

Announcement of Funding Availability

Intensive Outpatient Services for Youth with Serious Mental Health and Co-Occurring Needs

Proposal Guidance and Instructions

**Announcement of Funding Availability (AFA)
Intensive Outpatient Services (IOS) for Youth with
Serious Mental Health and Co-Occurring Needs**

Regions of Focus:

Emphasis on the following regions or counties:

Region 1 – Northern Panhandle

Region 2 – Eastern Panhandle

Region 3 – Wood/Jackson

Region 4 – Harrison/Marion/Monongalia

Region 5 – Cabell/Logan/Mason/Mingo

AFA Number: AFA 2-2024

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

**For Technical Assistance, please include AFA 02-2024 in the
subject line and email**

DHHRBBHAnnouncements@wv.gov

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

Key Dates and Other Information

Date of Release	November 27, 2023
Technical Assistance	Submit an email with “AFA 02-2024” in the subject line to DHHRBBHAnnouncements@wv.gov A frequently asked questions (FAQ) document will be posted at https://dhhr.wv.gov/BBH/funding
Application Deadline	January 12, 2024, at 5 p.m.
Funding Announcement(s)	To be posted on BBH website
Funding Available	Up to three new or reopened IOS, with up to \$100,000 for operations and up to \$100,000 for infrastructure/development
Geographic Areas	Statewide
Eligible Applicants	Licensed Behavioral Health Centers (LBHC) in West Virginia (see page 3 for more details)

BACKGROUND

The West Virginia Department of Health and Human Resources, 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 envisions healthy communities where integrated resources are accessible to all and individuals are empowered to attain wellness, and resilience.

The Substance Abuse and Mental Health Services Administration (SAMHSA) and other public health authorities rely on research to guide intervention design. Research suggests that experiencing one or more risk factors—adverse childhood experiences (ACEs), social determinants of health, other underlying trauma, and/or emotional and psychological issues such as co-occurring mental illness—increases the risk of experiencing addiction.

To use patient-centered treatment plans, clients have ultimate decision-making power for their treatment and recovery path. To empower individuals to make informed decisions when seeking treatment or in recovery they must receive education on all pathways.

To capitalize on any and all interactions that clients have with the health care system, providers need better coordination across the continuum of care, so that patients get to the appropriate level of care when they present at any health care facility. Successful proposals will add to and connect pieces of the continuum of behavioral health care in West Virginia to improve patient outcomes, as well as strengthen quality and promote evidence-based practices.

BBH will give priority to programs and organizations that promote sustainability and continuity of services after BBH funding is expended. Grants from BBH will be strategically used to support projects and organizations that: 1) develop a robust service delivery infrastructure, 2) secure alternative funding mechanisms that ensure ongoing service provision after the current funding cycle ends, 3) build systems and sustain programs between organizations and partnerships, 4) provide quality patient-centered treatment, 5) effectively recruits and retains clients, and 5) increase access to treatment, in underserved areas, for mental health and co-occurring substance use disorders.

ELIGIBLE APPLICANTS

Any agency licensed by the West Virginia Office of Health Facility Licensure & Certification (OHFLAC) as a Licensed Behavioral Health Center (LBHC) is eligible to apply for this AFA. 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. Introduction

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH) is providing a one-time funding opportunity to establish up to three intensive outpatient services (IOS) programs for youth between the ages of 7 and 21 with a serious mental health or co-occurring need in the following regions: Region 1 to include Brooke and Ohio counties; Region 2 to include Berkeley and Jefferson counties; Region 3 to include Jackson, Roane, and Wood counties; Region 4 to include Harrison, Marion, and Monongalia Counties; and Region 5 to include Cabell, Logan, Mason, and Mingo counties. IOS programs are expected to assist with mental health and co-occurring substance use disorder treatment and recovery.

According to SAMHSA's *Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-occurring Substance Use*, youth may first develop mental health and substance misuse issues as they experience physical, developmental, social, and emotional changes during their teen years. The symptom, severity, age of onset, and other characteristics differ based on an individual's risk and protective factors, include abuse and neglect, death of a loved one, community violence, and other adverse childhood experiences (ACEs). Evidence-based treatment for serious emotional disorder/disturbance (SED), serious mental illness (SMI), and co-occurring substance use conditions can be effective in helping youth manage their illness, improve social functioning, overcome challenges, and lead productive lives. (See, e.g., <https://www.samhsa.gov/mental-health-treatment-works>)

On the continuum of care, an IOS is for individuals who are stable enough not to be closely supervised in a residential treatment setting but who need more intense attention/care than a regular outpatient program provides. For this treatment path to be appropriate, an individual needs intensive and concentrated services and has a safe environment to reside in throughout treatment. An IOS must both provide psychosocial support and build life-skill competencies. IOS treatment typically involves participation three to five days a week by the individual in a robust program of mental health group therapy, and other types of group therapy (e.g., relationship issues, anger management). Youth IOS provides an opportunity to achieve short-term stabilization and resolution of immediate risk of harm through both individual and group therapy.

BBH is soliciting applications from public, private, not-for-profit, and/or for-profit agencies—including but not limited to local governmental entities—with experience in serving youth and families experiencing mental health disorders and co-occurring substance use disorder (SUD). By implementing an intensive outpatient services program (IOS) for youth, communities build upon formal systems that: 1) assure availability of community-based educational programs focused on wellness; 2) provide local leadership in developing and sustaining partnerships; 3) provide essential community access to treatment and recovery; and 4) facilitate initiation of patient-centered treatment for mental health and SUD.

Those applying for IOS funds must demonstrate that they are a Licensed Behavioral Health Center (LBHC) and approved through DHHR's Bureau for Medical Services (BMS) to run an IOS program by completing the application process, which is outlined in Appendix 503 G of the BMS Medicaid Manual Chapter 503 (Licensed Behavioral Health Centers).

Applications must provide a detailed implementation plan for community engagement, establishing interagency partnerships, and a substantial plan for sustainability before the end of this one-time funding cycle, ending September 30, 2024. Please note that any funding is contingent on both budgetary approval and all the criteria being met as outlined in this AFA.

Section Two. **Service Description**

Population of Focus

Youth aged 7 to 21 with a serious mental health or co-occurring need, using tobacco, and/or vaping. Individuals with mental health and co-occurring substance use disorders representing high-risk, priority populations are also part of the target population, including youth who have been incarcerated, individuals identifying as LGBTQ, IV drug users, youth experiencing homelessness, pregnant/postpartum youth, and individuals who may have co-occurring substance use disorder.

Service Overview

The purpose of this AFA is to facilitate the development of a robust and dynamic Mental Health System of Care by expanding the capacity for intensive outpatient programs for youth. Intensive Outpatient Programs reinforce behavior change for individuals participating in this treatment level to promote engagement into a path to recovery—and to improve health and wellness.

Please note that programs will need to have access to a physician who can prescribe any needed medications, with the physician able to bill Medicaid directly for those services via the BMS Evaluation and Management (E/M) codes. Clients' needs for psychiatric and medical services may be addressed through consultation and referral arrangements if the primary program does not have these services available.

Intensive outpatient services (IOS) are a combination of specific services for a targeted population to be used on a frequent basis for a limited period of time. Approval for an IOS program and prior authorization for members admitted to an IOS program must be obtained from the West Virginia Bureau for Medical Services UMC. IOS programs address mental health and substance use problems and allow for multiple levels of care to be offered, which also enhances the continuum of services.

IOS programs will include a program summary as outlined in the Medicaid Manual Chapter 503 Appendix 503 G. When requesting approval for IOS applicants must include evidence-based practice or the curriculum to be utilized in the IOS program, program admission criteria, discharge criteria, continuing stay criteria, anticipated duration of participation in the program, any educational services provided for adolescents in the program and anticipated clinical outcomes.

IOS criteria programs must include six or more hours of services per week to treat multidimensional instability. These services must include assessment, individual and group counseling, medication management, family therapy, educational groups, and service planning.

For admission, the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) must be used for the diagnostic criteria of mental illness and addictive disorders.

Also, per BMS Medicaid Manual 503 for IOS the following services will be provided:

All services within the IOS program must meet the individual services requirements within this chapter.

- Behavioral Health Counseling, Professional, Individual
- Behavioral Health Counseling, Professional, Group
- Behavioral Health Counseling, Supportive, Individual
- Behavioral Health Counseling, Support, Group
- Service Planning

Programming available to clients must include, but not limited to, the following psychosocial supports.

Individual/Group Professional Counseling Sessions:

Individual and group counseling sessions are critical to the development of a relationship between the therapist and the client and for monitoring progress towards individual goals. These sessions can include significant others in the treatment planning, when appropriate. The relationship and trust building accomplished through individual sessions can improve client retention in treatment. The function of these services is to provide treatment of behavioral health conditions in which a qualified professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change the maladaptive patterns of behavior and encourage personality growth and development.

Supportive Counseling:

Supportive counseling is a face-to-face intervention provided to a participant that must directly support another behavioral health service identified in the Medicaid manual. The intervention is

directly related to the individual's behavioral health condition in order to promote continued progress toward his/her goals and assist in his/her day to day behavioral and emotional functioning. It is not professional therapy services but must supplement another Medicaid service. Also, this service must augment other services, promote application of age-appropriate skills, i.e., problem solving, interpersonal relationships, anger management, relaxation, and emotional control that impacts daily functioning, and, finally, assist individuals as he/she explore newly developing skills and identifying barriers to implementing those skills all related to the service plan.

Service Plan Development:

A Master Service Plan, with the entire interdisciplinary team present, must be completed within seven days of admission and meet all the requirements set forth in Section 503.16 Service Planning of the Medicaid Manual.

Other IOS program activities:

- Craft a discharge plan (including a crisis plan)
- Medication management, when appropriate
- Case management
- Family therapy
- Referrals to family coordinators
- o Disseminate information to caregivers on parenting skills
- o Enroll families in nurturing parent and strengthening family's programs
- Follow-up with graduates at 3, 6, and 12 months

Collaborations and Memorandum of Understanding

For proposals to be considered, applicants must submit signed Memoranda of Understanding with partner agencies. The proposal must include a detailed and comprehensive Memorandum of Understanding between School/County Boards of Education (BOE), outlining roles, expectations and a shared vision for the IOS collaboration. Memoranda of Understanding with identified partners must be executed within 30 days of notice of award that outline the roles and responsibilities of each party. Applicants must demonstrate they are actively facilitating development of a coordinated and integrated opioid use disorder OUD/SUD health system.

It is recommended that applicants coordinate with other organizations providing similar services in the proposed implementation locations in West Virginia, to promote statewide fidelity in programming. Applicants are also encouraged to provide letters of support from at least two community-based organizations that will provide behavioral health treatment and/or recovery services.

Program Sustainability

Monies for this Announcement of Funding Availability are anticipated to be a one-time occurrence and to be expended by September 30, 2021. Funding is intended to cover the initial start-up costs to expand access and build on robust systems of care for substance use disorder in West Virginia. Applicants must include a substantive plan to sustain services in the future. Continuity of services and sustaining program developments are essential to maintaining and expanding the impact that services provided by this funding have on the community.

Section Three. **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:

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

- **The target population and relevant data.** Describes the need in the community 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(ies) and existing service gaps. This section should also include a description of the strengths and gaps in the mental health service system in the geographic area the Applicant proposes to serve.

b. Proposed Implementation Approach (25 points): Please describe how the applicant intends to implement an IOS to include the following:

- Describe briefly how all program components will be developed, which Model of Care will be implemented and how the required program components will be coordinated to provide a full continuum of care for youth and their families.
- Provide a chart or graph depicting a realistic timeline for the 12-month project period delineating key activities, milestones, and staff responsible for action. Be sure to demonstrate that the project can be implemented, and that service delivery can begin as soon as possible, no later than 3 months post award. (Note: this chart or graph should be included in the narrative section and not as an attachment.) The timeframe should include all facets of program creation, including obtaining applicable licensure and approval for Medicaid billing.
- A description of the applicant's existing relationships with community partners and plans for expanding partnerships across the mental health continuum of care to ensure rapid access to services for individuals with mental health issues.
- Describe how achievement of the goals of this project will produce meaningful and relevant results for the target population, as well as the applicable community.
- Identify and describe partner organizations, their roles, responsibilities and their commitment to the project via letters of support in Attachment 3.
- Provide a description of the applicant's existing relationships with community partners and plans for expanding partnerships across the mental health continuum of care to ensure rapid access to services for individuals with mental health issues.
- Describe how achievement of the goals of this project will produce meaningful and relevant results for the target population, as well as the applicable community.
- Identify and describe partner organizations, their roles, responsibilities and their commitment to the project via letters of support in Attachment 3.
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- Provide a description of other state and federal resources that will be sought to address the goals and objectives of the proposed implementation approach and how these resources will enhance and not duplicate existing efforts.
- Describe the applicant's strategy to engage the population of focus in planning, implementing, and program evaluation. Define the feedback loop between the target

population, the applicant organization, partners/key stakeholders, and BBH throughout planning, implementation, and evaluation.

- A description of program implementation and sustainability beyond one year of grant funding, including how alternative funding sources, such as Medicaid fee for service billing, will be secured.
- Describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover or change in leadership) to ensure stability over time.

c. Staff and Organizational Experience (15 points): This section should describe the Applicant's expertise with the population(s) of focus, law enforcement and mental health treatment and support, to include:

- A description of the Applicant's current involvement with the population(s) of focus.
- Describes the Applicant's existing capacity and readiness to carry out the proposed service(s), to include its experience and qualifications to reach and serve the target population.

d. Data Collection and Performance Measurement (30 points): Describes the outcomes to be measured and information/data the Applicant plans to collect. Applications must outline a process for data to guide implementation and improve quality of the service, ensuring each goal is met and assessing outcomes within the target population.

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)

- **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>.
- **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.

- **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.** Memorandum of Understanding(s) and letters of support to document coordination and integration into the current service delivery system.

Section Three. EXPECTED OUTCOMES/PERFORMANCE MEASURES

Expected Outcomes/Performance Measures

Grantee will collect and provide to BBH:

The overall expected outcomes for these start up grants are:

1. Increase the availability of this level of care for youth to reduce emergent medical episodes related to mental health issues.
2. Increase treatment engagement of youth and their families.
3. Improve child safety and mitigate the impact of Adverse Childhood Experiences (ACE) while coping with mental health issues.
4. Improve student social and emotional learning.
 - a. Improve student attendance rate.
 - b. Decrease student discipline occurrences.
 - c. Improve student graduation rates.
 - d. Improve student academic success.
 - e. Decrease student system involvement, including juvenile justice, behavioral health, child welfare, etc.
5. Facilitate access to wraparound care, with more timely access to effective family-oriented mental health treatment services.
6. Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (e.g., inhalants).
7. Increase community-based support in order to decrease the rate of children entering inpatient/state custody and/or foster care or similar programs.
8. After children transition from residential treatment, decrease the rate of children reentering residential treatment.
9. Increase the number of families that are referred to family coordinators to improve parenting skills, family functioning, economic stability, and quality of life.
10. Decrease involvement in and exposure to crime, violence, neglect, and physical, emotional and sexual abuse for all family members.

The broad purpose of this AFA is to increase access and retention in treatment and recovery for youth with serious mental health and co-occurring needs within the state.

Performance Measures may include but are not limited to:

1. By establishing this level of care for youth, 50% who qualify and/or enrolled will complete the IOS.
2. Report the number of referrals, admissions, discharges (must include the reason for the discharge – program completion, child withdrawn from the program by parent, child needed a higher level of care, etc.), and the total number currently served.
3. Report the individual demographics for children served (age, race, ethnicity, gender, school grade, county of residence, sexual orientation, and pregnant females).
4. Report the number and types of assessments (medical and mental health) completed at discharge/entry into the next level of care.
5. Report what treatment services were provided to each youth by category of service.
6. Report the length of stay from admission to discharge or readmission for each youth in the program.
7. Ensure that all clients have discharge plans (including a crisis plan).
8. Report the percentage of families involved in treatment, with a goal of engaging at least 50%.
9. Report the percent of families referred to and engaged with family coordinators, with a goal of engaging at least 70%.
10. Report the number of families/youths followed-up with at 3, 6, and 12 months after discharge.

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.