



Second Chance Act Reentry Program Grant - Request for Proposal (RFP)

Responses must be submitted electronically to “OhioMHASBidOpportunity@mha.ohio.gov”

By no later than 5:00 P.M. on Friday, February 28, 2014

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) is considering submission of a proposal to the U.S. Department of Justice, Bureau of Justice Assistance in response to the following solicitation: <http://www.grants.gov/web/grants/view-opportunity.html?oppld=250019> which offers funding to develop and expand comprehensive and integrated reentry programs and services for adult offenders with co-occurring substance abuse and mental health disorders. OhioMHAS is seeking proposals from community behavioral health providers across the state to partner with in applying for these federal funds. Local ADAMHS/ADAS boards are strongly encouraged and may collaborate with eligible community behavioral health providers in a proposal to expand and sustain the availability of reentry services for the target population.

OhioMHAS is exploring application for Second Chance Act Reentry Grant Program for adult offenders with co-occurring substance abuse and mental health disorders. The funding request will focus on comprehensive reentry services which include standardized pre-release screening and assessment, interventions to support reentry through prison in-reach and linkage, and the post release services. OhioMHAS will serve as the grantee, responsible for the grant’s management, and be responsible for funding sub-awardee activities.

The maximum award is \$600,000 over a period of 24 months. OhioMHAS contemplates partnering with between 1 and 3 community behavioral health providers as sub-awardees in its application for federal funds. Community Behavioral Health Providers may submit a proposal alone, or submit a joint proposal in collaboration with another provider and/or an ADAMHS/ADAS board. If submitting a joint proposal, the community behavioral health center must submit a signed agreement outlining the roles and commitments of the providers and the ADAMHS/ADAS board. If you wish to be considered as a sub-awardee partner in the OhioMHAS application, please submit a proposal electronically to OhioMHASBidOpportunity@mha.ohio.gov **by 5:00 P.M. on Friday, February 28, 2014**. The proposal must respond to all elements of this RFP in the order and format set forth below.

For the project budget, please provide a separate itemized project budget for each year of the grant activity and use the BJA Federal Budget detail worksheet and narrative format. A link to these documents is located on page 8 of this announcement.

OhioMHAS will determine whether to pursue this funding opportunity based on response to this solicitation. Multiple proposals may be selected. If selected, your proposal will be included in the OhioMHAS submission to the U.S. Department of Justice, Bureau of Justice Assistance.

Name(s) of Community Behavioral Health Provider(s):

If applicable, name of collaborating ADAMHS/ADAS board:

- I. Mandatory Requirements: Applicant community behavioral health provider(s) must meet/comply with the following requirements to be eligible to partner as a sub-awardee for these funds:**

Requirement	Meets/Complies	Explanation/Documentation <i>Number attachments and reference here</i>
In compliance with all requirements for licensing, accreditation, and certification as appropriate.		
If joint proposal is submitted, has written agreement with other providers and/or CBHC/ADAMHS/ADAS board outlining roles and commitments of collaborating parties.		
Provider and its respective Board do not intend to submit a separate application to BJA under this solicitation (BJA-2014-3773)		

- II. Note: All funding is conditional on submission of an OhioMHAS proposal to the Department of Justice and receipt of adequate federal funds.**

- III. Applicant community behavioral health provider(s) must sign the “Chief Executive Assurance to Collect and Report Recidivism Indicator Data” under Attachment I at the end of this RFA.** *Assessing the outcome of programs funded under the Second Chance Act is a major Department of Justice priority. Applicants should strongly consider not applying for funding if they cannot track unique identifiers for participants, gain access to recidivism data, and report recidivism data, particularly returns to incarceration during the period 1 year after release. Chief executives from applicant organizations will need to sign and submit an assurance that all participant recidivism indicator data will be collected and submitted. Inability or refusal to submit recidivism indicator data may impact the organization’s ability to receive future BJA competitive grant funding.*

IV. Definitions

- **Co-occurring Disorders (COD):** *Co-occurring disorders refers to co-occurring substance-related and mental health disorders. Clients said to have COD have one or more substance-related disorders as well as one or more mental health disorders. At the individual level, COD exist “when at least one disorder of each type can be established*

independent of the other and is not simply a cluster of symptoms resulting from [a single] disorder.”

