

OUR KIDS

A Collaborative Initiative by the Alabama Departments of Human Resources,
Mental Health, and Youth Services.

FY 21/22 – FY 22/23 Grant Application

Due July 1, 2021

Program Information

Program Name: _____

Physical Address: _____

Mailing Address (if different from physical address): _____

Program Type: Residential Outpatient Afterschool/Evening Day Program
 Monitoring In-Home Case Management
 Other _____

Target Population Served:

- Problematic Sexual/Sexual Reactive Behavior*

- Children or teenagers dually diagnosed with co-occurring disorders where any combination of at least 2 listed below are present in the youth being at risk of out of home placement or court involvement (please check all populations that will be served with proposed program):*
 - *Serious Emotional Disturbance*
 - *Intellectual/Developmental Disability (mild)*
 - *Substance Use Disorder*
 - *Autism Spectrum Disorder*

- Teenagers with CHINS charges who are involved with multiple agencies (involved with the initiative) and are at risk of disrupting the current living situation*

- Children or teenagers in transitional situations due to one of the following:*
 - *Over the age of 18 and under the supervision of the court*
 - *Reintegration into the community from Therapeutic Foster Care Hospitalization, Multi-Needs, or DYS placement.*

- Children/Youth at risk of out of home placement due to significant behavior problems or difficulty functioning in the community/family environment.*

- Children/Youth at risk of removal from a less intensive out of home placement to a more restrictive out of home placement.*

- Children/Youth with low cognitive functioning at risk of out of home placement.*

Program Status: Existing Program New Program

Does Program Utilize Evidenced-Based Practices: Yes No

Does Program Utilize Trauma-Informed Approaches: Yes No

Does Program and/or Agency/Organizations involved currently bill Medicaid: Yes No

(If yes, provide details regarding the proposed programs' ability to do that for those served in the Program Narrative, Section I: Organizational Capacity)

Counties Served:

Total Project Budget: Annual: \$ _____

Requested Funding Amount: Annual: \$ _____

Application Prepared By (additional preparers or grantee contacts may be provided on separate paper using the format below):

- Name: _____ Role: _____
Email: _____ Phone: _____
- Name: _____ Role: _____
Email: _____ Phone: _____
- Name: _____ Role: _____
Email: _____ Phone: _____

Program Contact Name: _____ Title: _____

Email: _____ Phone: _____

OUR KIDS Initiative Information

Purpose:

The OUR KIDS initiative began in 2002 and is a collaboration of between the Departments of Youth Services, Mental Health, and Human Resources to serve children and families who have needs that cross each agencies area of responsibility. OUR KIDS has become an example of Interagency Collaboration to serve children and adolescents in their communities. The OUR KIDS initiative has been noted by federal reviewing authorities from each department as a good example of interagency collaboration.

The three state agencies comprising the initiative pool funds together and issue a joint competitive funding opportunity across the state. In order to respond and be eligible for funding, a provider must demonstrate the need for a specific service, the coordination and support of the partners in the county or area, and assure it is not duplicative of other services in the area.

Since 2002 specialized services, not previously available to targeted populations, have been provided though this initiative. The departments have supported community-based programs for children identified as CHINS; aftercare services for children discharged from DYS with mental

health needs; intensive in-home and psychiatric services for children and mental health and DHR involvement; intensive in-home services for children with lower cognitive functioning.

The Our Kids Initiative and the corresponding RFP process continue to evolve as the needs of youth across our state continues to change. The significance of the familial involvement and the benefits of evidence-based and trauma-informed programs and interventions have become more apparent. Therefore, programs proposing the use of evidence-based programs and/or interventions may be given additional evaluative ratings and considerations. For additional information regarding evidence-based programs or trauma-informed programs refer to <https://www.samhsa.gov/resource-search/ebp> or similar resource.

The Our Kids Initiative is focused on providing quality services for those youth who fall “in the gap” of other services available. Each of the Independent agencies within this Interagency Collaborative has specialized training to address their specific populations. Therefore, depending on the proposers elected population within this Initiative, there is an availability of up to 20 hours of free training for the program professionals for those chosen to receive the Our Kids Initiative Funding. This training will be provided by one of more of the agencies within the Our Kids Collaborative. More information regarding the availability of this training will be provided once awards are completed.

