

Opiate Abatement Advisory Council August 2024 Request for Proposals

A. Eligible Applicants: Organizations with the ability to assess, plan and implement school based mental health programming and coordination of care. The awarded organization(s) will be expected to plan and direct the implementation of evidenced based systems of school based coordination of care in educational settings in Summit County.

This is a planning and implementation request for proposal. The goal of this proposal is to support the development and implementation of programming focused on the unique mental health needs of the students, faculty, and staff of Summit County school districts.

Funding cannot be used for capital improvements. All funding must be utilized at site locations within Summit County.

B. RFP Type: Planning and Implementation

C. Number of Awards: 1

D. Total Project Period Funding: \$750,000

E. Number of Years of Award: 1 Year

F. Approximate Date When Awards will be Announced: Fall 2024 pending approval by OAAC

I. Background

Summit County Opiate Abatement Advisory Council (SCOAAC) announces the availability of funds to address the ongoing opioid crisis in Summit County. Funding is available because of a landmark federal lawsuit that resulted in a settlement of more than \$104 million to ameliorate the devastating impact of the opioid epidemic on Summit County.

This funding is to be utilized to increase access to and coordination of care for middle and high school students across 3 school districts in Summit County with the placement of three (3) Behavioral Health and Wellness Coordinators. Applicants will utilize an evidence based approach to improve mental health outcomes for Summit County youth.

According to a study released by the U.S. Surgeon General in December 2021:

- Between 2009-2019, one in five children in the United States had a mental, emotional, developmental, or behavioral disorder and mental health challenges were the leading cause of poor life outcomes for youth.
- Between 2007-2018 suicide rates increased by 57%, becoming the second leading cause of death for ages 10-24 in the United States.
- In Ohio, one-in-three students report challenges with anxiety and the number of high school aged youth with a major depressive episode has doubled over a 10 year period.

Summit County youth continue to face similar challenges regarding mental health and substance use, as reflected in the 2018 Youth Risk Behavior Survey (YRBS) results:

- 29% of middle school and high school students were seen for a mental health issue by a provider.
- 52.5% of middle schoolers and 48.0% of high schoolers were able to receive help when they felt sad, anxious, hopeless, or angry.
- 25.6% of middle schoolers and 34.4% of high schoolers had depressive symptoms

Miami University's Center for School-Based Mental Health Programs (CSBMHP) in partnership with the Ohio Department of Education (ODE) and Ohio Department of Mental Health and Addiction Services (OhioMHAS) founded the Ohio School Wellness Initiative (OSWI) in 2021. OSWI was designed to specifically address these issues through implementation and sustainability of a full continuum of care for K-12 students in local districts. This framework includes two main components: the placement of dedicated Behavioral Wellness Coordinators and creation of a Student Assistance Program (SAP). Behavioral Wellness Coordinators work to improve access and availability of health promotion, prevention, and early intervention, as well as coordinate efforts for the implementation and sustainability of an evidence based SAP and staff wellness plan. An SAP is an evidence based model that functions to build awareness, screen students, intervene, and provide/refer for additional support services when indicated. While applicants do not have to utilize this model, an equivalent evidence-based model **must** be used and all components of said model need to be addressed in the applicant's proposal. If an alternative evidence based model is used, proof of validity and reliability in the evidence base must be made available upon request. Appendices A & B include examples from the Ohio School Wellness Initiative for reference.

Year 1 funding will focus on the implementation of an evidence-based model for providing mental health services and referrals in a middle and/or high school setting through the use of wellness coordinators. The coordinators within each school system would be responsible for the screening (SBIRT, CRAFFT, etc) of students to detect mental health and / or substance use symptoms, and refer students to the indicated level of care. Provided services, including screening tools, should be trauma-informed, culturally sensitive, and appropriately scaled for every age and/or developmental stage.

It is to be understood that funding that is restricted or limited by design (by court order, or other mandate) will be allocated by the terms of the mandate and does not fall within the prioritization guidelines. It is also to be understood that data related to this initiative will be required to be submitted to a data platform of the County's choosing (Unite Us), as well as to the OAAC by request for quarterly meetings. Grantees will be made aware of these meetings with adequate time to prepare related data for presentation and discussion.

