



**Addendum to RFA for School Based Mental Health Services
Q and A
December 16, 2021**

1. How should we submit the first year budget since services will be beginning halfway in to the federal fiscal year? Should we do the reduction or will DBHDS do that?
Answer: Applicants should submit the reduced budget for the first year. Years 2-4 should be the same amount and at the full budget.
2. Can we allow for start-up costs in the first year budget?
Answer: Yes
3. If we already have a school based program established can we still apply by expanding the services and can it occur in the same school?
Answer: Yes, but you must clearly explain how the service is not duplicating or supplanting what you are already doing. Funding can expand an existing program or service.
4. Should the school commitment letter come from the Superintendent or from the Principal?
Answer: The letter should be from the Superintendent if you are serving multiple schools or it may be from the Superintendent or the Principal if only serving one school.
5. Could the grant cover students that are not covered by Medicaid? The agency would need to track the individuals and let DBHDS know which students are covered by Medicaid vs. those that are not. Grant funding can cover indigent or uninsured populations
6. Can we bill Medicaid and use grant funds for the same youth?
Answer: No, if you are billing the same service to the youth. However, if the child is receiving a Medicaid covered service (ex: Targeted Case Management) and is also receiving a specialized service not covered under Medicaid, then grant funds can be used for the non-Medicaid funded service. These funds which are Mental Health Block Grant dollars are the payor of last resort. Additionally, youth can receive a grant funded short-term brief service not covered by Medicaid and then transition to services outside the school setting that are covered by Medicaid and/or other funding. At that point, grant funding would no longer be used to support that individual. Grant funds can also be used to screen youth for services that may end up in a referral to services covered by Medicaid.
7. For sustainability purposes can we bill Medicaid for services such as therapy where the Medicaid rate is not fully sustainable? Can we offset that through the use of grant funds?
Answer: No that would be considered supplanting funds.
8. Can the population of focus include youth with co-occurring disorders?

Answer: Yes, as long as the youth meets the SAMHSA definition of Serious Emotional Disturbance which is youth up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the Diagnostic and Statistical Manual of Mental Disorders).

9. What are the staff qualifications for these funds?

Answer: It depends on the service or services you are proposing. You must follow the requirements related to Scope of Work for various licenses set forth by the Department of Health Professions and other state regulatory bodies. We can't offer any exceptions to Scope of Work.

10. Can we partner with other stakeholder groups/organizations beyond the schools for this grant?

Answer: Yes, as long as you are partnering with at least one school system. The purpose of the grant funds is to provide and expand school-based mental health services related to the COVID 19 pandemic, however partnerships are welcomed.

11. As far as the DLA-20 tool is concerned, since the first year is short would we still collect this information given that the school year will be over prior to the due date of September 30, 2021? I assume we would do it at the end of the school year, is that correct?

Answer: Yes, that is correct. You would still need to turn in the DLA-20 for the first six months of the grant even though the school year ends prior to September 30, 2021. The DLA-20 should be completed for each youth receiving services initial (at service onset), at 6 months after service begins, and at discharge from services.

12. Can we provide an Evidence Based Practice like Parent Child Interaction Therapy (PCIT) that is not reimbursed through Medicaid with grant funds since the Medicaid rate does not reimburse enough to cover PCIT?

Answer: These funds cannot be used to supplant existing funding streams. Currently, PCIT is an outpatient service that is a covered service under Medicaid

13. With regard to Evidence Based Practices, how specific should we be? For example Trauma Focused Cognitive Behavioral Therapy (TF-CBT) may be 60-90 minutes and that may not be feasible in a school setting. In the grant application, do we need to talk about how we plan to use the Evidence Based Practice in the school setting?

Answer: Yes, please be as specific as possible in your explanation of service that you plan to provide and how the specific service or intervention lends itself to being done in a school-based setting.

14. Can we email you any questions after this meeting if we have them?

Answer: No further questions will be answered after the Pre-Application Meeting on December 15 so that everyone receives the same information. An Addendum to the RFA will be emailed out with the Questions and Answers from the Pre-Application Meetings using the contact lists we have for CSBs and private providers. We will also post the Addendum to the DBHDS website.

15. Will jurisdictions that don't already have school-based services and have identified needs be prioritized?

Answer: We did not stipulate this in the RFA. Funding decisions will be based on the quality of the applications. This will take into consideration the need, data to support the

specific services and populations served in the community, and how well this is demonstrated in the applications. Funding cannot be used to supplant existing funding or programs, but could be used to expand existing programming.

16. Since the RFA says we must use a functional assessment tool, can that be the DLA-20?

Answer: Yes, the DLA-20 will be required by all entities receiving funding

17. Can we build the need for annual raises in to our budgets?

Answer: Yes, but you will need to make the total budget the same for each year other than the first year. You cannot have a different budget amount for each year of the grant other than the first year which is an abbreviated year. Additionally, the raise should match your local city or county policies and procedures. You would not be allowed to offer a raise that is above these policies.

18. Can we serve youth at risk of Serious Emotional Disturbance? Answer: The federal definition of Serious Emotional Disturbance states that these funds can be used for “persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM).” Therefore, if the youth can’t be determined to have a diagnosis of serious emotional disturbance at the time of services then they would not qualify to receive the grant funded services.

19. Can we structure a proposal that could potentially offer two projects, one that could be funded at a higher amount and then one that could be funded at a lower amount? In other words we would be willing to propose a smaller project if our larger budgeted project could not be funded. Answer: We would need to see explanations of both projects in the scored sections of the application as well as two budgets. Additionally, the budgets will not be scored but cannot exceed the maximum of \$340,000 per budget.

20. Can the services be provided outside of the regular school day, such as just after school or before school?

Answer: Yes services must be provided at the school, though unless the LEA prefers the services do not occur on-site (i.e. space issues).

21. Can start-up costs be used for training on Evidence Based Practices?

Answer: Yes

22. Can we use clinicians to provide services to students at a larger number of schools who meet the SED criteria through telehealth, i.e. if there are no referrals at the original school? You would need to get commitment letters from all schools that participate and explain in detail how the telehealth will be used.

23. If we are not awarded or determine we want to do this but can’t apply this year, will there be another opportunity within the 4 year period or would we have to wait and see if funds continue beyond the 4 years?

Answer: We are not aware of additional funding at this time.

24. If there is an alternative school site that is partnering with county schools could that be a viable partner? Could we provide services at the alternative school?

Answer: Yes

25. Are youth with co-occurring substance use disorders eligible?

Answer: Yes

26. Are the services required to take place at the school building?

Answer: It is expected that they take place at the school, unless the school does not want the provider there. If services are not provided in the school based on the schools decision it will need to be clearly explained in the application as to why.

27. Can the clinician that is providing the service be the one that provides the Serious Emotional Disturbance diagnosis?

Answer: Yes, the clinician can provide the diagnosis based on screening and assessment of the youth. However, the diagnosis must come from a clinician (ex: LMHP or LMHP-E) that is licensed or licensed eligible under the appropriate supervision in Virginia to provide mental health diagnoses.

28. Is the service delivery model for the grant funds completely direct service or would case management be acceptable?

Answer: We would like for the service to be evidenced based. You will score higher if you provide an evidence based practice. However, case management services may be appropriate based on the demonstrated need at the school.