

## Announcement of Funding Availability (AFA)

American Rescue Plan Act of 2021  
Adult Mobile Crisis Response



# **Proposal Guidance and Instructions**

**AFA Title: Adult Crisis Response**  
**Targeting Regions: Statewide**  
**AFA Number: AFA 3-2022-ARPA**

West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health (BBH)

*For Technical Assistance please include the AFA # in the  
subject line and forward all inquiries in writing to:*

[DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov)

Key Dates:	
Date of Release:	November 22, 2021
Technical Assistance:	Submit written requests to <a href="mailto:dhhrbbhannouncements@wv.gov">dhhrbbhannouncements@wv.gov</a>
Application Deadline:	January 10, 2022 5:00 PM
Funding Announcement(s) To Be Made:	To be posted on BBH Website
Funding Amount Available:	Up to \$3,000,000
Target Area to be Served	Statewide

The following are requirements for the submission of proposals to the BBH:

- ✎ Responses must be submitted using the required Proposal Template available at <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>
- ✎ Responses must be submitted electronically via email to [DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov) with “Proposal for Funding” and the corresponding AFA number in the subject line. Paper copies of the proposal will not be accepted. Notification that the proposal was received will follow via email from the Announcement mailbox.
- ✎ A Statement of Assurance agreeing to these terms is required of all proposal submissions available at <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx> This statement must be signed by the agency’s CEO, CFO, and Project Officer and attached to the Proposal Template.
- ✎ To request additional Technical Assistance, forward all inquiries via email to [DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov) and include “Proposal Technical Assistance” in the subject line. Proposal related questions should be submitted by **January 5, 2022** in order to guarantee a response in advance of the application deadline.

## FUNDING AVAILABILITY

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH) is seeking proposals for the implementation of a statewide system of Adult Crisis Response services.

Funding for this announcement was released to West Virginia through the Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Services Block Grant (MHBG) as part the American Rescue Plan Act of 2021 (ARPA). This additional funding is intended to address the effects of the COVID -19 pandemic for Americans with mental illness and substance use disorders. The COVID-19 pandemic has exposed and exacerbated severe and pervasive health and social inequities in America, including the critical importance of supporting people with mental illness and substance use disorders.

BBH is seeking proposals from public or private, not-for-profit organizations with experience serving adults experiencing mental health conditions for the following services:

### **Adult Mobile Crisis Response and Stabilization Teams**

**Funding Availability:** Awards will be made up to **\$500,000** per project for Adult Mobile Crisis Response and Stabilization Teams. Projects will be considered based upon geographical service area and regional coverage. The maximum number of awards will be dependent upon the number of proposals received and funding availability.

Adult Mobile Crisis Response and Stabilization services help adults who are experiencing emotional or behavioral health crises by interrupting the immediate crisis and ensuring the individual in crisis is safe and supported. The program provides supports and skills necessary to return individuals to routine functioning and maintain them in their homes or current living arrangements and communities whenever possible. The Adult Mobile Crisis Response and Stabilization Team includes a clinical supervisor and crisis specialists who provide direct services to individuals. The crisis team must have available a physician, physician extender, supervised psychologist, or licensed psychologist who will review all pertinent documentation within 72 hours of the conclusion of the crisis and document their findings and recommendations.

**Total Funding Available:** \$3,000,000

**One-time funding:** The Coronavirus Response and Relief Supplement Appropriations Act, 2021 and the American Rescue Plan Act of 2021 (ARPA) funding is issued as one time funding.

**Allowable Expenses:** Because this funding is being provided via the Community Mental Health Block Grant, property acquisition, construction and/or renovation costs **are not** allowable expenses. It is anticipated that most proposed expenses will be for personnel, rent, equipment and supplies necessary to start and maintain the project.

**Grantee Eligibility:** To be considered, applicants must:

- Possess a valid West Virginia business license and must provide proof of 501(c)3 status, if applicable.
- Have or be eligible to obtain a behavioral health license in the State of West Virginia.
- Be able to meet the requirements for enrollment as a West Virginia Medicaid provider.
- Be able to demonstrate experience in the provision of behavioral health services.

**Funding priority will be given to applicants that have received or have indicated to BBH commitment to pursuing SAMHSA Certified Community Behavioral Health Clinic (CCBHC) status.**

**Sustainability:** Due to the one-time nature of the funding, applicants must be able to demonstrate the ability to work towards billing Medicaid and other third-party insurers for services (if appropriate).

