



Office of Drug Control Policy,
Bureau for Behavioral Health, and
Bureau for Children and Families

Announcement of Funding Availability

Sobriety Treatment and Recovery Teams (START)



Proposal Guidance and Instructions

AFA Title: Sobriety Treatment and Recovery Teams (START)

Targeting Region(s): Kanawha County

AFA Number: AFA 9-2020 SUD

West Virginia Department of Health and Human Resources
Office of Drug Control Policy (ODCP), Bureau for Behavioral Health (BBH),
and Bureau for Children and Families (BCF)

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

DHHRBBHAnnouncements@wv.gov

Key Dates:	
Date of Release:	January 31, 2020
Technical Assistance FAQ Deadline	March 2, 2020
Application Deadline:	March 9, 2020 5:00 pm
Funding Announcement(s) To Be Made:	To be determined
Funding Amount Available:	To Be Determined

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

- ✎ 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 dhhrbbhannouncements@wv.gov with the AFA Number and “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 Announcements 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 Technical Assistance, forward all inquiries via email to DHHRBBHAnnouncements@wv.gov and include the AFA Number and “Proposal Technical Assistance” in the subject line. Questions will be answered in writing. Proposal related questions will be received and answered until **March 2, 2020**. Only formatting and submission related questions will be received after this date.

FUNDING AVAILABILITY

The West Virginia Department of Health and Human Resources' Office of Drug Control Policy (ODCP), Bureau for Behavioral Health (BBH), and Bureau for Children and Families (BCF) announce this funding opportunity to implement a Sobriety Treatment and Recovery Team (START) pilot program in Kanawha County to address the ever-growing population of families with child mistreatment associated with parental substance use disorder (SUD).

START originated in Ohio to provide integrative intervention services between Child Protective Services (CPS) and SUD treatment providers. START uses the following mutually agreed upon tenets:

- Contract expectations;
- Cross-training and joint training;
- Monthly steering and direct-line meetings, and cross-system collaboration; and
- Frequent communication about family needs and progress.

While developed in an urban setting, START has since been implemented in rural areas of Kentucky, where the program serves families with at least one substance-exposed infant. Lessons can be gleaned from the Ohio and Kentucky START programs, but the Kanawha County START program will require strategies tailored to meet community needs consistent with relevant West Virginia statutes and policies.

The purpose of this AFA is to provide start-up funding for a START program in Kanawha County to serve families with child mistreatment associated with parental substance use disorder (SUD). Specifically, it will provide family members with timely access to SUD treatment while maintaining children in home with their parents given that it is possible and safe. The treatment should maintain family unity, child welfare, and increase parental sobriety.

Total Funding Available: The AFA will support **one** grant award in an amount **to be determined** by DHHR's ODCP, BBH, and BCF to develop a sustainable START program for children and their families impacted by SUD within Kanawha County. Funding is provided via this AFA for capacity-building and hiring of personnel to support the START model of care program.

Applicants should submit proposals with specified timeframes for project development and implementation that meet the criteria contained in this AFA. 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**

ODCP in conjunction with BBH and BCF announces one-time funding to implement a START model program of care. The program envisions improving family unity and cohesiveness through wraparound SUD treatment for families participating in CPS. Immediate and extended families will participate along with contracted social workers, family mentors, and SUD providers to address parental SUD as a unit and encourage stability in families affected by SUD. ODCP, BBH, and BCF are focused on developing a START service infrastructure, funding mechanisms, and interorganizational relationships that will sustain the system once the grant period ends.

START is an integrated model that pairs CPS workers with family mentors and SUD treatment providers. START is rated as a “promising practice” on the California Evidence Based Clearinghouse and is available for transitional funding through the Family First Prevention Services Act (FFPSA). The program core was based on study and analysis performed and supported with funding by the Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant number CU90045, RPG. In a prospective naturalistic evaluation (Huebner, et al., 2012) using a matched comparison design, both START-served and the matched families had equal risks to child safety at baseline. Mothers receiving START services achieved sobriety at 1.8 times the rate of typical treatment; children were placed in state custody at half the rate expected. These results support START as an effective integrated program.

Each START site is served by a regional Community Behavioral Health Center (CBHC) or similar accredited organization that provides START clients with access to a full continuum of care. Each client is assessed for a treatment level of care; usually 70% of START clients are served in intensive outpatient treatment (IOP) at some point, while only 30% of START parents require residential treatment. Most parents receive some form of individual or family mental health counseling.

