



It Takes a Village: **Partnerships for Improved Maternal Mental Health**

A special initiative of the Virginia Health Care Foundation made possible through the generous support of the Virginia General Assembly.

EXECUTIVE SUMMARY

The Virginia Health Care Foundation (VHCF) is delighted to launch *It Takes a Village* (ITAV), a one-year pilot **multi-pronged initiative** to expand access to mental health services for pregnant and postpartum Virginians living in Maternal Health Deserts, Low Access localities and/or low-income communities.

ITAV includes the grants outlined in this application, which will support community-based nonprofit organizations delivering behavioral health (BH) services through licensed or pre-licensed professionals, both in-person and virtually, to the target population. In addition, ITAV has two complementary components:

- **Workforce development opportunities** to strengthen the capacity of perinatal support organizations and community partners. VHCF will provide resources to participate in BH training programs designed to equip providers with the knowledge and skills to address the mental health needs of pregnant and postpartum Virginians.
- **Community education** to raise awareness and support around perinatal mental health. These will include dedicated mental health roundtables focused on maternal health, publication of helpful resources on VHCF's Behavioral Health Hub (which reaches 1,000 health care professionals across Virginia), and distribution through VHCF newsletters.

ITAV aims to engage and build upon the resources and networks working statewide to improve access to BH services for pregnant and postpartum Virginians by connecting BH providers with referring organizations that serve the targeted population.

ITAV GRANTS

This is an **invitation-only funding opportunity** for organizations that have been specifically identified as having the organizational capability to provide maternal mental health services to the target population with rapid implementation and who meet the requirements established in Virginia's 2025 Budget Bill (HB1600), Item 279 #4c.

VHCF has prepared a streamlined application and process to enable applicants to efficiently provide needed information while meeting the timeline requirements to begin program implementation upon notice of award. [Electronic applications are due by July 11, 2025 at 11:59 pm.](#)

Key Program Elements:

- One-year grants with **no** match or sustainability requirements
 - The referenced budget bill makes \$500,000 available for *ITAV* grants
- Fund licensed or pre-licensed BH professionals
- Referrals to *ITAV* grantees from perinatal partners throughout the state
- Provide BH services via telehealth, with an in-person option available
- Serve pregnant and postpartum Virginians living in Maternal Health Deserts, Low Access localities and low-income communities
- Ability to obtain Medicaid reimbursement for BH services

Note: Grantees may apply for a VHCF Health Access grant for 2 additional years of funding after *ITAV* funding concludes.

PROGRAM BACKGROUND

The Challenge:

Virginia has significant gaps in maternal mental health services:

- 50 localities (38%) are designated Maternal Health Deserts (MHDs) with no obstetric (OB) providers
- 5 additional localities are designated as Low Access (<60 OB providers)
- About one-third of pregnant and postpartum Virginians are Medicaid members, with larger proportions of pregnant and postpartum Medicaid members in many in MHDs
- Many MHDs and Low Access localities lack BH professionals who accept Medicaid and/or specialize in perinatal care
- 1,500-2,500+ pregnant/postpartum Virginians in living Maternal Health Deserts experience mental health conditions annually

As a result, it is challenging to identify therapists who are accepting new clients, especially those with expertise serving pregnant and postpartum Virginians, those living in rural communities and/or therapists that accept Medicaid.

Why It Matters:

Mental health conditions are the leading cause of maternal mortality or pregnancy-associated death in Virginia. Forty percent (40%) of maternal deaths occurring in the 12-months postpartum are the result of accidental overdose, which includes suicide. In addition, the maternal mortality rate for pregnant and postpartum Virginia Medicaid members is 6 times the rate of those who are privately insured, and the rate for pregnant and postpartum Virginians living in rural communities is twice the rate for urban residents ([Virginia Department of Health, April 2025](#)).

Maternal mental health care is critical to prevent maternal mortality, improve mother-infant health, support healthy child development, and strengthen a mother's overall well-being and ability to manage daily life. Expanding access to maternal mental health services increases the likelihood of early intervention: reducing complications and helping both mother and child thrive during pregnancy, childbirth, and beyond.