Application Instructions and Criteria

Instructions:

1. Applications should adhere to guidelines for the Target Population and Approach as specified in the program announcement.
2. Applications for funding must be received no later than July 1, 2021. Late or incomplete applications will not be accepted. A receipt email will be sent notifying organizations of applications received.
3. Each applicant must submit a digital copy on a flash drive and ONE (1) copy of the application on paper. All information must be complete when submitted and received.
4. Applications should be written in a font size no smaller than 12-point.
5. Number all pages, including addendums as needed.
6. Bind the paper copy of the application together separately with a binder clip. No staples please.
7. No cover letter is needed.
8. Applications must include signatures of appropriate officials indicating their support for the proposed project as specified in the announcement and this application for each county to be served through the proposal.
9. Budget calculations should be based on a 12-month period. Attach additional pages as needed for explanation of budget items.
10. Funding is not available for capital construction purposes.

Selection Criteria:

Responses to the questions herein, subsequent communications, and executed grant agreements will be incorporated into the evaluation process for programs awarded monies to implement OUR KIDS grant programs. Such evaluative criteria will include special emphasis on the number of youth served by the program throughout the fiscal year and the length of stay for youth participating in the program. Therefore, it is vital that applicants respond fully and concisely to each inquiry. Please

ensure that all needed attachments, including budget worksheets and summaries, program narrative, and collaborating organizations signature page are completed fully and attached to the application.

Selection shall be based on factors to be developed by the procuring state entity which may include among others, the following:

- Specialized expertise, capabilities, and technical competence as demonstrated by the proposed approach and methodology to meet project requirements.
- Utilization of and implementation plans for Trauma-Informed Treatment and/or Evidenced-Based Programs.
- Resources available to perform the work, including any specialized services within the specified time limits for the project.
- Record of past performance, quality of work, ability to meet schedules, cost control, and contract administration.
- Proposed project management techniques.
- Ability and proven history in handling special project contracts.

Schedule:

- *OUR KIDS Grant Application Announced: May 17, 2021*
- *Letter of Intent from Interested Counties: June 1, 2021*
- *Deadline to submit grant application questions to monica.rowland@dys.alabama.gov : June 9, 2021 by 10am*
- *Teleconference (for invitation send request to monica.rowland@dys.alabama.gov): June 16, 2021 at 2:00 pm*
- *Grant Applications Due: July 1, 2021 by 3pm* (send one copy to the address below)
Alabama Department of Youth Services
Attn: Monica Roland c/o Pat Pendergast
Mailing Address: P.O. Box 66, Mt. Meigs, AL 36057
Courier Delivery Address (UPS, FedEx, etc.): 1000 Industrial School Rd., Montgomery, AL 36117
- *Award Notification: After July 12, 2021*

Required Qualifications

- **Service Providers must meet or be capable of meeting certification requirements from the Department of Mental Health, Department of Human Resources, or Department of Youth Services.**
- **Service Providers must have the capacity to fulfill the objectives proposed in the application.**

Program Narrative

The program narrative should provide a detailed description of all aspects of the proposed program. Sections A-K may not exceed fifteen (15) single-spaced pages in a font size no smaller than 12 point. The narrative section should be written in the same manner that is self-explanatory to outside reviewers unfamiliar with the activities of the applicant.

When preparing the program description, extreme care shall be taken to accurately describe the program, services, staffing, treatment patterns, etc. Successful proposers will be held responsible for

the continued provision of services as described in the proposal for the entire funding period. If the Proposer chooses to contract with other service providers to meet any of the requirements outlined in the RFP, then a detailed description of those services is required. It is the Proposer's responsibility to ensure that the descriptions meet the guidelines noted within this application.

The program narrative must be organized and labeled as follows:

Section A: Purpose of the Program

Describe what the program intends to achieve with the identified population.

Section B: Target Population

Define the target population you intend to serve with the proposed program. This should include age ranges, gender, diagnosis or behaviors exhibited, etc. Exclusions for services should be clearly explained as well.

Section C: Area Served

Identify the county or counties to be served by the program. Specify the locations of the sites for service delivery and, if applicable, describe how the participants accessibility to the site will be addressed, including transportation to service sites or other accessibility issues.

