

Announcement of Funding Availability

Ryan Brown Fund Substance Use Disorder
Residential Treatment Expansion
July 10, 2018 Re-Release (For Region 7)



Proposal Guidance and Instructions

**Title: Ryan Brown Fund Substance Use Disorder
Residential Treatment Expansion
Targeting Region: Seven
(Clay, Fayette, Kanawha, Nicholas, Roane Counties)
AFA Number: 2-2019-SA**

**West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities (BBHFF)
350 Capitol Street, Room 350
Charleston, WV 25301-3702**

*For **Technical Assistance** please include the AFA # in the
subject line and forward all inquiries in writing to:*

DHHRBHHFAnnouncement@wv.gov

Key Dates:	
Date of Release:	July 10, 2018
TECHNICAL ASSISTANCE FAQs:	To be posted on BBHFF Website
Application Deadline:	August 10, 2018
Funding Announcement(s) To Be Made:	On or Before August 30, 2018
Funding Amount Available:	Not to exceed \$1 million per award

The following are requirements for the submission of proposals to the BBHFF:

- ☛ Responses must be submitted using the required Proposal Template available at <http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx>
- ☛ Responses must be submitted electronically via email to DHHRBHHFAnnouncement@wv.gov with “Proposal for Funding” in the subject line. Paper copies of the proposal will not be accepted. Notification that the proposal was received will follow via email from the Announcement mailbox.
- ☛ A Statement of Assurance agreeing to these terms is required of all proposal submissions available at DHHR.WV.GOV/BHHF/AFA. This statement must be signed by the agency’s CEO, CFO, and Project Officer and attached to the Proposal Template.
- ☛ To request additional Technical Assistance forward all inquiries via email to DHHRBHHFAnnouncement@wv.gov and include “Proposal Technical Assistance” in the subject line.

FUNDING AVAILABILITY

House Bill 2428, enacted during the 2017 Regular Legislative Session, mandates that the Secretary of the West Virginia Department of Health and Human Resources (DHHR) ensure beds, for purposes of providing substance use disorder (SUD) treatment services in existing or newly constructed facilities, are made available in locations throughout the state determined to be the highest priority for serving the needs of the citizens by DHHR's Bureau for Behavioral Health and Health Facilities.

Additionally, the bill creates the Ryan Brown Addiction Prevention and Recovery Fund to be administered by the Secretary for the purpose of implementing the provisions of the bill. The fund will consist of moneys made available for the purposes of the bill from any source, including, but not limited to, all grants, bequests or transfers from any source, any moneys that may be appropriated and designated for those purposes by the Legislature and all interest or other return earned from investment of the fund, gifts, and all other sums available for deposit to the special revenue account from any source, public or private.

DHHR's mission is to join with communities and families in providing opportunities for citizens to achieve health and independence, in part, by providing resources that deliver an array of SUD treatment services through a variety of providers. DHHR is requesting proposals for SUD residential treatment services, initially supported through the Ryan Brown Addiction Prevention and Recovery Fund, as part of a comprehensive statewide plan to expand regional, recovery oriented substance use and co-occurring services for adults with an emphasis on services to address the current opioid crisis. The Department is seeking vendors who can provide SUD Residential Treatment Services in the designated geographic area by adding to existing programs or developing and implementing new capacity.

To be considered, Applicants must:

- have direct SUD service experience;
- have preference for West Virginia residents;
- have long-term treatment based upon need, of up to one year and beyond as necessary;
- have ability to work with Adult Drug Court Program and coordinate with other providers;
- have or be eligible to obtain a behavioral health license in the State of West Virginia;
- have or be eligible to obtain an office-based medication-assisted treatment registration in the State of West Virginia, if applicable; and
- be able to meet requirements for enrollment as a West Virginia Medicaid provider and accept payments from patients covered by Medicaid, private pay, or third-party payers.

The Department's intention is that an expansion in SUD treatment services will result in a decrease of overdose deaths as well as a decrease in other human and economic costs to the State.

This AFA is designated for the newly established region comprising Clay, Fayette, Kanawha, Nicholas and Roane Counties.¹

¹ Ryan Brown Fund regions revised based on Legislative Rule finalized March 22, 2018.
<http://apps.sos.wv.gov/adlaw/csr/rule.aspx?rule=69-13>

One-time funding is available for **one** award, based on accepted proposals that meet the required criteria contained within this Announcement of Funding Availability. The award will not exceed \$1,000,000.

Applicants should submit proposals with timeframes for project development and implementation. If a project is selected for award, the proposed timeframes will be the basis for developing the period of performance for the grant agreement.