GEOGRAPHIC FOCUS AREAS

***ITAV* Service Areas:**

1. Maternal Health Deserts (MHDs): 50 Virginia localities with no OB providers and no hospitals/birthing centers providing OB care
2. Low Access Localities: 5 localities with fewer than 60 OB providers and fewer than 2 hospitals/birthing centers providing OB care
3. Low-Income Communities: Communities with high poverty rates and/or Medicaid enrollment

[Click here](#) for a map and list of Virginia's Maternal Health Deserts and Low Access localities.

ITAV ELIGIBILITY REQUIREMENTS

Organization Requirements:

- Demonstrated capabilities and infrastructure to enable program implementation upon award notification
- Ability and willingness to accept referrals to provide BH care for Virginians living across the Commonwealth
- Annual revenue (reimbursements and patient fees) under \$5 million
- Capacity to expand current BH services
- Infrastructure to support telehealth service delivery
- Demonstrated experience billing Medicaid for BH services
- Good standing with relevant association (Virginia Community Health Care Association for community health centers, Virginia Association of Free and Charitable Clinics for free/charitable clinics)

PROGRAM MODEL

Staffing Requirements:

- Licensed or pre-licensed BH professional employed by applicant organization (can be fractional) **or**
- Fractional approach clinicians secured via a contract
- Preferred: Clinicians with perinatal mental health experience/certification. This can be obtained via *ITAV*.
- Grantees must provide any pre-licensed clinicians serving *ITAV* clients Department of Health Professions (DHP)-approved supervision

Service Delivery:

- Mode: Primarily telehealth appointments; in-person appointments, as needed
- Target Population: Pregnant individuals and those up to 12-months postpartum
- Expected Model: Short-term talk therapy (typically 6-12 sessions).

- Referral Sources: VHCF-designated community partners including but not limited to perinatal support organizations, federally-qualified health centers, free/charitable clinics, and home visiting programs.
- Client Support: Provide clients with telehealth technical assistance, as needed

Payment and Billing:

- **Requirement**: Organizations must pursue reimbursement for insured clients
- **Primary Payer**: Medicaid (majority of clients expected to be enrolled/eligible)
- **Additional**: Care navigation support for insurance enrollment/renewal and assist clients with out-of-network filing, if needed

GRANT DETAILS

Grant Period:

August 1, 2025 – July 31, 2026

Eligible Expenses:

- Salary and benefits for at least 1 FTE BH professional(s)
- Telehealth equipment (laptop, headset, mobile hotspot), as needed
- Administrative and care navigation costs required to operate *ITAV*
- Perinatal Mental Health Certification (PMH-C) fees (via the grantee's chosen vendor) + exam cost for *ITAV*-supported BH professionals and one supervisor.
 - VHCF will cover the cost of *ITAV*-supported BH professionals to obtain their Perinatal Mental Health Certificate (PMH-C) via the grantee's chosen vendor. On a case-by-case basis, VHCF will support Certification expenses of additional grantee affiliated BH clinicians and/or other perinatal mental health training(s).
- Not Eligible: Indirect costs and research activities

Foundation Provided Support:

ITAV promotion and referral generation via connections to existing perinatal support networks, and other appropriate strategies • Quarterly, virtual *ITAV* grantee meetings and peer learning • Telehealth technical assistance • Capacity building technical assistance • Technical assistance in other *ITAV*-related areas, as identified or requested.

