Ramsey County Children's Mental Health Collaborative (RCCMHC)

Award Process Guide

For more information or questions about the RCCMHC award process, please contact RCCMHC staff at (800)565-2575 or wendy@rccmhc.org

Table of Contents

Introduction

This Award Process Guide was compiled to help Board members, Appropriations Committee members and community members better understand RCCMHC, our Integrated Fund, and our award process.

MN Collaboratives

In 1993, the State enacted legislation that established Collaboratives as special districts in Minnesota. Collaboratives were envisioned to reduce fragmentation and enhance funding flexibility by creating a multi-agency "system of care" in which the family is a full partner. Minnesota Statutes direct children's mental health collaboratives to develop and sustain an integrated mental health system that targets the complex, multisystem needs of youth with (or at risk for) mental health disorders and their families.

Brief History and Overview of RCCMHC

Ramsey County Children's Mental Health Collaborative (RCCMHC) was established in 1997. We are a diverse community partnership of families, public, and private child-serving systems including mental health, social services, education, juvenile justice, primary care, public health, and other family serving agencies such as: youth serving agencies, civic and faith groups, and culturally specific groups. RCCMHC brings stakeholders with mutual interests together to exchange information, plan jointly, align resources, and make systems-level decisions. Since its inception, RCCMHC has had high caregiver involvement in policy and decision making. We also have a strong history of collaboration with small agencies and organizations that offer culturally specific and/or culturally responsive services. RCCMHC builds on member strengths, addresses community challenges, and leverages resources and capabilities such as: funds, services, technologies, ideas, and expertise.

Vision
Ramsey County youth will have the strengths, skills, relationships, supports, and opportunities that they need to experience mental health and wellbeing.

Mission
RCCMHC works across systems to meet the complex needs of youth with mental health disorders and their families.

Values (Appendix A)
Accessible, Accountable, Consumer-Directed, Culturally Responsive and Linguistically Appropriate, Individualized, Strength-Based, Trauma-Informed, and Wellbeing- Focused.

Priority Goals
- **A Responsive Children's Mental Health Delivery System**
- **Health Equity** (includes improved access to services for at-risk or underserved youth and their families and culturally responsive and linguistically appropriate services.)
- **Youth and Whole-Family Wellbeing** (includes those services that address the correlation between trauma/ toxic stress and mental health)

RCCMHC Integrated Fund

RCCMHC has established an Integrated Fund as required by State legislation (Minnesota Statutes Sections 245.491 to 245.495). The Integrated Fund is a pool of both public and private local, state, and federal resources as well as in-kind donations and services which are consolidated at the local level and used to develop and

implement cross-system and integrated services or supports that meet locally agreed-upon goals for youth with mental health disorders and their families. Each funding source may have its own requirements and restrictions that must be met. One example of this is Local Collaborative Time Study (LCTS) funds. The LCTS is a funding source that is unique to Minnesota Collaboratives. LCTS funds must be used to support direct services related to early intervention and prevention (Appendix B.)

Strategies (How we achieve our goals)
RCCMHC's Governing Board sets an annual budget to support the following strategies:

1. Partnerships, Policy and Collaboration
2. Youth, Family & Community Engagement
3. Capacity Building, Professional Training, and Development of Culturally-Specific Providers
4. Cross-System Services and Supports
5. Community Defined/Driven and Data-Informed Decision Making
6. Resource Sharing & Development

RCCMHC Awards

Ramsey County Children's Mental Health Collaborative awards funding to local agencies and individuals in the following categories.

- School-Linked Mental Health Services Grant
- Innovative Services Grant
- Non-Billable Services Bank
- Professional Training & Scholarship Fund

Progress & Outcomes Reports

Most awards are invoiced on a monthly basis. Grantees who receive awards over $2,000 must submit a progress report quarterly (or more frequently if indicated in their contract.) All grantees submit a final Impact and Outcomes Report at the end of their award period. Outcomes are reported to our Board and constituents.

School Linked Mental Health

School Linked Mental Health (SLMH) is the broader term which also includes School Based Mental Health (SBMH) and refers to services that connect or co-locate effective mental health services with schools at the local level.

Minnesota State infrastructure grants support school-linked mental health services. Minnesota's school-connected clinical mental health treatments include interventions that:

- Increase accessibility for children and youth who are uninsured or under insured
- Improve clinical and functional outcomes for children and youth with a mental health diagnosis
- Improve identification of mental health issues for children and youth

The RCCMHC School Linked Mental Health Award

The RCCMHC Governing Board determines an annual budget for SLMH based on available resources. RCCMHC awards expand on the Minnesota SLMH grant in two ways:

1. Increase the number of SLMH FTEs per school building/ the number of uninsured/underinsured students served.
2. Fund nonbillable ancillary/indirect services which strongly support and are essential to the success of the direct SLMH services that are being provided.
    - These services do NOT include services that are already reimbursable through the MN or other grants or insurance.
    - These services do NOT include administrative activities.

