

Cuyahoga County Infant and Early Childhood Mental Health Funders Task Force

Request for Proposal – Planning for Collective Impact in Expanding and Strengthening Availability of IECMH Services

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PURPOSE

The Cuyahoga County Infant and Early Childhood Mental Health (IECMH) Funders Task Force¹ has come together to identify way we can collectively work together to expand and strengthen the availability of early childhood mental health services in Cuyahoga County. We seek to engage a consultant to lead us through a process to identify options for how we might collaborate to achieve this purpose, provide a cost/benefit/complexity analysis of each of the viable options and make recommendations for collective investment or other coordinated activity.

SITUATION

While the demand/need for behavioral health services outstrips the capacity of behavioral health professionals in our local community for nearly every client population segment, the situation is particularly dire for IECMH. These services, which are not typically reimbursed by Medicaid or commercial insurance for children ages 0-3 (because billable diagnostic codes are not available for all/most services provided to this age group and because providers are sometimes reluctant to offer a formal diagnosis for a very young child) are typically delivered by staff who work at community behavioral health organizations and not typically by providers in private practices. IECMH services are largely delivered in the home, versus in a provider's office. Unlike other categories of behavioral health care that focus on treating an individual, IECMH therapies and interventions are dyadic in nature, addressing the relationship between parent/caregiver and child and their patterns of interaction. Provided services are often preventative in nature and are initiated when children display behavior that could, if untreated, lead to more severe behavioral health challenges in the future. Many practitioners new to the behavioral health field have little experience or training working in homes or other community settings and have not had opportunities to gain experience working with parents and children together, which is a hallmark of IECMH service delivery.

Children and families needing IECMH services today are identified and referred for services through a number of channels. Referring entities include (but are not limited to): clinical care providers (pediatricians, nurse practitioner or family practice provider); community agencies

¹ The IECMH Funders Task Force consists of representatives from organizations that include: the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, the Cleveland/Cuyahoga County Workforce Development Board, the Cuyahoga County Office of Early Childhood/Invest in Children, the Cuyahoga County Division of Child and Family Services, the Educational Service Center of Northeast Ohio, Starting Point and the Bruening, Cleveland, Deaconess, Gund, Mt. Sinai Health, and Woodruff foundations.

where families are receiving other services; home visiting or early intervention programs (e.g., Bright Beginnings); community health workers; Cuyahoga County Department of Children and Family Services; Starting Point; and other initiatives such as the Safe Babies Court Team. Parents/caregivers can also self-refer for IECMH services.

Because Medicaid and insurance plans do not typically reimburse for IECMH services, Cuyahoga County's Office of Early Childhood, Invest in Children, works in coordination with the Cuyahoga County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board to contract with a network of community-based behavioral health agencies to provide IECMH services and reimburses these agencies with county funds on a fee-for-service basis. Agencies report that the true cost to deliver these services exceeds what is reimbursable and often approach private philanthropy for grant funding to cover the shortfall (and often on a recurring basis).

The current capacity of the IECMH provider workforce in Cuyahoga County is insufficient to meet the current need for IECMH services, which was substantial before the pandemic and has become more acute following the pandemic's peak. Families and agencies report long wait times for services, and agencies report that they are challenged to hire and retain staff to deliver IECMH services. Challenges to hiring new staff include the fact that the candidate pool does not often have IECMH experience (and, reportedly, no local universities offer a degree track or specialization in IECMH) and the low number of individuals entering the field due to low pay vis a vis the educational investment needed to gain the required credentials and licensing (a master's degree is required). Challenges to retention include low pay, productivity demands and staff safety concerns related to the need to deliver services in homes and in neighborhoods plagued by crime and poverty – all of which lead to staff burnout. Exacerbating both recruitment and retention challenges is the fact that community-based behavioral health agencies face stiff competition for labor from organizations that can pay more competitive wages (e.g., hospitals and managed care organizations). All of these dynamics have created a situation where the demand/need for IECMH services in Cuyahoga County significantly exceeds supply.

SCOPE OF WORK

The Task Force seeks to engage a consultant to:

1. identify a comprehensive range of options that public and private funders could collectively pursue to alleviate the constraint of insufficient capacity to meet the growing need for IECMH services in Cuyahoga. These options should include but are not limited to:
 - a. developing training program curriculum/a in partnership with local universities and providing launch support
 - b. supporting IECMH training programs for those already trained in other behavioral health disciplines
 - c. strengthening Ohio's existing ECMH credential program (overseen by Ohio Department of Mental Health and Addiction Services and The Ohio Child Care Resource and Referral Association)

- d. including IECMH services in the set of services eligible for reimbursement among Ohio's peer support programs
 - e. supporting paid internships and field experiences
 - f. initiating or expanding loan forgiveness programs
 - g. engaging in advocacy in targeted ways to grow and strengthen the field
 - h. creating incentives or other initiatives to boost retention in the field
 - i. developing career pathways for paraprofessionals to move into licensed roles
 - j. creating programs, partnerships or incentives to attract therapists in private practice to include IECMH in their set of service offerings
 - k. growing consultative services in early childhood settings to prevent the need for more intensive clinical interventions with families/children
2. Conduct a cost/benefit analysis of each of the identified options, with a clear delineation of the upside and downside risk of each option, a quantification of how IECMH service capacity will be increased by each, an assessment of the cost to pursue each, and an estimate of the timeframe needed to realize the increased capacity created by each option
 3. A set of recommendations on which option or options to pursue, to include considerations for sequencing and/or dependencies

