



Ohio Department
of Mental Health



Behavioral Health and Juvenile Justice Request for Proposal

DEADLINE FOR SUBMISSION – TUESDAY DECEMBER 4, 2007 – END OF BUSINESS DAY 5:00 P.M.

I. STATEMENT OF NEED

Ohio and national research studies support that many youth involved in the juvenile justice system also have co-occurring behavioral health care needs, particularly serious emotional disturbance and substance abuse. Many of these youth also have additional diagnoses of mental retardation/developmental disabilities. Research has also demonstrated that the unique needs of special populations (e.g. girls, MR/DD, etc.) within the juvenile justice system go unmet.

This Ohio Department of Mental Health (ODMH) initiative is directed toward enhancing and expanding the local systems' options to serve youth who have serious behavioral healthcare needs and who are serious juvenile offenders. The initiative is designed to transform child-serving systems' ability to identify, assess, evaluate, and treat multi-need, multi-system youth, and their families and to identify program and policy practices that support the desired outcomes. The Initiative is intended to accomplish this in ways that are all-encompassing of parents and families, culturally competent which include gender-specific approaches. It is anticipated that the successful projects will include the implementation and evaluation of effective and evidence based practices for these youth, development and/or enhancement of additional components of community based care, and better coordination among systems within the community system of care.

II. PURPOSE OF THE INITIATIVE

A. Goals

1. To meet the treatment and support needs of youth who are serious juvenile offenders (and their families) and who, at a minimum, have serious emotional disturbances, and/or are substance abusing/using and who may also be involved in the child welfare system.
2. To improve intersystem communication, collaboration, share outcomes information, particularly among behavioral health care, juvenile justice and child welfare, and pursue funding, policy, and program practices that support shared outcomes.
3. To coordinate and expand funding for shared outcomes through reinvestment of current resources and through draw down of federal matching funds.
4. To acquire research and evaluation based information on treatment and systems' outcomes.

B. Objectives

1. To employ and evaluate effective and promising practice models of:
 - o assessment;
 - o treatment planning;
 - o treatment; and,

- discharge planning, transition and aftercare.
- 2. To implement evaluation activities that add to the knowledge base regarding the needs of and successful services for this population.
- 3. To produce more effective screening, assessment, and evaluation procedures and tools that support appropriate decisions to meet youth and family needs.
- 4. To develop the infrastructure necessary to support ongoing behavioral health-juvenile justice-criminal justice-child welfare collaborations and achieve targeted outcomes. Examples of this might be the development/enhancement of specialized needs dockets (e.g., Juvenile Mental Health/Family Courts) and a local system approach to trauma-informed training and care/treatment strategies.
- 5. To share results and encourage replication of successful approaches.

C. Expected Outcomes

Service/Intervention

- Demonstration of effective, culturally competent, and gender-specific treatment and support interventions for the target populations.
- Identification and diversion of youth with serious behavioral health needs from the Ohio Department of Youth Services (DYS) and the juvenile justice system. Applicants must provide a specific plan to reduce the number of commitments to DHS and a realistic projection of the impact of the proposed program based upon the current level of commitments.
- Reduction in the number of youth with serious behavioral health needs placed in the juvenile justice and child welfare systems (out-of-home placement).
- Reduction in length of stay for youth who are placed.
- Reduction in the number of youth who commit new crimes upon return to the community and therefore return to the juvenile justice system or enter the adult criminal justice system.
- Implementation of an effective screening, assessment, and evaluation protocol.
- Reduction in victimization/trauma exposure.

Systemic

- Improved assessment and evaluation procedures and tools.
- Increased access to effective transition services that reduce the numbers and types of offenses or activities that result in a return to the juvenile justice or child welfare systems or involvement with the adult criminal justice system.
- Inclusion of parents and families as partners as identified in the Family and Children First Council's County Comprehensive Family Service Coordination Plan.
- Integration of behavioral health juvenile justice program(s) with the local Family and Children First Council's Service Coordination Mechanism. If the program is a multi-region or multi-county program, integration of the program(s) with each participating county's Service Coordination Mechanism.
- Enhanced system of care that will increase dispositional options for courts.
- Improved relationships and enhanced collaboration between the juvenile justice, adult justice, child welfare, behavioral health, education, and other systems.