Applicants should submit proposals with specified timeframes for project development and implementation. Proposals will be selected that meet the required criteria contained within this Announcement of Funding Availability. If a project is selected for award, the proposed timeframes will serve as the basis for developing the period of performance for the grant agreement.

## Section One: INTRODUCTION

The West Virginia Department of Health and Human Resources, Bureau for Behavioral Health envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The mission of BBH is to ensure that West Virginians with mental health and/or substance use disorders and intellectual/developmental disabilities experience quality services that are comprehensive, readily accessible and tailored to meet individual, family, and community needs.

Partnerships and collaboration among public and private systems, as well as with individuals, families, agencies, and communities, are important components of the systems of care surrounding each person. The role of the Bureau is to provide leadership in the administration, integration, and coordination of the public behavioral health system. The work is informed by results of a multi-year strategic planning process that includes critical partners in planning, funding, and delivering services and supports.

The following Strategic Priorities guide services and service continuum development:

<b>Behavioral Health System Goals</b>	
<i>Priority 1 Assessment and Planning</i>	<i>Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the WV behavioral health service delivery system.</i>
<i>Priority 2 Capacity</i>	<i>Build the capacity and competency of WV's behavioral health workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.</i>
<i>Priority 3 Implementation</i>	<i>Increase access to effective behavioral health prevention, early identification, treatment and recovery management that is high quality and person-centered.</i>
<i>Priority 4 Sustainability</i>	<i>Manage resources effectively by promoting good stewardship and further development of the WV behavioral health service delivery system.</i>

## BBH REGIONS IN WEST VIRGINIA

The BBH utilizes a six region approach:

Region 1: Brooke, Hancock, Marshall, Ohio, and Wetzel counties

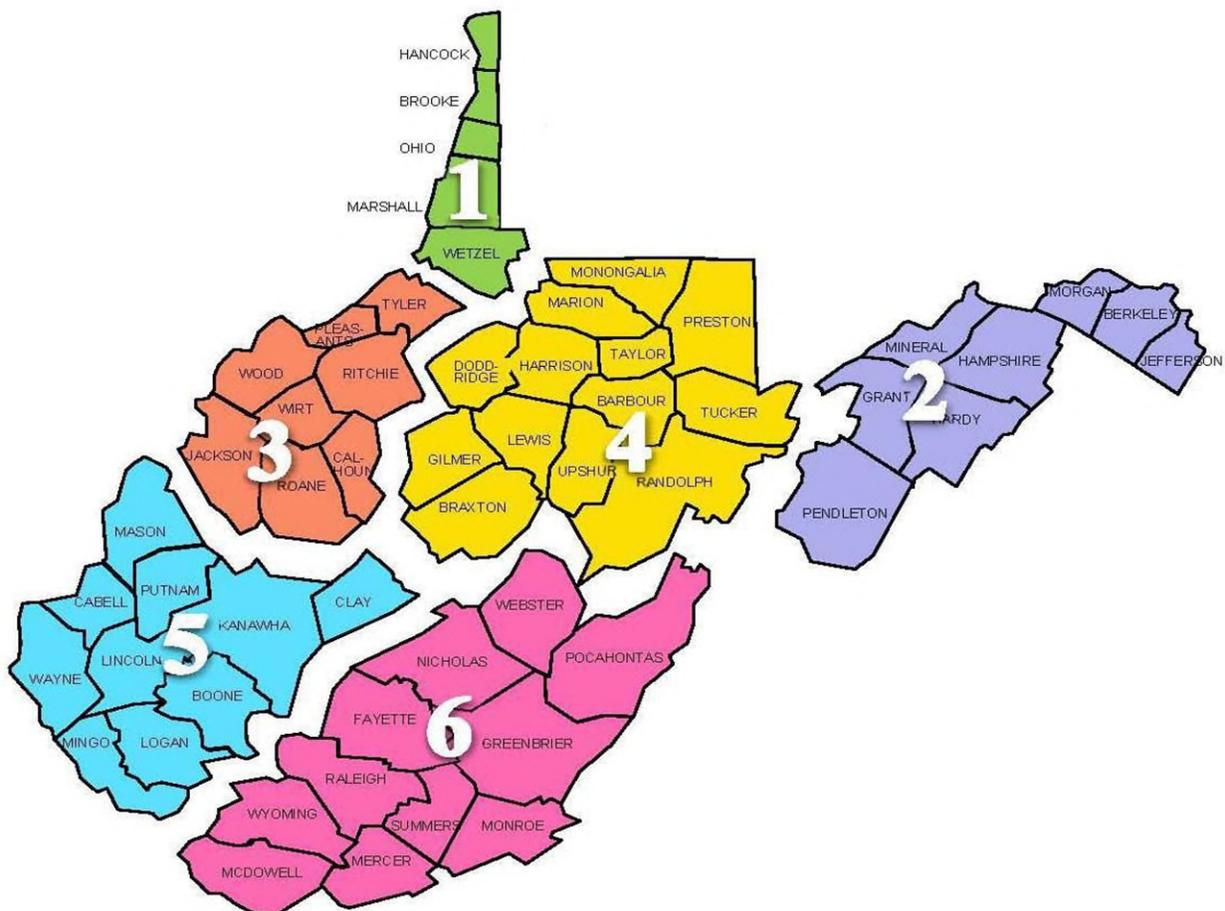
Region 2: Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, and Pendleton counties

