



Ohio Department of Mental Health



## BEHAVIORAL HEALTH AND JUVENILE JUSTICE Request for Proposal

DEADLINE FOR SUBMISSION –MONDAY NOVEMBER 14, 2005 – END OF BUSINESS DAY 5:00 P.M.

### I. 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. Many of these youth also have additional diagnoses of mental retardation/developmental disabilities. Research has also demonstrated that the unique needs of girls within the juvenile justice system are going unmet.

This initiative is directed toward enhancing and expanding the local systems' options to serve youth that have serious behavioral healthcare needs and are serious juvenile offenders. The initiative is designed to transform the systems' ability to identify, assess, evaluate, and treat multi-need, multi-system youth, and their families and to identify program and policy practices that support the desired outcomes. The Initiative is intended to accomplish this in ways that are inclusive of parents and families, culturally competent and gender specific. It is anticipated that the successful projects will 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, and better coordination among systems within the continuum of care.

### II. PURPOSE OF THE INITIATIVE

#### A. Goals

1. To meet the treatment and support needs of youth (and their families) who, at a minimum, are seriously emotionally disturbed, mentally ill and substance abusing/using, serious juvenile offenders, who may also be involved in the child welfare system.
2. To improve intersystem communication, collaboration, and shared outcomes, particularly among behavioral health care, juvenile justice and child welfare as well as pursue funding, policy, and program practices that support shared outcomes.
3. To coordinate and expand funding for shared outcomes through reinvestment of current resources and through draw down of federal matching funds.
4. To acquire research and evaluation based information on treatment and systems outcomes.

#### B. Objectives

1. To employ and evaluate effective and promising practice models of:
  - o assessment;
  - o treatment planning;
  - o treatment; and,
  - o discharge planning, transition and aftercare.

2. To implement evaluation activities that add to the field's knowledge regarding this population, particularly in regards to girls.
3. To produce more effective screening, assessment, and evaluation procedures and tools that are used to make appropriate decisions regarding needs.
4. To identify, organize, evaluate, and disseminate a body of knowledge specifically for the purpose of improving both institutional and community based treatment interventions particularly for girls, through technical assistance and consultation services.
5. To develop the infrastructure necessary to support ongoing behavioral health-juvenile justice-criminal justice-child welfare collaborations and achieve outcomes. One example of this might be the development/enhancement of Specialized Needs Dockets (e.g., Juvenile Mental Health/Family Courts).
6. To share results and encourage replication of successful approaches.

C. Expected Outcomes

**Service/Intervention**

- Demonstrated effective treatment and support interventions for the target populations that are culturally competent and gender specific.
- Identification and diversion of youth with serious behavioral health needs from juvenile justice system.
- Reduction in the number of youth with serious behavioral health needs unnecessarily placed in the juvenile justice and child welfare systems (out-of-home placement).
- Reduced length of stay for youth who are placed.
- Reduce the number of youth who commit new crimes and return to the juvenile justice system or enter the adult criminal justice system.
- Implementation of an effective screening, assessment, and evaluation protocol.
- Victimization/Trauma exposure.

**Systemic**

- Increased technical assistance for policy and program development specific to girls.
- 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.
- Inclusion of parents and families as partners as identified in the County Comprehensive Family Service Coordination Plan.
- Integration of program(s) with the local Service Coordination Mechanism. If the program is a multi-region or multi-county program, integration of the program(s) with each participating county's Service Coordination Mechanism.
- Enhanced continuum of care that will increase dispositional options for courts.
- Improved relationships and enhanced collaboration between the juvenile justice, adult justice, child welfare, behavioral health, education systems and others.
- Implementation of best practices and evidence-based treatment approaches which could be a model for other parts of the State.

- Recommendations of policy areas for systems improvement.
- Cooperation with all research and evaluation efforts of State partners.

**Financial**

- Demonstration of an increase and/or reinvestment of funds to achieve improved shared outcomes for youth and families.
- Sustainability plan for continuation of the project post grant.



## REQUEST FOR PROPOSAL

### BEHAVIORAL HEALTH SERVICES TO JUVENILE OFFENDERS

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DEADLINE FOR SUBMISSION –MONDAY NOVEMBER 14, 2005 – END OF BUSINESS DAY 5:00 P.M.

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#### I. INTRODUCTION

The Request for Proposal (RFP) represents the continuation of the solid foundation established in the first generation of mental health services to juvenile offenders initiative.

It is hoped that through the funding and implementation of local projects, the knowledge base on several levels will be expanded. This includes early identification and prevention, evidence based and effective practices and treatment models, full participation of families and caregivers, shared resources and partnerships between communities' caregivers and services systems and their counterparts at the state level.

