

Announcement of Funding Availability

Youth Behavioral Health Threat Assessment

Proposal Guidance and Instructions

Announcement of Funding Availability (AFA):

Youth Behavioral Health Threat Assessment

**Regions of Focus: Statewide, Bureau for Behavioral Health
(BBH)**

Regions 1-6

AFA Number: AFA-02-2023

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

For Technical Assistance, please include AFA-02-2023 in the
subject line and forward all inquiries in writing to
DHHRBBHAnnouncements@wv.gov

Find more information about BBH funding opportunities at
<https://dhhr.wv.gov/BBH/funding/Pages/default.aspx>

Key Dates and Other Information

Date of Release	March 24, 2023
Technical Assistance	Submit written requests to DHHRBBHAnnouncements@wv.gov A frequently asked questions (FAQ) document will be posted at https://dhhr.wv.gov/BBH/funding/Pages/default.aspx
Application Deadline	May 1, 2023, at 5 p.m.
Funding Announcement(s)	To be posted on BBH website https://dhhr.wv.gov/BBH/funding/Pages/default.aspx
Ongoing Funding Available	\$300,000 Region 1 - \$50,000 Region 2 - \$50,000 Region 3 - \$50,000 Region 4 - \$50,000 Region 5 - \$50,000 Region 6 - \$50,000
Geographic Areas	Statewide
Eligible Applicants	Non-profit organizations licensed to operate as businesses in West Virginia

FUNDING AVAILABILITY

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH), Office of Children, Youth, and Families is seeking proposals for six regional Youth Behavioral Health Threat Assessment (BHAT) teams that will help provide a uniform process to assess student threats within schools and ensure students are referred to and receiving the appropriate community-based mental health services to meet their needs. Students served will be K-12, up to age 21 in public and private schools in West Virginia.

The intent of this funding is to establish six regional BHAT teams that will work with schools, West Virginia Fusion Center, BBH, law enforcement, community behavioral health providers, and other key stakeholders to provide a comprehensive multi-tiered system of support (MTSS) to address students' needs and the threat assessment process.

For prevention and several other types of services, BBH awards grants by six regions.

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

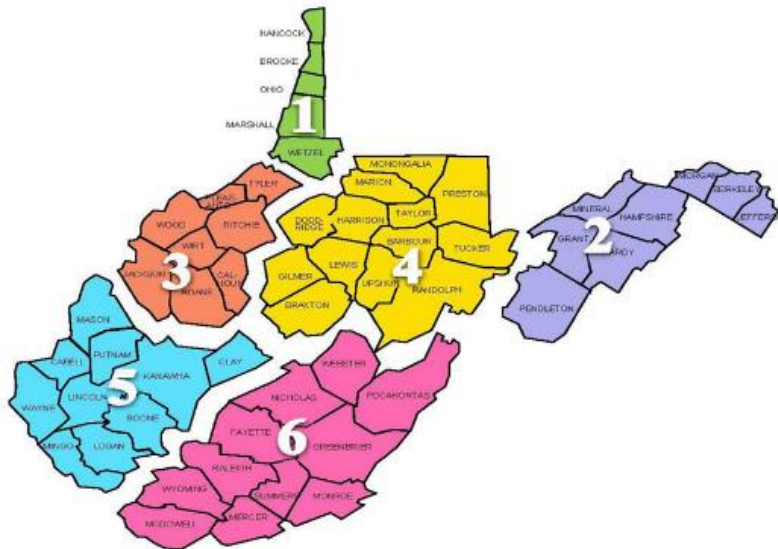


Figure 1. Six BBH Regions

Section One: INTRODUCTION

DHHR envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals, and a self-directed future. The goal of DHHR is to collaborate with stakeholders to promote, protect, manage, and provide appropriate health and human services for the people of West Virginia, in order to improve their health, well-being, and quality of life. Programs will be conducted in an effective, efficient, and accountable manner, with respect for the rights and dignity of the employees and the public served.

BBH is the federally designated Single State Agency and State Mental Health Authority for mental health, substance use, and intellectual and developmental disabilities in West Virginia. The Bureau's Office of Children, Youth and Families administers programs to promote the behavioral health of children, youth, and families in West Virginia communities through primary prevention and individualized services for mental health, substance use, and intellectual and developmental disabilities.

Background on School Safety and Threat Assessments in West Virginia

The West Virginia Fusion Center (WVFC) collects, integrates, evaluates, analyzes and disseminates information and intelligence to support local, state, and federal agencies in detecting, preventing, and responding to criminal and terrorist activity. WVFC partnered with Prevention Resource Officers (PROs) and School Resource Officers (SROs) to develop a School Threat Protocol to provide guidance on the procedures, requirements, liabilities, and expectations to facilitate performance on threat related incidents.

