



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

March 17, 2008

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs)
and Community Mental Health Services Programs (CMHSPs)

FROM: Irene Kazieczko, Director 
Bureau of Community Mental Health Services
Mental Health and Substance Abuse Administration

SUBJECT: FY 09 Children's Mental Health Block Grant Request for Proposals (RFP)
DEADLINE: 12:00 p.m., Friday, May 23, 2008

Attached is the Children's Mental Health Block Grant RFP, which provides the instructions and required application forms (narrative, work plan and budget) for FY 09 funding. Proposals must be submitted using the required forms contained in the RFP. Also attached is the Children's System of Care Planning document for use in preparing your application for Children's Mental Health Block Grant funding in FY 09. This document is intended to help guide your local planning and decision-making about community priorities.

FY 09 Children's Mental Health Block Grant funds are to be used to fund projects that promote and endorse adoption of system of care principles and practices. The FY 09 block grant funds for children with serious emotional disturbance will be distributed based on the responses to the RFP. This RFP application is for any new projects for FY 09. If you are currently receiving block grant funding for an approved multi-year project, then you do not need to complete this application. You will be notified in the next few months to complete your work plan and budget for the FY 09 block grant contract.

The System of Care Planning document is intended to assist communities with the identification of priorities for services. This document encourages communities to maximize the use of entitlements. Once priorities are established, communities should review all options for funding from existing resources. All RFPs submitted should consider the following outcomes:

- Increased access to mental health services for children/youth with serious emotional disturbance that includes maximizing the use of Medicaid funding.
- Increased access to mental health services for children/youth with serious emotional disturbance currently being served in Child Welfare (including abused/neglected and/or adopted children) and children/youth in Juvenile Justice that includes maximizing the use of Medicaid funding.
- Increased use of evidence-based, promising practices and innovative practices by the CMHSP and other mental health service providers in the community that demonstrate positive outcomes.
- Increased use of community-based, intensive mental health services for children/youth who have multiple psychiatric hospitalizations.
- Children/youth are socially and emotionally healthy and improve in their functioning.
- Children/youth and their families report having their mental health needs met.

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Sustaining new services continues to be an important consideration in funding new initiatives. Communities may propose single or multi-year projects. Projects aimed at service innovation or service development may be funded for up to a five-year period with the progress of prior years determining subsequent funding. The maximum Mental Health Block Grant (MHBG) funding available per project is up to **\$75,000** for the first and second years with a required **local contribution** of one dollar for each three MHBG dollars (1:3). The maximum MHBG funding available per project is \$50,000 for the third, fourth and fifth years, with a **local contribution** of one dollar for one MHBG dollars (1:1). At least one-half (½) of the **local contribution** must be cash that can be used to provide the services proposed. The remainder of the **local contribution** may be in-kind. The narrative should address how these funds will be sustained when the grant funding ends. CMHSPs may submit as many RFPs as they have identified priorities.

Proposals will be evaluated using the criteria identified in the RFP. CMHSPs may submit RFPs directly to the department, but should indicate how their proposal integrates into the PIHP's plan to increase access for Medicaid children and the contract performance indicators for improved access for children.

The original face sheet and other original signature documents must be received at the Department of Community Health by 12:00 p.m. on Friday, May 23, 2008. The remainder of each proposal must be sent electronically with a copy of the face sheet to Jackie Panich at panichj@michigan.gov by 12:00 p.m. on Friday, May 23, 2008. Please call Mary Ludtke, at 517.241.5769, or email her at ludtkem@michigan.gov if you have any questions.

The mailing address is: Jackie Panich
Department of Community Health
Division of Mental Health Services to Children and Families
320 South Walnut Street—5th Floor Lewis Cass Building
Lansing, Michigan 48913

The department will host an informational meeting regarding the RFP and System of Care Planning document on Monday, March 31, from 10:00 a.m. to 12:00 p.m. at the offices of the Michigan Association of Community Mental Health Boards in Lansing. Directions to this location are attached.

Please RSVP to Jackie Panich at panichj@michigan.gov, or 517.241.5767, by Wednesday, March 26, for the meeting in Lansing. Due to space limitations, we are requesting that each CMHSP send no more than two representatives to the Lansing meeting site.

Attachments

cc: Sheri Falvay
Mark Kielhorn
Judy Webb
Karen Cashen

**FY09 CHILDREN'S MENTAL HEALTH BLOCK GRANT REQUEST FOR PROPOSALS (RFP)
FOR CHILDREN/YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE,
AGES 0 THROUGH 17, AND THEIR FAMILIES**

CHILDREN'S MENTAL HEALTH BLOCK GRANT REQUEST FOR PROPOSALS (RFP)

Applications for Children's Mental Health Block Grant Funds must result from the identification of priorities in the current or ongoing system of care planning process in communities. Stakeholders may determine whether or not Children's Mental Health Block Grant funding will assist in meeting the identified need/priority in their community. The Children's Mental Health Block Grant funds are to be used for the development of a specific mental health service/intervention in the community. CMHSPs may submit as many RFPs as they have priorities identified in the system of care planning process.

Federal Mental Health Block Grant funds are used to provide community-based services for adults with serious mental illness and children with serious emotional disturbance (SED). Service initiatives are designed to carry out the goals and objectives of the Michigan Department of Community Health (MDCH) in accordance with the "State Comprehensive Mental Health Services Plan," approved by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA). The Comprehensive Plan describes the state's public mental health system, established in Michigan's Mental Health Code, and operated through 46 Community Mental Health Service Programs (CMHSPs) and 18 Prepaid Inpatient Health Plans (PIHPs) for specialty mental health services and supports. The plan also describes MDCH's intent to use Mental Health Block Grant funds to expand service capacity and foster service innovation and development in this system of care. Federal block grant funds may not be used to supplant existing funding or existing mental health services in the State of Michigan. This RFP Application implements objectives in the children's section of the State Comprehensive Mental Health Services Plan.

CMHSPs are to submit funding requests based on the system of care planning considering the following:

- Projects that can be replicated based on shared information, products and/or funding.
- Projects that increase access to mental health services for children/youth with serious emotional disturbance including maximizing the use of Medicaid funding.
- Projects that increase access to mental health services for children/youth with serious emotional disturbance currently being served in Child Welfare (including abused/neglected and/or adopted children) and children/youth in Juvenile Justice including maximizing the use of Medicaid funding.
- Services/Interventions that use evidence-based, promising or innovative practices (See pages 4-5 of the System of Care Planning Document for some examples of these practices) and improve outcomes.

