



JACK, JOSEPH AND MORTON MANDEL  
SCHOOL OF APPLIED SOCIAL SCIENCES

CASE WESTERN RESERVE  
UNIVERSITY

Center for Innovative Practices

---

## THE CHILD AND ADOLESCENT BEHAVIORAL HEALTH CENTER OF EXCELLENCE

### REQUEST FOR APPLICATIONS:

Evidence Based Practice Implementation Support  
Funding Grants: Multisystemic Therapy (MST) and  
Functional Family Therapy (FFT) FY22

<b>Request for Applications issue date:</b>	<b>November 5, 2021</b>
<b>Application due date:</b>	<b>December 13, 2021</b>
<b>Bidders' Conference:</b>	<b>November 19, 2021</b>
<b>Projected Award date:</b>	<b>January 3, 2022</b>

## **I. Introduction:**

The Family First Prevention Services Act (FFPSA) was signed into law on February 9, 2018, as a part of the Bipartisan Budget Act (HR. 1892) and includes significant reforms to keep families together by providing vulnerable children, youth and families the services the supports they need to thrive. In passing FFPSA, Congress recognized that too many children are unnecessarily separated from parents who could provide safe and loving care if given access to needed mental health services, substance abuse treatment or improved parenting skills.

In response to FFPSA, Ohio's state and county leadership, community providers, families, advocates, university partners, and many others invested in Ohio's families and children convened to inform a plan to implement the law. The implementation plan, developed with administrative support and guidance from the Ohio Department of Job and Family Services (ODJFS), in coordination with other ground-breaking initiatives occurring in the State specifically supports communities with the development and provision of in-home and community-based services and supports designed to address the unique needs of families and children at risk of out-of-home placement. Ohio's plan endorses the use of two in-home and community-based services demonstrated effective in keeping families together – Multisystemic Therapy (MST) and Functional Family Therapy (FFT). For this behavioral health capacity building grant program, the Child and Adolescent Behavioral Health Center of Excellence (CABH COE) at Case Western Reserve University was selected by the State of Ohio to assist behavioral health providers and communities with these service expansion efforts.

The CABH COE is charged with strategically supporting this and other robust systems of care transformation initiatives across the state of Ohio's child serving systems. Transformation initiatives supported by the CABH COE include: Family First Prevention Services Act, the Ohio Department of Medicaid's OhioRISE Program, modernization of Family and Children First Councils, expanding Systems of Care for Multi-System Youth (MSY), Enhancement of the Crisis Continuum for Children and Adolescents, and Behavioral Health Workforce Development. CABH COE's key functions include training, coaching and consultation, professional development, capacity building, technical assistance, fidelity monitoring, standardized assessment (CANS - Child and Adolescent Needs and Strengths) and evaluation, strategic business support, and payment functions for FFPSA prevention services. For this request for applications, CABH COE will assist communities with behavioral health capacity building, specifically the creation and expansion of Multisystemic Therapy (MST) and Functional Family Therapy (FFT) services.

Multisystemic Therapy is an intensive family- and community-based treatment that addresses the multiple determinants of behavior problems, including substance abuse, in adolescents. MST strives to promote behavior change in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network). The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Within a context of support and

skill building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior. Intervention strategies are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies. For more information about this scientifically proven intervention for at-risk youth, visit <https://www.mstservices.com/>.

Functional Family Therapy is a family intervention treatment program for youth with disruptive, externalizing disorders. FFT has been applied to a wide range of youth with problems and their families in various multi-ethnic, multicultural contexts. Target populations range from at-risk pre-adolescents to youth with moderate to severe problems such as conduct disorder, violent acting-out, and substance abuse. FFT is a strength-based model built on a foundation of acceptance and respect. At its core is a focus on assessment and intervention to address risk and protective factors within and outside of the family that impact the adolescent and his or her adaptive development. For more information about the FFT, visit <https://www.fftllc.com/>.

## **II. Purpose:**

To support the State of Ohio's FFPSA implementation goal to increase state-wide access to approved Title IV-E Clearinghouse prevention services, this RFA has been developed to help expand statewide capacity and access to MST and FFT. For this initiative, CABH COE is providing grant dollars, training and technical assistance to eligible and awarded behavioral health providers proposing to create new or expand existing MST and FFT services. Through this RFA and grant awards, CABH COE will provide awardees training, technical assistance and grant funding for program startup and implementation of new MST and FFT teams AND/OR the expansion of existing MST and FFT programs that serve at risk youth with open case plans with local Title IV-E Public Children Services Agencies (PCSAs) or Title IV-E Juvenile Courts. (For contact information for county Public Children Services Agencies visit [https://jfs.ohio.gov/County/County\\_Directory.stm](https://jfs.ohio.gov/County/County_Directory.stm) ; for Title IV-E Juvenile Courts visit <https://jfs.ohio.gov/ocf/JuvenileCourtContactList.stm>.)

