



Promoting wellness and recovery

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**The Ohio Departments of
Mental Health and Addiction Services
and
Developmental Disabilities**

**Bureau of Children, Youth and Families
and
Early Intervention**

**Request Applications For
Early Childhood Mental Health
and Early Intervention
Capacity Expansion**

#MHA FY20-21-ECMH-Early Intervention-06

October 23, 2019

**Early Childhood Mental Health and Early Intervention Capacity Expansion
SFY 2020-2021
Request for Proposals**

#MHA FY20-21-ECMH-Early Intervention-06

Proposals must be submitted by 11:59 pm Friday, November 22, 2019

A. Overview

Governor Mike DeWine’s FY2020-2021 biennium budget put’s Ohio’s children and families at the center by making strategic investments in the healthy development of children. Particular attention is being given to the social and emotional development and the early learning success of Ohio’s children. State agencies are partnering to achieve early childhood statewide goals such as “Step Up to Quality Enrollments”, increased access to services like “Help Me Grow - Home Visiting” and “Early Intervention”. The common goal for all agencies is to strengthen a vital system of care for Ohio’s children and families. To achieve these goals, a variety of supports are needed to assure that Ohio’s communities have the infrastructure for children to reach critical benchmarks in kindergarten and school readiness, positive parenting and youth preparedness and resilience. The Whole Child Matters Early Childhood Mental Health Initiative supports the development and implementation of a workforce specially trained to meet the social, emotional, behavioral and overall wellness needs of Ohio’s youngest children. By working with parents, teachers, caregivers and partner agencies, Early Childhood Mental Health Consultants help to prevent preschool expulsions by helping caregivers successfully manage challenging behaviors that may be the result of dysregulation that is caused by trauma, developmental challenges, or other environmental factors.

B. Demonstrated Effectiveness

Since the implementation of the Whole Child Matters ECMH Initiative, Ohio’s children have shown significant improvements in their scores for Self-Control; Initiative; Behavioral Concerns and Total Protective Factors¹. In addition, the ECMH program is helping to keep children in their classrooms by reducing challenging behaviors and supporting teachers and other caregivers understanding of signs and symptoms of early childhood trauma². The success of

¹ Benjamin Kearney Ohio Guidestone ECMH Program Evaluation Report

² NCH Centralized Intake Database

the Ohio ECMH Model across a variety of child, teacher, parent and community partner domains has resulted in increases in requests for access to services, in particular in underserved and under resourced areas of Ohio³. Healthy social and emotional development helps infants and toddlers to experience, manage, and express a full range emerging emotion. By increasing support given to caregivers, appropriate gains in growth and development can occur within the context of family, community, and culture. These gains improve children's success in learning and significantly improve their ability to develop close, satisfying relationships with others which are foundational skills for academic and lifelong success. Partners across the state recognize the need to increase infant and early childhood mental health expertise available to Ohio families. Based on this proven successes, Governor Mike DeWine's Office of Children's Initiatives has increased investments in early childhood mental health services.

C. Purpose - ECMH Service Expansion Collaboration in Action in 3 Target Areas:

C.1. Ohio Early Intervention Access to Infant and Early Childhood Mental Health

\$400,000.00 - Total Amount Funding Available to support up to 5 FTE ECMH Consultants to EI teams statewide. Applications may be submitted for this EI/ECMH single opportunity. Funding is eligible for second year renewal with satisfactory performance and reporting.

Ohio Early Intervention uses the primary service provider (PSP) teaming approach as the evidence-based framework for supporting children with delays and disabilities and their families. These teams expressed an increase in their need for infant and early childhood mental health expertise to help develop strategies that promote healthy social and emotional development, prevent disorders, and intervene where infant mental health concerns and disorders exist. The goal is to offer early childhood mental health (ECMH) consultation on each early intervention statewide team. DODD will partner with OhioMHAS to expand the success of the ECMH/EI pilot with this statewide demonstration grant to increase regional access to ECMH consultation in all 88 Early Intervention Teams. Local and

³ <https://www.countyhealthrankings.org/app/ohio/2019/measure/factors/62/data>

regional partnerships are strongly encouraged to support the creation these regionally based statewide ECMH /EI team collaborations. Staff for this ECMH/ EI demonstration must have the Ohio ECMH Consultant Credential⁴.

Proposals shall address how awardees of this grant funding assure that ECMH / EI Team Members will:

- i. Attend early intervention team meetings at least two times per month with each local early intervention team. This may be in-person or through digital technology.
- ii. Provide information and resources explaining additional assessment and screening tools that help in identifying strengths and needs of children in the social and emotional domain.
- iii. Provide resources and evidence-based strategies to the Primary Service Provider (PSP) and early intervention team for how to promote social-emotional development in daily routines.
- iv. Provide expertise about mental health challenges parents may face, (e.g. maternal depression, anxiety, mental health or SUD conditions, attachment/bonding issues, etc.) and how these challenges could influence parenting and the child's social and emotional development.
- v. Assist the early intervention team with determining when it is appropriate to make a referral to mental health and/or ECMH services.
- vi. Be up-to-date on available local mental health resources and be able to assist the team with timely access for those families who need these resources.
- vii. Assist the early intervention team in understanding trauma and its impact on development and family dynamics.
- viii. Provide the early intervention team with at least one training annually to enhance understanding of social-emotional development and ways to promote social-emotional development.
- ix. The consultant may provide consultation outside the early intervention team if time and resources allow. This may include providing specific interventions through

⁴ See OCCRRRA <https://ocrra.org/our-resources-page/> or <https://ocrra.org/wp-content/ocrra/opr/opr-ecmh-initial-credential-instructions.pdf>

email, meeting with a primary service provider to review Devereux Early Childhood Assessment results or collaborating with a primary service provider, parent or caregiver to incorporate interventions into an IFSP outcome.