Funding decisions will be made based on proposals submitted in response to the criteria included in this Application. **CMHSPs who have not previously applied for Children's Block Grant funding are encouraged to convene a local stakeholders group to begin the planning process for the development of a local system of care and applying for funding.**

Proposals must be written for the period of **October 1, 2008 through September 30, 2009**. Proposals may be submitted which include a request for up to 5 years of funding based on the type of service innovation/practice being proposed as well as the promotion of sustainability of the program/intervention.

The maximum funding per project is up to **\$75,000** for the first and second year with a required **local contribution** of one dollar for each three Mental Health Block Grant (MHBG) dollars (1:3). The maximum funding per project is \$50,000 for the third, fourth and fifth years, with a **local contribution** of one dollar for one MHBG dollars (1:1). At least one-half ($\frac{1}{2}$) of the **local contribution** must be cash that can be used to provide the services proposed. The remainder of the **local contribution** may be in-kind. The local contribution for block grant funds may come from any source. Some examples include: General Fund, Medicaid, Child Care Funds, United Way, or other local funding.

Year of Funding	Total Project Budget	MHBG Funding Requested	Local Contribution Required	MHBG/Local Contribution Ratio
1 st and 2 nd Year	Up to \$100,000	Up to \$75,000	\$25,000	3 to 1
3 rd , 4 th , 5 th Years	Up to \$100,000	Up to \$50,000	\$50,000	1 to 1

Funding of projects in subsequent years will be contingent upon satisfactory progress achieved and the availability of funds.

The following information must be included in proposals:

- A statement of work/narrative questions provided on pages 3-5 of this RFP.
- A work plan that addresses the full project period, by fiscal year. Specific goals, measurable outcome and concrete action strategies that will be achieved during each quarter of the project is required. The work plan needs to identify the leadership for each strategy along with the time frame for completing the implementation strategy and use the format provided on page 7.
- A budget (DCH 0385 Summary) and a detailed budget description (DCH 0386) for each fiscal year of the project period.

When developing your first year work plan and budget, please anticipate the length of time that will be required for "start up" of the project. Therefore, the first year's budget may have lower personnel costs than the second year's budget due to the time it may take to secure staff for any new positions identified in the proposal.

If the proposal is from a CMHSP that serves multiple counties and plans to pilot a service/intervention in one area during the first year and then expand the initiative in other areas during subsequent years, the proposal must describe the involvement of key stakeholders from all these areas in first year planning and implementation.

Please note: This RFP application is for any new projects for FY09. If you are currently receiving block grant funding for an approved multi-year project, then you do not need to complete this application. You will be notified in the next few months to complete your work plan and budget for FY09 block grant contract.

■ **STATEMENT OF WORK /NARRATIVE:**

(Not to exceed 10 pages for each proposed service/intervention)

Priority # _____

Title of Proposed Service/Intervention: _____

DESCRIPTION OF PROPOSED SERVICE/INTERVENTION AND PURPOSE (20 points):

- Describe the proposed service/intervention and its purpose (2-3 paragraphs).
- Describe why you chose this evidence-based, promising or innovative practice service/intervention. Provide documentation (research, model, etc.) if the service/intervention is not listed in the system of care planning document as evidence-based, promising or innovative practice (System of Care Planning Document, page 4-5).
- Describe how the proposed service/intervention is based on the community need and priority identified in the system of care planning process.
- How does this proposal integrate into the PIHP plan to increase access to Medicaid children and the contract performance indicators for improved access for children?

COLLABORATION (15 Points):

- Identify the stakeholders involved in the system of care planning process and the rationale for their identification of this priority.
- Describe the collaboration that went into the identification of the priorities and the development of the application for Children's Block Grant Funds.
- Describe the collaborative infrastructure that will support this project (access to the service/intervention, provision of service/intervention, supervision of implementing staff, determination of the evaluation process, review of the outcomes, training(s), funding).

Please provide as an attachment, the meeting notes/minutes and sign in sheets from the stakeholders' meetings.

Please Note: Proposals without a Letter of Support from the Community Collaborative will not be reviewed.

TARGET POPULATION (10 points):

- Describe the target population for the proposed service/intervention.
- How will the proposed service/intervention impact children/youth, aged 0 through 17, with serious emotional disturbance and their families who are currently served by Child Welfare (Abuse/Neglect, Adoption Services) and/or Juvenile Justice?

OUTCOMES and EVALUATION (20 points):

- How will the proposed service/intervention impact the stated outcome(s) for the development of a mental health component of the system of care for children/youth and their families? Please choose, at a minimum one of the following outcomes.
 - ✓ Increased access to mental health services for children/youth with serious emotional disturbance that includes maximizing the use of Medicaid funding.
 - ✓ Increased access to mental health services for children/youth with serious emotional disturbance currently being served in Child Welfare (including abused/neglected and/or adopted children) and children/youth in Juvenile Justice that includes maximizing the use of Medicaid funding.

- ✓ Increased use of evidence-based, promising practices and innovative practices by CMHSP and other mental health service providers in the community that demonstrate positive outcomes.
- ✓ Increase use of community-based, intensive mental health services for children/youth who have multiple psychiatric hospitalizations.
- ✓ Children/youth are socially and emotionally healthy and improve in their functioning.
- ✓ Children/youth and their families report having their mental health needs met.
- What additional outcomes have CMHSP and their partners identified for the service/intervention?
- How will the outcomes be monitored and the results shared with community partners/stakeholders?
- What is the plan to evaluate the proposed service/intervention and the achievement of the outcomes listed above?
- What measurement will be used for system level outcomes measurement?
- What measurement instrument will be used for child and child and family outcomes?
- What method will be used for measuring the outcome delineated above?
- How will these actions be incorporated into the CMHSP Quality Improvement Process?

ORGANIZATIONAL CAPACITY & OVERSIGHT (15 Points):

- What organizational capacity and/or staffing will be needed for the proposed service/intervention?
- Describe the ability of the CMHSP to develop and/or implement the proposed service/intervention.
- Describe the stakeholder group's role and responsibility in overseeing the implementation and evaluation of the outcomes of the service/intervention?

