Request for Applications

Wisconsin Perfect Depression Care Learning Community

Mental Health America of Wisconsin (MHA), through a grant from the Wisconsin Department of Health Services/Division of Mental Health and Substance Abuse Services, is inviting applications from eligible entities to participate in a learning community around implementation of the Perfect Depression Care model developed by Henry Ford Health System (HFHS) Division of Behavioral Health Services. This model, which resulted in significant reductions in suicides among enrollees in HFHS, was a key focus of a report by the National Action Alliance on Suicide Prevention’s Clinical Care and Intervention Task Force: http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/taskforces/ClinicalCareInterventionReport.pdf

Perfect Depression Care is part of an initiative known as “zero suicide in healthcare” that seeks to use clinical and cultural forces to shift the healthcare system’s focus from “if we can save just one life, it will be worth it” to a much bolder vision: a goal of zero suicides within “boundaried populations”, such as a mental health clinic, community-based mental health program or health maintenance organization. The website www.zerosuicide.com is a repository of “zero suicide” tools and techniques.

The goals of this learning community are to:

- Provide Wisconsin-based organizations the opportunity to have two staff persons participate in the workshop offered by HFHS in Detroit, Michigan and begin implementation of some part of the perfect depression care model;
- Through follow-up teleconferences provide consultation to the participating entities and understand the experiences of these organizations and the barriers and facilitators to implementation;
- Educate other Wisconsin organizations about the model;
- Develop recommendations to the State and MHA on further promotion of this model.

A similar learning community was created in 2013 with the following organizations:

- Affinity Health System
- Beloit Health System
- The Family Center
- North Central Health Care
- Wisconsin Veterans Home at King
Comments from the participants in the 2013 learning community include:

- “This was among the best training that I have attended in my career.”

- “Participation in the learning community prompted North Central Health Care to reconsider our approach to suicide screening and assessment and develop a standard process to ensure screening and assessment occurred throughout the organization.”

- “Our perception of what is an acceptable rate of suicide has changed. A zero suicide rate is the ONLY acceptable rate.”

The 2013 learning community has decided to continue to meet quarterly to share their experiences and learn from each other. As the 2014 learning community is developed we will explore how best to integrate these two efforts.

**Eligible Entities**

Organizations eligible to apply are those that are providing direct clinical behavioral health services to a population primarily made up of Wisconsin residents. This may include, but is not limited to:

- Health maintenance organizations;
- Hospitals or hospital systems;
- Behavioral health clinics;
- Other outpatient mental health programs, such as community support programs;
- Federally qualified health centers;
- Veterans Administration hospitals or clinics or WI Department of Veterans Affairs facilities;
- Campus counseling centers.

MHA intends to award grants to five organizations. See section below on “award amounts” for more details.
Grant Timelines

Application released: January 22, 2014

Applications due: All applications received by Feb. 21, 2014 will be considered part of the first pool. These applications will be reviewed and awards will be offered to organizations that meet the minimum qualifications. If more than five organizations meet the minimum qualifications then awards will be offered to the organizations that achieve the highest scores of those meeting the minimum qualifications. Should there not be at least five applications meeting the minimum requirements from the first pool, applications received after Feb. 21 will be reviewed on a first come first served basis and additional awards will be made to applicants meeting the minimum qualifications. The intention is to finalize the learning community by Feb. 28, 2014 or soon thereafter.

Workshop: the workshop at HFHS is expected to be held in May 2014 pending availability of learning community members.

Learning community teleconferences: three teleconferences will be scheduled among members of the learning community, HFHS staff, Department of Health Services staff, and MHA staff between the time of the workshop and Dec. 31, 2014.

Project promotion: Members of the learning community may be requested to participate in teleconferences, conferences or trainings to educate people about what they have implemented in their organizations and learned from the workshop and their experience. Participation in at least one such activity, pending the availability of applicant staff, is expected as a condition of receiving this grant.

Award amounts
MHA intends to award grants to 5 organizations. 2 individuals from each organization will be invited to participate in the HFHS workshop. It is possible that if some organization chooses to send only one person to the workshop that we may award grants to more than 5 organizations. $1200 will be provided for each participant. $1000 covers the cost of the workshop and will be paid directly to HFHS. $200 will support travel costs and be paid to the individual or learning community organization. Travel and lodging costs beyond this amount will be the responsibility of the learning community organization.

