



Bureau for Behavioral Health

**Announcement of Funding Availability**  
**Children's Mental Health Wraparound Services**



# **Proposal Guidance and Instructions**

**AFA Title: Children’s Mental Health Wraparound Services**  
**Targeting Region: Statewide**  
**AFA Number: 4-2019**

West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health  
350 Capitol Street, Room 350  
Charleston, WV 25301-3702

*For Technical Assistance, please include the AFA number in the subject line and email all inquiries to [DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov)*

Key Dates:	
Date of Release:	May 16, 2019
Technical Assistance Meeting:	May 24, 2019
Application Deadline:	June 14, 2019, by 5:00 p.m. EDT
Funding Announcement(s) To Be Made:	June 24, 2019
Funding Amount Available:	\$815,062 per Region

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

- ☛ Responses must be submitted electronically using the required Proposal Template available at <http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx> to [DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov) with “Proposal for Funding” and the AFA number in the subject line. Paper copies of proposals will not be accepted. Receipt confirmation will follow by email from the BBH Announcements mailbox.
- ☛ A Statement of Assurance agreeing to the terms of this AFA is required of all proposal submissions. Available at [dhhr.wv.gov/bhhf/afa](http://dhhr.wv.gov/bhhf/afa), this statement must be signed by the agency’s CEO, CFO, and Project Officer and attached to the Proposal Template.
- ☛ To request Technical Assistance, please email all inquiries to [DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov) and include “Proposal Technical Assistance” and the AFA number in the subject line.

## SECTION 1. FUNDING AVAILABILITY OVERVIEW

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH) is soliciting applications from licensed behavioral health agencies with direct children's service experience to act as local coordinating agencies for the development and delivery of high-fidelity Children's Mental Health Wraparound services for children and youths up to age 21 and their families. This service is being made available statewide and will include at least two Wraparound facilitators in each BBH region. "Wraparound facilitation" is a service using the National Wraparound Initiative (<https://nwi.pdx.edu/>) model that facilitates care planning and coordination for children and youths in the target population. The core components of the service are the following:

- meetings of child and family teams that drive the service delivery process;
- interagency collaboration to develop the supports to help the child succeed in the community; and
- strengths-based planning and facilitation to assist the child and family team to meet the child's needs.

A "Wraparound facilitator" is the leader of the Child and Family Team and is responsible for coordinating provision of services. Wraparound facilitators have knowledge of in-home and community-based services and experience serving children and youths with serious emotional disturbance (SED) or serious mental illness (SMI). The coordinating agencies and Wraparound facilitators will be expected to provide planning, coordination, and facilitation of individualized Wraparound plans.

**Applicants should address each of the following topics in their proposals:**

- **how coordination with existing resources will optimize funding;**
- **how they will braid state funding with Medicaid and other federal funding;**
- **how they will partner with the BBH Children's Mental Health Wraparound and Regional Youth Service Centers in their respective counties and regions;**
- **how they will partner with other BBH programs and services, as well as other community agencies and partners;**
- **what will they do to help build sustainability of community services and supports;**
- **how they will contribute to the development of a state crisis line and clinical review system for children; and**
- **how data will be collected to measure outcomes for families, youths, and children who receive services.**

Applicants will be expected to be visible resources in their communities by working closely with community partners, including organizations for children and families, law enforcement, court systems, school systems, physicians, and hospital emergency rooms.

