Mental Health System Transformation Practice Improvement Infrastructure Development Request for Proposals

Questions and Answers:

Q. The RFP specifies that we are encouraged to implement more than one Evidence-Based Practice, but that block grant funding may be requested for only one adult practice. Our PIHP would like to divide the funding between the two practices. May we do this?

A. **Please note that this is a change from the information contained in the RFP:** The department will allow a PIHP to split the available block grant funding between the two adult practices. This is not encouraged for those who are in the beginning stages of implementation of both. All requirements contained in the RFP for both practices will apply to the PIHP. A PIHP that applies for funding for both of the adult practices must complete two Face Sheets, label one as Attachment A.1.and the other as Attachment A.2. Put one adult practice on each page of Attachment A. Work plans and budgets for the two years are required for both practices.

Q. The RFP says block grant funds may not be used on indirect or administrative expenses. What is considered an administrative expense?

A. Costs that are directly associated with carrying out the goals and objectives of the work plan to develop and implement the selected evidence-based practice(s) are allowable. Examples of administrative costs for which the state disallows use of mental health block grant funds include salaries of administrators and supervisors not directly involved in carrying out the practice, and ongoing overhead costs such as space, utilities, clerical services, and accounting services. Block grant funds may not be used to supplant existing resources.

Q. Can we hold training sessions with block grant funds?

A. Yes.

Q. How can we use block grant for program evaluation?

A. PIHPs may use a portion of the funds for evaluation if they choose. Of the $140,000 available over the two years, up to $5,000 may be used for evaluation.

Q. How will it be determined if programs are true to the practice model?

A. Each of the SAMSHA adult evidence-based practice resource kits contains a fidelity scale that is used to determine the degree of implementation of the practice. The scales can be used to measure development over time, and to identify strengths and areas needing improvement. Scales range from no implementation, which is a score of 1, to full implementation, which is a score of 5. The fidelity scores can be determined by outside raters and can also be used by program managers to conduct self-ratings. Graphing their fidelity score over time allows programs to see change over time and to measure progress toward full implementation.

Q. We would like to know more about subcommittee and work group for each EBP.

A. The current Action Plans of the Family Psychoeducation Subcommittee and the Parent Management Training Subcommittee are included in the RFP attachments. Current Actions Plans for the COD-IDDT Subcommittee Administrative/Legal/ Policy Work Group and the Training/Program Development Work Group, as well as the Measurement Work Group can be obtained from Tison Thomas at ThomasTi@michigan.gov.

Q. What is the scope of COD? Does it have to be specific to people with SMI?

A. The Resource Kits developed by SAMHSA, including Integrated Treatment for Co-occurring Disorders, apply to people with serious mental illness. This initiative is directed at PIHPs as they serve this population. In addition, federal community mental health block grant funds must be used for adults with serious mental illness or children with serious emotional disturbance. Block grant funded services can be provided to this population only. The planning and system development work must include substance abuse coordinating agencies and this work may address all individuals in need of publicly funded services to address their co-occurring mental health disorders and substance disorders.

Q. The membership of the Improving Practices Leadership Team seems overly prescriptive; are we allowed to reflect local variation in the membership of the team?

A. The team is responsible for system-wide change and its scope is not limited to the three practices chosen by the Evidence-Based Steering Committee for statewide implementation. It will oversee all work of the PIHP to implement Evidence-Based Practices, Promising Practices, and Emerging Practices. The goal is to improve services to all children and adults served by the PIHP including those with developmental disabilities, serious emotional disturbance, serious mental illness, and co-occurring substance disorders. All parts of the PIHP must be aligned in this effort. PIHPs are encouraged to use existing groups it may have and expand them as necessary to fulfill this role. If for some reason the PIHP

feels it would not be advantageous to include a representative in one of the required roles, it must submit a written request with detailed justification to the department by June 30, 2005, for department consideration.

Q. Is it acceptable to include the family member(s) of a child who "graduated" from PIHP services, rather than the family member(s) of a child currently receiving services?

