



Department of
Youth Services

Behavioral Health and Juvenile Justice Request for Proposals

I. Introduction

This Request for Proposals (RFP) builds upon the earlier generations of the mental health service activities for juvenile justice-involved youth and supports a solid foundation of community collaboration. It is expected that through the funding and implementation of local projects, youth involved with the juvenile justice system with serious emotional disturbances and/or substance use/abuse disorders 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/ informed practices and treatment models; and, sharing resources and developing 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 disorders.

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 (DYS) and Ohio Department of Mental Health and Addiction Services (OhioMHAS) reserve 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 Departments reserve the right to ask clarifying questions, issue conditional awards, and negotiate a best and final proposal with one or more applicants(s). The Departments reserve 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.

As part of the initiative, the Alcohol, Drug Addiction and Mental Health Services Boards (ADAMH Boards) and juvenile courts are expected to participate in scheduled meetings and support the initiative's quality assurance measures, as well as meet the criteria listed in the application. Behavioral health outcome measures, and those specific to reoffending, are required for all participants. Awardees are required to participate in evaluation activities developed and administered by the Begun Center for Violence Prevention, Research and Education at Case Western Reserve University.

For the purpose of this solicitation, funds may not be used for "out-of-home placement" which is defined as "a referral for private out-of-home placement to address the primary treatment need of a youth."

Important dates for this Request for Proposals are:

Release Date of Request for Proposals	April 16, 2019
Bidders' Conference in Columbus	April 23, 2019
Proposal Due Date	June 10, 2019

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II. Availability of Funds

Funds are to be available for Fiscal Year 2020 & 2021 (July 1, 2019 to June 30, 2021) 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 DYS 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 DYS. To determine the rate of commitment and demographics of the target population refer to *Profile of Youth Adjudicated or Committed for Felony Offenses FY2018*

https://www.dys.ohio.gov/Portals/0/PDFs/Home/NewsAndFacts/Statistics/Swa_FY2018.pdf .

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 Boards by DYS and require a corresponding agreement/Memorandum of Understanding (MOU) between DYS and the ADAMH Board. DYS will develop the agreement/MOU to include the final award amount and provide it to the respective ADAMH Board for review and approval. Fiscal requirements established by DYS for payment of funds must be met.

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 Board and any one or more of the following:

1. County Family and Children First Councils
2. Parent/Family organizations
3. Regional DYS, 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. Each partner must sign the agreement.

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.

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The Respondent **must demonstrate implementation of the SAMHSA defined System of Care framework**. Information on System of Care can be found here:
https://gucchd.georgetown.edu/products/Toolkit_SOC_Resource1.pdf
https://gucchd.georgetown.edu/products/PRIMER2ndEd_FullVersion.pdf

The Respondent **must identify the ADAMH Board as the Administrative Agent**. The Administrative Agent shall ensure that all expenditures are handled in accordance with policies, procedures and activities prescribed by DYS 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 DYS 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 DYS and/or other out of home placements.

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.

III. Due Dates and Submission

Proposals are to be submitted electronically by 5:00PM EST on June 10, 2019. Electronically submitted proposals are to be submitted as one PDF document. Electronic submissions are to be sent to Anthony Panzino (Anthony.Panzino@dys.ohio.gov), Jeff Spears (Jeff.Spears@dys.ohio.gov), Rachel Griffin (Rachel.Griffin@dys.ohio.gov), Holly Jones (Holly.Jones@mha.ohio.gov), and Jeff Kretschmar (Jeff.Kretschmar@case.edu) by 5:00PM EST on June 10, 2019.

The page limit of the project narrative is 20 pages; this does not include attachments. Proposals must be 12-point Times New-Roman font, double-spaced with 1-inch margins and borders. To address questions, a bidders' conference will be held in Columbus, Ohio on April 23, 2019 from 1:00PM to 3:00PM EST at DYS Central Office, 4545 Fisher Road, Columbus, Ohio 43228. Parking is free. Participation in the bidders' conference is not mandatory.

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IV. Program Narrative – Selection Criteria

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 DYS and OhioMHAS initiative is directed toward enhancing and expanding the local systems' options to serve youth who have serious behavioral healthcare needs and who are involved in the juvenile justice system. The initiative is designed to transform child-serving systems' ability to identify, assess, evaluate, and treat multi-need, multi-system youth. 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 DYS from the participating counties. The selection criteria for this RFP are provided below.

Respondents are expected to format their proposal by addressing the following criteria and providing a response under each heading and criterion.

a) Abstract (10 points)

1. The abstract should identify the ADAMH Board, the Juvenile Court(s), the collaborating partners, the amount of funding requested in fiscal year (FY) 2020 and FY2021, the amount of funding provided each fiscal year as local match, the projected Medicaid and insurance reimbursement for each fiscal year, and the projected number of youth/family members to be served each year.
2. Provide a brief description of the proposed program activities, the population to be served, the project's goal(s), the evidence-based services that will be used, the activities that the applicant will implement to achieve the goals and a projected start date.
3. The abstract should describe how the applicant will measure progress toward the goals.

b) Statement of the Problem (10 points)

1. Briefly describe the nature and scope of the problem(s) the program will address.
2. Provide local or state data to substantiate the problem exists.
3. Discuss the effects of the problem on the target population.

c) Target Population (15 points)

1. Provide a detailed description of the target population and the projected number of juvenile justice involved youth to be served each year of the project.
2. Describe any tools used to screen and/or assess the risk and needs of the target population and when the screens and assessments will be

