

Youth Resource and Opportunity Collaborative (Youth ROC) - Assessment Provider Grant Solicitation

Overview & Purpose

Southwest District Health (SWDH) is issuing this soliciting subgrantees to serve as an Assessment Center provider on behalf of the Youth Resource and Opportunity Collaborative (YouthROC) in Southwest Idaho. It is SWDH's goal to ensure there is access, preferably in-person, across the six-county region. SWDH will fund and contract with agencies that have demonstrated experience serving at-risk youth ages 10 to 17 years in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties. Experience with clinical assessment of youth who have a history of trauma, behavioral and/or mental health disorders, juvenile justice or child welfare system involvement, or homelessness is desirable. The goal of the funding is to prevent youth from entering the juvenile justice and child welfare system by providing connection to community-based resources and services. Assessments performed by a licensed provider (i.e., LCSW) for youth and their families is an essential element of the model that will assist youth with getting the resources and support they need to improve their health, well-being, and future success.

Definitions

Assessment Provider: Is a local licensed behavioral health provider who assesses youth and develops an individualized plan for the youth and their family. Assessment providers may make referrals to community-based organizations who can provide comprehensive case management.

Case Management: A collaborative, strengths-based process aimed at ensuring the needs of youth and families identified in the assessment process are met (i.e., individualized plans are followed and completed).

Collective Impact Model: A framework outlining how a network of community members, organizations, and institutions can align and integrate their actions to achieve population and systems-level change. Collective impact requires 5 conditions including a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support.

Continuous Quality Improvement: A process which ensures that the Assessment Centers and their partners are systematic and intentional about improving services and practices and increasing positive outcomes for youth and families served.

Community: Systems, organizations, leaders, youth, and families that represent the community the Assessment Center serves.

FindHelpIdaho.org: An online platform for hospitals, community organizations, schools, and individuals to locate and refer to for local social services. Previously known as Aunt Bertha.

Idaho Health Data Exchange (IHDE): A secure statewide internet-based health information exchange with the goal of improving the quality and coordination of health care in Idaho.

National Assessment Center (NAC): NAC provides a comprehensive overview of the assessment center model, provides examples of centers diverting and preventing youth from justice and child welfare system involvement, and facilitates discussion on ways communities can begin exploring readiness and feasibility of an assessment center.

Single Point of Contact: Centralized, coordinated point of contact for youth who are struggling at home, community, or school or at-risk of systems involvement to identify opportunities for services and supports.

Tier II Assessment Center: Conduct in-depth, comprehensive assessments that involve discussions with youth's parents, clinical or structured interviews, use of assessment tools, and reviews of past records. Assessments are more comprehensive in order to inform an individualized plan.

Background

Southwest District Health has historically funded programs to support individuals and families that need behavioral health support which includes services for children and family mental health, substance misuse and prevention, community-based crisis support services, and more.

In 2021, SWDH began engaging stakeholders, community health providers, and other partners to discuss an increasing trend of child abuse, neglect, and self-harm. With information gathered and analyzed from partner organizations, the Southwest Youth Collaborative was developed to inform decision-making by identifying gaps and needs and aligning and expanding resources to address this trend. Currently, the Southwest Youth Collaborative continues to convene and aims to increase access to behavioral health services with a focus on youth.

In June 2022, SWDH was awarded \$1,500,000 from the Idaho Department of Juvenile Corrections to expand assessment and screening services across the six-county region. The assessment and screening components play an essential role in the implementation of the Assessment Center Framework as described by the [National Assessment Center Association](#). This Request for Proposals addresses priorities in response to the legislative directive to include diversion as a component of Idaho's juvenile corrections system. See sections 20-501(2)(a), 20-502(10), and 20-511, Idaho Code.

The goals of this funding are to:

1. Implement a systems approach to reducing duplication, filling gaps and needs, and increasing accountability across the six-county region by utilizing the Collective Impact Model to implement the Assessment Center Framework.
2. Divert as many youth as possible, consistent with public safety, from entering or going deeper into the child welfare and juvenile justice system.

3. Improve youth outcomes through early intervention, comprehensive assessment, case management, and referral to supportive services and positive strategies tailored to address each youth and family's individual needs.
4. Serve as a resource and facilitate better relationships between law enforcement, child welfare, and agencies serving youth and families, and the community.