TRAINING AND TECHNICAL ASSISTANCE (10 points):

- What is the plan to provide training and technical assistance to administrators, staff, and families/youth across the child serving system to ensure implementation of the proposed service/intervention?

FUNDING (20 points):

- What outcomes have been achieved from previous Children's Mental Health Block Grant funded projects? At the service level? At the systems level?
- Describe how the CMHSP has sustained other block grant projects funded in previous years.
- Is this a Medicaid billable service? If yes, describe how you will ensure that Medicaid will be utilized for Medicaid covered children/youth.
- What specific sources of funding, in addition to the Children's Mental Health Block Grant funding, will be used to support this service/intervention?
- Please provide a detailed plan regarding how the service/intervention will be sustained.
- If you have partnerships in the funding of this service/intervention, do you have an Interagency Agreement between the partners?

CHILD, YOUTH, & FAMILY INVOLVEMENT (20 Points):

- Describe how children, youth, and families will be involved in the implementation and/or evaluation of the service/intervention. Specify how their involvement be supported.

- Describe how children, youth and families were involved in identifying the priorities (i.e. focus groups, use of existing consumer satisfaction information, involvement in infrastructure, consumer boards that have youth involved, etc.).

■ **WORK PLAN WITH ACTION STRATEGIES (20 Points):**

After the community stakeholders have identified the priorities for Children's Mental Health Block grant funding, a statement of work and a detailed work plan needs to be completed for the proposed service/intervention.

For the Block Grant funding application, please identify:

- Specific goal(s),
- Measurable outcome(s), and
- Concrete action strategies that will be achieved during each quarter of the project are required.

The work plan also needs to identify the leadership for each strategy along with the time frame for completing the implementation strategy. The work plan must include action strategies that will be undertaken to evaluate the proposed service/intervention(s) (i.e. number of children/youth to be served, improvement in functioning, change in service/interventions provided for children/youth with serious emotional disturbance, etc.).

Format for the Statement of Work/Narrative and Work Plan are found on the next two pages. You need to use this format for your request to be considered.

STATEMENT OF WORK FOR THE PROPOSED SERVICE/INTERVENTION

(not to exceed 10 pages)

Priority #: _____

Title: _____

DESCRIPTION OF PROPOSED SERVICE/INTERVENTION AND PURPOSE (20 points):

COLLABORATION (15 Points):

Please attach meeting notes/minutes and sign in sheets from the stakeholder's meetings.

*Please Note: **Proposals without a Letter of Support from the Community Collaborative will not be reviewed.***

TARGET POPULATION (10 points):

OUTCOMES and EVALUATION (20 points):

ORGANIZATIONAL CAPACITY & OVERSIGHT (15 Points):

TRAINING AND TECHNICAL ASSISTANCE (10 points):

FUNDING (20 points):

CHILD, YOUTH, & FAMILY INVOLVEMENT (20 Points):

WORK PLAN (20 points) [*Use the following form*]:

TOTAL POINTS:

150

PROGRAM BUDGET INFORMATION

For each RFP (statement of work and action strategies), please complete the Program Budget Summary and the Program Budget Cost Detail, MDCH forms 0385 and 0386 that are attached to this RFP. The most current versions are accessible from the MDCH website at www.michigan.gov/mdch, click on Mental Health and Substance Abuse, click on Mental Health and Developmental Disability, Click on Requests for Proposals and Grants or request the forms from Jackie Panich at panichj@michigan.gov

It is expected that, after this start-up period, CMHSPs will secure other sources of funding to support ongoing services. Also note that the acceptance of these funds requires that the CMHSP satisfy federal single audit and reporting requirements.

Please note:

Federal authorizing legislation specifies that these funds MAY NOT be used to:

- (1.) provide inpatient services;
- (2.) make cash payments to intended recipients of health services;
- (3.) purchase or improve land, purchases, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- (4.) satisfy any requirement for the expenditure of non-federal funds as a condition for the recipient of federal funds; or
- (5.) provide financial assistance to any entity other than a public or nonprofit private entity.

In addition, the request for funding emphasizes the Children's Mental Health Block Grant's emphasis upon service provision, and the following restrictions are also included:

- (6.) no vehicle purchases; and
- (7.) only direct costs associated with the project may be applied to the grant budget; no indirect or administrative expenses may be included.
- (8.) federal block grant funds may not be used to supplant existing funding or existing mental health services in the State of Michigan.

REQUIREMENTS FOR THE CHILDREN'S MENTAL HEALTH BLOCK GRANT PROPOSAL

The CMHSP must submit for each proposed service/intervention:

- A **proposal face sheet** for each service/intervention application.

All proposals including the original proposal face sheet with signatures for each proposal and other original signature documents must be received at the Department of Community Health by **12:00 p.m. on May 23, 2008**. Please send the original and four copies to Jackie Panich at the address below. An electronic copy of each proposal with an electronic copy of the face sheet must also be submitted to Jackie Panich at panichj@michigan.gov by **12:00 p.m. on May 23, 2008**.

ORIGINAL DOCUMENTS ARE SUBMITTED TO:

Jackie Panich
Department of Community Health
Mental Health Services to Children and Families
320 S. Walnut Street
Lansing, MI 48913

- Statement of Work/Narrative and Work Plan** for the service/intervention that includes the date for each activity for implementation or evaluation of the block grant activity. The Statement of Work needs to address all the criteria by which the proposal will be reviewed.
- Program Budget Summary and Program Budget Cost Detail** (instructions for obtaining forms DCH 0385 and DCH 0386 are found on page 8).
- Meeting Notes/Minutes with sign in sheets** from the Stakeholder Group's Meetings as an Attachment to the Proposal.
- A **letter of support** from the Community Collaborative(s) where the proposed service/intervention will be implemented.

FOR FURTHER INFORMATION AND ASSISTANCE, CONTACT:

Mary Ludtke
Telephone: (517) 241-5769
Email: ludtkem@michigan.gov

**Michigan Department of Community Health
Mental Health and Substance Abuse Services Administration
FY 2008 CHILDREN'S MENTAL HEALTH BLOCK GRANT PROPOSAL FACE SHEET**

1. CMHSP: _____ PIHP: _____

2. Type of Project Request: ___ 1-Year ___ 2-Year ___ 3-Year ___ 4-Year ___ 5-Year Proposal

3. Proposal Information:

A. Project Title: _____

B. Specific counties to be served: _____

C. Summary of service(s) that will be developed: _____

D. Total amount of Block Grant funds requested: _____
 Year 1 Subtotal: _____ Year 2 Subtotal: _____ Year 3 Subtotal: _____
 Year 4 Subtotal: _____ Year 5 Subtotal: _____

E. Total Number of Children Block Grant Funding Requests Submitted: _____
 This proposal is # _____ of # _____ (total) proposals submitted.

