

Announcement of Funding Availability

Behavioral Health Workforce and Health Equity Training Center

Proposal Guidance and Instructions

Announcement of Funding Availability (AFA)

**Behavioral Health Workforce and Health Equity
Training Center**

Regions of Focus: Statewide

AFA Number: AFA 01-2024

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

For Technical Assistance, please include AFA 01-2024 in the
subject line and email

DHHRBBHAnnouncements@wv.gov

Find more information about BBH funding opportunities at

<https://dhr.wv.gov/BBH/funding>

Key Dates and Other Information

Date of Release	September 25, 2023
Technical Assistance	Submit an email with “AFA 01-2024” in the subject line to DHHRBBHAnnouncements@wv.gov A frequently asked questions (FAQ) document will be posted at https://dhr.wv.gov/BBH/funding
Application Deadline	November 27, 2023, at 5 p.m.
Funding Announcement(s)	To be posted on BBH website
Funding Available	Initial total funding of \$1,000,000 including \$160,000 – General, core-competency behavioral health training and coordination of the Statewide Advisory Training Council (STAC) as described in Section One below \$400,000 – WV Wraparound and other evidence-based children’s mental health training \$100,000 – Behavioral health disaster and crisis planning and response Additional funding and training topics may be added by agreement between the selected training center and BBH based on funding availability and evolving needs.
Geographic Areas	Statewide
Eligible Applicants	Non-profit organizations licensed to operate as businesses in West Virginia (see page 3 for more details)

BACKGROUND

The West Virginia Department of Health and Human Resources’ (DHHR) Bureau for Behavioral Health (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. BBH administers the Substance Use Prevention Treatment Recovery Block Grant (SUPTRS) and Community Mental Health Block Grant (MHBG). Through the block grants and a combination of

discretionary federal grants and state funding, BBH supports comprehensive behavioral health prevention, promotion, early intervention, treatment, and recovery programs statewide, including community-based behavioral health services for individuals who are uninsured or underinsured. Learn more about BBH at <https://dhhr.wv.gov/bbh>.

To increase behavioral health workforce excellence and reduce behavioral health disparities, BBH issued an announcement of funding availability ([AFA 03-2021](#)) in December 2020 for a pilot West Virginia Behavioral Health Workforce and Health Equity Center, which BBH awarded to Marshall University in 2021. Over the next couple of years, BBH added training components and funding to the [training center](#), including intensive training for Wraparound and mobile response and stabilization services.

BBH periodically issues AFAs for many of its grant programs, including when a program has extended or changed beyond the original scope or when a service is competitive. The present AFA reflects such expansion/change and invaluable experience from piloting the training center in partnership with Marshall University.

ELIGIBLE APPLICANTS

Non-profit organizations licensed to operate as businesses in West Virginia are eligible to apply for this AFA. Examples of eligible entities include licensed behavioral health centers, comprehensive behavioral health centers, academic health centers, primary care providers, non-profit organizations, public colleges and universities, and any other organizations with access to virtual statewide training technical capacity to provide behavioral health trainings. Successful applicants must have a valid West Virginia Business License and, if applicable, provide proof of 501(c)(3) status. Applicants with past or current grant awards with BBH must be in good standing to be considered for this AFA.

APPLICATION REQUIREMENTS

Section One. **General Core-Competency Behavioral Health Training and Statewide Training Advisory Council (STAC)**

Initial Funding: \$160,000 for one year

Additional funding and training topics may be added by agreement between the selected training center and BBH based on funding availability and evolving needs.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is granting Community Mental Health Services Block Grant (MHBG) funds to states to procure their own technical assistance (TA) and training activities. BBH intends to fund a behavioral health training center to enhance the state's behavioral health system in the following ways:

