

Request for Subrecipient Proposals

# Equity at Intercept 0 Initiative

Community Mental Health Services Block Grant

Division of Community Services

Project period: November 2021- February 2023

# Aim

*To ensure that equity is a central consideration in the planning, development, oversight, and evaluation of Virginia's Crisis System Transformation*

## Background

Virginia has a number of investments and initiatives currently in development to create a comprehensive statewide behavioral health crisis system. These include implementation of 9-8-8 at a federal level, DOJ Settlement Agreement and development of REACH services, STEP-Virginia Crisis Services, BRAVO Medicaid rate enhancements, ET3 program through CMS and the Marcus Alert. The Equity at Intercept 0 Initiative, otherwise known heretofore as "Intercept 0", was developed as part of the Virginia state plan for the implementation of the Marcus-David Peters Act. Intercept 0 is based on stakeholder input regarding the need to focus on building culturally competent, easily accessible, recovery oriented, and trauma informed crisis services as essential to changing the quantity or quality of law enforcement involvement with behavioral health crisis response.

Intercept 0 is a reference to the Sequential Intercept Model that indicates different intercept points where resources can be targeted to decrease the involvement of individuals with behavioral health disorders in the criminal justice system. Although the original model began with Intercept 1, the concept of Intercept 0 was later added to the model and refers to appropriate community based behavioral health services. In other words, robust and culturally competent behavioral health services are the "ultimate intercept" and include preventive and early intervention behavioral health services, including crisis planning, Wellness Recovery Action Plan (WRAP) planning, housing stabilization/access, food security/ancillary basic needs, and other arrangements to identify and intervene in crises proactively. Unfortunately, in addition to racial disparities in law enforcement engagement and outcomes, there are also verified health disparities in access to behavioral health care and the behavioral health system, including racial disparities. Thus, the success of the implementation of the Act relies on significant effort to increase access to behavioral health crisis supports and ensure that those behavioral health crisis supports are culturally informed and providing crisis services that are responsive to individual and family context.

The crisis continuum is currently being built with attention to the crucial roles of community services boards and existing code mandates and private crisis providers alike. The vision for the future crisis continuum includes a community-based network of supports provided through mental health professionals, peer recovery specialists, chaplaincy, and natural family resources that are close-knit into local communities to promote cultural congruence and timely response. A primary goal in this work is to achieve *24/7 coverage statewide with high quality two-person teams able to respond and provide crisis intervention within approximately one hour* and coordinate follow up stabilization services and/or linkages to longer term services. In order to achieve this goal, regional mobile crisis hubs will need to partner with private behavioral health providers and other service entities such as peer recovery providers and training or academic institutions. Creating a thriving network of behavioral health focused crisis supports that meets the needs of all Virginians is a complex endeavor that requires cooperation, planning, setting shared goals and visions, working through complicated arrangements, and a commitment to ongoing quality improvement and community input across sectors. With new crisis definitions and rates beginning December, 2021, it is imperative that structures and partnerships are explicitly defined and supported that include equity as a central component of infrastructure development and service delivery.

## Eligible Applicants

Applications will be accepted from licensed providers of behavioral health services in Virginia, community-serving agencies providing ancillary supports related to behavioral health, advocacy or other social change organizations in areas of behavioral health, disability justice, racial or social justice, or other related areas, and academic institutions. Youth focused projects as well as adult focused projects are encouraged. Applicants will self-identify the extent to which their project and/or agency is Black-led, more broadly Black, Indigenous, and People of Color (BIPOC)- led (inclusive of specific groups within BIPOC community, for example, Latinx-led), and/or peer led based on the extent to which board membership, executive leadership, staff leadership, and project leadership (in context of sufficient structural autonomy and authority, e.g., director or manager level; assistant to full professor) of the organization is comprised of individuals who identify as Black, BIPOC, or having lived experience (mental health, developmental disabilities, or substance use).

## Scope

There are seven identified goals of the initiative. Successfully funded projects will address one or more of these goals. All entities funded will be considered subrecipients of the Community Mental Health Services Block Grant and will enter into subrecipient funding agreements with DBHDS. In other words, the projects are expected to provide direct benefit to the community and crisis service system- as opposed to providing a good or service for DBHDS.

