

## FY11 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 a maximum of two new project proposals based on priorities identified in the system of care planning process and that address one of the priority categories listed below.

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.**

CMHSPs are to submit funding requests based on their system of care planning and that address one of the following priorities:

- Collaborative Projects to Serve Youth in the Juvenile Justice System
- Access Staff Based in Other Local Child Serving Agencies – Especially Department of Human Services office, Courts and Schools
- Expanding Service Capacity for Non-Medicaid Eligible Children and Youth for Intensive Community-based Services (i.e. wraparound, home-based, respite)
- Early Childhood Projects (i.e. Baby Court, Parent Child Interaction Therapy or other evidence based approaches designed to serve infants, toddlers and young children and their families).
- Co-occurring Treatment for Youth with Substance Use Disorders and SED
- Family Support/Advocacy, Parent Education and/or parent peer to peer support
- Youth Leadership and/or youth peer to peer support

**If, through your local system of care planning, you have identified a project that does not fall into one of the above priorities, please contact Jennifer Stentoumis at 517-335-6258 to discuss this prior beginning the application process.** Funding decisions will be made based on proposals submitted in response to the criteria included in this application. Special consideration will be given to jointly funded projects.

One year proposals and the first year of multi-year proposals must be written for the period of **October 1, 2010 through September 30, 2011**. 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 plan to sustain the service innovation/practice.

The maximum funding per project is up to **\$75,000** for the first and second years. **THERE IS NO LOCAL CONTRIBUTION REQUIRED FOR ONE YEAR PROJECTS OR YEARS ONE AND TWO OF MULTI-**

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**YEAR PROJECTS**. The maximum funding per project is **\$50,000** for the third, fourth and fifth years, with a **local contribution** of one dollar for each four MHBG dollar (1:4). The **local contribution** may be all cash, all in-kind or any combination of both. The local contribution for the 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> years of a project should demonstrate how the project will be incorporated into the system of care for children and how it will continue to be sustained after block grant funding ends.

Year of Funding	MHBG Funding Requested	Local Contribution Required	MHBG/ Local Contribution Ratio
1 <sup>st</sup> year – 1 year project	Up to \$75,000	\$0	N/A
1 <sup>st</sup> year – Multi-yr project	Up to \$75,000	\$0	N/A
2 <sup>nd</sup> year – Multi-yr project	Up to \$75,000	\$0	N/A
3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> years – Multi-yr project	Up to \$50,000	\$12,500	1 to 4

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

The following information on the required forms must be included in proposals:

- A statement of work/narrative. **Answer the questions provided on pages 3-4 of this RFP using the format provided on page 5 for the statement of work.**
- A separate work plan for each fiscal year represented in the full project period for multi-year projects. Specific goals, measurable outcomes and concrete action strategies that will be achieved during each quarter of the project are required. The work plan needs to identify the lead CMHSP contact person responsible for the implementation of the project, the person responsible for the completion of each strategy and the date each strategy will be completed. **Use the format provided on page 6 of this RFP for each work plan.**
- A budget summary (**DCH 0385**) and a budget cost detail (**DCH 0386**) for each fiscal year of the project period. **Please use the 01/09 version of the budget pages.** Please **DO NOT** include ongoing “space costs” (office space) on your budget unless you indicate clearly that no block grant funds will be used for these space costs. Please pay special attention to this in your planning if you are submitting budgets that do not require a local match. Block grant funds can pay for rental costs for meetings or trainings and those expenses would be identified as training expenses, not space costs.

When developing a 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 subsequent budgets due to the time it may take to secure staff for any new positions identified in the proposal. **Unused funds cannot be carried forward to the next fiscal year under any circumstances.**

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 FY11. 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 FY11 block grant contract.**

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**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 OUTCOMES (20 points):**

- Describe the proposed service/intervention and its proposed outcomes (3-4 paragraphs).
- Describe why your community has chosen this evidence-based, promising or innovative practice service/intervention.
- Describe how the proposed service/intervention is based on the community need and fits into one of the priority areas identified earlier in this document.
- 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?
- How does this proposal increase the agency's overall capacity to serve 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 how the proposed project will work together with other services provided by the identified stakeholders (schools, DHS, court, public health, etc.)

**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?

**EVALUATION (20 points):**

- What is the plan to evaluate the proposed service/intervention and the achievement of outcomes?
- What measurement tool(s) will be used for outcomes measurement?
- How will the results of the evaluation be shared with community partners/stakeholders?
- 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?
- Identify the lead CMHSP contact person responsible for the implementation of the project.
- Describe the stakeholder group's role and responsibility in overseeing the implementation and evaluation of the outcomes of the service/intervention?

**TRAINING (10 points):**

- What training is required for this evidence based, promising practice to ensure implementation according to the model and how will this project meet those requirements?