F. Has this project been funded previously with Block Grant funds? _____

4. Name and telephone number of the individual(s) **at the CMHSP** to be contacted regarding this application in the event the review panel requests changes that will make the proposal appropriate to recommend for funding. **The CMHSP Fiscal Contact Person must have the authority to modify the budget forms. The CMHSP Contact Person must have the authority to modify the statement of work and/or work plan.**

CMHSP Contact Person for Children's Block Grant (name, email address, telephone number)	
CMHSP Fiscal Contact Person (name, email address, telephone number)	

Signature: _____

Date: _____

CMHSP Director

DEVELOPING THE MENTAL HEALTH COMPONENT OF A SYSTEM OF CARE FOR CHILDREN/YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE, AGES 0 THROUGH 17, AND THEIR FAMILIES

INTRODUCTION TO THE SYSTEM OF CARE PLANNING PROCESS

A community system of care is a *system that is developed for children/youth and their families that represents the organization of public and private services within the community into a comprehensive and interconnected network in order to accomplish better outcomes for all children (infants, toddlers, children, youth and their families)*. In order to ensure that a comprehensive system is built and sustained, each component should be examined to ensure that all of the needed services and supports are present in the community. To that end, all partners need to be actively engaged in the analysis and the ongoing planning and evaluation for the system and its components. This planning document has been created to assist communities with the ongoing analysis and planning for a comprehensive mental health component of the system of care that is family-centered, community-based and culturally competent. It is anticipated that the development of a system of care is an ongoing process in a community.

It is likely that by embarking on the following planning process, there will be improved access to an array of community-based mental health services for children/youth with serious emotional disturbance (SED). The Department of Community Health is particularly interested in increasing access to specialty mental health services and supports for Medicaid eligible children/youth in other systems (i.e., Child Welfare [abuse/neglect and/or adopted children/youth] and Juvenile Justice) that meet the eligibility criteria for PIHP/CMHSP services. CMHSPs are to use this planning process as they develop their application for Children's Mental Health Block Grant Funding for FY09. In addition, communities interested in implementing the 1915(C) SED Waiver are encouraged to use this planning process.

Within the context of building the system of care to serve children/youth with serious emotional disturbance, three system level outcomes have been identified:

- Increased access to mental health services for children/youth with serious emotional disturbance that includes maximizing the use of Medicaid funding.
- Increased access to mental health services for children/youth with serious emotional disturbance currently being served in Child Welfare (including abused/neglected and/or adopted children) and children/youth in Juvenile Justice that includes maximizing the use of Medicaid funding.
- Increased use of evidence-based, promising practices and innovative practices by CMHSP and other mental health service providers in the community that demonstrate positive outcomes.
- Increase use of community-based, intensive mental health services for children/youth who have multiple psychiatric hospitalizations.

At the child and family level, two outcomes have been identified. They are:

- Children/youth are socially and emotionally healthy and improve in their functioning.
- Children/youth and their families report having their mental health needs met.

The system of care planning needs to be aligned with the PIHP plan to increase access to mental health services for Medicaid children/youth and the contract performance indicators for improved access for children/youth.

With the system and child/family outcomes as the foundation for the planning, the following document provides a template for the examination of the current mental health services provided and the development of priorities for improving and sustaining mental health services for children/youth with serious emotional disturbance and their families as 'first steps' in the development of a comprehensive system of care.

With the convening of stakeholders for the development of the mental health component of the system of care, it is anticipated that this process will continue after the initial planning to ensure achievement of the outcomes identified and to further explore additional areas for development at the systems level and the services level.

FOR FURTHER INFORMATION AND ASSISTANCE, CONTACT:

Mary Ludtke

Telephone: (517) 241-5769

Email: ludtkem@michigan.gov

LEADERSHIP

To ensure that the planning process leads to increased access to a comprehensive community-based mental health service array, a leader is needed to begin, nurture and sustain development of a system of care. The leader not only convenes the planning group but also provides direction, inspiration, and ensures that all of the stakeholders see their contributions as valued and essential. Successful leaders rise to challenges and motivate everyone around them to give more than lip service to the shared vision. These leaders create high performance expectations, communicate well with others, and ensure professional development, intellectual stimulation, individualized support, and modeling—all within an environment that encourages both creativity and accountability.

FACILITATING THE PLANNING PROCESS

To assist the leadership and the stakeholders in the planning of a system of care for children/youth and their families, it is recommended that a facilitator/coordinator be secured. The process includes data collection from various entities, the gathering of feedback from community members in addition to the overall coordination of the planning. This process is challenging to the leadership and stakeholders alike. With a coordinator experienced in facilitation and planning at the systems level, the process can be less arduous.

CONVENING THE STAKEHOLDERS

To facilitate the development of a mental health component of the system of care for children/youth and families in each community, the Community Mental Health Services Program (CMHSP) ensures that local stakeholders come together to complete the environmental scan, the identification of priorities and action strategies to improve the system of care.

Each stakeholder needs to be an active member as their involvement and support is integral to the success of the planning and implementation of the mental health component of the system of care for children/youth, ages 0 through 17, and their families. Suggested stakeholder group members should be at the Directors/decision-makers level and include: Community Mental Health Services Program and their local Mental Health provider network, local Public Health, Child Welfare (Department of Human Services), Family Court Judge and/or Juvenile Court Administrator, Substance Abuse Treatment Providers and Coordinating Agency, Support Services Providers, Advocacy Organization(s), Funders (County, United Way, Foundations, etc.), Educational Services (including Special Education and Early On), other organizations providing mental health services (Teen Health Center) and representation from the Great Start Collaborative (in communities where they exist).

An integral part of the system of care development is the involvement of parents and youth. The process is to be family-centered where the family members (parents and youth) guide the development of the system of care. **Parents and youth are required members of the stakeholders group.**

In addition to convening stakeholders to develop the mental health component of a system of care for children/youth and families, it has been noted that several communities have conducted one or more focus groups of stakeholders (parents, youth) to identify the strengths of the current service delivery system, its weaknesses and to identify suggestions for improvement. This activity (focus groups) is considered a valuable method to solicit additional input from consumers as the mental health component is assessed and the system of care is developed. The focus group would also be a venue to explain the current planning process and to gather support for the implementation of a system of care for children/youth and their families in the community.