- Implementation of best practices and evidence based treatment approaches which could be a model for other parts of the State.
- Recommendations for system change
- Robust research and evaluation efforts of State Department partners.

Financial

- Demonstration of an increase and/or reinvestment of funds to achieve improved shared outcomes for youth and families.
- Sustainability plan for continuation of the project post grant.



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Behavioral Health Service activities to Juvenile Offenders Request for Proposal

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I. INTRODUCTION

The Request for Proposal (RFP) represents the continuation of the solid foundation established in the first and second generations of mental health service activities to juvenile offenders' initiative.

It is expected that through the funding and implementation of local projects, the current knowledge base will continue to expand. This includes prevention, early identification, evidence based/ effective practices and treatment models; full participation of families and caregivers; and shared resources and partnerships between communities' caregivers and service systems and their counterparts at the state level.

Funded under the Access for Better Care (ABC) Initiative, this competitive grant encourages all eligible applicants to consider their opportunities related to this project. The ODMH and Ohio Department of Youth Services (ODYS) require that those interested in this project must identify clinical, systemic, and financial outcomes (measurable) as outlined below and contained within the accompanying research and evaluation process.

For the purposes of this project/initiative, behavioral health refers to both mental health/illness and addiction disorder.

II. TARGET POPULATION

Though there are many youth involved concurrently with the juvenile justice, behavioral health, and child welfare systems, this initiative is specifically targeted at a *significantly impaired population*. The diagnosis, legal status, multi-system involvement and behavioral assessments need to reflect this group of youth. The information provided below is intended to serve as a guide in describing the population.

Based on an assessment conducted in a culturally competent manner, a number of these items must be identified for the group of youth proposed to be served:

- DSM IV diagnosis
- Ages 10 to 18
- Substantial mental status impairment in behavioral, cognitive and/or affective domains
- Co-occurring substance abuse
- Violent and/or pattern of criminal behavior

- Charged and/or adjudicated delinquent (felony/misdemeanor offenses of violence) (ORC 2901.01)
- Incompetent to stand trial for felony offense, misdemeanor offenses of violence, and in need of mental health treatment other than competency restoration
- Threat to public safety, community and self or others
- Substantial impairment in daily living skills and limited success in major life domains, as assessed on a global scale instrument, such as *Global Assessment Scale for Children*.
- Exposed to or a survivor of trauma and/or domestic violence
- History of multi-system involvement
- Other factors that may be present including MR/DD and or learning disabilities:

Assessments performed must include the functional domain, be strength-based, and be relevant to judicial disposition options. Assessments will be expected to give meaningful recommendations; give options for disposition; and, inform the court of the treatment options that are available and indicated. A youth shall not be considered enrolled and eligible for service in the program until completion of all versions of The Ohio Youth Problems, Functioning and Satisfaction Scales (Ohio Scales). The applicant must collect these data for youth who have been admitted to the program (assessed youth) as well as for youths who have been considered and not admitted. As part of the mandated evaluation component, adolescents assessed in the program must be contacted for a follow-up interview at three, six, and twelve-month intervals, whether or not they are participating in grant-funded activities.

III. AVAILABILITY OF FUNDS

Funders are making available up to a total of \$700,000, (\$200,000 from January 1, 2008 to June 30, 2008 and \$500,000 from July 1, 2008 to June 30, 2009) for the development, implementation, evaluation, and management of this initiative. The proposal submitted should be for the length of the project (18 months). There is no pre-determined amount per proposal and the final award(s) will, in part, depend on the number of proposals received, the focus area, the projected impact on the number of commitments to DYS and the amounts requested and approved. It is anticipated that given the amount of money available and the expected complexity, that approximately three (3) projects may be awarded. It is possible that a greater number of projects will be awarded depending on the state funding levels requested in proposals submitted. Rural, urban, and multi-community responses are expected. The geographic mix of applications will be a factor in the final selection process. The allocation period for these funds is January 1, 2008 to June 30, 2009. The funding to be made available for this project will be General Revenue Funds (ODMH). The funding source has certain eligibility and expenditure requirements that will need to be considered and assured in project design and management.

