saint louis mhb

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FY27-29 Application Workshop
Community Children's Services Fund & Community Mental Health Fund

January 12, 2026

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About MHB

MISSION

MHB strategically invests in effective, equitable systems that improve behavioral health and expand opportunity for St. Louis City residents.

VISION

We envision a future St. Louis built with community voice, shared investment, and collective action to create lasting well-being for all.

Meeting Agenda

Community Investment Policies Overview

- Eligibility for Investment
- MHB Priorities

Application Overview

- Narrative
- Logic Model
- Budget

Application Submittal

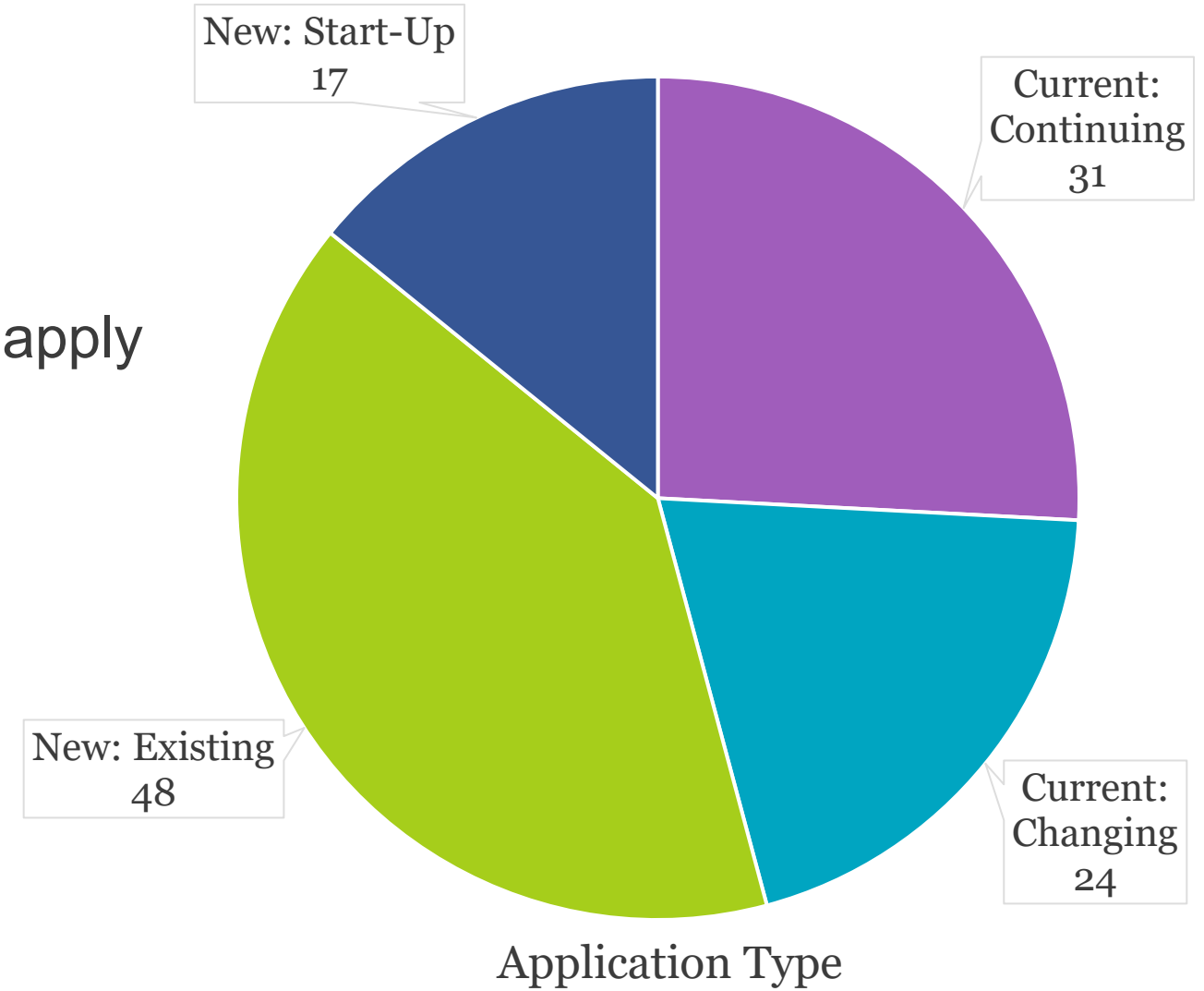
- Supporting Documents
- Questions

Community Investment Policies

Basic Overview

Application Estimates

- 120 projects have been invited to apply
  - 2/3 of projects will be CCSF (80)
  - 1/3 of projects will be CMHF (40)



Eligibility for Investment

1. MHB will prioritize investments in organizations that demonstrate fiscal, administrative and managerial stability, prudence, and diligence.
    a) MHB shall have a preference for investing in organizations and/or projects with *diversified sources of revenue* (i.e., funding from more than one source).
2. MHB will invest only in organizations that comply with all *local, state and federal regulations* related to fair labor practice, workplace safety, accessibility and consumer protection.
3. MHB shall only make investments in projects which demonstrate that individuals receiving mental healthcare services shall have a documented *mental health diagnosis* determined by a qualified mental healthcare provider *except* for prevention or early intervention of mental illness and/or substance use, outreach and engagement, crisis intervention, or other services where such a diagnosis would be a clear barrier to service.

Eligibility for Investment

4. MHB shall only invest in applicants that demonstrate their ability to provide *culturally and linguistically appropriate services*.
5. MHB funds *shall not be used to provide any direct or indirect support of any religious education, service, or otherwise assist the religious mission of any church or faith*.
6. MHB shall have a preference for investing in organizations and/or projects whose *governing board members* reside in the City or County of St. Louis.
7. MHB shall have a preference for investing in organizations and/or projects whose *services are provided in the City of St. Louis*.
8. MHB shall only make investments in organizations and/or projects which demonstrate that MHB funds will not be used to *supplant* other sources of revenue.

Eligibility for Investment

City Residents