The project funders, under the ABC Initiative, encourage all eligible applicants to consider their opportunities related to this project. The Departments are clear that those interested in this project must identify clinical, systemic, and financial outcomes (measurable) as outlined below and contained within the accompanying research and evaluation process.

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

#### II. 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 troubled population, with special attention to girls*. The diagnosis, legal status, multi-system involvement and behavioral assessments need to reflect this group of 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, a number of these items must be identified for the group of youth you propose to serve:

- DSM IV 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/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/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/victim of trauma and/or domestic violence
- History of multi-system involvement

Other factors that may be present:

- Mental retardation or developmental disability
- Learning disabilities

Assessments performed must be functional and strengths-based, and relevant to judicial disposition options. Assessments will be expected to give meaningful recommendations; give options for disposition; and, inform the court what treatment options are available and indicated. A youth shall be considered enrolled and eligible for service in the program upon completion of The Ohio Youth Problems, Functioning and Satisfaction Scales (Ohio Scales). It is expected that the applicant through the dedicated resource will collect data for youth who have been admitted to the program (assessed youth) as well as for youths who have been considered. As part of the mandated evaluation component, adolescents assessed in the program must be contacted for a follow up interview at three, six, and twelve-month intervals.

### III. AVAILABILITY OF FUNDS

The funders are making available up to a total of \$ 2 million, (\$1 million in each year of the next biennium 06-07) for the development, implementation, evaluation, and management of this initiative. There is no pre-determined amount per proposal and the final award(s) will, in part, depend on the number of proposals received, the focus area, and the amounts requested and approved. It is anticipated that given the amount of money available and the expected complexity, that approximately three (3) projects will be awarded, **ONE (1) OF WHICH WILL BE TARGETED AT GIRLS**. It is possible that a greater number of projects will be awarded depending on the state funding levels requested in proposals submitted. The funders anticipate rural, urban, and multi-community responses. The mix of applications will be a factor in the final selection process. The allocation period for these funds is July 1, 2005 to June 30, 2007. The funding to be made available for this project will be General Revenue Funds (ODMH). The funding source has certain eligibility and expenditure requirements that will need to be considered and assured in project design and management.

### IV. RFP REQUIREMENTS

#### A. Eligibility and Qualifications of the Applicant

Those eligible to be applicants for these funds include:

1. Local Family and Children First Councils, including Juvenile or Family Courts
2. Other partnerships and/or collaboratives must include local Juvenile Courts, ADAMH/CMH/ADAS Boards, Parent/Family Organizations, regional DYS, JFS/CSB; other partners may be included such as School Districts, Health Departments, Universities, and Board of Mental Retardation and Developmental Disabilities and behavioral health agencies or providers.
3. County-wide or regional partnerships inclusive of those noted in 1 and 2

Applicants must provide a co-signed agreement among the partners. Applicants must also provide documentation of the active involvement of parents/families in the development of the proposal. Applicants should briefly describe the process used at the local level to develop the proposal.

Applicants must identify the ADAMH/ADAS/CMH Board as the Administrative Agent. The Administrative Agent shall ensure that all expenditures are handled in accordance with policies, procedures and activities prescribed by state departments in rules or interagency agreements that are applicable to the project. 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.

Applicants should also state why this partnership or collaborative is qualified clinically and organizationally to provide the services and supports needed by the target population and fulfill the requirements as outlined in this RFP.

#### B. Guiding Values

Applicants will be expected to ground their proposals in the following Guiding Values and evidence of these should be demonstrated in the appropriate application sections:

- Development and/or enhancement of services, procedures, and supports which are research/evidence-based and/or effective practices relevant to the stated outcomes.
- Culturally competent and responsive.
- Reduction in out-of-home placement.
- Unconditional care; “no reject/no eject” policy.
- Least restrictive care that ensures safety for the youth and community.
- Child and family-centered care/involvement.
- Flexible/individualized care.
- Reinvested and flexible funding.
- Interagency care planning that supports a coordinated service plan and integration with the local Service Coordination Mechanism.
- Interagency care planning that supports a comprehensive Family Service Coordination Plan.
- Linkage to other State or local collaborative efforts, such as Partnerships for Success, Alternative School programs, already existing evidence based/effective procedures and/or services
- Enhancing the local capacity to serve the target population
- Evidence of a history of successful collaborations among various components of the continuum, e.g., linkage between secure care and community-based; after-care and ongoing support
- Local commitment to financially and administratively sustain the project when State funding is completed
- Family/parent/caregiver involvement in decision making

#### C. Focus Areas

There are two (2) focus areas applicants can choose from to serve as the base of their application. The focus areas are: a] Service Delivery System Development and b] Technical Assistance/Consultation.

