



Virginia Department of
Behavioral Health &
Developmental Services

Request for Subrecipient Proposals



**PROJECT
BRAVO**

Project Title	BRAVO Service Start Up Grants
Aim	to accelerate the availability of BRAVO services across Virginia, with a focus on interventions that can divert individuals from the emergency department to a therapeutic intervention or provide necessary supports in the community
Eligible Services	Assertive Community Treatment Mobile crisis teams- youth Mobile crisis teams- adult Mobile crisis teams- other specialty (substance use, older adults) Community crisis stabilization (youth or adult) 23 hour observation (youth or adult) Crisis Stabilization Unit (youth or adult) Intensive Outpatient Programs and Partial Hospitalization Programs (youth or adult) Multisystemic Family Therapy (MST) Functional Family Therapy (FFT)
Eligible Applicants	licensed providers of behavioral health services in Virginia or providers seeking licensure to provide the above services in Virginia
Funding Source	Federal – Mental Health Block Grant Supplemental Funding (Consolidated Appropriations Act and American Rescue Plan Act)
Ongoing?	No (these are one-time grants)
Award Amount	Up to \$150,000 Up to 15 awards
Applications Due	July 1, 2022
Project Period	August 1, 2022- July 31, 2023

Background

Project BRAVO (Behavioral health Redesign for improved Access, Value, and Outcomes) is an interagency partnership effort between Department of Medical Assistance Services (DMAS) and Department of Behavioral Health & Developmental Services (DBHDS) that strives for systems alignment in developing an evidence-based, trauma-informed and prevention-oriented array of services for the Medicaid-funded behavioral health system.

General Information about Project BRAVO can be found here: <https://www.dmas.virginia.gov/providers/behavioral-health/enhancements/>

Purpose of Grant

The purpose of this funding opportunity is to accelerate the availability of BRAVO services across Virginia, with a focus on interventions that can divert individuals from the emergency department to a therapeutic intervention or provide necessary supports in the community. Services specifically serving youth are needed in multiple areas of Virginia. This is in support of the current administration's Safe and Sound Task Force to support youth in Department of Social Services (DSS) custody with significant service needs, and because youth mental health has generally been disproportionately affected by the COVID-19 pandemic. Grants can be used for the initial costs associated with starting a new licensed service line, including supplies, equipment, fees, training, and personnel. Grant funds cannot be used for any activities that are directly reimbursable by Medicaid.

Eligible Applicants

Applications will be accepted from licensed providers of behavioral health services in Virginia or providers in the process of attaining licensure in Virginia.

Permissible use of funds

- Staff time (including training)
- Contracts or consulting services
- Supplies and equipment
- Training costs, fees

General overhead costs (not including administration of the specific project) must be 10% or below. Start up costs should be limited to 25% of the grant budget, unless there is a specific reason the success of the project requires a higher amount of funding at project initiation. After

initial payment, subrecipient funding agreements are based on a cost reimbursement structure. All costs must comply with federal regulations regarding block grant uses, which will be outlined in the subrecipient funding agreement.

Proposal Guidelines

Completed applications include Sections A-C (under 5 pages total), as well as separate budget(s) and budget narrative. Submit sections A-C and budget proposal with narrative to iva.brown@dbhds.virginia.gov by July 1, 2022 11:59 PM for consideration. No faxed, mailed or hand carried applications will be accepted.

Section A: Describe the target population and community need for the service you propose in the area, including how your service will be accessible to individuals from marginalized and/or socio-economically stressed communities. Describe your agency's capacity to start the service line. Include information about other services offered and staff expertise.

Section B: Describe how this initial funding will be utilized to increase availability of the service, including expected activities supported during the grant period. This section should include a description of how these services will serve as an alternative to emergency department utilization, including how data will be utilized to track this aim.

Section C: Describe how the success of the project will be measured (using data), and describe how the activities of the project will be sustained following the end of the project period. This may include a financial model with BRAVO rates to assess sustainability.

Budget: Include a line-item budget for one-time costs over a 12-month period. Budget narrative does not need to repeat information from the body of the application but should clarify how line item totals were calculated, whether any spending falls outside of described allowable costs, and any other funding sources/in-kind resources.