- **Reduction of behavioral health workforce shortages.** Most areas of West Virginia communities have behavioral health workforce shortages, according to the U.S. Health Resources & Services Administration ([HRSA](#)). By providing behavioral health training at no cost, BBH intends to alleviate the burden on providers to receive core-competency training and continuing education needed for staff certification or licensure.
- **Implementation of effective, evidence-based practices and treatment.** BBH and its federal funders invest in practices and programs proven effective for the intended outcomes and populations of focus. BBH created the [BBH Clearinghouse](#), an online database of evidence-based practices to help individuals, families, providers, schools, communities, and other partners make informed decisions about selecting effective prevention, early intervention, treatment, and recovery services. Approximately two years in the making, the BBH Clearinghouse was created through extensive research by subject matter experts, graduate assistants, and university faculty; feedback from a collaborative advisory workgroup; and coordination by BBH staff and grantees. Originally commissioned to review behavioral health programs for children, youth, and young adults, the Clearinghouse now accepts requests to review programs for people of all ages at <https://clearinghouse.helpandhopewv.org/request-program-review/>. The selected training center will provide training on EBPs selected in collaboration with BBH and the Statewide Training Advisory Council (STAC).
- **Decrease in behavioral health disparities.** Specific to mental health and substance misuse or use disorder, this AFA defines behavioral health disparities as the differences in outcomes and access to services along the behavioral health continuum of care by race, ethnicity, gender, disability, socioeconomic status, sexual orientation, or geographical location. The selected training will engage these populations of focus in offering culturally responsive training. Read more about behavioral health equity at <https://www.samhsa.gov/behavioral-health-equity>.

BBH seeks applicants who have statewide capacity, infrastructure, and virtual web-based technology to provide evidence-based training to behavioral health professionals and paraprofessionals. Applicants should have the ability to produce quality educational training experiences, both virtually and in person, and to provide and/or subcontract with subject matter experts for evidence-based behavioral health training. The ideal applicant will already have access to a virtual platform and technical infrastructure capacity, as well as extensive experience with delivering or facilitating training to behavioral health professionals and paraprofessionals focused on mental health, substance use, or intellectual and developmental disabilities.

The selected grantee will market training offerings through multiple methods and platforms to maximize attendance throughout the state. The selected grantee will work collaboratively with BBH and accrediting or licensing entities to provide continuing education units (CEUs) for each training delivered. It will also keep up to date and help promote and amplify other evidence-based behavioral health training provided by national and state experts to link the state's behavioral health workforce with expansive training opportunities and to prevent duplication of training topics whenever possible.

Core-competency training topics will be determined in collaboration with BBH and the STAC. Examples may include motivational interviewing, person-centered and trauma-informed care, behavioral health equity (e.g., National Standards for Culturally and Linguistically Appropriate Services or [CLAS](#) in Health and Health Care), SUD treatment adaptations for individuals with intellectual or developmental disabilities (I/DD), and suicide prevention. More intensive training areas are described below in Sections Two and Three.

The training center will be required to support the BBH training coordinator as needed in coordinating the Statewide Training Advisory Council (STAC), including providing as-needed meeting facilitation, scheduling, logistics, and meeting notes. The ideal applicant will have a history of expertise with implementing advisory councils (or equivalent groups) on compressed timelines and including a range of diverse stakeholders. The Statewide Training Advisory Council will be comprised of diverse stakeholders, including those representing disparate populations of focus, to provide recommendations to guide the state's vision of educational development in the Behavioral Health professional workforce. The ideal applicant will also have demonstrated experience with a high level of responsiveness in working relationships, products, and processes at the regional and state levels.

Section Two. WV Wraparound and Other Evidence-Based Programs for Children and Youth

Funding: \$400,000 per year for four years

Additional funding and training topics may be added by agreement between the selected training center and BBH based on funding availability and evolving needs.

