WEST VIRGINIA Department of Health & Human Resources

Bureau for Behavioral Health

Announcement of Funding Availability (AFA)

Intellectual Disabilities/Developmental Disabilities (ID/DD) Adult Crisis Response

Proposal Guidance and Instructions

AFA Title: ID/DD Adult Crisis Response
Targeting Regions: 1, 2, 3, and 4
AFA Number: AFA 7-2020 ID/DD

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health
For Technical Assistance please include the AFA # in the subject line and forward all inquiries in writing to:
DHHRBBHAnnouncements@wv.gov

Key Dates:	
Date of Release:	**January 31, 2020**
Technical Assistance FAQ Deadline	**March 2, 2020**
Application Deadline:	**March 9, 2020 5:00 pm**
Funding Announcement(s) To Be Made:	**To be determined**
Funding Amount Available:	**$600,000**

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

- Responses must be submitted using the required Proposal Template available at http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx

- Responses must be submitted electronically via email to DHHRBBHAnnouncements@wv.gov with "Proposal for Funding" 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 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, forward all inquiries via email to DHHRBBHAnnouncements@wv.gov and include "Proposal Technical Assistance" in the subject line. Questions will be answered in writing. Proposal related questions will be received and answered until **March 2, 2020**. Only formatting and submission related questions will be received after this date.

FUNDING AVAILABILITY

Funding in the amount of $600,000 is available to support statewide development of Adult Crisis Response Services. These funds are expected to be combined or blended with funding from other sources (e.g., the Bureau for Medical Services, the Bureau for Children and Families, other public or private sources) to fully support the residential and non-residential components of this program.

One award of $600,000 will be made to establish an ID/DD adult crisis response program that includes **crisis response and 6 short term beds** for 30 days or less for individuals with intellectual/developmental disabilities. The program has two major components:

1) Out of home Residential Services: Provides 24/7 clinically managed high intensity program capable of providing organized treatment in a safe, structured and stable environment. Residential programming is gender specific, trauma informed and capable of serving individuals with co-existing disorders. There is coordination with day habilitation and rehabilitation supports.

2) Crisis Response: Provides short term intermediate level of care services when individuals with ID/DD are at risk of involuntary hospitalizations or homelessness because of behavioral, psychiatric or situation variables. Crisis Response Programs are composed of 3 levels of intervention: 1) Resource Coordination, 2) Behavioral Support Professional Consultation and 3) Crisis Response Services/Crisis Response Services with Psychiatric coverage.

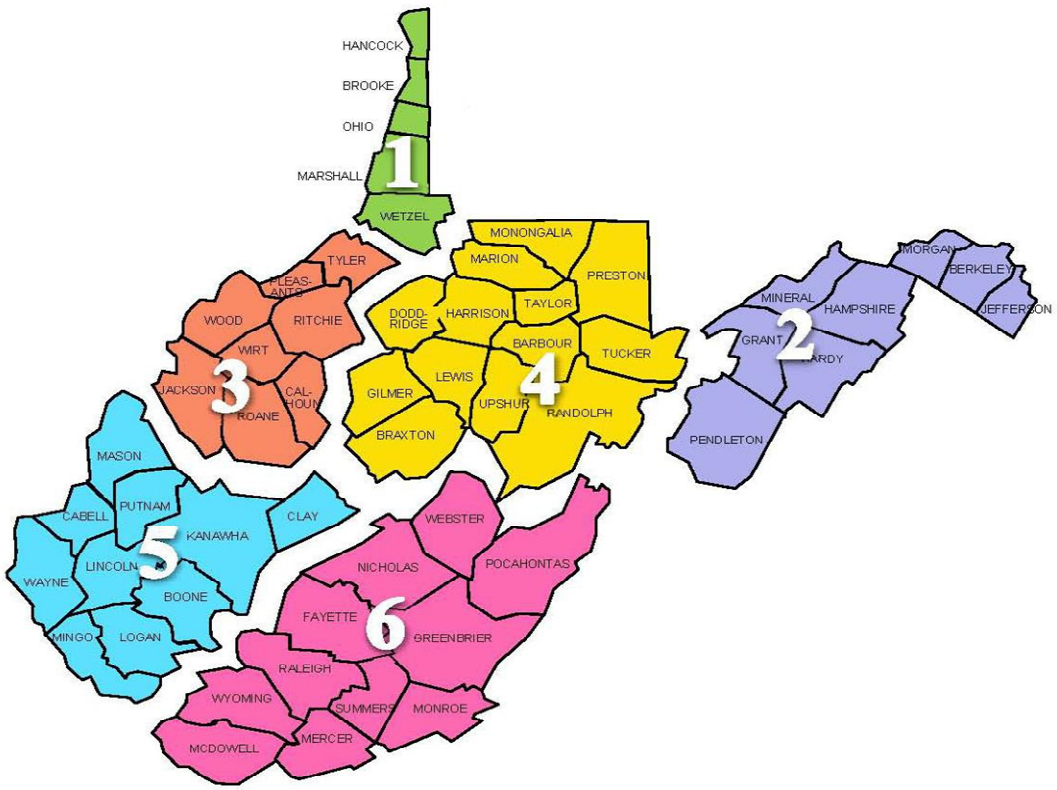
Funding is contingent on the budget being approved and will be awarded based on accepted proposals that meet all the required criteria contained within this document.