Pre-proposal conference (including Q&A) and information session will be held virtually on June 10th at 10am EST and June 15th at 8am EST (the same material will be discussed at each session; you do not need to attend both). Questions can be submitted to lisa.jobe-shields@dbhds.virginia.gov and will be directed to the correct party. No questions will be answered after the deadline.

Link to join Q&A:

<https://virginia-gov.zoomgov.com/j/16107220829>

Password: BRAVO!

Information about Eligible Services

1. Assertive Community Treatment

Assertive Community Treatment (ACT) provides long term needed treatment, rehabilitation, and support services to identified individuals with severe and persistent mental illness especially those who have severe symptoms that are not effectively remedied by available treatments or who because of reasons related to their mental illness resist or avoid involvement with mental health services in the community. ACT services are offered outside of clinic, hospital, or program office settings for individuals who are best served in the community.

Assertive Community Treatment: DBHDS Emergency Regulations:

<https://townhall.virginia.gov/l/ViewXML.cfm?textid=14853>

DBHDS Proposed Regs:

<https://townhall.virginia.gov/l/ViewXML.cfm?textid=15297>

DMAS ACT Manual:

<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library>

Go to the above link, select “Mental Health Services” manual and then click on Appendix E.

2. Mobile crisis teams

Mobile Crisis Response provides rapid response, assessment and early intervention to individuals experiencing a behavioral health crisis. This service is provided 24 hours a day, seven days a week. The purpose of this service includes prevention of acute exacerbation of symptoms, prevention of harm to the individual or others, provision of quality intervention in the least restrictive setting, and development of an immediate plan to maintain safety in order to prevent the need for a higher level of care. Mobile Crisis Response is designed to support individuals in the following manner: Provide rapid response to individuals experiencing a crisis situation or escalating emotional/behavioral symptoms which have impacted the individual’s ability to function in their family, living situation, community, school, or work/ environment; Meet individuals in crisis in an environment where they are comfortable to engage to facilitate quick relief and resolution of the crisis when possible; Provide appropriate care/support/supervision in order to maintain safety for the individual and others, while avoiding unnecessary law enforcement involvement, emergency room utilization, and/or avoidable hospitalization; Refer and link to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care (including pre-admission screening in appropriate cases conducted by a DBHDS certified prescriber); Coordinate with behavioral health providers providing services to the individual throughout the delivery of the service; Deployed in real-time to the location of the identified crisis.

Mobile crisis teams can have the following specializations:

- 1) Youth
- 2) Adult
- 3) Other specialty team (substance use, older adults)

Mobile crisis teams are dispatched across Virginia through a statewide data platform and regional mobile crisis hubs through the CSB system. Please make contact with the regional hub where your agency seeks to operate mobile crisis services prior to completing the application:

Region 1: Region 10 Community Services Board: Kristen Chesser Kristen.chesser@regionten.org

Region 2: Fairfax-Falls Church Community Services Board: Jean Post Virginia.Post@fairfaxcounty.gov

Region 3: New River Valley Community Services Board: Karen Adams kaadams@nrvc.org and James Pritchett jpritchett@nrvc.org

Region 4: Richmond Behavioral Health Authority: Amy Erb erba@rbha.org

Region 5: Western Tidewater Community Services Board (Central Hub): Brandon Rodgers brodgers@wtcsb.org

Virginia Beach Community Services Board (sub-hub): James R. Thornton JThornto@vb.gov

Middle Peninsula/Northern-Neck Community Services Board (sub hub): Joanne Brown jbrown@mpnn.state.va.us

Comprehensive information about Mobile Crisis Response can be found in the DMAS Mental Health Services Manual, Appendix G (Comprehensive Crisis Services)

<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library>

Go to the above link, select “Mental Health Services” manual and then click on Appendix G.

