



Promoting wellness and recovery

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The Ohio Department of Mental Health and Addiction Services

Bureau of Children, Youth and Families

Request for Applications for Early Childhood Sexual Abuse Trauma Prevention & Early Intervention Treatment for Pre-School Aged Children

Early Childhood Mental Health Demonstration Programs

April 17, 2019

Office of Children, Youth and Families
SFY 2020-2021 Child Sexual Abuse Projects
Request for Proposals

Proposals must be submitted by 11:59 pm May 31, 2019

1. Background

In the United States there were 3.5 million minor aged children who were the subject of an investigation or alternative response by a Child Protective Services Agency (CPS) in fiscal year 2017. Of those children, 674,000 were determined to be victims of maltreatment¹.

Child Victim Demographics show that the youngest children are the most vulnerable to maltreatment. States report that more than one-quarter (28.5%) of victims are younger than 3 years old with the victimization rate highest for children younger than 1 year old.²

Findings from the national victim demographics national lens brings into perspective the co-occurring forms of maltreatment. In 2017 child sexual abuse victims were also reported as victims of neglect (1.4%), physical abuse (0.2%) and psychological maltreatment (0.1%) representing two types and at times, all three types (0.1%) of maltreatment reporting.³

Caregiver risk factor characteristics play an important role in potential prevention opportunities. Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. These factors are indicative of the importance of addressing the social determinants which interplay in the health of families and communities at risk, or protective factors. In the 2017 national data, child victims with caregivers with risk factors were as follows: alcohol abuse (12.1%); drug abuse (30.8) and financial problems (14.9%).⁴

Nationally in 2017, there were 56,000 substantiated or indicated cases of child sexual abuse (CSA) identified by the Administration on Children, Youth and Families.⁵

The Ohio Data

¹ Administration on Children, Youth and Families Child Maltreatment Report 2017

² Administration on Children, Youth and Families Child Maltreatment Report 2017

³ Administration on Children, Youth and Families Child Maltreatment Report 2017

⁴ Administration on Children, Youth and Families Child Maltreatment Report 2017

⁵ Administration on Children, Youth and Families Child Maltreatment Report 2017

In Ohio, minor aged children who received an investigation or alternative response in maltreatment of any type for child maltreatment 2017 were as follows:⁶

Substantiated N = 19,684
Indicated N = 7,586
Alternative Response N= 57,158
Total Ohio Victims N = 84,429

Ohio's overall maltreatment caregiver risk factors show an alarming trend:⁷

Alcohol Abuse Risk Factor	Drug Abuse Risk Factor	Financial Problems
2015 - 3.8%	2015 - 43.1%	No data
2016 - 5.3%	2016 - 47.0%	No data
2017 - 9.0%	2017 - 51.5%	2017 - 18.8%

Ohio Child Sexual Abuse Victims Ages 0 - 8 - January 2018 to April 2019⁸

*Substantiated N = 711
**Indicated N = 784
Total Victims N = 1,495

*Substantiated case means a finding that the report of abuse or neglect has happened.

**Indicated case means a finding of enough evidence to support the claim of abuse/neglect.

Child Sexual Abuse

Child sexual abuse is considered the most serious and with the potential for longest lasting negative effect form of child maltreatment. It is associated with negative outcomes in both childhood and adulthood (*e.g.*, anxiety, depression, self-harming behavior, substance abuse, Post Traumatic Stress Disorder, verbal and physical aggression, poor academic achievement, low self-esteem and high risk sexual behavior).⁹

The Adverse Childhood Experiences (ACE) Study is the seminal longitudinal study that explored the long-lasting impact of childhood trauma into adulthood. The ACE Study included over

⁶ Administration on Children, Youth and Families Child Maltreatment Report 2017

⁷ Administration on Children, Youth and Families Child Maltreatment Report 2017

⁸ SACWIS Reporting Team, Bureau of Automated Systems, Ohio Department of Job and Family Services 2019