- Any investment made by MHB which includes local Community Mental Health Fund tax revenues is restricted to services which are provided to city residents. In programs which do not exclusively serve city residents, MHB funds shall not fund a proportion of the total program budget in excess of the proportion of services to city residents.

Maximum Investment

- No single project investment shall exceed $750,000 in any fiscal year. If a proposed project is new to an organization, the total requested from MHB cannot exceed $100,000. Please be advised that the average award for projects that are not new to an organization is $180,000.

Eligibility for Investment

Accreditation

- For services for which one or more national organizations have established accreditation, MHB shall have a preference for those programs and/or projects which have attained the accreditation. Exceptions may be made when one of the objectives of the project is to obtain the accreditation during the life of the project.

Certification or License

- For services for which the State of Missouri has established licensing or certification standards, MHB shall make investments only in support of services which are licensed or certified by the State of Missouri and that contribute to the outcomes prioritized by the Board. Exceptions may be made when one of the objectives of the project is for the service to obtain the appropriate license or certification during the life of the project.

Missouri Department of Mental Health Certification

The Community Mental Health Fund cannot pay for **clinical** mental health and substance use treatment services that have not been designated by the Missouri Department of Mental Health (DMH). DMH certifications must be current and applicable to the specific clinical services for which the organization is applying.

DMH also deems as certified any organization holding *current* accreditation by any of the following if the certification is applicable to the specific services for which the organization is applying:

- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- American Osteopathic Association (AOA)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)

DMH Certification

If organizations do not hold any of the DMH certifications or national accreditations and propose to provide clinical services, **applicants must apply for provisional DMH certification prior to submitting an application to MHB (due January 30, 2026 at 5:00 p.m.).**

- Provisional certification may be sought from the Division of Behavioral Health. Applicants must prominently note their intention to pursue available County Mil Tax funding.
- The division will notify the applicants in writing whether certification standards exist or not for the clinical services that are being proposed. If MHB recommends an organization for funding, DMH will schedule the full-scale audit and site visit as part of the certification process.