Region 3: Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt, and Wood counties

Region 4: Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker, and Upshur counties

Region 5: Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam and Wayne counties

Region 6: Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, and Wyoming counties



## Section Two: SERVICE DESCRIPTION

### Target Population

Adults over age 18 experiencing serious mental health crises and their families, with the exception of youth ages 18 to 21 who are involved with DHHR's Bureau for Social Services.

### Background

The COVID-19 pandemic has significantly and disproportionately impacted people with mental illness. Public health recommendations, such as social distancing, are necessary to reduce the spread of COVID-19. However, these public health recommendations can at the same time negatively impact those with Serious Mental Illness – Serious Emotional Disturbance (SMI/SED). The COVID-19 pandemic can increase stress, anxiety, feelings of isolation and loneliness, the use of alcohol or illicit substances, and other symptoms of underlying mental illness and co-occurring substance use disorder (SUD). Too many people with SMI and SED cannot access the treatment and support that they need, and the pandemic has further disrupted access and care for even greater numbers.

A fully developed crisis response system is responsive any time and any place. What does a person in crisis need? Someone to talk to, or someone to respond, or a safe place to go for evaluation, stabilization and follow up.

Crisis services are a continuum of services that are provided to individuals experiencing a psychiatric emergency. The primary goal of these services is to stabilize and improve psychological symptoms of distress and to engage individuals in an appropriate treatment service to address the problem that led to the crisis. Core crisis services include: 23-hour crisis stabilization/observation beds, short term crisis residential services and crisis stabilization, mobile crisis services, 24/7 crisis hotlines, warm lines, psychiatric advance directive statements, and peer crisis services.

The research base on the effectiveness of crisis services is growing. There is evidence that crisis stabilization, community-based residential crisis care, and mobile crisis services can divert individuals from unnecessary hospitalizations and ensure the least restrictive treatment option is available to people experiencing behavioral health crises. Additionally, a continuum of crisis services can assist in reducing costs for psychiatric hospitalization, without negatively impacting clinical outcomes.

Historically, individuals who experienced acute psychiatric or substance use symptoms, such as an acute disturbance in thought, mood, behavior, or social relations that required immediate attention, would be treated in a general hospital emergency department or admitted to a hospital. Subsequently, they would receive less intensive

outpatient treatment. It has become increasingly apparent that this service mix is frequently inadequate and expensive. Emergency rooms often lack staff with specialized psychiatric training as well as the time and infrastructure to appropriately address the needs of individuals experiencing psychiatric or substance use crises. Furthermore, an emphasis on delivering the most appropriate care in the most appropriate setting has led to greater care provided in the community, thereby lessening the reliance on admitting individuals to hospitals. While the move to community-based treatment has led to a reduction in the number of psychiatric beds, in some instances, it has led to an unintended resource shortage.

This situation has led to the development of a continuum of alternative psychiatric emergency services, or “crisis services” (Allen, M. H., Forster, P., Silver, J., & Currier, G, 2002). The primary goals of these services are to stabilize and improve psychological symptoms of distress and to engage individuals in the most appropriate course of treatment. In contrast to the traditional hospital inpatient-based care settings available to people in need of immediate attention for psychiatric or substance use symptoms, crisis services include an array of services that are designed to reach individuals in their communities through telephone “hotlines” or “warm lines,” and mobile outreach; and to provide alternatives to costly hospitalizations—such as short-term crisis stabilization units and 23-observation beds.

