Ohio Department of Mental Health and Addiction Services

30 East Broad Street, 36th Floor, Columbus OH 43215

Request for Proposal

ENGAGE Wraparound Data System – Ohio Certified MBE Vendors

Request for Proposal Number: **MHA15009**

Request for Proposal Issued: **July 9, 2014**

Proposal Due: **July 16, 2014**

I. Introduction to the Initiative

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has received a four-year System of Care Expansion grant from the Substance Abuse and Mental Health Services Agency (SAMHSA) for its project, ENGAGE (Engaging the New Generation to Achieve their Goals through Empowerment). The grant was awarded on July 1, 2013 and will end on June 30, 2017. ENGAGE will expand statewide over the next three and half years.

The purpose of ENGAGE is to reduce expenditures and improve outcomes related to health, education, employment and living stability for high risk youth and young adults through statewide System of Care expansion of the evidence-supported, research-based High-Fidelity Wraparound practice (referred hereafter as Wraparound). For more information about Wraparound, please refer to the National Wraparound Initiative's website at http://www.nwi.pdx.edu/ and review the ENGAGE Wraparound Overview summary at http://fcf.ohio.gov/Portals/0/Home/Initiatives/ENGAGE/ENGAGEWraparoundSummary.pdf.

ENGAGE's target population is youth and young adults in transition, ages 14 through 21 years, with serious emotional disturbance, mental illness, and/or co-occurring conditions (i.e., substance abuse, developmental disabilities) who are/have been involved with child welfare, juvenile justice, criminal justice, and/or who are/have been homeless. Current health, education, employment, and living stability outcomes for this very high risk population transitioning into adulthood are quite poor. It is projected that 880 youth and young adults will be served through the ENGAGE SAMHSA System of Care Grant by June, 2017.

ENGAGE will improve outcomes for high risk youth and young adults in transition with the goal of creating a sustainable statewide System of Care (SOC) infrastructure for Wraparound by June, 2017. The approach will focus on *workforce development* (readiness assessment, training, technical assistance, coaching), *capacity building* (coach development, facilitator development), *evaluation and continuous quality improvement* (outcomes study, impact of training and technical assistance), and *fidelity* (measurement tools).

To facilitate the collection of SAMHSA mandated data requirements, outcomes evaluation, CQI processes, and to provide a case management tool, OhioMHAS is seeking one vendor to provide

a web-based, statewide data system available to each county funded by the ENGAGE grant. Preference will be given to the vendor who can develop a system that best meets the needs of the ENGAGE grant and target population, including; the required data content, all necessary functions, reporting capabilities, and data system capacity essential to expanding the ENGAGE grant infrastructure. The vendor will be expected to participate in the ENGAGE data performance management group on a quarterly basis to work with OhioMHAS on the design and implementation of the Case Management/Plan of Care functionality. The vendor will be expected to work with the performance management team to generate automated reports related to access and capacity, CQI processes, and client outcomes relating to the ENGAGE grant activities. Vendors also must offer a sustainability plan to maintain and potentially expand data system user access for counties post-grant period.

The ENGAGE grant implementation model follows a statewide rollout over three years; the first cohort of counties will pilot and assist in optimizing the statewide database tool to best maximize utility. In Years 2 and 3, additional counties will join, requiring data system expansion in capacity and functionality as more clients and users are added. Expected user counts are included in the Scope of Work below.

II. Scope of Work

Vendor will be expected to propose development and implementation of a web-based data system able to support data collection and reporting on the following deliverables.

Deliverables	Timeline
Content 1. GPRA Form (See Appendix A) 2. Ohio Scales (See Appendices B-D) -Youth -Worker -Parent 3. CANS/ANSA-T (See Appendix E & F) 4. Additional National Evaluation Tools*	Content Review – September 15, 2014 Beta Test – October 1, 2014 Implement – November 1, 2014
5. Enrollment/Discharge Records 6. Demographic Data 7. Case Management/Plan of Care: -Client Strengths, Needs, Culture, Discovery - Needs and goal progress -Contacts and Team Participants (roles) -Service Utilization, Costs, and Shared Costs -Activities -Case Notes -Meetings (types, attendees, dates, and times) -Crisis Plan	Content Development and Review with Evaluation Team – October 1, 2014 Implement – January 1, 2015 Ongoing Content Review and Development October 1, 2014 and June 30, 2017

Function and Capacity 1. Provide HIPAA compliant behavioral health case management records serving: - at least 440 ENGAGE clients in Year 1 - 220 additional clients in Year 2 - 220 additional clients in Year 3 - 880 unique ENGAGE clients total 2. Accounts for at least 3 individuals users per county: -75 to 100 users total in Year 1 -150 to 200 users total in Year 2 -250 to 300 users total in Year 3 3. Collect all required client level content (GPRA, Ohio Scales, CANS/ANSA-T) 4. Provide ability for ENGAGE evaluator to query all client data relative to evaluation and performance indicators 5. Provide ongoing collection of Case Management/Plan of Care data to facilitate communication, coordination, and implementation of Wraparound services 6. Provide automated appointment reminders, updates, and invites to Wraparound team members 7. Grant permission based access to records for youth and family portal 8. Ability to upload and share documents between client, family, and case workers 9. Provide ability for ENGAGE CQI team to monitor treatment activity to observe that contract criteria are met (number of hours, duration of service, and completion of required data collection).	Implementation October 1, 2014-June 30, 2017 Implementation January 1, 2015 – June 30, 2017
Reporting 1. Monthly client level GPRA reporting, output formatted to facilitate Transformation Accountability System (TRAC) data entry 2. Client level data (Ohio Scales and CANS reports, output in CSV format) 3. Access and capacity enrollment numbers 4. CQI and Wraparound Fidelity Reports - Individual and aggregate client change over time relative to benchmarks 5. OhioMHAS access to raw data extracts	Implementation October 1, 2014 – June 30, 2017 Implementation January 1, 2015 – June 30, 2017

(client level and aggregated data)	
Hosting and Maintenance 1. Training and technical assistance to users 2. HIPAA Privacy/Security Compliance 3. Secure online password protected access 4. Secure data storage and backup 5. Maintenance and user help support post – implementation. Include in this description a plan of action to resolve user and system errors.	October 1, 2014-June 30, 2017
Sustainability Plan **1.** An additional 3 year, post-grant capacity and costing plan to help counties maintain or expand access to the data system after the grant period ends.	July 1, 2017-June 30, 2020

* Additional measures may be required by the System of Care national evaluation. These measures will be determined at a later date.