An essential expectation of the CBHC and all licensed SUD treatment providers is that they offer quick access to assessment and treatment services for both mothers and fathers. Once assessed, START parents are expected to begin active treatment sessions within 4 days and complete at least 4 sessions in 10 days.

IOP services are expected to be delivered using gender-specific services, trauma-informed care, and treatment for co-occurring disorders. Each CBHC is also expected to adopt one or more evidence-based practices (EBPs) for delivering treatment, such as motivational interviewing (MI), the matrix model program, or seeking safety therapy. Treatment providers also administer random drug tests and share the results with social workers and the court systems. All clients provide informed consent to release specific information between agencies. Although each START site collaborates with county judges and attorneys to develop court processes to

complement the model, no uniform court practices are associated with the program yet, and not all families have court involvement.

Services offered must meet families' individual needs and include family therapy; individual counseling; group therapy; children's treatment; prevention services; drug and alcohol testing; case management; educational/vocational goal completion; parenting education and therapy; psychiatric evaluation and treatment; supportive living; transportation; referrals for medical services; and referrals for licensed childcare. Proposals must describe how the applicant will actively work to achieve the following:

- Promote client engagement to maintain family unity as members enter treatment services;
- Foster and improve client/social worker interactions to ensure needed support is given in a timely manner;
- Provide timely evidence-based recovery services supportive of Adverse Childhood Experiences (ACEs) and Medication Assisted Treatment (MAT) for individuals with opioid use disorder (OUD);
- Provide supports for a life in recovery by building health, home, purpose, and community, via improving people's access to housing, employment or educational services, medical care, mental health counseling, behavioral treatment, childcare, transportation, support groups, and other types of services and resources that allow them to move forward in their recovery; and
- Promote access (to include training and distribution) to Naloxone for both staff and the people served.

Section Two: **SERVICE DESCRIPTION**

Grantee Eligibility

Applicants may be public or private, not-for-profit or for-profit agencies with demonstrated experience serving individuals experiencing mental health conditions and SUD, specifically including OUD, experience delivering recovery support services, experience providing services to the target population, established partnerships with local and regional OUD/SUD treatment and recovery providers, ability to bill or work towards billing Medicaid and other third-party insurers, ability to meet data reporting requirements, and experience in providing socially necessary services to families referred by the Kanawha County DHHR office.

Eligible applicants must possess a valid West Virginia Business License and must provide proof of 501(c)3 status, if applicable. The West Virginia business license must be included with application.

Target Population

The populations of focus are families; including men and/or women aged 18 and over, who are with minor children 17 years of age or younger. Families must have at least one child, be pregnant, or postpartum (the period after childbirth up to 12 months) and who are part of the CPS continuum of care. The program will be equipped to accommodate the target families that are impacted by SUD and facilitate their recovery by providing the program's services. Engagement, SUD treatment services, community support organizations, and out-patient services should, *when appropriate*, be extended to other family members of the children who do not reside at the treatment location.

ODCP, BBH, and BCF align with SAMHSA in recognizing the importance of early childhood as the foundation for healthy social and emotional development. Therefore, all applicant proposals must clearly describe programming to be implemented that will appropriately meet the needs of minor children (social/emotional and developmental services) varying in ages under 17, to be served in conjunction with the father and/or mother's services. Successful applicants will develop or utilize existing evidence-based parenting programs.

Applicants are encouraged to carefully consider the design of the program, in addition to the complexities associated with serving the population targeted for this announcement.

Service Overview

The START program was initiated in response to compelling statistics showing nearly 90% of children three years of age and younger in state custody were at risk for child safety because of parental substance use. The number of infants in state custody has increased exponentially since the time of the study while adolescent trauma and SUD treatment services were less available. To address these concerns, child welfare agencies began the initiative and subsequently partners in CPS and behavioral health have been incorporated into the START model.

The START program is initiated by early identification of eligible families in the child welfare system and a family team meeting (FTM) that includes family and relatives, the CPS social worker, the START team, and the SUD treatment coordinator. At the initial FTM, all participants share in the decision making to develop a plan to keep children safe; begin the SUD assessment process; explore family strengths and needs; and identify sources for meeting basic family needs. Ongoing coordinated case management occurs weekly with the START supervisor and SUD treatment coordinator. Social worker practices by the START team include frequent in-home services and visits to parents and caretakers. Whenever possible, children are retained in the home by using intense wraparound supports, family preservation strategies, and creative approaches to parental supervision by relatives. When children are placed in state custody, parents have frequent visitation and structured training to promote attachment and develop parental skills and capacity. Fathers, stepfathers and unmarried partners are actively included in the program.