Like emergency medical services, crisis services are intended to be available to the entire community. Those receiving services may include individuals with a history of serious and persistent mental illness and/or a substance use disorder (SUD), or those who have never before used behavioral health services. They may be children, adults, or the elderly. Although not everyone with a mental health or substance use disorder will experience a need for crisis services, some factors may increase the risk of crisis and the need for individuals to access essential services and supports. These factors include poverty, unstable housing, coexisting substance use, and other physical health problems associated with mental illness (SAMHSA, 2009b).

BBH recognizes that the development of fully accessible and responsive crises services involves complex problem solving with multiple entities and systems. The Bureau also recognizes that strategic crisis services implementation can result in better care and cost savings through the reduction in avoidable emergency department visits, psychiatric admissions, police engagement, arrests, incarcerations and 911 calls.<sup>1</sup>

## **Service Overview**

The State of West Virginia is committed to finding solutions to improve behavioral health crisis services by expanding opportunities across West Virginia. With the upcoming implementation of 988 as the national crisis hotline, it is imperative that the State

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies. HHS Publication No. (SMA)-14-4848. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

simultaneously increase and improve the provision and availability of community-based behavioral health crisis services

Crisis services include (1) crisis lines accepting all calls and dispatching support based on the assessed need of the caller, (2) mobile crisis teams dispatched to wherever the need is in the community (not hospital emergency departments) and (3) crisis receiving and stabilization facilities that serve everyone who comes through their doors from all referral sources. These services are for anyone, anywhere and anytime.<sup>2</sup>

Adult Mobile Crisis Response and Stabilization services help adults who are experiencing emotional or behavioral health crises by interrupting the immediate crisis and ensuring the individual in crisis is both safe and supported. Whenever possible, the program provides the supports and skills necessary to return individuals to their routine functioning and support them in their homes or current living arrangements and communities. The Adult Mobile Crisis Response and Stabilization Team includes a clinical supervisor and crisis specialists who provide direct services to people. The crisis team must include and/or have available a physician, physician extender, supervised psychologist, or licensed psychologist who will review all pertinent documentation within 72 hours of the conclusion of the crisis and document their findings and recommendations.

Adult Mobile Crisis Response and Stabilization services will be available regardless of funding eligibility, in homes and communities to prevent unnecessary out-of-home placements of individuals experiencing a serious mental health crisis. People can access services through the toll-free, 24/7 statewide HELP4WV line (844-435-7498) or, if known to the caller, through the direct toll-free number of the Adult Mobile Crisis Response and Stabilization Team. The HELP4WV line offers immediate opportunities for a caring and trained person to talk to, support and referrals and, when needed, a warm hand off to a crisis team. The crisis team will be available throughout the region and staffed 24-hours per day, seven days a week. Callers will be directly connected to a trained mental health professional with experience, peer support or competency-based training in working with adults in crisis. Intensive support and stabilization services will be offered and delivered in person, within two hours of the call, in family homes and other settings natural to the individual. Crisis intervention, crisis assessment, and development of a crisis plan will include presumptive eligibility for crisis services (i.e., the individual and/or family determine whether a crisis exists), engagement, de-escalation, assessment, planning, and coordination of supports and services.

Crisis response teams reduce avoidable emergency room visits and involvement with the criminal justice system. Mobile crisis provides individuals with engagement, assessment, de-escalation, transportation, consultation, and referral with follow-up. This service can be provided in the individual's home, on the street, at community sites, or in

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<sup>2</sup> *Practice Guidelines: Core Elements for Responding to Mental Health Crises*. HHS Pub. No. SMA-09-4427. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2009.

clinics or hospital emergency rooms. Mobile crisis services are a key certification requirement for Certified Community Behavioral Health Centers.

### Section Three: PROPOSAL INSTRUCTIONS/REQUIREMENTS

All proposals for funding will be reviewed by BBH staff for minimum submission requirements and must comply with the requirements specified in this AFA to be eligible for evaluation: (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further.

A review team independent of BBH will review the full proposals. Proposals must contain the following components:

- ✓ A completed Proposal for Funding Application, available at <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>
- ✓ A Project Abstract (one page, does not count toward the 15 total pages) detailing the proposed program noting the funding option being pursued
- ✓ A Proposal Narrative consisting of the following sections: Statement of Need, Proposed Implementation Approach, Staff and Organization Experience, Data Collection and Performance Measurement.
- ✓ Together these sections may not exceed **15 total pages**. Applicants must use 12-point Arial or Times New Roman font, single line spacing, and one-inch margins. Page numbers must also be included in the footer.