**FUNDING (20 points):**

- What outcomes have been achieved from previous Children's Mental Health Block Grant funded projects?

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- Describe how the CMHSP has sustained other block grant projects funded in previous years.
- Is this a Medicaid covered mental health specialty 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?
- How do you plan to sustain this service/intervention?

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

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

**EVIDENCE OF COMMITMENT FOR JOINT FUNDING (15 BONUS Points)**

- Letter of commitment, Interagency Agreement, Memorandum of Understanding or other document outlining each participant's commitment to fund the project. Please attach your evidence.

**WORK PLAN WITH ACTION STRATEGIES (20 Points): [Use formats provided]**

After completing a statement of work, a detailed work plan for each year of the proposal needs to be completed for the proposed service/intervention. For the Block Grant funding application, please identify:

- Specific goal(s),
- Measurable outcome(s),
- Concrete detailed action strategies that will be achieved during each quarter.

The work plan also needs to identify the lead CMHSP contact person responsible for the implementation of the project, the person responsible for the completion of each strategy and the time frame for completing implementation of each 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.

**THIS FORMAT IS REQUIRED FOR PROPSAL TO BE CONSIDERED.**

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**STATEMENT OF WORK FOR THE PROPOSED SERVICE/INTERVENTION**

(not to exceed 10 pages)

**Priority #:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

COLLABORATION (15 Points):

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

TARGET POPULATION (10 points):

EVALUATION (20 points):

ORGANIZATIONAL CAPACITY & OVERSIGHT (15 Points):

TRAINING (10 points):

FUNDING (20 points):

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

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

**POINTS:**

**150**

EVIDENCE OF COMMITMENT FOR JOINT FUNDING (**15 BONUS POINTS**): Please attach.

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<b>WORK PLAN FISCAL YEAR _____</b>		
<b>Priority #:</b> _____ <b>Title:</b> _____  <b>GOAL:</b>  <b>LEAD CMHSP CONTACT:</b> _____ <b>PHONE:</b> _____  <b>EMAIL:</b> _____		
<b>ACTION STRATEGIES TO IMPLEMENT SERVICE/INTERVENTION</b> <small>Note: Include tasks, numbers to be served and evaluation information (outcomes).</small>	<b>Person Responsible for Strategy Completion (Name &amp; Organization)</b>	<b>Date To Be Completed</b>
<b>OUTCOME:</b>  <b>MEASUREMENT:</b>		

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**PROGRAM BUDGET INFORMATION**

For each fiscal year included in the proposal, please complete the Program Budget Summary (DCH form 0385) and the Program Budget Cost Detail (DCH form 0386) that are attached to this RFP application. These are the most recent forms. No other versions of these forms will be accepted. They can also be accessed from the MDCH website at [www.michigan.gov/mdch](http://www.michigan.gov/mdch), click on Mental Health and Substance Abuse, click on Mental Health and Developmental Disability, click on Request for Proposals and Grants.

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.
- (9.) Also **DO NOT** include ongoing "space costs" (office space) on your budget unless you indicate clearly that no block grant funds will be used for these space costs. The only space costs that block grant funds can pay for are rental costs for meetings or trainings.

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**REQUIREMENTS FOR THE FY11 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. (Use the format located on Page 9 of this RFP).
- Statement of Work/Narrative**
- Work Plan (separate one for each fiscal year represented in the proposal)**
- Program Budget Summary and Program Budget Cost Detail (separate set of budget pages for each fiscal year represented in the proposal). Please use the 01/09 version of the budget pages.**
- A **letter of support** from the Community Collaborative(s) where the proposed service/intervention will be implemented.
- Evidence of commitment to joint funding**, as applicable.

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 **5:00 p.m. on Friday, May 14, 2010**. Please send the **originals and FOUR COPIES of the entire application packet** to Jennifer Stentoumis at the address below. An electronic copy of each proposal [statement of work, work plan(s), budget page(s)] with an electronic copy of the face sheet must also be submitted to Jennifer Stentoumis at [Responses@michigan.gov](mailto:Responses@michigan.gov) by **5:00 p.m. on Friday, May 14, 2010**. **DO NOT SEND PDF FILES.**

**DOCUMENTS ARE SUBMITTED TO:**

Jennifer Stentoumis  
Department of Community Health  
Mental Health Services to Children and Families  
320 S. Walnut Street – 5<sup>th</sup> Floor Lewis Cass Building  
Lansing, MI 48913

**FOR FURTHER INFORMATION AND ASSISTANCE, CONTACT:**

Jennifer Stentoumis  
Telephone: (517) 335-6258  
Email: [stentoumisi@michigan.gov](mailto:stentoumisi@michigan.gov)