Review Process

The RCCMHC School Linked Mental Health Task Group conducts a needs assessment and countywide scan by reviewing the items below. Through a collaborative process, the task group members develop a recommendation which best addresses each of these items.

- The number of SLMH providers per school building (FTEs)
- The current SLMH agencies and their capacity to offer SLMH services
- Other agencies that could offer SLMH services
- The need across Ramsey County per district/ per school building

Approval Process

The RCCMHC School Linked Mental Health Task Group brings its recommendation to the RCCMHC Governing Board for final approval. Then, RCCMHC staff work with selected SLMH agencies and their partner school districts to identify the scope of services.

Innovative Services

The RCCMHC Governing Board determines an annual budget for Innovative Services based on available resources. At the Board's discretion, contracts may be awarded for up to three years based on outcomes and available funding.

Innovative Services awards support and identify effective practices that address existing or emerging mental health issues for youth and/or families in Ramsey County.

- New models and practices: Inventive or novel approaches which are not commonly in use.
- Traditional healing practices: Community-defined approaches which may already be in use by certain communities or cultures but are not commonly used by public systems.

What is an RFP?

RCCMHC uses an RFP process for Innovative Services awards.

When RCCMHC formally invites local agencies, county partners, and school districts to propose an idea that responds to a need(s), this "formal invitation" is called a Request for Proposals (RFP.) Grants or cooperative agreements may be for a small dollar amount or a large amount and funds may be awarded for a short period of time or extend over multiple years.

The RFP process is competitive. Potential grantees submit an application that includes information such as: their idea, a detailed plan and timeline and a budget that shows how much their idea will cost. The RFP process allows the RCCMHC to select the the best combination of price, quality, service, and family/community impact.

Understanding the Proposal Process

There are many steps in the proposal process. The RCCMHC Governing Board directs staff to develop an RFP for an identified need or needs from one of the available funding sources. All RFPs must be consistent with RCCMHC vision, mission, values, and goals. (Definitions are listed in Appendix B)

In addition, proposal **outcomes must be measurable** and **reflect data-informed, community defined and/or promising practices.**

Generally, programs/projects that reflect **cross-system collaboration** are given priority consideration.

(see flow chart on the next page.)

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│   The RFP is    │ ──> │ Pre-Proposal    │ ──> │   Receipt of    │
│   advertised    │     │    Q & A        │     │   Proposals     │
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│  Staff Review   │ ──> │ Appropriations  │ ──> │ Appropriations  │
│   Proposals     │     │  Committee-     │     │ Committee- Group│
│                 │     │ Individual      │     │    Scoring      │
│                 │     │   Scoring       │     │                 │
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│ Clarifications  │ ──> │ Recommendations │ ──> │ Notifications   │
│ (if needed) and │     │ to  Governing   │     │ and Execution   │
│ Final Scoring   │     │ Board and Final │     │ of Award        │
│                 │     │   Approval      │     │ Agreements      │
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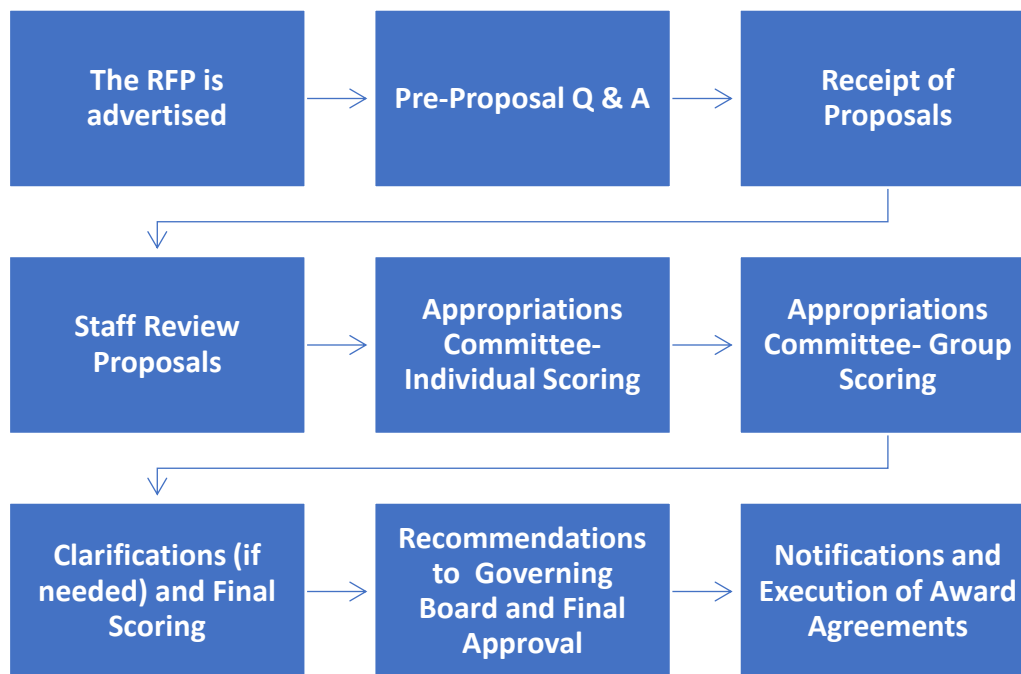
Proposal Steps/ Stages