Grantee Requirements:

- Ability to implement *ITAV* quickly
- Accept referrals from VHCF-designated organizations
- Participate in *ITAV* orientation and quarterly meetings
- Submit quarterly *ITAV* evaluation data to VHCF
- Pursue insurance reimbursement when possible
- Sign Letter of Agreement with VHCF outlining performance objectives
- Submit final invoice to VHCF by June 1, 2026 for services provided through August 31, 2026

APPLICATION SPECIFICS

Timeline:

- Invitations to Apply Distributed: June 27, 2025
- ITAV Office Hours/Q&A: Noon on July 7, 2025
- Proposals to include required attachments should be submitted via the ITAV Survey Monkey link no later than July 11, 2025 at 11:59 pm
- Notice of Award: No later than July 31, 2025
- Grant Period: August 1, 2025 – July 31, 2026

Application Notes:

- ITAV applications will be submitted via Survey Monkey. [Please use this link for the ITAV application.](#)
- Applicants will upload VHCF required and optional attachments via Survey Monkey. See below for list of required attachments.
- Applicants are encouraged to prepare narrative responses in Word and paste text into the Survey Monkey form. It is not possible to save the application and return to it. [A .pdf of the application to preview is available here, to help prepare responses in advance.](#)
- Applicants will receive a confirmation email and a .pdf of the submission from Survey Monkey when the application is submitted.

Required ITAV Application Follow Up Conversation:

Please schedule a 30-minute Zoom for the ITAV applicant organization's Chief Executive Officer/Executive Director to meet with VHCF's program team [using this link](#). Other staff involved in the ITAV application or initiative are welcome to participate.

Follow Up Conversation Dates: July 17, 18 or 21.

CHECKLIST OF REQUIRED ATTACHMENTS

Please upload these documents to the ITAV Survey Monkey application as .pdf files.

- [] Budget for the 1-year ITAV grant period on the VHCF-provided form ([click here for the ITAV website, which includes the required budget template](#)).
- [] Resume of the individual who will lead the organization's ITAV initiative.
- [] Applicant organization's FY26 budget.
- [] Copies of the applicant organization's most recent audit and financial statements (P&L, Balance Sheet).

It Takes a Village (ITAV): Partnerships for Improved Maternal Mental Health

FUNDING APPLICATION

Applications are due July 11, 2025 by 11:59 pm

APPLICANT'S ADMINISTRATIVE INFORMATION

* Organization Name:

* Organization Address:

Street address

Street address line 2

City

State

Zip code

* Organization Chief Executive Officer/Executive Director:

First name

Last name

* Email for Chief Executive Officer/Executive Director:

Email address

* Phone Number for Chief Executive Officer/Executive Director:

* Name of Person Completing this Application:

First name

Last name

* Job Title of Person Completing this Application:

* Email for Person Completing this Application:

Email address

* Phone Number for Person Completing this Application:

* Organization's Tax ID Number:

* What is the first month of your fiscal year?

* Amount of *It Takes a Village (ITAV)* Request to VHCF:

Total Year 1 Project
Cost (\$)

VHCF's Contribution
towards Total Year 1
Costs (Format as: \$,%)

OPERATIONAL OVERVIEW

Please complete the items below, describing the organization's current behavioral health practice and operations. VHCF will use the information provided for grantmaking decisions, as well as for program planning.

CURRENT BEHAVIORAL HEALTH SERVICES

In this section, please describe the organization's current behavioral health services.

* **Staffing** - Please provide the number and FTE of the organization's current behavioral health professionals, using this format: #, FTE.

Licensed, employed

Pre-Licensed,
employed

Licensed, contractor

Pre-Licensed,
contractor

* Do any of the organization's BH professionals have perinatal mental health experience/certification?

☐ Yes

☐ No

* Are any of the organization’s BH professionals able to provide therapy in a language in addition to English?

- ☐ Yes
- ☐ No

* What language(s)? Please select all that apply.

- ☐ Spanish
- ☐ Korean
- ☐ Arabic
- ☐ Vietnamese
- ☐ Other (please specify)

CLINICAL SERVICES

* How many pregnant/postpartum clients did the organization serve **among all service lines** in CY2024? An estimate is acceptable.

* How many total **BH clients** did the organization serve in CY2024?

* How does your organization conduct **BH visits**? Please select all that apply.