- x. Proposals for the ECMH /EI expansion shall also address how awardees of this grant funding assure that ECMH / EI Team Members will work with the Department(s) to provide quarterly reporting on the:

Number of teams that each ECMH supports (ensure statewide access); Number of family/child specific consultations provided to the team on social-emotional issues impacting the child's development and/or family life; Number of families connected to mental health services (by county team); Number of trainings on social-emotional development provided to each team; Pre/Post data on developmental specialists' knowledge on social-emotional development.

\$850,000.00 - Total Amount Funding Available for ECMH Expansion into Pediatric and /or Under Resourced Communities. Applications may be submitted focused on a single or combined target funding opportunity area (C.1, C.2 and/or C.3) . Funding is eligible for second year renewal with satisfactory performance and reporting.

ECMH Expansion Target Areas

C.2 Primary and Pediatric Health Access to Infant and Early Childhood Mental Health

Many Ohioans have limited access to health care providers. Often the sole provider of primary health is the Federally qualified community health center (FQCHC) or county health departments. Recognizing that a primary health provider may be sole point of contact for all the physical and mental needs of families and young children, the goal of these funds is to expand Ohio's access to mental health services for young children in primary and pediatric health settings.

C.3 Support Ohio's Early Learning Step Up to Quality 2020 Legislative Goals

To help reach Ohio's 2020 goals for child care and early learning providers to be quality rated, Ohio will support under-resourced counties/regions with additional ECMH staff to help early care and family care providers with family-child, classroom or center based consultation and support professional development and training to meet the needs of a diverse and increasingly

complex client population. The goal for this funding is to build ECMH consultation service capacity in areas with very limited ECMH resources.

Staff for the ECMH Service expansion must possess or be approved as “provisionally working toward earning the Ohio ECMH Consultant credential.

- i. Be employed at an OhioMHAS provider or other partner agency under working under appropriate clinical or reflective supervision.
- ii. Proposals must demonstrate that services are early childhood trauma informed and responsive to children and families’ cultural backgrounds and community values.
- iii. Proposals for expansion of ECMH services to Pediatric or SUTQ settings shall be required to enter DECA, training and other data into Ohio’s ECMH centralized database for program evaluation purposes. Funding reporting is required into OhioMHAS Grants Funding Management System.

D. Proposal Guidelines

- i. Proposals must include a statement of need, project description, prior success with the pilot and Ohio ECMH model, implementation plan with timeline, budget, and budget narrative.
- ii. Awardees will demonstrate success with prior collaborations with appropriate community partners by providing letters of support from partners.
- iii. Proposals must describe the applicant’s experience, subject matter expertise and organizational capacity to provide planning, training and research specifically related to infant early childhood mental health, early intervention, pediatric primary health and or Step Up to Quality Rating System.
- iv. Early Intervention providers must demonstrate their experience in collaborating with area behavioral health providers.
- v. 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 which target area (C.1; C.2; or C.3) the applicate is seeking funding. Funding from other local sources is encouraged.

- vi. 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.

E. Eligible Applicants

Eligible applicants can be a Mental Health and Recovery Board, Developmental Disability Board, Family and Children First Council, or certified Community Behavioral Health Organization. Applicants are encouraged from multi-county collaborations that include representation from Mental Health and Developmental Disability system partners (provider organizations, county boards, etc.)

F. Amount of Funding Available

The total amount available for funding under this initiative is \$1,200,000.00 up to 2 years. Proposal budget requests for target C.1 EI/ECMH Expansion must not exceed \$400,000 per year, 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>

G. Conditions of Award

- i. 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.

- ii. 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.
- iii. 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.
- iv. 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).
- v. 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.
- vi. The following conditions apply to deliverables provided by the awardee:
- vii. All items, products, deliverables and intellectual property developed, produced, dependent upon, derived from and/or begun as a result of this award shall:
 - a. Identify OhioMHAS and, if applicable, Ohio Department of Disabilities, or any federal grant, as the funding source;

- b. 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;
 - c. Be provided to OhioMHAS as specified in the award; and
 - d. Be approved by OhioMHAS before dissemination.
- viii. 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.

H. 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 ECMH Capacity Expansion or ECMH / Early Intervention Demonstration Project [20 points]
2. How applicants document collaboration between and early childhood mental health providers, community partners with letters of support from community and other partners [10] points.
3. Capacity to complete the service outcomes, collect and enter data 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 ECMH /EI expansion or intervention services; and how the applicant may embed key elements to promote future sustainability [10 points]
5. Budget/budget narrative (Not scored)

I. Timeframes, Questions, Technical Assistance, and Updates

Deadlines

- The deadline for ECMH Expansion proposals submission is **11:59 pm on Friday, November 22nd 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
- You may **NOT** contact any OhioMHAS or Ohio Department of Disabilities 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 proposals submission is **11:59 pm on Friday November 22nd, 2019.**
- Questions must be submitted electronically no later than **Friday, November 8th, 2019 by 9:00am** MHAS-ECWorkforce@mha.ohio.gov
- Awards are expected to be announced by **Friday, December 13nd 2019 by 5:00pm .**
- New Applications for awarded projects should be the GFMS by **Friday December 27st, 2019.**
- Funding for implementation will be available effective **January 1st, 2020** after new applications are approved by OhioMHAS program and fiscal leads and NOSA's are awarded.