1. RFPs are advertised to all RCCMHC members and the community.
2. Pre-proposal Q & A sessions are held at RCCMHC Committees, Advisory Council and/or at a separate proposal conference.
3. Proposals are received by the deadline. Proposals received after the deadline will not be considered.
4. After proposals are received, RCCMHC staff reviews each proposal to determine if key information is incomplete or missing. Staff also reviews the budget to determine if there are any clerical or calculation errors. If the error or omission can be remedied prior to review by the Appropriations Committee, staff will ask the applicant to re-submit. If not, the error will be highlighted for the Committee.
5. Staff emails, mails, or hand-delivers this Award Process Guide, a copy of the RFP, and a copy of each proposal to every member of the Appropriations Committee.
6. Staff collect Conflict of Interest and Bias Disclosure Statements and Confidentiality Statements from each Appropriations Committee member and manage any potential conflicts or concerns with the Governing Board as-needed prior to the scoring process.
7. Committee members individually review and score each proposal.
8. The Committee meets as a group to ensure Reviewers have a common understanding of the proposal and to allow Reviewers to change their scores based on the Committee's understanding of the proposal and discussion. Reviewers must provide written justification for any adjusted scores.
9. RCCMHC staff supports Committee members in obtaining any needed clarifications.
10. Reviewers must sign and date their paper scoring sheets or online scoring sheets to verify that their scores are accurate and final.
11. Committee members use a link to an online Google Survey to enter final scores on each proposal or they write final scores on paper score cards and submit to RCCMHC staff.
12. Staff rank proposals according to score.

13. The Appropriations Committee consider the top scoring proposals and bring a specific funding recommendation to the Board.
14. Staff email the top scoring proposals and the funding recommendation to the Governing Board prior to the Board meeting.
15. The RCCMHC Governing Board may approve the Appropriation Committee's funding recommendation. If the Board does not approve the funding recommendation, Board members will vote to select from the top scoring proposals. The Board has the final vote on all funding allotments.
16. Staff will provide notice of results to all applicants and will execute award agreements.

What Happens When A Proposal is Funded?

Staff work with funded Applicants to complete award agreements. Applicants may not start working on funded proposals until all required funding documents have been signed and returned. Additional required documents include but may not be limited to:

- Certificate of Insurance (listing RCCMHC as certificate holder),
- RCCMHC Conflict of Interest Policy, and
- IRS Form W-9.

Understanding the Proposal Review Process

Who Gets the Money?

The Governing Board determines who gets the money based on the Appropriations Committee's proposal scoring and recommendations as well as Governing Board priorities (i.e. geographic distribution, etc.). Staff contacts all Applicants to let them know if they were funded or not.

Appropriations Committee

Not every idea that we receive will be a good fit for our Collaborative and some plans will have better preparation, design or direction. Our Collaborative uses an Appropriations Committee to judge if the applicant's experience, qualifications, and plan/idea will provide the best solution to meet the need identified in the RFP.

The Appropriations Committee is a multi-system group of governmental, school, and community-based stakeholders, advocates, and subject matter experts as well as youth/parents with lived experience. Members have a variety of perspectives and experiences that inform the grant making process. The Collaborative takes steps to make the proposal review and granting process transparent, fair, and as free from influence and bias as possible.

Clarification of a Proposal Response

If needed, the Appropriations Committee can request oral or written clarification on an Applicant's proposal. RCCMHC staff will support the Committee to obtain these clarifications.