3. Community crisis stabilization

Community Stabilization services are short-term and designed to support an individual and their natural support system following contact with an initial crisis response service or as a diversion to a higher level of care. Providers deliver community stabilization services in an individual’s natural environment and provide referral and linkage to other community-based services at the appropriate level of care. Interventions may include brief therapeutic and skill building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up services. Coordination of specialized services to address the needs of co-occurring intellectual/developmental disabilities and substance use are also available through this service. Services should involve advocacy and networking to provide linkages and referrals to appropriate community-based services and assisting the individual and their family or caregiver in accessing other benefits or assistance programs for which they may be eligible.

The goal of Community Stabilization services is to stabilize the individual within their community and support the individual and/or support system during the periods 1) between an initial Mobile Crisis Response and entry in to an established follow-up service at the appropriate level of care 2) as a transitional step-down from a higher level of care if the next level of care service is identified but not immediately available for access or 3) as a diversion to a higher level of care.

Comprehensive information about Community Crisis Stabilization can be found in the DMAS Mental Health Services Manual, Appendix G (Comprehensive Crisis Services)

<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library>

Go to the above link, select “Mental Health Services” manual and then click on Appendix G.

4. 23-hour crisis stabilization (youth or adult)

23-Hour Crisis Stabilization provides assessment and stabilization interventions to individuals experiencing a behavioral health crisis for a period of up to 23 hours in a community-based crisis stabilization clinic which includes outpatient hospital settings that have a Community Stabilization license. This service must be accessible 24/7 and is indicated for those situations wherein an individual is experiencing a behavioral health crisis and requires a safe environment for observation and assessment prior to determination of whether admission to an inpatient or residential crisis stabilization unit setting is necessary. This service allows for an opportunity for thorough assessment of crisis and psychosocial needs and supports throughout the full 23 hours of service to determine the best resources available for the individual to prevent unnecessary hospitalization.

Comprehensive information about 23-hour crisis stabilization can be found in the DMAS Mental Health Services Manual, Appendix G (Comprehensive Crisis Services)

<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library>

Go to the above link, select “Mental Health Services” manual and then click on Appendix G.

5. Crisis Stabilization Unit (youth or adult)

RCSUs provide short-term, 24/7, residential psychiatric/substance related crisis evaluation and brief intervention services. Residential Crisis Stabilization Units (RCSUs) serve as diversion or stepdown from inpatient hospitalization. The service supports individuals experiencing abrupt and substantial changes in behavior noted by severe impairment or acute decompensation in functioning.

Comprehensive information about Residential Crisis Stabilization can be found in the DMAS Mental Health Services Manual, Appendix G (Comprehensive Crisis Services)

<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library>

Go to the above link, select “Mental Health Services” manual and then click on Appendix G.

6. Intensive Outpatient Programs

Service Definition: Mental Health Intensive Outpatient Services (MH-IOP) are highly structured clinical programs designed to provide a combination of interventions that are less intensive than Partial Hospitalization Programs, though more intensive than traditional outpatient psychiatric services. MH-IOP are focused, time-limited treatment programs that integrate evidence-based practices for youth and adults. MH-IOP can serve as a transition program, such as a step-down option following treatment in a Partial Hospitalization Program. MH-IOP focuses on maintaining and improving functional abilities through an interdisciplinary approach to treatment. This approach is based on a comprehensive, coordinated and individualized service plan that involves the use of multiple, concurrent interventions and treatment modalities. Treatment focuses on symptom and functional impairment improvement, crisis and safety planning, promoting stability and developmentally appropriate living in the community, recovery/relapse prevention and reducing the need for a more acute level of care.

Comprehensive information about MH-IOP can be found in the DMAS Mental Health Services Manual, Appendix F (Intensive Clinic Based Supports)

<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library>

Go to the above link, select “Mental Health Services” manual and then click on Appendix F.

