MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF MENTAL HEALTH, SUBSTANCE ABUSE, AND LONG TERM CARE PROGRAMS
DIVISION OF COMMUNITY SERVICES/MENTAL HEALTH

MENTAL HEALTH BLOCK GRANT
REQUEST FOR PROPOSALS-ADULT SERVICES

FY2003/2004
ONE-TIME ONLY FUNDING
SUBMISSION DUE DATE: MAY 23, 2003

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I. Purpose

Federal Community Mental Health Services Block Grant funds are used to provide community-based services for adults with serious mental illness and children with serious emotional disturbance. 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. The Comprehensive Plan describes the state's public mental health system, established in Michigan's Mental Health Code, and operated through 48 Community Mental Health Service Programs (CMHSPs) and 18 Prepaid Health Plans for specialty services. The plan also describes MDCH intent to use Mental Health Block Grant funds to continue services and to foster service innovation and service development in this system of care. Federal block grant funds may not be used to supplant existing funding or mental health services in the State of Michigan.

MDCH is operating under a waiver from the Centers for Medicare and Medicaid Services which calls for the selection of prepaid health plans to manage mental health and substance abuse services through a procurement process. The Application for Participation and current MDCH/CMHSP Medicaid and General Fund contracts contain requirements and signal state directions for the public mental health system. CMHSPs, and in some cases newly formed PHPs and their affiliates, have recently examined themselves in relation to areas of critical importance to the individuals it serves. This block grant Request for Proposals (RFP) offers opportunities for the CMHSP (or Prepaid Health Plan and affiliate members) to improve in areas it may have identified as needing improvement. This RFP contains specifications for priority service areas which are meant to assist the CMHSPs and the state as a whole to continuously improve the quality of services available to individuals with serious mental illness.

Funding decisions will be made based on proposals submitted in response to the criteria included in this RFP. It is expected that funding of approximately $5 million will be available for approved proposals that address mental health services for the adult population. Proposals that develop or enhance mental health services in rural areas of the state are encouraged. Currently, Michigan's Mental Health block grant funds for children are primarily directed toward continuation of existing service programs and are not included in this RFP.

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, purchase, 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 receipt of Federal funds; or
(5) provide financial assistance to any entity other than a public or nonprofit private entity.

In addition, this RFP emphasizes the mental health block grant's emphasis upon service provision, and the following restrictions are also included:

(6) no vehicle purchases;
(7) no administrative or indirect expenses.

Available funding will be authorized for service innovations, service replications, service capacity development, or evaluation initiatives to meet the needs of adults with a serious mental illness as described in this RFP. Proposals should reflect MDCH, Mental Health and Substance Abuse Services priorities which were outlined in Michigan's approved application to the CMHS and described in this RFP. Proposals, unless specified otherwise, should be written for the period of October 1, 2003 through September 30, 2004. Funded proposals will promote the values and priorities of the public mental health system.

For some program areas it is indicated that proposals may be submitted which include a "second year" of funding for the October 1, 2004 to September 30, 2005 fiscal year. Please note the additional requirements for two-year proposals under II. Proposal Requirements. Second year funding for two-year proposals will be contingent upon satisfactory progress during the first year and the availability of funds.

Available one-time-only funding will be authorized for service innovations, service replications, service capacity development, or evaluation initiatives to meet the needs of adults with serious mental illness as described in this RFP. Proposals should reflect MDCH, Mental Health and Substance Abuse Services priorities which were outlined in Michigan's approved application to the CMHS and described in this RFP.

II. Proposal Requirements

The CMHSP must submit:

- A proposal face sheet for each program request. The face sheet is included in this packet as Attachment A.

- A narrative which addresses all the criteria by which the proposal will be reviewed (refer to Review Criteria for Proposals Submitted in Response to this Request in section III) including a planned time line for implementation of block grant activity. Other review criteria may be specified in this document under the specific program areas for which funding is requested, please refer to those sections as well.

- A Program Budget Summary and Program Budget Cost Detail (Current DCH forms 385 and 386 are contained in Attachment B).

When submitting a two-year proposal, the following additional information must be included:

- A work plan which addresses the full project period and specifies goals, measurable objectives and concrete activities that will be achieved during each quarter (through September 30, 2005).

- A budget and a detailed budget description for the total project period and individual budgets for each year.

- If the two-year proposal is from a CMHSP that serves multiple counties and plans to pilot an intervention in one area during the first year and then expand the initiative in other areas during the second year, the proposal should call for the involvement of key project personnel from all these areas in first year planning and implementation.

These are one-time-only funds unless otherwise identified. It is expected that after this start-up period other sources of funding will support ongoing programming. Also note that the acceptance of these funds requires that the CMHSP satisfy federal single audit and reporting requirements.

The original and five (5) copies of each proposal request must be received at the Department of Community Health by 5:00 p.m. on **May 23, 2003**. The proposals must be unbound and on eight and a half by eleven paper (i.e., no staples, no off-size paper, no inserts). Every page, including the face sheet and any attachments, must be numbered consecutively.

The mailing address is:

Department of Community Health - Mental Health, Substance Abuse, and Long Term Care Programs
Division of Community Services/Mental Health
Attention: Patricia Degnan
320 S. Walnut, 6th Floor Lewis Cass Building
Lansing, MI 48913
(517) 373-2845

III. Adults with Serious Mental Illness

Values

The current contract between DCH and CMHSPs requires that services must be based on a plan developed through a person-centered planning process and provided through the public system which promotes individuals to be: empowered to exercise choice and control over all aspects of their lives; involved in meaningful relationships with family and friends; supported to live with family while children and independently as adults; engaged in daily activities that are meaningful, such as school, work, social, recreational and volunteering; and fully included in community life and activities. Supports offered through the public mental system promote the recovery of individuals with mental illness. Consumer choice and control are integrated into all policy, financing and evaluation activities in its managed system of care and consumer control is the foundation for best practice. Initiatives funded through this RFP will be those that reduce stigma and promote recovery, self determination and consumer direction.