III. <u>ENGAGE Data System Timeline</u>:

The below timeline is being shared to illustrate the three and half year plan for development, implementation, and technical assistance related to the ENGAGE data system. This timeline is being included as a reference only and is subject to change.

Year 1: Sept, 2014 – June 30, 2015	**<u>1st Quarter (Sept):</u>** • Content development and review of proposed functionality	**<u>2nd Quarter (Oct-Dec):</u>** • Beta test features User ID assignment and training for first cohort implementation (27 counties) • Add any new required measures (TBD) • Case Management/Plan of Care review and development • Monthly Data Reporting to Evaluation Staff
	<u>3rd Quarter (Jan-Mar):</u> • User ID assignment and training for second cohort implementation • Case Management/Plan of Care beta testing and implementation • Monthly Data Reporting to Evaluation Staff	**<u>4th Quarter (Apr – Jun):</u>** • Monthly Data Reporting to Evaluation Staff
Year 2: July 1, 2015 – June 30, 2016	**<u>1st Quarter (July-Sept):</u>** • Monthly Data Reporting to Evaluation Staff Year 2 Content Review	**<u>2nd Quarter (Oct-Dec):</u>** • Monthly Data Reporting to Evaluation Staff
	<u>3rd Quarter (Jan-Mar):</u> • Monthly Data Reporting to	**<u>4th Quarter (Apr-June):</u>** • Monthly Data Reporting to

	Evaluation Staff	Evaluation Staff
Year 3: July 1, 2016 – June 30, 2017	**1st Quarter (July – Sept):** • Monthly Data Reporting to Evaluation Staff Year 3 Content Review	**2nd Quarter (Oct-Dec):** • Monthly Data Reporting to Evaluation Staff
	3rd Quarter (Jan-Mar): • Monthly Data Reporting to Evaluation Staff	**4th Quarter (Apr-Jun):** • Monthly Data Reporting to Evaluation Staff • Implement 3 year sustainability plan

IV. Cost Proposal

Total maximum contract amount for SFY 15 (Sept, 2014-June 30, 2015): $80,000.00. The funds will be available September 2014 through June 30, 2015, and with an option to be renewed for up to $40,000 per year for SFY 16 and 17. Use the budget table and narrative attached (Appendix G) to outline each resource that will be needed to meet the deliverables outlined in the scope of work, along with the cost of that resource.

V. Proposal Contents

1. Proposal Narrative must describe:
    a. Demonstrated knowledge and experience relating to the Scope of Work, including management information systems development, specifically electronic health/behavioral health records, report generation in the desired formats, and working with diverse stakeholders on an evolving product.
    b. The role of the vendor and what deliverables will be met via the vendor and the role of sub-contractor(s) and what deliverables will be met by sub-contractor(s), if applicable.
    c. Vendor's plan for the training and technical assistance that it will provide to the users entering data in the system, including a plan of action for resolving user and system errors.
    d. Vendor's plan to participate in ENGAGE data performance management group, detailing assistance it will provide in running reports and working to develop the Case Management/Plan of Care in conjunction with the OhioMHAS Evaluation team.
    e. Vendor's sustainability plan to work with counties on maintaining access and potentially expanding users post grant period.
2. Budget: Using the budget table and narrative (Appendix G), include itemized direct and indirect costs for SFY 15 (September 2014 – June 30, 2015) and for SFY 16 (July 1, 2015 – June 30, 2016), and SFY 17 (July 1, 2016 – June 30, 2017. Budget should specify costs and client and user capacity for each year.

VI. Submission of Proposals

1. Proposal Due Date: **Wednesday, July 16, 2014 by 2:00 p.m.**

Proposals must be received by this time to be considered. Proposals must be submitted electronically. Risk of delay or failure of delivery rests with vendor.

2. Where to Send Proposal: Electronic proposals must be sent to: OhioMHASBidOpportunity@mha.ohio.gov

3. Conditions of Submission: The proposal may be no more than 5 pages, typed in 12 font size, with 1" margins, not including the budget and budget narrative, cover letter, and letters of support. The proposal must be submitted electronically.

   OhioMHAS reserves the right to ask clarifying questions, issue conditional awards, negotiate an alternative plan or scope, and negotiate a best and final proposal with one or more vendor(s). OhioMHAS reserves the right to waive errors and omissions that do not materially affect the outcome of said proposal. Errors and omissions may result in lower evaluation scores or rejection of the proposal.

   OhioMHAS reserves the right to reject, in whole or in part, any and all proposals where the department, taking into consideration factors including but not limited to, cost and the results of the evaluation process, has determined that the award would not be in the best interest of the department. OhioMHAS will not be liable for any costs incurred by a vendor in responding to this RFP, regardless of whether the department awards through this process, decides not to go forward with this process, cancels this RFP or awards the project through some other process.

   Vendor will be solely responsible for reporting, withholding, and paying all employment related taxes, payments, and withholdings for his/her self and any personnel, including but not limited to: Federal, State, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.

4. Proposals must include: a cover letter including the organization name, address, Federal Tax Identification number, contact person, phone number, authorized signature; proposal narrative; and completed budget form.

5. **Questions:**
   a. All questions must be submitted electronically no later than July 11, 2014, by 5:00 pm via the "Submit Inquiry" link on the specific RFP posting which may be found on the Ohio Department of Administrative Services portal: http://procure.ohio.gov/proc/viewWhatsNewSolicitations.asp.
      No questions will be answered after the deadline.
   b. You may NOT contact any OhioMHAS staff member directly with questions regarding this RFP.
   c. Contacting staff directly with questions could result in disqualification of a proposal.
   d. Responses to all questions will be posted to the website.

6. Awards are expected to be announced in September for project implementation to begin immediately.

7. The term of this contract is from the date of the purchase order through June 30, 2015. OhioMHAS and Awardee may renew the contract for up to two additional one year terms under the terms and conditions stated herein.