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 and/or capital expenditures. For the purposes of proposal review, all startup cost requests submitted by the applicant will be considered necessary for the development of the proposed program.

BBH REGIONS IN WEST VIRGINIA

The West Virginia Department of Health and Human Resources, Bureau for Behavioral Health 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 One: **INTRODUCTION**

The West Virginia Department of Health and Human Resources, Bureau for Behavioral Health (BBH) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The mission of the 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:

Behavioral Health System Goals	
Priority 1 Assessment and Planning	*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.*
Priority 2 Capacity	*Build the capacity and competency of WV's behavioral health workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.*
Priority 3 Implementation	*Increase access to effective behavioral health prevention, early identification, treatment and recovery management that is high quality and person-centered.*
Priority 4 Sustainability	*Manage resources effectively by promoting good stewardship and further development of the WV behavioral health service delivery system.*

Section Two: **SERVICE DESCRIPTION**

Services Overview

The BBH supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person centered interventions and self-directed and/or recovery driven support services. BBH supports the IDD/DD Adult Crisis Response Program in order to prevent unnecessary institutionalization of adults with ID/DD and to help transition them back to most integrated setting appropriate to their needs, consistent with their informed choice, through the provision of assessment, consultation and resource coordination, training/education, and short-term residential stabilization services.

ID/DD Adult Crisis Response System

The ID/DD Adult Crisis Response system will consist of 2 Crisis Response Service programs that will implement a cross-system, collaborative approach to adult service delivery at a community, regional and state level. Effective programs will operate as a statewide network to maximize knowledge and resources.

Each ID/DD Adult Crisis Response program is designed to be a single point of entry for individuals, families, caregivers, service providers, or other individuals seeking assistance with crisis. The goal of the program is to facilitate access to appropriate levels of care to address the crisis. Due to the geographically disbursed nature of services, each program must have a good working knowledge of resources available by region and across the state.

Target Population

Individuals eighteen years or older with (ID/DD) who are at risk of involuntary hospitalization, homelessness or incarceration because of behavioral, psychiatric or situational emergencies or have a demonstrated difficulty in maintaining stable community integration (e.g., chronic homelessness, disrupted living environment, unmet medical needs, legal issues, multiple hospitalizations, and multiple placements).

Crisis Response

Programs will provide short-term intermediate level of care services when individuals with ID/DD are at risk of involuntary hospitalizations or homelessness because of behavioral, psychiatric or situation variables. Crisis Response Programs are composed of 3 levels of intervention: 1) Resource Coordination, 2) Behavioral Support Professional Consultation and 3) Crisis Response Services/Crisis Response Services with Psychiatric Coverage.