- ☐ In-person only
- ☐ Virtually only
- ☐ Both in-person and virtually

If conducting BH visits in-person and virtually, describe the approximate percentage of visits per each delivery mode. Ensure the percentages equal 100%.

	Approximate Percentage
In-Person	<div></div>
Telehealth	<div></div>

* How would you rate the organization’s level of expertise providing telemental health services?

- ☐ We do not provide telehealth services
- ☐ Novice (new to providing care via telehealth)
- ☐ Competent (foundational understanding of telehealth; providers navigate virtual appointments with comfort, though may need support in complex situations or with challenging patients)
- ☐ Proficient (highly skilled using telehealth; deep understanding of telehealth technologies and best practices; adapt approach for patients’ unique needs; may train or mentor other providers)
- ☐ Expert (recognized telehealth leader; sought out for expertise/guidance)

* Which of the following strategies does the organization use to minimize no shows (no call/no show and cancellations within 24 hours of scheduled appointment)? Please select all that apply.

- ☐ Phone reminders
- ☐ Text message reminders
- ☐ Email reminders
- ☐ Coordinate with referring organization/provider
- ☐ Provide clients/patients with a simply written no-show/cancellation policy, clearly noting the consequences of late cancellations/no-shows
- ☐ Offer flexible scheduling (evening/weekend appointments)
- ☐ Provide telehealth options
- ☐ Troubleshoot issues that may impact access to appointment (transportation, privacy, equipment availability/internet access)
- ☐ Coordinate transportation
- ☐ Track and analyze practice data to refine policies and procedures
- ☐ Other (please specify)

* What is the organization’s no-show rate for in-person therapy (no call/no show or cancellation less than 24 hours before appointment)? Write N/A if in-person therapy is NOT provided.

* What is the organization's no-show rate for virtual therapy (no call/no show or cancellation less than 24 hours before appointment)? Write N/A if virtual therapy is NOT provided.

* Does the organization provide/facilitate medication management for BH clients needing psychotropic medicines?

- ☐ Yes
- ☐ No

* If yes, please select all that apply:

- ☐ We employ/contract with a psychiatrist
- ☐ We employ/contract with a psychiatric-mental health nurse practitioner
- ☐ We collaborate with the client's medical provider
- ☐ We partner with our local community services board
- ☐ Other (please specify)

* If your organization provides obstetric care, do clinicians use VMAP Moms+ as a resource to support prescribers writing prescriptions for pregnant/postpartum clients?

- ☐ Yes
- ☐ No
- ☐ Not applicable. The organization does not provide obstetric care.

* Does the organization have relationships with obstetric (physician, nurse practitioner, midwife) providers (in-house, regionally, statewide)?

- ☐ Yes
- ☐ No

* Does the organization have relationships with community-based organizations that provide perinatal support services for pregnant and postpartum Virginians?

- ☐ Yes
- ☐ No

* If yes, please select from the options below to describe the partnership(s). Please select all that apply.

- ☐ Provides obstetric care (physician, certified nurse midwife, nurse practitioner)
- ☐ Provides/facilitates access to doulas
- ☐ Trains doulas
- ☐ Offers support groups for pregnant and postpartum Virginians
- ☐ Distributes baby items (diapers, clothes, strollers)
- ☐ Provides other parent education workshops/groups
- ☐ Offers home visiting
- ☐ Other (please specify)

APPOINTMENT ACCESSIBILITY

* Does the organization provide BH services in the evening/on weekends?

- ☐ Yes
- ☐ No

* If yes, please describe how the organization provides BH services in the evening/on weekends.

* What steps does the organization take to help clients who may need assistance with virtual appointments? Please select all that apply.