- **Evidence-Based Programs or Practices:** *OJP strongly emphasizes the use of data and evidence in policy making and program development in criminal justice, juvenile justice, and crime victim services. OJP is committed to:*
 - *improving the quantity and quality of evidence OJP generates;*
 - *integrating evidence into program, practice, and policy decisions within OJP and the field; and*
 - *improving the translation of evidence into practice.*

OJP considers programs and practices to be evidence-based when their effectiveness has been demonstrated by causal evidence, generally obtained through one or more outcome evaluations. Causal evidence documents a relationship between an activity or intervention (including technology) and its intended outcome, including measuring the direction and size of a change, and the extent to which a change may be attributed to the activity or intervention. Causal evidence depends on the use of scientific methods to rule out, to the extent possible, alternative explanations for the documented change. The strength of causal evidence, based on the factors described above, will influence the degree to which OJP considers a program or practice to be evidence-based. OJP’s CrimeSolutions.gov web site is one resource that applicants may use to find information about evidence-based programs in criminal justice, juvenile justice, and crime victim services.

- **Chronic Homelessness:** *In general, the term “chronically homeless” means, with respect to an individual or family, that the individual or family:*
 - (I) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter;*
 - (II) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years; and*
 - (III) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability, including the co-occurrence of two or more of those conditions.*

V. Applicants must propose an integrated care model with the following mandatory elements. In the narrative, please address the fourteen elements:

1. Use an Actuarial-Based Assessment Instruments for Treatment and Reentry Planning: Applicants **must** use risk and needs assessment tools that are reliable, validated, and normed for their specific target population in order to increase the chances that individuals will be matched with the appropriate type of treatment and reentry services.

2. Target Higher-Risk Offenders: Prioritize primary supervision and treatment resources for offenders who are at higher risk to re-offend.

3. Establish Baseline Recidivism Rate and Collect and Report Recidivism Indicator

Data: Collect participant unique identifiers, collect and report recidivism indicator data.

4. Enhance Intrinsic Motivation: Staff must be able to relate to offenders in interpersonally sensitive and constructive ways in order to enhance intrinsic motivation in offenders. Research findings suggest that motivational interviewing or other cognitive-behavioral **communication** techniques can effectively enhance the offender's desire to initiate and maintain behavior changes (Miller and Rollnick, 2002; Miller and Mount, 2001).

5. Target Criminogenic Needs that Affect Recidivism: While offenders reentering the community have a variety of treatment and behavioral needs, which are themselves risk factors for future offending, criminogenic needs are the dynamic risk factors most closely associated with offending behavior. Criminogenic risk and needs factors include history of anti-social behavior; anti-social personality pattern; anti-social cognition; anti-social associates; family and/or marital status; school and/or work; leisure and/or recreation; and substance abuse. Applicants are strongly urged to provide treatment interventions that target criminal thinking, especially for higher-risk offenders, and provide training for staff in utilizing cognitive-behavioral interventions and strategies.

6. Determine Dosage and Intensity of Services: Higher-risk offenders require significantly more structure and services than lower-risk offenders. High-risk offenders should receive a minimum of 300 hours of cognitive-based interventions, moderate-risk offenders should receive a minimum of 200 hours, and low-risk offenders should receive a minimum of 100 hours of cognitive-based interventions. Additionally, during the initial 3–9 months post-release, 40–70 percent of high-risk offenders' free time needs to be occupied with delineated routine and appropriate services (Bourgon and Armstrong, 2006; Latessa, 2004; Gendreau and Goggin, 1995).

7. Provide Evidence-Based Substance Abuse and Mental Health Treatment Services:

Applicants are strongly urged to provide substance abuse and mental health treatment practices and services that have a demonstrated evidence base and that are appropriate for the target population. Applicants should identify the evidence-based practice being proposed for implementation, identify and discuss the evidence that shows that the practice is effective; and discuss the population(s) for which this practice has been shown to be effective and show that it is appropriate for the proposed target population.