IV. RFP REQUIREMENTS

A. Eligibility and Qualifications of the Applicant

Those eligible to apply for these funds include:

1. County Family and Children First Councils
2. Juvenile or Family Courts
3. Partnerships and/or collaboratives including Juvenile Courts, ADAMH/CMH/ADAS Boards, Parent/Family organizations, regional DYS, JFS/CSB; other partners may be included such as School Districts, Health Departments, Universities, and Board of Mental Retardation and Developmental Disabilities and behavioral health agencies or providers.

4. County-wide or regional partnerships inclusive of those noted in 1 and 2

Any partnership applicant must provide a co-signed agreement among the partners.

The applicant must also provide documentation of the active involvement of parents/families in the development of the proposal. Applicants should briefly describe the process used at the local level to develop the proposal.

The applicant must identify the ADAMH/CMH Board as the Administrative Agent. The Administrative Agent shall ensure that all expenditures are handled in accordance with policies, procedures and activities prescribed by State Departments in rules or interagency agreements that are applicable to the project. The Administrative Agent may enter into agreements or administer contracts with public or private entities to fulfill specific objectives of the project. The Administrative Agent may be subject to audit.

Applicants should also state why the partnership or collaborative is qualified clinically and organizationally to provide the service activities and supports needed by the target population and fulfill the requirements as outlined in this RFP.

The applicant must demonstrate that the participating juvenile court(s) have historically committed a significant number of youth to DYS and must project the impact the proposed project will have upon reducing the current level of commitment to DYS.

B. Guiding Values

The applicant will be expected to ground their proposals in the following guiding values and evidence of these should be demonstrated in the appropriate application sections:

- o Development and/or enhancement of service activities, procedures, and supports which are research/evidence based and/or effective practices relevant to the stated outcomes
- o Culturally competent and responsive service activities
- o Reduction in out-of-home placement
- o Unconditional care; “no reject/no eject” policies
- o Least restrictive care that ensures safety for the youth and community
- o Child and family-centered care/involvement
- o Flexible and individualized care
- o Reinvested and flexible funding
- o Interagency planning that supports a coordinated service plan and integration with the local Service Coordination Mechanism
- o Interagency planning that supports a comprehensive Family Service Coordination Plan.
- o Linkage to other State or local collaborative efforts, such as Partnerships for Success, Alternative School programs, other existing evidence based and effective procedures or service activities
- o Enhancement of the local capacity to serve the target population
- o Successful collaborations among various components of the continuum, e.g., linkage between secure care and community-based care; after care and ongoing support
- o Local commitment to financially and administratively sustain the project when State funding is completed
- o Family/parent/caregiver involvement in decision making

C. Focus Area

The focus area is Service Delivery System Development. Applicants must accomplish one or more of the following:

- Implement evidence-based, effective practice(s) not currently available in the local system of care
- Expand or enhance evidence-based/effective practice(s) currently available in the local system of care but for which access and capacity is limited
- Identify and implement a specific set of screening, assessment, evaluation tools and protocols to provide the basis for a comprehensive report for use by courts and others to determine the most appropriate level of treatment for identified youth and their families
- Develop and/or implement a local Juvenile Behavioral Health Court (or similarly titled court) as part of local collaboration and diversion efforts

Other strategies to support development may include the following:

- Develop and implement a local collaborative intensive cross-system case review process to determine patterns of treatment, placement, and funding and propose changes as needed for improving local systems of care for the target population
- Conduct specific training and educational activities designed to improve the local systems of care for the target population (clinical, programmatic, financial, evaluation)
- Collaborate on the design and implementation of a cross-system database that can be used to create effective individualized service plans
- Offset the implementation/start up costs of a specific program (compensation for lost productivity, training costs, travel, etc.)
- Identify and create effective transition strategies and processes between institutional and community based care
- Start-up models of effective financing and refinancing strategies that leverage or reinvest available funds

D. Match Requirement

The applicant will be required to hire or dedicate a half-time person as local match for the purposes of information gathering, data collection and information management. The individual cannot be a clinician or part of a clinical treatment team. The position must be reflected in the applicant's Table of Organization. Applicants must submit a Position Description and resume for the individual dedicated to data collection and information management.

