Announcement of Funding Availability
Treatment Transition Hub

Proposal Guidance and Instructions

Announcement of Funding Availability (AFA)

Treatment Transition Hub

Regions of Focus:

Statewide

AFA Number: AFA 4-2024

West Virginia Department of Human Services
Office of Drug Control Policy

For <u>Technical Assistance</u>, please include AFA 04-2024 in the
subject line and email both:
Jostin.D. Holmes@wv.gov
BBHAnnouncements@wv.gov

Find more information about BBH funding opportunities at
https://DoHS.wv.gov/BBH/funding

Key Dates and Other Information

Date of Release	June 17, 2024
Technical Assistance	Submit an email with "AFA 04-2024" in the subject line to BBHAnnouncements@wv.gov and Jostin.D.Holmes@wv.gov
Application Deadline	**September 14, 2024, at 5 p.m.**
Funding Announcement(s)	To be posted on website
Funding Available	$500,000 to $750,000 One time funding
Geographic Areas	Statewide
Eligible Applicants	(see page 3 for details)

BACKGROUND

House Bill 2428, enacted during the 2017 Regular Legislative Session, created the Ryan Brown Addiction Prevention and Recovery Fund to increase capacity of treatment and recovery beds in West Virginia. This bill gives the Secretary of the West Virginia Department of Human Services (DoHS) the authority to create new beds for the treatment of substance use disorder (SUD). The Secretary is asked to ensure beds are made available in locations throughout the state, determined to be the highest priority for serving the needs of West Virginia citizens.

Licensed Treatment Beds by County (1,677) +36 Beds (St. Francis) = 1,713
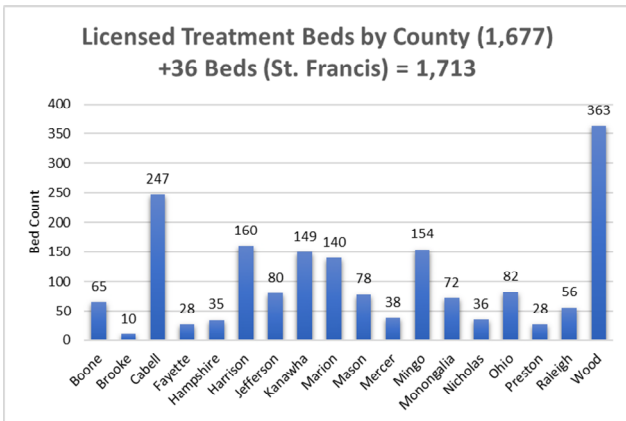
Since 2017 and the creation of the Ryan Brown Fund, treatment bed numbers have grown to 1,713 and certified recovery residence beds have grown to 1,616.

With the current landscape in West Virginia, DoHS's Office of Drug Control Policy (ODCP) and Bureau for Behavioral Health (BBH) are committed to creating pathways to treatment and recovery services through a myriad of access points. ODCP and BBH value multiple pathways to recovery and immediate access to care when and if it is needed. DoHS's mission overall 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 and recovery services through a variety of providers. **ODCP and BBH are requesting proposals for an SUD Recovery Transition Hub (The Hub),** as part of a comprehensive statewide plan to strengthen recovery-oriented systems of care. This project is focused on solutions for

substance use and co-occurring mental health services for adults with an emphasis on services to address the current opioid use and stimulant use crisis.

This Availability of Funding Announcement (AFA) will be accessible statewide to support consortia or organizations that will implement a Recovery Transition Hub. This AFA aims to support individuals in need of temporary housing during their transition into or out of SUD treatment or recovery programs. This initiative seeks to ensure a holistic approach to care, addressing the diverse needs of individuals in the transition phase. While the mention of law enforcement and quick response teams is an illustrative example, the core purpose is to offer a supportive and well-rounded program that facilitates smooth transitions for individuals with an SUD.

Please note that this AFA is for one-time funding. Based on accepted proposals that meet the required criteria contained within this Announcement of Funding Availability, funding is being provided via the Ryan Brown Addiction Prevention and Recovery Fund the acquisition, construction, and/or renovation costs to provide space for the Recovery Transition Hub is an allowable expense.

Applicants should submit proposals with specified timeframes for project development and implementation. 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.

Total Funding Available: $500,000 - $750,000.