Priorities

Proposals targeted at the following service populations or interventions are invited:

Anti-Stigma
Crisis Planning
Recovery
Case Management
Person-Centered Planning
Self-Determination
Jail Diversion
Co-Occurring Mental Health and Substance Use Disorders (Dual Diagnosis)
Consumer Run, Delivered, or Directed Initiatives
Supports and Services for Older Adults
Assertive Community Treatment (ACT)
Clubhouse Programs
Vocational/Employment
Rural Initiatives
Homeless Populations
Special Populations
Other

More detailed information about each priority area and the name of the program specialist to contact for technical assistance is included in this RFP.

Project Funding Period

Proposals are invited for projects which will begin October 1, 2003 with completion of activities by September 30, 2004.

Review Criteria for Proposals Submitted in Response to this Request

1. The proposal addresses a priority sub-population group or type of intervention that is consistent with the RFP. It includes a description of need, provides data to support evidence of the need and rationale for why current efforts have been insufficient to address the concern. It demonstrates the applicant is knowledgeable about other efforts to address the identified need. The proposal clearly demonstrates that the intervention is an enhancement, replication, new approach or innovation, not continuation or substitution of a current intervention or source of funding (e.g., cost-shifting). It describes how the proposed intervention is different from current resource or program capacity (15%).

2. The proposal addresses the values of Michigan's public health system to: reduce stigma; facilitate access; promote recovery and wellness; seek support arrangements that facilitate independence, personal responsibility and full participation in community life; promote consumer choice; maximize least restrictive opportunities for community alternatives; increase opportunities for employment. The proposal describes and includes evidence of consumer involvement, collaboration or support in developing, implementing and

monitoring the project. Proposals that involve collaboration with other professionals or community organizations include letters of support that specify the nature of partners' contributions (15%).

3. The proposal demonstrates organizational capacity to carry out the proposal. It includes evidence of project personnel who are knowledgeable about the target population, principles of psychosocial interventions, recovery and/or the proposed intervention and have prior experience in working with the target population. Position descriptions and/or resumes of key project personnel are included. Examples are provided of other successful projects the applicant has carried out to expand or enhance services for the identified population. The proposal and budget demonstrate that sufficient staff resources will be allocated to the project (10%).

4. The proposal includes a Project Work Plan that provides clear goal statements, measurable objectives and activities. It includes time lines by which specific objectives and activities will be achieved, for each quarter of the contract period (10%).

5. The proposal includes an evaluation plan that provides a clear description of proposed outcomes that address one or more of the MDCH priorities, the number of people who will be impacted and specific changes that are expected to occur in the target population, program or system as the result of the intervention. The evaluation plan includes:

    - Clearly defined goals and objectives that specify *who* is the target for change (i.e., consumers, family caregivers or staff), *what* to change, and described expected *differences* in terms of choices, quality of services or quality of life that consumers and their caregivers may experience as the result of receiving services delivered by this initiative.

    - A description of proposed outcomes that are clearly defined, relate to the goals and objectives stated in the work plan, and measure things the organization can change.

    - A description of the methods that will be used to evaluate the impact of the intervention, the types of data that will be collected to demonstrate the outcomes and the process by which the data will be analyzed, reported and disseminated (25%).

6. The proposal demonstrates commitment by the CMHSP to the initiative. For all applications other than time limited projects such as a one-time only training event, evidence of commitment is reflected by the level of CMHSP funds directed to the project and inclusion of a specific written plan for continuation which identifies specific funding sources to be used once mental health block grant funding ends. For CMHSPs that previously received block grant funding, evidence of demonstrated commitment will also consider the extent to which previously funded mental health block grant initiatives have remained in place (15%).

7. The proposed budget and budget narrative demonstrate the level of funding requested is reasonable to achieve the proposed outcomes. Proposed costs are aligned with project objectives, personnel needs and other resources required to complete project activities. Line item costs are specified and reasonable (10%).

IV. RFP by Program Areas

Anti-Stigma

Pam Werner	(517) 335-4078	wernerp@michigan.gov
Colleen Jasper	(517) 373-1255	jasper@michigan.gov

Proposals aimed at communicating directly with professionals, consumers and the community about consumer's lives, personal struggles, and issues in the context of understanding stigma are requested. The expected goal of an anti-stigma project is to create and promote equality, acceptance of differences, and education about the lives of people with serious mental illness.

This goal can be achieved through a variety of anti-stigma strategies including sensitivity training of staff and awareness training with consumers. All proposals must include a component aimed at educating the larger community. The promotion of equality through consumer involvement in the agency and leadership of the project by consumers is essential.

Crisis Planning

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A crisis plan is a document completed by an individual in partnership with chosen supports. The document would provide information that an individual would want others to know or do in the event of a crisis. The document could include written decisions with instructions and preferences for a variety of areas that would impact medical treatment and supports. If desired by the individual, the document would be a part of the Individual Plan of Service and would be completed through a person-centered process.

Proposals are requested that are targeted at empowering persons with mental illness who will be supported by staff to explore, create, develop and implement an individualized crisis plan describing instructions and actions to be executed in the time of a psychiatric/medical crisis.

The proposal must include information on materials created or purchased, partnership role of persons with serious mental illness in educating friends, family, and providers, the anticipated number of consumers who will have the opportunity to develop a crisis plan, how the crisis plan will be shared when necessary and how consumers working in the project will be reimbursed for their efforts.

