

FY 11 Improving Practices Leadership Team Block Grant RFA Information

Title of RFA: Improving Practices Leadership Team Enhancement

Type of RFA: Compliance

Entities Eligible to Apply: The 18 PIHPs

Term of Awards: October 1, 2010 through September 30, 2011

Maximum Award Amount: A maximum of \$20,000 will be awarded per PIHP

Total Funds Available under this RFA: \$360,000

Proposal Due Date: May 24, 2010 at 12:00 noon

Method of Submission: Electronic 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 Street, 5th Floor
Lansing, Michigan 48913

Required Components of Proposal Submission:

- ✓ Face Sheet
- ✓ Narrative
- ✓ Work Plan
- ✓ PIHP Practice Improvement Leadership Team Member Information
- ✓ Budget Summary (DCH-0385)
- ✓ Budget Detail (DCH-0386)
- ✓ Budget Narrative

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

Background: The Michigan Department of Community Health (MDCH) is committed to supporting the implementation of Evidence-Based Practices, Promising Practices and Emerging Practices. As part of the mental health system change work, five years ago each PIHP was asked to identify an Improving Practices Leader and to form an Improving Practices Leadership Team (IPLT). These teams were established to oversee the PIHP's study and implementation of Evidence-Based Practices, Promising Practices, and Emerging Practices. A goal of this work has been to offer to adults, and to children and their families, an improved array of services from which they may choose. The IPLT from each PIHP links with the state Evidence-Based Practice/Improving Practices initiative.

The IPLTs were charged with developing work plans, coordinating the regional training and technical assistance plan, working to integrate data collection, developing financing strategies and mechanisms, assuring program fidelity, evaluating the impact of the practices, and monitoring clinical outcomes.

Each team consists of at least one member in the following capacities:

- Improving Practice Leader
- Specialists in each of these areas: Services for Individuals with Serious Mental Illness (SMI), Services for Children with Serious Emotional Disturbance (SED), Services for Individuals (adults and children) with Developmental Disabilities (DD) and Services for Individuals with Substance Disorders (SA)
- Finance
- Data
- Evaluation
- Consumer – employed by the PIHP or subcontract agency
- Family member of a child receiving PIHP services
- An identified program leader for each practice being implemented by the PIHP
- An identified program leader for peer-directed or peer-operated services
- A peer support specialist

The PIHP includes other members of its choosing to meet its needs.

Expectations: Block grant funding is being made available for PIHPs to enhance and improve the work of its IPLT. The enhancements added with this funding must directly support recovery transformation work consistent with the mission of the Michigan Recovery Council, “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 PIHP and the IPLT, including their consumer representatives, will decide the best use for the funding. Possible uses of funds that were discussed at the May 18, 2009 joint meeting of the IPLT Leaders and Consumers and the Practices Improvement Steering Committee included:

- Developing orientation materials for new consumers at the access point
- Providing incentives to providers using evidence-based practices, promising practices, or best practices, based on defined outcomes
- Raising awareness among consumers, family, and community about evidence-based practices, promising practices, and best practices
- Developing policies and processes to connect affiliate CMHSPs within a PIHP
- Improving work with other community agencies to achieve better outcomes for people jointly served
- Training of all individuals who provide services and support in the CMH system
- Working with psychiatrists

- Assuring fidelity of practices

Submission Requirements:

Face Sheet

Proposal Narrative

Describe how the PIHP will use the \$20,000 to enhance and improve the work of the IPLT in FY 2011. Address how the additional funding will help transform the system to one that is recovery-based (one page).

Improving Practices Leadership Team Workplan for Block Grant Funding

(one page in format provided)

Current Improving Practices Leadership Team Membership List

(format provided)

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. In the budget narrative, explain and provide rationale for expenditures. The proposed expenditures must comport with the information contained in the Use of Block Grant Funds section, below.

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 non-profit 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.