- Applicants can only provide additional information to clarify their original response. This is not an opportunity for the Applicant to change their response to the original question.

Does a High Score Guarantee Funding?

No. Even if a proposal ranks high and the Governing Board considers it for funding, the proposal still might not be funded because of one or more of the following reasons:

- A large number of high-quality proposals may have been received under the competition, which means that a number of applicants scored very close together.
- RCCMHC decides to distribute grants geographically or according to the identified collaborating partner/system (school district, social services, corrections etc.) identified in the proposal.

Proposal Reviewers- Roles and Responsibilities

Appropriations Committee members share the important responsibility of scoring proposals based on the goals of the RFP, the requirements of the proposals, any funding restrictions (such as LCTS), and the overall vision/mission/goals of the Ramsey County Children's Mental Health Collaborative.

All Proposal Reviewers are expected to:

- Sign a Conflict of Interest and Bias Disclosure and Statement of Confidentiality
- Only meet in formal, scheduled committee meetings with Applicants or other Committee Members to discuss the RFP, the proposals, or any related matters (They can discuss proposals with the RCCMHC Executive Director at any time during the review process);
- Be fair, objective and free from bias while scoring proposals;
- Understand the required information requested in the RFP
- Become familiar with:
    - Goals and requirements of the RFP
    - RCCMHC's vision/mission/goals/values
    - Funding restrictions
    - Scoring criteria
- Initially assess each proposal's strengths and weaknesses without comparing one Applicant's proposal to another;
- Score solely on the written information in each proposal;
- Provide constructive feedback/helpful comments on each section of the Scoring Sheet;
- Score using whole numbers (no fractions, no decimals);
- Show up to the group review on time, participate, and stay for the entire review;
- Keep scores private; reviewers will not disclose scores to Applicants;
- Keep non-selected proposals private; reviewers will not discuss or disclose proposals of non-selected Applicants;
- Return or dispose of any notes, printed materials, or electronic documents related to the review and scoring of the proposals.

Proposal Scoring

Reviewers are encouraged to set aside enough time to review each of the proposals thoroughly. This is NOT a quick process. Most reviewers spend 30 minutes or more per proposal. In the past, RCCMHC has received

between 10 – 20 proposals per RFP round. Because of the significant time commitment, youth and caregivers are provided a stipend.

Scoring Criteria

Proposals are scored on multiple criteria such as "Has this question been answered completely," "Does the program/project serve youth with mental health disorders and/or their families?" or "Is the budget complete, accurate, reasonable and are sufficient details provided? Each RFP may have slightly different questions and requirements.

Any proposal that does not meet basic criteria must be disqualified and will not be scored. To be considered, ALL proposals must come from a fiscally sound organization that is able to do the work and must:

- Be consistent with RCCMHC vision, mission, values, and goals.
- Be measurable and reflect data-informed, community defined and/or promising practices.
- Meet the restrictions of the funding source used for the RFP

Additionally, the following will be considered during scoring:

- Are the Applicant's intentions clear and specific rather than obscured by jargon?
- Do the presented ideas flow logically?
- Can the Applicant achieve the program's objectives?
- Programs/projects that reflect cross-system collaboration should be given priority consideration.

Assigning Scores

There are up to ten categories on which scoring is completed. A score is assigned to each category on a scale of zero (0) to ten (10) points based on the diagram below.

Missing	Poor	Fair	Average	Very Good	Excellent
0	1-2	3-4	5-6	7-8	9-10

No fractions or decimals are allowed. Points can be deducted for a disorganized proposal, but the score will be based primarily on the quality and clarity of the responses. Scores of 10 will be rare – this indicates no weaknesses in a category. Likewise, a score of 0 will also be rare – this indicates no strengths in a category.

Scoring Instructions (for Reviewers)

- Quick Scan/ Read-Through
    - Start with a quick read-through of each proposal- but don't score them.
    - Use this time to get a sense of what the proposals are about and how they are organized.
- Pre-Scoring Declarations
    - Sign the mandatory Proposal Review Form and return to RCCMHC staff prior to scoring.
- Re-Read and Independent Scoring