BBH collaborates with other DHHR bureaus and stakeholders to improve access to and quality of in-home and community based services for children and youth with serious emotional disorder (SED) or serious mental illness (SMI) through the [Kids Thrive Collaborative](#). WV Wraparound is

an exemplary service, which strives for high fidelity to the National Wraparound Initiative ([NWI](#)) model. High Fidelity Wraparound is defined by the Title IV-E Prevention Services Clearinghouse as an individualized, team-based, collaborative process to provide a coordinated set of services and supports <https://preventionservices.acf.hhs.gov/programs/330/show>. WV Wraparound is a network of Wraparound services funded with grants through BBH and the Bureau for Social Services (BSS) and with Medicaid reimbursement through the Bureau for Medical Services (BMS) Children with Serious Emotional Disorder ([CSED](#)) Waiver. The selected training center will implement a WV Wraparound training system based on NWI standards that includes the following:

A. Implementation of Train-the-Trainer Wraparound training and certification for agency staff who are chosen to become qualified wraparound facilitation trainers (qualified trainers) within 90 days of the grant award.

- The training and certification process must be an in-person training offered in a central location.
- Train-the-Trainer classes must be offered at least quarterly.
- Training class size should be limited to help ensure learners have an opportunity for meaningful, face-to-face engagement with the trainer.
- Sufficient training opportunities must be offered within the first 90 days of the grant to ensure that each Wraparound agency has at least one certified trainer.

B. The training center must develop a web-based competency exam system for qualified trainers and Wraparound facilitators. The exam system must provide the following functionality:

- At least three randomized competency-based exams to ensure that if the exam is retaken, a new version of the exam will be provided for each of the second and third exams.
- The exam system must be locked after a staff person makes three unsuccessful attempts and only be reset for such person following additional training or technical assistance provided by the training center.
- Acknowledgement related to confidentiality of exam questions and affirmation the Wraparound agency staff person has completed the required training prior to taking the exam.
- Pass-or-fail notification to the Wraparound agency staff person.
- Certificate of completion for the personnel record.
- An exam registration link to the following:
 - Staff who have completed the in-person Train-the-Trainer certification training.
 - Wraparound facilitators who have completed their initial agency-provided Wraparound facilitation training.

- o Annually certified trainers and Wraparound facilitators.

C. Wraparound facilitator initial exam process. Newly hired Wraparound facilitators will be required to pass the initial exam before working independently with youth and families.

- The qualified trainer will notify the training center when a newly hired Wraparound facilitator has completed agency-provided wraparound training.
- The training center will then provide the Wraparound facilitator with a registration link to the exam.
- The Wraparound facilitator will have three attempts to pass the exam within 30 days of the first exam.
- The exam system must be locked after three unsuccessful attempts per staff person and only be reset for such person following additional training or technical assistance provided by the training center.
- Wraparound facilitators may request additional training or technical assistance as needed.

D. Annual refresher training that includes a competency-based exam for qualified trainers and Wraparound facilitators.

- An online learning platform is preferred to allow delivery of on-demand instruction.
- The training center will be required to provide a registration link to the refresher training and exam to all certified trainers and Wraparound facilitators who are known to have upcoming annual certifications.
- Notifications to Wraparound agency staff will be provided at each of the following intervals prior to certification expiration:
 - o 60 days
 - o 30 days
 - o 14 days
 - o 7 days
- The agency staff will have three attempts to pass the exam prior to the expiration of their annual certification.
- The exam system must be locked after three unsuccessful attempts per staff person or when their annual certification expires, whichever comes first and only be reset for such person following additional training or technical assistance provided by the training center.

E. Monthly coaching to selected staff at each provider agency. The training center will coach each agency's Wraparound supervisors and certified trainers. Wraparound facilitators may join supervisors or certified trainers for the monthly coaching sessions.