Each START team includes a specially trained social service worker paired with a family mentor. Family mentors (usually with 3 years of recovery/sobriety and experience that sensitize them to child welfare issues), act as life coaches to escort parents to treatment providers, make appointments, connect families with recovery supports in the community, and help to guide them through the recovery process. Family mentors must possess special skills/knowledge beyond peer recovery supports to coach prevention, sober parenting and daily living skills to the at-risk family. The family mentors will co-locate, be supervised by CPS staff, and will be responsible for working hand in hand with CPS staff to ensure referrals from intake and case flow help to build a community based cross collaborative system to support the work of START. Family mentors stay in direct contact with direct and indirect family members meeting many times throughout the month, as needed.

Programs are responsible for partnering with healthcare professionals and/or facilities to ensure that babies born during a mother's residential stay are brought safely through withdrawal, if needed, housing the babies with the mother and coordinating a full range of services for both mom and baby during and post treatment. ODCP requires that all Grantees provide a smoke-free workplace and the promotion of abstinence from all tobacco products for program participants. Programming must support evidence-based treatment and parenting models, including trauma-specific services.

Expected Results

1. Improve child safety and negate the impacts of Adverse Childhood Experiences (ACE) while coping with SUD.
2. Facilitate access to wraparound care with more timely access to effective family-oriented SUD treatment services.
3. Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (e.g., inhalants) among families participating in the START program
4. Decrease the rate of children entering state custody and/or foster care or similar programs.
5. Improve parenting skills, family functioning, economic stability, and quality of life.
6. Decrease involvement in and exposure to crime, violence, neglect, and physical, emotional and sexual abuse for all family members.

Program Sustainability

Funding for this AFA is anticipated to be one-time funding. Each application must explain in detail how the program will be sustained after these funds are expended. More specifically, successful proposals will address how the applicant will sustain its recovery and peer services supportive of its expanded capacity for Medication-Assisted Treatment, as well as ongoing behavioral health and engagement services for the target populations in the Grantees' identified geographic area after this one-time funding expires.

Section Three: **PROPOSAL INSTRUCTIONS/REQUIREMENTS**

All proposals for funding will be reviewed by ODCP/BBH staff for minimum submission requirements and must comply with the requirements specified in this AFA to be eligible for evaluation: (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements may not be reviewed further.

A review team independent of ODCP/BBH will review the full proposals. Proposals must contain the following components:

- ✓ A completed Proposal for Funding Application, available at <http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx>.
- ✓ A Proposal Narrative consisting of the following sections: Statement of Need, Proposed Implementation Approach, Staff and Organization Experience, Data Collection and Performance Measurement.
- ✓ Together these sections may not exceed **20** total pages. Applicants must use 12-point Arial or Times New Roman font, single line spacing, and one-inch margins. Page numbers must also be included in the footer.

The following is an outline of the Proposal Narrative content:

1. Statement of Need and Population of Focus: Describes the need for the proposed initiative, to include:
 - A description of the target population and relevant data.
 - A documentation of the need for the proposed project, specifically in the identified catchment area. Clearly identify the county(ies) that will be served by the project.
 - A description of the strengths and gaps in the OUD treatment system in the geographic area the applicant proposes to serve.
2. Proposed Evidence-Based Service/Practice: Delineates the initiative/services being proposed and sets forth the goals and objectives during Year One.
 - Describe the purpose of the proposed project.
 - Clearly state project goals, objectives, and strategies. These goals, objectives, and strategies must relate to the intent of the AFA.
 - Describe the evidence-based practice(s) (EBP) that will be utilized and justify its use with the population of focus.

