OVERVIEW & MISSION
The Ohio Department of Developmental Disabilities (DODD) is responsible for overseeing a statewide system of services and supports for people with developmental disabilities and their families.

The mission of DODD is continuous improvement of the quality of life for Ohio’s citizens with developmental disabilities and their families.

GUIDING PRINCIPLES
DODD will:

• Create less complex service delivery, with fair and logical payment systems that are federally compliant
• Continue to be good stewards of limited resources
• Provide quality outcomes through a combination of people and processes
• Design service delivery models in response to choices made by the people served, in alliance with community supports
• Develop a system-wide vision and long-range strategic plan by listening to our funding partners, constituents and stakeholders

BACKGROUND
The Ohio Departments of Mental Health and Addiction Services and Developmental Disabilities have been partnering on a statewide Trauma-Informed Care Initiative. The Initiative aims at expanding opportunities for Ohioans to receive trauma-informed interventions by enhancing efforts for practitioners, facilities and agencies to become competent in trauma informed practices. TIC is an approach that explicitly acknowledges the role trauma plays in people’s lives. TIC means that every part of an organization or program understands the impact of trauma on the individuals they serve and promotes cultural and organizational change in responding to the people served and their families.

Research shows that people with Intellectual and/or Developmental Disabilities are more likely to experience trauma across the lifespan and has also demonstrated the effectiveness of Trauma-Informed Care. Trauma Informed Care has been associated with:

• Better health outcomes
• Marked reduction in the use of seclusion and restraint
• Increased consumer satisfaction
• Increased staff patience and consistency in approach
• Increased ability to de-escalate crisis situations
• Decreased counter-aggressive actions between clients and staff

Adopting a trauma-informed care model requires a fundamental cultural shift within agencies and organizations intended to promote a greater sense of safety, security and equality. Ohio’s TIC Initiative is being guided by the work of the Substance Abuse and Mental Health Services Administration.

According to SAMHSA’s concept of a trauma-informed approach, a program, organization, or system that is trauma-informed:
1. Realizes the widespread impact of trauma and understands potential paths for recovery;
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist re-traumatization.

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

SAMHSA has adopted Six Key Principles of a Trauma-Informed Approach, reflecting adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues

From SAMHSA’s perspective, it is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA’s definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration.

For more information on Ohio’s Trauma Informed Care Initiative, see:
For more information on the National Center for Trauma Informed Care and SAMHSA’s trauma informed approach, see: [http://www.samhsa.gov/nctic/about](http://www.samhsa.gov/nctic/about)

To better inform your application, we encourage you to review the following:

- [http://mha.ohio.gov/Portals/0/assets/Initiatives/TIC/Disabilities/A%20Call%20for%20Integration%20of%20Trauma-Informed%20Care%20Among%20IDD%20Organizations.pdf](http://mha.ohio.gov/Portals/0/assets/Initiatives/TIC/Disabilities/A%20Call%20for%20Integration%20of%20Trauma-Informed%20Care%20Among%20IDD%20Organizations.pdf)
- [http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf](http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf)

**PURPOSE**

As a result of this work, DODD seeks to increase the number of HCBS residential provider agencies who have adopted and implemented a trauma-informed approach and are willing, able and committed to serving people with complex support needs using this approach. Based on the research, we believe this will result in better outcomes for people and organizations. Specifically:

1. Reduce utilization of emergency services across systems, including admissions to developmental centers, state hospitals;
2. Reduce the use of restrictive or aversive measures;
3. Maintain people in their current home/living situation;
4. Maintain continuity of staff/reduce staff turnover.

The anticipated award period is November 1, 2015 – June 30, 2017.

**EXPECTATIONS**

Awardees agree to implement their plan and increase their capacity to serve people with complex support needs. Awardees will be asked to track progress throughout the grant period and submit data as requested by the Department.

Additionally, providers agree to actively attend and participate in their Regional TIC Collaborative (see: [http://mha.ohio.gov/Default.aspx?tabid=772](http://mha.ohio.gov/Default.aspx?tabid=772)) as well as trainings, conferences and/or summits related to the TIC Initiative, and identify (and maintain) at least one staff at all times that is a “trained trainer” in Trauma Informed Care.

**APPLICATION**

Applications will be accepted that contain the following components:

- Cover sheet including:
  - Name of Applicant
  - Title of Applicant
  - Company Name (if applicable)
  - Street address including city, state and zip
  - Tax ID number (if applicable)
STATE OF OHIO

VENDOR/SUPPLIER ID* (see below)

Phone number

Email address

County(ies) Served

Statement of acceptance of all terms

Signature

All required components (1-8) specified below in this RFP

*Respondents acknowledge their responsibility to become a registered supplier (formerly “vendor”) with the State of Ohio. DODD cannot execute a grant agreement with any entity that is not a registered supplier with the State of Ohio. Respondents that are currently registered as a supplier should include their assigned State of Ohio Supplier ID (same as the “vendor” ID) in the application cover sheet. Respondents that are not currently registered as a State of Ohio supplier must secure a State of Ohio Supplier ID and email the ID to Cathy.Hutzel@dodd.ohio.gov by close of business October 14, 2015. For directions on applying for a State of Ohio Supplier ID, please visit the Office of Ohio Shared Services website. For questions regarding this process, please contact the Office of Ohio Shared Services directly at 1.877.644.6771.