WORK PLAN AND PROJECT TIMELINE

The total project is anticipated to take up to five (5) months, June – October 2023. We envision that the project scope will include the following phases and work steps:

Phase 1 - Discovery

1. A review of the literature, data and past studies outlining IECMH and behavioral health workforce trends nationally and at the state and local levels – A substantial amount of research has already been conducted locally by the Cuyahoga County Office of Early Childhood/Invest in Children, the Cuyahoga County Alcohol, Drug Addiction and Mental Health Services Board, the Woodruff Foundation, the Greater Cleveland Career Consortium and the Funders Collaborative on Covid Recovery. We expect the consultant to become familiarized with this work previously conducted, as well as to gather additional information resources to inform the options to be identified and explored through this engagement.
2. Identification of promising practices elsewhere (e.g., in Michigan and Florida)
3. Interviews with all Task Force members (n = 10-15)
4. Interviews with leadership and staff of community behavioral health agencies (n = 10-15)
5. Interviews with higher education institutions (e.g., Cuyahoga Community College, Cleveland State University, Case Western Reserve University) (n = 5 -10; multiple individuals will need to be interviewed at most institutions)
6. Interviews with advocacy organizations that include Groundwork Ohio, Children's Defense Fund, the Mental Health & Addiction Advocacy Coalition, and AIMHiOhio/Ohio Association of Infant Mental Health (n = 5-7)

7. Interviews representatives of the Ohio Department of Health, Ohio Department of Medicaid, the Ohio Department of Mental Health and Addiction Services (OHMAS), the Ohio Department of Developmental Disabilities (n = 4-5)
8. Interviews with other experts/thought leaders to include: Dr. Alissa Huth-Bocks at Wayne State University, the Black Child Development Institute, Zero to Three, the Harvard Center on the Developing Child, the National Collaborative on Infants and Toddlers powered by BUILD, the National League of Cities, the National Association of Counties, Pritzker Children's Initiative, and the Children's Funding Project
9. Interviews with families who have lived experience of the challenge of accessing needed IECMH services (n = 5)

Phase 2 – Identification of Options

1. Identify comprehensive list of options for collective impact with preliminary assessment of costs, benefits, timeline and complexity and flag any low-hanging opportunities (as applicable)
2. Present options to Task Force for input/narrowing; attain consensus on a list for deep analysis

Phase 3 – Deep Analysis

1. Conduct deep analysis of option with a clear delineation of the upside and downside risk of each option, a quantification of how capacity will be increased by each, and an assessment of the cost to pursue each, and an estimate of the timeframe needed to realize the increased capacity each could effect
2. Present the analysis to the Task Force and make recommendations on an option or set of options to pursue for maximum collective impact
3. Facilitate group to consensus on a collective strategy

Phase 4 – Implementation Planning

1. Develop a work plan for execution of each of the consensus options, that includes timing/sequencing, an identification of needed resources and partners and cost to execute
2. Present detailed implementation plan to Task Force and facilitate discussion of next steps and accountabilities

We envision that the consultant will facilitate a total of four meetings with the Task Force: (1) kick off (after literature review); (2) after Phase 1; (3) after Phase 2; (4) after Phase 3. We ask that consultant candidates include a detailed project timeline with target completion dates for all phases in their submitted proposal.

We expect the consultant to create a final report that documents all options identified, results of the deep analysis and a detailed implementation plan.

The consultant will be responsible for all meeting scheduling, document preparation and meeting facilitation. Guidance throughout the process will be provided as needed by a small

Task Force leadership team. The consultant will be expected to provide regular updates to the leadership team between scheduled meetings with the Task Force.

PROJECT TIMELINE

The total project is preliminarily anticipated to take approximately 6 months (June – November 2023). We ask consultants that respond to this RFP to advise on an alternate timeline if more appropriate.

PROPOSAL, SUBMISSION AND DEADLINES

Candidates for this consulting engagement are not limited to those that reside in Northeast Ohio, but any candidate from outside the local geographic area that responds should demonstrate knowledge/understanding of the local behavioral health landscape to be considered. We will consider proposals from independent consultants, consulting firms and nonprofit organizations that provide research/consulting services. We also welcome collaborative proposals from teams of sole practitioners that wish to partner for the purposes of this engagement.

A complete proposal should address the following:

- A statement of consultant experience and qualifications
- Who will be involved in providing consulting services and their scope of involvement and experience if not specified above
- Consultant approach to the scope of work and delineation of deliverables to be met, including a proposed process/timeline
- Familiarity with behavioral health/IECMH as a field and in Ohio and Cuyahoga County in specific
- A clear and accurate cost proposal
- A brief description of similar/relevant past consulting work conducted by the consultant(s)
- Contact information for three past clients or individuals the consultant has worked with in a previous professional capacity

Complete proposals should be submitted on or before **May 1, 2023**, by email to Jennifer Dodd, Assistant Superintendent, Educational Service Center of Northeast Ohio at jenniferdodd@escneo.org.

Candidates to be interviewed will be notified on or about May 15, with in-person interviews expected to take place between May 17 and May 29. Work will begin when a final decision is reached by the Task Force, anticipated by June 1, 2023.

You may contact Jennifer Dodd with questions concerning this RFP at 440-725-6447.