



Behavioral Health and Juvenile Justice Request for Proposals

DEADLINE FOR SUBMISSION – MONDAY JUNE 15, 2015 – END OF BUSINESS DAY 5:00 P.M. EST

I. INTRODUCTION

This Request for Proposals (RFP) is to build upon the earlier generations of the mental health service activities to juvenile offenders' initiative and supports a solid foundation of community collaboration.

It is expected that through the funding and implementation of local projects, serious juvenile offenders with serious emotional disturbances and/or substance use/abuse will remain in their community with appropriate services/supports. Local systems will continue to enhance and expand the current service and support systems and related knowledge base for this population. Improvements may include 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.

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

All activities and proposed local awards described throughout this announcement are contingent upon funding availability and final funding approval. The Ohio Department of Youth Services (ODYS) reserves the right to make no award, make an award for a lesser amount, make an alternative award for the specified project or make an award for a shorter duration. The Department reserves the right to ask clarifying questions, issue conditional awards, and negotiate a best and final proposal with one or more applicants(s). The Department reserves the right to waive errors and omissions that do not materially affect the proposal. Errors and omissions may also result in lower evaluation scores or rejection of the proposal.

A. 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. Research has also demonstrated that the unique needs of special populations (e.g. girls) within the juvenile justice system often go unmet. This ODYS and Ohio Department of Mental Health & Addiction Services (OhioMHAS) 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 as outlined in section I.C.3. below. The initiative is intended to accomplish this in ways that are encompassing of parents and families, are culturally competent, and include gender-specific approaches. It is expected that the projects 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, or development/implementation of specialized courts/dockets, and will have strong system coordination within the community services and supports. Emphasis is placed on serving the ethnic/racial population representative of the youth committed to ODYS from the participating counties.

B. 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 for the project's targeted population need to reflect this group of significantly impaired 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, the youth proposed to be served must reflect a number of the following characteristics:

- DSM IV (V if applicable) 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 offense, 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 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 the Ohio Youth Assessment System, developed by the University of Cincinnati. The respondent must collect data for youth who have been admitted to the program (assessed youth) as well as for youth who have been considered and not admitted. Funded projects must complete the assessment protocol as developed by the Begun Center for Violence Prevention, Research and Education at Case Western Reserve University.

C. PURPOSE OF THE INITIATIVE

1. Goals

- a. To reduce the participating county's commitments to ODYS
- b. To meet the treatment and support needs of youth who are serious juvenile offenders involved in the juvenile justice system and who, at a minimum, have serious emotional disturbances, and/or are substance abusing/using (and their families)

- c. To divert serious juvenile offenders with serious behavioral health needs from ODYS institutions to evidence-based, family-focused programming in the community
- d. To improve intersystem communication, collaboration, share outcomes information, particularly among behavioral health care, juvenile justice and child welfare systems, and to pursue funding, policy, and program practices that support positive youth outcomes
- e. To coordinate and expand funding by reinvesting current resources and through the use of federal matching funds
- f. To acquire research and evaluation based information on treatment and the impact on local and state systems (i.e. Admissions to ODYS, increase in the provision of evidence-based practices (EBPs), increase in family involvement, decrease in alcohol and substance use)

2. Objectives

- a. To employ and evaluate effective models of:
 - o assessment, including psychosocial assessment
 - o treatment planning
 - o family-focused community-based EBPs and
 - o discharge planning, transition and aftercare
- b. To implement evaluation activities that inform/add to our knowledge base regarding the needs of and successful services for this population
- c. To utilize more effective screening, assessment, and evaluation procedures and tools that support appropriate decisions to meet youth and family needs
- d. To accurately assess for trauma and develop appropriate treatment intervention(s)
- e. To identify and address anti-social beliefs and behaviors
- f. 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, such as Juvenile Mental Health/Family Courts, and a local system approach to trauma-informed training and care/ treatment strategies.)
- g. To share results and encourage replication of successful approaches