Southwest District Health will contract with organizations who provide behavioral health services. Organizations must be able to retain staff with the appropriate licensure to perform assessments and monitor progress of individualized plans. Organizations may include, but are not limited to behavioral health, integrated clinics, schools, juvenile justice, community-based organizations, etc. This model will require behavioral health providers to coordinate care across systems. For example, they may receive a referral from a school, youth pastor, or parent following an initial screening. Upon receiving the referral, an assessment should be scheduled within a period as outlined in the Assessment Center Framework. Following the assessment, the provider will determine if an individualized plan and/or referral to resources or case management is indicated. This funding aims to breakdown silos and a fragmented system of care. To enhance the existing resources, SWDH will contract with organizations to expand the six-county region's assessment capacity to assure reasonable accessibility across the region. These organizations will serve as a single point of contact and provide comprehensive assessment services identified by the Southwest Youth Advisory Committee.

The principal purposes and functions of the Assessment Center model are to:

1. provide a centralized location (our model employs a virtual portal entrance) for the coordinated provision of mental health and other intervention programs and services for youth ages 10 – 17 and their families;
2. conduct complete assessments of the needs of the youth and their families including, but not limited to, screening for violence potential, self-destructive tendencies, abuse, neglect, future criminal behavior, sexual exploitation, homelessness, risk, and treatment need factors;
3. develop an individualized case management plan in partnership with the youth and family, caregivers, or other supportive adults (as identified by the youth). The individualized case management plan should be grounded in mutual honesty and respect;
4. ensure the goals, services, and supports identified in the individualized plan align with the recommendations from the assessment process;
5. refer youth and family to case management (i.e., SWDH contracted provider) for follow-up of the individualized case management plan;
6. ensure appropriate level of staff development to prioritize referrals that directly relate to the behaviors that prompted the referrals to the Assessment Center; and
7. have a process in place to collect data and analyze processes to ensure equitable, fair, and transparent treatment of youth and families.

Eligible Applicants

Funds for this opportunity are available to organizations who can accomplish the scope of services and deliver services in the six-county region of Southwest District Health in the state of Idaho.

- Applicants must have access to the Idaho Health Data Exchange (IHDE) or be willing to become a member at no cost to the applicant within 30 days of receiving funding. Funding for IHDE membership is guaranteed for one year.
- Applicants must utilize the FindHelpIdaho.org portal to coordinate referrals.
- Should telehealth be necessary, applicants should be equipped with technology to offer this service.
- Applicants must be able to perform clinical assessments on youth.
- Applicants must have methods in place for Medicaid reimbursement or be actively working toward implementing Medicaid reimbursement services prior to July 1, 2023 or have other mechanisms to cover any costs related to this model of coordinated care and services.

Scope of Services

YouthROC is considered a Tier II Assessment Center. The model being developed in the six-county region is de-centralized to accommodate the rural nature of the region. Therefore, SWDH is accepting proposals from organizations across the region who can conduct assessments and support youth while navigating the various systems and services that are often unfamiliar to them. In lieu of a centralized location, a virtual portal will be established using FindHelpIdaho.org. Through this portal, providers and community partners can manage referrals and collaborate. This platform is both HIPAA and FERPA compliant and connected to IHDE.

The model is described in detail in the [Assessment Center Framework](#), but in short, youth deemed at risk of entering the juvenile justice system or child welfare will be screened by an individual and if indicated, referred for assessment. A youth may also self-screen and present for assessment. Upon assessment, the behavioral health Contractor will develop an individualized plan and may refer to case management to assist the youth and family in successfully completing the plan. Throughout the entire process, youth and families may be referred to appropriate resources to address their needs. The process flow is shown in the Appendix A.

The Southwest Idaho Youth Collaborative or YouthROC Advisory Committee will identify evidence-based assessment tool(s) that all participating providers will utilize when assessing youth and family.

Contractors must demonstrate transparency in how results from assessments inform recommendations for services and supports.

Contractors must demonstrate consistency in staff administration of assessment tools and uniformity in the organization's response.

Contractors must provide assessments in a timely manner.

- When screeners flag an emergent risk (e.g., suicide risk), an assessment is provided within 24 hours
- Non-emergent assessments should be completed in no more than five business days after screening

Contractors will be expected to collaborate and share information as needed for the coordination of care (i.e., reducing duplication of screening, assessment, and services).

Contractors must demonstrate an individualized and developmental approach to assessment.