In addition to specifically increasing statewide access to MST and FFT services for youth with open case plans with the Title IV-E agency, an additional goal of this RFA includes engaging grantees to identify successes for possible replication; and identifying challenges and developing strategies and recommendations for stakeholders and policymakers regarding capacity building, financing, and workforce development.

## **III. Eligible Applicants:**

Eligible applicants are behavioral health providers certified by the Ohio Department of Mental Health and Addiction Services which have secured a letter of support and memorandum of understanding (MOU) with their local Title IV-E agency (PCSA or Title IV-E Juvenile Court). The

letter of support and MOU, which are further described in the Selection Criteria section of the RFA, must describe the MST or FFT service creation or expansion, the referral process from the Title IV-E agency to the provider, how the provider and Title IV-E agency will collaborate to support youth and families having an open case plan with the Title IV-E agency and the projected number of Title IV-E youth to be served once MST/FFT services are established or expanded. Applicants are eligible to request no more than one (1) MST and one (1) FFT award for creation and/or expansion of services.

#### **IV. Target Population for New or Expanded Services:**

The purpose of this solicitation is to specifically build new service pathways for those youth who have an open case plan with a Title IV-E agency, but not those in the custody of the Title IV-E Agency. Additionally, the target population includes those youth who have been determined appropriate for treatment using a standardized assessment (CANS) and/or meeting the eligibility criteria for either MST or FFT services.

#### **V. Available Funding, Award Period and Awards:**

The total of all awards under this RFA will not exceed \$1,818,181.00. The initial Award Period is the remainder of Fiscal Year 2022 (July 1, 2021-June 30,2022), though award periods may be extended to permit successful implementation of the approved program activities. The total amount per award and number of awards shall be determined by the number of applications received, the quality of the proposals and alignment with the FFPSA priority areas, and selection criteria. Funds will be distributed to awardees through an initial upfront/advance request not to exceed 30% of the total award, and quarterly invoicing. The initial upfront/advance request is being offered to mitigate for awardees the fiscal implications of hiring, training and program startup. The initial request for funds and subsequent quarterly invoices will require supporting documentation aligned with the approved budget and the achievement of deliverables/milestones identified in the applicant's response to the selection criteria. The awardee agrees to reconcile projected expenses of the upfront/advance request for funds with actual expenses once incurred. This reconciliation will occur through the succeeding quarterly invoices.

The CABH COE 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 CABH COE reserves the right to ask clarifying questions, issue conditional awards, and negotiate a best and final application with one or more applicants.

If the allocated \$1,818,818.00 is not awarded due to the requests received and quality of applications, a second RFA will be released in Spring 2022.

## **VI. Pilot Counties Are Prioritized for Funding**

With the intent of improving the Ohio's Prevention Services Plan before statewide implementation, it was determined crucial to pilot the plan with seven county PCSAs and one Title IV-E Juvenile Court - Fairfield, Licking, Butler, Knox, Lucas, Stark, Trumbull and Ashtabula County Juvenile Court. The eight pilot counties and the ODJFS Office of Families and Children (OFC) began implementing on April 1, 2021, the Prevention Services Plan with the objectives of better understanding local considerations and processes, to provide OFC feedback on experiences in real time and to provide recommendations for improvements prior to statewide implementation. The specific activities to achieve the objectives of the pilot include counties' contemplation of the new Prevention Services case category and the Prevention Services Plan, SACWIS functionality, the process of linking families to services proposed in the plan and developing operational improvements before implementing statewide.

The pilot counties have been instrumental in providing feedback, highlighting areas that need additional focus, and providing input on planning, training, and implementation considerations for other counties choosing to adopt Prevention Services. During the pilot, OFC held biweekly calls with pilot counties to share information, receive county feedback, and facilitate cross-county collaboration. Feedback received during these calls further informed planning efforts for statewide implementation of Prevention Services. The most consistent feedback from pilot counties pertains to service availability and capacity of evidence-based practice (EBP) service providers.