**APPLICANTS ARE TO IDENTIFY ONLY ONE (1) FOCUS AREA FOR SUBMISSION.**

## **1. Service Delivery System Development**

In this area, applicants will apply for funding to accomplish one or more of the following:

- Implement an evidence-based/effective practice(s) not currently available in the local system of care
- Expand or enhance an evidence-based/effective practice(s) currently available in the local system of care but for which access and capacity is limited
- One or both of the above, but specific to girls
- Identify and implement a specific set of screening, assessment, and evaluation tools/protocol 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
- Develop and/or implement a local Juvenile Behavioral Health Court (or similarly titled court) as part of local collaboration and diversion efforts

[Other strategies to support development]

- Develop and implement a local collaborative intensive cross system case review process to determine patterns of treatment, placement, and funding and propose changes as needed for improving local systems of care for the target population.
- Conduct specific training and education activities designed to improve the local systems of care for the target population (clinical, programmatic, financial, evaluation)
- Collaborate on the design and implementation of a cross system data base that can be used to create effective individualized service plans
- 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
- Conduct an in-depth analysis of current local and state financing approaches to the target population
- Identify models of effective financing and refinancing strategies that leverage or reinvest available funds
- Develop a set of financing recommendations for state and local stakeholders

## **2. Technical Assistance/Consultation**

In this area, applicants will apply for funding to accomplish all of the following:

- Conduct a literature search on effective and evidence-based practices and interventions, both institution based and community based, for youth involved with the Juvenile Justice system. One project will be specific to the multiple needs of girls
- Conduct site visits to selected programs, institutions, communities that have effective programming, especially for girls, and prepare a monograph combining both the literature search and site visits
- Produce a set of technical assistance tools for use by state and local entities to help improve services particularly to girls
- Develop a dissemination plan for the information
- Provide on site technical assistance and consultation to state and local programs, institutional or community based, that seek or require such assistance

## **D. Match Requirement**

Applicants will be required to hire or dedicate a half-time person as match for the purposes of information gathering, data collections and information management. The individual cannot be a clinician or part of a clinical/treatment team. The position must be reflected in the applicant's Table of Organization. Applicants must submit a Position Description and resume for the individual dedicated to data collection and information management.

#### E. Local Readiness

Applicants 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/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

#### F. Enhanced and coordinated continuum of services supported through grant funds

Applicants should describe the type and continuum of services that *will be developed and/or how current services and supports will be enhanced with the use of project grant funds* in order to meet the needs of the target population. Applicants will need to provide rationales for the types and levels of service being proposed. Applicants will also need to describe how services 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. **Applicants will need to describe the selection process and rationale for the evidence based/effective services they are proposing to develop with these funds.** Citation of supporting literature would be expected.

#### G. Model Systems Overview

Applicants should provide a *model overview* (a flow chart or some other 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.

#### H. Implementation Timetable and Narrative

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

#### I. Project Budget and Financing Plan

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

1. Total cost of the project with **all** funding sources and potential funding sources identified (see Budget Form – Section I – Estimated Funding Resources).
2. Amount of matching funds available. While a specific percentage of match is not required, applicants that provide the greatest amount of match will have that reflected in the scoring of the Finance Section which will result in preference being given to the application review. Match can include other local systems funds (e.g., pooled funds) or projections of first and third party revenue for allowable billable services.
3. Amount of grant funds being requested.

4. Identification of any other resources to be committed to this project (e.g., in-kind).
5. Statement of assurance that the applicant 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 includes working Healthy Start, EPSDT, TANF, WIA Reentry and HMO initiatives as appropriate.
6. Detailed display of where and how the funds will be used in developing and/or enhancing the continuum of services, including direct, indirect, administrative and other related costs (see Budget Form – Section II – Estimated Expenses). Applicants should clearly describe in the budget narrative their use of the terms direct, indirect, administrative and other related costs.
7. A chart indicating the percentage of grant funds compared to total costs for the identified services. This is included to assist in identifying current gaps in funding for this population (see Budget Form – Section III – Grant Funds Allocation).
8. A plan for continuation funding as the grant funds phase out. Grant funds for the pilot project(s) are available within this fiscal year.
9. Statement of assurance that administrative costs associated with grant funds will not exceed 7%.
10. Statement of assurance that grant funds will not supplant current local, state and federal funds for current services.
11. Budget narrative.

J. Information and Evaluation

1. Reporting and monitoring

Applicants must provide assurance that they will comply with all reporting and monitoring expectations from the State Departments and the Evaluation Team. This may include such areas as number of target population identified/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 funders.

2. Evaluation/data collection

Applicants must provide assurance that they 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, participation in meetings with the Evaluation Team as needed, and review and comment on draft evaluation summaries.