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- performed (e.g., mental health screener/assessment, substance-abuse screener/assessment, psychosocial assessment, Child and Adolescent Needs and Strengths (CANS), Children's Global Assessment Scale, scholastic achievement testing, MAYSI-2, etc.).
3. Explain when the Ohio Youth Assessment System (OYAS) will be administered for the target population and how it will inform the selection of youth for the program and the services provided.
 4. Describe the barriers to services and treatment of the target population.
 5. Describe the selection criteria of the community-based treatment intervention and how it will inform the identification of youth/families to be served by the program.
- d) Selected Intervention (25 points)
1. Describe the youth- and/or family-focused, community-based intervention(s) that will be used to address the mental health and/or substance abuse needs of youth and/or families.
 2. Explain how the System of Care framework is embedded in the plan.
 3. Explain why the intervention was selected.
 4. Provide the appropriate research citation(s) substantiating the intervention is effective in addressing the needs of your target population. If the selected intervention(s) appear on SAMHSA's Evidence-Based Practices Resource Center or CrimeSolutions.Gov registry, please provide the appropriate link(s).
 5. Describe how the selected intervention(s) removes barriers to services and treatment of the target population.
 6. Describe the process for identifying youth, engaging them in the selected intervention, measuring outcomes/progress, and discharging from the program.
 7. 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. Describe the fidelity, adherence, and outcome requirements established by the model developer and explain how they will be achieved.
- e) Commitment History and Projected Decrease in Commitments and/or Placements (10 points)
1. Describe the historical rate of commitments of youth to DYS from the participating juvenile court(s).
 2. Estimate the number of DYS commitments for FY2020 & FY2021 in all 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 DYS. If the participating juvenile court(s) has few commitments to DYS, explain how the proposed services will impact other facets of local child serving agencies, such as reducing the

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- number of out-of-home placements financed by the juvenile court(s) or the public children services agency(ies).
- f) Qualifications of Respondent and Partners (15 points)
1. Describe the qualifications of the project partners and key personnel.
 2. Provide the qualifications of the half-time data collection person for 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). Respondents must submit a Position Description and resume for the individual dedicated to information gathering, data collection and information management. The half-time person cannot be a clinician or part of a clinical treatment team.
 3. Insert a Table of Organization depicting key staff and the data collection person. The table should include, at a minimum, the Board, juvenile court, treatment provider(s) and data collection.
 4. Describe 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.
 5. Provide information about experience implementing a BHJJ project or similar project in your community. Existing BHJJ projects must describe the number and type of youth served during the FY2018 & FY2019 funding cycle; the number of youth originally projected to participate in the FY2018 & FY2019 application; the program completion rates; compliance with the CWRU research protocol, and; any barriers to successful program implementation.
 6. Provide documentation of the active involvement of parents/families in the development of the proposal.
 7. Describe the process used at the local level to develop the proposal.
- g) Budget and Budget Narrative (15 points)
1. Complete the attached budget form, TEMPLATE Budget Summary, Budget Detail Worksheet and Budget Narrative for Year 1 & 2. Include the total cost of the project for each fiscal year with **all** funding sources and potential funding sources identified within the template. It is to include 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. Identify any other resources to be committed to this project (e.g., in-kind). **Indirect costs associated with grant funds for this project may not exceed 7%.** Indirect cost is that of the fiscal agent. The budget template does not count toward the 20-page project narrative limit.
 2. **Provide detailed narrative explaining each category of the budget.** Include in the budget narrative a **Statement of Assurance** that these grant funds will not supplant current local, state and federal funds for current service activities. Also, include in the budget narrative a Statement of Assurance that the respondent will pursue appropriate first and third party

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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 and WIAO Reentry initiatives as appropriate.

3. Describe the plan for continuation funding for sustainability as the grant funds phase out.
- h) Statements of Assurance and Other Attachments (15 points)
 1. Memorandum of Understanding signed by all project partners. The MOU must clearly define the roles and responsibilities of all partners and identify the ADAMH/MH Board as the fiscal agent.
 2. The respondent must provide assurance that it will work with DYS, OhioMHAS, and the Case Western Reserve University evaluation team 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, participation in meetings with the evaluation team as needed, and review and comment on draft evaluation summaries.
 3. 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 that may be identified. This database must be developed in conjunction with the evaluation team and includes 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.
 4. Attach the position description and resume of the half-time data collection person for information gathering, data collection and information management.

V. Examples and Links to Evidence-Informed Services

The following is a brief list of links to evidence-informed and evidence-based services and programs. They include information on evidence-based diversion, treatment, in-home interventions, and best practices. Applicants ARE NOT required to use a service listed below, but may find the information contained within the links helpful.

OJJDP Model Program Guide <http://www.ojjdp.gov/mpg/>

OJP Crime SOLUTIONS.gov <http://www.crimesolutions.gov/default.aspx>

SAMHSA's Evidence-Based Practices Resource Center

<https://www.samhsa.gov/ebp-resource-center>

The California Evidence-Based Clearinghouse <http://www.cebc4cw.org/>

Blueprints for Healthy Youth Development <https://www.blueprintsprograms.org/about>

Child Trends <http://www.childtrends.org/about-us/>

Washington Institute for Public Policy <http://www.wsipp.wa.gov/>

National Wraparound Initiative <http://www.nwi.pdx.edu/>

Models for Change <http://www.modelsforchange.net/index.html>



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ICT <https://case.edu/socialwork/begun/center-for-innovative-practices-cip/our-work/integrated-co-occurring-treatment>
SBIRT - <http://www.integration.samhsa.gov/clinical-practice/sbirt>