3. Expected Outcomes

Service/Intervention

- o Implementation of an effective screening, assessment, and evaluation protocol
- o Implementation of services that are evidence-based, effective practices and treatment models that are family-focused
- o Identification and diversion of youth with serious behavioral health needs from ODYS and the juvenile justice system (Respondents must provide a specific plan to, at a minimum, maintain the current level of commitments to ODYS or to reduce the number of commitments to ODYS. Respondents must provide a realistic projection of the impact of the proposed program based upon their current level of commitments to ODYS.)
- o Reduction in the number of youth with serious behavioral health needs placed in the juvenile justice and child welfare systems (out-of-home placement)

- Demonstration of effective, culturally competent, and gender-specific treatment and support interventions for the target populations
- Reduction in length of stay for youth who are placed out of home
- 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
- 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
- Facilitate the transition of appropriate adolescents from youth mental health services to adult mental health services
- 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 county partners and initiatives, such as the local Family and Children First Council's Service Coordination Mechanism
- Enhanced services and supports that will increase dispositional options for courts
- Improved services for youth with trauma histories in a system that is trauma informed
- 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
- Provide data that can be utilized for evaluation and planning efforts of State Departments
- Support each year a minimum of one training OR publication that promotes the proposed BHJJ program and the replication of evidence-based and effective family-focused models and practices

Financial

- Demonstration of an increase in and/or reinvestment of funds locally
- Sustainability plan for continuation of the project after BHJJ funds are no longer available

II. AVAILABILITY OF FUNDS

Funds are to be available for Fiscal Year 2016 & 2017 (July 1, 2015 to June 30, 2017) for the development, implementation, evaluation, and management of this initiative. The response submitted should be for the length of the project (24 months). There is no pre-determined amount per proposal and the final awards will, in part, depend on the quality of responses received, past performance with the BHJJ initiative (if applicable), the focus area, the projected impact on the number of commitments to ODYS and the amounts requested and approved.

The number of youth expected to be diverted into community services will be a factor in the award process. In addition, the respondent must address its ability to serve the racial/ethnic population mix that is locally committed to ODYS. To determine the rate of commitment and demographics of the target population refer to *Profile of Youth Adjudicated or Committed for Felony Offenses Fiscal Year 2014* at <http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=t%2bB0XbJr00%3d&tabid=117&mid=873&forcedownload=true> .

The funds for this project are primarily Ohio General Revenue Funds, but may include federal pass-through grant funds. Funds will be distributed to county ADAMH/MH Boards by ODYS and require a corresponding agreement/Memorandum of Understanding (MOU) between ODYS and the ADAMH/MH board. Fiscal requirements established by ODYS for payment of funds must be met.

ODYS will develop the agreement/MOU to include the final award amount and provide it to the respective ADAMH/MH Board for review and approval. Data related to the project will be collected through the evaluation conducted by the Begun Center for Violence Prevention, Research and Education at Case Western Reserve University.

III. ELIGIBILITY AND QUALIFICATIONS OF THE RESPONDENT

Those eligible for funds include partnerships of the Juvenile Court and ADAMH/MH Board and any one or more of the following:

1. County Family and Children First Councils
2. Parent/Family organizations
3. Regional ODYS, JFS/CSB
4. Other partners may be included such as School Districts, Health Departments, Universities, Boards of Developmental Disabilities, and behavioral health agencies or providers.

Respondents **must provide an agreement (Memorandum of Understanding)** detailing the proposed function(s) of each partner in the project. The agreement **must be signed by each partner**.

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

The Respondent **must identify the ADAMH/MH Board as the Administrative Agent**. The Administrative Agent shall ensure that all expenditures are handled in accordance with policies, procedures and activities prescribed by ODYS in the agreement/memorandum of understanding. 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. Respondents 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 Respondent **must discuss the number of youth historically committed** to ODYS by the participating court(s) and **must forecast** the impact the proposed project will have upon maintaining or reducing the current level of commitment to ODYS.

The Respondent 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 half-time person will interact with the program evaluator (Begun Center for Violence Prevention, Research and Education at Case Western Reserve University).

The half-time person cannot be a clinician or part of a clinical treatment team. The position must be reflected in the respondent's Table of Organization. Respondents must submit a Position Description and resume for the individual dedicated to information gathering, data collection and information management.