VII. Factors and Criteria for Evaluation Proposals

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

Technical Criterion	Weight	Rating (0-5)	Technical Score (WxR)
Scope of Work			
Vendor's demonstrated knowledge of and experience with management information systems development, specifically electronic health/behavioral health records, report generation, and working with diverse stakeholders on an evolving product.	10		
Vendor's proposed plan to participate in ENGAGE data performance management group, detailing assistance it will provide in running reports and working to edit the Case Management/Plan of Care content.	15		
Vendor's proposed sustainability plan for working with counties post grant period to maintain and possibly expand user access.	7		
Vendor's plan of action for correcting system and user errors.	5		
Organization's proposed plan in meeting the Scope of Work's timeline.	10		
Scope of Work Technical Score	**Max 47**	**Max 25**	**Max 235**
Organizational Capacity	Weight	Rating (0-5)	Technical Score (WxR)
Experience with overseeing and monitoring state-level sub-awards	3		
Depth of experience in developing, implementing, and sustaining data systems for WRAP AROUND principles and practices	10		
Experience with using data systems to comply with federal client-level reporting requirements	15		
Detailed cost proposal within the budget available for the ENGAGE grant to meet the deliverables and capacity needed for each fiscal year.	20		

Total Weight	**Max 48**	**Max 20**	**Max 240**
Total Technical Score			**Max 475**

Rating	Explanation
0	**Does Not Meet**. Proposal does not comply with the requirement and/or does not meet expectations for the criterion.
1	**Weak**. Proposal does not substantially meet 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 significantly exceeds expectations for the criterion.

Appendix A.

ENGAGE GPRA Required Data

Respondent's Name _____

Current Address _____

_____

Phone Number _____

Parent/Guardian Phone Number _____

Assessment Type Baseline **0** 6 Month **1** 12 Month **2** 18 Month **3**

24 Month **4** 30 Month **5** 36 Month **6** 42 Month **7** 48 Month **8** Discharge **9**

Was the respondent the child or the caregiver?

Child **0** Caregiver **1**

Date of first service: _____

Please enter respondent's Study ID number _____

Date of Interview: _____

Demographics

What is your [child's] gender?

Male **0** Female **1** Transgender **2** Other (specify) **3** Refused **9**

What do you consider your sexual orientation/identity?

Straight **0** Gay/Lesbian **1** Bi-sexual **2** Questioning **3** Other (specify) **4** _____

Are you [Is your child] Hispanic or Latino?

Yes **1** No **0** Refused **9**

[If yes] What ethnic group do you consider yourself [your child]? Please answer yes for each of the following. You may say yes to more than one.

Central American **1** Dominican **2** Puerto Rican **3**

Cuban **4** Mexican **5** South American **6**

Other (specify) **7** _____

What race do you consider yourself [your child]? (May select more than one)

Black or African American **1** Asian **3** Native Hawaiian or other Pacific Islander **5**

White **2** American Indian **4** Alaska Native **6**

What is your [your child's] birthdate: _____

Functioning	Poor	Fair	Good	Very Good	Excellent
1. How would you rate your [your child's] overall health right now?	1	2	3	4	5
2. In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with your everyday life during the past 30 days.	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
a. I deal effectively with daily problems	1	2	3	4	5
b. I am able to control my life	1	2	3	4	5
c. I am able to deal with crisis	1	2	3	4	5
d. I am getting along with my family	1	2	3	4	5
e. I do well in social situations	1	2	3	4	5
f. I do well in school and/or work	1	2	3	4	5
g. My housing situation is satisfactory	1	2	3	4	5
h. My symptoms are not bothering me	1	2	3	4	5
3. During the past 30 days, about how often did you feel…	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
a. Nervous?	1	2	3	4	5
b. Hopeless?	1	2	3	4	5
c. Restless or fidgety?	1	2	3	4	5
d. So depressed nothing could cheer you up?	1	2	3	4	5
e. That everything was an effort	1	2	3	4	5
f. Worthless?	1	2	3	4	5
Social Connectedness	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. I am happy with the friendships I have.	1	2	3	4	5

2. I have people with whom I can do enjoyable things.	**1**	**2**	**3**	**4**	**5**
3. I feel I belong in my community.	**1**	**2**	**3**	**4**	**5**
4. In a crisis, I would have the support I need from family or friends.	**1**	**2**	**3**	**4**	**5**

In the past 30 days how many…	**Number of Nights/Times**
a. Nights have you [has your child] been homeless?	_____
b. Nights have you [has your child] spent in a hospital for mental health care?	_____
c. Nights have you [has your child] gone to an emergency room for detox/inpatient or residential substance abuse treatment?	_____
d. Nights have you [has your child] spent in correctional facility including juvenile detention, jail, or prison?	_____
e. Times have you [has your child] gone to an emergency room for a psychiatric or emotional problem?	_____

In the past 30 days, where have you [has your child] been living most of the time?

Caregiver's Owned or Rented House Apartment, Trailer, or Room	**1**
Independent Owned or Rented House, Apartment, Trailer or Room	**2**
Someone Else's House, Apartment, Trailer, or Room	**3**
Homeless (Shelter, Street/Outdoors, Park)	**4**
Group Home	**5**
Foster Care (Specialized Therapeutic Treatment)	**6**
Transitional Living Facility	**7**
Hospital (Medical)	**8**
Hospital (Psychiatric)	**9**
Detox/Inpatient or Residential Substance Abuse Treatment Facility	**10**
Correctional Facility (Juvenile Detention Center/Jail/Prison)	**11**
Other Housed (specify) _____	**12**

During the past 30 days of school, how many days were you [was your child] absent for any reason? _____

If absent how many days were excused absences?					
0 Days	**0**	1 Day	**1**	2 Days	**2**
3 to 5 Days	**3**	6 to 10 Days	**4**	More than 10 Days	**5**
Don't Know	**6**	Not Applicable	**9**		

What is the highest level of education you have [your child has] completed? (0-17)					
Never attended **15**	Preschool **16**	Kindergarten **0**	1st Grade **1**	2nd Grade **2**	3rd Grade **3**
4th Grade **4**	5th Grade **5**	6th Grade **6**	7th Grade **7**	8th Grade **8**	9th Grade **9**
10th Grade **10**	11th Grade **11**	12th Grade **12**	Voc/Tech Diploma **13**	Some College or University **14**	Refused **17**

In the past 30 days, how many times have you [has your child] been arrested?	__#_____

Perception of Care	**Strongly Disagree**	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**
a. Staff here treated me with respect.	**1**	**2**	**3**	**4**	**5**
b. Staff respected my family's religious/spiritual beliefs.	**1**	**2**	**3**	**4**	**5**
c. Staff spoke with me in a way that I understood.	**1**	**2**	**3**	**4**	**5**
d. Staff was sensitive to my cultural/ethnic background.	**1**	**2**	**3**	**4**	**5**
e. I helped choose my [my child's] services.	**1**	**2**	**3**	**4**	**5**
f. I helped to choose my [my child's] treatment goals.	**1**	**2**	**3**	**4**	**5**
g. I participated in my [my child's] treatment.	**1**	**2**	**3**	**4**	**5**
h. Overall, I am satisfied with the services I [my child] received.	**1**	**2**	**3**	**4**	**5**
i. The people helping me [my child] stuck with me [us] no matter what.	**1**	**2**	**3**	**4**	**5**
j. I felt I had [my child had] someone to talk to when I [he/she] was troubled.	**1**	**2**	**3**	**4**	**5**

k. The services I [my child and/or family] received were right for me [us].	**1**	**2**	**3**	**4**	**5**
l. I [my family] got the help I [we] wanted [for my child].	**1**	**2**	**3**	**4**	**5**
m. I [my family] got as much help as I [we] needed [for my child].	**1**	**2**	**3**	**4**	**5**