Recovery

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Colleen Jasper	(517) 373-1255	jasper@michigan.gov
Michael Jennings	(517) 335-0126	jennings@michigan.gov

Recovery Conducive Environments
Proposals that develop, enhance, strengthen, and support a recovery based environment within clubhouse programs and/or drop-in centers are encouraged. CMHSPs, in equal partnership with individuals participating in these environments, are encouraged to develop proposals that promote the continued evolution of recovery. This could include purchasing a variety of materials and developed curriculums, obtaining guest speakers and attending training events specifically addressing recovery. Proposals must include:

- How the proposal addresses the foundation of hope, change and responsibility
- How education on recovery by persons with serous mental illness is provided to family, friends, administrators, board members, mental health staff, sub-contract providers and others, including how presenters will be reimbursed.
- Changes that would be observed in the environment to promote recovery.
- Additional outcomes to increase quality of life for persons with serious mental illness

Case Management

Pam Werner	(517) 335-4078	wernerp@michigan.gov

Case Management Assistants
Proposals are requested for hiring and supporting peer case manager/support coordinator assistants for persons with a serious mental illness. Case managers/supports coordinators are professionals who possess at least a bachelor's degree in a human services field. Case management/support coordination assistants may be para-professionals who provide a variety of services under the supervision of a primary case manager/supports coordinator. Assistants will have an important perspective in providing peer supports. Assistants, in partnership with the person, can help co-facilitate the person-centered planning process, assist with implementation of the plan and provide ongoing support in connecting people to services and supports in the broader community.

Proposals must include initiatives to recruit, train and provide ongoing support for persons with a serious mental illness to work approximately 15-20 hours per week as assistants. Individuals hired must demonstrate that they are working through a recovery process and have an interest in supporting people with serious mental illness. Roles and responsibilities must be consistent with ADA and Equal Employment Opportunity Commission guidelines on accommodating persons with a disability. Funding for up to 2 years will be considered depending on the work plan, performance in year one and demonstration that the positions will continue after completion of block grant funding. Peer assistants and the case manager/supports coordinators working in partnership will be invited to attend state-wide meetings to provide and receive information on positive outcomes for the project.

Person-Centered Planning

Pam Werner (517) 335-4078 wernerp@michigan.gov

Independent Facilitation of the Person-Centered Planning Process:
Proposals to strengthen independent facilitation for developing the individual plan of service through the person-centered planning process for individuals with serious mental illness are requested. Funding will be provided for one year. Proposals must address:

- **$** documentation that a variety of stakeholders assisted in writing the proposal with the majority (over 50%) being individuals who have a serious mental illness
- **$** how opportunities for individuals to facilitate their own plan are provided and supported
- **$** how a group of independent facilitators will be developed and trained
- **$** how individuals will be informed of independent facilitation
- **$** how the performance of each independent facilitator will be evaluated and how the results of the evaluation will be available for individuals selecting the option of independent facilitation
- **$** how independent facilitators are supported with opportunities for networking and continued development
- **$** how individuals trained in facilitating their plans are provided with paid opportunities to facilitate plans for others
- **$** how independent facilitators will be compensated by the agency, <u>not</u> through the use of the block grant funding

Site reviews by the DCH Person-Centered Planning Specialist may be conducted with focus groups including consumers, independent facilitators, agency staff and others to discuss strengths and barriers to the process. The agency will develop a plan to address barriers noted, if applicable, as part of the evaluative component of grant performance.

Building Natural Supports for Persons With Mental Illness:
Proposals for innovative ideas for working with the larger community to develop connections for individuals to enhance their current support networks and develop meaningful friendships through active participation in their community are invited. The proposals must describe the role individuals with mental illness had in developing the proposal and how these individuals will carry out activities of the work plan as equal partners with paid staff. The plan must include how the agency will continue the initiative after funding has ended. Proposals for one or two years of funding may be submitted.

Self-Determination

Pam Werner (517) 335- 4078 wernerp@michigan.gov

Innovative proposals for applying the principles of self-determination and working toward implementation of the draft Michigan Department of Community Health Self-Determination Policy & Practice Guideline are invited. Proposals for one or two years of funding may be submitted.

The successful applicant(s) will have the opportunity to participate in "Planning for Yourself", a person-centered process where paid staff and the individual receiving services develop their plans with chosen supports.

Proposals must identify how the project will benefit individuals served and the organization including how an information and educational process is developed about self-determination and options for controlling resources. Responses must address the categories listed below:

Population:

- individuals with a serious mental illness who have ongoing needs and utilize services on an extended basis
- will have the opportunity to receive education on the process and choice for involvement
- express an interest in controlling their own life
- priority may be given to those who have specialized or CMHSP supported residential arrangements

Person-centered planning:

- how the person-centered planning process will be used in implementing self-determination
- the role individuals served will have in the process

Recovery:

- how the principles and methods of self-determination are used as a foundation to recovery

Self-advocacy:

- how individuals involved in the project will be supported as a group
- how feedback from the group will be facilitated and used in the organization to make system changes as needed.
- how individuals will have opportunities to meet with executive staff to partner in system changes.

Department of Community Health (DCH) personnel will provide technical assistance to assist in continued changes and refinement to the project as necessary. In addition, DCH personnel will conduct focus groups with consumers, their allies, agency staff and others to discuss strengths and barriers of the project. The agency will develop a plan to address barriers noted, if applicable, as part of the evaluative component of grant performance.

Candidates may be requested to participate in a site visit and/or a telephone interview as part of the selection process.

Jail Diversion

Michael Jennings (517) 335-0126 jennings@michigan.gov

A. Jail Diversion Service Capacity Development

Section 207 of the Michigan Mental Health Code requires all CMHSPs to provide services designed to divert persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. Jail diversion policies and programs are an important public interest consideration. The department's administrative directive defines the conditions for establishing and implementing an integrated and coordinated jail diversion program.

