

## Whole Child Matters Centralized Intake Component RFP Repost FAQ's

1. Where is the referenced Budget Narrative Form (attachment 2)?

**Please go the Ohio<HAS website [www.mha.ohio.gov](http://www.mha.ohio.gov) or use the link below. Go to Funding and look under funding opportunities where the RFP is posted along with the attachments including the budget form.**

<http://mha.ohio.gov/Default.aspx?tabid=725>

<http://mha.ohio.gov/Portals/0/assets/Funding/NewFundingOpportunities/SFY2016-Budget-Expenditure-Form.xls>

2. Within the Background and Intent Section of the RFP, there are a stated number of expulsions identified. Yet, is it known how many children are in need statewide for ECMH Treatment & Consultation Services?

**As noted in the original Whole Child Matters Umbrella RFP, we are working primarily with data from the ODE website on preschool and kindergarten expulsion data and national projections. Expulsions under ten (10) occurrences at the district level in Ohio are not available in the state level ODE reports. ODJFS licensed care does not require programs to report that data.**

3. Since the Ohio Child Care Resource & Referral Association (OCCRRA) coordinates and assists agencies in maintaining their own local database of child care and early education programs in their region, can OCCRRA become a part of an applicant's response to support statewide coordination of ECMH services?

**Yes, their participation can be included. Their role however must be clearly defined as it relates to any proposed direct service provision.**

4. What type of cultural sensitivity measures will be offered to ensure cultural competence is employed relative to each county's demographics?

**OhioMHAS reviews and scores proposals in the area of cultural and linguistic competency in relation to its area demographics, service provision and staffing. Additionally, updated core competencies for ECMH Credentialed staff will include cultural and linguistic competency professional development requirements. Data**

**collected on the ECMH statewide reporting system captures child demographics for ECMH service provision.**

5. Is it possible to pilot a single region within the state versus statewide implementation?

**No, at this time a statewide demonstration effort is preferred.**

6. Is this initiative a duplication of service, given the role of OCCRRA within the state?

**This initiative is not a duplication of an OCCRRA service. The Whole Child Matters Centralized Intake Component is viewed as part of the early childhood mental health early intervention/prevention service array.**

7. What is the state's definition of "consultation," as it differs from county to county?

**The Whole Child Matters Centralized Intake consultation is described as a "face-to face follow-up visit with an ECMH professional within 24-48 hours to a call or request for a consult. The model for ECMH consultation is further defined in Georgetown Model for ECMH Consultation. Ohio utilizes a number of assessment tools including the DECA P5 to support child based interventions and plans.**

8. How will applicants know the specific needs of each county relative to ECMH services?

**The Whole Child Matters Preschool Expulsion Reduction Initiative will fund ECMH Counselor/Consultant services in 75 counties throughout Ohio. One essential task of the Central Intake Awardee will be the engagement of this specific workforce to help meet the need and special county/regional demands. We will rely on our ECMH partners and Early Learning providers for information to help gauge need. OhioMHAS will work as closely as needed to help assure capacity needs are sufficiently addressed.**

9. Will consideration be given re: additional funding, in effort to fulfill the requirement of 24/48 hour in person response time, which will necessitate extensive travel within the state?

**Regional ECMH awardees included travel in their respective budgets. It is expected that The Whole Child Matters Centralized Intake Component applications will include some travel budget expense. Expectations regarding the implementation of this requirement can be further coordinated with the Department once an award has been made.**

10. How will applicants become aware of, and familiar with, the other components/grantees within of the Whole Child Matters initiative prior to the January

22<sup>nd</sup> deadline, in order to describe their collaborations and development of formal MOUs for the centralization component?

**The formal press release is planned for distribution shortly. However, awardees are aware of the nature of their participation to provide ECMH coverage for their respective county. OhioMHAS will support facilitation of these agreements as necessary following application submission. MOU need not be fully formalized prior to submission. A statement of intent is sufficient and is how the scoring criteria will be applied. See RFP under VI. Proposal Evaluation section B.**

11. How does the state envision ECMH personnel traveling throughout the state, as it could take up to 5 hours in any given direction to provide face-to-face intervention to children/families within 24/48 hours?

