

The Michigan Department of Community Health (MDCH) Fiscal Year 2013 (FY13) Community Mental Health Services **Adult Block Grant Request for Applications (RFA)** builds upon priorities for the State of Michigan set forth by Governor Rick Snyder and MDCH Director Olga Dazzo. In Governor Snyder's [September 2011 Special Message](http://www.michigan.gov/snyder/0,4668,7-277--262254--,00.html) on Health and Wellness [<http://www.michigan.gov/snyder/0,4668,7-277--262254--,00.html>], he states, "My vision is for Michiganders to be healthy, productive individuals, living in communities that support health and wellness, with ready access to an affordable, patient-centered and community-based system of care." He notes that, "Duplication of services, inconsistent clinical outcomes, and insufficient community-based access are areas of concern."

In order to move the State toward realizing this vision, a set of strategic priorities for 2011-14 has been established, including:

- ☐ Implement the Michigan 4 x 4 Wellness Plan:
 - **4 Key Healthy Behaviors** – Healthy diet, Regular exercise, Annual physical exam, and Avoidance of tobacco use;
 - **4 Key Health Measures** – Body mass index, Blood pressure, Cholesterol level, and Blood sugar level.
- ☐ Ensure access to excellent and compassionate Behavioral Health and Developmental Disabilities services.
- ☐ Continue to promote the adoption of electronic health records.

Governor Snyder's vision for improving the health of Michiganders and the resulting strategic priority areas coincide with the needs of citizens with chronic physical and behavioral health (*i.e., mental health and substance use disorders*) conditions who are particularly vulnerable and in need of a coordinated system of services and supports. Research has shown a lack of care coordination and support is associated with the premature death of people from this population largely due to preventable, treatable, physical health conditions.

Integrated Healthcare (IH) is the comprehensive and coordinated person-centered system of care that allows for healthcare *professionals (i.e., behavioral health, primary care, and specialty providers)* to consider all health conditions at the same time, resulting in the systematic coordination of physical and behavioral healthcare. Healthcare services that are integrated produce the best outcomes for people with multiple and complex healthcare needs.

Beginning in FY09, MDCH has supported PIHPs and CMHSPs across the state of Michigan with targeted funding to develop IH services. The FY13 Mental Health Block Grant will continue this support by offering \$130,000 to each PIHP, for the purpose of funding systems-level IH services enhancement, in one or more of the following domains:

1. Organizational Governance and Infrastructure
2. Funding and Sustainability
3. Management of Health Information and Data
4. Consumer Access to Primary and Behavioral Health Services
5. Clinical Services Coordination
6. Use of Evidence-Based Practices for Integrated Healthcare Services Delivery

Each PIHP may also apply for a maximum of \$5,000 for each consumer-run Drop-in Center that exists within their region. This funding is to be used for integrated health activities facilitated by the drop-in for enhancements not already covered by their regular operating budget. 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.

Understanding that Michigan PIHP and CMHSP agencies have taken different steps to develop IH services, this RFA includes a brief **IH Needs Assessment Tool** (*see Attachment E*, with companion **Glossary in Attachment G**) to help agencies target where best to focus their work plan efforts. The IH needs assessment tool should be completed by a cross section of leadership, consumers, and front-line staff who are engaged in IH development in your region. The needs assessment findings should be used to identify one to three targets for services enhancement using the grant funding. The attached **Logic Model** (*see Attachment F*), **Work Plan** (*see Attachment A*) and **Budget** (*see Attachment B*) formats should be used to describe your approach to achieving measurable change for each service enhancement target during the grant period. The completed IH Assessment Tool, draft Logic Model, and draft Work Plan must be submitted electronically to Karen Cashen at cashenk@michigan.gov by May 3, 2012 as part of a Letter of Intent to submit a grant proposal.

The **Letter of Intent** must include the following information and documents:

- ✓ A brief description of the PIHP and CMHSP efforts to date to integrate services;
- ✓ The list of the names and titles/roles of the staff/consumers that filled out the IH needs assessment tool;
- ✓ The completed IH Needs Assessment Tool [see *Attachment E* for instrument];
- ✓ The draft Logic Model [see *Attachment F* for template, example & guidelines];
- ✓ The draft Work Plan [see *Attachment A* for template & example];
- ✓ The draft Budget pages and Budget narrative [see *Attachment B.2*]; and
- ✓ Contact information for the project director.

Following the submission deadline for the Letters of Intent, MDCH will hold a Block Grant Technical Assistance session to assist each PIHP in finalizing a logic model, work plan, and budget. **Program and fiscal staff of the PIHP grant project are required to attend, at no out-of-pocket expense.** The session will be held as a full-day, pre-conference workshop on Monday, May 21, 2012, at the Spring MACMHB Conference site (Hyatt Regency Hotel,

Dearborn, MI), and will be conducted by staff from MDCH and the University of Michigan's Curtis Center. Registration information and an agenda will be sent to the designated project director following submission of Letters of Intent.

Following this Block Grant Technical Assistance session, all PIHP agencies will have the required elements necessary for completing the formal grant submission, which will be due electronically (in Word or Excel) to Karen Cashen at cashenk@michigan.gov by June 8, 2012.

It is acknowledged that today's PIHP and CMHSP agencies, along with colleagues from Federally Qualified Health Centers and Community Health Centers, are operating in a rapidly changing healthcare service environment. This puts a premium on the development and maintenance of ongoing collaboration and communication regarding local, state and federal health reform efforts.

As part of this Block Grant offering, MDCH will provide ongoing professional training and technical assistance to all grantees along the following communication and collaboration venues:

- ☐ A dedicated IH list serve;
- ☐ Quarterly webinars;
- ☐ One-on-one consultation; and
- ☐ Trainings on implementing and sustaining IH.

Use of Block Grant Funds:

Consistent with federal strategies for state developmental infrastructure activities, Community Mental Health Block Grant funds are to be used for activities designed to improve the system of care by promoting resiliency and recovery. These 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, and with consumer choice.

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.

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

- × provide inpatient services;
- × make cash payments to intended recipients of mental health services (*e.g., stipends, rent or lease payments, utility arrearages, insurance, furnishings, personal items, etc.*);
- × purchase or improve land; purchase, construct, or permanently improve (*other than minor remodeling*) any building or other facility; or purchase major medical equipment;

- × satisfy any requirement for the expenditure of non-Federal funds as a condition of the receipt of federal funds; or
- × 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 calls attention to the mental health block grant's emphasis upon service provision, and the **following restrictions are also included**:

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

The following outline three ways in which mental health 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 (*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 backfilled with a comparable new hire.