The following is an outline of the Proposal Narrative content:

1. Statement of Need and Population of Focus: Describes the need for the proposed initiative, to include:
  - A description of the target population and relevant data.
  - Describe the nature of the problem, including service gaps, and document the extent of the need for the population(s) of focus.
  - Identification of the geographic area to be served, to include specific region/county(ies).
2. Proposed Evidence-Based Service/Practice:
  - Describes the program/service being proposed and sets forth the goals and objectives for the proposed service(s) during Year One.
  - Describe the EBP(s) proposed for program.
  - Explain how your choice of an EBP or practice will help you address disparities in service access, use, and outcomes for your population(s) of focus.

3. **Proposed Implementation Approach:** Describes how the Applicant intends to **implement the proposed program/service(s)** to include:
  - Describe how the key activities in your timeline will be implemented.
  - Describe how you will ensure that service providers will identify, recruit, and retain the population(s) of focus.
  - Describe how you will screen and assess consumers. Demonstrate an understanding of the Level of Care Utilization System (LOCUS) tool. See: <https://www.communitypsychiatry.org/resources/locus>.
  - Identify any organization(s) that will participate in and collaborate on the proposed project and the geographic areas/jurisdictions in which they will provide behavioral health services. Describe their roles and responsibilities and demonstrate their commitment to the project (Attachment 3: Letters of Support).
  - Provide a chart or graph depicting a realistic timeline for the entire the years of the project period, showing dates, key activities, and responsible staff.
  - State the unduplicated number of individuals you propose to serve (annually and over the entire project period), including the types and numbers of services to be provided and anticipated outcomes. Explain how you arrived at this number and that it is reasonable given your budget request.
  - Describe how your staff will ensure the input of consumers (representing the population(s) of focus) is utilized in assessing, planning, and implementing your project.
  
4. **Staff and Organization Experience:** This section should describe the Applicant's expertise with the population(s) of focus and with Recovery Housing services, to include:
  - Describes the Applicant's existing and planned qualifications to carry out the proposed initiative/service(s).
  - A description of the Applicant's and their partners' current involvement with the population(s) of focus.
  - Provide a complete list of staff positions for the project
  
5. **Data Collection and Performance Measurement:** Describes the Applicant's capability for collecting information/data required by funders, which may include client specific demographics, sources/types of referrals, length of stay, reasons/destinations for discharge, post-discharge status. Describes the Applicant's process for using data to manage and improve quality of the service, to ensure each goal is met and to assess outcomes within the target population. Plan must also include how data will be shared, bi-directionally, with DHHR.
  
6. **Sustainability Plan:** Describes how the Applicant will maintain the proposed program/facility operations beyond the one-time funding provided through this AFA, including establishing or maintaining eligibility for reimbursement through third party payors.

7. References/Works Cited: All sources referenced or used to develop this proposal must be included on this page. This list does **not** count towards the **15-page** limit.

- ✓ Attachment 1: Targeted Funding Budget(s) and Budget Narrative(s).
  - Targeted Funding Budget (TFB) form includes sources of other funds where indicated on the TFB form. A separate TFB form is required for any capital or start-up expenses. This form and instructions are located at <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>
  - Budget Narrative for each Targeted Funding Budget (TFB) form, with specific details on how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the TFB. The narrative should also describe any potential for other funds or in-kind support. The Budget Narrative is a document created by the Applicant and not a BBH Fiscal form.
- ✓ Attachment 2: Applicant Organization's Valid WV Business License (if applicable).
- ✓ Attachment 3: Letters of Support (as opposed to Memoranda of Understanding) must be submitted with the application to demonstrate that a coordinated and integrated service system is in place to meet the complex needs of the target population.

The attachments **do not** count toward the **15-page** limit.

