FY 11 Adult Block Grant RFA Information

Title of RFA: Community Recovery Services and Supports.

Entities Eligible to Apply: The 46 Michigan Community Mental Health Services Programs (CMHSPs).

Population to be Served: Adults with Serious Mental Illness, including those with Co-occurring Substance Use Disorders, who are not eligible for Medicaid or other insurance that covers mental health services.

Term of Awards: Two fiscal years beginning October 1, 2010.

Maximum Award Amount CMHSP: A maximum of $70,000 per fiscal year will be awarded per CMHSP.

Total Funds Available under this RFA: Approximately $3.2 million.

Application Due Date: May 11, 2010 at 12:00 noon.

Method of Submission: Electronic (Microsoft Word or Excel only) to Karen Cashen at cashenk@michigan.gov and mail original and three copies to:

Karen Cashen, Grants Manager
Department of Community Health
Bureau of Community Mental Health Services
320 South Walnut, 5th Floor Lewis Cass Building
Lansing, Michigan 48913

Required Components of Application Submission:

Face Sheet
Narrative in Required Format – address items #1-7 in three (3) pages or less
Review and Comment from PIHP Practice Improvement Leadership Team
Letter(s) of Support from Consumers Involved in Application Process
Statement of Work for Each Fiscal Year (contract ready)
Budget Summary (DCH-0385) for Each Fiscal Year (contract ready for FY 11)
Budget Detail (DCH-0386) for FY 11 (contract ready)
Budget Narrative for FY 11
(all material is to be submitted on 8 ½" x 11" paper only; unbound)

Reviews: Applications will be reviewed and evaluated by teams which will include consumers and department staff.

Expectations

Block grant funding is being made available for CMHSPs to provide services to support adults with serious mental illness, including those with co-occurring substance use disorders, in their individual recovery journeys. The systems transformation work that has taken place over the past several years in partnership with consumers, the Michigan Department of Community Health (MDCH), PIHPs, and CMHSPs, provides a framework for continued work. The CMHSP must identify gaps that are preventing people from reaching their maximum potential in the community and determine, in partnership with consumers and cooperation of other parties, how best to address the needs in the current context and environment.

MDCH, in partnership with the Michigan Recovery Council, continues to build upon the Council's mission, "To lead the transformation of the public mental health system to one based on a recovery foundation." Recovery, as defined by the Substance Abuse Mental Health Services Administration (SAMHSA), "is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." A recovery-based system of care embraces consumer empowerment, person-centered planning, peer supports, consumer-run practices and self-determination. The funding available in this RFA must be built on the mission and vision of the Recovery Council in support of transformation efforts within Community Mental Health Services Programs and provider networks.

Examples of ways to build on recovery transformation initiatives to include the target population of this RFA are:

- Incorporating and expanding the role of Certified Peer Support Specialists in new practice areas within the continuum of care
- Using the results of the Recovery Enhancing Environment (REE) scale, including the section on individuals markers, as a tool to improve individual journeys of recovery and transform services and supports provided by agencies
- Improving person-centered planning processes and strengthening arrangements that support self-determination for adults with mental illness
- Expanding opportunities for integrated employment
- Progressing on regional Application for Renewal and Recommitment goals
- Developing trauma-informed system and services
- Partnering with other community agencies to maximize expertise and resources to improve services to larger populations
- Providing innovative services for people with dementia and their families

- Providing and/or strengthening evidence-based practices (EBPs) i.e., DBT, IDDT, Motivational Interviewing, FPE

- Providing and/or strengthening innovative and promising practices

- Building on recovery principles and practices within case management such as the size and composition of beneficiaries served with creative approaches on the valued role of peer support specialists

- Providing group counseling services to provide additional access to services

- Supporting the Change Agent Team to strengthen co-occurring mental health and substance use disorder treatment

- Developing integrated health care strategies including mental health, substance use, and physical health care

- Developing new and improving consumer-run services to assist individuals in achieving their goals