Indicate who administered Perception of Care to the consumer [caregiver] for this interview. (1-12)

Administrative Staff	**1**	Care Coordinator	**2**	Case Manager	**3**
Clinician (providing direct services)	**4**	Clinician (not providing services)	**5**	Consumer Peer	**6**
Data Collector	**7**	Evaluator	**8**	Family Advocate	**9**
Research Asst. Staff	**10**	Self-Administered	**11**	Other (specify)	**12**_____

Services Received *(Reassessments and Discharge Only)

On what did the consumer last receive services?			(Month) ___ / (Year) ____	
Core Service			**Yes (1)**	**No (0)**
1. Screening			O	O
2. Assessment			O	O
3. Treatment Planning or Review			O	O
4. Psychopharmacological Services			O	O
5. Mental Health Services			O	O
-Number of times _____ per	Day O	Week O	Month O	Year O
6. Co-occurring Services			O	O
7. Case Management			O	O
8. Trauma-specific Services			O	O
9. Was the consumer referred to another provider for any of the above core services?			O	O
Support Services			**Yes (1)**	**No (0)**

1. Medical Care	O	O
2. Employment Services	O	O
3. Family Services	O	O
4. Child Care	O	O
5. Transportation	O	O
6. Education Services	O	O
7. Housing Support	O	O
8. Social Recreational Activities	O	O
9. Consumer Operated Services	O	O
10. HIV Testing	O	O
11. Was the consumer referred to another provider for any of the above core services?	O	O

Other Data requirements	
Global Assessment of Functioning (GAF)	https://gaf.mh.state.oh.us/GAF/ **link to website to help calculate (possibly program into system?), then space provided for numeric output (range 0-100)**

Appendix B.

Ohio Youth Scales (Youth Rating)						
Instructions: Please rate the degree to which you have experienced the following problems in the last 30 days.	**Not at All**	**Once or Twice**	**Several Times**	**Often**	**Most of the Time**	**All of the Time**
1. Arguing with others	**0**	**1**	**2**	**3**	**4**	**5**
2. Getting into fights	**0**	**1**	**2**	**3**	**4**	**5**
3. Yelling, swearing, or screaming at others	**0**	**1**	**2**	**3**	**4**	**5**
4. Fits of anger	**0**	**1**	**2**	**3**	**4**	**5**
5. Refusing to do things teachers or parents ask	**0**	**1**	**2**	**3**	**4**	**5**
6. Causing trouble for no reason	**0**	**1**	**2**	**3**	**4**	**5**
7. Using drugs or alcohol	**0**	**1**	**2**	**3**	**4**	**5**
8. Breaking rules or breaking the law (out past curfew, stealing, etc.)	**0**	**1**	**2**	**3**	**4**	**5**
9. Skipping school or classes	**0**	**1**	**2**	**3**	**4**	**5**
10. Lying	**0**	**1**	**2**	**3**	**4**	**5**
11. Can't seem to sit still, having too much energy	**0**	**1**	**2**	**3**	**4**	**5**
12. Hurting self (cutting or scratching self, taking pills)	**0**	**1**	**2**	**3**	**4**	**5**
13. Thinking or talking about death	**0**	**1**	**2**	**3**	**4**	**5**
14. Feeling worthless or useless	**0**	**1**	**2**	**3**	**4**	**5**
15. Feeling lonely and having no friends	**0**	**1**	**2**	**3**	**4**	**5**
16. Feeling anxious or fearful	**0**	**1**	**2**	**3**	**4**	**5**
17. Worrying that something bad is going to happen	**0**	**1**	**2**	**3**	**4**	**5**
18. Feeling sad or depressed	**0**	**1**	**2**	**3**	**4**	**5**
19. Nightmares	**0**	**1**	**2**	**3**	**4**	**5**
20. Eating problems	**0**	**1**	**2**	**3**	**4**	**5**
						Add ratings together ____

Instructions: Below are some ways your problems might get in the way your ability	**Extreme Troubles**	**Quite a Few Troubles**	**Some Troubles**	**OK**	**Doing Very Well**
1. Getting along with friends	**0**	**1**	**2**	**3**	**4**
2. Getting along with family	**0**	**1**	**2**	**3**	**4**
3. Dating or developing relationships with boyfriends or girlfriends	**0**	**1**	**2**	**3**	**4**
4. Getting along with adults outside the family (teachers, principals)	**0**	**1**	**2**	**3**	**4**
5. Keeping neat and clean, looking good	**0**	**1**	**2**	**3**	**4**
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	**0**	**1**	**2**	**3**	**4**
7. Controlling emotions and staying out of trouble	**0**	**1**	**2**	**3**	**4**
8. Being motivated and finishing products	**0**	**1**	**2**	**3**	**4**
9. Participating in hobbies (baseball cards, coins, stamps, art)	**0**	**1**	**2**	**3**	**4**
10. Participating in recreational activities (sports,	**0**	**1**	**2**	**3**	**4**

swimming, bike riding)					
11. Completing household chores (cleaning room, other chores)	**0**	**1**	**2**	**3**	**4**
12. Attending school and getting passing grades	**0**	**1**	**2**	**3**	**4**
13. Learning skills that will be useful for future jobs	**0**	**1**	**2**	**3**	**4**
14. Feeling good about self	**0**	**1**	**2**	**3**	**4**
15. Thinking clearly and making good decisions	**0**	**1**	**2**	**3**	**4**
16. Concentrating, paying attention, and completing tasks	**0**	**1**	**2**	**3**	**4**
17. Earning money and learning to use money wisely	**0**	**1**	**2**	**3**	**4**
18. Doing things without supervision or restrictions	**0**	**1**	**2**	**3**	**4**
19. Accepting responsibility for actions	**0**	**1**	**2**	**3**	**4**
20. Ability to express feelings	**0**	**1**	**2**	**3**	**4**
					Add ratings together ____

Instructions: Please select your response to each question.