The target population for high-fidelity Children's Mental Health Wraparound services is children and youths aged 0 – 21 who meet the following criteria:

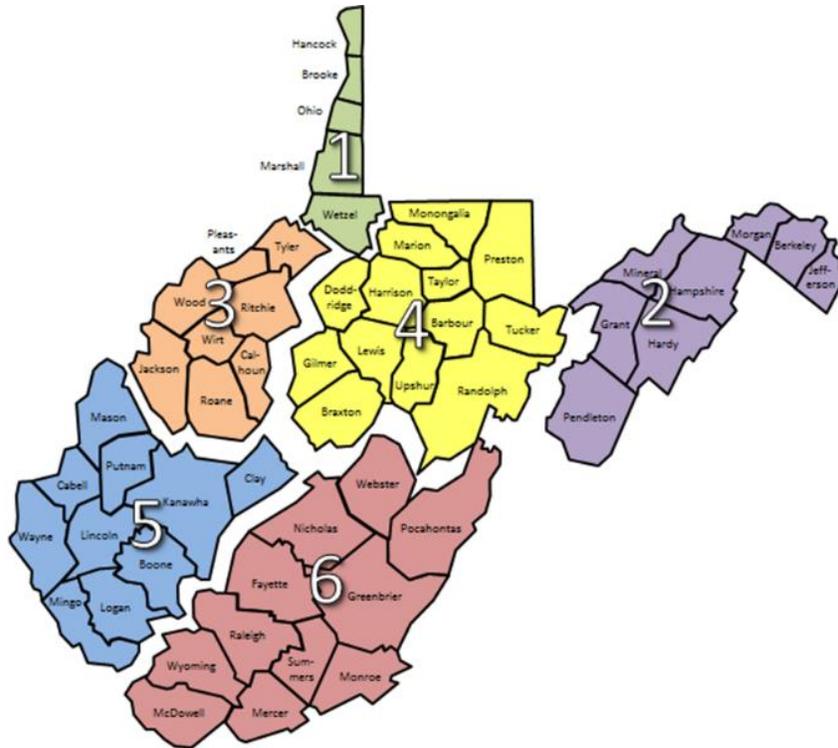
- have mental health or co-occurring diagnoses that substantially interfere with or limit their functioning in family, school, or community activities;

- are at risk of placement, or currently placed in a psychiatric treatment facility or acute care psychiatric hospital who cannot return home without extra support, linkage, and services provided by Wraparound; and
- are emancipated or in the legal custody of their parent or caregiver.

This funding recommendation was made possible by state general revenue funds. Funding will be awarded based on accepted proposals that meet all required criteria contained within this document. Funding will be available for the one-year state fiscal grant period of July 1, 2019, through June 30, 2020. It is anticipated that this program will be renewed annually with a new announcement of funding availability (AFA) every three to five years. Wraparound agencies will receive a daily rate of up to \$93.00 for each child participating in this project, depending on the level of care coordination needed. **Agencies will be expected to braid funding from this grant with reimbursement for billable services through Medicaid and other available state and federal funds.**

BBH anticipates that high-fidelity Children’s Mental Health Wraparound services will be implemented in phases in the six BBH regions, with the first rollout to begin July 1, 2019, and the second rollout on October 1, 2019, as detailed in the table below:

<b>BBH Region</b>	<b>Number of Facilitators</b>	<b>Services Begin</b>
<b>Region 1:</b> Hancock, Brooke, Ohio, Marshall, and Wetzel Counties	2	July 1
<b>Region 2:</b> Mineral, Hampshire, Grant, Hardy, Pendleton, Morgan, Berkeley, and Jefferson Counties	2	July 1
<b>Region 3:</b> Tyler, Pleasants, Ritchie, Wood, Jackson, Wirt, Jackson, Roane, and Calhoun Counties	2	July 1
<b>Region 4:</b> Monongalia, Marion, Preston, Taylor, Doddridge, Gilmer, Braxton, Harrison, Lewis, Barbour, Upshur, Tucker, and Randolph Counties	Up to 3	October 1
<b>Region 5:</b> Mason, Putnam, Cabell, Wayne, Mingo, Logan, Lincoln, Boone, Kanawha, and Clay Counties	Up to 3	October 1
<b>Region 6:</b> Webster, Pocahontas, Nicolas, Greenbrier, Fayette, Raleigh, Wyoming, McDowell, Mercer, Summers, and Monroe	Up to 3	October 1



