Request for Proposals (RFP) Overview

Transformation to a recovery based public mental health system in Michigan includes making services that have been proven to be effective available. Currently, all Prepaid Inpatient Health Plans (PIHPs) must have available the evidence-based practices (EBPs) of Family Psychoeducation (FPE), Co-occurring Disorders: Integrated Dual Disorder Treatment (COD:IDDT), and Assertive Community Treatment (ACT). These practices have been implemented in all regions and their continued support and development is important.

In 2008, the Practice Improvement Steering Committee selected Support Employment as the next EBP for statewide implementation and a subcommittee for that practice was formed. To date seven PIHPs have received block grant funding to assist in implementation of this practice. The eleven PIHPs that have not received previous block grant awards to implement evidence-based Supported Employment are eligible to apply now. Although there has not been a date set for mandatory availability of this service, its implementation is strongly encouraged to allow for enhanced opportunities for adults with serious mental illness to gain and maintain meaningful employment.

PIHPs that receive block grant funding for Supported Employment are required to have a representative serve on the PIHP’s Improving Practices Leadership Team (IPLT) and on the statewide Practice Improvement Steering Committee’s Supported Employment Subcommittee.

PIHPs that would like to begin implementation of Supported Employment may apply for two years of block grant funding for the period of April 1, 2010 through September 30, 2010, October 1, 2010 through September 30, 2011 and October 1, 2011 through March 30, 2012. A maximum of $140,000 over a two-year period (an average of $35,000 per six months period), is available for these projects.

Due to a larger than anticipated amount of unspent funding in FY 09 block grant contracts for adult services, PIHPs who apply are encouraged to prepare for quick start-up on April 1.

Proposal Reviews

Proposals will be reviewed by a team of at least three people, consisting of one or more consumers of mental health services and the program area specialist. The review will be based on the “Requirements for Application for Funding for Supported Employment” section of this RFP.

Target Population

Funding provided under this RFP must be used for adults with serious mental illness (SMI). PIHPs are encouraged to use it to improve services for adults with SMI who also have co-occurring substance use disorders.
Use of Block Grant Funds

Consistent with federal and Michigan Mental Health Commission directions for state transformation activities, Community Mental Health Block Grant funds are to be used for activities designed to improve the system of care by promoting recovery. Transformational activities include the provision of EBPs and innovative and promising practices, and the promotion of consumer-driven mental health care. All activities must be built around and consistent with person-centered planning principles and practices. Consumers must have an informed choice regarding their service(s).

Community Mental Health Block Grant funds may not be used to supplant existing mental health funding. They may not be used to fund Medicaid approved services for Medicaid recipients.

Federal authorizing legislation specifies that these funds may not be used to:

1. provide inpatient services;
2. make cash payments to intended recipients of mental health services (e.g., stipends, rent or lease payments, utility arrearages, insurance, furnishings, personal items, etc.);
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.

MDCH contracts require that any service or activity funded in whole or in part with this funding be delivered in a smoke-free facility or environment.

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

6. no medication purchases;
7. no vehicle purchases, leases, or insurance; and
8. no administrative (e.g., office space, utilities, LAN line telephones, Internet, insurance, etc.) or indirect expenses.

Note: There are three ways in which block grant funds may be used for project staffing so that no supplanting occurs:

- if the position is a new hire;
- if the position is assuming additional hours (i.e., part-time to full-time) and block grant funds are paying for the additional hours only; or
- if an existing staff member is assuming the duties of the new project and their old position will be back-filled with a new hire.
Proposal Requirements for Evidence-Based Supported Employment Proposals

The PIHP must submit:

- A proposal face sheet.

- An IPLT listing, including team member roles and e-mail addresses. Please note that the PIHP should have an identified program leader for each practice it has implemented or will be implementing under their current proposal.

- A workplan that addresses the project period of April 1, 2010 through September 30, 2010, a separate workplan addressing October 1, 2010 through September 30, 2011, and the third workplan for the remainder of project, which is October 1, 2011 through March 30, 2012. The workplans should include specific goals, measurable objectives, and concrete activities that will be achieved during each quarter. DO NOT include reference to any proposal language or attachments in the documents because the year one workplan will become part of the contract. All pertinent workplan information must be included in the workplan itself.

- A Program Budget Narrative, which explains expenditures and provides rationale.