Section D: Problem and Needs Assessment

Identify and describe the problem or problems to be addressed by the program. Describe how this need was identified and determined to be a priority for this county or counties.

Section E: Approach

Describe the approach planned to address the identified needs. Include specific activities required under this proposal. Describe how these children/youth will be identified and referred for services, assessment protocols utilized, and how services will be tailored to the clients' individual needs. Describe how families will be involved in planning and evaluating program services. Describe treatment approaches used, including any evidenced based or trauma informed approaches. Describe how those approaches shaped and influenced this proposal. Describe how the proposer will ensure that staff are both trained on those approaches and practice those approaches during the course of service delivery.

Section F: Outcomes and Quality Assurance:

Describe the outcomes expected to result from project activities. In addition, describe plans for data tracking and quality assurance measures.

1. The outcome data below must be collected from youth who are referred to the program. Describe any additional measures the program plans to track.
 - Number of referrals made to the program
 - Number of referrals accepted to the program
 - Number of referrals declined.
 - Justification for the declined referrals

2. The outcome data below must be collected from youth upon completion of the program, at one (1), three (3), and six (6) month intervals.

- Destination/Youth Living Arrangement
- Youth Educational Status
- Youth Employment Status if applicable
- Court Supervision Status if applicable

3. Identify at least two quality assurance measures your program has and will continue to use to maintain program integrity. Discuss the rationale for using each measure.

4. List the program personnel responsible for overseeing the program’s quality assurance measures:

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

5. List all program personnel responsible for updating the Grantee Information Management System (GIMS). Create additional lines if needed. **GIMS updates must be completed at least monthly.**

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Section G: Timetable for project implementation

Indicate target dates for accomplishment of key activities outlined in the proposal, including when the project is expected to be fully operational and ready to accept referrals for service. Specify major tasks and activities expected to be achieved and the individual responsible for accomplishing each activity. Describe the training protocol for the professionals who will be providing services. At a minimum, they should be aware of Trauma-Informed treatment practices. Detailed information about how the proposed program will ensure that service delivery is both aware of and ensures the

practice of Trauma-Informed care is preferred. Unless otherwise specified and approved, services are expected to be available on October 1, 2021.

Section H: Collaboration with Other Agencies and Individuals:

Describe the program’s methods of collaboration and coordination with other community-based public and private agencies to provide the planned services. Demonstrate that the program is not duplicative and coordinates with existing programs in the area to be served. Please attach evidence of this support from collaborative agencies with the completion of the Collaborating Organizations Signature Page (**Appendix A**) and accompanying letter of support from each.

Section I: Organizational Capacity

The Lead Agency/Organization is the organization that will serve as the fiscal agent and will be the point of contact with the funding agencies. This agency/organization will be required to submit any required reports and will be responsible for assuring that program activities are implemented as proposed. The Partnering Agencies/Organizations are collaborating organizations that have committed to implement specific activities or responsibilities provided for in the proposal.

Briefly describe the structure and history of the Lead Agency/Organization, specifically noting the scope of experience in serving the target population, providing similar services, and in administration of projects of this nature. Include number of employees, titles, names, qualifications, and experience of key management and professional staff who will be responsible for implementing the proposed program.

Briefly, describe the partnering organizations and their capacity to implement responsibilities under the proposal.

Appendix B: Attach an organizational chart showing the administration and operational structure within which the program will function.

Appendix C: Attach resumes or job description(s) of staff responsible for specific program activities.

Section J: Collaborating Organizations Signature Page

For each county to be served by this project include appropriate signatures or required and participating organizations indicating their support for the proposal and, where appropriate, their commitment to fulfill specified responsibilities. Support Letters should be considered **Appendix D**.

Section K: Budget

Please complete and submit the separate Budget Summary Form (**Appendix E**) and Budget Worksheet (**Appendix F**). Also Attach IRS 501(c)(3) Letter, if applicable (**Appendix G**)

List any additional funding sources or in-kind gifts that support this program:

Source: _____	Amount: _____	Budget Item: _____
Source: _____	Amount: _____	Budget Item: _____
Source: _____	Amount: _____	Budget Item: _____
Source: _____	Amount: _____	Budget Item: _____