- ☐ Ask client to self-assess comfort level, equipment/internet availability, and privacy when scheduling appointments
- ☐ Brainstorm possible solutions with the client (connecting from community resources like libraries, pharmacies, schools or other locations that may have public internet access)
- ☐ Provide a handout with simple visual guides/instructions about connecting to the organization’s virtual appointment page/link
- ☐ Share common telehealth troubleshooting tips with clients, like restarting the device, ensuring a strong internet connection, and closing other applications
- ☐ Educate clients about programs like FCC Lifeline that provide subsidized internet access for low-income individuals
- ☐ Offer telehealth tutorials on the organization’s website so clients can become more comfortable using technology
- ☐ Other (please specify)

PAYMENT FOR SERVICES

* Please complete the table below indicating the forms of payment accepted and the % or organization’s revenue from each payer type. Percentages should add up to 100%.

	Payment Accepted?	% of Organization's Revenue
Medicaid	<input type="text"/>	<input type="text"/>
Commerical/private insurance	<input type="text"/>	<input type="text"/>
Medicare	<input type="text"/>	<input type="text"/>
Cash/self-pay	<input type="text"/>	<input type="text"/>

* Please indicate the Medicaid managed care organizations (MCOs) with which the organization has a participation agreement. Select all that apply.

- ☐ Aetna Better Health of Virginia
- ☐ Anthem HealthKeepers Plus
- ☐ Humana Healthy Horizons of Virginia (New Medicaid MCO, effective July 1, 2025)
- ☐ Sentara Health Plans
- ☐ United Healthcare of the Mid-Atlantic, Inc.
- ☐ Medicaid Fee-For-Service
- ☐ Organization does not contract with Medicaid managed care organizations (MCOs)

* Please indicate the commercial/private insurance companies with which your organization has a participation agreement.

- ☐ Aetna
- ☐ Anthem Blue Cross and Blue Shield of VA
- ☐ CareFirst BlueCross BlueShield
- ☐ Cigna
- ☐ Humana
- ☐ Innovation Health Plans, Inc.
- ☐ Kaiser Mid-Atlantic
- ☐ Optima Health Plans
- ☐ Oscar
- ☐ Sentara Health Plans
- ☐ UnitedHealthcare
- ☐ Organization does not contract with any commercial carriers

* Does your organization have a sliding scale for self-pay/uninsured clients?

- ☐ Yes
- ☐ No

* If yes, please upload the organization's sliding scale policy.

Choose File

Choose File

No file chosen

It Takes a Village (ITAV) - PROPOSED APPROACH

Please complete the items below, describing the organization’s *It Takes a Village (ITAV)* approach. VHCF will use the information provided for grantmaking decisions, as well as for program planning.

* Please briefly describe the applicant's ITAV model, to include how the practice/BH professionals will coordinate and communicate with client’s medical provider, if needed (med management, other).

* When do you expect ITAV services will begin?

Date

Date

MM/DD/YYYY

ITAV - STAFFING

* Who will be responsible for the success of ITAV (day-to-day champion and program coordinator/lead)?

Name

Job Title

Professional
Credentials, if
applicable

* Please provide the number and FTE BH professionals who will provide BH care via ITAV, using this format: #, FTE.

Note: A “fractional” approach, using several types of BH professionals is acceptable.

Licensed, employed

Pre-Licensed,
employed

Licensed, contractor

Pre-Licensed,
contractor

* Does the applicant expect ITAV-funded BH professionals to have perinatal mental health experience/certification?

☐ Yes

☐ No

* Does the applicant expect ITAV-funded BH professionals to be able to provide therapy in a language in addition to English?

☐ Yes

☐ No

* If yes, what language(s)?

- ☐ Spanish
- ☐ Korean
- ☐ Arabic
- ☐ Vietnamese
- ☐ Other (please specify)

* Please provide a brief rationale for the BH professionals the organization plans to employ/contract with for *ITAV*.

* If a pre-licensed clinician will provide *ITAV* BH services, will a current Department of Health Professions (DHP)-approved clinician affiliated with the applicant organization provide licensure-required supervision for the Supervisee or Resident?

- ☐ Yes
- ☐ No
- ☐ Not applicable. Organization plans to use licensed BH professionals.

* If a pre-licensed clinician will provide *ITAV* BH services, is there a licensed BH professional affiliated with the organization under whom the pre-licensed clinician’s services can be reimbursed by Medicaid?