II. Program Infrastructure and Organizational Capacity

Applicants must describe their organizational capacity to carry out the activities, strategies, performance measures, and evaluation requirements outlined in the RFP. Examples of previously implemented programming or pilot projects with similar goals and objectives would be accepted as evidence of organizational capacity. This must include all relevant activities, performance measures, and evaluation of outcomes, as well as a plan for incorporating lessons learned into any planning or programming implemented through the funds awarded by this grant. Applications will require Memorandum(s) of Understanding with all partners that will be participating in this initiative including but not limited to: the school districts involved, mental health and/or substance use treatment providers, educational system support partners, etc.

III. Project Information

It is the expectation that the components will be implemented into the school-based setting as comprehensively and seamlessly as possible with the following activities:

- 1. Placement of at least 1 Behavioral Wellness Coordinator in each identified district.**
 - a. Proposals should include an outline of a job description for the position with the following considerations: *(Job Description will not be counted in the 10 page limit, but should be attached to the proposal.)*
 - i. summary of qualifications including education, certification, and/or any relevant experience
 - ii. specific expectations or responsibilities of the role or position
 - iii. how the role will work to achieve the identified goals and outcomes of the program.
 - b. Proposals should include a plan for, or evidence of, collaboration with each district to ensure job descriptions include considerations for specific needs of the district population
 - c. Existing personnel within an identified district with acceptable qualifications or equivalent experience can be considered with the support of the district administration
 - d. Included in Appendix A is the Ohio School Wellness Initiative Behavioral Health & Wellness Coordinator Staffing Guidance document. It is not a requirement to utilize this guidance, however applicants should be prepared to show an evidence base on any alternative model for this role and how it will achieve the goals of the program.
- 2. A plan for the implementation of an evidence-based model for a Student Assistance Program (SAP) specific to each district created in collaboration with the district and additional partners.**
 - a. Included in Appendix A is the Ohio School Wellness Initiative manual which is a guidance document for Student Assistance Program implementation. It is not a requirement to utilize this model, however if another model is utilized applicants should be prepared to show validity and reliability of the chosen evidence-based practice model upon request.
- 3. Screening for Opioid Use Disorder (OUD), Substance Use Disorder (SUD), and other Mental Health needs.**
 - a. Including identifying evidence-based screening tools that are appropriate for age and developmental stage, culturally sensitive, and trauma informed.
- 4. Direct or Indirect Referrals of the student and/or their family to appropriate level of care or other identified services.**
 - a. Including but not limited to behavioral, mental, or medical health services; treatment for OUD/SUD; social service agencies; community or peer based services; other services as indicated to address social determinants of health impacting the student and /or their family.
 - b. Coordinators will also be responsible for the engagement of students along the continuum of services that are needed to best meet the needs of the student/family.

- 5. A plan for sustainability within each district created in collaboration with the district administration and all additional partners involved in the program.**
 - a. It is to be understood that sustainability plans may vary slightly based on district size, need, and available resources.
 - b. Districts and referral providers should consider methods of braiding funding for the continuation of programming

- 6. A plan for program evaluation with reporting to include metrics or outcomes demonstrating the impact of the program within each district.**
 - a. outcomes and deliverables should be relatively comparable and consistent across districts
 - b. this may include, but is not limited to: number / type of services / programs implemented; number of students engaged; number of referrals to services; types of services utilized; qualitative and quantitative data on student, faculty, and staff wellness metrics; barriers and lessons learned

IV. Deliverables

Deliverables should be written as [SMARTIE goals](#) (Specific, Measurable, Achievable, Relevant, Time-Bound, Inclusive, and Equitable). A draft template of the workplan are included in Appendix C and while the template outlines the concepts the RFP wishes to address, applicants can determine how those outcomes will be completed. Program components include, but are not limited to, the following:

- a. A work plan that clearly identifies completion dates for each required deliverable to be approved by the OAAC
- c. An implementation plan that outlines the methods by which learning communities will be identified, engaged, and evaluated
- d. Proof of enrollment (or enrollment process started) into the UniteUs platform for referral data collection.
- e. A detailed budget for Year 1 of planning that includes all personnel and costs associated with this project.
- f. A proposed projected budget and timeline for the continuation of services through internal and cross-organizational sustainability.
- g. An outline/brief summary for intended data surveillance of specific identified program outcomes for students, providers, and staff.