A. It is preferable to include at least one family member of a child currently receiving services, as that person may be more directly involved and knowledgeable about the current service system and more directly impacted by proposed improvements. Family members who used to have a minor child receiving services, and any other individuals of the PIHP's choosing may be included as additional members. If the PIHP cannot find family member(s) of children currently receiving services and wants to substitute family member(s) of graduates, the PIHP must explain the situation in the RFP submission.

Q. Why is a peer support specialist required in addition to a program leader for peer-directed or peer-operated services?

A. Peer support specialists have a valuable role for people receiving many different types of services, most of which are run by non-peers. Their inclusion is this effort will provide additional consumer representation. PIHPs are encouraged to include more than the minimal consumer representation required.

Q. Are the Medicaid Health Plans, which are responsible for a 20-visit outpatient mental health benefit, included in this initiative?

A. Since the Evidence-Based Practice addresses individuals with serious mental illness and co-occurring substance disorders, it is not required that the Medicaid Health Plans participate in this initiative. The department's Co-Occurring Policy Academy is addressing services for people with co-occurring mental health disorders and substance disorders at all levels of severity, including those who are eligible for mental health services through the Medicaid Health Plan. Comprehensive systems planning at the regional level would likely include representatives from the Medicaid Health Plan(s).

Q. Can grant funding for PMTO be used to cover travel costs associated with training and buying equipment for videotaping?

A. No. The block grant funding will cover half of the training cost itself for up to two staff.

Q. We received a previous block grant award for co-occurring system development. Does the COD-IDDT Evidence-Based Practice fit with that?

A. Yes, the system development work is preliminary to the actual implementation of the model. The tools selected by the COD-IDDT Subcommittee Work Group to assess where systems and providers are, and to stimulate change, the COMPASS and the CO-FIT, were developed by Drs. Christy Cline and Ken Minkoff. CMHSPs awarded block grant funding since FY02 for co-occurring projects were required to use Dr. Minkoff's program for implementation of a comprehensive, continuous, integrated system of care.

Q. Is the Mental Health System Transformation Practice Improvement Infrastructure Development RFP available on the web? Will the Questions and Answers be posted there also?

A. To access the RFP on the web, go to www.michigan.gov/mdch and click on Mental Health & Substance Abuse, Mental Health, Reports & Proposals.

Q. In reference to the Washtenaw proposal for interested PIHPs to contract for Family Psychoeducation evaluation services through the University of Michigan, is $5,000 per PIHP enough for the university to do the quality of work we need?

A. The University of Michigan will work with interested PIHPs with this level of funding.

Q. With regard to the same proposal, are there a minimum number of PIHPs that need to participate to make this worthwhile?

A. No, although more is better.

Q. In regard to the same proposal, who are the researchers at the University of Michigan?

A. Mary Ruffolo Ph.D from University of Michigan School of Social Work will lead this effort in partnership with Washtenaw CMH. She has been working on this since 2000/2001. The specific role of the University of Michigan is to oversee the data collection, analysis, and interpretation of data collected from each site.

Q. For PMTO, will we be able to reimburse under Medicaid?

A. Yes, under outpatient or home-based services.

Q. Are procedure codes available for PMT?

A. Not yet.

Q. Can we use block grant funds to measure fidelity?

A. Yes.

Q. Will there be requirements to do a 2nd EBP in year 2?

A. PIHPs will be required to implement one of the two adult practices during FY 06 and FY 07.

Q. Is complete implementation expected in the first year?

A. For PIHPs who are just beginning to implement Co-occurring Disorder - Integrated Dual Disorder Treatment (COD-IDDT), it is expected that full implementation will take two years or more. Each PIHP will develop their work plan based on their own stage of system development.

Q. Can block grant funds be used for cross-training of staff who work with people who have a mild or moderate mental illness and a substance disorder?

A. The Integrated Treatment for Co-occurring Disorders Resource Kit developed by SAMHSA applies to people with serious mental illness. In addition, the federal Community Mental Health Block Grant funds must be used for adults with serious mental illness (SMI) or children with serious emotional disturbance (SED). Funds may be used for general system change initiatives that include mental health and substance abuse systems. For training of staff who do not work with individuals with serious mental illness and for direct services for individuals with a substance disorder and mild or moderate mental disorder, other funds, such as state general funds or substance abuse block grant funds, should be used.

