Frequently Asked Questions:
AFA 13-2014-AMH Community Engagement

- If the AFA awards are not announced until late June, will new grantees be expected to begin services on July 1?
    - Current Family Support Program grantees and Care Coordination grantees will have their grants extended through October 31, 2014 to permit adequate planning time for new grantees to begin services effective November 1, 2014. During that time, the BBHHF will offer technical assistance and support the transition.

- For the CES Grant, it states that CES staff are not crisis workers; however, individuals with whom they will work will go into crisis from time-to-time and the CES staff might be the person present when this happens. Could you clarify what you mean?
    - It is expected that the CES will support and help navigate individuals on their caseload through crisis situations. However, the CES will not be part of the agency "crisis team" that handles emergencies for all individuals coming to the agency; they will not provide billable crisis intervention services, be on a mobile team, or staff crisis lines. It would be appropriate for the CES to assist individuals on their caseload with obtaining the services of the "crisis team" as necessary.

- The proposal guidance does not seem to identify any specific amount of funding available by region. Are there any limits and if so, what are they?
    - There are no regional limits set on the funding availability in the Community Engagement AFA. It is hoped that interested grantees will evaluate the need in their area and write their proposals accordingly.

- The AFA indicates a fairly broad cross-section of populations can be served by these grants. However, our agency is focused on providing services to people who are homeless and so we are wondering whether we can tailor our application to provide services to eligible members of the homeless population and refer other, non-homeless applicants to another provider or agency.
    - Successful grantees must be prepared to provide services to all eligible individuals living in the proposed county/counties. This will ensure that all individuals have access to valuable and necessary supports to live in the community of their choice. Agencies may partner together in submitting a proposal to ensure all populations are served in the county/counties.

- In the CES grant, many of the crisis related areas such as mobile crisis team and so forth are expensive and may not be fundable using these funds. Who or how do you envision funding for these intensive services being provided?
    - Mobile crisis teams and other intensive crisis services are not required in the Community Engagement grant. Comprehensive Behavioral Health Centers are funded to provide crisis services to their assigned counties through other funding streams.

- Currently the Care Coordinators complete Mental Hygiene petitions as part of their job duties for our organization. If this role is no longer permitted, local judges will be upset. Will the CES be permitted to complete Mental Hygiene petitions?
    - It would be more appropriate to complete the Mental Hygiene process with clinical crisis staff supported through other funding streams allocated to Comprehensive Behavioral Health Centers for crisis services. Community Engagement would be a critical and appropriate support service to engage prior to a situation rising to crisis level and after the Mental Hygiene process. The collaborative efforts developed with local judges and other key officials is vital to sustaining local community mental health interventions that are successful – all such relationships and partnerships are applauded and the Bureau encourages a broader contemplation of and use of available resources to support delineation of staff utilization to build upon these collaborations.

- The CES is said to link consumers with crisis workers and other clinical treatment services/interventions, but not provide the service themselves. Will the CES be trained to handle a crisis?
    - The CES should be trained to recognize escalating psychiatric symptoms and when to refer for clinical intervention. There is a differentiation between the CES and those staff who comprise the crisis intervention teams. It is understood that the CES will work closely with the members of the team as he/she, through their intensive community work with individuals, may have knowledge of and established rapport that may be necessary or essential to support/facilitate appropriate interventions. The Bureau not only expects but sees the value in this interface and asserts that the re-focusing of the CES for community based services will not only broaden the capacity of agency efforts but will significantly enhance day to day knowledge of individuals served supporting an increased opportunity to be proactive, intervene early and prevent situations from escalating to crisis level.

- What are the education requirements for the CES?
    - A high school diploma or recognized equivalent is the minimum requirement.

- Currently the Care Coordinators provide a dual function for our organization (both support and clinical). If the CES can't provide billable services, then will they have to be referred to another individual when clinical/billable services are needed?
    - Yes, consumers in need of clinical, reimbursable services would be referred to the appropriate clinician.

- $35,000 is not enough funds to support the hire of a degree level CES.
    - Prior Care Coordination funding limited salary to $31,429 per position. The current $35,000 per position rate outlined in the AFA reflected an increase from prior requirements. However, in keeping in mind the desire for agencies to recruit for and retain these critical positions, the Bureau has enhanced the cap per position to $40,000. It is hoped that this will ease concerns and promote the development of Community Engagement efforts statewide.