1. Overall how satisfied are you with your life right now? **1.** Extremely satisfied **2.** Moderately satisfied **3.** Somewhat satisfied **4.** Somewhat dissatisfied **5.** Moderately dissatisfied **6.** Extremely dissatisfied	1. How satisfied are you with the mental health services you have received so far? **1.** Extremely satisfied **2.** Moderately satisfied **3.** Somewhat satisfied **4.** Somewhat dissatisfied **5.** Moderately dissatisfied **6.** Extremely dissatisfied
2. How energetic and healthy do you feel right now? **1.** Extremely healthy **2.** Moderately healthy **3.** Somewhat healthy **4.** Somewhat unhealthy **5.** Moderately unhealthy **6.** Extremely unhealthy	2. How much are you included in deciding your treatment? **1.** A great deal **2.** Moderately **3.** Quite a bit **4.** Somewhat **5.** A little **6.** Not at all
3. How much stress or pressure is in your life right now? **1.** Very little stress **2.** Some stress **3.** Quite a bit of stress **4.** A moderate amount of stress **5.** A great deal of stress **6.** Unbearable amounts of stress	3. Mental health workers involved in my case listen to me and know what I want. **1.** A great deal **2.** Moderately **3.** Quite a bit **4.** Somewhat **5.** A little **6.** Not at all
4. How optimistic are you about the future? **1.** The future looks very bright **2.** The future looks somewhat bright **3.** The future looks OK **4.** The future looks both good and bad **5.** The future looks bad **6.** The future looks very bad	4. I have a lot of say about what happens in my treatment. **1.** A great deal **2.** Moderately **3.** Quite a bit **4.** Somewhat **5.** A little **6.** Not at all
Total: ____	Total: ____

Appendix C.

Ohio Youth Scales (Agency Worker Rating)						
Form Completed by: **Case Manager 1 Therapist 2 Other _____ 3**						
Instructions: Please rate the degree to which the designated child has experienced the following problems in the last 30 days.	**Not at All**	**Once or Twice**	**Several Times**	**Often**	**Most of the Time**	**All of the Time**
1. Arguing with others	**0**	**1**	**2**	**3**	**4**	**5**
2. Getting into fights	**0**	**1**	**2**	**3**	**4**	**5**
3. Yelling, swearing, or screaming at others	**0**	**1**	**2**	**3**	**4**	**5**
4. Fits of anger	**0**	**1**	**2**	**3**	**4**	**5**
5. Refusing to do things teachers or parents ask	**0**	**1**	**2**	**3**	**4**	**5**
6. Causing trouble for no reason	**0**	**1**	**2**	**3**	**4**	**5**
7. Using drugs or alcohol	**0**	**1**	**2**	**3**	**4**	**5**
8. Breaking rules or breaking the law (out past curfew, stealing, etc.)	**0**	**1**	**2**	**3**	**4**	**5**
9. Skipping school or classes	**0**	**1**	**2**	**3**	**4**	**5**
10. Lying	**0**	**1**	**2**	**3**	**4**	**5**
11. Can't seem to sit still, having too much energy	**0**	**1**	**2**	**3**	**4**	**5**
12. Hurting self (cutting or scratching self, taking pills)	**0**	**1**	**2**	**3**	**4**	**5**
13. Thinking or talking about death	**0**	**1**	**2**	**3**	**4**	**5**
14. Feeling worthless or useless	**0**	**1**	**2**	**3**	**4**	**5**
15. Feeling lonely and having no friends	**0**	**1**	**2**	**3**	**4**	**5**
16. Feeling anxious or fearful	**0**	**1**	**2**	**3**	**4**	**5**
17. Worrying that something bad is going to happen	**0**	**1**	**2**	**3**	**4**	**5**
18. Feeling sad or depressed	**0**	**1**	**2**	**3**	**4**	**5**
19. Nightmares	**0**	**1**	**2**	**3**	**4**	**5**
20. Eating problems	**0**	**1**	**2**	**3**	**4**	**5**
Add ratings together ____						

Roles: Enter the number of days the youth was placed in each of the following settings during the past 90 days. (For example, the youth may have been in a detention center for 3 days, a group home for 7 days, and with the biological mother for 80 days.)

Jail	_____	Foster Care	_____
Juvenile Detention Center	_____	Supervised Independent Living	_____
Inpatient Psychiatric Hospital	_____	Home of a Family Friend	_____
Drug/Alcohol Rehabilitation Center	_____	Adoptive Home	_____
Medical Hospital	_____	Home of a Relative	_____
Residential Treatment	_____	School Dormitory	_____
Group Emergency Shelter	_____	Biological Father	_____
Residential Job Corp/Vocational Center	_____	Biological Mother	_____
Group Home	_____	Two Biological Parents	_____

Therapeutic Foster Care	_____	Independent Living with Friend	_____
Individual Home Emergency Shelter	_____	Independent Living with Self	_____
Specialized Foster Care	_____		
(Total for the two columns should equal 90)			

Markers:

School Placement:_____
_____
_

Current Psychoactive Medications:
_____
_____

	Number in Past 90 Days
Arrests	_____
Suspensions from school	_____
Days in Detention	_____
Days of School Missed	_____
Self-Harm Attempts	_____

Instructions: Below are some ways your problems might get in the way your ability	**Extreme Troubles**	**Quite a Few Troubles**	**Some Troubles**	**OK**	**Doing Very Well**
1. Getting along with friends	**0**	**1**	**2**	**3**	**4**
2. Getting along with family	**0**	**1**	**2**	**3**	**4**
3. Dating or developing relationships with boyfriends or girlfriends	**0**	**1**	**2**	**3**	**4**
4. Getting along with adults outside the family (teachers, principals)	**0**	**1**	**2**	**3**	**4**
5. Keeping neat and clean, looking good	**0**	**1**	**2**	**3**	**4**
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	**0**	**1**	**2**	**3**	**4**
7. Controlling emotions and staying out of trouble	**0**	**1**	**2**	**3**	**4**
8. Being motivated and finishing products	**0**	**1**	**2**	**3**	**4**
9. Participating in hobbies (baseball cards, coins, stamps, art)	**0**	**1**	**2**	**3**	**4**
10. Participating in recreational activities (sports, swimming, bike riding)	**0**	**1**	**2**	**3**	**4**
11. Completing household chores (cleaning room, other chores)	**0**	**1**	**2**	**3**	**4**
12. Attending school and getting passing grades	**0**	**1**	**2**	**3**	**4**
13. Learning skills that will be useful for future jobs	**0**	**1**	**2**	**3**	**4**
14. Feeling good about self	**0**	**1**	**2**	**3**	**4**
15. Thinking clearly and making good decisions	**0**	**1**	**2**	**3**	**4**

16. Concentrating, paying attention, and completing tasks	**0**	**1**	**2**	**3**	**4**
17. Earning money and learning to use money wisely	**0**	**1**	**2**	**3**	**4**
18. Doing things without supervision or restrictions	**0**	**1**	**2**	**3**	**4**
19. Accepting responsibility for actions	**0**	**1**	**2**	**3**	**4**
20. Ability to express feelings	**0**	**1**	**2**	**3**	**4**
Add ratings together _____					

Appendix D.