Resource Coordination:

Programs should demonstrate the ability to assist with identification of the resources needed to decrease the risk of inappropriate admissions to out of home placements (e.g., psychiatric hospitals, in state residential placements or out of state placements), and integrate the individuals into the most integrated setting possible. Additionally, they should research and find appropriate solutions for families, advocate for the individual or family to achieve desired results and develop and maintain effective relationships through effective and timely communication.

Out of home Residential Services

Programs will provide a 24/7 clinically managed high intensity program capable of providing organized treatment in a safe, structured and stable environment. This temporary housing should be made available in emergency situations to ensure protective oversight, ameliorate the crisis and facilitate return of the individual to his/her own community-based home, or other appropriate setting, within 30 days or less.

Crisis response residential housing can also be used to facilitate the return of individuals from residential care or psychiatric hospitals to their home/community settings. When an adult is referred to a residential crisis setting, individualized services will be provided at the level of intensity necessary to achieve and maintain stability. All adults served in a residential crisis setting will receive the services/supports they need in order to facilitate a successful return to an integrated, community-based setting.

Additional components of a successful Adult Crisis Response program include:

- Development of an immediate safety plan, if necessary.
- Use of standardized, individualized, strengths-based Adult Needs and Strengths Assessment tool to inform an effective service plan.
- Use of person-centered, strengths-based positive behavior support planning and consultation in order to identify and understand behaviors that drive crisis situations.
- Assessment and/or service coordination to assist in treatment planning and accessing long-term services for individuals who do not have case managers or service coordinators.
- Consultation with community providers and individual treatment teams to facilitate transition of an individual from a crisis situation to a stable, integrated setting, including the creation of guidelines for parents and caregivers to manage difficult behaviors.
- Participation in the Adult Clinical Review (Children's Clinical Review process for those individuals of transition age 17-21 and still under DHHR's Bureau for Children and Families oversight) process to assist teams to explore all options/alternatives to "least

integrated settings" for individuals referred for review, exchange information/knowledge about services, identify service gaps and share with policymakers.

- Provision of consultation, training and education to residential and foster family providers so that they are better able to maintain individuals in community and home-based settings.
- Provision of consultation and support to organizations working with youth transitioning to adulthood (ages 17-21), particularly those returning from out of state placement who no longer have in state community or family connections.

Collaborations and Memoranda of Understanding

Applicants must demonstrate that a coordinated and integrated service system is in place to meet the complex needs of the target population. Professional collaborations and working relationships should exist to increase engagement among partners and improve referral mechanisms and access to needed and appropriate services/supports. Applicants should demonstrate the development of linkages with the regional Comprehensive Behavioral Health Centers' Crisis Response Teams which are responsible for crisis hotlines, crisis response services, commitment certification and linkage services.

Additionally, an important component of this program is the development of partnerships with law enforcement and emergency services personnel to decrease incidences of inappropriate hospitalizations and involvement in the legal system. Partnerships should include providing awareness and connections to the ID/DD system and providing education about effective interventions in crisis situations.

Memoranda of Understanding (MOUs) must be completed with key partnering agencies and organizations, which may include but is not restricted to:

- Local Public Housing Authorities
- Behavioral Health (Substance Use, Mental Health, ID/DD)
- Primary Health
- Family Assistance Programs
- Emergency First Responders
- Employment, Education and/or Vocational programs
- Community Service and Support Agencies

MOUs that outline the roles and responsibilities of each party must be executed within 30 days of notice of award with these identified partners.

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 may not be reviewed further.

All proposals from applicants that have received funding from BBH during the last three years will be subject to an administrative review that assesses the grantee's programmatic and administrative performance during that timeframe. Applicants that are deemed to have satisfactory performance may be eligible for additional bonus points that will be added to the final proposal scoring as determined by the independent grant review team.