Given the initial investments of pilot counties and work completed, priority consideration for funding will be given to the following:

1. Proposals to **create a new** MST or FFT team in a pilot county (Fairfield, Licking, Butler, Knox, Lucas, Stark, Trumbull, Ashtabula) where there is no current MST or FFT program and there is a documented Title IV-E agency need based on a community needs assessment and/or local data
2. Proposals to **expand capacity** of MST or FFT in a pilot county (Fairfield, Licking, Butler, Knox, Lucas, Stark, Trumbull, Ashtabula) aligned with a documented Title IV-E agency need based on a community needs assessment and/or local data
3. Capacity building for non-pilot counties where a Title IV-E agency need for services has been defined through community needs assessment and/or local data (new team or expansion)
4. MST and FFT programs that target behavioral health inequity and behavioral health disparity in their community

Though priority consideration will be given to counties meeting the criteria above, all interested counties or multi-county partnerships demonstrating need from a community assessment and/or other measures are encouraged to apply.

## **VII. Use of Funds**

Applicants are encouraged to clearly identify in their response expenses they anticipate incurring during startup and initial program implementation. Expenses typically associated with MST and FFT startup and expansion are provided below. Other necessary activities not listed may also be funded but must be clearly justified by the respondent.

Applicants for MST creation and expansion grants should consider incorporating into their proposed budget expenses for the following capacity building activities:

1. MST Licensing Fees for organizations and teams
2. Cost of staff time for initial, annual and booster trainings
3. Cost of staff time spent in weekly consultation
4. Workforce development strategies; recruitment and/or retention strategies
5. Cost of staff time during initial caseload building and ramp-up period
6. Cost of supervisor and clinician development consultation and training support
7. Quality assurance support activities
8. Cross training of other agency staff and community partners
9. Initial overhead expenses incurred by the organization for new or expanded MST staff during startup and prior to receiving ample reimbursement for services

Applicants for MST service creation and expansion do not need to budget for the initial 5-day MST Orientation Training and materials, and other MST Program Developer services. These will be provided by CABH COE at no cost. MST Program Developer contact:

[maureen.kishna@case.edu](mailto:maureen.kishna@case.edu)

Applicants for FFT creation and expansion grants should consider incorporating into their budget request expenses for the following capacity building activities:

1. FFT licensing fees and training and technical assistance expenses for program startup
2. One-time agency assessment conducted by FFT and travel, lodging and per diem expenses of the FFT trainer(s)
3. Cost of one-time assessment tool agency license (OQ)
4. Cost of FFT Expert weekly consultation
5. Cost of staff time for initial, annual and booster training
6. Cost of staff time spent in weekly consultation
7. Workforce development strategies; recruitment and/or retention strategies
8. Cost of staff time during initial caseload building and ramp-up period
9. Supervisor and clinician development consultation and training support
10. Quality assurance support activities
11. Cross training of other agency staff and community partners
12. Initial overhead expenses incurred by the organization for new or expanded FFT staff during startup and prior to receiving ample reimbursement for services

FFT Program Developer Contact: [hollyfft@comcast.net](mailto:hollyfft@comcast.net)

During the bidders' conference, interested community behavioral health providers may ask MST and FFT experts clarifying questions regarding model training expectations and staff time commitments for required trainings and activities.

### **VIII. Scope of Work:**

It is expected that through this funding opportunity, awardees will successfully build an operational and licensed MST and/or certified FFT team that provides access to evidence-based treatment services for youth with open case plans and families involved with local Title IV-E Agencies. The Scope of Work coincides with the Selection Criteria in the next section. It is expected that respondents will:

1. Conduct a community needs assessment and/or obtain local data that depicts population needs aligned with the development of an MST or FFT program in the respective county or region
2. Identify an estimated number of Title IV-E agency youth with an open case plan to be referred and served by program for the remainder of FY22 and projected annually thereafter.
3. Identify local stakeholders and collaborators that are committed to the development and sustainability of an MST or FFT program and will review program implementation progress
4. Become a licensed provider of MST and/or certified provider of FFT and fully participate in the program development activities associated with the selected model (site assessments, administrative and clinical training, clinical and organizational support activities, quality assurance and data collection activities etc.).
5. Build and maintain a new MST and/or FFT team to serve a community where there is currently no service, but a documented need exists AND/OR expand an existing MST and/or FFT team to increase capacity and access to the service for youth and families in a county or region where there is currently inadequate capacity or service provided, but an assessed need exists
6. Develop and implement behavioral health workforce strategies to recruit and retain qualified, licensed professionals to staff the MST or FFT teams
7. Develop a projected program implementation budget and provide retrospective cost reports
8. Develop a sustainability plan that leverages multiple funding sources, inclusive of current and projected reimbursement by first- and third-party payors as well as project viable blended and braided financial strategies; this must include completing training and entering into a provider agreement with Ohio Children's Alliance Financial Services Program for payment for youth referred by the Title IV-E agency that are not Medicaid eligible
9. Participate in project cohort meetings facilitated by the CABH COE

