



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:

Intensive Home-Based Treatment (IHBT)

Implementation Support: Evidence-Based and
Evidence-Supported Practices

Request for Applications issue date: January 3, 2024

Application due date: February 2, 2024

Bidders' Conference: January 12, 2024

Projected Award date: February 14, 2024

I. Introduction:

With financial support from the Ohio Department of Medicaid, the Child and Adolescent Behavioral Health Center of Excellence (CABH COE) at Case Western Reserve University has released this Request for Applications (RFA) to 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. Service models meeting the OhioMHAS rule requirements and fidelity standards 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).

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.

The Intensive home-based treatment (IHBT) service delivery model includes comprehensive behavioral health services provided to a child/adolescent with serious emotional disturbance (SED) and their family, designed to treat mental health conditions that significantly impair functioning. 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. IHBT is provided for the purpose of preventing out of home placement or facilitating a successful transition back home. IHBT integrates trauma-informed and resilience-focused assessment, crisis response, individual and family psychotherapy, service and resource coordination, and rehabilitative skill development with the goal of either preventing the out-of-home placement or facilitating a successful transition back to home.

These intensive, time-limited behavioral health services are provided in the child/adolescent's natural environment with the purpose of stabilizing and improving their behavioral health functioning as documented using the Ohio specific child and adolescent needs and strengths (CANS) tool.

The purpose of IHBT is to enable a child/adolescent with SED to function successfully in the least restrictive, most normative environment. IHBT services are culturally, ethnically, racially,

developmentally and linguistically appropriate, and respect and build on the strengths of the child/adolescent and family's race, culture, and ethnicity.

IHBT services average 3 meetings per week with youth, family and collaterals and average 4 to 6 hours weekly. The frequency and modality of contacts may fluctuate based on the assessed needs and unique circumstances of the child, adolescent, and family. Caseload sizes are small, typically 4 to 6 families, and the duration of services is brief, averaging 18 weeks and typically ranging from 12 to 24 weeks. Services occur in the home, school, and community where youth live and function, and the scheduling and delivery of services are flexible to accommodate the family's schedule. Program staff are available to respond by phone or in person 24 hours per day, 7 days per week (24/7). Services require active cross-system collaboration and pro-active safety planning and monitoring. Clinicians provide pro-active advocacy for clients and assist with system navigation and support enhancements. IHBT includes a comprehensive and integrated service array that includes crisis stabilization, safety planning, skill building for the youth and parent, family therapy, individual treatment focused on trauma, promoting resilience and cognitive interventions. The services and supports are matched to each family's presenting needs and strengths. The staff composition may vary by provider and the services may be delivered by a single clinician or by team model. Supervisors are independently licensed with are available to IHBT staff 24/7.

II. Purpose:

The purpose of this RFA is to expand and sustain access to intensive in-home and community-based behavioral health services for children and youth. To support the Ohio Department of Medicaid goal to increase state-wide capacity and access to IHBT model services, this request for applications (RFA) has been developed to provide grant dollars, training and technical assistance to eligible and awarded behavioral health providers proposing to create new or expand services consistent with Ohio's IHBT service delivery model. Through this RFA and grant awards, CABH COE will provide funding to recruit, hire, train, and support new staff. This includes staff expenses during on-boarding and caseload ramp up, model training not provided by the CABH COE, and one-time expenses such as computers and phones.

In addition to specifically increasing statewide access to IHBT and services for eligible youth, 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 Aetna Better Health→ of Ohio (Aetna), OhioRISE/Medicaid, Care Management Entities (CME), Multi-System Youth (MSY) state funding, Ohio Family and Children First/Family and Children First Councils (FCFC), Public Children Services Agencies (PCSA), Juvenile Courts, and Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards.

III. Eligible Applicants:

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.

IV. Target Population and Selecting an In-Home Service Model:

The purpose of this solicitation is to specifically build new service pathways for youth who have been determined appropriate for treatment using a standardized assessment (CANS) and/or meeting the eligibility criteria for IHBT. Early in the application development process, the behavioral health provider should contact their OhioRISE Care Management Entity (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. The behavioral health provider should then determine which treatment model best fits the needs of their community and agency based on local data.