- Discuss any screening tools that will be utilized and the basis for their selection.
3. Proposed Implementation Approach: Describes how the applicant intends to implement the proposed initiative/service(s) during Year One to include:
- Describe briefly how all program components will be developed, which Model of Care will be implemented and how the required program components (Detoxification, Treatment, and Recovery/Aftercare Supports) will be coordinated to provide a full continuum of care for families (men, women, women who are pregnant, and women with minor children).
 - A description of how the applicant will assure that the people served are given connections and access to all three types of FDA-approved medication and the evidence-based treatment counseling support.
 - A description of the applicant’s existing relationships with CPS, community partners, and the applicant’s plans for expanding partnerships across the OUD continuum of care to ensure rapid access to services for individuals with OUD.
 - Provide a chart or graph depicting a realistic timeline for the 12-month project period delineating key activities, milestones, and staff responsible for action. Be sure to demonstrate that the project can be implemented, and service delivery can begin as soon as possible, no later than 3 months post award. (Note: this chart or graph should be included in the narrative section and not as an attachment.) Timeframe should include all facets of program creation including obtaining applicable licensure and approval for Medicaid billing.
 - Describe how achievement of the goals of this project will produce meaningful and relevant results for the target population as well as the community.
 - Describe any additional training to be sought and utilized in the development of the project, identifying key training components and their relevance.
 - Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project by including letters of support in **Attachment 3**.
 - Provide a description of other state and federal resources that will be sought to address the goals and objectives of the proposed implementation approach and how these resources will enhance and not duplicate existing efforts.
 - Provide a description of how the applicant will ensure the ongoing input of the target population in planning, implementing, and assessing the proposed service.
 - Describe the applicant’s plan to continue the project after the funding period ends. Also, describe how program contiguity will be maintained if and when there is a change in the operational environment (e.g., staff turnover or change in leadership) to ensure stability over time.
 - Describe the facility(ies) to be utilized. This description may be for an existing facility already owned and operated by the applicant agency, or a facility for which the applicant agency has a detailed business plan for acquisition, leasing, or other manner of habitation. BBH staff will be available to discuss what options may exist for securing a building or other location in the event that a location is not readily available. If the

applicant agency chooses to reach out to BBH staff regarding what options may exist, these discussions must occur prior to submission of the applicant's proposal. Any diagrams that may exist should be included in **Attachment 4**.

4. Staff and Organization Experience: This section should describe the applicant's expertise with serving the population(s) of focus and with the delivery of ACE and OUD treatment services, to include:
 - A description of the applicant's and their partners' current involvement with the population(s) of focus.
 - Describe the applicant's existing qualifications to carry out the proposed initiative/service(s).
 - Provide a complete list of staff positions for the project, including the START Director/Manager and family mentors as well as any other key personnel, showing their level of effort and qualifications.

5. Data Collection and Performance Measurement:
 - Describe the applicant's plan for data collection, management, analysis, and reporting. Specify and provide a rationale for any additional measures or instruments the applicant plans to implement in this project.
 - Describe the data driven quality improvement process by which population and sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced.
 - Describe how data collected will be used to manage the project and assure that the proposed goals and objectives will be tracked and achieved.
 - Describe how information related to progress and outcomes will be routinely communicated to ODCP, BBH, BCF, program staff, governing and advisory bodies, and stakeholders.

6. Sustainability Plan: Describe 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. Describe how the proposed program/facility meets the appropriate American Society of Addiction Medicine (ASAM®) Criteria Continuum of Care Level(s).

7. 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.

The attachments **do not** count toward the **20-page** limit.

- ✓ **Attachment 1**: 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

<http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.aspx>

- Budget will include consultation, education and technical assistance contract through children and family futures at START@cfutures.org to ensure new hires are aligned with the START model of best practices and clearing house standards.
 - Budget Narrative for each 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 BBH Fiscal form.
- ✓ **Attachment 2:** Applicant Organization's Valid West Virginia Business License (if applicable).
- ✓ **Attachment 3:** Letters of Support must be submitted with the application to demonstrate that a coordinated and integrated service system is in place to meet the complex needs of the target population.
- ✓ **Attachment 4:** Facility diagrams/floorplans.

Section Four: **CONSIDERATIONS**

LEGAL REQUIREMENTS

Eligible applicants are public organizations (e.g., units of local government) or private organizations with a valid West Virginia Business License. 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 the applicant 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 about all contractual matters. The Grantee may, with the prior written consent of the State, enter 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.

FUNDING METHODOLOGY

After receipt of the fully executed Grant Agreement, the Grantee will submit invoices pursuant to the Schedule of Payments. Requests by the Grantee for payment shall be limited to the minimum amount needed and be timed to be in accordance with the actual, immediate cash requirements of the Grantee in carrying out the purpose of the approved program. The timing and amount of the cash payment shall be as close as is administratively feasible to the actual disbursements by the Grantee for direct program costs and the proportionate share of any allowable indirect costs. Reports reconciling payments received and actual expenditures incurred will be submitted in accordance with reporting requirements.

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.