Applicants are strongly urged to provide integrated treatment of co-occurring disorders, including a consistent message to program participants about substance use and mental

health treatment, and integrated clinical treatment provided by treatment specialists with knowledge of both substance use disorders and serious mental illnesses and an understanding of the complexity of interactions between disorders. Applicants are encouraged to design treatment programs that provide individualized programming that addresses participants' psychosocial problems and skills deficiencies, created through comprehensive assessment and consultation with the treatment participant and provider. Applicants are also encouraged to also consider housing as a necessary part of treatment. For program participants that have experienced short-term stays in jail (less than 90 days) and that have cycled between jail and homelessness, permanent supportive housing is an evidence-based housing practice that combines supportive services and permanent housing.

Applicants must indicate how dual diagnosis treatment will be provided to participating offenders upon release into the community (post-release services).

Applicants are encouraged to focus grant activities on post-release programs.

Proposed programs should require urinalysis and/or other proven reliable forms of drug and alcohol testing for program participants, including both periodic and random testing, and for former participants while they remain in the custody, or under community supervision, of the state, local, or tribal government.

8. When Possible, Provide Pharmacological Drug Treatment Services: Applicants are encouraged to utilize pharmacological drug treatment services, as appropriate and available.

9. Use Cognitive-Behavioral Interventions: These strategies are focused on changing the offender's thinking patterns in order to change future behavior. The most effective interventions provide opportunities for participants to practice new behavior patterns and skills with feedback from program staff.

10. Implement Transition Planning Procedures: Developing and implementing transition planning procedures to ensure linkages to services and benefits is a critical part of the reentry process. Applicants are encouraged to describe strategies for assisting inmates in the insurance/benefits application process (including Medicaid, SSI, SSDI, and veterans' benefits).

11. Support a Comprehensive Range of Recovery Support Services: Applicants are encouraged to make available a comprehensive range of programs, including services that employ the cognitive, behavioral, and social learning techniques of modeling, role playing, reinforcement, resource provision, and cognitive restructuring; educational, literacy, vocational, and job placement services, including supported employment; ongoing evidenced-based substance abuse (including alcohol abuse); and mental health

disorder treatment; housing, physical health care services; veteran-specific services as applicable; programs that encourage safe, healthy, and responsible family and parent-child relationships and enhance family reunification, as appropriate; mentoring, and permanent supportive housing.

12. Provide Sustained Aftercare, Case Planning/Management in the Community:

Applicants are strongly urged to use consistent pre- and post-release case management and supervision that is sustained over a period of at least 6 months from the time of release, or through the completion of parole or court supervision, whichever is shorter, and is especially responsive to the offender's transition from incarceration to the community. Aftercare services must involve coordination between the correctional treatment program, community supervision program, and other social service and rehabilitation programs, such as education and job training, parole supervision, halfway houses, self-help, and peer group programs. Post-release treatment and aftercare must be coordinated, including information sharing, and in-reach allowed for community-based treatment providers. Applicants are strongly urged to also link case management services to affordable and supportive housing for target populations where chronic homelessness is a risk factor for recidivism.

13. Provide Community Supervision Services which Follow Evidence-Based Practices:

Funds may be used to provide evidence-based community supervision services including the development and supervision of individualized case plans which stem from risk and needs assessments; the use of graduated responses including the employment of structured, swift, and incremental responses to violations; structuring supervision caseloads which reflect the level of risk and needs for the target population; and staff development including training in effective offender management techniques.

Applicants are encouraged to consider a partnership with a local research organization that can assist with data collection, performance measurement, and local evaluation. One resource that applicants may be interested in using is the e-Consortium for University Centers and Researchers for Partnership with Justice Practitioners. The purpose of this e-Consortium is to provide a resource to local, state, federal, and other groups who seek to connect to nearby (or other) university researchers and centers on partnerships and projects that are mutually beneficial to the criminal justice community. The e-Consortium can be found online at www.gmuconsortium.org/.

14. If Possible, Provide Integrated Care: BJA anticipates funding applicants that demonstrate an integrated care approach. As defined by the World Health Organization, *integrated care* is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion, where integration is a means to improve services in relation to access, quality, user satisfaction, and efficiency. In the context 11 BJA-2014-3773 of reentry, integrated care models unite and align evidence-based treatment approaches to

provide seamless and coordinated pre-release and post-release services that address both criminogenic risk and needs, health needs, and general reentry needs.

