



Bureau for Behavioral Health

**Announcement of Funding Availability:
Community Health Education Resource Person
(CHERP) Trained Peer Recovery Support Specialist
(PRSS)**



Proposal Guidance and Instructions

AFA Title: Peer Recovery Support Specialist (PRSS)/Community Health Education Resource Person (CHERP)
Targeting Region(s): Statewide
AFA Number: AFA-12-2022

West Virginia Department of Health and Human Resources'
Office of Drug Control Policy and Bureau for Behavioral Health

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:	May 23 rd , 2022
Application Deadline:	June 21st, 2022
Funding Announcement(s) To Be Made:	TBD
Funding Amount Available:	Total: \$210,000.00

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

- Responses must be submitted using the required Proposal Template available at <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.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 <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>. 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.

FUNDING AVAILABILITY

The West Virginia Department of Health and Human Resources’ Bureau for Behavioral Health (BBH) announces this funding opportunity to enhance the current peer workforce by creating new positions employing Peer Recovery Support Specialists (PRSS) who are cross trained as a Community Health Education Resource Person (CHERP) in settings where Medicaid reimbursement is not available. The purpose of this AFA is to create recovery supports to reduce the prevalence of fatal and non-fatal overdoses through the development of PRSS services in West Virginia. Training as a CHERP ensures the PRSS has the knowledge and skills to work with communities and individuals to improve overall health outcomes. The mission of BBH is that all citizens in West Virginia have access to behavioral health services that are comprehensive, readily accessible, and tailored to meet individual, family, and community needs. This mission extends into the recovery community to create and foster local support systems in which individuals with Substance Use Disorder (SUD) can thrive.

Across the country, PRSSs are being trained to provide assistance for those struggling with SUD to find lasting recovery. PRSSs work to mobilize resources within and outside the recovery community and give those in recovery a voice. CHERPs establish partnerships in the community and provide education and information on improving overall community health. CHERP training is a model where individuals who are passionate about helping the community are trained to provide information, support and basic health education and resources to those who need help. The CHERP training is the foundation of the Community Health Worker (CHW) program at the West Virginia School of Osteopathic Medicine (WVSOM). A CHERP-trained CHW will:

- be specifically trained to help friends, neighbors, and community members develop a healthier lifestyle.
- be trained to answer basic questions about health, disease, nutrition, physical activity, and health behaviors.
- partner with doctors, nurses, dietitians, personal trainers, and others in promoting health.

CHERPs can train at one or more levels:

- Wellness
- Health Promotion
- Disease Prevention and Management

By providing cross training of PRSS into the CHERP model, the PRSS will be better prepared to offer support in education of overall health conditions, disease management, and resource brokerage for better access to healthcare.

Total Funding Available: The AFA will support a total of **\$210,000** for creating up to 4 FTE and 1 .5 FTE, new PRSS positions who are cross trained as a CHERP in West Virginia.

Please note that this AFA is for one-time funding to support the establishment of new PRSS positions that are cross trained in CHERP training. To ensure the ability to fill any proposed PRSS positions, the BBH recommends that applicants utilize and budget a \$15 minimum wage for PRSS staffing. However, final discretion for salaries shall be left to the applicant organization and this will not impact the scoring of proposals.

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 serve as the basis for developing the period of performance for the grant agreement.

Section One: **INTRODUCTION**

Recovery is as a process of change whereby individuals work to improve their own health and wellness and live a meaningful life in a community of their choice, while striving to achieve their full potential. Peer support, mutual aid meetings, such as Alcoholics Anonymous, Narcotics Anonymous (AA/NA), and safe living environments are examples of effective components of the process.

Recovery support services provide opportunities for change whereby individuals work to improve their own health through social inclusion or engaging in supportive recovery communities. Peer support, Peer (Recovery) Coaching, Recovery Support Center Services, and Supports for Self-Directed Care are examples of effective components of the process.

The BBH's purpose of creating PRSS positions throughout West Virginia is to:

1. Initiate and sustain individuals in recovery from substance use, abuse, and/or addiction.
2. Promote individuals' recovery by acting as a guide/mentor for overcoming personal and environmental obstacles that jeopardize their recovery.
3. Help individuals discover, access, and utilize ways to remain drug and alcohol free or reduce the harm associated with their substance use behaviors.
4. Help individuals find resources for harm reduction, detoxification, treatment, family support and education, and local or online support groups.
5. Help individuals create a change plan for their recovery.

By providing cross-training of PRSS into the CHERP model, the PRSS will be better prepared to offer support in education of overall health conditions, disease management, and resource brokerage for better access to healthcare.

Section Two: **SERVICE DESCRIPTION**

Peer Recovery Support Specialist (PRSS)

A PRSS provides strength-based supports for persons in or seeking recovery from behavioral health challenges. Peer Coaching, often referred to as Peer Mentoring or Recovery Coaching, is a partnership where the person working towards recovery self directs his/her recovery approach while the coach provides expertise in supporting successful change. Peer Coaching, a peer-to-peer service, is provided by persons with lived experience managing their own behavioral health challenges who are in recovery themselves and as a result have gained knowledge on how to attain and sustain recovery. To become a Peer Coach, such training, education, and/or professional development opportunities for peer coaching must be completed.

Peer Coaching focuses on achieving goals important to the recovering individual. The Coach asks questions and offers suggestions to help the person begin to take the lead in addressing their recovery needs. Peer Coaching honors values and making principle-based decisions, creating a clear plan of action, and using current strengths to reach future goals. The Coach serves as an accountability partner to help the person sustain his or her recovery. The Coach will help individuals overcome personal and environmental obstacles to his or her recovery, links the newly recovering person to the recovery community, and serves as a navigator and mentor in the management of personal and family recovery. Peer Coaching supports positive change by offering hope and help to anyone, including persons involved in treatment, to avoid relapse, build community support for recovery, or work on life goals, such as relationships, work, and education.