In 2021, the director of the WVFC and BBH began a collaboration to address threat assessments in schools and the increased number of referrals to the WVFC that could be met at the community level through community-based mental health services and supports. The purpose of a behavioral health threat assessment is to determine the degree to which an individual has made a threat or poses a threat to person, school, and/or community and to develop a plan to respond, manage, and support the individual youth and all of those involved.

In 2022, at the direction of Governor Jim Justice, the West Virginia Department of Homeland security (WV DHS), which includes the WVFC, created a comprehensive school safety initiative, which will also operate as a reference tool for each county school system. This report was created in collaboration with the West Virginia Department of Education, DHHR, the School Building Authority, and state and local law enforcement partners.

Components of a Youth Behavioral Health Threat Assessment

The West Virginia Department of Education (WVDE) describes a “threat” as an expression of intent to harm oneself or someone else and may be spoken, written, gestured, or communicated in some other form, such as text messaging, email, or other electronic means.¹ WVDE further notes that this protocol does not address threats to damage property, threats made by non-students, fights without a threat, or verbiage, such as slurs, insults, or verbal abuse that does not constitute a threat.

Threats can be either “transient” (expressions of anger or frustration that can be quickly resolved) or “substantive” (serious intent to harm others, involving a detailed plan or means).² Threats can be “direct” (a specific act against a target) or “indirect” (a threat that is vague, unclear or ambiguous).

Behavioral health threat assessment (BHTA) is intended to prevent violence and involves both assessment and intervention to determine whether a student poses a threat of violence (i.e., has intent and means to carry out the threat). Incidents or behaviors that lead to BHTA include threats

¹ West Virginia Department of Education, Safe Schools Toolkit. <https://wvde.us/accountability/safe-schools-toolkit/>.

² NASP (National Association of School Psychologists), Assessment for School Administrators and Crisis Teams. <https://www.nasponline.org/resources-and-publications/>.

of violence, physical acts of violence, possession of weapons on school property, fire setting, and bomb threats. WVFC and BBH have found that students are sometimes referred to as threats due to behaviors in school that are not substantive (i.e., with serious intent to harm others through a detailed plan and means) but transient (i.e., an expression of anger or frustration that can quickly or easily be resolved) or a behavior associated with their behavioral health diagnosis or disability. WVFC has identified that many referrals they receive for potential threats can be resolved by linking the student to appropriate community-based services and supports. A threat assessment is an alternative to school zero tolerance policies, which have been shown to be ineffective and disproportionately detrimental to minority students, according to the American Psychological Association.

The purpose of conducting a BHTA is to determine the degree to which an individual has made a threat or poses a threat to a person(s), school, and/or community and to develop a plan to respond, manage, and support the individual (student) and all involved. A threat assessment includes the following:

- Evaluation and classification of the threat;
- Appropriate response and intervention, including notification and involvement of parents and referrals to behavioral health services;
- A written safety plan; and
- A suicide risk assessment, as these students are often suicidal.³

The goals of threat assessment are to keep schools safe and to help referred students overcome the underlying source of their anger, hopelessness, or despair.⁴ Threat assessment is a violence prevention strategy that involves (a) identifying student threats to commit a violent act, (b) determining the seriousness of the threat, and (c) developing intervention plans that protect potential victims and address the underlying problem or conflict that stimulated the threatening behavior.⁵

The Family Educational Rights and Privacy Act (FERPA) should not serve as an impediment to an effective threat assessment, as FERPA contains a “health or safety emergency exception.” This exception allows school officials to disclose personal identifiable information (PII) from educational records without consent to appropriate parties only when [emphasis added] there is an articulable and significant threat. The BHAT process can ensure that members of the team do not disclose PII by having members sign a written agreement specifying any FERPA requirements and responsibilities. Additional information regarding FERPA can be found at <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

³ NASP;. Threat Assessment at School.

⁴ NASP;. Assessment for School Administrators and Crisis Teams. <https://www.nasponline.org/resources-and-publications/>.

⁵ NASP. Assessment for School Administrators and Crisis Teams. <https://www.nasponline.org/resources-and-publications/>.