⁹ www.pediatrics.org

17,000 participants ranging in age from 19 to 90.¹⁰ The number of childhood risk factors including sexual abuse as a child, was linearly related to many physical and mental health outcomes. The more the number of adverse childhood experiences individuals reported having, the more likely there were to engage in risky health behaviors and to be diagnosed with depression, alcoholism, heart disease obesity, and diabetes among others. In addition, higher rates of mortality were experienced by persons with higher ACEs.¹¹

Ohio's ACEs Survey Report

The Ohio Department of Mental Health and Addiction Services completed an investigation to gain knowledge of the prevalence of ACEs in Ohio's population using data from Ohio's 2015 Behavioral Risk Factors Surveillance Survey (BRFSS). Sixty percent of the total sample reported having at least one or more ACEs, with 16.5% reporting four or more ACEs. Thirty-nine percent (39%) of Ohio's population reported having no adverse childhood experiences.

Results suggest that experiencing cumulative ACEs is common in Ohio. Persons who are younger, members of minority groups, unmarried, and those with lower education levels experience adverse events in childhood at higher rates. Cumulative ACEs were also correlated with higher rates of chronic health and psychiatric conditions later in life, as well as poorer access to healthcare. These patterns point to an association between social determinants of health and the experiences of childhood adversities. Interventions to address issues related to the social determinants of health have been advanced as a method to reduce the incidence of adverse childhood experiences. Studies have shown that adult health can be improved by: providing access to early childhood enrichment programs, school-based victim prevention programs, and parenting education; improving neighborhood conditions by offering housing programs that move low-income individuals and families to less poor neighborhoods and offering programs that supplement income to individuals in need.¹²

2. Purpose

The Ohio Department of Mental Health & Addiction Services (OhioMHAS) is accepting proposals to develop, implement and/or sustain evidence-based or evidence-informed practices to prevent child sexual abuse (CSA); and provide effective early intervention and trauma-based treatment services to young victims of child sexual abuse (CSA).

¹⁰ National Child Traumatic Stress Network article "Effects of Complex Trauma, Dube, Felitti, Dong, Giles and Anda 2003

¹¹ National Child Traumatic Stress Network article "Effects of Complex Trauma, Dube, Felitti, Dong, Giles and Anda 2003

¹² Knudsen & Orack, OhioMHAS 2018

The purpose of the FY2020 Child Sexual Abuse Prevention and Early Intervention Projects is to align Ohio's Early Childhood Mental Health Services with statewide initiatives including ENGAE 2.0, Strong Families Safe Community Initiative, Ohio Start, Step-up to Quality Early Learning and Education Goals, Home Visiting and Early Intervention Services. These initiatives prioritize a focus on a multi-systems engagement of the Children's System of Care Approach¹³. And, supports children birth to 8 years old by utilizing evidence-based programs and best practices that are responsive to children's social and developmental needs, family, community and cultural backgrounds.

3. Outcomes

The expected outcomes are as follows:

- Education/Prevention Component: Increase public safety through educating and empowering children by offering evidence-based, evidence-informed or best practices education to children and adults through community prevention-focused collaborations including programs such as Body Safety Preschool or Stewards of Children® curriculums.
- Early Intervention Treatment Component: Provide rapid response capacity to the treatment needs of children and support to the families of the children who have been found to have substantiated sexual abuse cases with their local Child Protective Service Agency . Partnerships with area child care providers, preschools, home visiting programs, QCHC's pediatric settings, medical homes, community centers and local libraries, law enforcement and/or first responders, can be important partners in this work.
- Trauma Informed Treatment Component: Children who are in the home with the offending parent or adult, or who are on CPS reunification plans, should receive treatment utilizing highly trained clinicians in recognized evidence-based trauma models such as Parent-Child Interaction Therapy (PCIT), and/or Parent- Child Psychotherapy (PCT).