- o   Use the Google Survey link individual scoring sheets to score each proposal.
- o   Determine if the proposal meets basic criteria or if it must be disqualified.
- o   Assess the proposal's strengths and weaknesses
- o   Provide constructive feedback/helpful comments on each section of the scoring tool
- o   Only score a proposal based on the information provided – don't assume anything or add information you may know.
- o   Score proposals against the criteria in the RFP– not against the other proposals.
- o   Score each section and then total your scores. Each proposal has a possible score of 100.
- o   Submit your initial independent scores (online) or store your paper scoring sheets in a secure location until the Group Review.
- Group Review
  - o   Attend the in-person group review
  - o   Arrive on time and be ready to discuss the proposals. If you did not submit your initial scores online, please bring your scoring sheets to the group review.
  - o   Items to be discussed
    - ▪   Strengths and weaknesses
    - ▪   Significant variance in scores (Example: 3 out of 5 Reviewers scored in a range between 8-10 but 2 Reviewers scored in a range between 0-5)
    - ▪   Need for clarification of an applicant's proposal
  - o   After group discussion, adjust your scores as-needed.
  - o   Provide written justification for any adjusted scores.
- Sign, Date, and Submit
  - o   Sign and date your paper scoring sheets or online scoring sheets to verify that your scores are accurate and final. Submit to RCCMHC staff.
  - o   If paper scoring sheets are used, please make sure they are complete and legible.
- Group Review- Top Scoring Proposals
  - o   After staff has ranked proposals according to score, compare the top proposals as a group.
  - o   Rank the top proposals and draft a funding recommendation for the Governing Board.
- Return or Dispose of Materials
  - o   Return or dispose of any notes, printed materials, or electronic documents related to the review and scoring of the proposals.

Scoring Suggestions (for Reviewers)

- When assigning a score, start at "the middle" and add or subtract points depending on the quality of the response.
- Everyone scores differently – that's ok! Just make sure to be consistent in your scores.
  - o   For example, if you score an item as a strength/weakness for one proposal- a similar item must be scored as a strength/weakness when it appears in other proposals.
  - o   DO NOT rate an idea as a positive in one proposal and the same idea as a negative in another

Non-Billable Services Bank

The RCCMHC Governing Board determines an annual budget for the Non-Billable Services Bank based on available resources. Funds are to be used to support youth with or at risk for ED or SED (and their families.) The RCCMHC Governing Board may designate additional criteria as-needed to respond to emerging needs in the community. Awards must supplement- not supplant- available funding. In other words, the RCCMHC award cannot be used to pay for services or supports that would otherwise be paid with insurance, federal, state, local or other funds.

Application Process

Applications are accepted, and grants are awarded throughout the year- as long as funds are available. Online application and policy for the Non-Billable Services Bank can be found on our website, www.rccmhc.org/bank Applications must be submitted 6 weeks prior to the service provision.

Review Process

RCCMHC staff will screen out any application that does not meet stated guidelines. The RCCMHC Executive Committee and/or Finance Committee will be consulted with any concerns. RCCMHC may deny the request, offer to partially fund a request, or ask for additional information in order to make an informed decision.

Approval Process

Award decisions are expected within 4 weeks of submitting a complete application.

- RCCMHC staff will notify the applicant via email of the final decision, and of the requirement to complete Progress Reports (over $2,000) and the final Impact and Outcomes Report.
- If an application is not approved, review findings will be provided in writing and eligible applicants may resubmit a revised application at any time.
- Staff and RCCMHC accountants will provide regular funding updates to the Finance Committee and Governing Board.

Professional Training and Scholarship Fund

The RCCMHC Governing Board determines an annual budget for Professional Training & Scholarships based on available resources. Members can submit funding requests on a first come-first served basis throughout the year, as long as funds are available. RCCMHC may deny the request, offer to partially fund a request, or ask for additional information in order to make an informed decision. Awards must supplement- not supplant- available funding. In other words, the RCCMHC award cannot be used to pay for services or supports that would otherwise be paid with federal, state, local or other funds.

PROFESSIONAL TRAININGS- Event Sponsorship

RCCMHC will award up to $1,000 to support children's mental health (or, related) trainings or workshops in Ramsey County.

PROFESSIONAL TRAINING SCHOLARSHIPS- Individuals

RCCMHC will award partial scholarships up to $500 for individuals to attend publicly announced and credentialed children's mental health (or, related) conferences or trainings.

Application Process

Applications are accepted, and grants are awarded throughout the year- as long as funds are available. Online applications and policy for the Professional Training and Scholarship Grant can be found on our website, www.rccmhc.org/professional-training Online applications must be submitted 6 weeks prior to the training.

Review Process

RCCMHC staff will screen out any application that does not meet stated guidelines. The RCCMHC Executive Committee and/or Finance Committee will be consulted with any concerns. RCCMHC may deny the request, offer to partially fund a request, or ask for additional information in order to make an informed decision.

Approval Process

Award decisions are expected within 4 weeks of submitting a complete application.