■ EVIDENCE-BASED, PROMISING AND INNOVATIVE PRACTICES

The development of the mental health component of the system of care includes review of current services provided in the community. It is recommended that the stakeholders, as they review the current mental health services, determine if the services delineated are an evidence-based or promising practice using the definitions below.

Evidence-based Practice¹

Consistent research (at least 2 Randomized Control Group Trials), a written manual for replication, research includes best clinical expertise as well as positive outcomes [Incorporates definition offered by IOM 2001 and Drake, et al, 2001]

Examples of evidence-based practices include: Parent Management Training-Oregon Model, Multi-Systemic Therapy, Functional Family Therapy, Multi-Dimensional Treatment Foster Care, Cognitive Behavioral Therapy for Trauma, Cognitive Behavior Therapy for Depression.

Promising Practice²

Clinical or administrative practices with considerable evidence or expert consensus, show promise in improving client outcomes, but not proven yet with the strongest scientific evidence.

Examples of promising practices include: Wraparound, Child Care Expulsion Prevention (CCEP), Infant Mental Health Services, Parent-Child Interaction Therapy.

Also, it should be noted that the use of a wraparound, a promising practice, may assist a community in developing a collaborative approach to providing services and supports for children/youth with serious emotional disturbance and their families. The Wraparound process is required for a community desiring to explore new fiscal strategies to enhance their ability to blend/braid funding and prepare for implementation of the 1915(C) SED Waiver.

As the planning process unfolds, the stakeholders may determine the need to develop mental health services using evidence-based or promising practice to achieve specific outcomes. The

¹ Adopted Michigan MDCH Definitions (Taken from TAC and ACMHA, Turning Knowledge into Practice).

² Adopted Michigan MDCH Definitions (Taken from TAC and ACMHA, Turning Knowledge into Practice).

stakeholders will then need to strategize the process to ensure fidelity to the model. In a planning process, the stakeholders' discussions on sustainability of a service usually focus on sustaining the funding of the service over time (after a grant funding period ends, etc).

Innovative Practice

Innovative practice is the use of a model that promotes the adoption of innovative ways to strengthen child, parent and family functioning.³ Any innovative practice needs to be family-centered; measure outcomes; community-based, promote collaboration (for multi-system children/youth and their families), and enhance the current mental health service array.

Examples of Innovative Practice: Parent-to-parent support and education services (Uses trained parents of children with SED to provide education, training, and support to parents and their family to augment the assessment and mental health treatment process as delineated in the child/youth's plan of service); working with local courts to address the need for early childhood mental health services for infants-toddlers who have been abused/neglected (the development of a local system to address the needs of this vulnerable population has been the subject of a number of trainings in Michigan. Development of a "baby court," with CMHSP providing assessment for [and when appropriate, treatment services] this population would be considered an innovative practice).

■ ROLE OF THE COMMUNITY COLLABORATIVE IN THE DEVELOPMENT OF THE SYSTEM OF CARE

It is expected that the CMHSP will work with their Community Collaborative(s) in the identification of the stakeholders for this process, the planning process itself and to solicit their support of the priorities as well as the application for Mental Health Block Grant Funding. The stakeholder group may be a workgroup of the Community Collaborative or an affiliated collaborative (e.g., Early On LICC, Child Abuse-Neglect Council, etc.) to the Community Collaborative.

A letter of support from the Community Collaborative is required for any Mental Health Block Grant Application that may be an outcome of this planning process.

■ OVERVIEW OF THE SYSTEM OF CARE PLANNING PROCESS

The Community Mental Health Services Program (CMHSP), after having identified all of the integral members representing different agencies/organizations and consumers to participate in the planning, convenes a meeting of the stakeholders to begin the planning process. The planning process includes:

³ Center for Innovative and Promising Practices (CIPP), Orelena Hawks Puckett Institute, Ashville and Morganton, North Carolina.

- ❖ Review definition of a system of care along with its core values and guiding principles for a mental health component of the system of care for children/youth and families (Attachment A).
- ❖ Review the definition of the target population. The planning process is designed to address the mental health needs of children/youth, ages 0 through 17, with serious emotional disturbance as defined in the Mental Health Code.

Serious Emotional Disturbance (SED) Definition from Michigan Mental Health Code

“Serious emotional disturbance” means a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American psychiatric association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits the minor’s role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:

(a) A substance abuse disorder.

(b) A developmental disorder.

(c) “V” codes in the diagnostic and statistical manual of mental disorders.

- ❖ Review the system and child/family outcomes for the mental health services and supports.

System level outcomes:

- Increased access to mental health services for children/youth with serious emotional disturbance that includes maximizing the use of Medicaid funding.
- Increased access to mental health services for children/youth with serious emotional disturbance currently being served in Child Welfare (including abused/neglected and/or adopted children) and children/youth in Juvenile Justice that includes maximizing the use of Medicaid funding.
- Increased use of evidence-based, promising practices and innovative practices by CMHSP and other mental health service providers in the community that demonstrate positive outcomes.
- Increase use of community-based, intensive mental health services for children/youth who have multiple psychiatric hospitalizations.

Child and family outcomes are:

- Children/youth are socially and emotionally healthy and improve in their functioning.
- Children/youth and their families report having their mental health needs met.

- ❖ Complete an environmental scan of the mental health services for children/youth and their families in the community and what is needed to improve and sustain the array of mental health services and supports.
 - Table is available in Attachment B for the identification of current mental health services and supports provided by the CMHSP, Child Welfare, Juvenile Justice and other funding sources, the number of children/youth served, the capacity, total cost and their funding source.
 - Tables are available in Attachment C and D to identify System and Fiscal Planning areas/issues to assist community stakeholders in assessing current mental health services and supports, including access to, the use of evidence-based and promising practices, training, the financing of mental health services and the outcomes for the children/youth and their families currently served.

In addition, if a CMHSP currently receives Mental Health Block Grant funding for children's mental health program, the stakeholders should review the mental health services for achievement of outcomes for children and their families and facilitate any changes that may need to occur to ensure achievement of the outcomes in years 2 through 5 of funding. Modifications for FY 09 to existing FY08 Mental Health Block Grant funded projects will be handled in a separate process and should not be submitted through the FY09 RFP process.