Peer Coaches work with people in any stage of recovery, including persons with active behavioral health issues, as well as individuals in long-term recovery which includes medication assisted recovery. Peer Coaching is not clinical treatment, however, coaching can be provided to those actively involved in treatment services. A Coach will also help individuals access as needed treatment services. Peer Coaching must not create a dual role/relationship for the individual being served. Such dual roles can include but are not restricted to a Counselor, Sponsor, Faith Leader, Relative, Parole Officer, etc. A Coach will not serve in any additional capacity with the people they are working with beyond their coaching role. Coaches will not associate primarily with any specific pathway/philosophy to recovery (i.e., faith-based, mutual aid (NA/AA), self-help, etc.).

Community Health Education Resource Person Training

CHERP training is a model where individuals who are passionate about helping the community are trained to provide information, support and basic health education and resources to those who need help. The CHERP training is the foundation of the CHW program of the WVSOM. A CHERP-trained CHW will:

- be specifically trained to help friends, neighbors, and community members develop a healthier lifestyle.
- be trained to answer basic questions about health, disease, nutrition, physical activity, and health behaviors.
- partner with doctors, nurses, dietitians, personal trainers, and others in promoting health.

CHERPs can train at one or more levels:

- Wellness
- Health Promotion
- Disease Prevention and Management

Anyone 18 years of age or older with a high school diploma, GED, or higher education degree can train as a CHERP. No experience or specific background is necessary to participate in the training. For participation in the online training, knowledge of basic computer skills is recommended.

CHERP training is provided through the WVSOM Center for Rural & Community Health (CRCH). Trainings may be implemented in-person. CHERP Level 1: Wellness is also available online.

Eligibility Requirements for the Organization (Supervisory) Site

- Identify a mentor to support the PRSS CHERP Coach, as well as provide guidance/consultation to assure ethical service provision by the Coach.
- Provide on-going organizational support for the PRSS to participate in BBH required training and/or certification processes.
- Collect and submit all required service data reporting to BBH.

Eligibility Requirements for the Substance Use Peer (Recovery) Coach

- Must have a high school diploma or its recognized equivalent.
- Must have lived experience with substance use challenges/addiction.
- Must be involved with a personal support and/or recovery system of their choosing for at least the past 24 months.
- Must reside in stable, recovery-oriented housing the last six months.
- Must have no legal involvement within the last six months.
- Must have no intensive behavioral health treatment involvement within the last six months; to include intensive outpatient services, crisis stabilization/detoxification services, residential treatment services and psychiatric hospitalization

- Must complete a WV Certification Board for Addiction and Prevention Professionals (WVCBAPP) approved CORE PRSS training curriculum.
- Must participate in BBH required trainings and within 6-months of employment, apply to and successfully complete the WVCBAPP certification process for the Peer Recovery credential.
- Collect and submit all required service data to applicant organization

For additional information on the CHERP training module go to: <https://crch.wvsom.edu/CHERP>

Please note that funding for this AFA is one-time funding. Each application must explain in detail how the organization will be sustained after these funds are expended. More specifically, successful proposals will address how the applicant will sustain its CHERP PRSS position(s) beyond the initial funding period if awarded.

Section Three: **PROPOSAL INSTRUCTIONS/REQUIREMENTS**

All proposals for funding will be reviewed by the BBH 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 stated 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 the Office of Drug Control Policy (ODCP) and BBH will review the full proposals. Proposals must contain the following components:

- ✓ A completed Proposal for Funding Application, available at <https://dhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.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 **10** 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:

- Describe the target population and relevant data.
- Provide documentation of the need for the proposed project, specifically in the identified catchment area. Clearly identify the geographic area that will be served by the project.
- Describe the strengths and gaps in recovery support services in the geographic area the applicant proposes to serve.

2. Proposed Evidence-Based Service/Practice:

Delineates the services/practice/employment opportunities/community partner/statewide partners being developed 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 supporting the need for services and/or training that will be developed 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 project/service(s) during Year One to include:

- Describe briefly how all project components will be developed, implemented, and how the required components will be coordinated.
- Describe the applicant's existing relationships with community partners and behavioral health providers.
- Provide a chart or graph depicting a realistic timeline for a 24-month project period delineating key activities, milestones, and staff responsible for action. Be sure to demonstrate that the project can be operationalized and training/employment can begin as soon as possible. (Note: this chart or graph should be included in the narrative section and not as an attachment.)
- 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 from such partner organizations in **Attachment 2**.
- 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 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.

4. Staff and Organization Experience: This section should describe the applicant's expertise with serving the population(s) of focus and with recovery support services:
 - Provide 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 Executive Director/Coordinator, 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 the ODCP, BBH, Jobs & Hope WV, Creating Opportunities for Recovery Employment (CORE), program staff, governing and advisory bodies, and stakeholders.

6. Sustainability Plan: Describe how the applicant will maintain the proposed business operations beyond the one-time funding provided through this AFA.

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 **10-page** limit.

The attachments **do not** count toward the **10-page** limit.

- ✓ **Attachment 1: Facility/Site Diagrams**: Only if applicable for this project.

- ✓ **Attachment 2: Letters of Support/Memorandums of Understanding**: 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 3: Targeted Funding Budget(s) and Budget Narrative(s)**:
 - A 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 <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>.

- 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.

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.

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 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.

Capital expenditures for purchasing or renovating real estate are not permitted with these funds. For funds allowing 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

Capital expenditures for purchasing or renovating real estate are not permitted with these funds. 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.