4. Community Partners

No single factor explains the perpetration of child sexual abuse as it involves a complex interplay of individual and contextual factors (*i.e.* individual, relationship, community, and societal influences¹⁴.) Thus, prevention and education programs must address multiple levels

¹³ https://gucchd.georgetown.edu/products/PRIMER2ndEd_FullVersion.pdf

¹⁴ 5(Krug, et al. 2002)

of influence including individual, relationship, community, and societal levels as represented by the World Report on Violence and Health¹⁵. Effective prevention strategies must also include caregiver participation and community buy-in achieved through working with local child-serving agencies, child protective agencies, law enforcement, behavioral health treatment, early learning and early intervention providers. Applicants are encouraged to reference how the proposal will address social determinants of health. Additional information can be found here:

<https://www.youtube.com/watch?v=qykD-2AXKIU>

<https://www.calendow.org/news/tces-tony-itons-tedx-talk-changing-odds-health/>

https://www.youtube.com/watch?v=Qn_vvQ6HPhE

http://kirwaninstitute.osu.edu//docs/SocialDeterminantsofHealth_May-29-12.pdf

<https://www.youtube.com/watch?v=to7YrI50iHI>

5. **Deliverables**

- CSA Awardees will deliver evidence-based and/or evidence-informed education to children and adults through workshops hosted and facilitated by appropriate community partners.
- CSA Awardees will include an interactive reinforcement activity for parents/guardians as and children part the CSA children’s workshops.
- CSA Awardees will offer participating children a brief pre-post curriculum-based assessment of child’s basic sexual abuse prevention knowledge or skills.
- CSA Awardees will offer participating parents a brief follow-up survey assessing the child’s ability to demonstrate key prevention skills learned from the home interactive reinforcement activity (i.e. being able to say no, identify 3 safe adults, etc...)
- CSA Awardees will submit quarterly, and end of year summary evaluating the pre/post session data and mid and year end training summary.
- CSA Awardees providing clinical treatment must demonstrate services are trauma informed and responsive to children and families’ cultural backgrounds and community values.

6. Proposal Guidelines

- Proposals must include a statement of need, project description, prior success with the model, implementation plan with timeline, budget and budget narrative.
- CSA Awardees will demonstrate collaborations with appropriate community partners by providing letters of support from partners willing to host and facilitate proposed workshops as well as by having the local county public children's service agency agree to necessary data sharing and child victim linkages for services.

Proposals must describe the applicant's experience, subject matter expertise and organizational capacity to provide planning, training and research specifically related to early childhood sexual abuse prevention.

- Early intervention treatment providers must demonstrate their experience in collaborating with area child protective service agencies to prioritize cases that are indicated or substantiated cases of child sexual abuse.
- The Budget must be submitted using the budget table found in Appendix A. The budget narrative must describe and support the entire budget. Proposals must clearly distinguish prevention and intervention elements of the budget and separate prevention costs from intervention costs.
- Proposal page limit is six, single-spaced pages in 12-point Times New Roman font. This page limit includes the budget narrative (Appendix B) but does not include the budget table.

7. Amount of Funding Available

The total amount available for funding is \$300,000 renewable up to 2 years. Proposal budget requests must not exceed \$75,000 each per application. A team of internal and external representatives will review the proposals and score each qualifying submission. The group score will determine which proposals are awarded. The amount of funding awarded for each application or collaboration will be based on amount requested and proposal score. Grantees will be reimbursed based on actual allowable expenses. These are defined in the Grant Budget Line Item Policies document located here:

<http://mha.ohio.gov/Portals/0/assets/Funding/Allocations/SPF2017/Fiscal-Budget-Definition-Reference-Guide.pdf>