Ohio Youth Scales (Parent Rating)

Form completed by

Mother	**1**	**Father**	**2**	**Step-mother**	**3**
Step-father	**4**	**Other** _____			**5**

Instructions: Please rate the degree to which your child has experienced the following problems in the last 30 days.	**Not at All**	**Once or Twice**	**Several Times**	**Often**	**Most of the Time**	**All of the Time**
1. Arguing with others	**0**	**1**	**2**	**3**	**4**	**5**
2. Getting into fights	**0**	**1**	**2**	**3**	**4**	**5**
3. Yelling, swearing, or screaming at others	**0**	**1**	**2**	**3**	**4**	**5**
4. Fits of anger	**0**	**1**	**2**	**3**	**4**	**5**
5. Refusing to do things teachers or parents ask	**0**	**1**	**2**	**3**	**4**	**5**
6. Causing trouble for no reason	**0**	**1**	**2**	**3**	**4**	**5**
7. Using drugs or alcohol	**0**	**1**	**2**	**3**	**4**	**5**
8. Breaking rules or breaking the law (out past curfew, stealing, etc.)	**0**	**1**	**2**	**3**	**4**	**5**
9. Skipping school or classes	**0**	**1**	**2**	**3**	**4**	**5**
10. Lying	**0**	**1**	**2**	**3**	**4**	**5**
11. Can't seem to sit still, having too much energy	**0**	**1**	**2**	**3**	**4**	**5**
12. Hurting self (cutting or scratching self, taking pills)	**0**	**1**	**2**	**3**	**4**	**5**
13. Thinking or talking about death	**0**	**1**	**2**	**3**	**4**	**5**
14. Feeling worthless or useless	**0**	**1**	**2**	**3**	**4**	**5**
15. Feeling lonely and having no friends	**0**	**1**	**2**	**3**	**4**	**5**
16. Feeling anxious or fearful	**0**	**1**	**2**	**3**	**4**	**5**
17. Worrying that something bad is going to happen	**0**	**1**	**2**	**3**	**4**	**5**
18. Feeling sad or depressed	**0**	**1**	**2**	**3**	**4**	**5**
19. Nightmares	**0**	**1**	**2**	**3**	**4**	**5**
20. Eating problems	**0**	**1**	**2**	**3**	**4**	**5**

Add ratings together ____

Instructions: Below are some ways your problems might get in the way your ability	**Extreme Troubles**	**Quite a Few Troubles**	**Some Troubles**	**OK**	**Doing Very Well**
1. Getting along with friends	**0**	**1**	**2**	**3**	**4**
2. Getting along with family	**0**	**1**	**2**	**3**	**4**
3. Dating or developing relationships with boyfriends or girlfriends	**0**	**1**	**2**	**3**	**4**
4. Getting along with adults outside the family (teachers, principals)	**0**	**1**	**2**	**3**	**4**
5. Keeping neat and clean, looking good	**0**	**1**	**2**	**3**	**4**
6. Caring for health needs and keeping good health	**0**	**1**	**2**	**3**	**4**

habits (taking medicines or brushing teeth)					
7. Controlling emotions and staying out of trouble	**0**	**1**	**2**	**3**	**4**
8. Being motivated and finishing products	**0**	**1**	**2**	**3**	**4**
9. Participating in hobbies (baseball cards, coins, stamps, art)	**0**	**1**	**2**	**3**	**4**
10. Participating in recreational activities (sports, swimming, bike riding)	**0**	**1**	**2**	**3**	**4**
11. Completing household chores (cleaning room, other chores)	**0**	**1**	**2**	**3**	**4**
12. Attending school and getting passing grades	**0**	**1**	**2**	**3**	**4**
13. Learning skills that will be useful for future jobs	**0**	**1**	**2**	**3**	**4**
14. Feeling good about self	**0**	**1**	**2**	**3**	**4**
15. Thinking clearly and making good decisions	**0**	**1**	**2**	**3**	**4**
16. Concentrating, paying attention, and completing tasks	**0**	**1**	**2**	**3**	**4**
17. Earning money and learning to use money wisely	**0**	**1**	**2**	**3**	**4**
18. Doing things without supervision or restrictions	**0**	**1**	**2**	**3**	**4**
19. Accepting responsibility for actions	**0**	**1**	**2**	**3**	**4**
20. Ability to express feelings	**0**	**1**	**2**	**3**	**4**
					Add ratings together _____

Instructions: Please select your response to each question.

1. Overall, how satisfied are you with your relationship with your child right now? **1.** Extremely satisfied **2.** Moderately satisfied **3.** Somewhat satisfied **4.** Somewhat dissatisfied **5.** Moderately dissatisfied **6.** Extremely dissatisfied	1. How satisfied are you with the mental health services your child has received so far? **1.** Extremely satisfied **2.** Moderately satisfied **3.** Somewhat satisfied **4.** Somewhat dissatisfied **5.** Moderately dissatisfied **6.** Extremely dissatisfied
2. How capable of dealing with your child's problems do you feel right now? **1.** Extremely capable **2.** Moderately capable **3.** Somewhat capable **4.** Somewhat incapable **5.** Moderately incapable **6.** Extremely incapable	2. To what degree have you been included in the treatment planning process for your child? **1.** A great deal **2.** Moderately **3.** Quite a bit **4.** Somewhat **5.** A little **6.** Not at all
3. How much stress or pressure is in your life right now? **1.** Very little stress **2.** Some stress **3.** Quite a bit of stress **4.** A moderate amount of stress **5.** A great deal of stress **6.** Unbearable amounts of stress	3. Mental health workers involved in my case listen to and value my ideas about treatment planning for my child. **1.** A great deal **2.** Moderately **3.** Quite a bit **4.** Somewhat **5.** A little **6.** Not at all
4. How optimistic are you about your child's future?	4. To what extent does your child's treatment plan

1. The future looks very bright **2.** The future looks somewhat bright **3.** The future looks OK **4.** The future looks both good and bad **5.** The future looks bad **6.** The future looks very bad	include your ideas about your child's treatment needs? **1.** A great deal **2.** Moderately **3.** Quite a bit **4.** Somewhat **5.** A little **6.** Not at all
Total: ____	Total: ____

