



*Mental Health,
Developmental Disabilities,
and Substance Abuse Services*
HEALTH AND HUMAN SERVICES

Request for Applications

University Support for Children's Mental Health Projects

Applications are due:

May 19, 2017 by 5:00pm EST

Questions are due:

May 4, 2017: Tammie.B.Houck@dhhs.nc.gov

Q&A will be posted to the web:

May 11, 2017

Award will be made:

May 25, 2017

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INTRODUCTION

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), NC DHHS, is committed to strengthening a child behavioral health system where children, young people and their families:

- 1) Have access to individualized, coordinated care,
- 2) Have timely access to a broad array of evidence based, trauma-informed interventions,
- 3) Experience family driven care and access to family peer support and education, and
- 4) Where cross-system collaboration flourishes.

NC Division of MH/DD/SAS is seeking a public university partner to support the implementation of a successful child tiered case management pilot. This tiered child case management pilot was developed from the Governor's Task Force on Mental Health and Substance Use Disorders recommendations. This tiered case management pilot connects two at-risk populations of youth and their families to behavioral health services: youth and families involved in child welfare and juvenile justice. Both populations have high rates of exposure to trauma and complex behavioral health needs. Assessing, treating, and coordinating their behavioral health and life domain needs can assist social services in maintaining or reunifying youth with their families and can assist juvenile justice in keeping youth from moving deeper into the justice system. In its first year, this tiered case management pilot will focus on youth ages 6-21 years of age in one judicial district in Durham County. In the next two years, the pilot could expand to up to five additional judicial districts across the state. The case management pilot will include the following tiers:

Tier 1: Local Management Entity-Managed Care Organization (LME-MCO) Liaisons and Family Navigator co-located at juvenile justice and child welfare offices.

Tier 2: Targeted Case Management for Youth with low to moderate level needs. Access to family peer support.

Tier 3: Intensive Care Coordination (High Fidelity Wraparound) with evidence based service planning model and family/youth peer support for youth exiting out-of-home placements. This tier is the primary focus for the pilot.

The pilot will have oversight by both local and state teams. The local team will develop protocols to assist with flow of referrals, monitor how youth involved with child welfare and juvenile justice move through the system, and track outcomes. The local team will report their findings to the Community Collaborative and county leadership. These local tasks will be accomplished by the JJSAMHP or similar group. A state team will support the pilot by addressing any obstacles not addressed at the local level.

In the pilot sites, juvenile justice will continue to use the GAIN Short Screener to identify youth with mental health and substance use concerns. The county department of social services agency will be encouraged to use the Project Broadcast trauma-screening tool for youth involved in child welfare.

Additional critical components for success of the pilot are: 1) access to trauma informed comprehensive clinical assessments; 2) tracking outcomes through NC TOPPS; 3) connecting youth with dual developmental disabilities and mental health concerns to specialized consultations; and 4) utilizing existing local and state cross-system partnerships to maximize resources and service access to achieve

positive outcomes for pilot participants.

NC Division of MH/DD/SAS is seeking a public university that will:

- Hire a full-time project manager for the tiered case management pilot.
- Hire a full-time implementation specialist to support the start-up and retention of evidence based and promising practices in the pilot sites.
- Design and execute an evaluation of the tiered case management pilot.
- Support the local team and state team in using implementation science tools to support and sustain the project. While the full-time implementation specialist will primarily work with the providers delivering the evidence-based services, the project manager's role will include working with public agency partners at both the local and state levels to examine how agency administration and systems policy might need to be changed to support implementation.
- Arrange training and technical assistance in implementation science for both the local teams and state teams supporting this project.

ELIGIBILITY AND INSTRUCTIONS FOR APPLICANTS

The General Assembly through SL 2016-94, Section 12F.3 (b) created a Reserve Fund for the Governors' Mental Health and Substance Use Disorders Task Force Recommendations. A portion of these funds will be awarded to a public university in through this application process to support the implementation of the tiered child case management pilot. These funds are not recurring but are non-reverting and are expected to be expended by December 2019. The selected university must work in collaboration with and demonstrate partnership with the NC Division of MH/DD/SAS who maintains responsibility and oversight over the project. The staff selected for the project will be housed at the NC Division of MH/DD/SAS in Raleigh, NC but will spend a significant portion of their time at the pilot sites. The staff will be supported and supervised by NC Division of MH/DD/SAS staff.