Proposals will be chosen for funding that address this administrative directive which serves to define the department's jail diversion procedure and sets forth the conditions for establishing and implementing an integrated and coordinated jail diversion program. The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, has funded development of a model for jail diversion that outlines the core essential elements of successful pre- and post-booking jail diversion programs for adults who have alleged/committed misdemeanors or other felonies and for whom the legal system and the individual agree to diversion. Proposals must present information that utilizes those essential elements in the development and delivery of a jail diversion program. Reference material that supports this approach is available from the DCH program specialist for this area.

Individuals with mental health needs may be identified for diversion from the criminal justice system at any point, including pre-booking interventions (before formal charges are brought) and post-booking interventions (after the individual has been arrested and jailed). Pre-booking diversion occurs at the point of contact with law enforcement officers and relies heavily on effective interactions between police and community mental health services.

Post-booking diversion programs screen individuals potentially eligible for diversion for the presence of mental illnesses; evaluates their eligibility for diversion; negotiates with prosecutors, defense attorneys, community-based mental health providers and the courts to produce a disposition outside the jail in lieu of prosecution or as a condition of a reduction in charges (whether or not a formal conviction occurs); and links individuals to the array of community-based services they require.

Proposals for pre and post-booking diversion programs for adults will be considered that meet the following requirements:

Pre-booking programs must:

- Have a diversion mechanism or process that clearly describes the means by which an individual is identified at some point in the arrest process and diverted into mental health services. Specific pathways of the pre-booking diversion programs are defined and described in the interagency agreements for diversion.

- Assign staff to the pre-booking program to: (1) serve as liaisons to bridge the gap between the mental health and criminal justice system; and (2) to manage interactions between corrections, mental health, and the criminal justice system.

- Provide cross training of law enforcement and mental health personnel on the pre-booking program, including but not limited to: target group for diversion; specific pathways for diversion; key players and their responsibilities; data collection requirements; and other information necessary to facilitate an effective diversion program.

- Maintain a management information system that is HIPAA compliant and that can identify individuals brought to the mental health agency as a result of a pre-booking diversion including: the type of crime; diagnosis; treatment history; type and quantity of services provided while in diversion; and the outcomes of their care. (For example, time until next diversion or arrest).

- Outline the program and processes in a written inter-agency agreement, or document efforts to establish an inter-agency agreement with every police entity in the service area. Inter-agency agreements shall include but not be limited to the following information: the target population for pre-booking jail diversion; identify staff and their responsibilities; specific pathways for the diversion process, specific responsibilities/services of the participating agencies at each point in the pathway, data collection requirements, and process for regular communications including regularly scheduled meetings.

Post-booking jail diversion programs must:

- Have a clearly described mechanism or process for:
  -screening jail detainees for the presence of a serious mental illness, a serious emotional disturbance a developmental disability or a co-occurring disorder of mental illness/substance abuse or developmental disability/substance abuse.
  -evaluating eligibility for the program.
  -linking eligible jail detainees to the array of community-based mental health and substance abuse services.
  Early identification of detainees with mental health treatment needs who meet the diversion programs criteria is critical. It is important to have aggressive case finding so that people with mental illnesses are screened in the first 24 to 48 hours of detention.

- Assign specific staff to the program including liaisons to bridge the barriers between the mental health and criminal justice system. It is important to have a strong leader with good communication skills and an understanding of the systems involved and the informal networks needed to put the necessary pieces in place.

- Establish regular meetings among the key players to encourage coordination of services and the sharing of information.

- $ Include culturally competent case managers who have experience in both the mental health and criminal justice systems.

- $ Provide cross training of law enforcement and mental health personnel on the post-booking jail diversion program, including but not limited to: target group for diversion; specific pathways for diversion; key players and their responsibilities; data collection requirements; and other information necessary to facilitate an effective diversion program.

- $ Maintain a management information system that is HIPAA compliant and that can identify individuals brought to the mental health agency as a result of a post-booking diversion including: the type of crime; diagnosis; treatment history; type and quantity of services provided while in diversion; and the outcomes of their care. (For example time until next diversion or arrest).

- $ Outline the program and processes in a written inter-agency agreement, or document efforts to establish an inter-agency agreement with every police entity in the service area. Inter-agency agreements shall include but not be limited to the following information: the target population for post-booking jail diversion; identify staff and their responsibilities; specific pathways for the diversion process, specific responsibilities/services of the participating agencies at each point in the pathway, data collection requirements, and process for regular communications including regularly scheduled meetings.

It will be expected that each CMHSP who receives funding will allow for program staff to participate in a network and resource-sharing workshop for their program area at least once during the fiscal year.

Co-occurring Mental Health and Substance Use Disorders (Dual Diagnosis)

Michael Jennings (517) 335-0126 jennings@michigan.gov

A high percentage of individuals with a mental illness also have a co-occurring substance use disorder. When substance disorder and psychiatric disorder co-exist, each disorder should be considered primary. Integrated dual primary treatment, in which each disorder receives appropriately intensive diagnostic-specific treatment, is recommended. Integrated treatment refers to any of a number of mechanisms by which established diagnosis-specific and stage-specific treatments for each disorder are combined into a person-centered coherent whole at the level of the consumer, and each treatment can be modified as needed to accommodate issues related to the other disorder.

The department has, for many years, encouraged a sharing of expertise between mental health and substance abuse professionals and the development of integrated assessment and treatment services. Kenneth Minkoff, MD, a national leader in this field, provided technical assistance to department personnel in May of 2001. Dr. Minkoff has developed a twelve-step program for implementation of a comprehensive, continuous, integrated system of care. See Attachment D

which contains Dr. Minkoff's twelve step planning program, program array descriptions and chart of subgroups.