ELIGIBLE APPLICANTS

The ODCP and BBH are soliciting applications from public or private, not-for-profit or for-profit agencies with experience serving individuals experiencing mental health conditions, SUD, and/or, more specifically, opioid use disorder (OUD) or stimulant use disorder; experience delivering SUD/OUD recovery services; experience partnering with local and regional SUD/OUD early intervention, treatment, and recovery providers; experience billing or ability to work towards billing Medicaid and other third-party insurers for treatment services (if appropriate); and, experience reporting or ability to meet rigorous data reporting requirements. The organization must provide or have MOU agreements established to meet the requirements of this grant, including medical services, to be considered for funding.

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 should be included in Attachment 2 of the application.

The Recovery Transition Hub initiative is an innovative program meticulously designed to address the diverse needs of individuals seeking mental health support and SUD treatment. This multifaceted initiative integrates various components to create a holistic and inclusive approach to care.

APPLICATION REQUIREMENTS

Section One. **Introduction**

BBH and ODCP are providing one-time funding for the development of a Recovery Transition Hub to continue efforts of engaging individuals at the highest risk of fatal and non-fatal overdose in the recovery process. BBH and ODCP are working to ensure that all citizens in West Virginia have access to 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 SUD can thrive.

A Recovery Transition Hub is a 24-hour facility that offers temporary housing as individuals transition in and out of residential treatment and recovery services regardless of their status at discharge. This is a safety net to catch one of our most vulnerable populations as they matriculate through our systems of care. In some cases, The Hub can also be a place for law enforcement to divert individuals who would otherwise go to regional jails while they await a bed in licensed behavioral health facilities.

While the primary purpose of The Hub will be based on temporary housing, ODCP, and BBH envision an atmosphere that offers comprehensive services through community connections. The Hub will include opportunities for screening and assessment for mental health services, recovery case management services, medication management, crisis intervention, authorization or direct connection to mental health services, assessments, authorization for placement into care facilities, and application assistance for medical and disability benefits, consultation/care coordination for complex situations. This innovative project aims to provide comprehensive support for individuals in need, addressing mental health challenges and promoting recovery.

The Hub is a pivotal project backed by the Ryan Brown Addiction Prevention and Recovery Fund and supported by BBH and ODCP. The demand for The Hub is underscored by the significant variations in the average wait time for mental health patients in emergency departments (EDs), particularly in the Northeast region. The study, analyzing data from the National Hospital Ambulatory Medical Care Survey (NHAMCS), revealed that mental health and substance-related visits had a median length of stay (LOS) of 3.7 hours, surpassing the median LOS for medical visits. Notably, mental health visits were more likely to result in admission or transfer, with a significant proportion lasting more than 6 and 12 hours.

This initiative addresses the pressing need for temporary placement solutions for individuals actively seeking treatment and recovery for substance use disorder. With a commitment to evidence-based practices, the implementation of the Recovery Transition Hub aims to tackle SUD

and facilitate recovery journeys. The project, aligned with the "all pathways" approach to recovery, recognizes the personal nature of individuals' path from mental and substance use conditions. It underscores the vital role of Peer Recovery Support Services (PRSS) within the context of the Recovery Transition Hub, emphasizing the collaborative vision and funding provided by the Ryan Brown Addiction Prevention and Recovery Fund and the Office of Drug Control Policy.

This AFA will be available statewide to support consortia or organizations that will implement a Recovery Triage Hub. This AFA aims to support individuals in need of temporary housing during their transition to SUD treatment. The primary focus includes providing comprehensive services such as assessment for mental health services, Recovery case management, medication management, and crisis intervention. This initiative seeks to ensure a holistic approach to care, addressing the diverse needs of individuals in the transition phase. While the mention of law enforcement and quick response teams is an illustrative example, the core purpose is to offer a supportive and well-rounded program that facilitates a smooth transition to SUD treatment for individuals, encompassing mental health assessment, case management, medication support, and crisis intervention.

Section Two. **Service Description**

Target Population

The target population is a diverse range of individuals, spanning all age groups (adults and youth) and addressing challenges related to substance use and co-occurring disorders. The focus includes individuals at different stages of the SUD continuum—encompassing prevention, early intervention, treatment, and recovery. Special attention is given to high-risk populations, such as people who inject drugs (PWID), pregnant, postpartum, and parenting women (PPW), individuals experiencing homelessness, LGBTQIA+ individuals, and military veterans. This inclusive approach ensures tailored support for individuals facing various challenges related to substance use within the framework of the Recovery Triage Hub.