Section One: **INTRODUCTION**

The West Virginia Department of Health and Human Resources (DHHR) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The mission of DHHR is to promote and provide appropriate health and human services for the people of West Virginia in order to improve their quality of life. Programs will be conducted in an effective, efficient and accountable manner, with respect for the rights and dignity of the employees and the public served. The State of West Virginia and the Justice Administration are committed to finding solutions to the drug epidemic that has plagued our state. The Governor is committed to helping people help themselves by expanding treatment opportunities across West Virginia.

Section Two: **SERVICE DESCRIPTION**

Target Population: Individuals with SUD (with or without co-occurring mental health disorders) for whom these services are deemed appropriate per the American Society of Addiction Medicine (ASAM) criteria. Within the target population, including but not limited to, priority populations include:

- Individuals that have experienced an overdose in past 30 days
- Pregnant women
- IV drug users
- Custodial parents of minor children

Service Overview

DHHR supports high quality evidence-based practices that promote social and emotional well-being, prevention approaches, person-centered interventions and self-directed/recovery driven services and supports. High-quality practices are responsive to the current stage of an individual's recovery journey and respect multiple pathways to recovery. They are sensitive to the person's culture, gender, race, ethnicity, sexual orientation, and religious affiliation. In addition, the provision of high-quality behavioral health services entails attending to the trauma-related issues that often underlie behavioral health challenges. These expectations are consistent with SAMHSA's Recovery Oriented System of Care principles and values (SAMHSA, 2015, <https://www.samhsa.gov/recovery>).

The focus of the current Announcement of Funding Availability is increasing access to residential treatment services that are integrated into a comprehensive and recovery oriented system of care. Services specifically funded through this AFA include:

Residential Treatment Services which meet ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (2013)

Expected Results

The work of the grantee resulting from this AFA shall result in:

1. Additional SUD residential treatment capacity in the targeted geographic area;
2. Serving more clients with more effective SUD Treatment Services that will help mitigate negative impacts of substance use, including but not limited to the opioid epidemic and associated overdoses;
3. Reducing or eliminating the waitlist for SUD residential treatment services.

Section Three: **PROPOSAL INSTRUCTIONS**

All proposals for funding will be reviewed by the BBHFF staff for administrative compliance, service need, and feasibility. Proposals must contain the following components:

- ✓ A completed Proposal Template, available at:
<http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx>
- ✓ A **Proposal Narrative** consisting of the following sections:
 - Statement of Need and Population of Focus,
 - Proposed Evidence-based Service/Practice,
 - Proposed Implementation Approach,
 - Staff and Organization Experience,
 - Data Collection and Performance Measurement, and
 - Sustainability Plan.

Together these sections may not exceed **20** total pages. The reference/work cited page will not count towards this page limit. Applicants must use 12-point Arial or Times New Roman font, single line spacing, and 1 inch margins. Page numbers must also be included in the footer. The following is an outline of the **Proposal Narrative** content:

- Statement of Need and Population of Focus: Describes the need for the proposed service(s). Applicants should identify and provide relevant data on the target population to be served, as well as the geographic area to be served to include specific region/county(ies) and existing service gaps that will be addressed by the proposal. Provide detail about any special or priority populations, e.g., pregnant or parenting women, transitional age youth, minority and/or LGBTQ patients, etc. and corresponding outreach plans and/or programming elements planned to meet the needs of the populations to be served. Describe how West Virginia residents will be prioritized for services.
- Proposed Evidence-Based Service/Practice: Clearly delineates what program/service is being proposed and sets forth goals and objectives for the proposed project listing all evidenced-based practices (EBPs) that will be used. Describes process(es) for assuring fidelity to EBPs.
- Proposed Implementation Approach: Describes how the Applicant intends to implement the proposed service(s) to include:
 - *Description of the strategies/service activities proposed to achieve the goals and objectives identified above, who is responsible for action, and a 1 year/12-month timeline for these activities, including all project initiation phases such as planning/development, training/consultation, implementation, and data management;*