For mental health block grant funds, the department is seeking proposals in the co-occurring area that:

A. Support planning activities using the Minkoff twelve step approach. The proposal must explain in detail which (if any) of the 12 steps have already been completed and which will be completed during the contract period.

Because federal mental health block grant funds are targeted for individuals with serious mental illness, under Minkoff's "Step 4: Identify priority populations," proposals must address people in the quadrant "serious mental illness with substance dependence" and/or "serious mental illness with substance abuse." CMHSPs are encouraged to address the needs of individuals in the other two quadrants with other than mental health block grant funds.

B. Support integrated treatment models. If a treatment model is proposed, the CMHSP must outline in detail how the 12 planning steps have already been completed (step 12 e. and f. are optional) which led to the proposed services. A comprehensive description of the services to be offered and the target population must be provided.

Because federal mental health block grant funds are targeted for individuals with serious mental illness, under Minkoff's "Step 4: Identify priority populations," proposals must address people in the quadrant "serious mental illness with substance dependence" and/or "serious mental illness with substance abuse." CMHSPs are encouraged to address the needs of individuals in the other two quadrants with other than mental health block grant funds.

Providers of co-occurring mental health and substance use disorder treatment must have a substance abuse treatment license. A copy of the license, or date of application for a license from the Department of Consumer and Industry Services, must be provided with any proposal that includes co-occurring treatment.

It is expected that each CMHSP funded will allow program staff to participate in a networking and resource-sharing workshop in their program area at least once during the fiscal year.

Consumer Run, Delivered, or Directed Initiatives

Michael Jennings (517) 335-0126 jennings@michigan.gov

A. Drop-In Program Development or Enhancement

Proposals targeted at enhancement of existing drop-in centers, or the development of new drop-in initiatives where interest and the ability to promote consumer independence and growth are indicated will be considered. Development of transportation supports and maintenance, and the provision of support of current consumer programs in the area of equipment, computer training, furniture, and supplies that will enhance the facility, are encouraged.

B. Consumer Run, Delivered or Directed Innovations and Replications

Proposals targeted at the development of innovative, new consumer-run, delivered or directed initiatives are encouraged, such as Project Stay, person-centered planning within a drop-in center setting, peer case management support, and statewide resource development. Current DCH policy regarding consumer run, delivered or directed services is included in this RFP packet as Attachment C.

Please note that it is expected that all proposals directed towards consumer-run initiatives provide responses to the seven review criteria questions within this RFP. Purchase of equipment, furniture, supplies, computer training etc. require addressing each of the seven criteria for funding.

Supports and Services for Older Adults

Alyson Rush (517) 335-0250 rusha@michigan.gov

Definitions and Characteristics of Older Adults with Serious Mental Illness:

The department recognizes that older adults, individuals age 65 and above, who have serious mental illness include the following subsets of hard-to-reach and underserved populations:

- Individuals who developed a persistent mental illness early in adulthood. Many people in this group have experienced lengthy hospitalization stays, long term use of psychotropic medications, segregated housing environments, social isolation and limited opportunities to participate fully in community life.

- People that developed middle or late-life onset of a mental illness with significant disturbance in thought, affect, behavior or cognition that has interrupted their ability to continue participating in previous work-related, social or other community activities, or to perform self-care and other activities of daily living.

- Individuals with undetected symptoms of depression who may be at-risk for committing suicide. Adults age 65 and above have the highest suicide rate of any age group. In 1999, adults age 65 and above comprised 12.7% of the general population, but 18.8% of all suicides. Suicide rates in adults ages 85 and are twice the national average, about 21 per 100,000 (Bartels, 2002. Presentation to the President's New Freedom Commission on Mental Health). Suicide rates are highest in Caucasian men ages 85 and above, about 65 per 100,000 (CDC, 1999). Outreach, case finding and linking with primary care physicians can play important roles in screening and identifying depression and preventing suicide.

- Individuals who develop depression or another type of mental disorder as the direct result of a medical condition. Many older adults are likely to have one or more co-occurring medical conditions or chronic diseases that require active monitoring and different types of medications. Depression is common in medical disorders and is associated with worse

health outcomes, higher uses of medications and health services. Chronic depression may raise the risk of cancer in older adults and lead to increased mortality from other diseases such as heart disease (USDHHS, 1999a). Some individuals may also have functional impairments resulting from changes in sensory abilities, cognition and mobility, that require accommodations and development of staff competencies in appropriate communication, assessment and intervention techniques.

- Adults of any age who have dementia with delusions, dementia with depressed mood, dementia with behavioral disturbances or a co-occurring disorder of dementia with a diagnosable mental illness, pursuant to Section 100d of the Michigan Mental Health Code. The Surgeon General's Report on Mental Health indicates between 30 and 40% of people with Alzheimer's disease and other dementing illnesses experience complications of depression or psychosis at some point in the trajectory of the disease. People with Alzheimer's disease exhibit behavioral symptoms with high frequencies. Between 30-50% experience delusions, 10-25% have hallucinations and 40-50% will have symptoms of depression, which can accelerate loss of functioning in daily activities (USDHHS, 1999a). Behavioral symptoms are an expression of acute distress by the person with dementia. They can cause distress in family members and other caregivers and pose an increased risk for psychiatric hospitalization or relocation to another setting or type of living arrangement. Research literature indicates that people in earlier stages of dementia may benefit from cognitive and behavioral therapies to treat depression. Family members and other caregivers can benefit from education about the effect of changes in cognition on mood and behavior and how to recognize, assess and develop more appropriate responses to symptoms of distress.