Contractors must demonstrate a strengths-based and youth and family-centered approach to assessment.

Contractors must demonstrate the ability to provide psychosocial education that allows youth and families to make informed decisions and achieve success.

Contractors must demonstrate the ability to develop specific recommendations on individualized needs and strengths to prioritize referrals for services and supports.

Contractors must establish a method to collect feedback from youth and families.

Contractors must comply with all privacy and confidentiality laws and regulations and protect the rights of youth and families during the assessment process.

Contractors are expected to participate in SWDH sponsored trainings and conference calls to ensure fidelity of the YouthROC model across the region. SWDH staff will be available to offer technical assistance and support.

Contractors must be willing to participate in continuous quality improvement efforts consistent with the National Assessment Center Framework.

Contractors must be willing and able to report on performance metrics and use FindHelpIdaho.org and the Idaho Health Data Exchange.

Contractors may utilize virtual technologies to complete assessments; however, in-person is preferred.

The National Assessment Center recommends that Licensed Clinical Social Workers perform the assessment and when indicated, develop the individualized plan with youth and families.

If located in the Canyon County, demonstrate a willingness to coordinate care and services with the youth crisis center should one be established.

Funding Availability

Funding per organization will be determined on a case-by-case basis. Total funding available for this effort is \$450,000. Contractors will be expected to bill insurance first if they have a mechanism to do so. Funding not covered by insurance will be reimbursed by SWDH. SWDH will reimburse for any unrecovered costs up to \$150 for the initial visit and \$65 for a follow-up visit. Of the funding available, \$78,750 is available for incentive payments of \$25 per completed individualized plan.

Individual organization funding amount will be determined based on multiple factors assessed after proposals are received. Factors determining funding amount per subgrantee include demonstrated ability to accomplish assessments, geographic reach, target population(s), cultural competency, organization's limitations, workplan activities, estimated number of youth and families who will be served during the contact period, and funding availability. Funding amount will be negotiated between SWDH and organizations who currently provide or are expanding screening and assessment services. If funding remains following the initial awards, Contractors may request additional funding based on need.

Funding Restrictions

- Recipients may not use funds for clinical, laboratory or behavioral research.
- Recipients may not use funds for clinical care, cancer screening services, laboratory services, providing patient care or for building projects.
- Recipients may not use funds for the purchase of furniture or equipment (exceeding \$2,000) without a detailed explanation in the budget and demonstrated relevance to project activities.
- Reimbursement of pre-award costs is not allowed.
- Recipients may not use funds to supplant state, local or organizational funding.
- Funds may not be used for lobbying, e.g., to influence legislation or intervene in any political campaign per Section 4002 of Public Law 111-148.
- Recipients may only use funds for reasonable project purposes such as supplemental materials, costs associated with educational events or meetings, staff time, etc.
- Recipients must perform a substantial role in carrying out the project objectives, not merely serve as a conduit to another party.

Audit Requirements

Contractors spending \$750,000.00 or more in federal funds during the Contractor’s fiscal year shall have a Single Audit performed according to 2 CFR 200.500-521 (previously OMB A-133) and shall provide proof of spending. Entity shall comply with subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA). Applicant acknowledges the Single Audit requirements according to 2 CFR 200.500-521 (previously OMB A-133), FFATA, and any specific grant requirements.

Performance Metrics & Reporting

Southwest District Health is committed to regularly monitoring quality, performance, and cost-benefit measures. To the extent possible, the participating organizations will be held accountable to utilize FindHelpIdaho.org and Idaho Health Data Exchange (IHDE) so that services can be coordinated between organizations and data can be collected in a central location and reports generated. If needed, SWDH will ask participating organizations to track and report additional data, but this will be minimal to not create undue burden. Participating organizations will also be asked to provide customer service surveys to youth and families throughout the process. At a minimum, the Contractor will be expected to collect, report, and analyze the following performance indicators.

The minimum performance metrics that will be monitored in the first year are identified in Table 1.