Applicants must provide assurance that they will participate with the State Departments and the Evaluation Team 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, including Ohio Youth Scales assessments on a regular basis, standard data elements on client and family characteristics, and standard information about stressors that are present in families served by the project.

3. Sharing lessons learned and participating with State departments in knowledge development

Applicants 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. At a maximum, this will include attendance at quarterly meetings with the Departments and the evaluators of all child-focused components of the ABC Initiative to discuss progress and findings.

K. Attachments

1. Letters of participation clearly stating the commitment and obligations of the local partners.
2. Relevant research data to support treatment approaches & interventions
3. Budget forms

L. Other Specifications

1. Length of proposal – **NO MORE** than 15 pages
2. Copies – original and 9 copies.
3. **DEADLINE FOR SUBMISSION – NOVEMBER 14, 2005 END OF BUSINESS DAY (5:00 P.M./ET)**
4. **NO FAX COPIES** or attachments will be accepted
5. Submit to : Robin Gilbert  
ODMH  
30 East Broad, 8<sup>th</sup> Floor  
Columbus, OH 43215-3430  
614/466-1199  
GilbertR@mh.state.oh.us

M. Other Information

1. **Bidder's Conference**
2. **Applicants with questions for the Bidder's Conference**

**BEHAVIORAL HEALTH AND JUVENILE JUSTICE**

**SERVICE DELIVERY SYSTEM DEVELOPMENT**

**BUDGET FORM**

**1. ESTIMATED FUNDING RESOURCES:**

Local Funds	\$ _____
State Funds	\$ _____
1 <sup>st</sup> /3 <sup>rd</sup> Party Funds	\$ _____
Match Funds	\$ _____
Private Funds	\$ _____
Grant Funds Requested	\$ _____
<b>TOTAL FUNDING REOURCES</b>	<b>\$ _____</b>

**II. ESTIMATED EXPENSES**

<b>SERVICES</b>	<b>DIRECT SERVICE COST</b>	<b>INDIRECT SERVICE COST</b>	<b>ADMIN COST</b> •	<b>OTHER RELATED COSTS</b>	<b>TOTAL</b>
Screening/Referral					
Assessment					
Case Planning and Management					
Secure Residential					
Inpatient					
Partial Hospitalization/Day Treatment					
Treatment Foster Care					
MST or Other Wraparound					
Home/Community Based Services					
Aftercare					
Other					
<b>TOTAL EXPENSES</b>					

- Administrative costs associated with the grant funds shall not exceed 7%

III. **GRANT FUNDS ALLOCATED**

<b>SERVICES</b>	<b>TOTAL COSTS</b>	<b>PERCENTAGE OF GRANT FUNDS</b>
Screening/Referral		
Assessment		
Case Planning/Management		
Secure Residential		
Inpatient		
Partial hospitalization/Day Treatment		
Treatment Foster Care		
MST of Other Wraparound		
Home/Community Based Services		
Aftercare		
Other		
<b>TOTAL</b>		

**BEHAVIORAL HEALTH AND JUVENILE JUSTICE**

**TECHNICAL ASSISTANCE/CONSULTATION**

**BUDGET FORM**

**1. ESTIMATED FUNDING RESOURCES:**

Local Funds	\$ _____
State Funds	\$ _____
1 <sup>st</sup> /3 <sup>rd</sup> Party Funds	\$ _____
Match Funds	\$ _____
Private Funds	\$ _____
Grant Funds Requested	\$ _____
<b>TOTAL FUNDING REOURCES</b>	<b>\$ _____</b>

**II. ESTIMATED EXPENSES**

<b>TA/CONSULTATION</b>	<b>DIRECT SERVICE COST</b>	<b>INDIRECT SERVICE COST</b>	<b>ADMIN COST</b> •	<b>OTHER RELATED COSTS</b>	<b>TOTAL</b>
<b>Direct Employee Expenses</b>					
Salaries, Wages & Fringes					
<b>Direct Operating Expenses</b>					
Purchased Personal Service					
Training & Conference Fees					
Travel, Mileage/Lodging/Per Diem					
Supplies & Materials					
Consumer & Family Stipends					
Other Direct Costs					
Other					
<b>TOTAL EXPENSES</b>					

- Administrative costs associated with the grant funds shall not exceed 7%

III. **GRANT FUNDS ALLOCATED**

<b>TA/CONSULTATION</b>	<b>TOTAL COST</b>	<b>PERCENTAGE OF GRANT FUNDS</b>
<b>Direct Employee Expenses</b>		
Salaries, Wages & Fringes		
<b>Direct Operating Expenses</b>		
Purchased Personal Service		
Training & Conference Fees		
Travel, Mileage/Lodging/Per Diem		
Supplies & Materials		
Consumer & Family Stipends		
Other Direct Costs		
Other		
<b>TOTAL EXPENSES</b>		