- How will we maintain a caseload of 20-30 if we only see people for one (1) event? Do you include them on the caseload, if so the caseload will be maxed out quickly?
    - The CES are expected to maintain a rolling caseload of 20-30. Individuals on the CES caseload would need to meet the eligibility guideline of being at risk for, currently hospitalized or recently discharged. It is believed that most of these individuals will require an ongoing relationship with a CES versus one event. It is understood that not all individuals will require intensive services/supports and as such an agency must use discretion based on best practice to guide caseload maximums such that time to support the needs of those identified remains a priority. Agencies are also encouraged to refer to Assertive Community Treatment teams when appropriate due to the intensive level of support needed. Further, those agencies with behavioral health licenses that do not currently operate ACT teams are encouraged to consider the development of a team to support the needs of those individuals requiring more intensive services and to support best utilization of Community Engagement services. It is imperative that the independent CES applicants establish partnerships with their local community based comprehensive behavioral health centers.

- Page 10 of the Community Engagement AFA reads 'pursue West Virginia Peer and Community Certification as applicable.' Will the CES who are not peers be expected to seek out the WV Peer Certification?
    - There are 2 distinct certifications pending release; the Peer Certification and the Community Certification. The CES is encouraged to apply for the Community Certification. The CES will not be a Recovery Coach or Peer Specialist and will therefore not be encouraged to pursue the Peer Certification in this AFA.

- Both the Family/Community Support and Community Engagement AFAs ask applicants to 'describe how you will screen clients for the presence of serious mental illness, substance use, co-occurring or co-existing disorder(s) and use the information obtained from the screening to facilitate appropriate referral to treatment for the persons identified as having such disorders.' Please clarify what is meant by screening?
    - Typically the CES will screen needs/requests on behalf of those engaged with services for referral purposes and as such the individuals condition has already been considered part and parcel to the referral being made. The CES must be trained to recognize signs and symptoms associated with co-occurring and co-existing behavioral health conditions. Upon witnessing such, referral for additional clinical assessments would be made. Applicants are strongly encouraged to explore and implement existing best practice screens to assist the CES in making this determination such as Screening, Brief Intervention and Referral to Treatment (SBIRT). Family/Community Support grantees may opt to be prepared with resource and referral information for individuals who self-identify with a behavioral health disorder.

- Are vehicles allowable equipment for the Community Engagement grant?
    - Agencies will have to determine how best to meet the travel expectations of the CES and note such on the Target Funding Budget and Budget Narrative. Typically, funds to acquire vehicles are considered capital or start-up funding. Capital or start-up budgets must be completed and submitted separate from this AFA submission. Travel expenses such as mileage would be appropriate to include within the current AFA budgeting.

- Are there existing CES personnel in the State?
    - Yes. There are currently Care Coordinator positions funded throughout the state. Funding tied to those positions is the base for this announcement as the program is being restructured and defined through release of this current posted AFA .

- Will the CES be expected to handle any confidential records (i.e discharge records, health records, etc.)?
    - Yes, while assisting in the transition from the community to the hospital and back and given the varying roles/supports that may be needed as they are individually driven. Successful applicants must follow agency guidelines in regards to HIPPA, confidentiality, consents and all other legal policies and procedures.

- What is the required service delivery area for a CES?
    - This is defined by the applicant organization. The Bureau intends to provide coverage for WV's 55 counties with emphasis being placed on those areas of the state with elevated commitment levels. Agencies are encouraged to work collaboratively in all areas of the state to consider the varying needs and special populations that may require support and assistance for the purposes of making application.

- What is your definition of emergent?
    - Emergent needs are needs that are unexpected or require prompt action. An example of this would be an individual coming out of the CSU who needs medication paid for in order to remain stable in the community, but who is not yet enrolled in the indigent pharmacy program and has no other means to support this cost. The CES would pay for the prescription and assist the individual with getting in the pharmacy program.

- Please define the people we would serve with chronic health conditions and long term care needs.
    - Studies have shown that individuals with behavioral health issues often have chronic health conditions such as COPD, diabetes, heart disease. Assisting individuals with getting to their medical appointments is crucial for the CES.

- What constitutes having someone on a CES case load?
    - Individuals who are seriously mentally ill, use substances, are co-occurring or are co-existing who require ongoing and regular community support by a CES to remain stable in the community are those expected to populate caseload.

- What are liability issues? If they are not a client of the agency, where is the consent to treat?
    - It is recommended that consent be obtained to provide the CES services once an individual agrees to enter into a relationship with the CES. If the individual chooses to obtain their psychiatric services from an agency other than the one employing the CES, this is acceptable and the CES services are expected to continue.

