

Fiscal Year 2017 (FY17) Adult Block Grant Funding Opportunities:

The Michigan Department of Health and Human Services (MDHHS) has historically provided Mental Health Block Grant (MHBG) funds to Prepaid Inpatient Health Plans (PIHPs), and their affiliate members in a non-competitive award process. These funds have been used to support efforts in implementing a recovery-based system of care that has focused on resiliency, trauma-informed care, person-centered planning, peer supports, consumer-run practices, integrated whole health, and self-determination.

For FY17, MDHHS is making MHBG funds available to PIHPs and Community Mental Health Services Programs (CMHSP) through a competitive application process. **The funds will be used to support up to two of the following four efforts in each PIHP region when the PIHP is the applicant; or one effort when a CMHSP is the applicant:**

1. Establishment of a **technology based recovery support program** that utilizes smart phone technology. This involves the use of existing applications that can be put on a smart phone and then programmed to provide various type of support and to connect the person with needed supports. The development of a new application is not eligible for funding with this project; it must be an application that is already in use. For reference, a My Strengths application currently exists and Hazelden also has a system.
2. Development and use of peers as **Health Coaches** to support integrated behavioral and physical health care. This would involve the appropriate training of peers so they can be placed in an integrated care setting to provide services and support medical staff in providing services to those with a serious mental health and/or co-occurring disorder.
3. **Veteran's Systems Navigator** to address gaps in access to supports and services, and to assist Veterans through a "warm transfer" process to access immediate and long term resources. These supports and local services may include employment, shelter/housing, food, free clinics, medications, Veteran's Administration services, etc. The Navigator will maintain contact with the person until the person is engaged and benefitting from the resource.
4. Continuation of the current and establishment of new MHBG **integrated healthcare projects** that includes participation in the learning community process and continued development of current goals and objectives. If previously funded, new goals and objectives can be established but must be built on efforts that are already underway. New projects are also eligible to apply.
5. **SMI criminal justice involved persons** to enhance current efforts at the regional or local level. Explain how the proposed approach will reinforce (not supplant) current efforts to divert or treat SMI justice involved persons. If choosing a project in this category, letters of commitment from local criminal justice agencies/stakeholders explaining various roles in the effort are required,
6. **Trauma-informed system of care development.** In order to provide effective care and support, the overall system of care must have an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma-informed care also emphasizes physical, psychological, and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment. This project would involve the review of the provider network (if PIHP) or agency (if CMHSP) to

determine its capacity and ability to provide services to individuals in the manner described above with steps for ongoing development and measurement of capacity to provide trauma-informed services and identification of the needs to advance the system. The project should not focus on providing trauma-specific training but should consist of building the organizational structure and framework that will increase the understanding and ability to respond to the effects of trauma.

- 7. System of care development for older persons** with dementia (PWD) and serious mental illness (SMI). Disturbing and challenging behaviors in PWD or SMI are frequently hard to thoroughly describe to someone else, all the while becoming harder and harder to manage. Small, intentional and deliberate interventions occurring over time, as needed with support, can make a significant difference in the lives of PWD and SMI. This project would involve the review of the provider network (if PIHP) or agency (if CMHSP) to determine its capacity and ability to provide services to individuals as outlined above with steps for ongoing development and measurement of capacity to provide services and identification of needs. The project should not focus on providing PWD and SMI training, but should consist of building a framework that will increase the understanding and ability to respond to PWD and SMI individuals.

The target population is adults with serious mental illness (SMI) including those with co-occurring substance use disorders. Funding requirements are targeted toward serving people who do not have health insurance or other sources of funding to access services and supports.

For FY17, up to \$350,000 will be awarded to each PIHP to develop and/or strengthen one of the efforts outlined above or up to \$175,000 each (for a total of \$350,000) for two of the efforts outlined above. No more than two areas will be approved. If two projects are selected, a separate application is required for each project. CMHSPs are eligible for up to \$150,000 to develop and/or strengthen one effort.

Applications may be submitted for two years (FY17 and FY18) with no local contribution required. It is MDHHS's expectation that funding will be used for services, supports, and development of systems, not for training.

In addition to the above amount, each CMHSP may apply for a maximum of \$5,000 for each MDHHS approved Drop-In Center existing within the region. This funding is to be used to continue building integrated health activities facilitated by the Drop-In Centers not already covered by their regular operating budget that furthers the initiatives proposed and developed throughout the past several years. Examples of acceptable use include healthy cooking classes, walking clubs, gardening, computer software for training on nutrition, recreational activities that have been shown to promote health and exercise, smoking cessation programming, education regarding emotional eating, etc.

Required Components of Application Submission:

- 1) Face Sheet (must be signed by the PIHP or CMHSP Director)
- 2) Narrative in Required Format - address items # 1-7 in no more than three (3) pages (the statement of work, budget, and budget narrative are additional and separate pages)
- 3) Completion of Attachment A: Statement of Work
- 4) Completion of Attachment B: Supplemental Information/Certification of Required Components
- 5) Program Budget Summary (DCH-0385)
- 6) Program Budget – Cost Detail Schedule (DCH-0386)

- 7) Budget Narrative
- 8) Letters of Support/Commitment, as needed

The content of the narrative section and the statement of work portions of the applications will be reviewed with the following criteria:

- Demonstrating a strong partnership with primary consumers in the development, implementation, and evaluation of the initiative;
- Identifying needs, gaps, and barriers in the system;
- Supporting recovery and resiliency;
- Demonstrating ongoing significant support and oversight by the PIHP or CMHSP to assure desired outcomes for the geographic area; ;
- Identifying goals, objectives, and an implementation plan with measurable outcomes;
- Strengthening initiatives and demonstrating progress in relation to efforts outlined in the Application for Participation (AFP); and
- Collaborating with other community agencies to maximize expertise and resources to improve services to broader populations with mental health and/or co-occurring disorder recovery needs.