Typical integrated care programs in reentry unite co-occurring substance abuse/mental health treatment with trauma care and criminogenic risk reduction strategies, where services begin during incarceration and continue in the community following release. As often seen with integrated care reentry programs, co-occurring treatment is administered over a very specific time period institutionally and is simultaneously augmented with both trauma services and criminogenic risk reduction services. As the program participant nears completion of two parallel treatment curricula, they begin enrolling in other transitional services to address general reentry needs, such as employment services, housing assistance, and enrollment into government support services. The entire course of care is typically guided by a case manager who, with the participant, has created an individualized treatment and transition plan with the aid of risk and need assessment tools.

VI. Project Proposal: Please provide a narrative, no longer than six pages, describing your proposed plan for implementing and/or expanding re-entry capacity and services for adult offenders with co-occurring substance abuse and mental health disorders. Please address the following questions/elements in your narrative:

1. Name of applicant, title of the project and amount of funding requested.
2. Brief description of the target population (e.g., size and make-up of the target population, etc.), the geographic location for the target population, and the projected number of offenders to be served. Applicants may propose to address special populations (e.g. trauma survivors or gender-specific program).
3. Brief description of the program design that includes a description of both the pre- **and** post-release treatment services to be provided for every program participant.
4. Description on the type of objective assessment instrument(s) used to identify and determine the offender's criminogenic risks, needs, and intervention treatment.
5. Information on the collaborative partnerships with community-based service providers to ensure coordinated reentry.
6. Briefly explain which, if any, of the Priority Considerations the application has addressed as described on page 8.
7. Describe how many total people the proposed program plans to serve over the length of the project period. If the applicant is requesting funds for a program that is currently operational, the applicant must state how many people the program has served (who meet the stated target population characteristics) over the past 6 months. If the applicant is proposing to implement a "new program", the applicant must state how many people met the target population characteristics within the past 6 months. Those served or eligible over the past 6 months will provide the foundation for determining the total number of people the proposed program plans to serve.

8. Describe how the applicant, and if applicable its collaborating ADAMHS/ADAS board, plan to sustain the program services after the conclusion of the grant funding period.
9. Describe the applicant's capacity and agreement to collect and report the required data to the OhioMHAS by the mandatory due dates.

VII. Priority Considerations

Priority consideration will be given to applicants that include the following information in the development of their program:

1. Focus on post-release community-based programs, providing quality evidence-based treatment services for returning individuals with co-occurring disorders upon release.
2. Focus on geographic areas with demonstrated high rates of people returning from prisons or jails.
3. Develop and implement strategies to identify and enroll eligible program participants into Medicaid, or other insurance through health exchanges, and to connect them to treatment providers as appropriate.
4. Target high-risk offenders that are experiencing or at risk of chronic homelessness.
5. Link grant-funded activities and services to affordable and supportive housing, leveraged through partnerships with non-profit housing agencies, public housing authorities, housing finance agencies and Continuums of Care.

Budget: Please use the BJA federal budget narrative and detail worksheet to provide an itemized project budget for each year of the grant activity.

http://ojp.gov/funding/forms/budget_detail.pdf

For questions pertaining to budget examples and unallowable cost see the OJP Financial Guide at www.ojp.usdoj.gov/financialguide/index.htm

Limitation on Use of Award Funds for Employee Compensation; Waiver

With respect to any award of more than \$250,000 made under this solicitation, recipients may not use federal funds to pay total cash compensation (salary plus cash bonuses) to any employee of the award recipient at a rate that exceeds 110 percent of the maximum annual salary payable to a member of the Federal Government's Senior Executive Service (SES) at an agency with a Certified SES Performance Appraisal System for that year. The 2013 salary table for SES employees is available at www.opm.gov/pay-leave. Note: A recipient may compensate an employee at a greater rate, provided the amount in excess of this compensation limitation is paid with non-federal funds. (Any such additional compensation will not be considered matching funds where match requirements apply.)

The Assistant Attorney General for OJP may exercise discretion to waive, on an individual basis, the limitation on compensation rates allowable under an award. An applicant requesting a waiver should include a detailed justification in the budget narrative of the application. Unless the applicant submits a waiver request and justification with the application, the applicant should anticipate that OJP will request the applicant to adjust and

resubmit the budget. Note: A waiver request will not be accepted if it was not submitted with the application.

Compensation Waiver request must be submitted as a separate attachment and entitled "Waiver: Employee Compensation."