Instructions to Interested Universities:

Applications should be prepared in accordance with the instructions outlined in this section and elsewhere in this RFA. Applications must be received by the NC Division of MH/DD/SA Services by close of business (5:00 pm) on May 19, 2017. Please submit one (1) original and five (5) hard copies to the DMH/DD/SAS contact below. In addition, please submit an email pdf version to the email address below.

Late applications will not be accepted. The NC Division of MH/DD/SAS will not be held responsible for the failure of any mail or delivery service to deliver an application prior to the stated due date and time. It is solely the applicant's responsibility to: (1) Ascertain all required and necessary information, documents and attachments are included prior to submitting a response; (2) ensure that the response is received at the correct location and time. No faxes will be accepted or considered. The submission of only an email PDF, without hard copies, will not be considered.

Application Submission:

NC DMH/DD/SAS Contact: Brenda T. Smith

Regular Mail Attn: Brenda T. Smith at 3004 Mail Service Center Raleigh, NC 27699-3004 or

Express Mail: Attn: Brenda T. Smith at 306 N. Wilmington St., Suite 203, Raleigh, N.C.

27601

Brenda Smith at brenda.t.smith@dhhs.nc.gov

Application Format

Applications should be prepared as simply as possible using the format below and provide a straightforward, concise description of applicant's capabilities and partnerships. Formatting should be single-spaced in a minimum of 12-point font. An original signature is required in blue ink on the Application Face Sheet.

1. Application Face Sheet (Form available in Attachment A of this document)
2. Proposal Summary
3. Organizational Capacities
4. Program Information
5. Project Implementation Plan, Timeline and Schedules
6. Budget
7. Letters of Support

Questions regarding Submission Instructions:

Please direct all questions concerning this RFA to Tammie Houck at tammie.b.houck@dhhs.nc.gov.

Questions will be accepted until 5:00 pm on May 4, 2017. A summary of all questions and answers will be posted at <http://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-substance-abuse-services-grant-opportunities> by May 11, 2017.

FUNDING AVAILABILITY AND DURATION

The NC General Assembly appropriation that supports this pilot is non-recurring, non-reverting and is expected to be expended by December 2019. The selected university will have a contract based on the state fiscal year, starting on July 1, 2017. Additional contracts will be executed for July 2018 and July 2019 subject to continued funding from the reserved funds from the General Assembly and the performance of the selected university. **The amount of funding for SFY 18 is \$352,096.**

FUNDING METHODOLOGY

The funding for SFY 2018 is \$352,096.

- \$207,096 for the two positions including salaries, fringe, and indirect costs.
- \$35,000 for administrative support and supervision of the two positions and the evaluation.
- \$100,000 is for the evaluation. The \$100,000 for the evaluation is inclusive of the allowable 10% indirect cost for public universities.
- An additional \$10,000 is earmarked for travel by all involved project staff and office supplies and materials.

- DMH/DD/SAS will purchase laptops for the two positions.

If an applicant would prefer alterations to this budget to achieve the intent of this project, the applicant is encouraged to submit an alternative use of the funds.

SCOPE OF WORK

This process is intended to allow one public university to support the efforts of NC Division of MH/DD/SAS to improve child behavioral health services by the successful implementation of the tiered child case management pilot through:

- Hiring a full-time employee (1 FTE) tiered case management project manager
- Hiring a full-time employee (1 FTE) as the implementation specialist for high fidelity wraparound and promising practices in child case management/care coordination.
- Developing and implementing an evaluation plan to demonstrate changes in child and family outcomes, system outcomes, and any return on investment.
- Arranging and coordinating a training plan for the pilot which includes implementation training along with the creation of a sustainable training plan for all tiers of care coordination/case management. Provision Additional information about the positions and the evaluation can be found in Attachments B, C, and D respectively.

APPLICATION REQUIREMENTS

The Application is to be completed according to the order and descriptions provided in each of the following sections:

1. Proposal Summary

Describe how your university program/department will hire the required staff and provide the required evaluation and implementation support.

2. Organizational Capacities

Describe your university program's previous or current efforts in working with state or local agencies to strengthen child behavioral health or other child supports and infrastructure. Also describe your university program's previous or current efforts working with public/private community partnerships. Please include contact names with email addresses and phone numbers.

Describe your collaborative relationships within your department(s) that would enhance your program's ability to provide the evaluation and implementation expertise. Please include a description of how your program/department is situated within your university.