## SECTION 2. PROPOSAL INSTRUCTIONS AND REQUIREMENTS

All proposals for funding will be reviewed by BBH staff for administrative compliance, service need, and feasibility. A review team, including reviewers independent of BBH, will review the full proposals. Proposals must contain the following components:

- 👤 A completed Proposal for Funding Application, available at <http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx>.
- 👤 A Proposal Narrative of up to 15 pages with the following sections:
  - ✓ **Statement of Need and Population of Focus (5 points):** Describe the need for the proposed service(s). Applicants should identify and provide relevant data on the target population to be served, as well as the geographic area to be served, to include the specific region(s) and county(ies) and existing service gaps. Applicants should also explain how the community currently addresses the need for crisis response to children and youths with behavioral health needs.
  - ✓ **Proposed Evidence-Based Service/Practice (20 points):** Delineate the program/service being proposed, set forth the goals and objectives for the proposed service(s), and list all evidenced-based practices (EBPs) that will be used. Applicants should describe how the proposed services/interventions will be trauma informed and promote family engagement. Applicants should also identify creative outreach methods to serve geographically isolated families in their region(s).
  - ✓ **Proposed Implementation Approach (30 points):** Describe how the Applicant intends to implement the proposed service(s), including the following:

- A description of the strategies/service activities proposed to achieve the goals and objectives identified above, those responsible for action, and a one-year timeline for these activities, including planning/development, training/consultation, outreach and marketing, implementation, and data management.
  - A description of program sustainability, including how existing resources/services and alternative funding sources will be exhausted before using this grant funding. A grantee must seek reimbursement from any and all third-party administrators or coverage providers, including private insurance, Medicaid and the Children’s Health Insurance Program (CHIP), and state funds from DHHR. This will be a crucial element of the proposal.
  - An explanation of how the agency will structure and develop high-fidelity Children’s Mental Health Wraparound services to meet the specific needs of the target population.
  - Identification of specific service development needs and barriers in each county the applicant proposes to serve and how the applicant will work collaboratively to ensure that each of the necessary services are made available to help support children, youths, and families. If service development is required in order to be able to sustain the child or youth at home as an alternative to residential behavioral health services, applicants must explain what additional services are needed, how current services may need to be enhanced, and how the applicant will either develop or collaborate with existing stakeholders to develop what is needed.
  - The estimated unduplicated number of individuals to be served annually.
- ✓ **Staff and Organization Experience (10 to 15 points):** Describe the Applicant’s existing capacity to carry out the proposed services, to include its experience and qualifications to reach and serve the target population. Agencies with experience providing Children’s Mental Health Wraparound Services will receive five extra points.
  - ✓ **Data Collection and Performance Measurement (30 points):** Describe the information/data the Applicant plans to collect, as well as the process for using data to manage and improve quality of the service, ensuring each goal is met and assessing outcomes within the target population. The ability to collect and report data regarding utilization and outcomes is a crucial element in the proposal.
  - ✓ **References/Works Cited (5 points):** All sources referenced or used to develop this proposal must be included on this page. This list does not count toward the 15-page limit.

✎ 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 Project Narrative must not exceed 15 pages. References and attachments do not count toward the page limit.

✎ **Attachment 1. Targeted Funding Budget(s) and Budget Narrative(s).**

- ✓ **Targeted Funding Budget (TFB) form**, which 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 <http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.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.** The Applicant organization must be a licensed behavioral health agency.
- ✎ **Attachment 3. Memoranda of Understanding (MOUs) and letters of support.** MOUs or letters of support must be submitted with the application to demonstrate established partnerships between community behavioral health providers and other potential community organizations. Please list full partner information, including agency name, address, phone, key contact person and email address.

### **SECTION 3. EXPECTED OUTCOMES AND PERFORMANCE MEASURES**

#### **Expected Outcomes:**

1. Children and youths will safely remain or return home.
2. Parents, children, and youths will gain increased skills and strengths.
3. Parents will communicate and demonstrate higher levels of skill to deal with child and youth behaviors and needs, thereby reducing reliance on in-state or out-of-state psychiatric treatment or placement.
4. Parents will communicate improved well-being and satisfaction in their role as a parent.