- ❖ Identify what is needed to improve public mental health services for children/youth and their families in the community.
- ❖ Identify priorities for system and service development/improvement to develop and/or expand mental health services in the community for children/youth and their families with special attention to children/youth involved with Child Welfare (Abuse/Neglect, Adoption Services) and/or Juvenile Justice.
- ❖ Ensure that action strategies are developed to build a comprehensive array of mental health services and supports that are sustainable and utilize evidence-based practice, promising practices or innovative practice for the children/youth with serious emotional disturbance and their families.

Communities who began the development of the mental health component of the system of care for FY08 will be familiar with this planning process.

ENVIRONMENTAL SCAN FOR SYSTEM IMPROVEMENT

The Identification of Mental Health Services and the Mental Health Services System and Fiscal Planning documents are provided to assist the community in their understanding of the current mental health services for children/youth and their families in the community. The identification of the mental health services, number served, current capacity as well as the funding source(s) begins the process (Attachment B).

The system and fiscal planning tools, found in Attachments C and D, are designed to assist community stakeholders in assessing current mental health services and supports, including access to, the use of evidence-based and promising practices, training, the financing of mental health services and the outcomes for the children/youth and their families currently served.

■ IDENTIFICATION OF MENTAL HEALTH SERVICES

The stakeholders are asked to identify all of the mental health services for children/youth and their families available in the community. Attachment B (Mental Health Services) provides a template for all of the stakeholders to identify the mental health services are providing or funding, who is providing the service, the number of children/youth served, the capacity of the program/agency, total cost and funding source(s). The table is to be completed by all relevant stakeholders (CMHSP, Child Welfare, Juvenile Court and/or other providers of mental health services to children and their families in the community).

The table has been developed to assist the stakeholders in understanding the type mental health services available, the current providers and the current number of children/youth served in the community.

■ MENTAL HEALTH SERVICES SYSTEM AND FISCAL PLANNING

Two tables are provided for the Stakeholders group to assist them in their planning for the mental health component of the system of care. Each table provides a number of statements along with a mechanism for assessing the current status of the system planning issue or fiscal issue. Each of the statements in either the system planning (Attachment C) or fiscal planning (Attachment D) tables have been developed to identify key areas/issues that need to be addressed for the development and maintenance of a system of care.

Please note: Attachment D may be of assistance to communities developing jointly funded services or deciding to participate in the 1915(c) SED Waiver.

Upon completion of the System and Fiscal Planning tables (Attachment C and D) by the stakeholders individually, all of the individual scores are tallied. To ensure that the stakeholders are ready to move into identification of need and priorities for the development of a system of care, it is suggested that the stakeholders discuss their individual scores for each area, identifying the rationale for the high and low scores for each area and review the average score for each statement/question

The numbers, per se, are not what are important. The degree of agreement is what you are after and the shared understanding that results. As a group, review the scores for each statement/question in the self-assessment.

- If the average is close to both the lowest and highest score, then the group, overall, is likely in agreement about that particular statement/question.
- If the average is closer to either the lowest or highest score, then many people in the group probably share a similar opinion, while a few do not.
- If there is a large spread between the lowest and highest score, then there are possibly some significant differences throughout the group and these differences should be discussed in the group.

Go back and review each area. Even if you appear to have agreement, the agreement might be because of the totals and averaging. There still may be disagreement in a particular question.

In addition, the stakeholders need to identify the statements/questions that, even if they are in agreement on their score, are in need of improvement.

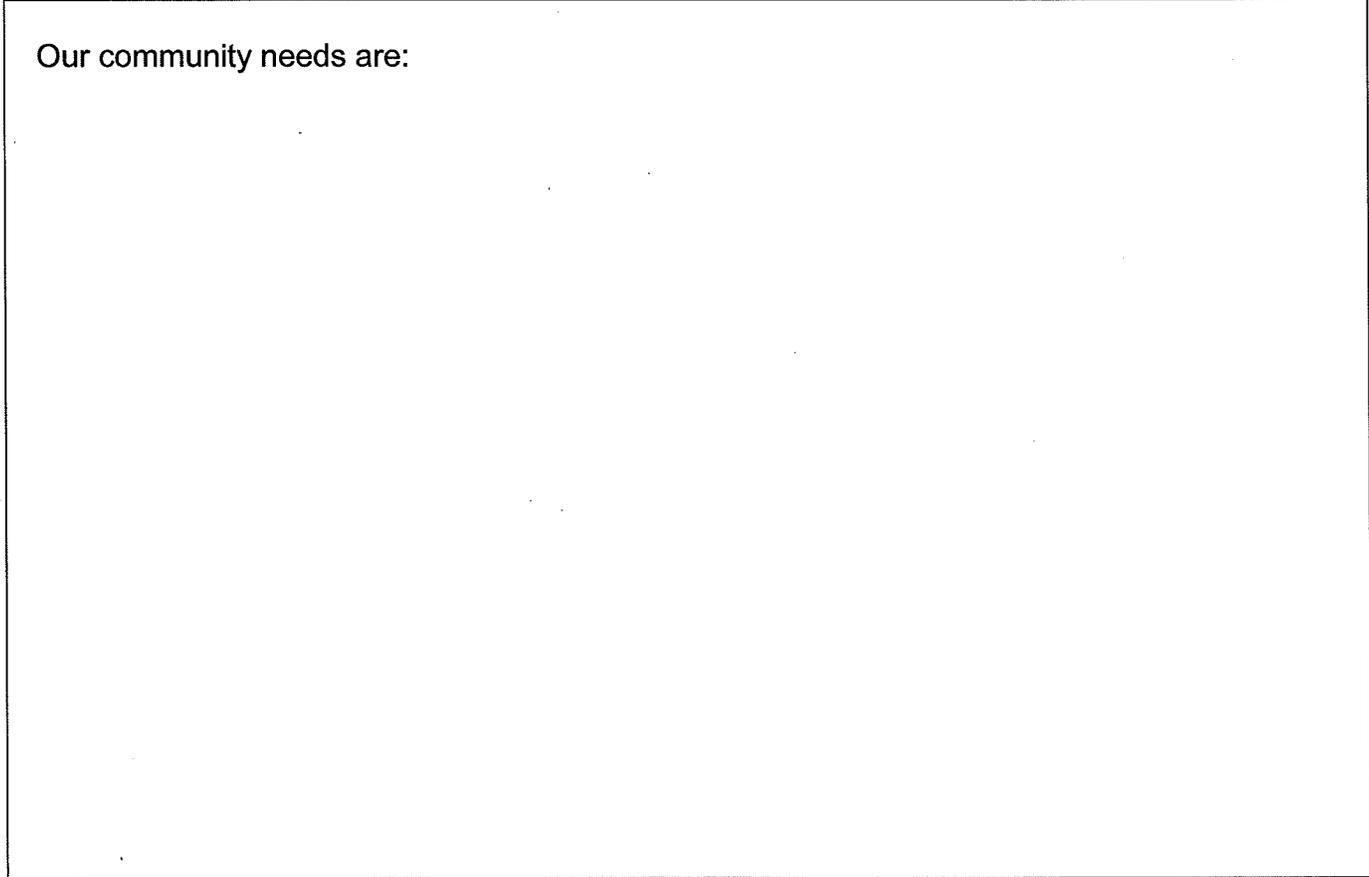
The purpose of this process is to generate discussion, shared understanding along with identification of areas for development, not necessarily to rate your community. With these tools, you can find the areas that are in need of improvement and development in order to build the mental health component of the system of care, to accomplish the group's vision-mission and achieve the outcomes for children/youth and their families.