- Providing outreach and supports for individuals to obtain and maintain permanent housing

- Making services more welcoming and sensitive to people based on all facets of diversity including race, culture, linguistics, sexual orientation, age, and gender

- Improving clinical practice through incorporation of Motivational Interviewing

Format for Application Narrative

1. SUMMARY: Provide a brief summary of the application.

2. RELATIONSHIP OF APPLICATION TO REGIONAL SYSTEM TRANSFORMATION WORK: Describe how the proposed initiative complements and expands existing and planned work of the PIHP and IPLT to improve services for adults with mental illness. Include a statement from the regional IPLT that the IPLT had a chance to review the application and any comments from the IPLT. (possible review points: 15)

3. NEED IDENTIFICATION AND CONSUMER INVOLVEMENT: Explain how the need for the proposed project was identified, including how primary consumers had meaningful involvement in the process used to identify the need; address the gap or barrier in the present system that will be filled. The consumer-run program in the area must be involved in the process; include letters of support from consumers involved. (possible review points: 15)

4. RECOVERY: Describe how the activities described in this application will incorporate a plan to use the information learned from the REE. Address how the project will support

consumers in the recovery process. Explain how the project will address the values of Michigan's public mental health system to promote recovery and wellness; reduce stigma; facilitate access; seek support arrangements that facilitate independence, personal responsibility, and full participation in community life; and promote consumer choice. (possible review points: 15).

5. CMHSP SUPPORT: Indicate whether the CMHSP will be providing a local financial contribution, including state general funds, to the initiative (if so, include in budget). Describe any non-financial support to be provided. (possible review points: 15)

6. PLAN TO EVALUATE RESULTS: Describe how the results of the proposed service provision will be measured. When and how will data be collected? How will the CMHSP know if the services are making a difference in the quality of life of people served? (possible review points: 15)

7. FUNDAMENTAL CHANGE: Describe how the system will be changed in a way that can be sustained by the CMHSP after the two-year funding period. Identify specific elements of the existing system that are likely to be changed, reduced and/or eliminated in order for the proposed work to continue. (possible review points: 15)

8. WORKPLAN: The response to this area must be typed in a separate document for each fiscal year of grant funding requested. Do not include the work plan within the numbered Competitive Application Narrative document. The work plan will be reviewed for:

   - clear description of the outcomes to be achieved by the project;
   - clear goals statements and measurable objectives;
   - timelines and assignment of responsibility for completion of objectives and activities for each quarter;
   - the number of consumers who will be impacted;
   - a description of the methods that will be used to evaluate the impact of the project, describing the use of data, and the involvement of consumers; and
   - a description of how the results of the project will be shared with MDCH for possible dissemination throughout the state.
     (possible review points: 15)

9. BUDGET AND BUDGET NARRATIVE: The most recent version of the department's Program Budget Summary (DCH-0385) and Program Budget Detail (DCH-0386) forms must be used. They are available at http://www.michigan.gov/mdch/0,1607,7-132-2941_4868_42125---,00.html. The budget narrative must be typed in a separate document. Do not include the budget narrative within the numbered Competitive Application Narrative document. In the budget narrative, explain and provide rationale for expenditures. Include detailed information for any provider or subcontractor expenses listed on the contractual line. The budget and budget narrative will be reviewed for:

   - use of block grant funds is consistent with the uses and prohibitions contained in the "Use of Block Grant Funds" section below;

- 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;
- proposed costs are identified as those needed specifically for this project and are not utilized to cover current program capacity; and
- line item costs are specified.
  (possible review points: 15)

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 evidence-based practices 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 services.

Federal mental health block grant funds may not be used to supplant existing mental health funding. It 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 RFA 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.

MDCH Contact	Area(s)	E-mail Address	Telephone #
Patty Degnan	Overall Questions	degnanp@michigan.gov	(517) 373-2845
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Pam Werner	Peer Support Specialists; Self-Determination; Person-Centered Planning and Independent Facilitation	wernerp@michigan.gov	(517) 335-4078
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