- What are the expectations of the currently committed patients? How can we access them?
    - Each individual currently in the hospital has separate and distinct needs. It is the role of the CES to contact the hospitals regarding the individuals currently inpatient to discuss their needs for transition. The hospitals will be contacting the CES with new referrals in their area for individuals who do not have the CES services in place.

- Can our crisis line be the front door for referrals to a CES?
    - Referrals can come from various sources as long as the individual meets eligibility requirements. The hope will be that early identification opportunities will be explored with referral networks established through promotion of the availability of the Community Engagement program.

- Please provide clarification as to the relationship with the AFA for the Family Support Funds?
    - The supplemental funds that Care Coordinator agencies currently manage will now be managed by the successful grantees of the Family and Community Support Program AFA.

- Can you recommend an evidence based practice for this AFA?
    - Individual and family input regarding funding needs and delivery of service are best practice. Please refer to SAMHSA's National Registry of Evidence-based Programs and Practices (http://www.nrepp.samhsa.gov/Index.aspx) for more evidence based practices.

- Are indirect expenses included in the overall position funding ($35,000/$40,000) or is it in addition to that amount?
    - Indirect expenses will be separate from the overall position funding. Indirect and position funding should be specifically identified in the Target Funding Budget and Budget Narrative. submitted with the proposal.

- Where can I locate information regarding the rate of commitments by county? What counties in WV are considered "high commitment" areas?
    - Please see the table on the last page of this document for county level data.

- Have the care coordination funding been replaced by these two funding streams (AFA 12-2014-IDD Family and Community Support Program and AFA 13-2014-AMH Community Engagement)?
    - Yes. The Community Engagement grant will fund the positions and the Family and Community Support grant will fund the management of the supplemental funds.

- If we missed the deadline for the letter of intent which was April 30, can we still submit the grant?
    - Yes.

- The proposed AFA grant applications for Community Support and Community Engagement encourage and promote collaboration with agencies and support services. My question is about the collaboration between an I/DD agency and a MH/SA agency in the grant application process. Could two agencies join together to apply for the grant funding so that each agency could provide their expertise under this proposed grant? These agencies could meet the requirements of the proposal and work together as well as with the community services in the region. If this is possible, would this collaboration be submitted under one grant application with one agency taking the lead role?

    - The focus of these grants is somewhat different. **Family & Community Support Program** grantees will develop and staff regional infrastructure to respond to unmet needs of the target populations. Successful grantees may collaborate to develop and implement the Family and Community Support Program, as long as there is one clearly identified grantee who is fiscally accountable and can assure accurate reporting of activities and outcomes.

      The **Community Engagement Specialist** grant supports the hiring of Community Engagement Specialists (CES) who will provide, promote, and broker access for services/supports. Successful grantees must be prepared to provide services to all eligible individuals living in the proposed county/counties. This will ensure that all individuals have access to valuable and necessary supports to live in the community of their choice. Agencies may partner together in submitting a proposal to ensure all populations are served in the county/counties.

      We do not envision consolidation of the two grants into a single proposal.

- The answer to a previously submitted FAQ states the current Family Support Program grantees and Care Coordination grantees will have their grants extended through October 31, 2014 to permit adequate planning time for new grantees to begin services effective November 1, 2014. Will current grantees be awarded additional funding to cover the additional 4 months they're expected to provide services?

    - Yes. Current Care Coordination and Family Support Program grantees will be invited to participate in conference calls the week of May 26 to discuss the four-month extension.

      Along with the SFY 2014 Grant agreement extension, BBHHF will award current providers up to 33.33% (4 months/12) of their SFY 2014 allocation for continuation of the program through the October 31, 2014 date. Any potential reductions would be based on prior and current (SFY 2014) years spending levels.

- Can you tell me if there is an issue with the Proposal Assurance Statement form linked to at the http://www.dhhr.wv.gov/bhhf/AFA/Pages/default.aspx website? I am not able to fill in any of the blank areas on the form when opening the page either on the web or after downloading the page to my computer – can you tell me if there is an error with the form or if there is some other process I should use [such as hand lettering] to complete this requirement as part of our application for AFA 13-2014 AMH?
    - The Statement of Assurance is not a fillable form. Please print, complete, sign and scan the form for inclusion with your application. The required Statement of Assurance form is available at http://www.dhhr.wv.gov/bhhf/AFA/Documents/AFA%20Assurance%20Statement.pdf

- Is there any word on when we can expect a response to our questions? Also, is there any mechanism for informing applicants of a response to their questions?
    - Questions submitted to the AFA mailbox are answered within 1 -2 business days. Frequently Asked Questions are posted on the BBHHF website for any applicant to review. No direct correspondence can occur between BBHHF and an applicant while the AFA in question is open for proposals. If you have submitted a question, please monitor the FAQ section of the AFA.