#### **Performance Measures:**

1. Maintain and provide documentation of ALL activities related to service area(s) indicated by:
  - a. Number of Unduplicated Persons Served by Type of Activity.
  - b. Number of Unduplicated Persons Served by Age, Gender, Race and Ethnicity, and Diagnosis(es).
2. Maintain and provide documentation related to the following:
  - a. Number of Cross Planning (partnering/multi-system collaborative) initiatives, all service activities implemented with other sectors, indicating type and number to improve community investment and ownership.
  - b. Number and type of professional development trainings attended and provided.
  - c. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted.
  - d. Number of visits to school and/or community activities where youth is experiencing issues.
3. Maintain and provide additional data as related to the Expected Outcomes and Performance Measures within 25 calendar days of the end of each month in accordance with applicable BBH Data Reporting. The performance measures used to measure the success of the program will be included in the Statement of Work and will be provided in a format posted for grantees on the BBH website. Measures may include the following:
  - Number of children and youths who are referred for Children's Mental Health Wraparound.
  - Number of children and youths who are accepted into Children's Mental Health Wraparound.
  - Number of children and youths whose cases were closed for services.
  - Number of children and youths who remain or return home and in their school without experiencing expulsion or out-of-school suspension.

- Number of children and youths who returned from out-of-state residential placement back to West Virginia.
- Number of parents, children, and youths who have increased skills and strengths, as evidenced by Child and Adolescent Needs and Strengths (CANS) scores.
- Number of parents with a higher level of skill to deal with youth behaviors and needs and enhanced well-being and satisfaction in their role as a parent, as evidenced by improved CANS scores.
- Caseload ratio of Wraparound facilitators.
- Number of children and youths who had more than one Wraparound facilitator.
- Percentage of families with initial contact within 72 hours of the case referral.
- Percentage of families with a face-to-face family joining meeting within five days of the case referral.
- Percentage of CANS completed within 14 days of case referral.
- Number of children and youths who maintained their existing grade level.
- Number of children and youths who did not require out-of-home crisis intervention.
- Number of families who established new or existing community and natural supports each month.
- Number of children and youths enrolled with Children’s Mobile Crisis Response.
- Number of contacts made with regional schools.
- Number of contacts with law enforcement.
- Number of contacts made with local emergency rooms and physicians.

Successful applicants will be required to submit financial reports that include all revenue the Wraparound agency receives for Wraparound services, including the amount, purpose, and source, as well as all expenditures by service and amount.

## **SECTION 4. CONSIDERATIONS**

### **LEGAL REQUIREMENTS**

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or unit of local government. 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.

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 regarding all contractual matters. The Grantee may, with the prior written consent of the State, enter into written sub-agreements for performance of work; however, the Grantee shall be responsible for payment of all sub-awards.

### **STARTUP COSTS**

Applicants who wish to request reasonable startup funds for their programs must submit a separate “startup” target funded budget (TFB) and budget narrative along with their proposals. For the purposes of this funding, startup costs are defined as non-recurring costs associated with the initiation of a program. These include costs such as fees, registrations, training, equipment purchases, renovations, or

capital expenditures.

For the purposes of proposal review, all startup cost requests submitted by the Applicant will be necessary for the development of the proposed program. If, when taken together, the startup costs and program costs exceed funding availability, BBH will contact the applicant organization and arrange a meeting to discuss remedial action.

### **FUNDING REIMBURSEMENT**

Children's Mental Health Wraparound grants will be awarded on a scheduled-payment basis. All expenditures must be incurred within the approved grant project period in order to be reimbursed. Providers must maintain timesheets for grant-funded personnel, and activities performed should be consistent with the stated program objectives.

### **OTHER FINANCIAL INFORMATION**

#### **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.