

**Ohio Department of Mental Health and Addiction Services
Request for Proposal: OhioMHAS Evidence Based Programs for
First Episode Psychosis**

Factors and Criteria for Evaluation

(Proposals will be scored and point values given to the following identified criteria.)

Applicant's Name: _____

Reviewer's Name: _____

Mandatory Requirements	Meets	Does Not Meet
Documentation of MHAS Certification in Good Standing for all of the following services: Pharmacological Management, Behavioral Health Counseling and Therapy, and Community Psychiatric Supportive Treatment.		
Documentation of 501(c) 3 Status provided.		
Commitment to execute Agreements and Assurances if awarded.		

Rating Scale:

0 – Does Not Meet. Proposal does not comply with the requirement or does not meet expectations for the criterion.

1 – Weak. Proposal does not substantially comply with the requirement and/or does not substantially meet expectations for the criterion.

2 – Moderate. Proposal generally meets requirement, but is weak in meeting minimal expectations for the criterion.

3 – Meets. Proposal meets the requirement, and meets expectations for the criterion.

4 – Strong. Proposal meets the requirement, and exceeds expectations for the criterion.

5 - Greatly Exceeds. Proposal meets the requirement and greatly exceeds expectations for the criterion.

Criterion	Weight	Rating (0 – 5)	Total Score (WxR)
Proposal Requirements			
<u>Population of Focus and Statement of Need:</u> Description of the project's region is supported by data demonstrating the need, including prevalence data; if applicable, describes a substantiated need given existing programs, and proposes reasonable plan for coordinating referrals; demonstrates history of serving target population (may include partner data); includes input from youth/young adult and family members	10		50
<u>Infrastructure Development and System Impact:</u> Demonstrates relationship with area boards committed to the project or reasonable plan to develop necessary relationships; identifies unmet needs and proposes reasonable plan to address; describes infrastructure and proposes reasonable plan to address gaps; proposes reasonable plans for outreach, engagement, and development of referral	15		75

network; identification of community partners and description of their role, and history of their work with youth/young adults; proposes reasonable plan for sustainability, including utilization of 3 rd party payers.			
<u>Project Description:</u> Project description includes assessment, transition planning, and referral, as well as; treatment and support services, and reflects understanding and fidelity to the EBP model; demonstrates implementation of prescription guidelines, or reasonable plan for implementation; demonstrates plan for coordination with primary care; demonstrates understanding and integration of culturally appropriate approaches; provides reasonable timeline, including activities, milestones and staff identified.	25		125
<u>Staff and Organizational Experience:</u> Proposal includes description of team, including an adequate number and type of staff with appropriate experience, appropriate definition of roles; resumes for program director and team psychiatrist demonstrate adequate credentials; appropriate team leadership described; describes program development and implementation of services within six months; demonstrates capacity to implement a best practice, including specific components that address needs of target population.	20		100
<u>Data Collection and Performance Measurement:</u> Current collection of outcomes supports evaluation needs; demonstrates capacity to collect and analyze cost/reimbursement data.	15		75
Total Technical Score	85		425
Attachments			
Letters of Support (board)			
Letters of Support (others)			
Budget and Budget Narrative	Weight	Rating (0 – 5)	Technical Score (WxR)
Completed Budget form attached and proposes reasonable expenditure of funds; completed budget narrative submitted and aligns with budget form.	25		125
Total Score	110		550

Reviewer's Comments:

**Ohio Department of Mental Health and Addiction Services
SFY 2015 Budget/Expenditure Form/ First Episode Psychosis Project**

Implementing Agency: _____

Grant Program Area: _____

Budget Period: _____

State Grant #: _____

<i>For OhioMHAS Internal Use Only</i>	
APPROVED BY _____	DATE _____

- Initial Application**
- Budget Revision***
- Expenditure Report**

A. Budget Categories:	B. OhioMHAS Funds	C. Other Funds	D. Total Funds
Category I: Personnel Costs			
A1. Personnel	\$0	\$0	\$0
A2. Fringe Benefits	0	0	0
Category II: Non-Personnel Costs			
A3. Consultants	0	0	0
A4. Subscriptions & Publications	0	0	0
A5. Supplies	0	0	0
A6. Printing/Copying	0	0	0
A7. Rent/Lease Expenses	0	0	0
A8. Phone/Utilities	0	0	0
A9. Maintenance/Repair	0	0	0
A10. Rentals	0	0	0
A11. Insurance	0	0	0
Category III: Motor Vehicle/Travel/Food/Conference			
A12. Motor Vehicle	0	0	0
A13. Travel	0	0	0
A14. Food	0	0	0
A15. Conference/Training/Registration	0	0	0
Category IV: Equipment/Furniture			
A16. Equipment/Computer	0	0	0
A17. Furniture	0	0	0
E. Totals	\$0	\$0	\$0

<p>When this form is completed as an expenditure report the person submitting must print or type name and sign the document.</p> <p>Prepared By: _____</p> <p>Fiscal Signature: _____</p> <p>Date: _____</p>
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*Prior written approval must be obtained from OhioMHAS before incurring costs that exceed a 10% change between Budget Categories or any change to Category IV.

Budget Narrative for First Episode Psychosis Projects

The purpose of this Budget Narrative is to provide a detailed explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

DIRECT COSTS

- a. **Personnel Salaries and Wages (insert total funds devoted to this project)**
Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

 - b. **Fringe Benefits (insert total funds devoted to this project)**
Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

 - c. **Travel (insert total funds devoted to this project)**
Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

 - d. **Equipment (insert total funds devoted to this project)**
Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

 - e. **Supplies (insert total funds devoted to this project)**
Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

 - f. **Contractual (insert total funds devoted to this project)**
The cost of consultants and other independent contractors (including their invoiced support costs), temporary help, and task and deliverables based sub-contracts (if described in the grant's proposal or subsequently approved by ODMH).

 - g. **Construction (N/A)**

 - h. **Other Expenses (insert total funds devoted to this project)**
Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.
- Indirect Costs (insert total funds devoted to this project)**
Insert explanation of how expenditures were calculated and the justification for the expended funds for the devoted project.

If needed, additional Budget Narrative or business plan information may be provided below: