

Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties

Program Feasibility Analysis - Application for Funding

The Mental Health and Recovery Services Board Program Proposal Application for Funding is designed to assist agencies to fully document their programming. The information in this application will provide important descriptions of all services and programs requesting funding from the Board (e.g. traditional outpatient services, SAMI, residential, etc.) The application will serve as a guide to determine the need and appropriateness of programming, establish funding priorities, and document the impact and effectiveness of services provided.

Information contained in the applications will help ensure that the Board priorities and strategic goals are reflected in all funded services. These priorities are:

- Ensure the future financial viability of the services in the Allen, Auglaize and Hardin service delivery system.
- Ensure the quality and effectiveness and accessibility of services resulting in positive client outcomes.
- Retain professional staff with demonstrated competencies within the system.

The Board is committed to funding efficient and cost-effective programming that will move consumers and providers toward achieving the National Outcome Measures (see Section 3, Outcomes).

All programs and services submitted for funding to the Board must be documented in these applications. Please duplicate the forms as necessary for all programs and services.

Agency Name

Agency Address

Contact Person

Phone

Fax

Email

Name and Position of Person Completing this Application

Name of Proposed Program

Funding Period

Start Date

Program emphasis: Mental Health Substance Abuse Dual Diagnosis

Please provide a 50 word summary of the program for which funds are requested.

Where will the program be delivered? (i.e. county, school, agency, home?)

How many people need this program and what would they look like? (i.e. age, gender, race, special needs, Board identified priority population.)

TOTAL COST OF PROGRAM		\$	
BOARD FUNDS REQUESTED FOR PROGRAM		\$	% of Total Cost
Number to be served		Cost per participant	\$

Section 1. Problem Statement

Please provide evidence of the problem(s) that the proposed program/services will address. For example, consumer or referral source surveys, SWOT analyses, research from current literature (please reference), agency utilization information, etc.

1.1 This program was initiated to address the following community needs as indicated by these sources:

Problem/Community Need

Supporting Evidence



1.2 If this program will utilize an evidence-based practice, describe the model, including the source, service delivery modality, and outcomes. Please include a description of how the agency will ensure fidelity to the model.

1.3 This program will address the following domains from the National Outcome Measures (check all that apply)

Please see National Outcome Measures definitions, attached.

- | | |
|--|--|
| <input type="checkbox"/> Reduced morbidity (Abstinence from AoD, or Decreased Mental Illness Symptomatology) | <input type="checkbox"/> Employment/Education |
| <input type="checkbox"/> Crime and criminal justice | <input type="checkbox"/> Stability in housing |
| <input type="checkbox"/> Social connectedness | <input type="checkbox"/> Access/Capacity |
| <input type="checkbox"/> Retention | <input type="checkbox"/> Perception of Care |
| <input type="checkbox"/> Cost effectiveness | <input type="checkbox"/> Use of evidence-based practices |
| <input type="checkbox"/> - _____ | |

Note: All outcomes targeted must be reflected in the Outcomes plan, Section 3. Program Outcomes

1.4 Does this program fit with the Board's strategic plan? (reference specific goals/objectives from the plan)

1.5 How does this program fit into the mission of the agency?

Section 2. Detailed Program Description

2.1 Please describe the proposed program/services in greater detail.

- **How will the program be implemented?**
- **Is this a new or continuing program? If continuing, how long has the program/service been provided?**
- **What are the staff credentials and training requirements?**
- **What services are included in the program?** (i.e. assessment, individual counseling, pharmacological management, information dissemination, etc.)

2.2 How will the agency ensure access to the program? (i.e. marketing, advertising, meetings with referral sources, etc.)

2.3 What data will be collected on the program and how will the program be evaluated?

2.4 Does the program collaborate with any other agencies or organizations? Please list all that apply and the nature of the collaboration.

2.5 What are potential barriers to implementing the program effectively? How will the agency address these issues?

Section 3. Program Outcomes

Please complete an outcomes logic model for each program. All outcomes must ultimately lead to an outcome(s) from the National Outcome Measures (NOMs).

NOMs Outcome 1: _____

<p>Outcome <i>The benefits we anticipate and the improvements that happen as a result of our efforts.</i></p>	<p>Indicators <i>Measures that provide evidence of the degree to which our outcomes have been achieved.</i></p>	<p>Outputs <i>The outputs of our activities and initiatives.</i></p>	<p>Activities/ Initiatives <i>What we do to operationalize the outcome.</i></p>	<p>Responsible <i>The initiator(s) of the change effort.</i></p>	<p>Timeline <i>Our estimate of when we will begin and accomplish each movement toward our outcome.</i></p>
	.	•			<p><i>Program begins</i></p> <p><i>Program ends</i></p>

PROGRAM OUTCOMES

Program Name:
NOMs Outcome:

<i>Outcome</i> <i>The benefits we anticipate and the changes and improvements that happen as a result of our efforts.</i>	<i>Indicators</i> <i>Measures that provide evidence of the degree to which our outcomes have been achieved.</i>	<i>Outputs</i> <i>The outputs of our activities and initiatives.</i>	<i>Activities/Initiatives</i> <i>What we do to operationalize the outcome.</i>	<i>Responsible</i> <i>The initiator(s) of the change effort.</i>	<i>Timeline</i> <i>Our estimate of when we will begin and accomplish each movement toward our outcome.</i>

Duplicate sheet as necessary for all program outcomes.

PROGRAM OUTCOMES

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