- *A plan for the program/facility's referral process, wait list management, step down for seamless care of patients, and anticipated transportation of accepted and released patients, describing partnerships with the justice system, health care system and other community partners relevant to your target population;*
 - *A table listing any organization(s) that will participate in the service and/or serve as community partners, including specific roles and responsibilities of each; and,*
 - *The unduplicated number of individuals proposed to be served annually.*
- **Staff and Organization Experience:** Describes the Applicant's existing capacity to carry out the proposed service(s) to include its experience and qualifications to reach and serve the target population. Describes the staff needs of the facility and provide a recruitment plan. Describes a plan for staff retention and quality assurance, as well as training and meeting Continuing Education needs. Describes a plan for caseload management.
 - **Data Collection and Performance Measurement:** Describes the information/data the Applicant plans to collect, as well as the process for: using data to manage and improve quality of the service, to ensure each goal is met and to assess outcomes within the target population. Plan must also include how data will be shared, bi-directionally, with DHHR.
 - **Sustainability Plan:** Describes how the Applicant will maintain the proposed program/facility operations beyond the one-time funding provided through this AFA, including establishing or maintaining eligibility for reimbursement through third party payors. Describes how the proposed program/facility meets appropriate ASAM Level.
 - **References/Works Cited:** All sources referenced or used to develop this proposal must be included on this page. **This list does not count towards the 20-page limit** for the Proposal Narrative.
- ✓ **Targeted Funding Budget(s) and Budget Narrative(s).**
- Targeted Funding Budget (TFB) form, includes sources of other funds where indicated on the TFB form. A separate TFB form is required for any capital or start-up expenses. This form and instructions are located at dhr.wv.gov/bhhf/forms/Pages/FinancialForms.
 - Budget Narrative for each Targeted Funding Budget (TFB) form, with specific details on how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the TFB. The narrative should also describe any potential for other funds or in-kind support. The Budget Narrative is a document created by the Applicant and not a BBHF Fiscal form.
- ✓ **Applicant Organization's Valid WV Business License**

Section Four: **CONSIDERATIONS**

LEGAL REQUIREMENTS

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or units of local government. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed prior to award or the vendor must demonstrate proof of such application. Applicants must have or be eligible to obtain a behavioral health license and, if applicable, an office-based medication-assisted treatment registration in the State of West Virginia, and must be able to meet requirements for enrollment as a West Virginia Medicaid provider.

The Grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact with regard to all contractual matters. The grantee may, with the prior written consent of the State, enter into written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

All capital expenditures for property and equipment shall be subject to written prior approval of DHHR and must be included as a separate budgetary line item in the proposal. Upon award, regulations regarding the acquisition, disposition and overall accounting for property and equipment will follow those delineated in federal administrative requirements and cost principles. Additionally, the Grantee may be bound by special terms, conditions or restrictions regarding capital expenditures for property and equipment determined by the Department as to best protect the State's investment.

START UP COSTS

Applicants who wish to request reasonable startup funds for their programs must submit a separate "startup" target funded budget (TFB) and budget narrative along with their proposals. For the purposes of this funding, startup costs are defined as non-recurring costs associated with the initiation of a program. These include costs such as fees, registrations, training, equipment purchases, renovations and/or capital expenditures.

For the purposes of proposal review, all startup cost requests submitted by the applicant will be considered necessary for the development of the proposed program. If, when taken together, the startup costs and program costs exceed funding availability BBHMF will contact the applicant organization and arrange a meeting to discuss remedial action.

FUNDING REIMBURSEMENT

All grant funds are awarded and invoiced on a reimbursement basis. Grant invoices are to be prepared monthly and submitted with and supported by the Financial Report and Progress Report to receive grant funds. The grant total invoice should agree with amounts listed on the Financial Report and reflect actual expenses incurred during the preceding service period. All expenditures must be incurred within the approved grant project period in order to be reimbursed. Providers must maintain timesheets for grant funded personnel and activities performed should be consistent with stated program objectives.

ALLOWABLE COSTS

Please note that Departmental Policies are predicated on requirements and authoritative guidance related to Federal grants management and administrative rules and regulations, Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-Federal funds (e.g. state-appropriated general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.

COST PRINCIPLES

Subpart E of 2 CFR 200 establishes principles for determining the allowable costs incurred by non-Federal entities under Federal awards. The Grantee agrees to comply with the cost principles set forth within 2 CFR 200 Subpart E, regardless of whether the Department is funding this grant award with Federal pass-through dollars, state-appropriated dollars or a combination of both.

GRANTEE UNIFORM ADMINISTRATIVE REGULATIONS (COST PRINCIPLES AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS)

Title 2, Part 200 of the Code of Federal Regulations (2 CFR 200) establishes uniform administrative requirements, cost principles and audit requirements for Federal awards to non-Federal entities. Subparts B through D of 2 CFR 200 set forth the uniform administrative requirements for grant agreements and for managing Federal grant programs. The Grantee agrees to comply with the uniform administrative requirements set forth within 2 CFR 200 Subparts B through D, regardless of whether the Department is funding this grant award with Federal pass-through dollars, state appropriated dollars or a combination of both.