Expectations of Grantees

- Send 2 individuals to the 2-day HFHS workshop.
- Have workshop attendees, and others you would like to include, participate in three post workshop teleconferences.
- Begin implementation of at least one part of the Perfect Depression Care model within your organization.
- Provide feedback to MHA on barriers/facilitators and recommendations for future promotion of this model in Wisconsin.
- Participate in at least one educational teleconference, conference or other training/educational event (upon request by MHA or the Department of Health Services and conditional upon applicant availability).
For questions and to submit your application:

Shel Gross, Director of Public Policy  
Mental Health America of Wisconsin  
133 S. Butler St., Rm. 330; Madison, WI 53703  
Email: shelgross@tds.net  
Phone: 608-250-4368  
Fax: 608-442-7907

Mailed proposals will be considered received on the postmark date. Email proposals will be considered received on the date received in the MHA email inbox listed above. Only the date of arrival, not the time, will be considered when determining the arrival time.
Perfect Depression Care Learning Community

Application Narrative

Please respond to each of the following questions. While there is not a hard page limit, applications are expected to be in the range of 3-5 pages total, single-spaced, plus attachments, where noted.

1. Describe your organization; e.g. are you applying as a health system, a behavioral health clinic, an FQHC; how many lives do you cover/individuals do you serve on a yearly basis; will you be piloting this in one part of your organization or multiple areas?

2. Affirm that your organization has the capacity to implement all aspects of the Perfect Depression Care Model (universal screening and assessment, assignment to risk levels, implementation of protocols, staff training in CBT, means restriction) even though you will not be expected to implement all of these during the period of the grant. Also affirm that you would be able to fulfill all the grantee expectations.

3. Why do you want to participate in this project?

4. What is the rate of suicide within the population that you serve, in your broader community? What do you know about the demographics of those who have died by suicide (age, gender, ethnicity, and other characteristics of the population)?

5. What have you done within your organization to date to reduce suicide among your clients? What have the results been?

6. Provide an example of another type of systems change that is comparable to this project that you have attempted within your organization. What did you accomplish? What did you learn from that process that informs your participation in this project?

7. Who within your organization would have primary responsibility for implementation of this systems change? Describe their role and authority to direct this project and provide a resume or CV. Provide evidence that this project has high level support within your organization; e.g., a letter from your CEO or medical director

8. Who are the two individuals who you would like to have participate in the workshop? What role would each have in the project?
### Evaluation Criteria

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<tr>
<th>Criteria</th>
<th>Score</th>
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<tr>
<td>The organization is able to implement all aspects of the Perfect Depression Care model and agrees to comply with all grantee expectations.</td>
<td>20</td>
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<td>The applicant demonstrates an understanding of the impact of suicide on the population they serve.</td>
<td>10</td>
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<td>The applicant demonstrates that it has undertaken appropriate and evidence-based efforts to address suicide in their organization and has a strong commitment to improve their practices.</td>
<td>25</td>
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<td>The organization has demonstrated the capacity to undertake the sort of organizational change required for this project and there is appropriate organizational commitment to the project.</td>
<td>30</td>
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<td>The organization identifies appropriate personnel to participate in the project.</td>
<td>15</td>
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Sample Agenda for Two-Day Workshop

**Day One**
0800-0830  Continental Breakfast
0830-0915  Welcome and Introductions – C. Edward Coffey MD
           Goals of Site Visit

0915-1000  An Integrated Health System Approach to Quality –
1000-1015  Break
1015-1200  Overview of Perfect Depression Care –
1200-1300  Lunch
1300-1600  Implementing Perfect Depression Care –

**Day Two**
0800-0830  Continental Breakfast
0830-0930  PDC and Critical Incident Review: What Happens When We’re Not Perfect? –
0930-1015  Integrating Perfect Care With the Perfect Care Environment: Tour of HF WBH –
1015-1200  Spreading Perfect Depression Care –
1200-1400  Lunch and Roundtable Discussion
1400       Adjourn