To help behavioral health providers decide which program model best fits the needs of the youth and families in their community, subject matter experts from the Child and Adolescent Behavioral Health Center of Excellence/Center for Innovative Practices are available to 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. The model experts can also assist applicants with determining the number of staff they may need to serve the 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. The model experts can also identify resources for model delivery and training which should be included in the budget request. Applicants interested in learning more about IHBT should contact Bobbi Beale, PsyD (<https://case.edu/socialwork/begun/about-us/faculty-staff/bobbi-beale>), Co-Director, Center of Innovative Practices, at Bobbie.Beale@case.edu. Applicants interested in learning more about MST should contact Maureen Kishna, MSSA, LISW-S (<https://case.edu/socialwork/begun/about-us/faculty-staff/maureen-kishna>), MST Network Partner Director of Ohio, at Maureen.Kishna@case.edu. Applicants interested in learning more about ICT should contact Michael Fox, MA, PCC-S, LCDC-III (<https://case.edu/socialwork/begun/about-us/faculty-staff/michael-fox>), ICT Consultant & Trainer, at michael.fox2@case.edu. For additional information about developing an intensive Home Based Program using a model not listed above, applicants may contact Rick Shepler, PhD, PCC-S (<https://case.edu/socialwork/begun/about-us/faculty-staff/richard-shepler>), Director, Center for Innovative Practices, at richard.shepler@case.edu and Heather Distin, PCC-S (<https://case.edu/socialwork/begun/about-us/faculty-staff/heather-distin>), COE Project

Director, Center for Innovative Practices, at (hxd256@case.edu) to discuss the proposed model and the necessary modifications to align with the IHBT service delivery model outlined in the rule.

Once the applicant has selected a model, they should work with the model expert during the development of their application. The model experts have tools and resources available for applicants to become informed about elements required to successfully implement the services. Behavioral health providers interested in MST must work with a model expert and complete a feasibility assessment, which is required by the model developer to determine if a provider meets criteria to develop or expand MST services. More information about other Intensive Home-Based Treatment models that are consistent with Ohio's IHBT service delivery model can be found in the attached Resources Appendix.

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.

Applicants must secure from the model expert an email verifying they were consulted in the development of the proposal. 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. The required modifications are contained in the previously referenced attachment - *Inventory of Evidence-Based and Evidence-Supported In-Home Service Models in Ohio*. **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 \$9,090,909. The Award Period is up to 15 months (January 1, 2024 – March 21, 2025) and funds must be expended on program activities completed by March 21, 2025. The total amount per award and the number of awards shall be determined by the number of applications received and the quality of the proposals. Priority will be given to applications that propose to serve communities where there is currently no Intensive Home-Based Service available. Funds will be distributed to awardees through quarterly invoicing. The quarterly invoices may 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 requests for funds with actual expenses.

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. Use of Funds

Applicants are encouraged to clearly identify in their response the expenses they anticipate incurring during startup and initial program implementation. Providers may use funds to conduct the following activities and functions:

1. Program development, 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 and guidelines of expenses typically associated with startup and expansion of Intensive Home-Based Models are provided below and elaborate on the list above: 1. Paying staff salaries and fringe benefits during on-boarding and model training, 2. Paying new hires a maximum \$5,000 recruitment bonus, subsequent 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, 3. Paying staff salaries and fringe benefits for up to 4 months after completing model training while they build up their caseload, 4. Paying the cost of the supervisor salary for up to 6 months while their IHBT team is ramping up - at an amount not to exceed half of their salary and fringe benefits, 5. Staff time in selected model consultation, 6. Paying a portion of the applicant agency's human resources staff salary and fringe benefits while recruiting and hiring clinicians, 7. Paying specialized recruitment and hiring support services and activities such as those offered by Indeed, Glassdoor, Monster, ZipRecruiter, and Evidence-Based Associates, etc., 8. Paying one-time costs of laptops, cell phones, and information technology for new staff, 9. Paying the annual selected model License Fee for agency and License Fee for the new team, 10. Paying for replacement training of staff due to attrition during the grant period – if this is not already covered by another funding source. Applicants do not need to request grant