Grantee Expectations

1. Dedicate appropriate level of staff for the project to be completed by the required deadline.
2. Participate in the Unite Us platform for care coordination.
3. Grantees must demonstrate incremental progress throughout the entire project
4. Comply with all applicable federal and state regulations, rules, statutes and guidelines regarding the expenditure of funds and program requirements.
5. No supplanting of local/state/federal funding and/or reimbursable services (e.g. Medicaid/insurance). Plans must include how reimbursable services will be utilized and clear identification of specific non-reimbursable services to be funded.
6. Grantee must follow and meet contract performance requirements. Discrepancies in data, compliance and/or site reviews will require a “corrective action plan.” The Grantee further understands that their present allocation and/or future allocations will

be determined based on the Grantee's success in fully meeting the Contract Performance Requirements.

7. Extensions for additional time will need to be approved by the OAAC. The OAAC should be informed of any delays in programmatic efforts as soon as they are known to the grantee. No additional funding will be provided, only additional time will be considered.
8. Grantee(s) shall provide accurate and timely Time and Effort Reports on a quarterly basis, detailing the allocation of staff hours and resources dedicated to the implementation of the grant activities. Reports will conform with OMB Uniform Guidance 2 CFR 200.430
9. Submit quarterly programmatic progress reports detailing data, outcomes, barriers, and successes. A final report detailing end of grant year activities should be submitted as a Q4 report.

V. Elements of Proposal

Applicants should use as many pages as needed to clearly and concisely communicate their strategies for planning and implementation. The proposal should include the following elements:

1. A project narrative, including timelines should be double-spaced, 12-point font, one-inch margins and not exceed 10 pages. Applicants will not be penalized for submitting fewer than 10 pages.
2. Proposed strategies/activities for this project. Include how the proposal will impact school based systems of care, experience providing coordination of care.
3. Budget and budget narrative to include anticipated or possible outside sources of funding which can be braided with this grant. These are separate from the 10 page limit of the project narrative. A budget template is included in Appendix D.
4. Proposed job description for wellness coordinators should be included in the proposal. These will also not be included in the 10 page limit.
5. Evaluation plan that includes metrics that would define if the project is successful.
6. Sustainability plan outlining how the project will be sustained after the funding has ended. e.g. Medicaid reimbursement, school participation, outside funding, etc.
7. Applications should include memorandums of understanding from the school district(s) where implementation of programming will occur with expectations of both parties' roles and responsibilities. Letters of Support **will not** be sufficient for this proposal. .

VII. Timeline

- This Agreement shall be in effect for 1 year from the receipt of funds.
- Request for Proposal timeline pending approval from OAAC
 - August 1, 2024 - RFP Released
 - August 13, 2024 – Deadline for any questions regarding the RFP. These must be submitted electronically to SCPH no later than 4pm via email to oaac@schd.org.
 - August 30, 2024 - Proposals must be submitted electronically to SCPH no later than **9:00 am** by sending all required documents via email to oaac@schd.org.

All submissions must be received by 9:00am on August 30, 2024.

- The SCOAAC will review proposals submitted by the deadline.

- Funding is at the full discretion of the SCOAAC. Should no proposals fully meet the needs or purpose of this opportunity the RFP will be reissued at a later date.
- A contract to award the project will be taken to the Summit County Council for approval. All awards are pending until approved by Summit County Council.
- **Fall 2024**– The award announcement will be made.
 - All projects must agree to the terms of the contract approved by Summit County Council
 - Only one award per applicant agency.
 - All work must be completed **1 year from the receipt of funding.**

Appendices

Appendix A: Behavioral Health Wellness Coordinator Staffing Guide

Appendix B: Ohio School Based Wellness Student Assistance Program Manual

Appendix C: Workplan Template

Appendix D: Budget Template