Provide the name, position, and brief biography of the university faculty member who will be directly responsible for implementation of this initiative.

3. Program Information

Hiring of Project Staff: The two full time positions will be housed at DMH/DD/SAS and will spend significant time at the pilot site/s. DMHDD/SAS staff has primary responsibility for the oversight and success of the pilot and its roll-out to other sites. How will you hire the right staff who can work independently and operate within DMH/DD/SAS programmatic and administrative parameters? What mechanisms will the university put in place to support the staff's ability to support DMH/DD/SAS directives in a variety of settings? Describe how your program/department will partner with DMH/DD/SAS to ensure ongoing mutual clarity re: DMH/DD/SAS's intent and priority at each juncture of the project. Describe your hiring practices and how DMH/DD/SAS staff would be involved in the selection of staff, ongoing evaluation of staff, and establishment and monitoring of work plans?

Pilot Evaluation: Describe your department/program's expertise designing and implementing evaluation projects. Describe specific knowledge or experience your department/program can provide related to the evaluation development and implementation of the tiered child case management/care coordination pilot. Has your department/program previously worked with community groups in the design of an evaluation? Has your program/department worked with NC TOPPs and/or Medicaid claims data? Has your department/program developed evaluation reports for multiple stakeholders? If yes, please attach examples of an evaluation report written for a lay audience.

Implementation Science Technical Assistance: Describe how your program/department will support the local oversight team (including representatives from child welfare, juvenile justice, providers, Local Management Entity-Managed Care Organization) and the state team of similar stakeholders in the use of practices that will support the acceptance, the successful implementation, and the sustainability of the introduced services and protocols. Please describe your plan to use implementation science technical assistance to support this project as well as your experience with providing or obtaining implementation science technical assistance.

4. Project Implementation Plan, Timeline, and Schedules

Provide a project implementation plan and a project timeline that includes specific activities, action steps and the responsible parties who will assure the timely implementation of hiring of staff, designing and implementing the evaluation, and developing a plan to provide implementation science technical assistance to the local and state teams.

5. Budgets

Funding is available for the two full time positions described above; the development and implementation of the evaluation of child and family outcomes, system outcomes, and return on investment analysis; and implementation technical assistance to local and state project teams.

Please provide a budget for these components that does not exceed \$352,096.

Please note that contracts with universities with DMH/DD/SAS will not allow indirect costs over 10% and the budget of \$352,096 is inclusive of that 10% indirect cost.

6. Letters of Support

University Programs/Departments must demonstrate a history of collaboration with state or local agencies to further the aims and mission of a state or local agency. Evidence of such collaboration can be provided through attached letters of support or other similar attestations. One such letter is required.

EVALUATION CRITERIA – MAXIMUM 100 POINTS

Proposal Summary up to 20 points

The application provides a description of how the university program/department will hire the required staff and provide the required evaluation and implementation support.

Organizational Capacity up to 15 points

The application describes the university program's:

- Previous or current efforts in working with state or local agencies to strengthen child behavioral health or other child supports and infrastructure.
- Previous or current efforts working with public/private community partnerships.
- Relationships within your department(s) that would enhance your program's ability to provide the evaluation and implementation expertise.
- Relationships within the broader university

The application provides:

- The name, position, and brief biography of the university faculty member who will be directly responsible for implementation of this initiative.
- Names and contact information of organizations supported by the university department/program.

Program Information up to 35 points

The application addresses the following questions:

- **Hiring of Project Staff:** How will you hire the right staff who can work independently but within the parameters of DMH/DD/SAS? Describe how your program/department will work with DMH/DD/SAS staff to support university project staff while ensuring that DMHDD/SAS staff is directing the project. Describe your hiring practices and how DMH/DD/SAS staff would be involved in the selection of staff.
- **Evaluation:** Describe how your department/program can provide the expertise to design and implement an evaluation of the three tiers of child case management/care coordination. Has your department/program worked with community groups in the design of an evaluation? Has

your program/department worked with NC TOPPs and/or Medicaid claims data? Has your department/program developed evaluation reports for multiple stakeholders? If yes to previous question, the report is submitted.

- Implementation Technical Assistance: Describe how your program/department will support the local oversight team (including representatives from child welfare, juvenile justice, family representative, providers, Local Management Entity-Managed Care Organization) and the state team of similar stakeholders in the use of practices that will support the acceptance, the successful implementation, and the sustainability of the introduced services and protocols. Please describe your plan to use implementation science technical assistance to support this project as well as your experience with providing or obtaining implementation science technical assistance.