funds for the training and technical assistance costs for MST and IHBT; these services will be provided by the COE at no cost during the grant period. For budgeting purposes and program sustainability considerations, applicants should consider the costs of these services in subsequent years. Other necessary activities not listed may also be funded but must be clearly justified by the respondent. An indirect cost recovery rate for this RFA is not permitted. Food and refreshments for trainings and meetings may not be purchased with grant funds.

When budgeting salaries, information and lessons learned from a separate FY23 capacity building project should be considered. Information from the FY23 project indicates that twelve workforce development grants awarded by the CABH COE to develop MST and FFT services provided combined salary and bonuses ranging from \$54,700 to \$68,700 per year for clinicians. Grantees offering \$68,700 filled and retained 12 of 13 positions, or 92% retention. Grantees offering salary and bonuses between \$61,250 and \$65,250 per year filled and retained 8 of 18 positions, or 44% retention. Grantees offering salary and bonuses between \$54,700 and \$58,670 per year were not able to hire and retain any of the 5 staff positions funded for the 12-month grant period, or 0% retention.

Applicants proposing to create new or expand existing services using specific IHBT models should meet with the model expert and discuss personnel requirements, model activities and associated costs to include in the budget. Model specific information about IHBT and MST is included in the Inventory attachment. Below is a list of considerations:

1. For IHBT Teams, personnel and fringe benefit costs for the IHBT team - An IHBT program may have a minimum of 2 full-time, and up to 8 full-time dedicated Master's Mental Health (MH) licensed and Bachelor level MH licensed staff. Counselor, Social Work, Marriage and Family Therapist and Psychology Interns/trainees with appropriate supervision can be considered part of the IHBT team. The team includes an independently licensed supervisor 50% or more dedicated to IHBT. A caseload averages 4 - 6 youth/families and treatment duration averages 3 - 6 months.
2. For IHBT Teams, cost associated with each IHBT staff to have an individualized training plan - Each staff receives an assessment of initial training needs based on the skills and competencies necessary to provide IHBT service prior to providing IHBT service. The agency shall have a written description of the skills and competencies required to provide IHBT service.
3. For MST teams, personnel and fringe benefit costs for the MST team - Teams should include 2-4 therapists (though 3-4 are recommended by the MST model) 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.
4. Cost for travel and lodging for new staff to attend training.
5. Cost of computers, phones, audio or video recording devices or software for recording supervision and therapists' sessions and supplies for MST staff.

6. Cost of computers, phones, hotspot technology, and supplies for IHBT staff.
7. Cost of substance use related resources, including home drug screens for caregiver use.
8. Cost of workforce development strategies; recruitment and/or retention strategies
9. Cross training of other agency staff and community partners
10. Other initial overhead expenses incurred by the organization for new or expanded IHBT/MST staff during startup and prior to receiving ample reimbursement for services.

Applicants for MST program creation and expansion using the MST Network Partner Director of Ohio, Maureen Kishna, should include in their budget, but not request funding for, the costs of the MST training, materials, and other MST Program Developer services. These services will be provided by the COE during the grant period at no cost to the applicant. Applicants need to consider costs in subsequent years for MST training, materials, and other MST Program Developer services when developing a sustainability plan.

Applicants for IHBT program creation and expansion should include in their budget, but not request funding for, the costs for IHBT Program Technical Assistance and Consultation, including Program Development, Access to IHBTOhio.org, IHBT Fidelity Review including Quality Assurance Reporting, and Monthly Supervision Consultation. These services will be provided by the COE during the grant period at no cost to the applicant. Applicants need to consider costs in subsequent years for IHBT training and technical assistance services when developing a sustainability plan.