8. Conditions of Award

- OhioMHAS will collect information and data from awardees. Awardees will provide required information and data electronically, through the Grants Funding Management System (GFMS) online reporting system. All information and data will be reviewed by project staff. Failure to comply with reporting requirements shall result in further action by OhioMHAS, which may include withholding of funds.
- The Department 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 result in lower evaluation scores or rejection of the proposal.
- Awardees will be solely responsible for reporting, withholding, and paying all employment-related taxes, payments, and withholdings for themselves and any personnel, including but not limited to: federal, state, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.
- Applicants must execute OhioMHAS Agreement and Assurances within GFMS in order to submit. No requests for edits, additions or deletions will be considered. This is non-negotiable. Please read the OhioMHAS Agreement and Assurances prior to submission of your application and do not apply if you are unable to comply with any component. (A copy of the Agreement and Assurances can be found on our website at <http://mha.ohio.gov/Default.aspx?tabid=725> on the right hand side).
- Funding note: Once awards have been finalized in the GFMS system, draw-down requests can be made. Payments are made on a reimbursement basis. Awardees have some flexibility in timing and amounts of draw-down requests. Requests cannot be made more than one time per month; requests can be monthly, quarterly, or on another schedule that meets awardees needs. Draw-down request amounts are not required to be equal across requests and can be variable based on expenditures.

- The following conditions apply to deliverables provided by the awardee:
- All items, products, deliverables and intellectual property developed, produced, dependent upon, derived from and/or begun as a result of this award shall:
 - Identify OhioMHAS and, if applicable, the federal grant, as the funding source;
 - Reserve to OhioMHAS and to the federal government, a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for public purposes, and to authorize others to do so;
 - Be provided to OhioMHAS as specified in the award; and
 - Be approved by OhioMHAS before dissemination.
- This paragraph does not apply to copyrighted materials purchased or licensed for use pursuant to this award except to the extent that the rights of copyright ownership were purchased with grant support.

9. Evaluation of Proposals

Proposal narratives will be evaluated on the following factors:

1. How the proposal demonstrates it addresses the priority target populations and overall goals of the of the CSA Prevention and Early Intervention Demonstration Project [20 points]
2. How applicants document collaboration between prevention and early childhood mental health providers, community partners with letters of support from community and other partners [10] points.
3. Capacity to complete the outcome and parental follow-up training survey; and how this data will guide or evolve applicant's practice, technology, or intervention [10 points]
4. Address the potential for sustainability or transferability of the CSA prevention and intervention services; and how the applicant may embed key elements to promote future sustainability [10 points]
5. Budget/budget narrative (Not scored)

10. Timeframes, Questions, Technical Assistance, and Updates

Deadlines

- The deadline for ECMH CSA proposals submission is **11:59 p.m. on Friday, May 31, 2019** to the following site: MHAS-ECWorkforce@mha.ohio.gov
- Risk of failure or delay in delivery rests with applicant.
- No faxed, mailed or hand carried applications will be accepted.
- The RFP, accompanying documents and all questions and answers will be posted on the OhioMHAS website. Interested parties are required to monitor this website (<http://mha.ohio.gov/Default.aspx?tabid=725>) for any updates to the RFP SYF20-21 ECMH Child Sexual Abuse Projects at <http://mha.ohio.gov/Default.aspx?tabid=725>
- You may NOT contact any OhioMHAS staff member directly with questions regarding this RFP. Contacting staff directly with questions could result in disqualification of a proposal. Questions can be submitted through MHAS-ECWorkforce@mha.ohio.gov
- The deadline for ECMH CSA proposals submission is **11:59 p.m. on Friday, May 31, 2019**
- Questions must be submitted electronically no later than **Friday May 10th, 2019 by 9:00am** MHAS-ECWorkforce@mha.ohio.gov
- Awards are expected to be announced by **Monday, June 17th 2019 by 5:00pm**
- New Applications for awarded projects should be the GFMS by **Friday, June 28, 2019 by 11:59pm**
- Funding for implementation will be available **July 1, 2019** after new applications are approved by OhioMHAS program and fiscal leads and NOSA's are awarded.