- RCCMHC staff will notify the applicant via email of the final decision, and of the requirement to complete the brief Impact and Outcomes Report.
- If an application is not approved, review findings will be provided in writing and eligible applicants may resubmit a revised application at any time.
- Staff and RCCMHC accountants will provide regular funding updates to the Finance Committee and Governing Board.

Appendix

A. RCCMHC Definitions and Key Understandings

Accessible:

- Access is defined as probability of use, given the need for services.
- People have private or public insurance to cover some or all of the cost of services
- Services are community-based
- Services use a collaborative, multi-system approach
- Services address attitudes against treatment, mistrust, and stigma
- Services address access barriers (transportation, financial etc.)

Consumer-Directed

- Services are youth-guided and family-driven
    - o "Youth-guided and family-driven care" means that young people and families have the right to be empowered, educated, and given a primary decision-making role in the planning and delivery of their own services as well as the policies and procedures governing care in their communities.
    - o Going beyond mere input- youth and caregivers must be valued as equal partners with providers and policy makers and actively engaged as invested stakeholders and systems builders.

Culturally Affirming and Responsive; Linguistically Appropriate

- Services and supports reflect a deep respect and understanding for each person's unique life experience. (Examples are: ethnicity, religion, gender, socio-economic status, or homelessness.)
- Behaviors, attitudes, policies, and structures enable service providers to work effectively with different cultures.
- Service providers and policy makers have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of communities
- Service providers have the capacity to communicate effectively and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.

Cultural Humility

- Cultural humility is an attitude and approach to life and work in which we acknowledge that we can never be experts in another person's culture or life experience.
- Service providers and policy makers are never finished learning (we can not take a class and become "competent" in another's culture.
- Service providers and policy makers should practice self-awareness, ask questions, share the power, trust family/community wisdom, listen to stories, and recognize that every youth/family is unique and multidimensional.

Data-Driven

- Evidence-based, practice-informed and community-defined approaches drive accountability, decision-making, and quality improvement across RCCMHC-funded services.
    - Supported by documented scientific evidence or study.
    - Supported by providers' and families' experiences.
    - Supported by outcomes evaluations

Health Equity

- Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
- The aim of equity is to ensure that everyone has access to equal results and benefits.
- Health Inequities are differences in health that are avoidable, unfair, and unjust. Health inequities are affected by social, economic, and environmental conditions.
- Health Disparities are differences in health outcomes among groups of people.

Individualized

- Services are youth and family centered.
- Services take a "whole family approach" or "whole child approach."
- Services are developmentally appropriate.
- Services are person-centered (respectful and responsive to the needs and values of individuals)
- Services are holistic
    - Holistic services are based on the understanding that mental health is a function of the complex interplay between multiple domains of wellbeing.
- Case plans address culture, gender, age, religious background, and economic condition.

Responsive Children's Mental Health Delivery System

- Responding is a mindful process of listening with humility, observing, learning, discussing, reflecting, seeking to understand, internalizing and acting.
- A responsive children's mental health delivery system is an integrated, coordinated, multi-agency system of care in which youth and families are full partners.
- A responsive system will constantly evolve and grow based on needs, challenges, opportunities and lessons learned.

Strengths-Based

- Strength-based practice (emphasizing the assets and strengths within families) is a common strategy used to build and enhance protective factors and promote quality communication and engagement in families.
- Service providers acknowledge each child and family's unique set of strengths and challenges and engage the family as a partner in developing and implementing the service plan.
- Services are based on the understanding that youth and their families have strengths, resources and the ability to recover from adversity (as opposed to emphasizing problems, vulnerabilities, and deficits).
- Formal and informal services and supports are used to create service plans based on specific needs and strengths, rather than fitting families into pre-existing service plans.

Trauma (and Toxic Stress)-Informed

- Services focus on hope and coping.
- Service providers and policy makers recognize the widespread impact of trauma and understand potential paths for recovery.
- Service providers recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
- Service providers and policy makers respond by fully integrating knowledge about trauma into policies, procedures, and practices.
- Service providers seek to actively resist re-traumatization.
- Service providers seek to prevent and/or mitigate the impact of toxic stress and trauma
- Service providers and policy makers recognizes, understand, and respond (as above) to Toxic Stress.

Wellbeing- Focused

- Services have a health and wellness focus instead of a focus on disease and deficit
- "Life Domains" may include Cognitive, Social, Emotional/Behavioral, Physical, Environmental, Spiritual, and Educational/Vocational
- Service providers and policy makers focus on increasing "protective factors" and reducing "risk factors."