10. Report on a quarterly basis, project development phase, status on deliverables achieved to date, successes and challenges experienced, quality improvement plans developed to overcome challenges and any emerging trends impacting the project
11. Enter into a project specific data sharing agreement; this will be developed post award

## **IX. Selection Criteria**

The selection criteria for funding are provided below. Applicants are to format their proposals to address each selection criterion. If an applicant proposes to create and/or expand both an MST and FFT service, individual applications/submissions are required for each request. Respondents may find it helpful to refer to the proceeding section, Scope of Work, for clarification. Proposals are limited to 30 pages plus budget and attachments and must be 12-point Times New-Roman font, double-spaced with 1-inch margins and borders.

1. Abstract (15 points) – The abstract must include: a.) the applicant organization’s name, tax identification number and physical address; b.) the amount of the request for funds; c.) a staff contact for the proposed activities, including name, title, phone number and email address; d.) a list of services provided by the applicant organization currently certified by the Ohio Department of Mental Health and Addiction Services, or currently in the certification process. The abstract should identify: e.) the proposed service (MST or FFT) and if the service is being created or expanded and the applicant’s experience implementing the proposed service, and; f.) the county(ies) participating in the project and the collaborating agencies and entities. The abstract should also include g.) a brief description of the purposed activities; h.) a brief description of the of the target population to be served; i.) the projected number of the target population to be served annually once services are established or expanded; j.) the project goal(s), the activities the applicant will implement to achieve the goals and a projected start date. The abstract should also describe, k.) how the applicant will measure progress toward achieving MST or FFT certification.
2. Letter of support from local Title IV-E agency(s) and MOU(s) (15 points) - The signed letter of support from the referring Title IV-E agency should specify commitment to the creation or expansion of the proposed services, include the projected number of youths with an open case plan to be served annually once the services are established, and describe the community assessment process or local data used to substantiate local needs. In counties with both Title IV-E PCSA and a Title IV-E Juvenile Court, the lead Title IV-E agency must include in their MOU a description of the partnership between the PCSA and juvenile court. The applicant should also attach an MOU (or multiple MOUs) with all project partners which includes brief descriptions of their roles within the

initiative. Applicants are also encouraged to solicit input and collaboration with local Alcohol, Drug Addiction, and Mental Health Services Boards.

3. Project Description (40 points) - The project description should include each of the following elements:
  - a. Describe the process used to assess the community needs and how the selected intervention aligns with identified needs of the target population. Include with the description the total number of youth projected to be served annually, as well as the total number of youth involved with Title IV-E agency(ies) projected to be served annually.
  - b. Describe the current behavioral health services continuum for the target population in the county(ies) to be served and how implementation of the selected intervention enhances the continuum of care.
  - c. Develop an outline identifying the key activities and phases of the proposed project (new team vs. expansion, single county vs. regional, etc.). Key activities and phases should align with the selected model's materials describing the implementation and certification processes and activities described in the **Scope of Work** section above. Examples include identifying and hiring new staff, in-service training, model orientation training, clinical and supervision training, establishing a mechanism for accepting referrals from the Title IV-E agency(ies) and other referral sources, caseload ramp-up, and ongoing quality assurance training and activities for program and model fidelity.
  - d. Identify project activities that will serve as milestones and develop a timeline to achieve the milestones. Milestones established by the applicant should align with the funding request and when achieved, substantiate project progress. The achievement of milestones and the established timeline will be used, in part, to demonstrate successful project implementation and to justify payment of quarterly invoices.
  - e. Describe the local collaborating partners, the intended roles of each partner throughout the various phases of the implementation and how the project aligns with the strategic initiatives of each of the partners. Include in this description any experience the provider or partners have implementing evidence-based practices or systems of care quality improvement initiatives. Viable project partners include the PCSA, Juvenile Court, Family and Children First Councils, Alcohol, Drug Addiction, and Mental Health Services Boards and schools. Other partners may be included.
  - f. Describe the anticipated referral pathways and processes for referral coordination.
  - g. Describe how the selected intervention impacts behavioral health disparities that exist within the community and/or population to be served, how the interventions selected and/or project incorporates National CLAS Standards

(National Standards for Culturally and Linguistically Appropriate Services at <https://thinkculturalhealth.hhs.gov/clas> ) as well as how the project will honor the cultural and linguistic needs of all populations to be served. Describe how the proposed services may advance race equity and inclusion (REI) efforts within the target population and community.