7. Partial Hospitalization Programs

Mental Health Partial Hospitalization (MH-PHP) services are short-term, non-residential interventions that are more intensive than outpatient services and that are required to stabilize an individual's psychiatric condition. The service is delivered under physician direction to individuals at risk of psychiatric hospitalization or transitioning from a psychiatric hospitalization to the community. Individuals qualifying for this service must demonstrate a medical necessity for the service arising from behavioral health disorders that result in significant functional impairments in major life activities. Mental Health Partial Hospitalization Programs (MH-PHPs) are highly structured clinical programs designed to provide an intensive combination of interventions and services similar to an inpatient program, but available on a less than 24-hour basis. MH-PHPs are active, focused and time-limited treatment programs intended to stabilize acute symptoms in youth (6-17 years old) and adults (18 years +). Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, children younger than age 6 may receive services based on medical necessity. The average length of stay may be four to six weeks, though length of stay should reflect individual symptom severity, needs, goals and medical necessity criteria. MH-PHP can serve as a transition program, such as a step-down option following an inpatient hospitalization. MH-PHP can serve as a diversion for an individual from inpatient care, by providing an alternative that allows for intensive clinical services without hospital admission. The target population consists of individuals that would likely require inpatient hospitalization in the absence of receiving this service. MH-PHPs may occur in either a hospital- or community-based location. MH-PHP services are appropriate when an individual requires at least four hours of clinical services a day, over several days a week and totaling a minimum of 20 hours per week. A MH-PHP requires psychiatric oversight with at least weekly medication management included in the coordinated structure of the treatment program schedule. MH-PHP tapers in intensity and frequency as an individual's symptoms improve, they are able to establish/reestablish community supports, and they are able to resume daily activities or are able to participate in a lower level of care.

Comprehensive information about MH-PHP can be found in the DMAS Mental Health Services Manual, Appendix F (Intensive Clinic Based Supports)

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

Go to the above link, select “Mental Health Services” manual and then click on Appendix F

8. Multisystemic Family Therapy

Multisystemic Therapy (MST) is an intensive family and community-based treatment which addresses the externalizing behaviors of youth with significant clinical impairment in disruptive behavior, mood, and/or substance use. MST is provided using a home-based model of service delivery for youth and families, targeting youth between the ages of 11 - 18 who are at high risk of out- of-home placement, or may be returning home from a higher level of care. MST services are delivered in the natural environment (e.g., home, school, community) with the treatment plan being designed in collaboration with the youth, family, and all relevant child serving systems (e.g. DJJ, DSS, Mental Health, PCP, Education, Faith based organizations, etc.) Multi-systemic therapy (MST) is an intensive, evidence-based treatment program provided in home and community settings for youth who have received referral for

the treatment of behavioral or emotional problems by the juvenile justice, behavioral health, school, or child welfare systems. MST is targeted towards youth between the ages of 11 - 18, however, the service is available to any youth under the age of 21 who meets medical necessity criteria. MST is appropriate for youth with significant clinical impairment in disruptive behavior, mood, and/or substance use. MST includes an engagement with the youth's family, caregivers and natural supports and professionals delivering interventions in the recovery environment. MST is a short-term and rehabilitative service that may serve as a step-down or diversion from higher levels of care and seeks to understand and intervene with youth within their network of systems including family, peers, school, and neighborhood/community.

Comprehensive information about Multisystemic Therapy can be found in the DMAS Mental Health Services Manual, Appendix D (Intensive Community Based Supports- Youth)

<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library>

Go to the above link, select "Mental Health Services" manual and then click on Appendix D.

Multisystemic therapy is licensed by DBHDS under the Intensive In Home license.

9. Functional Family Therapy

Functional Family Therapy (FFT) is a short-term, evidence-based treatment program for youth who have received referral for the treatment of behavioral or emotional problems including co-occurring substance use disorders by the juvenile justice, behavioral health, school, or child welfare systems. FFT addresses both symptoms of serious emotional disturbance in the identified youth as well as parenting/caregiving practices and/or caregiver challenges that affect the youth and caregiver's ability to function as a family. The FFT model serves as a step-down or diversion from higher levels of care and seeks to understand and intervene with the youth within their network of systems including, family, peers, school and neighborhood/community. FFT is targeted towards youth between the ages of 11 - 18, however, the service is available to any youth under the age of 21 who meets medical necessity criteria.

Comprehensive information about Functional Family Therapy can be found in the DMAS Mental Health Services Manual, Appendix D (Intensive Community Based Supports- Youth)

<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library>

Go to the above link, select "Mental Health Services" manual and then click on Appendix D.

Functional family therapy is licensed by DBHDS under the Outpatient license.