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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) FY23

Request for Applications issue date: October 24, 2022
Application due date: November 28, 2022
Bidders' Conference: November 1, 2022
Projected Award date: December 12, 2022

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 and 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. MST has been proven to be an

effective treatment for diverse youth, families, and communities, both nationally and internationally. MST is tailored to each unique family and community's strengths and needs. 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/>.

Both MST and FFT are intensive home-based treatment models supported by OhioRISE, an Ohio Department of Medicaid specialized managed care program that focuses on children and youth who have complex behavioral health and multisystem needs. For more information about OhioRISE, visit <https://managedcare.medicaid.ohio.gov/managed-care/ohiorise> . For information about the service fee schedule developed for OhioRISE, and specifically the summary of rates for MST and FFT, visit <https://managedcare.medicaid.ohio.gov/wps/wcm/connect/gov/b581a728-738d-4b13-ad90-a8327763c6af/Behavioral+Health+Fee+Schedule+Development.pdf?MOD=AJPERES&CVID=nQ1y604> . Rates for MST and FFT can be found in Appendix 1a – Summary of Rates. Rates also appear on page 81 of the recent version of the Ohio Department of Medicaid, Medicaid Behavioral Health State Plan Services, Provider Requirements and Reimbursement Manual at https://bh.medicaid.ohio.gov/Portals/0/BH%20Manual%20v%201_24.pdf . Applicants should consider the rates when developing their budgets.

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 request for applications (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 ; 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. This may include coordinating and leveraging resources available through Ohio's FFPSA implementation plan, OhioRISE/Medicaid, Care Management Entities (CME), and Ohio Family and Children First.

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 in a geographical area.

IV. Target Population and Selecting Either MST or FFT as the Service:

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. Early in the application development process, the behavioral health provider should contact their Title IV-E agency (Children Services and/or Juvenile Court) to determine the projected number of youth and families that may require services each year. The behavioral health provider should then determine which treatment model best fits the needs of their community and agency.

To help behavioral health providers decide if MST or FFT best meets the needs of their community and organization, model experts are available to provide information about each model, start-up services available, ongoing support you may receive, implementation costs, viability considerations, number of clinicians on a treatment team, caseload sizes, and expectations. The model experts can also assist you with determining the number of staff you may need to serve your projected target population. Applicants are expected to contact model experts, who will help them determine the feasibility of developing or expanding services in their community. For applicants interested in learning more about MST, contact Maureen Kishna, MST Network Partner Director of Ohio at maureen.kishna@case.edu. Applicants

interested in learning more about FFT should contact Holly DeMaranville, FFT Communications Director at holly@fftlc.com . FFT LLC is the only FFT model expert we will be using for this RFA.

Once the applicant has decided to implement MST or FFT services, they should work with the model expert during the development of their application. Both model experts have tools and resources available for applicants to become informed about elements required to successfully implement the model. Behavioral health providers interested in MST must work with the model expert and complete a feasibility assessment, which is required by the model developer (MST Services) to determine if a provider meets criteria to develop or expand MST services.

The MST and FFT model experts will provide applicants with an email verifying they were consulted in the development of the proposal. **The email from the model expert must be submitted with the application.**

V. Available Funding, Award Period and Awards:

The total of all awards under this RFA will not exceed \$548,941.00. The initial Award Period is up to 12 months. 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.

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. From the previous RFA, three of eight awarded programs are in pilot counties.

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. To facilitate recruitment and retention efforts, applicants may use grant funds to provide each new program staff a maximum recruitment bonus of \$5,000 and three quarterly retention bonuses of \$1,250 maximum per quarter per staff person. Grant funded recruitment and retention bonus are capped at \$8,750 per new MST or FFT position during a 12-month period.

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

1. Personnel and fringe benefit costs for MST team. Teams should include 2-4 therapists (though 3-4 are recommended) supervised by a half-time advanced master's-level or doctoral-level independently licensed supervisor. Programs with 2 MST teams require an MST Supervisor allocated 100% to the role. Each therapist carries a caseload of 4-6 families, and treatment duration is 4-6 months. Master's level therapists are preferred. Licensed clinicians are required for implementing MST in Ohio.
2. MST License Fee for agency (\$4,750 per year) and MST License Fee for each team (\$2,950 per year), for a total of \$7,700 per year
3. MST data collection services estimated at \$5,000 per year (This is an optional service provided by MST and may be funded with grant funds. There are other ways to collect adherence data from families as the model expert can discuss with each applicant.)
4. Applicants should include costs to train additional staff if there is employee turnover during the grant period. It may be necessary for additional staff due to employee turnover to attend a 5-day out-of-state training at a cost of \$850 per person.
5. Cost for travel and lodging for new staff to attend 5-day training due to turnover. The average cost for travel, meals and lodging for a new therapist to attend training is \$2,150.
6. Cost of computers, phones, audio or video recording devices or software for recording supervision and therapists' sessions, and supplies for MST staff
7. Cost of substance use related resources, including home drug screens for caregiver use, is estimated at \$5,500 per MST team, but may vary based upon clientele.
8. Cost of flex funds to purchase items which promote treatment engagement and prosocial skill development. MST recommends budgeting \$100 per family for flex funds. (Youth enrolled in OhioRISE may also be able to access flex funding through their case plan.)

