <input type="checkbox"/> 3 rd Quarter <input type="checkbox"/> 4 th Quarter	

1. Please describe any grant activities that have taken place over the last quarter and outline any progress made on uncompleted activities.

2. Please describe in detail any progress you have made on the goals and objectives that were outlined in your grant application. How many people have you served using grant funds?

3. What progress have you made on the outcomes from your grant application.

4. Have you had to make any changes in how you had planned to complete your proposed activities? If so describe in detail what those changes are, and what led you to change how you completed them.

5. Describe any effort(s) that have been made to sustain your program beyond the grant period (have you made any fundraising efforts, sought any other funding sources)?

6. Describe any financial information about your program for the last quarter. Attach the Quarterly Expense Report with your grant report narrative.

7. Is there anything else you would like JBH to know about your program/grant activities during the grant period?

8. Complete and attaché the Prevention Education and Outreach Report for the quarter.

Quarterly Outcomes Report Form

Instructions: This is where you will report on your Outcomes that you planned in your Grant Proposal. List each activity individually, and use the space below to tie the Activity in with the proposed Outcomes and Measurement. Repeat for as many activities as you have proposed. This form will be turned in with your Quarterly Grant and Financial reports **30 days** after the end of each quarter.

Activity #1	<i>(Type first activity listed in your Outcomes Matrix Here)</i>
Outcomes	<i>List Outcomes Associated with Activity #1 on your Outcomes Matrix Here</i>
Measurement	<i>List Measurement data here. This is the <u>actual</u> progress you have made during the quarter.</i>
Activity #2	
Outcomes	
Measurement	
Activity #3	
Outcomes	
Measurement	

Quarterly Expense Report

Category	Dollar Amount
Personnel	
List each Position	
Total Personnel	
Contract Services	
Total Contract Services	
Operating Expenses	
Total Operating Expenses	
Equipment	
Total Equipment	
Staff Training	
Total Staff training	
Total Expenses	

Prevention, Education and Outreach (PEO)

Report C4B:

Prevention/Education/Outreach Activities

Mental Health Organization: _____

Subcontractor: _____

Report Period: **1st Quarter (Jan-Mar)** **2nd Quarter (Apr-Jun)**
 3rd Quarter (Jul-Sep) **4th Quarter (Oct-Dec)**

Report due to JBH within 30 calendar days after the end of each calendar quarter (reporting period).

1. Provide information on Prevention/Education/Outreach activities for OHP enrolled members.
2. Report only those activities that cannot be otherwise reported using HCPC or CPT codes.

No	Activity		Number of Activities	Time ¹	Cost ²	No. of Members (actual or estimate)
1	PEO 1	Public Information				
2	PEO 2	Community Education				
3	PEO 3	Parent/Family Education				
4	PEO 4	Alternative Activities				
5	PEO 5	Community Mobilization				
6	PEO 6	Life Skills Development				
7	PEO 7	Prevention Support Activities				
8	PEO 8	Community Based Outreach				
9	PEO 9	Services Integration				
10	OTHER					
11	Total PEO Expenses					

¹ Actual time spend with members, reported in 15 minute increments. Time does not apply for PEO1.

² Cost allocation for activity to include preparation, travel, equipment, and level of staff person.

Definitions for this report:

1. PEO 1 Public Information: Presentation of accurate targeted messages and promotional material on mental health and substance abuse issues, such as suicide and teen pregnancies, to increase awareness of behavioral health. May include information seminars, electronic and print media. (Time does not apply for this activity)
2. PEO 2 Community Education: Community educational sessions with clear goals and objectives designed for a specific group that promotes a change in attitude and behaviors that may lead to behavioral health problems. May be ongoing and sequential.
3. PEO 3 Parent/Family Education: Educational sessions aimed at parents and family members. May be one time only or ongoing, sequential sessions or workshops with defined goals and objectives. May include early childhood development, parenting skills, parent/child communication, and health families.
4. PEO 4 Alternative Activities: Alternative activities that provide challenging positive growth experiences, leading to the development of self-reliance and independence. Programs offer healthy alternatives for leisure/free time within the community setting, e.g., hiking club, ropes course.
5. PEO 5 Community Mobilization: Community mobilization activities to deal effectively with behavioral health issues within the community, such as developing partnerships with schools/businesses, developing neighborhood coalitions, or training and technical assistance to coalitions.
6. PEO 6 Life Skills Development: Life skills development activities that assist individuals in developing or improving critical life skills. Must be ongoing, sequential learning activities or sessions that focus on the development of skills in decision making, coping with stress, values awareness, problem solving, conflict resolution, resistance skills, and self esteem.
7. PEO 7 Prevention Support Activities: Activities that support individuals in daily living or coping skills, such as warm lines.
8. PEO 8 Community Based Outreach: Activities provided in community settings that attempt to engage individuals who might not otherwise access or seek out traditional services, such as outreach to homeless individuals.
9. PEO 9 Services Integration: Includes participation in multi-disciplinary teams and community meetings where services are being discussed for an OHP Member who is not currently in services with a mental health provider.
10. OTHER: Expenses for other Prevention, Education and Outreach activities not reported in above categories.
11. TOTAL PEO EXPENSES: The sum of lines 1 through 10.

JBH Regional Reinvestment Grant Review Form

Project Name:	Date Proposal Received:			
Level 1 : Screening		Yes	No	N/A
Cover letter				
Grant Application Cover sheet				
Proposal narrative				
Project budget				
Financial statements, preferably audited, showing actual expenses				
List of additional funding sources, including in-kind support				
Letters of Support (at least one from a County Mental Health or Health Services Director and at one from a community organization)				
List of board members and their affiliations				
Brief description of key staff or organizational chart				
Level 2: Regional Reinvestment Oversight Committee				
Proposal meets guidelines: <input type="checkbox"/> Completely <input type="checkbox"/> Partially <input type="checkbox"/> Does not Meet Guidelines				
Proposal can be forwarded to the Local Mental Health Advisory Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments:				
Committee Chair:		Date:		
Level 3: Local Mental Health Advisory Committee				
Proposal presented to QMC on : _____				
<input type="checkbox"/> Recommend funding proposal <input type="checkbox"/> Recommend not funding proposal				
Comments for applicant regarding improving the proposal for reapplication:				
QMC Chair:		Date:		
Level 4: JBH Board of Directors				
<input type="checkbox"/> Grant Proposal Approved <input type="checkbox"/> Grant Proposal Denied				
Comments and Recommendations:				
JBH Board Chair:		Date:		