Community Mental Health Fund Statute

1. Outpatient services
2. Day care & other partial hospitalization services
3. Emergency services
4. Diagnostic and treatment services
5. Liaison and follow-up services
6. Consultation and education services
7. Rehabilitation services
8. Prevention Services
9. Screening services
10. Follow-up care services
11. Transitional living services
12. Alcoholism and alcohol abuse prevention and treatment services
13. Drug addiction and drug abuse prevention and treatment services

Community Children's Services Fund Statute

1. Temporary shelter (up to 30 days)
2. Respite care
3. Services to teen parents and single parents
4. Outpatient psychiatric treatment and substance abuse treatment
5. Transitional living (counseling and related services)
6. Home and community-based family intervention programs
7. Individual, group, or family professional counseling and therapy
8. Crisis intervention services (including telephone hotlines)
9. Prevention programs which promote healthy lifestyles among children and youth and strengthen families
10. Psychological evaluations and mental health screening

**Additionally, CCSF funds may not be used for inpatient medical, psychiatric, and chemical dependency services or for transportation services.*

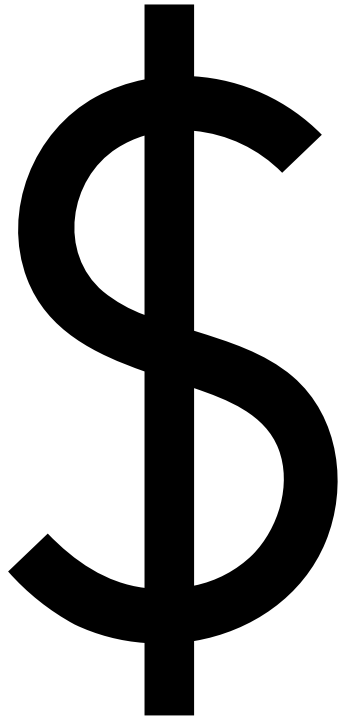
FY 2027 – 2029 Strategic Funding Priorities

	Strengthen Systems *Evidence-Based*		Advance Community Well-being *Community-Informed*	
Population Level	**Increase behavioral health early identification and early intervention services** *Examples include:* • *Assessment, screening, and diagnostic services*	**Strengthen equitable, trauma-informed behavioral health crisis response**	**Address the impact of trauma and social isolation on communities**	**Expand the behavioral health care delivery system** *Examples include:* • *Expanding the workforce so that more people with mental health concerns receive the appropriate level of care* • *Expanding access to care in non-clinical settings*
Individual Level	**Provide comprehensive support for individuals with serious mental illness and/or substance use disorders** *Examples include:* • *Clubhouse* • *Supported employment*	**Provide specialty behavioral health care for individuals with serious mental illness and/or substance use disorders** *Examples include:* • *First episode psychosis* • *Medication assisted treatment*	**Support peer-driven reentry programs for justice-involved individuals and their families**	**Provide youth-focused prevention programs and services** *Examples include:* • *Universal prevention & youth development*

Application Material

Funding Source

- CCSF
  - Proposed # of Participants Served under the age of 18
  - Proposed # of Parents/Caregivers of youth Participants
- CMHF
  - Proposed # of Participants served aged 19 and over
  - Proposed # of Participants served aged 18 and under
- Not Listed
  - Proposed # of Participants served aged 19 and over
  - Proposed # of Participants served aged 18 and under



Application Primary Contact

Indicate the Primary Contact for this application. The Application Primary Contact is the person to whom MHB will direct any questions and follow-up about this application. Applicants may be required to respond to questions concerning their application during the grant review process.

It will be this person's responsibility to forward MHB emails to their organization’s team members as necessary.

Picture from:
☎ Meeting My Muse: A Switchboard Operator's Story

Application Narrative - Executive Summary

Project Name (100-character limit)

Select MHB Funding Priority

Provide a **one-paragraph** overview that clearly describes the proposed project's scope of work. In a single paragraph, address the following: (1,500-character limit)

1. What is a brief description of the issue you are trying to address?
2. How will you address the issue? (key activities/interventions)
3. Who will benefit? (population & setting)
4. What are your anticipated results for your project and participants? (outputs and / or outcomes)

Note: The Project Name and Executive Summary will auto populate from your Letter of Interest; however, you can edit these fields.