- We currently have Care Coordinator funds and Supplemental funds for client needs. In this new application we will be doing a budget for the CES personnel and program costs but I am confused as to the supplemental funds. I understand that the Family & Community Support Program will now be in charge of all supplemental funds so how would we receive funds for CES client expenses? Who and when do we do a budget for our CES clients supplemental funds? We do not know who currently receives fund for the Family & Community Support in our region and how would they know how much supplemental funds we will need? Please clarify.
    - As soon as the grant awards are announced, BBHHF will schedule another Technical Assistance meeting to encourage grantees to meet and become familiar with each other's proposals. CES grantees can reach out to their regional Family and Community Support grantee(s) to discuss the process of accessing CES Supplemental Funds. There is a four-month window between the grant awards (late June) and grant start date (November 1) to allow time for communication and planning among the grantees. Because this is a new process for everyone, BBHHF staff are available to meet locally with grantees and facilitate the transition.

- Will the budget year be November 1, 2014-November 1, 2015 or November 1, 2014-June 30, 2015?
    - The grant will be November 1, 2014-June 30, 2015.

- Since a memorandum of understanding is a contract between two people would letters of support be alright to use and then if we get the grant we would get the memorandums of understanding.
    - A Letter of Support is a communication from a community member that expresses awareness and support of the would-be-grantee's efforts to obtain funding for a needed service. A Memorandum of Understanding (MOU) is an agreement of commitment between 2 or more parties who are willing to engage in a partnership to serve identified populations. The MOU clearly outlines the expectations, roles, and responsibilities of both parties. While letters of support are useful they do not typically provide for the level of detail that is sought in the MOU. As such, proposals submitted with completed MOUs to verify partnerships in the community will be viewed more favorably than those with letters of support committing to the eventual development of the MOU.

- Can we combine our Letter of support with MOU's or do they have to be separate documents?
    - The Letter of Support and Memorandum of Understanding are 2 distinct documents which speak to very different intentions. In order to present a clear picture to a review team that both types of required documents are present in a proposal, we recommend that you not combine the documents.

- In section C of the application, we are asked to complete a 12-month timeline for our program. However, the FAQ for this program also notes that BBHHF expects to extend existing ICC programs and that Community Engagement Specialists are not expected to begin providing services before November 1. Does this mean any additional staff positions or new hires who will serve as Community Engagement Specialists can be hired and start work before Nov. 1, 2014?
    - No. FY 2015 Community Engagement Funds will not be available until November 1, 2014.

- Are costs such as training and orientation eligible expenses under the "start-up costs" aspect detailed on page 3 of the AFA?
    - Orientation is an agency specific training that all new employees are subject to and should not be included in this proposal. Specific CES training expenses can be built into the operational Target Funded Budget and Budget Narrative for the program.

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    - No. The abstract is separate from the proposal narrative.