■ NEEDS STATEMENT

With the information provided on the number of children/youth served by CMHSP and other mental health providers, the sources of funding for mental health services in the community along with the results of the system and fiscal areas/issues discussed, the stakeholders identify what is needed to improve public mental health component of the system of care for children/youth and their families in the community?

The needs statement should be updated regularly based on the changes in children/youth served/identified as in need of mental health services in the community, funding opportunities, achievement of outcomes for children/youth and their families.

Our community needs are:



With the identification of the current mental health service needs of children/youth and their families identified by the stakeholders, the group sets priorities for development and maintenance of the mental health component of the system of care.

IDENTIFYING PRIORITIES

Before the stakeholders develop specific strategies to improve the mental health component of the system of care (including system level issues and/or fiscal issues), the stakeholders need to identify their priorities based on the statement of need completed previously. The priorities may be related to addressing an unmet need, development of a new service, improving a current service, building the capacity of the current services, developing an evidence-based practice, ensuring access to mental health services for children/youth with serious emotional disturbance, etc.

Priorities for development or improvement of the mental health component of the system of care for children/youth with serious emotional disturbance are:

- #1. _____
- #2. _____
- #3. _____
- #4. _____
- #5. _____

■ ACTION STRATEGIES

After the identification of the priorities for the development of the mental health component of the system of care for children/youth and their families, the stakeholders develop their action strategies.

The stakeholders may identify action strategies across a range of activities that develop, support or sustain the mental health component. Some examples of action strategies are:

- Development/sustaining a comprehensive array of mental health services and supports
- Development of evidence-based practice or promising practices for the children/youth (aged, 0 through 17) with serious emotional disturbance and their families.
- Measurement of outcomes.
- Improving parent and youth involvement in the system of care development and/or evaluation of services and supports.
- Development of fiscal strategies that facilitate joint purchasing of mental health services by key stakeholders.

ACTION STRATEGY	LEADERSHIP	COMPLETED BY?

Attachment A

DEFINITION OF A SYSTEM OF CARE, ITS VALUES AND PRINCIPLES

A community system of care for children/youth and their families is the organization of public and private service components within the community into a comprehensive and interconnected network in order to accomplish better outcomes for children/youth.

Core Values of the System of Care ⁴:

- ❖ *The mental health component of the system of care should be family driven, youth guided, with the needs of the child and family dictating the types and mix of services provided.*
- ❖ *The system should be community-based, with the focus of services as well as management and decision-making responsibility resting at the community level.*
- ❖ *The system should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.*

Guiding Principles for Children/Youth and their Families in the System of Care:

- ❖ *Family-centered (family driven, youth guided) approaches will guide system development, evaluation and services delivery at the child and family level.*
- ❖ *Services will be community-based, culturally and linguistically relevant.*
- ❖ *Children/youth and their families have access to comprehensive array of services that address their physical, emotional, social and educational needs.*
- ❖ *Children/youth are identified early, provided comprehensive assessment and, if indicated, provided needed services.*
- ❖ *Services will be individualized to meet the unique needs of children/youth and their families.*
- ❖ *Children/youth live in families and are served in the community in which they live.*
- ❖ *Care coordination ensures that services are delivered in a coordinated manner with linkages between service systems and agencies (planning, developing and coordinating services).*
- ❖ *Full participation of the child/youth and their family ensures "voice."*
- ❖ *Transition to adult services/system is facilitated and actively planned for the individual no later than their 16th birthday.*
- ❖ *Rights are protected.*
- ❖ *Outcomes and indicators are established and measured*
- ❖ *Evidence-based, promising practices are implemented with fidelity to the model.*
- ❖ *State and local stakeholders share resources and funding across systems.*

⁴ Pires, Shiela A., Building Systems of Care, A Primer. National Technical Assistance Center for Children/youth's Mental Health Center for Child Health and Mental Health Policy, Georgetown University Child Development Center, Spring 2002.

MENTAL HEALTH SERVICES SYSTEM PLANNING

Instructions for completing the tool: Each stakeholder is asked to complete the System Planning Statements/Question using the following 5-point scale from 1=Not at All True to 5=Absolutely True to indicate your assessment of our work described in each item.