Appendix E.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) — COMPREHENSIVE– 5+

Please √ appropriate use: ☐ Initial ☐ Reassessment ☐ Transition/Discharge **Date:** M M D D Y Y

Child's Name **DOB** m m d d y y **Gender** ☐M ☐F **Race/Ethnicity**

Current Living Situation:

Assessor (Print Name): **Signature**

Caregiver Name: **Relation**

LIFE DOMAIN FUNCTIONING

0 = no evidence of problems 1 = history, mild
2 = moderate 3 = severe

	NA	0	1	2	3
Family		O	O	O	O
Living Situation		O	O	O	O
Recreational		O	O	O	O
Job Functioning		O	O	O	O
Developmental[1]		O	O	O	O
Legal		O	O	O	O
Medical		O	O	O	O
Physical		O	O	O	O
Sexuality		O	O	O	O
Sleep		O	O	O	O
School Behavior		O	O	O	O
School Achievement		O	O	O	O
School Attendance		O	O	O	O

YOUTH STRENGTHS

0 = centerpiece 1 = useful
2 = identified 3 = not yet identified

	NA	0	1	2	3
Family		O	O	O	O
Interpersonal		O	O	O	O
Optimism		O	O	O	O
Educational		O	O	O	O
Vocational		O	O	O	O
Talents / Interests		O	O	O	O
Spiritual / Religious		O	O	O	O
Community Life		O	O	O	O
Relation Permanence		O	O	O	O
Resiliency		O	O	O	O
Resourcefulness		O	O	O	O

ACCULTURATION

0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

		0	1	2	3
Language		O	O	O	O
Identity		O	O	O	O
Ritual		O	O	O	O
Cultural Stress		O	O	O	O

MODULES

[1] *go to DD Module*
[2] *go to Trauma Module*
[3] *go to SUD Module*
[4] *go to Violence Module*
[5] *go to SAB Module*
[6] *go to Runaway Module*
[7] *go to JJ Module*
[8] *go to FS Module*

See Back for Module Scoring

CAREGIVER STRENGTHS & NEEDS

O Not applicable – no caregiver identified

0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

	NA	0	1	2	3
Supervision		O	O	O	O
Involvement		O	O	O	O
Knowledge		O	O	O	O
Organization		O	O	O	O
Social Resources		O	O	O	O
Residential Stability		O	O	O	O
Physical		O	O	O	O
Mental Health		O	O	O	O
Substance Abuse		O	O	O	O
Developmental		O	O	O	O
Safety		O	O	O	O

YOUTH BEHAVIORAL / EMOTIONAL NEEDS

0 = no evidence
1 = history or sub-threshold, watch/prevent
2 = causing problems, consistent with diagnosable disorder
3 = causing severe/dangerous problems

	NA	0	1	2	3
Psychosis		O	O	O	O
Impulse / Hyper		O	O	O	O
Depression		O	O	O	O
Anxiety		O	O	O	O
Oppositional		O	O	O	O
Conduct		O	O	O	O
Adjustment to Trauma[2]		O	O	O	O
Anger Control		O	O	O	O
Substance Use[3]		O	O	O	O

YOUTH RISK BEHAVIORS

0 = no evidence 1 = history, watch/prevent
2 = recent, act 3 = acute, act immediately

	0	1	2	3
Suicide Risk	O	O	O	O
Self Mutilation	O	O	O	O
Other Self Harm	O	O	O	O
Danger to Others[4]	O	O	O	O
Sexual Aggression[5]	O	O	O	O
Runaway[7]	O	O	O	O
Delinquency[6]	O	O	O	O
Fire Setting[7]	O	O	O	O
Social Behavior	O	O	O	O

.

MODULES

NAME: _____ Date _____

DEVELOPMENTAL NEEDS (DD)	0	1	2	3
Cognitive	O	O	O	O
Developmental	O	O	O	O
Communication	O	O	O	O
Self Care / Daily Living	O	O	O	O

SUBSTANCE USE (SUD)	0	1	2	3
Severity of Use	O	O	O	O
Duration of Use	O	O	O	O
Stage of Recovery	O	O	O	O
Peer Influences	O	O	O	O
Parental Influences	O	O	O	O
Environmental Influences	O	O	O	O

TRAUMA (*Characteristics of the trauma experience*)	0	1	2	3
Sexual Abuse*	O	O	O	O
Physical Abuse	O	O	O	O
Emotional Abuse	O	O	O	O
Medical Trauma	O	O	O	O
Natural Disaster	O	O	O	O
Witness to Family Violence	O	O	O	O
Witness to Community Violence	O	O	O	O
Witness/Victim - Criminal Acts	O	O	O	O
Other:				
**** If Sexual Abuse >0, complete the following:***				
Emotional closeness to perpetrator	O	O	O	O
Frequency	O	O	O	O
Duration	O	O	O	O
Force	O	O	O	O
Reaction to Disclosure	O	O	O	O
Adjustment	**0**	**1**	**2**	**3**
Affect Regulation	O	O	O	O
Intrusions	O	O	O	O
Attachment	O	O	O	O
Dissociation	O	O	O	O

VIOLENCE MODULE				
Historical Risk Factors	**0**	**1**	**2**	**3**
History of Physical Abuse	O	O	O	O
History of Violence	O	O	O	O
Witness to Domestic Violence	O	O	O	O
Witness Environmental Violence	O	O	O	O
Emotional/Behavioral Risks	**0**	**1**	**2**	**3**
Frustration Management	O	O	O	O
Hostility	O	O	O	O
Paranoid Thinking	O	O	O	O
Secondary gains from anger	O	O	O	O
Violent Thinking	O	O	O	O
Resiliency Factors	**0**	**1**	**2**	**3**
Aware of violence potential	O	O	O	O
Response to Consequences	O	O	O	O
Commitment to Self-Control	O	O	O	O
Treatment Involvement	O	O	O	O

SAB – SEXUALLY AGGRESSIVE BEHAVIOR	0	1	2	3
Relationship	O	O	O	O
Physical Force/Threat	O	O	O	O
Planning	O	O	O	O
Age Differential	O	O	O	O
Type of Sex Act	O	O	O	O
Response to Accusation	O	O	O	O
Temporal Consistency	O	O	O	O
History of Sexual Behavior	O	O	O	O
Severity of Sexual Abuse	O	O	O	O
Prior Treatment	O	O	O	O