- Individuals with co-occurring mental illness and substance use disorder. As with people in other age groups, some older adults use alcohol and prescriptive medications to help them cope with emotional pain. Substance abuse problems in older people frequently result from misuse of alcohol, prescriptive and over-the-counter medications. Alcohol abuse and dependency is about four times more common among men than women ages 65 and above yet women are of higher risk of dependency upon prescription drugs. Older adults are more vulnerable to the side effects of alcohol, including altered cognition, behavior and tendency for falling. (Arbore, 2001. Presentation at ASA Summer Series on Aging). Physiological changes that accompany aging that can lead to increased risks for side effects, drug interactions, accumulation and prolonged retention of drugs in the body. The presence of a mental disorder may also affect the manner in which an older adult uses prescriptive medications. Someone with dementia may not remember to take medications. Individuals with schizophrenia may develop delusions about taking medication. People with mood disorders may be less motivated to take medication or refill a prescription (USDHHS, 1999a).

Older adults with serious mental illness live in a variety of settings throughout the service area of each PHP, CMHSP and provider network. Some may also require assistance with transition planning to move to a more independent or more stable living environment. The setting in which one resides should not pose a barrier to accessing appropriate mental health treatment from the public mental health system.

It is important to recognize that spouses and other family members who may be caregivers for older adults with progressive, disabling medical conditions are vulnerable and also at risk for developing depression, anxiety and other stress-related changes in their own physical and mental health. They comprise an additional subset of individuals that should be considered in expanding organizational capacity to identify, reach and provide mental health services to people in this age group.

Service Barriers:
A number of barriers need to be overcome to improve access and availability of effective mental health supports, treatments and services for older adults. These include:

- *Personal Issues:* Stigma, embarrassment and shame associated with having a mental illness often prevents older adults from seeking treatment from mental health professionals. Specialized outreach efforts are required to facilitate access to appropriate evaluation and treatment services for older adults who are not likely to contact a community mental health organization. This involves establishing a responsive presence in places where older adults go to participate in community activities, such as neighborhood senior centers, religious and civic organizations, or places where they do business or receive services. It may also include teaming up with other individuals or providers in the community who are known and trusted helpers.

  Much can also be done to educate older adult consumers, their families and providers who work with them about the principles of recovery, self-determination, defining person-centered outcomes and the value of learning about peer support services and organizations such as the Older Adult Consumer Mental Health Alliance. People who have lived most of their adulthood with a serious, persistent mental illness may not be aware of the right to person-centered planning in directing services or accommodations to address special needs. In addition, PHPs, CMHSPs and provider networks need to promote participation by older adult consumers in planning and evaluating mental health services and developing training programs for providers.

- *Shortage of Providers with Knowledge and Expertise in Providing Age and Culturally-Appropriate Mental Health Services:* There are not many clinicians and paraprofessionals who have expertise in the evaluation, diagnosis and treatment of psychiatric and cognitive disorders in older adults or how to provide supports and services that are age and culturally-appropriate. Limited attention has been given to addressing needs of an increasingly diverse older adult population. Mental health clinicians who work with older adults need to assess the cultural relevance of consumers' beliefs, traditions and life experiences in providing assistance with organizing supports and services. Efforts to increase cultural awareness, sensitivity and competency in may include organizing opportunities for information exchange and cross-training among mental health providers who work with older adults, community stakeholder groups and organizations that provide supports and services to people of ethnic and other minority groups.

- *System Barriers* include limited coordination and collaboration among mental health, aging network, primary care and long term care service providers. Some older adults may receive mental health services from other types of specialty providers in the public and private sectors. PHPS, CMHSPs and provider networks may be able to improve the availability and quality of mental health services for older adults in their service area by linking with physicians, other types of specialty mental health providers, area agencies on aging, county-level departments on aging, consumers and advocacy organizations to develop and implement a strategic plan that is designed to increase public awareness, education and advocacy efforts to overcome one or more of the barriers identified above. These efforts may include establishing a mental health and aging coalition or working with existing groups such as Building Ties Coalitions and Human Service Coordinating Bodies to form work groups focused on promoting mental health in older adults and availability of appropriate services.

Priorities for Mental Health Block Grant Initiatives That Target Older Adults:
Available one-time-only funding will be available for the following types of projects:

- Provide training opportunities that are designed to increase staff knowledge and expertise in (a) evaluation, diagnosis and treatment of psychiatric, substance use or cognitive disorders in older adults or (d) improve cultural awareness, sensitivity and competency in working with older adults of ethnic and other minority groups. Proposals must clearly describe the target audience, specific organizational units or staff positions that will participate, the types of knowledge or skills that will be developed, qualifications of the organization or professional(s) that will deliver the training, and identify how the information will be disseminated and incorporated into practice.

- Implement innovative service models that will improve and increase current PHP, CMHSP and provider network penetration rate for serving people ages 65 and above. Describe current barriers and include a specific action plan with methodologies and time frames for overcoming identified obstacles.

- Implement or expand the Gatekeeper program to identify and reach isolated older adults with mental illness and other people at-risk, such as caregivers of homebound elders.

- Collaborate with community stakeholder groups and organizations that provide supports and services to people of ethnic and other minority groups to develop or expand culturally-sensitive outreach, case-finding and mental health services for older adults and members of their support system.

- Educate adult foster care providers and nursing home facilities about the principles and essential elements of person-centered planning with older adult consumers who have serious mental illness and form a partnership to improve person-centered practices.

- Replicate of a service model that reflects evidence-based practice or MDCH values, policies, practice guidelines or priorities.

- Develop programs to inform, educate and support older adult consumers, their families and providers who assist them about the principles of recovery, self-determination, defining person-centered outcomes.

- Implement activities that promote consumer awareness, empowerment, participation and direction in the development or enhancement of services and programs through participation on advisory groups, planning and conference committees, quality improvement teams and consumer advocacy organizations.