- F. **Reporting Requirements.** The training center will provide the following monthly reports:
- Train-the-Trainer Wraparound facilitation certification report for agency-certified trainers, including the following:
 - Name of qualified agency trainer
 - Agency name
 - Date and score of competency-based exam
 - If an agency trainer does not obtain a passing score
 - Dates of the technical assistance
 - Explanation of technical assistance
 - Date and score(s) of competency-based exam(s)
 - Wraparound facilitator competency-based initial exam report
 - Name of wraparound facilitator
 - Agency name
 - Date of hire
 - Date and score of competency-based exam
 - If the Wraparound facilitator does not obtain a passing score
 - Dates of the technical assistance
 - Explanation of technical assistance
 - Date and score(s) of competency-based exam(s)
 - Annual refresher training and certification renewal report
 - Name of staff person
 - Role of staff person (Wraparound facilitator or certified trainer)
 - Agency name
 - Date of last passing exam
 - Date and score of competency-based exam
 - If the attendee did not obtain a passing score
 - Dates of the technical assistance
 - Explanation of technical assistance
 - Dates of exam retake(s) and score(s).

In addition to WV Wraparound, the selected training center may provide evidence-based training on other children’s behavioral health training topics determined in collaboration with BBH and the STAC, including parent-child interaction therapy (PCIT), trauma-focused cognitive behavioral therapy (TF-CBT), and Structured Interview for Psychosis-Risk Syndromes (SIPS).

Funding: \$100,000 per year for at least two years

Additional funding and training topics may be added by agreement between the selected training center and BBH based on funding availability and evolving needs.

West Virginia continues to enhance its behavioral health crisis continuum of care, which is composed of someone to talk to (e.g., the [988 Suicide & Crisis Lifeline](#)), someone to respond (e.g., mobile crisis response and stabilization teams), and a safe place to be or go (e.g., staying safely in the home or community or going to a crisis-receiving center). The state travels to follow the [National Guidelines for Behavioral Health Crisis Care](#) and [National Guidelines for Child and Youth Behavioral Health Crisis Care](#).

At the time of this AFA, BBH funds seven regional children’s mobile crisis response and stabilization teams that serve children and youth up to age 21 statewide, and there are six active adult crisis mobile teams in more than half of the state’s counties. It is anticipated that the number of mobile response teams will increase with the September 2023 [Medicaid state plan amendment](#) to cover these services for Medicaid members. In collaboration with BBH and BMS, the training center will implement training for the adult and children’s mobile crisis response and stabilization teams to build the provider network’s skills in line with national guidelines.

In addition to individual and familial behavioral health crises, BBH is working with state and local partners to develop a statewide mental health emergency preparedness and response plan. In collaboration with BBH and partners, the training center may train agencies and providers such as mobile crisis response teams, regional threat assessment teams, West Virginia Voluntary Organizations Active in Disaster (WV VOAD), the West Virginia Council of Churches, first responders, and others identified in the plan. Training topics may include therapeutic crisis intervention, de-escalation, debriefing, and protocols among entities.

Section Four. **How to Apply**

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. Applications from previous or current BBH grantees may undergo advanced administrative review. 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/DocumentSearch/Funding%20Announcements/AFA%20Tools%20and%20Resources/AFA%20Proposal%20Template.pdf>.

3. **Proposal Narrative.** 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 and Budget Narrative (Attachment 1, described in number 4 below) may receive up to 100 points and should contain the following sections:

a. **Statement of Need and Populations of Focus (15 points):**

- **The target population and relevant data.** Please address how the applicant organization will provide training for behavioral health professionals and paraprofessionals throughout West Virginia to meet the needs described in Sections One, Two, and Three.
- **The geographical catchment area** will be all regions and counties in West Virginia. Please describe how the training center will serve the entire state, including any impact on underserved communities and populations.
- **The behavioral health disparities**, or differences in outcomes and access to services related to mental health and substance misuse experienced by race, ethnicity, gender, socioeconomic status, sexual orientation, and geographical location in West Virginia. Describe how the training the applicant proposes will address how the behavioral health workforce will address these disparities and assist trainees in working toward health equity.
- **Strengths and challenges in the behavioral health education and training system.** Describe how the applicant expects to build on the strengths and address the challenges in the existing behavioral health education and training system.

b. Proposed Implementation Approach (25 points): Please describe how the applicant intends to implement a Behavioral Health Workforce and Health Equity Training Center and provide support to the BBH Training Coordinator to assist with planning and supporting the STAC to include the following:

- An explanation of the virtual platform(s) the training center will use for its statewide approach to training and education. Include a description of any additional software that will be used to implement the behavioral health training, including the Wraparound training system. Briefly address accessibility and interoperability strategy to reach the broadest audience.
- Process or plans for selection of subject matter experts.
- Description of how fidelity to evidence-based programs and practices will be monitored.
- Process for providing CEUs for the various behavioral healthcare professionals who participate in training.
- Plans for systemic, ongoing marketing and outreach approach to behavioral healthcare professionals/healthcare professional organizations to make providers - especially historically under-resourced, under-represented, and minoritized providers - aware of training opportunities offered.
- Details of how the applicant will leverage existing subject matter expertise, ongoing or anticipated projects, and relationships to collaborate and enter memoranda of understanding or agreements with training paraprofessionals, behavioral health providers, and other stakeholders to maximize awareness and availability of training resources and minimize duplication of efforts.
- A workplan that includes measurable goals and objectives and a timeline for planning/development, training/consultation, outreach/marketing, implementation, cumulative behavioral health training calendar and data management activities.

c. Staff and Organizational Experience (15 points): Please describe the applicant's experience with conducting training and its familiarity with the state's behavioral health system and state and federal resources for behavioral health professionals.

d. 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 measure and improve quality of the service, ensuring each goal is met and assessing outcomes within the target population. Describe how the applicant will share local and regional data collected with the State Epidemiological Outcomes Workgroup (SEOW).

e. 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.

f. **Budget Narrative (10 points).** Reviewers will determine whether the proposed budget aligns with the proposed workplan and training needs described in this AFA.

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

- o **Targeted Funding Budget (TFB)** form detailing the proposed budget for the AFA amount and sources of other funds, if any. 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/DocumentSearch/Funding%20Announcements/AFA%20Tools%20and%20Resources/Targeted%20Funding%20Budget%20%28TFB%29%20template.zip>.
- o **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.
- o **Applications submitted without completed TFBs and Budget Narratives will not be considered.**

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 training entities, behavioral health providers, or other potential stakeholders. Please list full partner information, including agency name, address, phone number, key contact person, and email address. The applicant must submit a minimum of three MOUs or letters of support or commitment from various state stakeholders.

Section Six. **EXPECTED OUTCOMES/PERFORMANCE MEASURES**

Expected Outcomes/Performance Measures

Grantee will collect and provide to BBH:

1. A progress and evaluation report from the Statewide Training Advisory Council by the end of each grant period.
2. Number and demographics (age, race, ethnicity, gender, and county/region) of individual behavioral healthcare professionals trained in each topic.

3. Pre- and Post-Tests of attendees to capture baseline and increased knowledge reported monthly.
4. Number and type of professions and credentials/certifications of those trained reported monthly.
5. Number and type of continuing education units (CEUs) provided reported monthly.
6. Survey, evaluation, or fidelity measures after the training or technical assistance to measure successful delivery reported monthly, including the reporting requirements for WV Wraparound training described in Section Two.
7. Provide a progress and evaluation report from the STAC annually.
8. Type of learning and development approach or model to evaluate the reaction, learning, behavior, and results of the behavioral health trainings.
9. Measure outcomes related to increased skill, fidelity, quality, and consumer satisfaction ratings.
10. Number of trainings listed on the training calendar per month by training type.
11. Number of training materials purchased and distributed to trainers by type.
12. Number of qualified trainers referred to by training type.
13. Number of materials distributed by type and mode of delivery.
14. Number of individuals served by service type.
15. Number of requests/referrals for training received.
16. Number of job announcements posted.
17. Submit all data of the grant as related to the Expected Outcomes/Performance Measures by the 25th calendar day of the end of the grant to BBH's Data Reporting Mailbox at: DHHRBBHReporting@wv.gov.

Section Seven. **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 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 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 (SOP) 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.