E. Local Readiness

The applicant should be able to demonstrate the community's readiness to implement the activities outlined in the proposal. Such readiness indicators might include:

- current or past successful intersystem initiatives
- demonstration of how analysis of local data regarding the intersection of behavioral health, juvenile justice and child welfare will be used in the project
- demonstration of strong parent and family involvement and advocacy
- demonstration of the commitment to redirect existing funds to support the project
- local collaborative strategic or community plan that addresses this population and area of concern

F. Cultural Competency

Cultural competence is not a stand-alone function. It is an essential or intrinsic element that needs to be infused within every process and structure of communities' system of care and within all service programs

and every aspect of service delivery. The application and actual award activities must create mechanisms that address cultural competence issues across all proposed behavioral healthcare and juvenile justice functions and the system development processes. Throughout the grant narrative, the applicant must ensure that cultural competence is integrated into every planning and implementation function.

G. Enhanced and coordinated continuum of service activities supported through grant funds

The applicant should describe the type of service activities that *will be developed and/or how current service activities and supports will be enhanced with the use of project grant funds* in order to meet the needs of the target population. Applicants will need to provide rationale for the types and levels of service being proposed. Applicants will also need to describe how service activities and supports will be coordinated across providers/systems, identify the gateway/referral point, and how care is managed, including the partnering with parents and families. **Applicants will need to describe the selection process and rationale for the evidence based and effective service activities being proposed for these funds.** Citation of supporting literature is expected.

H. Model Systems Overview

The applicant should provide a *model overview* (a flow chart or some other graphic depiction of how the system operates and points of linkage and collaboration) of the continuum, identifying points of linkage and collaboration with specific attention to points of entry/referral into the project.

I. Implementation Timetable and Narrative

The applicant should provide a timetable and any needed narrative to describe how the project will be implemented.

J. Project Budget and Financing Plan

In this section the applicant should provide budget and financial components which include the following:

1. Total cost of the project with **all** funding sources and potential funding sources identified (see Budget Form – Section I – Estimated Funding Resources).
2. Amount of matching funds available. While a specific percentage of match is not required, those applications with the greatest amount of match will receive higher scores in the Finance Section. Match can include other local systems funds (e.g., pooled funds) or projections of first and third party revenue for allowable billable service activities.
3. Amount of grant funds being requested.
4. Identification of any other resources to be committed to this project (e.g., in-kind).
5. Statement of assurance that the applicant will pursue appropriate first and third party payers and will work with the State in securing non-grant funding for this project, particularly Title IV-E and Medicaid funding. This also can include Healthy Start, EPSDT, TANF, WIA Reentry and HMO initiatives as appropriate.
6. Detailed display of where and how the funds will be used in developing and/or enhancing the system of service activities, including direct, indirect, and administrative and other related costs (see Budget Form – Section II – Estimated Expenses). Applicants should clearly describe in the budget narrative their use of the terms direct, indirect, and administrative and other related costs.
7. **Statement of assurance that indirect or administrative costs associated with grant funds will not exceed 7%.**

8. A chart indicating the percentage of grant funds compared to total costs for the identified service activities. This is included to assist in identifying current gaps in funding for this population (see Budget Form – Section III – Grant Funds Allocation).
9. A plan for continuation funding for sustainability as the grant funds phase out.
10. Statement of assurance that grant funds will not supplant current local, state and federal funds for current service activities.
11. Budget narrative.

K. Information and Evaluation

1. Reporting and monitoring

The applicant must provide assurance that they will comply with all reporting and monitoring expectations from the State Departments and the evaluation team. This may include such areas as number of target population identified and served; access, service delivery and treatment information related to the target population; appropriate involvement of project partners, fiscal information and other relevant items that may be identified by the funders.