The seven goals are:

1. Support mutually beneficial partnerships between the public crisis call centers/hubs and community based crisis providers to build public and private capacity for culturally competent response options to achieve statewide 24/7 coverage
2. Create pathways to participation in the statewide crisis response system for Black owned/led, BIPOC owned/led, and peer owned/led crisis service businesses
3. Create training and career pathways to participation in the statewide crisis response system for behavioral health academic training programs, with a focus on Historically Black Colleges and University (HBCU)-based programs
4. Provide professional development and supports for crisis service training with a focus on anti-racism, disability justice, and language access, for both public and private crisis providers
5. Analyze race-based and other health disparities in crisis services in Virginia and provide yearly recommendations for strategies to increase access and decrease disparities
6. Cultivate and define a state-wide Black-led crisis coalition for ongoing engagement with Marcus Alert implementation and the broader crisis system transformation
7. Support the development of additional projects ensuring that equity is a central consideration in planning, oversight, and evaluation of the success of the Marcus Alert system

# Project Types

Approximately six total projects will be funded, as described below. One statewide coalition lead will be identified (Category 3 below), and the remaining projects will be Partnership Projects and Single Entity Projects (Categories 1 and 2 below).

## (1) Partnership Project

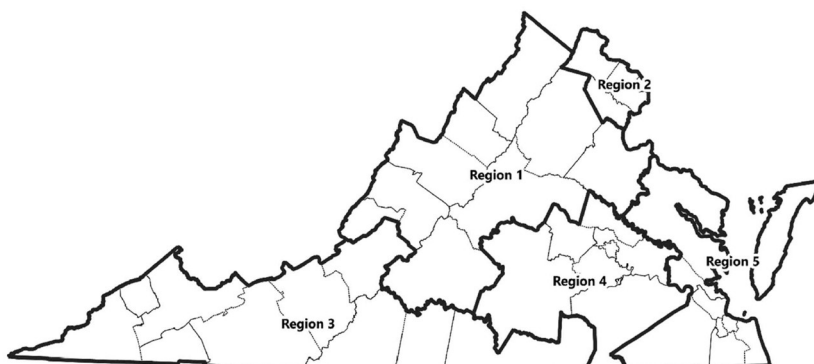
Partnership projects focus on planning and design for the delivery of crisis services in the community, including statewide training and utilizing the statewide data platform. The partnership represents a partnership between a community provider or group of community providers of crisis services (who accepts Medicaid and/or provides care for the uninsured or provides a clinical training function) and a regional mobile crisis hub in the Community Services Board system (see list of contacts below and attached description). The overall purpose of partnership projects is to fund time, staff, and other needs required for successful collaboration and planning for sustainable agreements that are:

- mutually acceptable, with benefits and risks balanced across partners and aligned with strengths of each partner
- community oriented, with structures and processes designed with an overarching focus on providing high quality services to community members in crisis, with a focus on the needs of historically marginalized groups
- efficient and sustainable, with arrangements designed to limit additional paperwork burden, additional costs, protections for partnerships to thrive such as conflict resolution procedures, and sustainable for both partners as it relates to payment or reimbursement structures.

The grant period should be conceptualized as a planning, design, and initial implementation period, depending on the scope of the project. It is not expected that the designed structure is executed during the grant period, but all relevant details should be addressed and attended to during the grant period so that the designed structures would be ready to launch by the end of the period. Some example goals for successfully funded partnership projects would include 1) determining most efficient and mutually agreeable mechanisms for agreements regarding provision of crisis services dispatched through regional call centers; 2) designing mutually beneficial structures and strategies to engage in cross-sector quality improvement, ongoing provider development (including ensuring all providers access the state training), 3) mutually beneficial arrangements regarding flow of payment/reimbursement for service provision, such as separate agency billing and/or a regional reimbursement structure, 4) designing and developing regional infrastructure for partnerships (based around a regional mobile crisis hub).

To submit an application for a partnership project, please contact the appropriate person listed below. Mobile crisis hubs are not pre-approving the details of the project, rather there would be a general agreement that both parties would engage in the partnership if it were successfully funded. Each partner may submit their own budget up to \$150,000 for project costs (total project across both entities budget limit \$300,000).

For some regions, hubs are still being developed and fully conceptualized so the board listed may simply be the fiscal agent for the developing call center- they will direct you to the right person for your idea.



The following data sources were used to generate this map: U.S. Census Bureau TIGER/Line 2019 shapefiles for the U.S. and its coastline.