- Develop partnerships among providers of mental health, primary care, aging, substance abuse and housing services and consumer groups to plan and implement one of the following initiatives:

    - Develop public awareness and education programs about the difference between normal aging and mental illness, how problems can be prevented and available resources for diagnosis, treatment and support.
    - Establish routine screening for depression, cognitive impairment or substance abuse problems in primary care offices and protocol for referral to obtain further evaluation.
    - Expand availability of case management and care coordination services.
    - Increase the availability and quality of mental health services for older adults.

Assertive Community Treatment

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The Michigan Department of Community Health has a strong commitment to serving people in vivo, and nationally ranks high in the number of Assertive Community Treatment (ACT) teams working in communities. ACT addresses the needs of adults who experience serious mental illness with intensive and comprehensive community support services. Often persons served by ACT have co-existing problems such as substance abuse, homelessness or involvement with the judicial system.

An array of essential treatment and psychosocial interventions are provided to support individuals who otherwise would require more intensive and restrictive services and settings. ACT incorporates consumer choice and involvement and is an evidenced-based practice, demonstrating a reduction in hospitalization, greater housing stability, and improved quality of life. ACT is shown to be efficient and effective in providing services to seriously mentally ill adults who have kept away from or have not responded well to traditional outpatient mental health care and psychiatric rehabilitation services.

Proposals with attention to co-occurring disorders, substance abuse treatment capacity, homelessness, aging and criminal justice are encouraged. Proposals must address the needs of adults who experience serious and persistent mental illness and building upon a person-centered process within an existing or new ACT model.

ACT Team Expansion to Homeless Persons with Mental Illness
Projects that develop and enhance team outreach capacity to homeless persons experiencing serious mental illness. Team capacity is to be developed within the above context and may include peer advocates, community linkages, advisory groups etc. In the proposal, please describe current capacity and the anticipated changes that will assist the project in reaching homeless persons. Please address plans for project continuation past the grant period. Block grant funding is primarily to support staffing with some attention to other costs related to reaching the homeless population qualifying for ACT. The expected outcome from funded projects: the identified homeless population with serious mental illness will experience an increase in residential stability, a reduction in inpatient crisis services and jail recidivism.

ACT DBT Services for Persons with Personality Disorders
Dialectical Behavioral Therapy (DBT), an evidence-based practice, is a comprehensive cognitive-behavioral treatment for individuals with a borderline personality disorder who have a chronic pattern of life threatening or other serious at-risk behaviors including substance abuse. Block grant funds will support the development of DBT services within existing ACT Teams by funding tuition cost only for the DBT Intensive Training provided by The Technology Transfer Group of Seattle, Washington. The advanced training consists of two, five-day training sessions scheduled within a six-month interval. A minimum of three qualified ACT team members is required in order to effectively implement the various components of DBT training. The proposal should describe the current and proposed consumers benefiting from enhanced services. Within the proposal please identify proposed training participants, tenure on the ACT team and briefly describe prior DBT training. Rural DBT teams may meet the minimum training cohort of three staff by including an agency outpatient therapist committed to working with the team to implement the skills training group component. All participants must have previously completed the two-day Introductory DBT Workshop and commit to attending both five-day sessions.

ACT Service Expansion to Older Adults "At Risk"
The natural process of aging, which can include significant physical and mental limitations, increasing isolation and decreasing natural supports can be exacerbated when a person also experiences serious mental illness. Older adults may have a long history of mental illness or experience serious mental illness late in life; both factors have an impact on the ability of the person to remain in his or her community.
Proposals are invited to expand ACT service capacity to older adults with serious mental illness in the community and are asked to address a system for referral sources from traditional sources as well as the aging network and the larger system of care. Consideration will be given to adding a specialist with knowledge of older adult and mental health issues to the ACT team to provide outreach, evaluation and engagement in ACT services; also considered will be proposals to obtain geriatric training for an existing team member. Funding for 1 FTE Geriatric Specialist proposals should include evidence regarding the targeted older adult population (over 55 years of age), current team capacity and existing caseload as well as documentation of support for continuing the position after the grant funding period. Proposals to enhance further training and education of a team member should include evidence regarding the targeted older adult population, current team capacity and the existing caseload as well as plans for incorporating information into the team. Project outcomes include but are not limited to an increased

penetration rate of older adults served by the CMHSP, increased residential stability and a decrease in nursing home utilization.

Pre-Booking Jail Diversion Alternative-ACT Team Service Expansion
Projects to expand ACT service capacity to target persons with mental illness who may be inappropriately incarcerated are invited. Funding for 1 FTE clinician who is part of the ACT team and provides clinical assessments and works with local legal/corrections system to develop alternative treatment orders and linkages to the team for persons with serious mental illness who choose ACT services as an alternative to jail. Proposals will document support for continuation after the grant-funding period. Project outcomes include; decrease in the number of persons inappropriately incarcerated; decreased recidivism; increased access and engagement in mental health services; increased residential stability and reduced inpatient, crisis services, and homelessness.

ACT Peer Support Advocates
The National Alliance for Mental Illness recommends the addition of consumer peer advocates on the ACT team. Advocates provide an important perspective, engage new clients, facilitate person-centered planning and provide important supports to individuals living in the community. Advocate positions are initially developed as part-time positions for persons with a history of serious mental illness who are working through a recovery process and have an interest in working on an ACT tem. Peer advocates, as service providers of the ACT team, may not also be a recipient of service from the same team. Roles and responsibilities should be consistent with ADA and Equal Employment Opportunity Commission guidelines on accommodating persons with a disability. Proposals also must identify support for continued funding. Project outcomes include the hiring, training and support of (a) peer support advocate.

Clubhouse Programs

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Clubhouse Innovations

$ Improving Employment Outcomes
One way of measuring effective clubhouse programs is to examine the number of individuals who are receiving employment services and supports. Employment is a guaranteed right of membership. Assistance in moving members toward full time employment is needed. Proposals that look at creative initiatives for transitional and supported employment opportunities are encouraged. The proposal must provide background information on how many people the clubhouse services, the percentage of individuals who were in an employment situation in the past year, what the desired outcomes are and a plan to achieve them.