Table 1: YouthROC - Performance Metrics

Indicators	Definition	Reporting frequency
Number of youth served	Number of youth served by the assessment provider	Monthly (Quarterly after year 1)
Duration of time youth is in the program	Duration is defined by the date of 1) initial screening to referral to community supports, 2) initial screening to completion of the individualized plan, 3) initial screening to drop out (no contact after three follow-up attempts)	Monthly (Quarterly after year 1)

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Services provided (track referrals and referral access number/rate)	Services provided by the number per type. Referral to: case management, food, clothing, housing, counseling, faith-based organization, crisis center, medical provider, youth program, education/school, employment supports, other	Monthly (Quarterly after year 1)
Number and percent of youth who successfully complete individualized plan	Successful completion is defined as completion of individualized plan developed by the assessment provider with the youth and family with the support of a case manager	Monthly (Quarterly after year 1)
Number of staff trained and hours trained	Number of staff trained and hours trained by subject/course	Monthly (Quarterly after year 1)
Staff composition compared to community	Describe the demographic of staff among participating organizations and does the staffing reflect the community's demographics (e.g., race, ethnicity, ruralness, cultural norms/belief systems)	Monthly (Quarterly after year 1)

Instructions for Submission of Proposals

Item	Description	Proposal Evaluation
1	Cover Letter	5
2	Staff, Team Experience and Understanding	20
3	Work Plan Approach and Schedule	25
4	Budget	15

The proposal shall be brief, precise, and shall not include unnecessary promotional material. The proposal shall not exceed 20 pages. The proposal should contain the following elements in the exact order and segmentation listed below:

1. *Cover Letter*

Describe your team’s interest and commitment in providing screening and assessment services for the YouthROC program. The letter shall be signed by a person authorized to negotiate a contract in Region 3.

2. *Staffing, Team Experience and Understanding of Project & Objectives*

Describe the qualifications and experience of the team members expected to be assigned to conduct screenings and assessments. The description shall include previous experience with conducting clinical assessments. A narrative demonstrating the proposer’s understanding of the project, the goals, the services to be provided, and their organization’s mission and vision aligns with the desired outcomes of the YouthROC program.

3. *Work Plan Approach and Schedule*

Discuss your organization’s understanding of the scope of work to be performed and level of effort expected to be performed by each assessment. Include an itemized table of estimated person hours by professional classification (or team member) to quantify the level of effort. Describe the method that will be used for scheduling, coordination, management of activities and costs associated, continuous quality improvement, and list key or potential issues/risk you may deem critical to the assessment and screening process.

Provide information regarding your organization’s ability to implement the work plan within the timeline provided in Appendix B.

4. *Budget*

Provide an overview of the anticipated budget needed to meet the Scope of Services described above with consideration given to Funding Availability. Organizations should consider the estimated number of youth and families who can be served during the contract period. Southwest District Health is estimating up to 945 initial assessments and up to 1,282 follow-up visits will be completed during the budget period across the six-county region. Please include and budget for incentive

payments based on how many individualized plans your organization anticipates completing. Keep in mind that not all assessments may result in an individualized plan.

5. *Other Relevant Information*

Provide additional relevant information that may be helpful in the selection process.

Evaluation and Selection Process

Qualifications will be screened, and the top candidates will be reviewed by a selection committee. The qualifications for the top candidates will be verified and references checked. In reviewing the proposals, SWDH will carefully weigh:

- Proposer’s understanding of SWDH’s desires and general approach to completing the work;
- Proposer’s experience with conducting clinical assessments;
- Qualifications of the staff being assigned to conduct the clinical assessments;
- Demonstrated ability of the Proposer to perform high quality work and to meet time schedules;
- Ability to work effectively with internal and outside community partners;
- Other qualifications/ criteria as deemed appropriate by the SWDH panel reviewing the proposals.

Submittal Guidelines

Proposers shall submit applications electronically via email, with the subject line bearing “SWDH – YouthROC Assessment Provider Application”

Proposals shall be emailed to communityhealth@phd3.idaho.gov

To be considered in the initial proposal review, applications must be submitted formally to SWHD at the communityhealth@phd3.idaho.gov email address. Applications will be accepted until available funds have been exhausted.

The entity will be required to provide their Employer Identification Number (EIN) and must affirm their understanding that no entity, as defined at 2 CFR Part 25, Subpart C, may receive award of a subgrant unless the entity has provided its DUNS number.

Proposals will be reviewed by a committee of at least three people. Proposals will be scored based on compliance with the guidelines and capacity of the organization to achieve the funding goals. Funding determinations will be made as submissions are received.

Additional Resource

Interested Proposers are encouraged to review the following resource prior to responding.