Region 1: Region 10 Community Services Board: Kristen Chesser [Kristen.chesser@regionten.org](mailto:Kristen.chesser@regionten.org)

Region 2: Fairfax-Falls Church Community Services Board: Randy Buckland [randy.buckland@fairfaxcounty.gov](mailto:randy.buckland@fairfaxcounty.gov)

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

Region 4: Richmond Behavioral Health Authority: Amy Erb [erba@rbha.org](mailto:erba@rbha.org)

Region 5: Western Tidewater Community Services Board: Brandon Rodgers [brodgers@wtcsb.org](mailto:brodgers@wtcsb.org)  
Virginia Beach Community Services Board (sub-hub): James R. Thornton [JThornto@vb.gov](mailto:JThornto@vb.gov)  
Middle Peninsula/Northern-Neck Community Services Board (sub hub): Joanne Brown [jbrown@mpnn.state.va.us](mailto:jbrown@mpnn.state.va.us)

For statewide partnership projects, contact the Virginia Association of Community Services Boards (VACSB), Jennifer Faison: [jfaison@vacsb.org](mailto:jfaison@vacsb.org)

Examples of partnership projects:

- Private-public partnership to integrate private providers as an option for initial dispatch/community response
- Private-public partnership to coordinate with private providers to provide stabilization services (post-initial 72 hours)
- Planning partnership to replicate or expand a successful neighborhood or faith based pilot project
- Private-public partnerships related to other aspects of the crisis continuum (23 hour observation, crisis stabilization unit, peer centers)
- Academic-community partnerships for trainees/practicum-level providers to provide supervised crisis services should be designed as partnership
- Private-public partnership to develop sustainable regional structures for ongoing Intercept 0 development (regional structure development would expect to set goals within multiple areas)

of goals, but the regional structure itself and authorities within would be the purpose of the proposal. Larger regional structures should consider broader partnerships including hospitals and/or Managed Care Organizations)

## (2) Single Entity Project

Single entity projects represent projects that contribute to the aim and goals of this initiative but do not directly relate to the operation/direct delivery of the described crisis services. Single entity projects will still include collaboration with CSB partners, but in a more general sense. The work itself would be done by the applicant and would not require significant staff time of CSB partners (e.g., more than a single hour long meeting per month or quarter). Single entity projects may be designed for statewide, regional, or community-level impact. It is expected that data and what is learned from the project will be shared with DBHDS and other state, local, and community partners. Some support service focused projects (for example, peer center) could be conceptualized as a partnership or a single entity project, it will depend on the level of engagement needed for success. Ancillary support service-focused projects may be conceptualized as partnerships or single entity projects, depending on the scope. The examples listed below are for demonstration only, we seek any proposals that meet the described aims and goals. Single entities may submit their own budget up to \$150,000 for project costs.

### Examples of single entity projects:

- Workforce-focused projects, such as a workforce development pipeline with a HBCU behavioral health program
- Research and analysis projects, such as an in-depth study of the experiences of individuals serviced by the crisis system during the initial years of implementation;
- Language access statewide infrastructure planning and development
- Family support partner, chaplaincy support, or other community-based support planning and development (e.g., identifying sustainable structures for delivery of such supports)

## (3) Statewide Coalition Development

In addition to the development of 5 projects, partnerships, or networks across the state, we seek proposals for one entity to develop a statewide Black-led Crisis Coalition. Black leadership is required because a focus on intersection of historic trauma between Black community and law enforcement and behavioral healthcare system is a required focus of the coalition. A crisis coalition that includes broad leadership consistent with the Equity at Intercept 0 priorities (Black-led, BIPOC-led, peer-led) with broadly inclusive membership (all individuals or agencies embracing the values of the coalition can be members) is preferred. The Crisis Coalition is expected to focus on Intercept 0 (i.e., community based crisis services) development but will also be involved in broader aspects of the Marcus Alert which includes law enforcement components. The successful applicant will outline the planning and work to be completed during the grant period to mobilize community members and create a sustainable, equitable, and active coalition (including a specific focus on those who are impacted at the intersections of the Marcus Alert; behavioral health, race and ethnicity, and law enforcement). It is expected that the Crisis Coalition will engage and collaborate with the 5 projects that are ultimately funded through this RFP, focus on strategies and recommendations at Intercept 0, and also provide input, feedback, and continuous engagement with the development of the

crisis system and the Marcus Alert. Budget for statewide coalition development may request up to \$110,000 in project costs.