$ Clubhouse Long Term Housing Supports
Clubhouse members living in adult foster care may be living in residential environments that provide limited opportunities to lead a self-determined life. This initiate will target persons currently living in adult foster care and wishing to live independently or with

roommates of their own choosing. Through the development of a clubhouse housing unit, members and staff will provide assistance with transition issues, locating housing, furnishings, etc. and provide long term support for members living independently in the community. Block grant funds cannot be used to subsidize rent or security deposits, but may be used for limited start up supplies. Anticipated outcomes may include: increased activity of the clubhouse program through the development of a housing unit; increase in the number of members living independently/decrease the number of persons living in dependent (foster) care; and/or increased consumer satisfaction and quality of life.

$ **Clubhouse Start Up, Site Development and Operational Supports**
Limited one-time only funding support for furnishings, equipment, and minor renovations for new or existing clubhouse programs. Priority will be given to newly developing clubs and those moving to an off-site location. Itemized budget detail must be included in the proposal.

$ **ICCD Clubhouse Training**
CMHSPs interested in ICCD training opportunities need to follow the Block Grant submission application guidelines on pages 4 and 5 of this RFP. A discussion with the Clubhouse Specialist will occur prior to choosing an ICCD site.

- **ICCD Clubhouse Training: (Four Participants)**
This training is targeted for **new** clubhouse programs or new managers of existing clubhouse programs. The training group must include (1) the clubhouse manager, (2) one clubhouse staff, and (3) one clubhouse member and the (4) agency administrator/supervisor attending the third week. The block grant award covers the fixed tuition and lodging cost of $4,800, and $1,500 toward transportation and meals related to the training. Funding support over and above the block grant award are the responsibility of the CMHSP. Block grant funds cannot be used for clubhouse members or staff who have already participated in block grant funded training. A discussion with the Clubhouse Specialist will occur prior to choosing an ICCD site.

- **ICCD Three Week Training (Three Participants**)
This training is for **established** clubhouse programs with new staff or new clubhouse mangers with no prior training. The training group includes (1) the new club manager or one clubhouse staff, (2) one clubhouse member and (3) the agency administrator/supervisor who attends the 3rd week. The block grant award covers the fixed tuition and lodging cost of $4,000 and $1,000 toward transportation and meals related to the training. Funding support over and above the block grant award is the responsibility of the CMHSP. Block grant funds cannot be used for clubhouse members or staff who have already participated in ICCD Training. A discussion with the Clubhouse Specialist will occur prior to choosing an ICCD site.

Vocational/Employment:

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A. Employment/Vocational Opportunities Innovations
Employment is a critical outcome of services and supports for individuals with serious mental illness. Employment is included in the Michigan Performance Indicator System.

Proposals are requested for innovative initiatives to enhance the employment opportunities for persons with mental illness that will develop supported integrated employment at minimum wage or higher, at least 10 hours per week or more and/or the development or strengthening of consumer-owned businesses. Proposals must address evidence of long-term support for employment. Initiative must include a benefits planning component so that consumers have information about how work activity will impact their ability to maintain benefits. Proposals for new consumer-owned businesses must be based on a professional, independent business plan or the proposal must include provisions for the development of a professional, independent business plan. Persons eligible to receive services under this type of initiative are those who are determined by MRS to be not eligible for MRS services.

B. Employment Opportunities Replication
Proposals to expand or develop consumer-owned and run businesses, including Fairweather Programs, that will lead to a projected increase in gross revenues and individual income, expansion that will lead to hiring additional persons with mental illness, or innovative business ideas with potential for replication in other communities are invited. Block grant funding will be contingent on recommendations from a professional, objective business plan. Development of the business plan may be part of the proposal.

C. Micro-Enterprise Development
Proposals for individuals and their chosen supports to attend a micro enterprise development training and support initiative are being requested. National leaders will be selected to share information on micro business development and will provide ongoing support for individuals who are selected to be part of this initiative. Proposals must include information on persons with serious mental illness who have expressed an interest and desire in developing their own business, the staff who will participate in the training and support consultations, and what mechanism each agency has in place to support the person over an extended period of time.

Rural Initiatives

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Michigan has 83 counties, of which 72 are rural. CMHSPs are contractually required to meet service availability standards which in some places require development of the service array in rural areas. Living in a rural area should not pose a barrier to accessing appropriate mental health treatment from the public mental health system.

Proposals are invited that increase the availability of the service array to individuals with serious mental illness who live in rural areas. Proposals that address co-occurring disorders, stigma, substance abuse treatment capacity, homelessness, aging and criminal justice are invited. Proposals must incorporate a person-centered approach.

Proposals to bring services to individuals that incorporate access, best practice, and inclusion for full participation in the community are encouraged. Proposals might, for example, address effective interventions, on-going medication management, supported employment, integrated treatment, consumer-run and peer-supported activities, provision of the support necessary to obtain or maintain independence in living, or specific system barriers. Use of intensive activities such as ACT must attend to the integrity of the model. For services with less intensive activities than ACT, barriers to providing and obtaining services must be addressed.

Homeless Population

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Proposals not already covered in other service priority areas and aimed at developing or improving service delivery for consumers with serious mental illness who are homeless may be submitted under this category.

Special Populations

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Innovative ideas are encouraged for any special populations of persons with serious mental illness who may require unique services and supports based upon cultural diversity, ethnic diversity, unique barriers or differences.

Other

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Proposals that do not specifically meet the service priority areas previously listed are encouraged to be submitted. This category is for innovative ideas that will improve quality of life outcomes for persons with serious mental illness.