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

VII. Scope of Work:

It is expected that through this funding opportunity awardees will successfully build an operational and fidelity certified IHBT team that provides access to evidence-based treatment services for youth and families. The team is also required to achieve licensure/certification requirements established by model developers of the specific model delivered by the team (e.g., MST, ICT, FCT). 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 IHBT model program in the respective county or region and identify an estimated number of youths to be referred and served by the program annually. Local data often cited includes annual reports from Juvenile Courts, PCSAs, FCFCs, ADAMH Boards and the PCSAO Factbook located at: <https://www.pcsao.org/factbook#:~:text=The%20Factbook%20consists%20of%20state,of%20Ohio%27s%20children%20and%20families.>

3. Identify local stakeholders and collaborators that are committed to the development and sustainability of an IHBT model program and will review program implementation progress.
4. Become a fidelity certified provider of IHBT 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.) and achieve licensure/certification requirements established by model developers of the specific model delivered by the team.
5. 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.
6. Build and maintain a new IHBT model team to serve a community where there is currently no service, but a documented need exists AND/OR expand an existing IHBT model 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 IHBT model team(s).
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 for MST providers, completing training and entering into a provider agreement with Ohio Children's Alliance Financial Services Program (<https://www.ohiochildrensalliance.org/coe>) for payment for youth referred by a Title IV-E agency (Children Services and some Juvenile Courts) 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 recruiting, hiring, training, achieving the IHBT model fidelity certification, 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

VIII. 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 multiple IHBT model teams, clearly define geography, model type and staffing for each team. Respondents may find it helpful to refer to the proceeding section, Scope of Work, for clarification. Proposals are limited to 30 pages and must be 12-point Times New Roman font, double-spaced with 1-inch margins and borders. While 30 pages is permitted, the COE anticipates applications requesting funds for a single program will average about 15 pages. The 30-pages limit does not include the budget and attachments.

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(s) – selected IHBT model type - and if the service is being created or expanded and the applicant’s experience implementing the proposed service(s), 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 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 number of staff to be hired to provide the IHBT model services and a projected start date. The abstract should also describe, k.) how the applicant will measure progress toward achieving IHBT fidelity certification and licensure/certification requirements established by model developers of the specific model selected.
2. Letters of support from local collaborating partners which will be referring youth to the IHBT model services (15 points) - The signed letters of support should specify commitment to the creation or expansion of the proposed services and include the projected number of youths to be referred annually once the services are established. Applicants are 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(ies) needs and how the selected IHBT model(s) aligns with identified needs of the target population. Include with the description the total number of youths 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 IHBT model 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 recruiting and hiring new staff, in-service training, model orientation training, clinical and supervision training, establishing or explaining the mechanism for accepting referrals, 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 monthly 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 monthly timeline will be used, in part, to demonstrate successful project implementation and to justify payment of quarterly invoices. These milestones will include the activities in the previous section and primarily include recruitment, hiring, agency in-service training, model training, achieving model licensure/fidelity certification, purchasing one-time items such as computers and phones, and ongoing model-specific training and quality assurance activities.
- e. Describe the local collaborating partners which will be referring youth to the IHBT model services, 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 CME, Juvenile Court, Public Children Services Agency, 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. Provide a plan for project sustainability. Respondents should consider how potential Medicaid reimbursements and, if determined eligible, the monthly case rate of \$3,000 per youth provided by Aetna 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. For MST providers, 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.

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; 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.
5. REQUIRED Email from Model Expert – All applicants are required to provide an email from the IHBT model expert(s) verifying consultation during the development of the application.

IX. 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.

X. Bidders' Conference, Questions and Submission

A virtual bidders' conference to review the RFA and answer questions will be conducted on **January 12, 2024, from 12:00 pm until 1:30pm EST**. Applicants may attend the bidders' conference online through registering at the following Zoom link:

Attendance at the bidders' conference is not mandatory, 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 February 2, 2024**. 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 the primary project partners that will be providing referrals for the MST and/or IHBT services
4. Statement of Assurances
5. Email from the selected model expert(s)

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