- ☐ Yes
- ☐ No
- ☐ Not applicable. Organization plans to use licensed BH professionals.

* Is the organization willing to subcontract with another entity that would provide a qualified therapist to provide *ITAV*-related services?

For example, an *ITAV* grantee might contract with a third-party company that employs or contracts with licensed BH professionals.

- ☐ Yes
- ☐ No

* If yes, please provide any related considerations.

ITAV - CAPACITY

* How many clients would you expect to serve during the 1-year grant period?

* How many sessions would you expect the BH professional(s) to provide, in total, by the end of the grant period?

ITAV - OPERATIONS

* Please describe the applicant's proposed process to accept referrals and establish care for clients statewide.

* What, if any, additional staff/organizational capacity will be needed to operate ITAV? Please select all that apply.

- ☐ Care navigation
- ☐ Administration
- ☐ Billing
- ☐ Unknown
- ☐ Organization does not anticipate needing additional staff/capacity to operate ITAV.
- ☐ Other (please specify)

* Please provide a brief rationale for the additional capacity the organization will need to successfully operate ITAV.

* Does your organization have plans/protocols to ensure clients needing more intensive BH services than the applicant organization provides can obtain them?

Please note: Intensive BH services refers to residential care, rehab, medication management, etc.

☐ Yes

☐ No

* Does your organization have plans/protocols to support clients with emergency BH needs?

Please note: Emergency BH services refers to inpatient hospitalization, involuntary commitment, etc.

☐ Yes

☐ No

* Does your organization have plans/protocols to coordinate with other organizations if non-BH needs are identified (housing, food, other social determinants of health)?

☐ Yes

☐ No

ITAV - IMPLEMENTATION TIMELINE

* Please upload a document showing the proposed timeline to implement key *ITAV* activities/steps for the grant period, including an estimated timeline for recruiting, hiring/onboarding, and credentialing the BH clinician.

Choose File

Choose File

No file chosen

ITAV - FINANCIAL INFORMATION

Please prepare a proposed 1-year *ITAV* budget, using the VHCF-provided budget template available on the *ITAV* website. Upload the completed spreadsheet (note there are 2 tabs) to the last page of this application.

ITAV - TECHNICAL ASSISTANCE

* Are any clinicians affiliated with the organization interested in obtaining the National Perinatal Mental Health Certification with VHCF support?

☐ Yes

☐ No

☐ Not sure

If known, please provide their names and credentials.

* What, if any, technical assistance/supports or equipment would facilitate success as an *ITAV* grantee

- ☐ Internal workflow development/improvement
- ☐ Streamlining referral process with outside organizations
- ☐ Strategies to facilitate visits with clients receiving virtual therapy
- ☐ Strategies to minimize no-shows and/or late cancellations
- ☐ Strategies to help clients who need psychotropic medicines with medication management
- ☐ Other (please specify)

* To help VHCF understand the organization's current and short-term bandwidth, please describe any new initiatives the organization plans to begin in the next 12 months and/or expected changes to operations during the same time period.

Please upload VHCF-required documents here as .pdf files.

Please note: only one file may be uploaded for each question.

When necessary, please combine individual documents into one file with clear titles.

* Budget for the 1-year *ITAV* grant period on the provided VHCF-form.

Choose File

Choose File

No file chosen

* Resume(s) of the individual(s) who will lead the organization's *ITAV* initiative.

Choose File

Choose File

No file chosen

* Applicant organization's FY26 annual budget.

Choose File

Choose File

No file chosen

* Copies of the applicant organization's most recent audit and financial statements (P&L and Balance Sheet).

Choose File

Choose File

No file chosen

Please provide any additional information regarding your organization's ITAV approach that may be helpful to VHCF's review team regarding your approach.

* By clicking here, the applicant organization affirms data and information provided via this electronic application is accurate to the best of the applicant's ability or reasonable estimates are provided, and that the organization agrees to receive referrals from VHCF-designated perinatal services organizations.

☐ I affirm