	FY2009-2010		FY2010-2011		FY2011-2012		FY2012-2013		FY2009-2013	
County of Residence	**# admissions**	**Rate per 10,000 population**	**# admissions**	**Rate per 10,000 population**	**# admissions**	**Rate per 10,000 population**	**# admissions**	**Rate per 10,000 population**	**4 Year Total Number of Commitments**	**4 Year Average Number of Commitements**
Region 1	343		383		368		328		**1422**	**355.5**
Brooke County	10	4.1	17	7.1	23	9.6	28	11.7	78	19.5
Hancock County	16	5.2	27	8.8	21	6.9	42	13.9	106	26.5
Marshall County	71	21.4	79	23.9	68	20.7	63	19.3	281	70.25
Ohio County	181	40.8	197	44.3	197	44.6	144	32.7	719	179.75
Wetzel County	65	39.2	63	38	59	35.9	51	31.1	238	59.5
Region 2	121		113		114		103		**451**	**112.8**
Berkeley County	39	3.8	44	4.2	52	4.9	42	3.9	177	44.25
Grant County	13	10.9	7	5.9	9	7.5	7	5.9	36	9
Hampshire County	6	2.5	13	5.4	11	4.6	6	2.5	36	9
Hardy County	15	10.8	6	4.3	7	5	7	5	35	8.75
Jefferson County	18	3.4	19	3.5	20	3.7	25	4.6	82	20.5
Mineral County	18	6.4	14	5	9	3.2	9	3.2	50	12.5
Morgan County	5	2.8	3	1.7	2	1.1	7	4	17	4.25
Pendleton County	7	9.1	7	9.1	4	5.3	0	0	18	4.5
Region 3	419		399		346		370		**1534**	**383.5**
Calhoun County	2	2.6	7	9.2	10	13.1	2	2.6	21	5.25
Jackson County	28	9.6	38	13	30	10.2	40	13.7	136	34
Pleasants County	6	7.8	6	7.9	7	9.2	6	7.9	25	6.25
Ritchie County	24	22.9	16	15.4	10	9.7	6	5.9	56	14
Roane County	22	14.7	22	14.8	13	8.8	25	17	82	20.5
Tyler County	7	7.6	4	4.4	15	16.5	14	15.5	40	10
Wirt County	17	29.8	9	15.7	10	17.2	7	12	43	10.75
Wood County	313	36	297	34.1	251	28.9	270	31.1	1131	282.75
Region 4	524		536		498		466		**2024**	**506**
Barbour County	11	6.7	30	18.1	14	8.5	22	13.3	77	19.25
Braxton County	13	9	12	8.3	17	11.7	8	5.5	50	12.5
Doddridge County	9	11.1	10	12.2	8	9.8	17	20.8	44	11
Gilmer County	9	10.6	4	4.6	11	12.6	6	6.9	30	7.5
Harrison County	113	16.4	112	16.2	124	17.9	95	13.7	444	111
Lewis County	41	25	30	18.3	28	17.1	48	29.3	147	36.75
Marion County	107	19	116	20.5	121	21.4	100	17.6	444	111
Monongalia County	127	13.5	115	11.9	97	9.8	99	9.9	438	109.5
Preston County	26	7.8	28	8.3	27	8	28	8.3	109	27.25
Randolph County	12	4.1	31	10.6	24	8.2	22	7.5	89	22.25
Taylor County	30	17.8	20	11.8	10	5.9	9	5.3	69	17.25
Tucker County	13	18.1	5	7	4	5.6	4	5.7	26	6.5
Upshur County	13	5.4	23	9.5	13	5.4	8	3.3	57	14.25
Region 5	**1098**		**1115**		**1425**		**1185**		**4823**	**1205.75**
Boone County	11	4.4	33	13.4	62	25.3	41	16.7	147	36.75
Cabell County	133	13.8	210	21.8	297	30.7	319	32.9	959	239.75
Clay County	6	6.3	4	4.3	15	16	11	11.8	36	9
Kanawha County	568	29.4	505	26.2	660	34.4	495	25.8	2228	557
Lincoln County	61	28	52	24	40	18.5	39	18	192	48
Logan County	99	27	70	19.1	111	30.5	92	25.4	372	93
Mason County	69	25.3	82	30	94	34.4	56	20.6	301	75.25
Mingo County	43	16	51	19	38	14.3	24	9.2	156	39
Putnam County	60	10.9	52	9.4	50	8.9	37	6.6	199	49.75
Wayne County	48	11.3	56	13.2	58	13.8	71	17	233	58.25
Region 6	**417**		**377**		**401**		**318**		**1513**	**378.25**
Fayette County	58	12.6	48	10.4	46	10	36	7.8	188	47
Greenbrier County	52	14.7	68	19.1	62	17.4	39	10.9	221	55.25
McDowell County	19	8.5	21	9.5	26	12	28	13.1	94	23.5
Mercer County	78	12.5	51	8.2	62	9.9	48	7.7	239	59.75
Monroe County	11	8.1	11	8.2	14	10.3	2	1.5	38	9.5
Nicholas County	39	14.9	16	6.1	22	8.4	18	6.9	95	23.75
Pocahontas County	14	16	22	25.3	28	31.8	32	36.8	96	24
Raleigh County	106	13.5	102	12.9	116	14.6	90	11.4	414	103.5
Summers County	13	9.4	5	3.6	7	5.1	2	1.5	27	6.75
Webster County	2	2.2	8	8.7	5	5.5	3	3.3	18	4.5
Wyoming County	25	10.5	25	10.5	13	5.5	20	8.6	83	20.75
Unknown County or Out of State	490		333		153		102		1078	
Total	**3412**		**3256**		**3305**		**2872**		**12845**	