

Intensive Home-Based Treatment (IHBT) Implementation Support: Evidence-Based and Evidence-Supported Practices

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Today we will:

- Review RFA in Detail
- Review Budget Form
- Reminder of Attachment - Inventory of Evidence-Based and Evidence-Supported In-Home Service Models in Ohio
- Take Questions for Model Experts and about the RFA

Intro and Purpose of RFA (RFA pages 2 & 3)

- Support the creation and expansion of Intensive Home-Based Treatment (IHBT) models meeting the Ohio Department of Mental Health and Addiction Services (OhioMHAS) rule requirements and fidelity standards
- To support the Ohio Department of Medicaid goal to increase state-wide capacity and access to IHBT model services
- These Service models include IHBT, Multisystemic Therapy (MST), Integrated Co-Occurring Treatment (ICT), and Family Centered Treatment (FCT).
- Other service models with required modifications to achieve consistency with the IHBT service delivery model are also eligible once modified by the developer.
- These include Intercept[®], Multidimensional Family Therapy (MDFT), Integrative Family and Systems Treatment (I-FAST), and Functional Family Therapy (FFT).
- For additional information about the service models refer to the attachment, *Inventory of Evidence-Based and Evidence-Supported In-Home Service Models in Ohio* (Inventory).

Eligible Applicants (RFA page 4)

- Eligible applicants are behavioral health providers certified by the Ohio Department of Mental Health and Addiction Services.
- Applicants may request funds to create or expand multiple IHBT models in a geographical area AND/OR create and expand models serving multiple geographical locations with multiple teams.
- If the provider is not yet certified by the Ohio Department of Mental Health and Addiction Services to provide IHBT, they must become certified to provide IHBT in Ohio.

Available Funding & Award Period (RFA pages 5 & 6)

- \$ 8,991,100.00
- Award Period has a Hard Stop - funds must be expended on program activities completed by March 21, 2025.
- 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.
- Perfect is the enemy of good – Submit your application – Clarification may be requested

Target Population (RFA page 2 & 4)

- Youth at risk of out-of-home placement
- Youth transitioning home from placement
- Youth who have been determined appropriate for treatment using a standardized assessment (CANS) and/or meeting the eligibility criteria for IHBT.
- Child/adolescent with serious emotional disturbance (SED) and their family
- IHBT may also be utilized for the treatment of children and adolescents that have co-occurring substance use or neurodevelopmental needs, when these needs co-occur with a mental health condition

Selecting an In-Home Service Model (RFA pages 4 & 5)

- Early in the application development process, contact your OhioRISE CME, ADAMH Board, PCSA, Juvenile Court, and Family and Children First Council to determine the projected number of youth and families that may require services each year.
- Contact subject matter and model experts from CABH COE identified on RFA page 4 – Kim Meyer, Bobbi Beale, Maureen Kishna, Michael Fox, Rick Shepler, Heather Distin
- Lead IHBT model contact: Kim Meyer: Kimberlyn.meyer@case.edu
- Model Experts can provide information about each model, start-up services available, ongoing support they may receive, implementation costs, viability considerations, number of clinicians on a treatment team, caseload sizes, and expectations.
- Work with the model expert during the development of their application
- Get email verifying they were consulted in the development of the proposal and include with application

Selecting Model Requiring Modifications (RFA page 5)

- If the applicant proposes to implement evidence-based and evidence-supported in-home service models requiring modifications to be consistent with Ohio's IHBT service delivery model (i.e., Intercept, MDFT, I-FAST and FFT) as referenced in the Resources Appendix they should contact model experts to determine the feasibility of required modifications and work with the model expert in the development of the application
- For models requiring modifications to be consistent with Ohio's IHBT service delivery model, the model expert must specify in the email the modifications that will be made to be consistent with Ohio's IHBT Service Delivery Model.

USE of FUNDS Listed on RFA page 6

1. Program development and strategic planning related to expanding access to care, peer- to-peer learning, and community development / engagement activities to connect children and youth to care.
2. Human resources operations to support new recruitment, hiring, and retention operations.
3. Recruitment sign-on bonuses for newly hired staff.
4. New staff onboarding, training, and supervision. Continuing education for existing staff, supervisors, and clinical leaders to improve the quality of specialized services.
5. Partial coverage of salaries for staff and supervisors while they build their caseloads.
6. Retention bonuses for staff who demonstrate longevity commitments to delivering specialized community-based care
7. One-time costs associated with establishing, connecting, and enhancing health information technology infrastructure needed to support staff in delivering high-quality specialized behavioral health services, and to deliver such services using telehealth when clinically appropriate.
8. Model License Fees, model fees and model/quality improvement costs associated with implementing evidence-based and evidence-informed clinical practices.