9. Cost of non-client related travel for MST staff. Applicants may not include the travel cost related to the delivery of MST services when the services are reimbursed by Ohio Medicaid or the Ohio Children's Alliance Financial Services Program.
10. Cost of staff time for initial and quarterly team and supervisor booster trainings
11. Cost of staff time spent in weekly supervision and consultation
12. Workforce development strategies; recruitment and/or retention strategies
13. Cost of staff time during initial caseload building and ramp-up period
14. Cost of supervisor and clinician development training support
15. Cross training of other agency staff and community partners
16. Initial overhead expenses incurred by the organization for new or expanded MST staff during startup and prior to receiving ample reimbursement for services
17. The indirect costs recovery rate for this RFA may not exceed 10% of the awarded funds. Indirect costs include costs which are frequently referred to as overhead expenses (for example, rent and utilities) and general and administrative expenses (for example, officers' salaries, accounting department costs and personnel department costs).
18. Food and refreshments for trainings and meetings may not be purchased with grant funds.

Applicants for MST program creation and expansion using the MST Network Partner Director of Ohio, Maureen Kishna, do not need to budget for the initial 5-day MST Orientation Training and materials, and other MST Program Developer services. These services, which cost \$28,000 for a single team and \$18,000 for additional teams, will be provided by CABH COE at no cost during the 1-year grant period. At this time, CABH COE does not cover this cost in subsequent years.

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

1. Personnel and fringe benefit costs for FFT team. Teams should include 3-8 therapists, with caseloads of 10-12 families, for 3-5 months, with oversight by a licensed clinical therapist. Master's level therapists are preferred. Licensed clinicians are required for implementing FFT in Ohio for this initiative.
2. FFT licensing fees and training and technical assistance expenses for program startup in year one at a cost of \$40,000 (Phase I); CABH COE does not cover the Phase II and Phase III costs in subsequent years.
3. Travel and lodging costs for FFT trainers to come to Ohio to provide trainings estimated at \$8,000 per year

4. Applicants should include costs to train additional staff if there is employee turnover during the grant period. FFT LLC offers online replacement training for new staff due to turnover at a cost of \$1,750 per staff.
5. Applicants should budget \$4,500 for the travel costs for a site supervisor to attend out-of-state externship training, which includes 3-days of training 3 times per year
6. FFT assessment and quality assurance tools and manuals cost approximately \$2,445
7. Cost of computers, phones, and supplies for FFT staff
8. Cost of non-client related travel for FFT staff. Applicants may not include the travel cost related to the delivery of FFT services when the services are reimbursed by Ohio Medicaid or the Ohio Children's Alliance Financial Services Program.
9. Cost of staff time spent in weekly consultation
10. Workforce development strategies; recruitment and/or retention strategies
11. Cost of staff time during initial caseload building and ramp-up period
12. Supervisor and clinician development consultation and training support
13. Quality assurance support activities
14. Cross training of other agency staff and community partners
15. Initial overhead expenses incurred by the organization for new or expanded FFT staff during startup and prior to receiving ample reimbursement for services
16. The indirect costs recovery rate for this RFA may not exceed 10% of the awarded funds. Indirect costs include costs which are frequently referred to as overhead expenses (for example, rent and utilities) and general and administrative expenses (for example, officers' salaries, accounting department costs and personnel department costs).
17. Food and refreshments for trainings and meetings may not be purchased with grant funds.

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 the program annually
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. If the provider is not yet certified by the Ohio Department of Mental Health and Addiction Services to provide IHBT (Intensive Home-Based Treatment), they must become certified to provide IHBT in Ohio.
6. 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
7. Develop and implement behavioral health workforce strategies to recruit and retain qualified, licensed professionals to staff the MST or FFT teams
8. Develop a projected program implementation budget and provide retrospective cost reports
9. Develop a sustainability plan that leverages multiple funding sources, inclusive of current and projected reimbursement by first- and third-party payers 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
10. Participate in project cohort meetings facilitated by the CABH COE
11. 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
12. 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 proposed activities; h.) a brief description 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 and OhioRISE Care Management Entities (CME).
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 the 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. If the applicant is requesting funds for expansion of an existing service, the applicant must

describe the MST or FFT services currently provided. The description should include the number therapists, when the services were established, the number of youth and families served in the previous 12-months, the referral process and collaborating partners, and general demographics of the youth served.

- 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, CME, 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 rates for Intensive Home-Based Treatment (IHBT) MST and IHBT FFT available only under OhioRISE will impact sustainability. If the respondent is not yet certified by the Ohio Department of Mental Health and Addiction Services to provide IHBT, they must clearly articulate the plan and timeline to become certified. 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/managed-care/ohiorise> and https://bh.medicaid.ohio.gov/Portals/0/BH%20Manual%20v%201_24.pdf For an informational PowerPoint about the Ohio Children's Alliance Financial Services Program, visit the ODJFS website at <https://jfs.ohio.gov/ocf/FFPSA-OhioChildrensAlliancePaymentProcessforMSTandFFT.stm> .

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.

5. Email from Model Expert – All applicants are required to provide an email from the MST or FFT model expert verifying consultation during the development of the application.

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. Bidders' Conference, Questions and Submission

A virtual bidders' conference to review the RFA and answer questions will be conducted on **November 1, 2022, from 2:30pm until 4:00pm EST**. Applicants may attend the bidders' conference online through registering at the following Zoom link:

<https://cwru.zoom.us/meeting/register/tJEvcumvqDsvGNw7b76Tj5INCvcsKCv4Dg6w>

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 November 28, 2022**. Application submissions should be electronically submitted to: Heather.Distin@case.edu and Richard.Shepler@case.edu.

The (1) PDF document should include:

1. Proposal (30 pages maximum, 12-point Times New Roman font, double-spaced with 1-inch margins and borders)
2. Budget and Budget Narrative (forms provided)
3. Letters of Support from local Title IV-E agency(s) and other project partners
4. MOU(s)
5. Statement of Assurances
6. Email from the MST or FFT model expert

Questions regarding this RFA may be emailed to: Heather.Distin@case.edu