RUNAWAY	0	1	2	3
Frequency of Running	O	O	O	O
Consistency of Destination	O	O	O	O
Planning	O	O	O	O
Safety of Destination	O	O	O	O
Involvement in Illegal Acts	O	O	O	O
Likelihood of Return on Own	O	O	O	O
Involvement of Others	O	O	O	O
Realistic Expectations	O	O	O	O

JJ – JUVENILE JUSTICE	0	1	2	3
Seriousness	O	O	O	O
History	O	O	O	O
Arrests	O	O	O	O
Planning	O	O	O	O
Community Safety	O	O	O	O
Legal Compliance	O	O	O	O
Peer Influences	O	O	O	O
Parental Influences	O	O	O	O
Environmental Influences	O	O	O	O

FS – FIRE SETTING	0	1	2	3
Seriousness	O	O	O	O
History	O	O	O	O
Planning	O	O	O	O
Use of Accelerants	O	O	O	O
Intention to Harm	O	O	O	O
Community Safety	O	O	O	O
Response to Accusation	O	O	O	O
Remorse	O	O	O	O
Likelihood of Future Fires	O	O	O	O

Appendix F.

Adult Needs and Strengths Assessment For Transition to Adulthood (ANSA-T)

SUMMARY

Name: _____ Age: _____ Gender: _____Date: __/__/__

Program: _____ Assessor:_____

CCF #_____ MACRO #_____ Time Frame __ first

__ second

__ third

__ fourth

__ fifth

FUNCTIONING		**0**	**1**	**2**	**3**	**Unknown**
1.	Physical/Medical	❍	❍	❍	❍	❍
2.	Family Involvement	❍	❍	❍	❍	❍
3.	Peer/Social Experiences	❍	❍	❍	❍	❍
4.	Intellectual/Developmental	❍	❍	❍	❍	❍
5.	Knowledge of Illness	❍	❍	❍	❍	❍
6.	Independent Living Skills	❍	❍	❍	❍	❍
7.	Residential Stability	❍	❍	❍	❍	❍
8.	Transportation	❍	❍	❍	❍	❍
9.	Caregiving Roles	❍	❍	❍	❍	❍
10.	Intimate Relations	❍	❍	❍	❍	❍
11.	Monitoring	❍	❍	❍	❍	❍
12.	Treatment	❍	❍	❍	❍	❍
13.	Self-Care	❍	❍	❍	❍	❍
14.	Medication Compliance	❍	❍	❍	❍	❍
MENTAL HEALTH						
15.	Adjustment to Trauma	❍	❍	❍	❍	❍
16.	Antisocial Behavior	❍	❍	❍	❍	❍

17.	Impulse Control	❍	❍	❍	❍	❍
18.	Depression/Anxiety	❍	❍	❍	❍	❍
19.	Psychosis	❍	❍	❍	❍	❍
20.	Consistency Across Situations	❍	❍	❍	❍	❍
21.	Consistency Over Time	❍	❍	❍	❍	❍
22.	Motivation for Care	❍	❍	❍	❍	❍
23.	Personality Disorder	❍	❍	❍	❍	❍

SUBSTANCE ABUSE

24.	Alcohol/Drug Use	❍	❍	❍	❍	❍
25.	Duration of Alcohol/Drug Use	❍	❍	❍	❍	❍
26.	Stage of Recovery	❍	❍	❍	❍	❍

ACCULTURATION		**0**	**1**	**2**	**3**	**Unknown**
27.	Language	❍	❍	❍	❍	❍
28.	Cultural Identity	❍	❍	❍	❍	❍
29.	Ritual	❍	❍	❍	❍	❍
30.	Cultural Stress	❍	❍	❍	❍	❍

EDUCATIONAL/VOCATIONAL

31.	Educational Functioning	❍	❍	❍	❍	❍
32.	Educational Attainment	❍	❍	❍	❍	❍
33.	Job Functioning	❍	❍	❍	❍	❍

RISK BEHAVIORS

34.	Danger to self	❍	❍	❍	❍	❍
35.	Danger to Others	❍	❍	❍	❍	❍
36.	Social Behavior	❍	❍	❍	❍	❍

37.	Sexually Inappropriate Behavior	❍	❍	❍	❍	❍
38.	Crime	❍	❍	❍	❍	❍
39.	Environmental Cues	❍	❍	❍	❍	❍
40.	Victimization	❍	❍	❍	❍	❍

STRENGTHS

41.	Family Involvement	❍	❍	❍	❍	❍
42.	Spiritual/Religious	❍	❍	❍	❍	❍
43.	Vocational/Career	❍	❍	❍	❍	❍
44.	Educational	❍	❍	❍	❍	❍
45.	Interpersonal	❍	❍	❍	❍	❍
46.	Relationship Experience	❍	❍	❍	❍	❍
47.	Talents/Interests	❍	❍	❍	❍	❍
48.	Inclusion	❍	❍	❍	❍	❍
49.	Service Permanence	❍	❍	❍	❍	❍
50.	Coping & Enjoying	❍	❍	❍	❍	❍
51.	Resiliency	❍	❍	❍	❍	❍
52.	Resourcefulness	❍	❍	❍	❍	❍

Optional:

CAREGIVER NEEDS & STRENGTHS		**0**	**1**	**2**	**3**	**Unknown**
53.	Physical/Behavioral Health	❍	❍	❍	❍	❍
54.	Involvement with Care	❍	❍	❍	❍	❍
55.	Knowledge	❍	❍	❍	❍	❍
56.	Resources	❍	❍	❍	❍	❍
57.	Organization	❍	❍	❍	❍	❍
58.	Safety	❍	❍	❍	❍	❍

Appendix G

Budget Narrative

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. 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.

h. 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.

i. Sustainability Costs (insert total funds devoted to this project)
Provide a brief cost structure by user and capacity for post-grant period sustainability of data system.

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

Budget Table

Project Name:	**ENGAGE Data System**
Applicant Name:	
Requested Amount:	

Proposed Expenditure of Awarded Funds -by Quarter

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Total
a. Personnel													$ -
b. Fringe Benefits													$ -
c. Travel													$ -
d. Equipment													$ -
e. Supplies													$ -
f. Contractual													$ -
h. Other													$ -
i. Total Direct Costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
j. Indirect Costs													$ -
k. Totals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Projected Requests for Advance/ Reimbursement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Total
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Other Funding and Revenue Sources (e.g., other grants, local funds, in-kind contributions)

Funding Source		**Amount**
		$ -
		$ -
		$ -
Total		$ -

Additional information, if applicable:

Post Grant Sustainability		
Users	**Capacity**	**Cost Per Year**
		$ -