Application Narrative – Need Statement

Why is this project needed or important? *(5,000-characters)*

Describe the issue your project seeks to address and why it matters now, using the most current local evidence or statistics (focus on City of St. Louis and / or St. Louis Region). Include source citations when applicable.

Who will this project serve to address the stated need? *(5,000-characters)*

Specify the age range, primary zip codes (or school districts if school-based), and other relevant characteristics (e.g., language, disability, housing status).

How will you make participation feasible for this population? *(3,000-characters)*

For example evening / weekend hours; home, school, or community sites; telehealth options; transportation supports; childcare; accommodations for people with disabilities; and language access (interpretation / translated materials).

Application Narrative - Experience

Provide a brief description of the organization's mission, current programming (major service areas), and total number of participants served annually. *(3,000-characters)*

Be sure to indicate if the information you provide in this section describes your entire organization or is focused on activity relevant to the proposed project.

What qualifications or experience make your organization well suited to implement the proposed project? *(5,000-characters)*

Include recent participant trends (waitlist size, referral / inquiry counts, time-to-appointment) and outcome data (participants served and the number / % achieving key outcomes) and / or external evaluation reports or research that validate the organization’s track record.

Application Narrative - Project Staffing

Who will implement your project?

Provide a brief description of direct staff roles for the proposed project, not just those for whom MHB funding is requested. There is a 250-character (about 40 words) limit for text responses. For each role, include:

First & Last Name or TBH and Job Position or Job Title	Qualifications/ Licensure	Relevant Experience	Key responsibilities in this project	MHB funded?
				Yes No Partial

Does the project require hiring new staff? *(3,000-characters)*

If yes, describe your plan and timeline to ensure staff are hired, trained, and ready to launch in Q1 (July–September 2026).

Logic Model

- The logic model should describe Year One of your proposed project. This information will be used to estimate cumulative activities and outcomes over the three-year project.
- Please limit logic models to no more than 2 pages. A one-page logic model is preferred when possible.

Inputs	Activities	Outputs	Outcomes
MHB-funded resources: List resources that will be covered by MHB. **Examples:** • Roles/FTE or hours • Data software **Additional resources:** If there are other resources this project relies on, add them here.	Provide brief details under each category when applicable (who, where, frequency/dosage) **Example Categories:** • Outreach / Referral / Recruitment • Intake / Enrollment / Screening / Assessment / Evaluation / Treatment Planning • Intervention(s) • Completion • Follow Up or Aftercare Services	Quantify delivery (# participants served, # units/sessions). Include the corresponding documentation methods. Link output to the relevant activity(ies) when applicable.	Define change with a numerator/denominator and the measurement method (tool + timing). Link each outcome to its relevant output(s)/population.

General Budget Guidance & Preparation

- The MHB grant award is 3 years.
- **The detailed application budget should only represent Year 1** and will be the basis for your project budget during the three-year cycle.
- Typically, MHB has provided cost of living adjustments to funded partners in Years 2 and 3, based on the Consumer Price Index in January of that year, when funds are available.
- Indirect costs must **not exceed 15%** of your budget request.

Application Budget *Worksheet*

1. **Budget Instructions** - The Excel workbook has four spreadsheets also referred to as tabs. Please review each tab before beginning your budget preparation. This first tab provides instructions on how to complete and submit your detailed application budget.
2. **Detailed Application Budget** - The second tab contains the budget line items that you need to complete for both the Total Project Budget Year 1 and the MHB Funding Request Year 1. It contains descriptions for each budget line item/category and guidance on how to calculate expenses for specific line items.
3. **Personnel Detail** - The third tab must be used to enter your personnel details. Entries from this tab will automatically transfer sub-totals for the direct and indirect salary and fringe line items, as well as contract personnel to the MHB Funding Request Year 1 column on the second tab. Guidance on completing this tab may be found at the bottom of the page.
4. **Hourly Wage Employees** – The fourth tab can be used to enter wages for part-time staff. Just like the Personnel Detail tab, entries from this tab will automatically transfer to the Detailed Application Budget.