Q. Are you expecting that the CO-FIT be used across the PIHP system prior to submitting response?

A. If the PIHP has not used the CO-FIT yet, it would be part of the first year plan.

Q. Should the Improving Practices Leadership Team be in place and meet prior to July 27?

A. Early involvement is a good idea but this is not required.

Q. Is it the goal of the department that as many PIHPs as possible will take on the three EBPs or that they will go in different directions?

A. Both. Ultimately we want to see the adoption, dissemination, and application of evidence-based practices throughout the PIHP. This includes improving those EBPs currently provide by the PIHP (ACT, Supported Employment, etc). The site review process will include this (long-term) in their monitoring. The Balanced

Budget Act requires PIHPs to implement practices that are based on evidence. (438.236)

Q. PMTO – What kind of fidelity measures?

A. Videotaping will occur and these DVDs (portions of them) will be evaluated using the fidelity implementation tool from OSLC – the FIMP.

Q. Does MDCH have standards that the person who does PMTO must have a Masters or Bachelors degree?

A. There are no specific standards for PMTO; the standards of the service model, outpatient or home-based, apply.

Q. What other criteria will be used for PMTO?

A. The Readiness checklist

Q. If you get 12 really good proposals for PMTO, how will you decide?

A. Scoring sheet; dissemination and funding.

Q. For PMTO, there are quite a few measures available, will these be used indefinitely?

A. We will see how valuable each measure is and decide together which measures are most valuable.

Q. Data collection for PMTO - Each session will be video taped, will we keep doing this?

A. It will be done until a person is certified. We will decide as a group how long this will continue.

Q. Are you looking for specific names for the PIHP Leadership Group?

A. Yes, if you have them; if not, by October 1st.

Q. Could one person serve more than one function on the team?

A. It is possible that a staff person with the right combination of experience could fill two functions. Consumer representation is critical and their number should not be reduced.

Q. How should we plan for training in our workplan and budget for Family Psychoeducation?

A. Block grant funds have been set aside by MDCH for the two-year period for state level training on Family Psychoeducation. The funding will be used to provide partial support for 4 three-day trainings with Dr. McFarland and his training plus one hour per month supervision with a coach. These will be repeat sessions (i.e., FPE 101 four times). PIHPs implementing FPE will be required to send clinicians to one of the three-day trainings (assignments to one of the two sessions will be done by the FPE subcommittee based on the PIHP's readiness for clinical training) during the first year. During the second year, PIHPs should plan on sending additional clinicians to be trained. Not covered by the partial funding for the above-noted training sessions are quarterly 6-hour meetings of lead clinicians or "coordinators" called Learning Collaboratives. The Learning Collaboratives are the sessions in which the FPE lead clinicians or coordinators will share experiences, problem-solve, and receive assistance from FPE coaches. Dr. McFarland will join the Learning Collaboratives for a portion of each session by telephone. There will be a nominal charge to the PIHP to cover materials, lunch, and Dr. McFarland's time for each session (approximately $45). Responders should budget for $491 per clinician for training and supervision, $180 per coordinator per year for quarterly Learning Collaboratives, plus travel (to and from Lansing) and overnights.

Q. If we select Family Psychoeducation, are we required to contract with the University of Michigan for evaluation?

A. This is voluntary but, if the PIHP chooses to participate with U of M, they may set aside up to $5,000.

Q. The RFP indicates that PIHPs are to send their proposals electronically to MDCH, but the Proposal Face Sheet requires the PIHP Director's original signature.

A. Please submit the entire proposal electronically (including the face sheet with the signature line left blank) to Karen Cashen at cashenk@michigan.gov and mail just the Proposal Face Sheet with the PIHP Director's original signature to:

Karen Cashen, Adult Block Grant Coordinator
Department of Community Health
Lewis Cass Building, 5th Floor
320 S. Walnut
Lansing, MI 48913