- A Program Budget Summary and Program Budget Cost Detail for each fiscal year. More specifically, a budget for the period of April 1, 2010 through September 30, 2010, October 1, 2010 through September 30, 2011, and October 1, 2010 through March 30, 2012 should be submitted separately. MDCH forms 0385 and 0386 are contained in Attachment B of this RFP and 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.

Submission Method and Due Date

One original plus three copies of all proposals, including the signed face sheet, must be received at the Department of Community Health to the attention of Karen Cashen, Grants Manager, at the address listed below by 12:00 p.m. on March 1, 2010. In addition, an electronic copy of each proposal, with an electronic copy of the face sheet, must also be submitted to Karen Cashen at cashenk@michigan.gov by 12:00 p.m. on March 1, 2010. The mailing address is:

Karen Cashen, Grants Manager  
Department of Community Health  
Bureau of Community Mental Health Services  
320 S. Walnut, 5th Floor  
Lansing, MI 48913
Evidence-Based Supported Employment

Supported Employment is an approach to vocational rehabilitation that emphasizes helping people obtain competitive work in the community, and providing the supports necessary to ensure success at the workplace. The principles and critical elements of supported employment and practices involve rapid job search, job tailored to individuals, time-unlimited following supports, integration of supported employment and mental health services, and zero exclusion policy.

Supported Employment is one of the EBPs for people with serious mental illness that have demonstrated positive outcomes in multiple research studies. It consists of:

1) A Competitive Job is the Goal: The focus is community jobs anyone can apply for that pay at least minimum wage, including part-time and full-time jobs. These jobs are owned by the worker rather than the employment program.

2) Rapid Job Search: There are no requirements for completing extensive pre-employment assessment and training, or intermediate work experiences such as prevocational work units, transitional employment. Consumer set the pace for the job search, employment specialists help make contact with employers in the community.

3) Consumer Preferences are Important: Choices and decision about work and support are individualized based on the person’s preferences, strengths, and experiences. Preferences may include personal interests or type of work, work environment, location, number of work hours per week, preferences for disclosure of disability, type of job supports, and accommodation.

4) Time-unlimited Support: Individualized supports to maintain employment continue as long as consumers want the assistance. They may include problem solving, symptom management, social skills training, feedback from employers and workplace accommodations.

5) Supported Employment is Integrated with Mental Health Services: Employment specialists coordinate plans with treatment team. This may requires that mental health staff and employment specialists have offices in the same location, meet at least weekly to share expertise, and plan services with consumers.

6) Zero Exclusion Policy: All consumers who want to work are eligible for help. No one is excluded for reasons such as mental health symptoms, substance use, poor work history, treatment non-adherence.

7) Individualized Benefits Planning: Personalized benefits planning and guidance help consumers to make informed decisions about the effects of earned income upon their benefits.
The PIHP should be knowledgeable about the Supported Employment model developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The PIHP will utilize the fidelity scale contained in the toolkit as part of its quality improvement program.

Requirements for Application for Funding for Supported Employment

1) PIHP convenes meetings with stakeholders, including consumers, case management, residential, psychiatry, and other clinical services that compose the treatment team.
2) PIHP identifies a program leader for Supported Employment.
3) PIHP forms an ongoing work group of consumers, clinicians, and administrators to address the implementation and obtaining continuous feedback.
4) PIHP develops an action plan for implementation of the Supported Employment Resource Kit. This includes model fidelity and implementation strategies, and develop training plan for the staff.
5) PIHP identifies steps to develop integration between Supported Employment and Mental Health Treatment at consumer, team, supervisory, leadership, and organizational level.
6) PIHP provides ongoing technical assistance and training needs for the staff and/or providers.
7) PIHP uses General Organizational Index and Fidelity Scales at regular intervals to evaluate the model fidelity of the program.
8) PIHP identifies areas of needed clinical improvement and works with work groups to address needs.
9) PIHP shares successes and barriers in implementing Supported Employment.
10) PIHP monitors individual employment outcomes on a quarterly basis.

Recommended Resources


Supported Employment Implementation Resource Kit
http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/

2009 Red Book: A summary guide to employment support for individuals with disabilities under the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs
http://www.ssa.gov/redbook/eng/redbook.pdf

Dartmouth Psychiatric Research Center
http://dms.dartmouth.edu/prc/employment

Ohio SE CCOE
http://www.ohioseccoe.case.edu