TAB #2 – Detailed Application Budget (revenue)

Applicant Organization Name:	
Project Name:	

REVENUES		
Revenue Line Item	**Total Program Revenue**	**MHB Funding Request**
Local Government		$ -
State Government		
Federal Government		
Individual Donors		
United Way		
Foundations		
Corporations		
Other Federations (e.g., Catholic Charities, Jewish Federation, etc.)		
Membership Income		
Program Service Fees		
Medicaid / Medicare / Insurance Fees		
Product Sales		
Fundraising (net)		
Investment Income (net)		
In-Kind Donations and Support (net)		
Other:		
Total Revenues	**$ -**	

- Please be advised that MHB will review your annual revenue and expenses as reported on your most recent audit and/or 990 to compare it to your budget request.

TAB #2 – Detailed Application Budget (expenses)

EXPENSES				
Expense Line Item	**Total Program Expense**	**MHB Funding Request**	**% Total Project**	**Budget Narrative**
Direct Employee Salaries		$ -		
Direct Employee Benefits		-		
Contract Personnel		-		
Professional Development / Conferences				
Employee Travel (local mileage / out-of-area)				
Project Supplies / Furnishings / Fixtures				
Computers & Technology				
Contract Services				
[other expense]				
[other expense]				
[other expense]				
Total Direct Expenses	**$ -**	**$ -**		
Indirect Employee Salaries		$ -		
Indirect Employee Benefits		-		
Occupancy Costs (rent, utilities, furnishings, maintenance)				
Technology / Data Management Licenses & Fees				
Insurance (Liability, D&O)				
Communications (phones, data plans, internet)				
Operating Costs (supplies, postage, printing)				
Equipment (purchase, rental, maintenance)				
Contract Services (audit, IT, program evaluation, consulting)				
[other expense]				
[other expense]				
[other expense]				
Total Indirect Expenses	**$ -**	**$ -**		
TOTAL EXPENSE BUDGET	**$ -**	**$ -**		
Indirect as a % of Total Expenses			←	This % must not exceed 15% of Total Expenses

TAB #3 – Personnel Detail Tab

Personnel Category	Status of Position	First and Last Name (Person currently in this position or To Be Hired)	Position or Title	Annual Salary / Fee	Fringe Benefit %	Effort (FTEs)	Months In Service	Annual Total Salary Costs for MHB Budget	Annual Total Fringe Costs for MHB Budget	Total Personnel Costs for MHB Budget	# Hours/ Week Spent on MHB Project
								$ -	$ -	$ -	0.0
								$ -	$ -	$ -	0.0
								$ -	$ -	$ -	0.0

TAB #4 – Hourly Wage Employees

Personnel Category	Status of Position	First and Last Name (Person currently in this position or To Be Hired)	Position or Title	Hourly Wage	Hrs. Per Week	Weeks In Service	Total Wage Costs for MHB Budget
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -

MHB Grant Portal – Budget Submittal

Total Expense Budget

If you do not intend to use a budget category, please enter 0 into the proposed expenses box.

Budget Categories	Proposed Grant Expenses
Direct Employee Salaries	$ *
Direct Employee Benefits	$ *
Contract Personnel	$ *
Professional Development / Conferences	$ *
Employee Travel (local mileage / out-of-area)	$ *
Project Supplies / Furnishings / Fixtures	$ *
Computers & Technology	$ *
Contract Services	$ *
Other (Direct Only)	$ *
Indirect Expenses (Total)	$ *
Total	

To submit your budget, you must directly enter the information from the Detailed Application Budget Tab into the MHB Grant Portal.