The justification should include the particular qualifications and expertise of the individual, the uniqueness of the service the individual will provide, the individual's specific knowledge of the program or project being undertaken with award funds, and a statement explaining that the individual's salary is commensurate with the regular and customary rate for an individual with his/her qualifications and expertise, and for the work to be done.

Prior Approval, Planning, and Reporting of Conference/Meeting/Training Costs OJP strongly encourages applicants that propose to use award funds for any conference-, meeting-, or training-related activity to review carefully—before submitting an application—the OJP policy and guidance on "conference" approval, planning, and reporting available at 15 BJA-2014-3773 www.ojp.gov/funding/confcost.htm. OJP policy and guidance (1) encourage minimization of conference, meeting, and training costs; (2) require prior written approval (which may affect project timelines) of most such costs for cooperative agreement recipients and of some such costs for grant recipients; and (3) set cost limits, including a **general prohibition of all food and beverage costs**.

Costs Associated with Language Assistance (if applicable)

For additional information, see the "Civil Rights Compliance" section of the OJP "Other Requirements for OJP Applications" web page at www.ojp.usdoj.gov/funding/other_requirements.htm.

Unallowable Uses for Award Funds

In addition to the unallowable costs identified in the OJP Financial Guide, award funds may not be used for:

- Prizes/rewards/entertainment/trinkets (or any type of monetary incentive)
- Client stipends
- Gift cards
- Vehicles
- Food and beverage

For questions pertaining to budget and examples of allowable and unallowable costs, see the OJP Financial Guide at www.ojp.usdoj.gov/financialguide/index.htm.

Questions and Technical Assistance

Questions related to the request for proposal process and fiscal requirements should be directed to "OhioMHASBidOpportunity@mha.ohio.gov". OhioMHAS will post the questions and

responses on our website under Funding>grant>guidance>BJA.

<http://mha.ohio.gov/Default.aspx?tabid=500>

Proposal Submission

- Deadline for proposal submission is **5:00 PM, Friday, February 28, 2014.**
- Electronic submission is required. Submit proposals to:
“OhioMHASBidOpportunity@mha.ohio.gov”.
- OhioMHAS expects to determine whether to submit a proposal to the Department of Justice by March 3, 2014.
- OhioMHAS expects to notify sub-awardee partners of selection by March 3, 2014
- Selected applicants will be required to submit an executed Standard OhioMHAS Agreement and Assurances. This form is attached for your review.

Proposal Review

- All proposals received by the deadline for submission will be reviewed by OhioMHAS staff for compliance with mandatory requirements and, if meeting mandatory requirements, will be evaluated based on; consistency with the federal grant priority considerations, objectives and the strengths of the proposed project design and plan, including the plan for sustainability after the grant period, and budget. The Budget must be complete, adequately demonstrate proposed use of project funds.
- Multiple proposals may be selected. OhioMHAS reserves the right to ask clarifying questions, to make no selection, to negotiate an alternative project plan or scope, and/or negotiate a best and final proposal with one or more applicants. Errors and omissions may result in lower evaluation scores or rejection of the proposal. OhioMHAS reserves the right to waive errors and omissions that do not materially affect the outcome of said proposal. If selected, your proposal will be included in the OhioMHAS submission to the U.S. Department of Justice, Bureau of Justice Assistance. All funding is conditioned on submission and award of OhioMHAS’ proposal to the Department of Justice.
- If the Department of Justice grant is awarded to OhioMHAS, OhioMHAS will release Notice of Awards to the selected sub-awardees.

Sub-awardees will be solely responsible for reporting, withholding, and paying all employment related taxes, payments, and withholdings for any personnel, including but not limited to: Federal, State, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.

Sub-awardees will be required to execute OhioMHAS’s standard Agreement and Assurances, see the template agreement and assurances at <http://mha.ohio.gov/Default.aspx?tabid=725>.

Thank you!

Attachment I

Chief Executive Assurance to Collect and Report Recidivism Indicator Data

I hereby assure that, if awarded grant funds under the Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders Program, my organization will collect unique identifiers for each program participant, will collect recidivism indicator performance data, and will submit all such data upon the end of the grant period via the Bureau of Justice Assistance Performance Measurement Tool. I understand that the inability or refusal to submit such data after an award is made may impact my organization's ability to receive future Bureau of Justice Assistance competitive grant funding.

Signature

Title

Date