Proposals without these items will not be considered. Proposals may not exceed 15 pages.

**SELECTION PROCESS**

The selection committee will be comprised of Department staff and stakeholders who have actively participated in the Trauma Informed Care Initiative.

Providers will be selected based on the responses to questions in the following application, including an agency assessment. Below is the scoring tool that will be utilized in the selection process.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>20</td>
<td>The provider has utilized and included one of the available agency assessments outlined in the RFP and demonstrates a thoughtful, thorough and accurate assessment of current state.</td>
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<tr>
<td>30</td>
<td>The provider has developed a concrete plan as outlined in the RFP to adopt and implement a trauma informed approach that includes realistic, specific action steps and timelines based on the agency assessment.</td>
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<tr>
<td>20</td>
<td>The provider demonstrates a willingness and ability to increase the number of people with complex support needs it serves.</td>
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<tr>
<td>10</td>
<td>The provider demonstrates a current commitment to serving people with complex support needs and is currently dedicating resources to implement a trauma informed approach, including but not limited to participation in the Trauma Informed Care Initiative.</td>
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<tr>
<td></td>
<td>The provider’s application demonstrates sustainability of this systems change effort.</td>
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<tr>
<td>5</td>
<td>The provider demonstrates current capacity to undertake this effort.</td>
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<tr>
<td>5</td>
<td>Costs are reasonable.</td>
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<tr>
<td></td>
<td>Additional points may be awarded for those proposals that demonstrate regional/area collaboration and/or multi-agency involvement/approaches (i.e., multiple agencies adopting a trauma informed approach, letters of support, etc.).</td>
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</table>

**APPLICATION**

1. What residential services does your agency provide? What other services does your agency provide (i.e., adult day services, mental health services, etc.)?

2. How many people regularly receive these services (broken down by service type)?

3. What percentage of people in question 2 have “complex support needs”? Explain the criteria you used/how your agency defines “complex support needs”. For example, this might include people who require exceptional levels of staffing, are served by multiple systems/agencies (i.e., mental health and substance abuse, criminal justice, etc.).

4. How does your agency plan to increase the number of people served and/or service area, particularly as it applies to people with complex support needs?

5. Outline your agency’s current commitment to Trauma Informed Care and serving people with complex support needs by addressing the following:
   a. Describe collaboration, formal or informal agreements, etc. with other agencies/organizations in your service area as it relates to people with complex support needs, including but not limited to: County Board of DD, Mental Health & Addiction Services, Criminal Justice, etc. Letters of support from these entities are encouraged.
   b. Explain your agency’s participation in Ohio’s Trauma Informed Care Initiative and/or other trauma trainings and efforts to deliver trauma responsive services and supports, and build a trauma-informed organizational culture.
   c. Describe your agency’s efforts to engage, include and support family and friends of people with complex support needs.
   d. Describe how your agency supports direct staff, managers and others engaged in serving people with complex support needs.
e. Describe any other training or technical assistance provided to staff relative to Trauma Informed Care and/or serving people with complex support needs not listed above.

6. Complete one of the following assessment tools and include with your application. Please note, this will establish a baseline, and whatever tool you choose will be used throughout the life of the grant in order to document progress:

Creating Cultures of Trauma-Informed Care: Program Fidelity Scale
http://mha.ohio.gov/Portals/0/assets/Initiatives/TIC/Trauma%20Informed%20Organizational%20Survey_9_13.pdf. Instruction guide found here:

Agency Self-Assessment for Trauma-Informed Care

Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol

7. Based on the above assessment,
   a. Summarize the agency’s current state.
   b. Describe the agencies plan to become a Trauma Informed Organization. Applicants are encouraged to use SMART (Specific, Measurable, Attainable, Relevant, Timeline) format or a Logic Model. Plans should also include agency priority areas and goals/benchmarks/outcome measures related to becoming a Trauma Informed Organization (i.e., we will reduce staff turnover by 20%; we will eliminate the use of seclusion and restraint; we will increase the number of people maintained in their current living situation and/or decrease the number of people referred to a state institution or hospital by 50%).
   c. Develop a budget associated with strategies and timelines (staff time, technical resources, technology, etc.).
   d. Identify staff who will be leading this effort within your agency, their current role, responsibilities and ways in which their job might change (how those changes will be handled) in order to take on this work. Include staff who are or will become “trained trainers” in Trauma Informed Care and who will actively attend and participate in the Trauma Informed Care Regional Collaborative.
e. Describe agency’s specific goal for increasing capacity to serve people with complex support needs and sustaining those efforts beyond the project period. This should include, but is not limited to commitments, formal or informal partnership(s) or involvement of other agencies (i.e., County Board of DD, Mental Health and Addiction Services, Criminal Justice, etc.). Letters of support encouraged.

Questions about the application can be directed to Cathy Hutzel at Cathy.Hutzel@dodd.ohio.gov.

Submission of Applications by E-mail only. E-mail applications should be submitted to Cathy.Hutzel@dodd.ohio.gov, and are due by 5 p.m. on October 5, 2015. Providers will be notified of their selection by October 16, 2015.