Implementation Plan up to 30 points

The application describes a reasonable and well-developed proposal for the implementation of the four requested components:

- Hiring of Project Staff
- Evaluation of the pilot (client and family outcomes, system outcomes, and return on investment)
- Implementation Science Technical Assistance
- Facilitating Cross-System Partnership Development

Budgets Pass/Fail

Letter of Support Pass/Fail

SELECTION AND NOTIFICATION PROCEDURES

Applicants must demonstrate capability and capacity to implement their proposal by responding to all sections of this application. Applications that are incomplete or do not follow the required format may be determined ineligible for review.

Each application that is received prior to the deadline and meets formatting and content requirements will be reviewed by a Selection Committee comprised of staff from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Division of Medical Assistance, Department of Public Safety and Child Welfare and a family representative. Applications will be evaluated and scored as noted above. DMH/DD/SAS may choose to include interviews or site visits with university programs as a second step in the evaluation and selection process.

ATTACHMENT A: APPLICATION FACE SHEET

Name of University: _____

**Name of Program/
Department:** _____

**Signature of University
Principal Investigator:** _____

Address: _____

Phone Number: _____

FAX Number: _____

Email Address: _____

Contact Name and Title: _____

ATTACHMENT B: Description of Tasks of Tiered Child Case Management Project Manager

Description of Work:

The PM manages the overall scope of work for the pilot program. The PM will work closely with other NC DMH/DD/SAS Child Team members, LME-MCOs, contractors, and other stakeholders to ensure timeframes are met and outputs are delivered. The PM identifies implementation barriers as they arise and works with the state team to find timely solutions. Major functions of the position include the following:

Essential Functions

State Office (70%)

- Oversees the development of the training plan for all tiers of case management/care coordination.
- Develops and monitors scope of work and facilitates contracts for all training vendors.
- Coordinates with LME-MCO for training space and other logistics for the training.
- Convenes application review committee and facilitates review of applications for additional sites in FY18.
- Develops allocation letter(s) for selected LME-MCO(s) with scope of work and timelines.
- Works with the Center for Child and Family Health to develop training and certification process for supervisors on trauma informed assessments.
- Works with Center for Child and Family Health as they convene an expert panel to develop protocol and training plan for assessments for youth with problematic sexual behavior.
- Monitors evaluation contract to ensure tracking of 1) outcomes, 2) system changes, and 3) return on investment and the development of accessible progress reports.
- Elicits assistance from state level agencies when local teams face challenges in coordinating care that cannot be resolved on the local level.
- Prepare for scaling up with additional sites by revising protocols, procedures, and training based on continuous quality improvement process.
- Coordinates with DMH/DD/SAS and DMA staff in the development of a wraparound service definition.

- **On-Site Work (30%)**
- Convenes local work group (or connects with existing group) of LME-MCO, provider, juvenile justice, and social services to collect or review baseline data on flow of young people through both juvenile justice and child welfare systems. This work group will develop/revise protocols to improve flow of children through the system and work through challenges through a continuous quality improvement process.
- Consults with implementation science experts and assists local team to use implementation science to support the pilot.
- Coordinates with DMH/DD/SAS staff to connect training and technical assistance resources to other DMH/DD/SAS initiatives as is feasible and relevant without compromising this pilot project's success.
- Coordinates with Wraparound Implementation Specialists to support training and certification of wraparound teams.
- Supports local team in sharing successes and needs of pilot project with local cross-systems groups.

Competencies, Knowledge, Skills and Abilities Required in this Position

- Thorough knowledge of child serving systems including child welfare, juvenile justice, and mental health.
- Effective project management skills including setting goals and timelines; evaluating and monitoring progress; and engagement with multiple stakeholders in order to gain and maintain their focus on project over time.
- Exceptional verbal and written communication skills
- Ability to work cooperatively by demonstrating professional, ethical, and respectful behavior.
- Uses data to problem-solve and develop a continuous quality improvement process across systems.
- Leadership, coaching, and teambuilding skills
- Ability to manage conflict and works well with diverse workforce.
- Approachable, calm style encourages open communication across stakeholders.

Required Education and Experience

Education: Master's degree in Social Work, Human Services, Public Health, or a related field of expertise.