The MHB Grant Portal must also contain a narrative justification for each line item entered. ***Please use whole dollar amounts.***

Budget Narrative

Personnel and Contract Personnel

Enter the following information for every person to be paid with this grant:

First & Last Name or TBH, Job Position or Title, Annual Salary / Fee, Fringe Benefit %, Effort (FTEs), Months in Service

Professional Development / Conferences and Travel

- Professional Development / Conferences
- Employee Travel (local mileage / out-of-area)

Supplies and Equipment

- Project Supplies / Furnishings / Fixtures
- Computers & Technology
- Equipment (purchase, rental, maintenance)

Budget Narrative

Contract Services

- Direct Contract Services
- Indirect Contract Services (audit, IT, program evaluation, consulting)

Other Direct Expenses

Provide justification for any other Direct Expenses not covered by a provided budget line item

Other Indirect Expenses

- Occupancy Costs (rent, utilities, furnishings, maintenance)
- Technology / Data Management Licenses & Fees
- Insurance (Liability, D&O)
- Communications (phones, data plans, internet)
- Operating Costs (supplies, postage, printing)
- Other Indirect Expenses not covered by a provided budget line item

Final Application

Supporting Documentation

Supporting Documents – Eligibility Verification

Verification – Upload to MHB Portal	Requirement
IRS Form 990	Organization is in good standing with the IRS
Financial audit and management letter from past fiscal year and if applicable agency's Single audit	Organization operates within generally accepted accounting principles
Organizational budget	Organization has stable and diverse funding streams
IRS determination letter	Organization is in good standing with the IRS
Certificate of Good Standing issued within past 12 months	Organization is in good standing to do business in the state
Accreditation Certificate, Department of Mental Health Certification (if applicable), or Provisional Certification Status Letter	Organization maintains accreditation or certification to provide services in the state
If Approved for Funding:	
• General Liability • Workers' Compensation • Professional Liability • Comprehensive Commercial Auto (if applicable)	Organization maintains minimum levels of insurance MHB requires

Sample Insurance Document-Accord Form

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/04/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATIONIS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Hartford Center
6360 Wise Blvd
San Marco, TX 78482

CONTACT NAME:
PHONE (A/C, No, Ext): (866) 467-5290
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A : Twin Fire Insurance Company	29468
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Denise Carter
d/b/a -Denise Car
2120 Ohio Avenue
St. Louis, MO 63121

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR [X] General Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [X] LOC OTHER:			02 SBA AJ4055	02/02/2025	02/02/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $1,000,000 $10,000 $1,000,000 $2,000,000 $2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/ A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Board of Directors Insurance Included/No Transportation of Participants

CERTIFICATE HOLDER
Saint Louis Mental Health Board
701 Market Street
Suite 200
Saint Louis, Missouri 63101

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
Susan F. Castaneda

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

DMH Certification

Funded projects must meet DMH certification standards or hold appropriate national accreditations

Final Application Supporting Document: (Submit one of the following)

1. Accreditation Certificate from Council on Accreditation, Council on Accreditation of Rehabilitation Facilities or Joint Commission;
2. DMH Certification
3. Letter from DMH stating that “standards do not exist” for your project
4. Attestation that your organization will apply for DMH Certification if awarded funding by MHB

If you are unsure if the service you are planning to provide needs certification you can reach out to a DMH certification specialist at dbhcertificiation@dmh.mo.gov

DMH Certification

- If your organization is awarded funding and you did not submit proof of certification during the application process, you will be required to complete one of the following applications to become certified
  1. DMH Application for Certification – Accredited Agencies
  2. DMH Application for Certification – Non Accredited Agencies
- Once you begin the certification process, you will be required to submit the DMH Provisional Certification Status Letter to MHB
- The Certification process can take a few months
- More information about the types of services that require certification can be found on the DMH website: https://dmh.mo.gov/behavioral-health/certification

Questions & Discussion

As a reminder…Please ask questions that are universal – not project specific (save those questions to ask a MHB team member directly).

1. Type your question in the chat

OR

2. Use the Zoom “raise your hand” feature (found in reactions) to be unmuted to ask your question or press *6 if you are calling in by phone

Thank you for joining us!