- o Protective Factors are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk, such as ACEs and trauma, in families and communities that, when present, increase the health and well-being of children and families.
- o Risk and protective factors are correlated and cumulative and therefore underscore the importance of 1) early intervention and 2) interventions that target multiple, not single, factors.

The Whole-Family Approach to Wellbeing

- A multi-generational service approach built on the understanding that children live, grow, and thrive in families.
- Some people may use the term 2-Gen (2 Generation) Approach.
- Key elements of this philosophy are: 1) Families can be a source of risk and resilience, 2) One size does not fit all, 3) Services are individualized, flexible and holistic, 4) Child and adult service systems work together.
- The most effective services will be personalized and holistic and will work with families and across systems to meet complex needs.
- This shift in mindset focuses on the unique strengths and challenges of the whole family rather than those of the parent/caregiver or child in isolation.
- One important aspect of this approach is the focus on increasing "protective factors" and reducing "risk factors." This includes building adult capabilities to improve child outcomes.

B. Local Collaborative Time Study (LCTS)

The Local Collaborative Time Study (LCTS) is Minnesota's federally-approved claiming mechanism for Medicaid (MA) and Title IV-E administrative reimbursement for Minnesota's Family Service and Children's Mental Health Collaboratives. The three types of public entities that participate in this project are eligible public school districts, county public health agencies and correction agencies. Reimbursement is earned by staff in public school districts, public health, and correction agencies for eligible activities they perform to assist the state in administration of the MA and Title IV-E state plans. LCTS funds received by Collaboratives have been designated by state statute for use in the expansion of **early intervention and prevention services** in Minnesota communities. The Department of Human Services (DHS) disburses MA and Title IV-E reimbursement claimed through the LCTS to county social service agencies who, in turn must transfer the funds to the integrated fund of the collaborative.

LCTS Goals

LCTS funds must be used in ways that are consistent with the legislation governing Collaboratives (See state statute 124D.23 FAMILY SERVICES AND COMMUNITY-BASED COLLABORATIVES) as well as these four goals (DHS, 1996):
1. Prevention of out of home placement
2. Enhancement of family support and children's physical and mental health services
3. Development of a seamless system of services
4. Strengthening of local community-based collaborative efforts

Criteria for Use of LCTS Funding

The program/ project **must be spent toward direct services** for children and families in Ramsey County.

Allowable:
- Direct Services are those services directly connected to the provision of program services. Their direct costs include supervision of direct care staff, equipment, event rental, mileage, supplies, phone, etc.
- LCTS funds may also be used for nonbillable ancillary/ indirect services which strongly support and are essential to the success of the direct services being offered through the grant.
- Funds may be used for training consumers of services.
- Expenditures must be for specific activities, programs or services that are designed to improve outcomes for children and their families.
- Services should support and/or enhance existing RCCMHC efforts.

Disallowed:
- Funds may NOT be used for training staff.
- LCTS funds may NOT be used for services that are already reimbursable through other grants or insurance.
- LCTS funds may NOT be used for administrative activities or services that are not directly connected to the direct services being offered through the grant.
- LCTS funds canNOT supplant or replace other funding used for current services.

C. Proposal Review Form (mandatory)

All proposal Reviewers must read and sign this form (Parts I, II, and III) on paper or online.

<u>**PART I: Reviewer Roles and Responsibilities Declaration Statement**</u>

All Reviewers must:

- Sign a Conflict of Interest and Bias Disclosure and Statement of Confidentiality
- Only meet in formal, scheduled committee meetings with Applicants or other Committee Members to discuss the RFP, the proposals, or any related matters (They can discuss proposals with the RCCMHC Executive Director at any time during the review process);
- Be fair, objective and free from bias while scoring proposals;
- Understand the required information requested in the RFP
- Become familiar with:
  - Goals and requirements of the RFP
  - RCCMHC's vision/mission/goals/values
  - Funding restrictions
  - Scoring criteria
- Initially assess each proposal's strengths and weaknesses without comparing one Applicant's proposal to another;
- Score solely on the written information in each proposal;
- Provide constructive feedback/helpful comments on each section of the Scoring Sheet;
- Score using whole numbers (no fractions, no decimals);
- Show up to the group review on time, participate, and stay for the entire review;
- Keep scores private; reviewers will not disclose scores to Applicants;
- Keep non-selected proposals private; reviewers will not discuss or disclose proposals of non-selected Applicants;
- Return or dispose of any notes, printed materials, or electronic documents related to the review and scoring of the proposals.

I declare that I have read and understand the Reviewer's Roles and Responsibilities.