## **Section Four: EXPECTED OUTCOMES / PERFORMANCE MEASURES**

Individuals receiving this service should demonstrate the following generally accepted outcomes:

### **Expected Outcomes:**

1. Provide 24/7 access to adult crisis response services in the individual's home, other living arrangement, or other location in the community and region.
2. Respond to a crisis in-person within two hours of the call for up to 72 hours in the home, group care, and other settings that are natural to the individual and family.
3. Complete assessments to determine the needs of the person in crisis, including the Level of Care Utilization System (LOCUS) during the initial 72-hour crisis period.
4. Reduce out-of-home placements, repeat visits to emergency rooms, admissions to hospitals, and reliance on intensive psychiatric services or restrictive custodial care to access mental health supports.
5. Create or support an integrated network of providers that promotes access to an array of comprehensive community-based, data-driven services.
6. Develop awareness of the mental health needs of adults in the community through education and training for providers, families, and individuals to improve timely and effective intervention.

### **Performance Measures**

- a. Client data:
  - Systems involvement (e.g., Behavioral Health, Legal Involvement, Probation/Parole)
  - Number of individuals referred for outpatient services
  - Location of initial crisis response (e.g., home, other community setting)
  - Number of individuals who required hospitalization
  - Number of crisis alternative placements accessed, by type of placement
  - Number of individuals requiring initiation of civil commitment procedure
  - Number of individuals maintained or returned, within one week, to their current living arrangement
- b. Service data:
  - Number of referrals for each shift
  - Percent of response within required timeframe
  - Length of time mobile crisis response services are provided, to include shortest, longest, and average response time.

- Number of crisis assessments completed
- Number of Individualized Crisis Plans (ICP) developed
- Number of adults receiving Medicaid
- Number of individuals/families who used the resources and services that were recommended to them

c. Outcome data:

- Percent who remained at home or current living situation
- Percent referred to acute care hospital
- Percent referred to Crisis Stabilization Units
- Percent requiring placement from civil commitment process

## **Section Five: CONSIDERATIONS**

### **LEGAL REQUIREMENTS**

Eligible applicants are public organizations (e.g., units of local government) or private non profit organizations with a valid West Virginia Business License. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed prior to award or the vendor must demonstrate proof of such application. Applicants must have or be eligible to obtain a behavioral health license and, if applicable, an office-based medication-assisted treatment registration in the State of West Virginia, and the Applicant must be able to meet requirements for enrollment as a West Virginia Medicaid provider.

The Grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact about all contractual matters. The Grantee may, with the prior written consent of the State, enter written sub-agreements for performance of work; however, the Grantee shall be responsible for payment of all sub-awards.

All capital expenditures for property and equipment shall be subject to written prior approval of DHHR and must be included as a separate budgetary line item in the proposal. Upon award, regulations regarding the acquisition, disposition and overall accounting for property and equipment will follow those delineated in federal administrative requirements and cost principles. Additionally, the Grantee may be bound by special terms, conditions, or restrictions regarding capital expenditures for property and equipment determined by the Department as to best protect the State's investment.

### **FUNDING METHODOLOGY**

After receipt of the fully executed Grant Agreement, the Grantee will submit invoices pursuant to the Schedule of Payments. Requests by the Grantee for payment shall be limited to the minimum amount needed and be timed to be in accordance with the actual, immediate cash requirements of the Grantee in carrying out the purpose of the approved program. The timing and amount of the cash payment shall be as close as is administratively feasible to the actual disbursements by the Grantee for direct program costs and the proportionate share of any allowable indirect costs. Reports reconciling payments received and actual expenditures incurred will be submitted in accordance with reporting requirements.

### **ALLOWABLE COSTS**

Please note that Departmental policies are predicated on requirements and authoritative guidance related to federal grants management and administrative rules and regulations, Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-federal funds

(e.g., state-appropriated general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.

### **COST PRINCIPLES**

Subpart E of 2 CFR 200 establishes principles for determining the allowable costs incurred by non-federal entities under federal awards. The Grantee agrees to comply with the cost principles set forth within 2 CFR 200 Subpart E, regardless of whether the Department is funding this grant award with federal pass-through dollars, state-appropriated dollars or a combination of both.

### **GRANTEE UNIFORM ADMINISTRATIVE REGULATIONS (COST PRINCIPLES AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS)**

Title 2, Part 200 of the Code of Federal Regulations (2 CFR 200) establishes uniform administrative requirements, cost principles and audit requirements for federal awards to non-federal entities. Subparts B through D of 2 CFR 200 set forth the uniform administrative requirements for grant agreements and for managing federal grant programs. The Grantee agrees to comply with the uniform administrative requirements set forth within 2 CFR 200 Subparts B through D, regardless of whether the Department is funding this grant award with federal pass-through dollars, state-appropriated dollars or a combination of both.