Experience: Three (3) years of related experience working in an appropriate field with at least two (2) years' experience of overall responsibility for project management, coordination, and implementation.

ATTACHMENT C: Description of Tasks of Tiered Child Case Management Implementation Specialist

Purpose:

The person filling this position will provide technical assistance in the implementation of Wraparound in tiered case management pilot sites including training, coaching, and organizational support.

Essential Functions

40% Training Development - Develops and implements the training plan for all tiers of case management/care coordination. Provides foundational training in Wraparound for wraparound teams and other tiers of case management/care coordination. Trains and provides support to agency leadership to support High Fidelity Wraparound implementation. Coordinates with tiered case management project manager to resolve barriers to improved outcomes. Supports the development of network of statewide Wraparound trainers and coaches.

40% Community Collaboration - Assists providers in interviewing and selection of staff for Wraparound teams. Provides on-site and virtual coaching and technical assistance to Wraparound teams. Tracks and supports all Wraparound team members (coach, facilitators, family and youth peer support) in moving through their certification process. Supports coaches to train within their agencies. Supports the Wraparound teams in use of Wraparound tools (Strengths, Needs, Culture Discovery, Transition Asset Mapping, High fidelity wraparound monitoring.) Works with Wraparound team and Local Management Entity-Managed Care Organization (LME-MCO) to resolve any barriers re: referrals, connecting families to services, coordination of care across agencies and teaches wraparound team to resolve issues on their own. Facilitates flow of information between provider and local Community Collaborative.

20% Data Analysis and Report Preparation - Reviews evaluation data with the Wraparound team, agency leadership, LME-MCO point person, and state team to continually improve quality of service. Assists in preparing evaluation reports for state agencies.

Required Qualifications:

Master's degree in social work, psychology, counseling, education or other related field.

At least three (3) years of experience in providing an evidence based behavioral health model or intervention (preferably Wraparound).

At least one year of experience consulting on, or supervising the provision of, an evidence based behavioral health model or intervention.

Experience in the direct provision or oversight of children's mental health services

Preferred Qualifications:

Experience in training curriculum development.

NC Licensure in a behavioral health field (LCSW, LCAS, LPC, LMFT, LPA)

Knowledge, Skills, Abilities:

- Thorough knowledge of implementation science and experience in using that knowledge to successfully implement evidence-based interventions in multiple communities.
- Exceptional verbal and written communication skills
- Ability to work cooperatively by demonstrating professional, ethical, and respectful behavior.
- Uses data to problem-solve and develop a continuous quality improvement process across systems.
- Leadership, coaching, and teambuilding skills
- Ability to manage conflict and works well with diverse workforce.

ATTACHMENT D: Description of Tiered Child Case Management Evaluation Needs

Needs:

1. Design of the evaluation in collaboration with DMH/DD/SAS staff of the three tiers of child case management.
2. Implementation of the evaluation plan
3. Development of reports for a wide range of stakeholders including legislators on the impact of the interventions

Initial Questions

- Does high fidelity wraparound lead to improved functional (engaged in school, no legal trouble) and clinical outcomes (improved symptoms on NC TOPPS)? Are there cost savings for behavioral health services as well as for partner agencies (child welfare and juvenile court)?
- What is the impact of having a care coordinator and family navigator located at social services and juvenile court? Do youth and families initiate, engage, and complete treatment with this support?
- What is the return on investment for high fidelity wraparound? Child targeted case management? Co-locating care coordination and a family partner at social services and juvenile court?

Resources:

NC TOPPS

NC TRACKS paid claims data from Local Management Entity/Managed care Organization

Attachment E: Continuous Quality Improvement Process

Individual Child Outcomes:

1. Improved clinical outcomes (NC TOPPS)
2. Engaged in school (NC TOPPS)
3. No new legal involvement (NC TOPPS)
4. Living at home/community (NC TOPPS)
5. Reduced use of crisis services (NC TOPPS)
6. Improved caregiver engagement in services (Local Monitoring Across Agencies)

System Outcomes (Local Monitoring Across Agencies)

1. Shorter times from screening to assessment
2. Shorter times from assessment to start of behavioral health services
3. Shorter time from start of service to first Child and Family Team
4. Improved rates of completion of services
5. Improved connection to community resources

State level monitoring

University project manager will work with the LME-MCOs to ensure:

1. Provider completes scope of work.
2. Training contracts are in place and trainings are scheduled.
3. Challenges with cross system coordination are addressed.