Date	
Name of Reviewer	
Signature of Reviewer	

Conflict of Interest

An RCCMHC Appropriations Committee member cannot participate in the proposal review process if there is a conflict of interest.

A conflict of interest is any situation in which your judgement, actions, or non-action may, might, or could be interpreted to be influenced by something that would benefit you or your organization. The situation may exist directly when you or your organization gain something, or indirectly when a friend, relative, or acquaintance receives something. Conflicts of interest may be actual or potential or may appear as such.

Actual Conflict of Interest:

An actual conflict of interest shall be deemed to exist when the Reviewer, RCCMHC staff, or RCCMHC Governing Board determines that a decision or action by the Reviewer would compromise a duty to another party. Examples below:

- A Reviewer uses his/her status or position to obtain special advantage, benefit, or access to the Applicant's time, services, facilities, influence etc.
- A Reviewer receives or accepts money or anything else of value from an Applicant or has equity or a financial interest in or partial or whole ownership of an applicant organization.
- A Reviewer is an employee or board member of an Applicant or is a family member of anyone involved in the Applicant's agency.

Potential Conflict of Interest:

A potential conflict of interest may exist if a Reviewer has a relationship, affiliation, or other interest that could create an inappropriate influence if the Reviewer is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests. For example, a Reviewer that serves in a volunteer capacity for an applicant organization has the potential to, but does not necessarily create a conflict of interest, depending on the nature of the relationship between the two parties. A disclosed potential conflict of interest warrants additional discussion between the Reviewer and RCCMHC in order to identify the nature of the relationship, affiliation, or other interest and mitigate any potential conflicts.

Bias

Bias is disproportionate weight in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair. Biases can be learned implicitly within cultural contexts. People may develop biases toward or against an individual, an ethnic group, a sexual or gender identity, a nation, a religion, a social class, a political party, theoretical paradigms and ideologies within academic domains, or a species. "Biased" means one-sided, lacking a neutral viewpoint, or not having an open mind. Bias can come in many forms and is related to prejudice and favoritism.

You may NOT serve as a reviewer if you have any biases that may hinder your ability to fairly and objectively rate an applicant's proposal.

PART II: Conflict of Interest and Bias Disclosure Statement

☐ I have read and understand the description of conflict of interest and bias as explained above.

Please check the applicable box or boxes below and fill in the information requested if applicable:

☐ I have reviewed the list of Applicants, and I do not have any conflicts of interest or bias relating to any of the Applicants or proposed projects. I will participate in the review process.

☐ I have reviewed the list of Applicants, and I have an ACTUAL, POTENTIAL, or PERCEIVED conflict of interest with the one or more Applicants.

    ☐ If RCCMHC permits my continued participation in the review process, I will recuse myself from scoring, discussing and making decisions on any issues in relation to the applicant(s) listed below:

☐ After reviewing the list of Applicants and the information on Conflict of Interest and Bias explained above, I am UNABLE or CHOOSE NOT to participate in this review process.

If at any time during the review process I discover a bias or conflict of interest, I will stop reviewing any proposals I may have received and disclose that bias or conflict immediately to the RCCMHC Executive Director, so we can discuss the actual, potential, or perceived conflict or bias in greater detail.

Date	
Name of Reviewer	
Signature of Reviewer	

Confidentiality

To protect the integrity of the proposal review process, it is essential that the contents of proposals remain confidential. Unauthorized sharing of information may give an Applicant an unfair advantage over another offeror and thereby render the process invalid. After final scoring is complete and the Governing Board has approved funding, the results are made public. However, proposal scores and non-selected applicants' proposals and remain private.

PART III: Statement of Confidentiality

☐ I have read and understand the description of confidentiality as explained above.
☐ I will maintain the confidentiality of Applicants and proposals as described below:

- I will not divulge nor make known, in any manner whatsoever, to any person, other than a member of the RCCMHC staff or Appropriations Committee, any information (which has not already been made available to the public or all interested Applicants) pertaining to any and all aspects of the RFP including but not limited to the contents of Applicants' proposals, the scoring method, points allotted, evaluator scores, costs, or any other confidential information regarding the RFP process.
- I will only discuss the RFP, the proposals, or any related matters in formal, scheduled Appropriations Committee meetings. (You can discuss proposals with the RCCMHC Executive Director at any time during the review process.)
- I will keep proposals, notes, and evaluation forms secure and confidential
- I will not disclose scores to Applicants
- I will not discuss or disclose proposals of non-selected Applicants
- I will return or dispose of any notes, printed materials, or electronic documents related to the review and scoring of the proposals.

Date	
Name of Reviewer	
Signature of Reviewer	