To be considered for funding, each application must receive a minimum score of 85 out of the 100 points available. Projects that receive a score of 70 – 84 will be given an opportunity to address any identified areas of concern in order to increase the application score to the funding range. Any projects that receive an initial review score of 69 or lower will not have the opportunity to receive funding.

Questions:

If you have any questions or need additional information on program specific related issues, please contact Brenda Stoneburner, CPI Section Manager at Stoneburnerb@michigan.gov. If you have questions or need additional information on budget/finance related issues, please contact Karen Cashen, Grants Manager, at (517) 335-5934 or cashenk@michigan.gov.

Submission of Application:

All applications are due electronically (workplan, budget narrative, and budget pages must be in Microsoft Word or Excel format only) by **12:00 noon** on Wednesday, March 9, 2016, to Karen Cashen at cashenk@michigan.gov.

Format for Application Narrative:

Please provide the requested information in the numbered sequence shown below.

1. **SUMMARY:** Provide a brief summary of the PIHP/CMHSP plan.
(One to Two Paragraphs – 5 possible points)
2. **RELATIONSHIP OF APPLICATION TO REGIONAL DEVELOPMENTAL INFRASTRUCTURE ACTIVITIES:** Describe how the proposed initiative complements and expands existing and planned work within the PIHP region or CMHSP, in accordance with the AFP. Describe how it will support the efforts of the PIHP/CMHSP to improve services for adults with SMI and/or COD who have no health insurance or other source of funding to support their treatment. If other community partners are needed to assure success of the project, include letters of commitment and involvement as an attachment.
(One to Two Paragraphs – 10 possible points)
3. **NEED/GAP/BARRIER IDENTIFICATION, AND CONSUMER INVOLVEMENT:** Describe how the need/gap/barrier for this initiative was identified. It is expected that PIHP/CMHSP will submit applications that reflect an affiliation wide scan of progress in establishing a recovery-based system of care and target activities that will support consistency across the affiliation. PIHPs must describe how each CMHSP was involved in the planning of this proposal. Describe how primary consumers are involved in the development, implementation, and outcomes of the application and the mechanism that will be in place for individuals to evaluate implementation activities and outcomes (e.g., letters of support, minutes from planning meetings, strategic work groups, etc.).
(One to Two Paragraphs – 15 possible points)
4. **RECOVERY:** Describe how this effort supports the overall system of recovery in the region:
 - a. addresses inclusion of people who have SMI or COD who have no health insurance or other source of funding for their treatment or supports and who otherwise would not be served;
 - b. assists consumers in identifying a personal journey, which includes resiliency and recovery that focuses on wellness;
 - c. promotes choice; and
 - d. encourages full participation in community life.*(Two to Three Paragraphs – 10 possible points)*
5. **LOCAL:** Although not required indicate whether grant funds will be enhanced with other local contributions.
(One Paragraph – 0 possible points)
6. **PLAN TO EVALUATE RESULTS:** Describe the expected results of the proposal and how the progress on the goals will be measured. Include process and long-term outcomes.
(One Paragraph – 15 possible points)
7. **FUNDAMENTAL CHANGE AND SUSTAINABILITY:** Describe the change and/or improvement this proposal is expected to make within the PIHP region or CMHSP, including how the change and/or improvement will be confirmed. Describe how this project will be sustained beyond the grant funded period.
(One Paragraph – 15 possible points)

8. WORK PLAN (complete Attachment A, Statement of Work, included in this packet): The work plan may include more than one goal and will be evaluated for:

- A. statement of purpose (why funding is being requested)
- B. clarity of goals to reach the purpose, including logic model
- C. objectives and activities are measurable and support the goals
 - deliverables are quantifiable
 - timelines and responsible individual(s) are identified
 - result(s) of objectives support the goals

(Work Plan Completed – 15 possible points)

9. BUDGET PAGES AND BUDGET NARRATIVE: The most recent version of the DCH-0385 Program Budget Summary and DCH-0386 Program Budget – Cost Detail Schedule forms must be completed for each fiscal year for which funding is being requested. The budget narrative must be a separate document that explains and provides a rationale for the proposed expenditures. Include detailed information for any provider or subcontractor expense shown on the contractual line. The budget pages and budget narrative will be reviewed to ensure that:

- a. funds are utilized consistent with the ‘Use of Block Grant Funds’ section below;
- b. the level of funding requested is reasonable to achieve the proposed outcomes;
- c. proposed costs are aligned with project goals, activities, personnel needs, and other resources required to complete the project;
- d. proposed costs are identified as those needed specifically for this project and are not utilized to cover current program capacity;
- e. local contributions (if any) are included on the budget pages and specified on the budget narrative; and
- f. individual line item costs are specified.

(Budget Pages and Budget Narrative Completed – 15 possible points)

Use of Block Grant Funds:

MHBG 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.

MDHHS 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 calls attention to the MHBG emphasis upon service provision, and the following restrictions are also included:

1. No medication purchases;
2. No vehicle purchases, leases, or insurance; or
3. No administrative (e.g., office space, utilities, LAN line telephones, Internet, insurance, etc.) or indirect expenses.

There are three ways in which MHBG 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 (e.g., 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 comparable new hire.