IV. PROPOSAL REQUIREMENTS

A. MANDATORY REQUIREMENTS

The Respondent must include all of the following in order to be considered for funding:

- Memorandum of Understanding among all partners detailing the function(s) of each partner and signed by each partner;
- Statement of Assurance that funds will only be used to serve BHJJ youth and execute the approved program activities;
- Statement of Assurance agreeing to participate in the evaluation conducted by the Begun Center for Violence Prevention, Research and Education at Case Western Reserve University;
- Statement of Assurance to participate when invited in quarterly Targeted RECLAIM/BHJJ meetings conducted by ODYS;
- Documentation of the active involvement of parents/families in the development of the proposal, including brief description of proposal development process;
- Agreement designating the ADAMH/MH Board as Administrative Agent of the Respondent;
- Position description and resume for the individual that will be dedicated half-time to information gathering, data collection and information management;
- Statement of Assurance to conduct, at a minimum, quarterly meeting with local project partners and state agencies. Tentative dates of quarterly meeting should be included in the response to the RFP.

Failure to include any of the above listed mandatory requirements will delay, or prevent, approval of respondent's funding request.

B. EVALUATION OF PROPOSALS

Proposals timely received and meeting the mandatory requirements listed above will be reviewed and evaluated according to the following criteria:

1. Guiding Values – (10 points)

The Respondent will be expected to ground their proposals in the following guiding values. The proposal should provide a summary of the guiding values addressed by the proposed project as well as demonstrate evidence of how these values are specifically addressed in appropriate proposal sections:

- Development and/or enhancement of service activities, procedures, and supports which are research/evidence based and/or effective practices relevant to the stated outcomes
- Culturally competent and responsive service activities
- Reduction in number of out-of-home placements and length of out-of-home placements
- Unconditional care; “no reject/no eject” policies
- Least restrictive care that ensures safety for the youth and community
- Child and family-centered care/involvement
- Flexible and individualized care
- Trauma screening and assessment to inform the treatment process
- Trauma informed and trained providers are part of the youth’s team
- Reinvested and flexible funding
- Interagency planning that supports a coordinated service plan and integration with the local Service Coordination Mechanism
- Interagency planning that supports a comprehensive Family Service Coordination Plan
- Linkage to other State or local collaborative efforts, such as Alternative School programs and other existing evidence-based and effective procedures or service activities
- Enhancement of the local capacity to serve the target population
- Successful collaborations among various components of the continuum, e.g., linkage between secure care and community-based care; aftercare and ongoing support
- Local commitment to financially and administratively sustain the project when State funding is completed
- Family/parent/caregiver involvement in decision making
- Transition planning of appropriate youth into adult services (e.g., adult mental health and substance abuse services, education and employment services, housing assistance)

2. Cultural Competency – (10 points)

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’ services and supports and within all programs and every aspect of service delivery. The proposal and actual project 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 proposal narrative, the Respondent must ensure that cultural competence is integrated into every planning and implementation function.

3. Proposed Project – (30 points)

The project focus area is service delivery system development. Respondent’s proposed project must accomplish one or more of the following:

- 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
- Implement evidence-based, effective practice(s) not currently available in the local services and supports
- Expand or enhance evidence-based/effective practice(s) currently available in the local services and supports but for which access and capacity is limited
- Develop and/or implement a local Juvenile Behavioral Health Court (or similarly titled court) as part of local collaboration and diversion efforts
- Implement a model of service coordination/wraparound

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 to propose changes as needed for improving local services and supports for the target population
- Conduct specific training and educational activities designed to improve the local services and supports for the target population (clinical, programmatic, financial, evaluation)
- Implement a universal trauma screening and assessment for all youth entering the program
- 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

The proposal 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 funds in order to meet the needs of the target population. Respondents will need to provide rationale for the types and levels of service being proposed. Respondents 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. **Respondents will need to describe the selection process and rationale for the all evidence-based/effective practices being proposed for these funds.** Citation of supporting literature is expected.

4. Target Population – (15 points)

The proposal must describe the target population to be served or supported by the proposed project and compare this target population to the population represented in the local commitments to ODYS. The proposal must provide the basis for Respondent's expectation that the proposed project will serve or support the target population.