## Permissible use of funds

- Staff time
- Contracts or consulting services
- Internships and community engagement (both should be appropriately compensated)
- Supplies and equipment

Indirect costs, or those Facilities and Administration costs that are not tied directly to the project must be 10% or below. Administrative costs specifically devoted to the project (e.g., program administrator salary) are considered direct costs. Startup costs should be limited to 15% of the grant budget, unless there is a specific reason the success of the project requires a high amount at start-up (first payment). 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. Any single purchase over \$5,000 may need specific approval.

## Proposal Guidelines

Proposals are due by September 6, 2021. Funding decisions will be communicated on or before September 20<sup>th</sup>, 2021. Completed applications include Sections A-C (under 8 pages total), and Section D for partnership proposals as well as separate budget(s) and narrative.

Section A: Clearly identify the proposal as a Partnership Project, Single Entity Project, or proposal for Statewide Coalition Development. Describe the need the proposal will address, and how the project will address the need as it relates to the seven goals and overall aim of this initiative. For coalition development proposals, provide your vision for the role of a Statewide Crisis Coalition and how the proposal will develop a coalition.

Section B: Describe how this initial funding will be utilized to meet the goals of the initiative, including expected activities supported during the grant period. If further funding was not available, or a lesser amount of funding was available in the future, what positive impact would your project have had on the community and/or crisis system?

Section C: Describe the extent to which your proposal is Black-led, BIPOC-led, and/or peer-led.

Section D (Partnership proposals only): acknowledgment of knowledge of the application by relevant CSB partners. A letter of support is recommended but not required.

Budget: Include a line-item budget for one-time costs. A 12 or 14 month budget is recommended, with the project beginning between November, 2021 and February, 2022 and running through February, 2023. 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 Friday August 6<sup>th</sup> at 9am-10am, 11am-12n, and 4pm-5pm (the same material will be discussed at each session). The

session will occur via Zoom: <https://dbhds.zoomgov.com/j/1601944597> password: Virginia1! Questions can be submitted to [marcusalert@dbhds.virginia.gov](mailto:marcusalert@dbhds.virginia.gov). No questions will be answered after the deadline. Do not contact any other Virginia DBHDS staff member directly with questions regarding this RFP, please use the Marcus Alert inbox.

Submit sections A-D and budget proposal with narrative to [marcusalert@dbhds.virginia.gov](mailto:marcusalert@dbhds.virginia.gov) by September 1, 2021 11:59 PM for consideration. No faxed or mailed applications will be accepted.

## Review Criteria

The applications will be reviewed by a panel at DBHDS. Points will be assigned and final awards will be based on points, distribution of highest scored projects across the state, and distribution of highest scored projects across partnership projects/single entity projects.

### Review Criteria for Partnership and Single Entity Projects

Up to 10 points regarding the level or criticality of the need identified

Up to 10 points regarding the fit between the need identified and the project proposed

Up to 10 points regarding the ability of the applicant/agency to execute the project proposed to meet the need

Up to 7 points regarding appropriateness and value of deliverables based on budget requested

Up to 10 points regarding Section C requirements (Note: at least 5 points in this category is required for award. Scores under 5 indicate projects that are not clearly Black-led, BIPOC-led, or peer led, or authority and autonomy for decision making is not clear).

Up to 10 points regarding Section D requirements (partnership proposals only) representing the feasibility, strength and readiness for partnership.

### Review Criteria for Statewide Coalition Development

Up to 15 points regarding the fit between the vision for the coalition and the goals of this initiative

Up to 15 points regarding the ability of the applicant to develop a coalition (including experience in coalition development)

Up to 10 points regarding appropriateness and value of deliverables based on budget requested

Up to 10 points regarding Section C requirements (Note: at least 5 points in this category is required for award. Scores under 5 indicate projects that are not clearly Black-led or authority and autonomy for decision making is not clear) A score of 10 indicates a coalition that is both Black-led and peer-led with broader leadership inclusive of Indigenous Virginians and other Virginians of Color (Latinx Virginians, Asian Virginians, others).

## Reporting

Reporting requirements will be detailed as part of the subrecipient funding agreement process. Monthly updates, detailed invoices, and two more comprehensive reports and an end of project public presentation (one mid-project and one end-of-project) will be required.