2. Evaluation/data collection

The applicant must provide assurance that they will work with the Departments and the evaluation team and potential other partners on participating in an independent process and outcomes evaluation of the project. This will include data collection and submission by specific deadlines, clarification of data, and participation in meetings with the evaluation team as needed, and review and comment on draft evaluation summaries.

The applicant must provide assurance that they will participate with the State Departments and the evaluation team in developing a cross-system database related to the characteristics of individuals in the target population, service delivery system and treatment information, and other relevant data which may be identified. This database must be developed in conjunction with the evaluation team and is expected to include individual client-level data on persons served in the project, including Ohio Youth Scales assessments on a regular basis, standard data elements on client and family characteristics, and standard information about stressors that are present in families served by the project.

3. Sharing lessons learned and participating with State departments in knowledge development

The applicant must provide assurance that they will participate with other project sites and State Departments and evaluators in sharing any "lessons learned," best practices and other relevant information on a statewide basis. This will include attendance at quarterly meetings with the Departments and the evaluators of all child-focused components of the ABC Initiative to discuss progress and findings.

L. Attachments

1. One page abstract of the summarized proposal.
2. Memorandum of Understanding clearly stating the commitment and obligations of the local partners.
3. Relevant research data to support proposed service activities
4. Budget forms

Attachments are not included within the 15 page limit of the length of the proposal.

M. Other Specifications

- Length of proposal – **NO MORE** than 15 pages
- **DEADLINE FOR SUBMISSION – DECEMBER 4, 2007 END OF BUSINESS DAY (5:00 P.M./ET)**
- **NO FAX COPIES** will be accepted

Submit via e-mail to: Gayle Gutter
 Administrative support
 gutterg@mh.state.oh.us

BEHAVIORAL HEALTH AND JUVENILE JUSTICE

SERVICE DELIVERY SYSTEM DEVELOPMENT

BUDGET FORM

1. ESTIMATED FUNDING RESOURCES:

Local Funds	\$ _____
State Funds	\$ _____
1 st /3 rd Party Funds	\$ _____
Match Funds	\$ _____
Private Funds	\$ _____
Grant Funds Requested	\$ _____
TOTAL FUNDING RESOURCES	\$ _____

II. ESTIMATED EXPENSES

SERVICE ACTIVITIES	DIRECT SERVICE COST	INDIRECT SERVICE COST	ADMIN COST •	OTHER RELATED COSTS	TOTAL
Screening/Referral					
Assessment					
Case Planning and Management					
Secure Residential					
Inpatient					
Partial Hospitalization/Day Treatment					
Treatment Foster Care					
Home/Community Based Service activities					
Aftercare					
Other					
TOTAL EXPENSES					

- Administrative costs associated with the grant funds shall not exceed 7%

III. GRANT FUNDS ALLOCATED

SERVICE ACTIVITIES	TOTAL COSTS	PERCENTAGE OF GRANT FUNDS	OTHER FUNDING SOURCES
Screening/Referral			
Assessment			
Case Planning/Management			
Secure Residential			
Inpatient			
Partial Hospitalization/Day Treatment			
Treatment Foster Care			
Home/Community Based Service activities			
Aftercare			
Other			
TOTAL EXPENSES			

Behavioral Health Juvenile Justice Selection Criteria

The following outline reflects the major sections contained within the RFP. Each section has a designated point value. Reviewers will evaluate the section as a whole paying particular attention to sub-items contained in each section.

- A. Eligibility and Qualifications of the Applicant Required Elements
 - 1. Description of the collaborative arrangement/membership
 - 2. Co-signed agreement
 - 3. Documentation of family/parent involvement in the development of the proposal
 - 4. Description of the process to develop the proposal
 - 5. Administrative agent
 - 6. Clinical/organizational qualifications

- B. Guiding Values Addressed in Relevant Places Throughout the Proposal (10 points)

- C. Target Population (15 points)

- D. Description of Proposed Service activities (15 points)

- E. Continuation and Expansion Readiness (10 points)

- F. Model Systems Overview (10 points)

- G. Implementation Timetable and Narrative (10 points)

- H. Project Budget and Financing Plan (15 points)

- I. Information and Evaluation (10 points)

- J. Commitment History (15 points)
 - Project impact on number of commitments