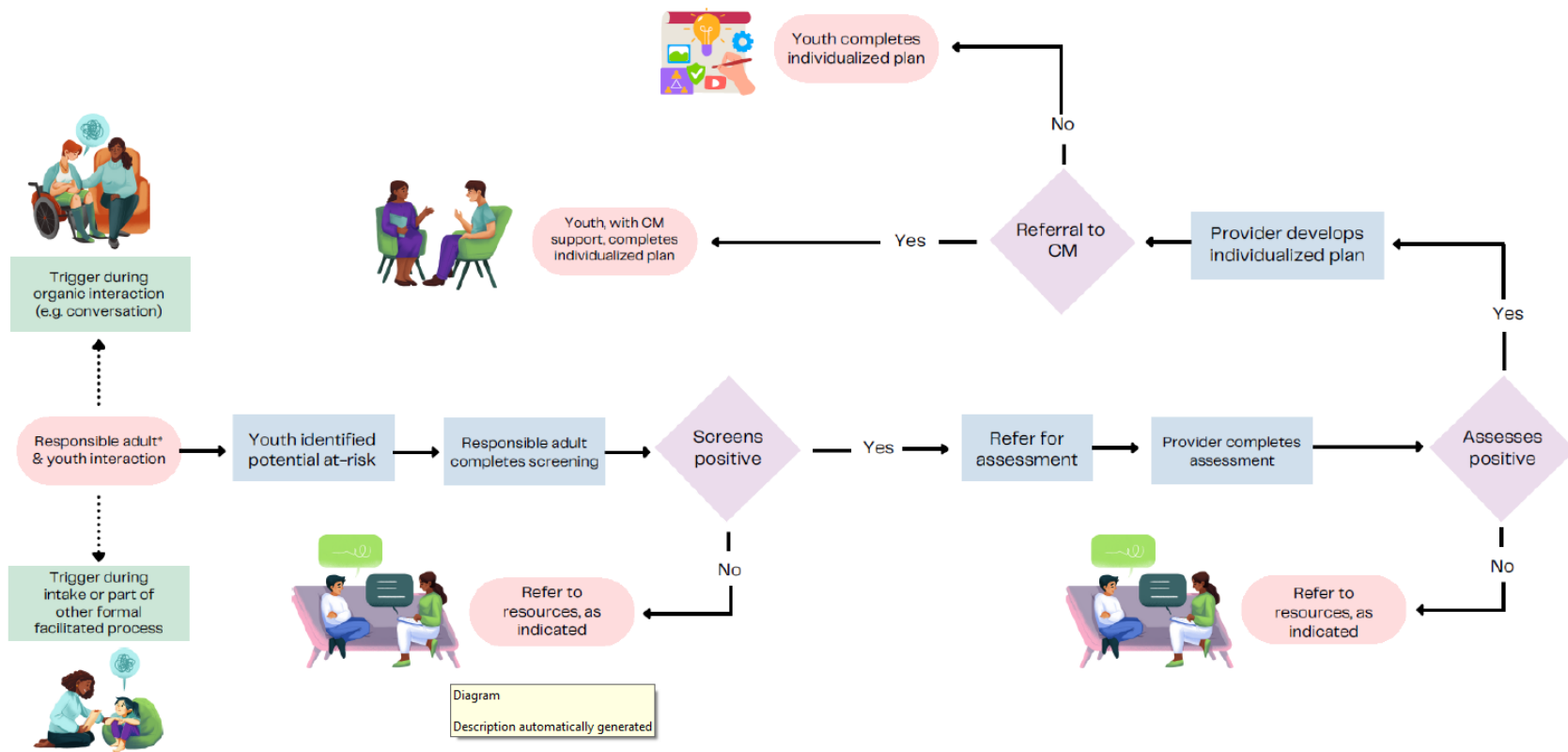
[Assessment Center Framework](#): can be downloaded for free from the link.

Appendix A

WORKFLOW OF THE REFERRAL PATHWAY

*Responsible adult examples: parent, teacher, counselor, doctor, youth advocate, law enforcement, probation/patrol, court personnel, clergy, coach, child protection staff, youth-based organizations (e.g., YMCA, Boys and Girls Club), etc.

Note: Responsible adults throughout the process may not be the same person or provider, a warm handoff or referral may occur or be required.



Appendix B

Milestone Timeline for Youth ROC Assessment Center Implementation in Region 3