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 http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx.
- ✓ A Proposal Narrative consisting of the following sections: Statement of Need and Population of Focus, Proposed Evidence-Based Service/Practice, Proposed Implementation Approach, Staff and Organization Experience, and 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:

Statement of Need and Population of Focus: (10 Points)

- Describes the need for the proposed service(s). Applicants should identify and provide relevant data on the target population and area(s) of special focus to be served, as well as the geographic area to be served, to include specific Region/county(es) and existing service gaps.
- Clearly state the unduplicated number of individuals to be served (annually) with grant

funds, including the types and number of services to be provided.

Proposed Evidence-Based Service/Practice: (10 Points)

- Describes the program/service being proposed and sets forth the goals and objectives for the proposed service(s) during Year One.
- Demonstrates the applicant's ability to administer the Adult Needs and Strengths Assessment (ANSA) to develop a Crisis Response plan for 100% of individuals accepted for Crisis Response services.
- Describe how the program will deliver trauma-focused treatment
- Clearly state the goals, objectives and strategies for the service, Data Collection and Performance Measurement

Proposed Implementation Approach (50 Points)

Describes how the applicant intends to implement the proposed service(s) during Year One to include:

- Describe how the program will provide immediate interventions to adults who are experiencing crisis due to behavioral issues and can accept, review and can provide a disposition to all requests for crisis response services within 24 hours.
- Demonstrate ability to provide all individuals served with a plan, developed within 5 days of being assessed by the Crisis Response Program, that details action steps needed to either maintain the individual in his/her community placement or prepare for linkage/referral to post discharge services needed for a successful community placement.
- Describe the process for ensuring all individuals served in the residential component of the program receive age appropriate individualized services designed to maximize their ability to renew and sustain the highest possible level of independence and autonomy in community-based settings in order to prevent re-admission.
- Describe the process for connecting individuals to personal and community supports and a stable and safe environment/living program upon resolution of the crisis episode.
- Describe the program's implementation of resource coordination.
- Demonstrate applicant's ability to provide nursing services and ensure individuals have access to medical treatment.
- Describe the process for providing individuals, families and guardians educational opportunities to be well-informed about all aspects of the system, outlining clear expectations, and providing opportunities for individuals, families and guardians to make daily decisions and participate in the creation of personal goals.

- Develop a 1-year/12-month chart or graph depicting a realistic timeline of service. The timeline must include the key activities and staff/partners responsible for action through all phases including but not restricted to planning/development, implementation, training/consultation, intervention(s), milestones data collection/reporting, quality assurance, etc. Be sure to show that the project can be implemented, and delivery of the service can begin as soon as possible, and no later than 6 months post award. The timeline should be included in the Proposal Narrative. It should not be placed in an attachment.
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project with a letter of support and/or Memorandum of Understanding (MOU). **Include letters of support and MOUs from community organizations and/or partners supporting the project in Attachment 3.**
- Describe your sustainability plan. Also describe how service continuity will be maintained where there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Staff and Organization Experience: (20 Points)

- Discuss the capability and experience of the applicant organization. Demonstrate that the applicant organization has linkages to the target population and ties to grassroots/community-based organizations that are rooted in the culture of the target population.
- Provide a complete list of staff positions for the service, including the Project Director and other key personnel, showing the role of each, their level of effort/involvement and qualifications.
- Discuss the applicant organization's current level of participation in crisis response services in the proposed region and document your ability to attend future meetings.

Data Collection and Performance Measurement: (10 Points)

- Describe the plan for data collection, management, and analysis, and reporting on the required performance measures.
- Describe the data-driven, quality improvement process by which target population disparities in access, use, and outcomes will be tracked, assessed, and reduced.
- Describe how data will be used to manage the service at a systems level to ensure that the goals, objectives, and strategies are tracked and achieved.
- Describe how information related to process and outcomes will be routinely communicated to the target population, staff, governing and advisory bodies, and stakeholders.

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.

Attachments

The attachments **do not** count toward 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 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 (if applicable).

✓ Attachment 3: Letters of Support/MOUs 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.

Section Four: **CONSIDERATIONS**

LEGAL REQUIREMENTS

Eligible applicants are public organizations (e.g., units of local government) or private 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 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 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.