5. Commitment History and Projected Decrease in Placements or Maintenance of the Current Level of Commitments to ODYS – (10 points)

In addition to describing the historical rate of commitment of youth to ODYS from the juvenile court(s), the proposal must estimate the number of ODYS commitments for FY2016 & FY2017 in all of the participating counties of the project and describe how the proposed project is expected to have an impact on reducing or maintaining the current level of commitment to ODYS. If the participating juvenile court(s) has few commitments to ODYS, explain how the proposed services will impact other facets of local child serving agencies, such as reducing the number of out-of-home placements financed by the juvenile court(s) or the public children services agency(ies).

6. Local Readiness/Expansion Readiness – (10 points)

The Respondent 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
- capacity to provide trauma informed screening, assessment and treatment

7. Model Systems Overview – (10 points)

The Respondent 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. Respondents should identify the screening and/or assessment tools used to determine entry/referral into the project.

8. Implementation Timetable and Narrative – (10 points)

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

9. Project Budget and Financing Plan – (15 points)

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

- Total cost of the project for each fiscal year with **all** funding sources and potential funding sources identified. The attached budget form, *TEMPLATE Budget Summary, Budget Detail Worksheet and Budget Narrative for Year 1 & 2*, is **to be completed and return with the response to the RFP**. The budget form is a Microsoft Word document with expandable text boxes.
- Within the budget form, please indicate the amount of matching funds available. Match can include other local systems funds (e.g., pooled funds) or projections of first and third party revenue for allowable billable service activities.

- Identification of any other resources to be committed to this project (e.g., in-kind).
- Statement of assurance that the respondent 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.
- Detailed display of where and how the funds will be used in developing and/or enhancing the system of service activities, including direct and indirect costs. Respondents should clearly describe in the budget narrative their direct, indirect, and other related costs.
 - Direct costs are those that can be specifically identified with the particular project, program or activity
 - ❖ Administrative costs identified specifically with the particular project, program or activity should be claimed in this area
 - Indirect costs are those that have been incurred for common or general business objectives and cannot be readily identified with a particular project, program or activity
- **Indirect costs associated with grant funds for this project may not exceed 7%.**
- A plan for continuation funding for sustainability as the grant funds phase out.
- Statement of assurance that these grant funds will not supplant current local, state and federal funds for current service activities.
- The Budget Summary, Budget Detail Worksheet, and the Budget Narrative sections of the budget form must be completed for each fiscal year.

10. Information and Evaluation – (10 points)

- Reporting and monitoring

The Respondent must provide assurance that it will comply with all reporting and monitoring expectations from the State Departments and the evaluation team at Begun Center for Violence Prevention, Research and Education at Case Western Reserve University. 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 funder.

- Evaluation/data collection

The Respondent must provide assurance that it 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 Respondent must provide assurance that they will participate with the State Departments and the evaluation team at Begun Center for Violence Prevention, Research and Education at Case Western Reserve University 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, regular assessments, standard data elements on client and family characteristics, and standard information about stressors that are present in families served by the project.

- Sharing lessons learned and project information

The Respondent 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 may include attendance at quarterly meetings with the Departments and the evaluator and supporting each year a minimum of one training OR publication that promotes the BHJJ program and the replication of evidence-based and effective family-focused models and practices approaches.

11. Attachments – The following attachments must be submitted with the proposal and appropriately labeled:

- a. One page abstract of the proposal.
- b. Memorandum of Understanding, signed by all project partners, clearly stating the commitment and obligations of the local partners.
- c. Agreement designating the ADAMH/MH Board as the administrative agent for the Respondent.
- d. Position description and resume for the individual that will be dedicated half-time to information gathering, data collection and information management.
- e. Relevant research data to support proposed evidence based/effective service activities
- f. Completed budget form.

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

V. OTHER SPECIFICATIONS:

- Length of proposal – **NO MORE** than 15 pages, not including pages for attachments
- Deadline for submission – **JUNE 15, 2015, no later than 5:00 p.m. EST**
- **No fax copies will be accepted; electronic submission only as a single PDF file**
 - Submit proposals and attachments as a single Portable Document Format (PDF) file via e-mail to: Jeff Spears, Jeff.Spears@dys.ohio.gov , Valerie Connolly-Leach, Valerie.Connolly@mha.ohio.gov , and Jeff Kretschmar Jeff.Kretschmar@case.edu .
- Questions regarding this Request for Proposals may be addressed to Jeff Spears by either e-mail or phone, (614)466-8660.