Examples of Use of Funds – RFA page 6

- Paying staff salaries and fringe benefits during on-boarding and model training
- maximum \$5,000 recruitment bonus, quarterly retention bonuses of \$2,000, and a longevity bonus of \$2,000 for staff providing or supervising IHBT services for more than two years
- Paying staff salaries and fringe benefits for up to 4 months after completing model training while they build up their caseload
- Paying the cost of the supervisor salary for up to 6 months while their IHBT team is ramping up - not to exceed half of their salary and fringe benefits
- Staff time in selected model consultation
- Paying a portion of the applicant agency's human resources staff salary and fringe benefits while recruiting and hiring clinicians
- Paying specialized recruitment and hiring support services and activities such as those offered by Indeed, Glassdoor, Monster, ZipRecruiter, and Evidence-Based Associates, etc.
- Paying one-time costs of laptops, cell phones, and information technology for new staff
- Paying the annual selected model License Fee for agency and License Fee for the new team
- Paying for replacement training of staff due to attrition

Scope of Work (RFA pages 8 & 9)

- Scope of Work aligns with Selection Criteria
- Conduct Needs Assessment or Use Local Data to support the services are needed and align with IHBT model
- Data already exists at JC, PCSA, CME, ADAMH Boards, PCSAO Factbook
- Identify local stakeholders
- Become certified provider of IHBT
- Build new or expand existing team(s)
- Develop and implement workforce strategies
- Develop Sustainability Plan
- Participate in meetings

Selection Criteria RFA pages 10-12

- Most important part of RFA
- Format proposal to address each selection criterion.
- If an applicant proposes to create and/or expand multiple IHBT model teams, clearly define geography, model type and staffing for each team
- Abstract – letter and provide info for a. – k.
- Letters of Support for Local Collaborating Partners specifying commitment and projected number of referrals
- Project Description – letter and provide a.- g.

Statement of Assurances (RFA page 12)

- Respondents must provide a Statement of
- agreeing to adhere to:
 - a.) the RFA guidelines;
 - b.) assurances and requirements delineated in the RFA;
 - c.) the activities in the awarded proposal;
 - d.) not using award dollars to supplant existing funds; and
 - e.) American Rescue Plan Act requirements.
- Grant funds may not be used to reimburse for activities funded by Aetna/Ohio Medicaid.

Budget and Budget Narrative

- Form Provided in "Developer/Protect Form"
- Includes expandable Text Boxes
- Bonuses are treated as income when calculating fringe benefits
- Instructions are included on each page for each section
- Combine Budget with Application Narrative and other documents and submit as one PDF

Key Considerations with February 2nd Due Date

1. Define your target population and contact early those referring youth / project partners. GET Letters of Support (required). NO MOUs.
2. Identify with partners the reports/documents that will be used to substantiate an adequate number of youth need services. Most collaborating partners will have the reports / documents / stats.
3. From previous Program Development Grants - referrals came from Juvenile Courts, Children Services, CME, FCFC, Internal to Agency, other local systems coordination mechanism, ADAMH Boards

Key Considerations with February 2nd Due Date

1. Contact IHBT model experts and discuss the target population and your application
2. Model experts can help you determine which service model best meets the needs of the target population
3. Contact information for model experts and links to models are in the RFA and Inventory attachment
4. Get an email from the model expert. It must be attached to the application (required)

Key Considerations with February 2nd Due Date

- Will your agency provide services in more than one county?
- Will your agency support one or more IHBT service models?
- If an applicant proposes to create and/or expand multiple IHBT model teams, clearly define geography, model type and staffing for each team (RFA page 10)
- Use the Selection Criteria on Pages 10-12 to organize your application
- Format responses under each criterion/section on Pages 10-12

Key Considerations with February 2nd Due Date

1. Start Sustainability Planning early in the process; consider the Aetna Monthly Case Rate (\$3,000) and the January 1, 2024, Medicaid 12.75% Rate Increases
2. Ask project partners if they can contribute to the sustainability plan
3. Proposal Narrative limited to 30 pages – Budget, Letters of Support, Statement of Assurances, and email(s) from model experts and other attachments NOT INCLUDED in 30-page limit

Key Considerations with February 2nd Due Date

1. Submit electronically as one PDF document to:
 - Heather.Distin@case.edu
 - Richard.Shepler@case.edu
2. Projected Award Date – February 14th
3. Send Questions to Heather.Distin@case.edu

After Awarded Considerations

1. If the provider is not yet certified by the Ohio Department of Mental Health and Addiction Services to provide IHBT, they must become certified to provide IHBT in Ohio.
2. Must achieve IHBT fidelity certification and licensure/certification requirements established by model developers of the specific model(s) selected
3. Awarded programs will have a streamlined quarterly reporting process focusing on key activities and milestones
4. Quarterly Invoicing
5. Meetings with COE staff to discuss progress
6. A Monthly Meeting with Awarded BH Providers