**WCM awardees are aware of the nature of their participation to provide ECMH coverage for their respective county. Should there be a region where there is no funded ECMH program, centralized intake ECMHC will be expected to make the face-to-face visit.**

12. How would this centralized intake process affect other counties which have an existing process in place for families to obtain referrals and resources for ECMH?

**Local and statewide collaboration efforts will be needed with an eye towards avoiding duplication to the extent possible.**

13. Are proposed services strictly for children at risk for expulsion or for children in need of ECMH services?

**Priority is for face-to-face follow-up consultation for children at risk for expulsion. As work progresses, it is anticipated that calls will be received for general non-emergency type referrals which should be facilitated through the statewide ECMH provider network.**

14. Who is to be connected through ECMH and ODE school based mental health programs?

**ODE and ODJFS have been developing a more "seamless" early child care/early learning Ohio quality rated program (Step Up to Quality). OhioMHAS has a close working partnership with ODE's Office of Early Learning. They will serve as our OhioMHAS - ODE point of contact for this initiative for school based MH matters.**

15. How does seclusion and restraint fit in this target population?

**This initiative is a partial response to Ohio’s seclusion and restraint policy and there is a PBIS for early childhood workgroup collaboration already in place. Further collaboration will be made with ODE and ODJFS to implement this policy for this target population.**

16. How does the state define “capacity” if there is a known shortage across the state for ECMH?

**Our understanding of true ECMH statewide capacity is evolving. However, in the response from question #2: “As noted in the original Whole Child Matters Umbrella RFP, we are working primarily with data from the ODE website on preschool and kindergarten expulsion data and national projections. Expulsions under ten (10) occurrences at the district level in Ohio are not available in the state level ODE reports. ODJFS licensed care does not require programs to report that data.”**

17. What is the role of a Development Consultant?

**The ECMH Workforce Development Consultant supports the planning and coordination of ongoing training of the ECMH workforce expansion and sustainability efforts for regional ECMH training-of-trainers in the core competency areas.**

18. Is the state envisioning that the centralization aspects of the Whole Child Matters initiative manage the entire grant since training is included in the data reporting?

**Not at this time.**

19. Is the expectation for the awarded agency(ies) to provide these services statewide, or to a specific region?

**Yes, at this time a statewide demonstration effort is preferred. However ongoing ECMHC services will be coordinated through the statewide WCM partners.**

20. What is the anticipated caseload/referrals for the awarded agency(ies) to take on?

**It not envisioned that the Centralized intake staff will carry an ongoing caseload. It is anticipated that calls will be received for general non-emergency type referrals which should be facilitated through the statewide ECMH provider network.**

21. In the Scope of Work, Centralized Intake Component section, the RFP refers to “areas where there is no ECMH infrastructure or services.” What are the specific known areas /counties /locations which fall into this category?

**The Whole Child Matters Preschool Expulsion Reduction Initiative will fund ECMH Counselor/Consultant services in 75 counties throughout Ohio. One essential task of the Central Intake Awardee will be the engagement of this specific workforce to help meet the need and specific county/regional demands. There will be a site map posted as part of the press release. At this time, ECMH gaps appear in the 10 central to western Ohio/ Indiana border counties.**

22. In the “areas where there is no ECMH infrastructure or services,” what specific activities would the centralized intake grantee be responsible for?

**The Whole Child Matters Centralized Intake consultation is responsible for providing and/or coordinating a “face-to face” follow-up visit by an ECMH professional within 24-48 hours of a call or request for a consult. One responsibility of the Central Intake Awardee will be the engagement of this specific workforce funded in 75 counties to help meet the emergency needs and demands. Regional WCM awardees are expected to provide ongoing support for referrals from their county. Centralized intake staff will need to support the case/child/center or family until satisfactory resolution can be made, preferably through warm linkage with a local or regional ECMH or other early learning provider.**

23. In the Scope of Work, Centralized Intake Component section, the RFP refers to “ children requiring more extensive psychological evaluation.” Does this refer to any children requiring a behavioral health assessment for mental health services more intensive the ECMH consultation or is this specifying only children in need of psychological evaluation for school purposes (e.g., Individualized Education Plans)?

**Yes, this was intended to address community family and early childhood MH services. However, as it relates to kindergarten age children, linkages to school based services may be needed for IEP and may be a more appropriate clinical option in some areas.**

**End FAQ**