1 = Not at all True 2 = Somewhat Untrue 3 = Neither True or Untrue 4 = Somewhat True 5 = Absolutely True

TABLE 2

SYSTEM PLANNING STATEMENTS/QUESTIONS		1	2	3	4	5	High/ Low Score	Ave. Score
1.	There is a sense of urgency to support changing our systems (e.g. lack of available mental health services, increased out of home placement costs, categorical services create havoc in our systems, funding silos drive staff apart, or families giving up custody). We agree we need to change.							
2	We have identified top-level support (leadership and key staff—director and program director) to ensure the development of a comprehensive plan for developing the mental health component of the system of care and improving the systems.							
3	We have identified and convened the stakeholders including the directors, key staff, families, and advocates to participate in planning for system change.							
4	We have identified key leaders and champions in each system, parents, advocacy groups, and trade associations to support our efforts.							
5	We have identified our vision-mission, core values, and guiding principles for the system of care.							
6	We have identified the outcomes at the child/family and system level. <ul style="list-style-type: none"> ■ How do CMHSP, DHS, Courts, and/or Private Providers measure outcomes for children/youth and families to show improvement in functioning? ■ How do CMHSP, DHS, Courts, and/or Private Providers measure outcomes at the system level.? ■ How will you involve key stakeholders in the evaluation process? 							
7	We have identified children/youth and their families that are currently receiving services in our community (Attachment B). The information is current (completed based on FY06 data). <ul style="list-style-type: none"> ■ How many children/youth and their families are currently being served (Attachment B)? 							

		SYSTEM PLANNING STATEMENTS/QUESTIONS					Ave. Score
		1	2	3	4	5	
8	<ul style="list-style-type: none"> ■ What are the services that have been provided? ■ We have identified the services and supports available for children/youth and services that need to be developed or expanded. ■ What types of mental health services and supports are offered in the community by CMHSP for children/youth with serious emotional disturbance and their families? ■ What is their capacity? ■ What are their limits? ■ What mental health services and supports for children/youth, ages 0 through 17, are provided in the community and funded by other systems (Child Welfare, Juvenile Justice, etc.)? ■ What services and supports does CMHSP need to offer that are currently <u>not</u> available in the community? ■ Are the services and supports accessible (times available, location of assessment and/or services)? ■ What evidence-based practices and/or promising practices is the CMHSP currently providing? Other systems? ■ What approaches are we using or should use to build clinical leadership and direction into the mental health component of the system of care to support effective frontline practice? 						
9	<ul style="list-style-type: none"> ■ Our stakeholders (youth, families, system stakeholders) understand how to access mental health services in our community. ■ How is the CMHSP reaching out to historically underserved groups in the community, including ethnically and racially diverse families and those isolated in rural areas or inner cities? ■ What is CMHSP's current referral system? What is working? What is not? ■ What is CMHSP's access to services? What is working? What is not? Are the referral and access protocols clear to potential recipients of mental health services and other stakeholders? ■ How do children/youth with serious emotional disturbance, not currently being served by CMHSP, gain access to mental health services? ■ How do families actually enter the mental health system, and what is their experience with the process? 						
10	<ul style="list-style-type: none"> ■ We have a structured services planning approach for children and families. ■ How does the care management structure build on the strengths of families and youth and draw in natural supports? ■ Does care/case management link systems (Child Welfare, Juvenile Justice, Mental Health, Education) to ensure access to mental health and other needed services and supports? 						
11	<ul style="list-style-type: none"> ■ We have targeted key individuals for education about each other's systems and training on specific topics to enhance/improve the mental health component of the system of care. ■ Is there a plan to ensure staff competency for working with culturally and linguistically diverse children/youth and their families? ■ Is there a plan to provide cross – agency/system training for administrators to enhance their skills? ■ Is there a plan to provide cross – agency/system training for service staff to enhance their skills? 						

System of Care Planning

SYSTEM PLANNING STATEMENTS/QUESTIONS		1	2	3	4	5	High/ Low Score	Ave. Score
12	<ul style="list-style-type: none"> ■ We have educated staff in each other's systems at various levels about different system challenges, mandates and needs. <p>We have identified needs and prioritized those needs.</p>							
13	<p>We have identified priorities for system and service development/improvement.</p> <ul style="list-style-type: none"> ■ We have identified priorities for service development and/or improvement. ■ We have identified priorities for system level development/improvement. ■ We have identified priorities for fiscal planning. 							
14	<p>We have developed action strategies for system's improvement and addressing our priority needs.</p>							
15	<p>We have solicited feedback from all stakeholders and their input is incorporated as part of the planning process.</p>							
16	<p>We have developed interagency agreements that clearly define roles and responsibilities, as well as lines of accountability.</p>							

MENTAL HEALTH SERVICES FISCAL PLANNING

Instructions for completing the tool: As you rate the items below, use the 5-point scale from 1=Not at All True to 5=Absolutely True to indicate your willingness to carry out the work described in each item.

1 = Not at all True 2 = Somewhat Untrue 3 = Neither True or Untrue 4 = Somewhat True 5 = Absolutely True

	1	2	3	4	5	High/ Low Score	Ave. Score
FISCAL PLANNING and ACTIVITIES STATEMENTS/QUESTIONS							
1	There is a sense of urgency to support looking at a fiscal plan for development of the mental health component of our system of care. We agree we need a financing plan to implement our stated needs, priorities for services and sustain them.						
2	We have identified top-level support (leader(s) and key staff – directors and fiscal director) to ensure the development of a comprehensive plan for developing the mental health component of the system of care and improving the systems.						
3	We have identified key people from each system at different levels (national, state, local) that can help with fiscal planning.						
4	We have completed a finance matrix that matches mental health services with funding streams to finance services for the target population across systems. (Remember to look for funds that are not matched to other fund sources and can be matched to an entitlement, as well as funds that may be redirected for the target population.) <ul style="list-style-type: none"> ■ What current funding may be blended with other funding to purchase additional mental health services for children/youth and their families? ■ What mental health services are currently funded by two or more organizations? ■ Are current funding sources (Medicaid) maximized? ■ What services are currently being provided by the CMHSP with Children’s Mental Health Block Grant funding? 						
5	We have identified key finance strategies (reinvestment, maximizing federal revenue, reallocation of funds) to build mental health services in our community.						
6	We have identified the key funding sources we plan to work with at the local level to build the mental health component of the system of care.						
7	We have educated ourselves about the various fund sources, including the strengths and limitations of each fund source.						

System of Care Planning

FISCAL PLANNING and ACTIVITIES STATEMENTS/QUESTIONS		1	2	3	4	5	High/ Low Score	Ave. Score
8	We have identified a purchasing structure for mental health services and identified potential service providers.							
9	We have identified a fiduciary at the local level for our blended/braided funding activities.							
10	We have agreed to an accountability and management structure for our jointly purchased mental health services and supports.							
11	We have developed a contingency plan to support and sustain the system change effort in case one or more fund sources are removed or reallocated and/or when the block grant funding ends.							

SOURCES OF MENTAL HEALTH FUNDING AND PLANNING ISSUES