Section Two: **SERVICE DESCRIPTION**

Funding will establish regional BHTA teams that will work with schools, WVFC, law enforcement, community behavioral health providers, and other key stakeholders to provide a comprehensive multi-tiered system of support (MTSS) to address students' needs and the threat assessment process. BHTA are most effective when embedded within a MTSS that involves interdisciplinary collaborative partnerships focusing on prevention.⁶ A MTSS framework helps to identify students before they enter onto a pathway of violence and students in need of additional supports. The outcomes of effective BHTA teams and management processes can lead to an increase in school engagement activities (e.g., mentoring programs), additional interventions and supports within and outside of school (school assistance teams and school/community behavioral health services and supports), and the initiation or current revision of plans (Individual Education Plans, Behavior Plans, Safety Plans and Crisis Plans).⁷

Additionally, funding will ensure that children and youth have their behavioral and mental health needs met in the least restrictive environment, decrease the number of out of home/school placements, and decrease the number of youths referred to the juvenile justice system.

Regional agencies will work with schools in their respective BBH regions to complete threat assessments, ensure schools utilize a MTSS framework to meet students' needs, provide referral and follow-up for community-based services, and conduct ongoing planning.

Awarded applicants will work with BBH to develop a uniform behavioral health threat assessment form that will be utilized in the BHTA process. The regional BHTA teams will respond to referrals from the WVFC and schools to complete a threat assessment on all referred student(s). Based on the assessment, the BHTA teams will make appropriate referrals to community-based services and programs and provide follow-up for services.

The BHTA teams will also provide on-going awareness training and technical assistance to schools related to prevention, trauma-informed practices, cultural sensitivity, warning signs, and available programs and supports.

Because threat assessment is most effective when embedded within a comprehensive multi-tiered systems of supports that involves multidisciplinary collaborative partnerships focusing on prevention,

⁶ NASP. Behavioral Threat Assessment and Management (BTAM): Best Practice Considerations for K-12 Schools. <https://nasponline.org/resources-and-publications/>.

⁷ NASP. Behavioral Threat Assessment and Management (BTAM): Best Practice Considerations for K-12 Schools. <https://nasponline.org/resources-and-publications/>.

the regional BHTA teams will also work with schools to provide input and guidance in the development of behavior, safety or crisis plans for identified students. West Virginia programs that can help schools develop behavior, safety and/or crisis plans include West Virginia Positive Behavior Intervention Supports (PBIS) and the West Virginia Center for Excellence in Disabilities Positive Behavior Support project (WVCED PBS). PBIS is a collaboration between the WVDE and West Virginia Autism Training Center at Marshall University. WVCED PBS is a package of evidence-based strategies to improve quality of life and decrease challenging behavior. Both approaches are positive, proactive, and focus on preventing challenging behaviors before they occur.

Additionally, BHTA teams will work with schools to identify effective prevention programs that can be implemented in the schools, such as but not limited to suicide prevention, bullying prevention, violence prevention, substance use prevention, and social-emotional prevention programs. Prevention and social emotional-emotional learning (SEL) curricula include lessons on the following topics that help to promote and sustain a safe school climate: diversity and inclusion, emotional regulation, conflict resolution, problem-solving skills, bullying, suicide, and violence prevention. The six regional Prevention Lead Organizations can assist the BHTA teams to select and train schools on the appropriate prevention curricula to meet their needs.

Section Four: **APPLICATION INSTRUCTIONS/REQUIREMENTS**

NEW PROCESS FOR APPLICATION SUBMISSION: All proposals must be submitted through the WVOASIS Vendor Self Services (VSS Portal) at <http://www.wvoasis.gov>. For more information and training on application submission, please use visit the following links:

- [Search VSS for Grant Funding Opportunities \(GFO\)](#)
- [Completing a Grant Funding Application \(GFA\) in VSS - \(Part 1\)](#)
- [Completing a Grant Funding Application \(GFA\) in VSS - \(Part 2\)](#)

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.

Application Components

1. A **Statement of Assurance**, available at <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>, is required of all proposal submissions This statement must be signed by the agency's CEO, CFO, and Project Officer.
2. A completed Proposal for Funding Application, available at <https://dhhr.wv.gov/BBH/funding/Pages/Current-Funding-Announcements.aspx>.
3. Applicants must use 12-point Arial or Times New Roman font, single-line spacing, and one-inch margins. Charts or graphs may be no smaller than 10-point font. 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.