- h. Describe the project’s intended mechanisms for collaborative local quality assurance (QA) and project improvement efforts. QA refers to services and activities developed to ensure fidelity to a proposed initiative and include those established by the awardee and the developers of interventions. The goal of QA is to gauge fidelity to the program, identify issues and concerns, and support activities needed to help the program succeed. For MST and FFT services, awardees will use QA tools designed by the model developers. For local implementation efforts, applicants need to describe how they will measure adherence to the proposed activities beyond the QA protocol established by MST and FFT.
  - i. Provide a detailed plan for project sustainability. Respondents are encouraged to consider how the recently enhanced Ohio Medicaid rates for Intensive Home-Based Treatment (IHBT) MST and IHBT FFT will impact sustainability. Respondents should also consider leveraging other systems dollars designated to serve the target population. This includes the requirement of entering into a provider agreement with the Ohio Children’s Alliance Financial Services Program for payment for services provided to Title IV-E referred youth not eligible for Medicaid. For current information about OhioRISE and IHBT Service Rates visit Ohio Department of Medicaid - OhioRISE at <https://managedcare.medicaid.ohio.gov/wps/portal/gov/manc/managed-care/ohiorise/ohiorise> .
4. Statement of Assurances (5 points) – Respondents must provide a Statement of Assurances agreeing to adhere to: a.) the RFA guidelines; b.) assurances and requirements delineated in the RFA; c.) the activities in the awarded proposal; and d.) not using award dollars to supplant existing funds. By providing the Statement of Assurances, the awardee agrees to comply with the requirements included in both the General and Supplemental Terms and Conditions for this program, which are referenced and provided below.

The administration of this program is subject to: The statutory requirements of Public Law 116-94, the Family First Transition Act, within Section 602, Subtitle F, Title I, Division N of the Further Consolidated Appropriations Act, 2020. Per section 602(c)(3)(a) of the Family First Transition Act, funds may be used for purposes specified in Title IV-B of the Social Security Act and for purposes directly associated with implementing the Family First Prevention Services Act, enacted as part of Public Law 115-123, Title IV-B, Subpart

1, Section 421, of the Social Security Act; Title IV-B, Subpart 2, Sections 430 and 431, of the Social Security Act; Section 1130 of the Social Security Act; Title VII of division E of Public Law 115–123; Program Instruction ACYF-CB-PI-20-04 for the Family First Prevention Services Act Transition Grant funds (available on the Children’s Bureau website at <https://www.acf.hhs.gov/cb/laws-policies/program-instructions>); and, the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards located under 45 CFR Part 75, in accordance with 45 CFR §75.101. This program must comply with 45 CFR Part 75 in its entirety. Additional applicable regulations and requirements can be found in the General Terms and Conditions for Mandatory, Formula, Block and Entitlement Grants. The awardee’s fiscal and accounting procedures must be sufficient to permit the preparation of required reports and the tracing of expenditures to a level necessary to establish that Federal funds have not been used in violation of the terms and conditions. The funds may not be used to meet the matching requirements of another Federal grant (section 602(c)(3)(B) of the Family First Transition Act). The funds must be expended for the purposes for which they were awarded.

- X. Budget and Budget Narrative (25 points) – Respondents are to complete the attached Budget and Budget Narrative justifying the proposed expenses. The Budget and Budget Narrative must be incorporated into the one-document PDF submission.

**XI. Questions and Submission**

A virtual bidders’ conference to review the RFA and answer questions will be conducted on November 19, 2021, from 1:00pm until 3:00pm EST. Applicants may attend the bidders’ conference online through the following Zoom link

<https://cwrz.zoom.us/j/93479986467?pwd=ZkgvMFYzQ2R2eXJTK3lrNWQveURHUT09>

Attendance at the bidders’ conference is not mandatory, but however after this date, all other questions will be referred to the RFA document.

Application submissions are to be electronically submitted as (1) PDF document by 5:00pm EST on December 13, 2021. Application submissions should be electronically submitted to:

[heather.distin@case.edu](mailto:heather.distin@case.edu) and [Richard.shepler@case.edu](mailto:Richard.shepler@case.edu)

Questions regarding this RFA may be emailed to: [Heather.Distin@case.edu](mailto:Heather.Distin@case.edu)