The Proposal Narrative should contain the following sections:

- a. **Statement of Need and Populations of Focus (5 points)**: Describe the need for proposed service(s). Applicants should identify and provide relevant data on the population to be served, as well as the geographic area to be served, to include the specific region(s) and counties and existing service gaps. Applicants should also explain how the region currently addresses the prevention and behavioral health needs of children.
- b. **Proposed Evidence-Based Services/Practices (5 points)**: Delineate the programs/services being proposed, set forth the goals objectives for the proposed service(s), and list all evidence-based programs (EBPs) that will be used for all populations throughout the region identified in the proposal. Applicants should also describe how the proposed services/interventions will be trauma informed and promote family engagement.
- c. **Proposed Implementation Approach(es) (45 points)**: Describe how the applicant intends to implement the proposed service(s), including the following:
 1. Profile applicable population needs, resources, and readiness to address problems and gaps in service delivery.
 2. A description of the strategies/service activities proposed to achieve the goals and objectives identified above, those responsible for action, and a one year/twelve-month timeline for these activities. Include planning/development, training/consultation, implementation, and data management.
 3. Mobilize and build capacity to address needs.
 4. Monitor and evaluate results and the applicant's ability to sustain the program.
 5. Hire and maintain a workforce of appropriately trained staff that can sustain the programmatic requirements and daily functions of the proposed services.
- d. **Staff and Organizational Experience (10 points)**: Describe the applicant's existing capacity to carry out the proposed BHTA services, to include experience and qualifications to reach and serve the population of focus.
- e. **Data Collection and Performance Measurement (20 points)**: Describe the information/data the applicant plans to collect, as well as the process for using data to measure and improve quality of the service, ensuring each goal is met and assessing outcomes within the population of focus.
- f. **References/Works/Data 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.

4. **Targeted Funding Budget and Budget Narrative (10 points):** Describe with specific details how funds will be expended.
 - Targeted Funding Budget (TFB) form includes sources of other funds to be listed where indicated on the TFB form. A separate TFB form is required for any capital or startup expenses. This form and instructions are located at <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>.
 - Budget Narrative should clearly specify the intent of and justify each line item of the TFB. The Budget Narrative is a document created by the applicant and not a BBH fiscal form.
5. **Attachment 2. Applicant's Organization's Valid WV Business License.**
6. **Attachment 3.** Memoranda of Understanding (MOUs) and letters of support or commitment. MOUs or letters of support or commitment must be submitted with the application to demonstrate established partnerships between community behavioral health providers, schools, law enforcement, and other potential community organizations. Please list full partner information, including agency name, address, phone number, key contact person, and email address.

Section Five: EXPECTED OUTCOMES/PERFORMANCE MEASURES

Expected Outcomes/Performance Measures:

Expected Outcomes:

1. Establish a detailed and comprehensive MOU between the school/county board of education and community behavioral health providers, outlining roles, expectations, and shared vision for service and collaboration.
2. Collaborate with BBH to develop a uniform behavioral health threat assessment to be utilized within the state.
3. Respond to referrals from the West Virginia Fusion Center within 1 business day that the referral has been received and that a BHTA will be completed within 5 business days after the referral date.
4. Link referred students to appropriate community-based services and supports.
5. Establish and/or participate in threat assessment teams with the school and/or district level.
6. Assign roles and duties to be performed by designated BHAT members.
7. Provide awareness training for staff, students, and parents.
8. Comply with confidential reporting procedures and requirements (e.g., FERPA, mandatory reporting).

9. Establish policies and procedures for the development of proactive and preventative interventions and supports for students and staff members.
10. Establish policies and procedures for providing mental health supports with a combination of school and community-based mental health professionals that provide a continuum of services for students and staff.
11. Engage prevention resource officers (PRO) and/or school resource officers (SRO) and law enforcement in BHTA process.

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 (e.g., Interagency meetings, Community Collaboratives, Regional Summits, and Local Task Forces) initiatives, service activities implemented with other sectors (e.g., resource fairs, community presentations) indicating type and number
 - b. Number and type of professional development trainings/events attended
 - c. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted
 - e. Number and type of training and technical assistance provided throughout counties
 - f. Number of referrals received and completed for a behavioral health threat assessment
 - g. Number and type of referrals made based on threat assessment process
 - h. Number of multi-disciplinary meetings attended
3. Provide additional program information to include:

Please note that BBH grantees must submit all service data reporting by the 25th working day of each month.

Section Six: 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” TFB and budget narrative, along with their proposal narrative. For 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 purpose 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 budget action.

FUNDING REIMBURSEMENT

This grant will be awarded on a schedule-of-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 DHHR 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 the Code of Federal Regulations (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 DHHR 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 DHHR is funding this grant award with federal pass-through dollars, state appropriated dollars or a combination of both.