Service Overview

The purpose of this AFA is to establish a Recovery Transition Hub that creates a comprehensive network that prioritizes immediate support for individuals grappling with SUD and co-occurring disorders. The Hub's objectives include bridging gaps in SUD treatment services, enhancing harm reduction efforts, and providing safe housing options until individuals can be placed into appropriate treatment and recovery programs. The overarching goal is to contribute actively to the reduction of overdose incidents in the designated area while addressing the specific needs of those with substance use and co-occurring disorders.

1) Provide Safe Space:
Efficiently manage and maintain supportive temporary housing, ensuring a safe and secure environment for individuals in need during their stay within the program, with 24-hour staff monitoring for facility maintenance, work intakes, and staff monitoring.

A minimum of 16 beds should be provided for temporary housing.
Identify space that you currently own or space to be purchased for the following uses.

2) Immediate Walk-In Assistance:
Ensure that trained staff, available through in-person or telehealth services, promptly address urgent SUD and mental health concerns, creating a welcoming environment for immediate entry into the program. Services must include Peer Recovery Support, case management, therapist/social worker, and an on-call or in-house prescriber that has the ability to treat withdrawal symptoms and provide MOUD. Other services can be contracted with outside agencies.

3) Temporary Housing Solutions:
Establish and maintain a secure and supportive temporary housing environment, ensuring a smooth transition for individuals experiencing SUD and mental health crises.

4) Transportation Solutions:
Provide transportation to and from The Hub for individuals being discharged or entering treatment and recovery programs.

5) Specialized Case Management Services:
Develop a qualified case management team to guide individuals through transitions with personalized care plans, coordinated services, and advocacy for necessary resources.

6) Law Enforcement Collaboration and Diversion Programs:
Foster collaboration with law enforcement, providing training to facilitate effective diversion programs, immediate placements, and streamlined access to SUD and mental health care.

7) Effective Law Enforcement Communication:
Establish effective communication channels with law enforcement, ensuring seamless collaboration and swift responses to diversion opportunities identified by law enforcement agencies, utilizing in-person or telehealth services as appropriate.

8) Preventive Services, Education, and Empowerment:
Train a responsive team to provide preventive services, including the distribution of naloxone and test strips, education about smoking cessation, and addressing other walk-in needs directly within the program. Implement comprehensive preventive education, empowering individuals with knowledge about harm reduction tools, substance use safety, and proactive health practices.

9) Crisis Prevention and Intervention:
Train staff in proactive crisis prevention strategies, offering preventative services, educational resources, and interventions to mitigate the risk of escalating mental health crises.

10) Accessible and Welcoming Environment:
Create an accessible and welcoming environment for individuals seeking immediate walk-in assistance, reduce barriers to entry, and fostering a sense of comfort and safety.

11) Efficient Case Plan Development:
Streamline the development of personalized care plans, ensuring efficiency and effectiveness in addressing the unique needs of individuals under the program's case management services.

12) Timely Placement Coordination:
Streamline coordination with treatment facilities and recovery programs and residences for timely and appropriate placements, minimizing delays in transitioning individuals to the required level of care.

13) Empathetic and Responsive Staff Training:
Provide training that emphasizes empathy and responsiveness among staff, fostering a culture of compassion and understanding in all interactions with individuals seeking assistance.

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.   Specifically, successful proposals will address the sustainability of recovery and peer services supportive of expanded capacity for medication-assisted treatment, as well as engagement services for the target populations in the grantees' identified geographic area after this one-time funding.

Section Three. **How to Apply**

PROCESS FOR APPLICATION SUBMISSION: All proposals must be submitted through the WVOASIS Vendor Self Services (VSS Portal) at http://www.wvoasis.gov. For more information and training on application submission, please use visit the following links:
- Search VSS for Grant Funding Opportunities (GFO)
- Completing a Grant Funding Application (GFA) in VSS - (Part 1)
- Completing a Grant Funding Application (GFA) in VSS - (Part 2)

All proposals for funding will be reviewed by ODCP staff for administrative compliance, service need, and feasibility. Applications from previous or current BBH/ODCP grantees may undergo advanced administrative review. A review team, including reviewers independent of BBH/ODCP, will review the full proposals.

Application Components

1.   A **Statement of Assurance** available at Applying for Funding (wv.gov) is required of all proposal submissions. This statement must be signed by the agency's CEO, CFO, and Project Officer.

2.   A completed **Proposal for Funding Application**, available at Applying for Funding (wv.gov)

3. **Proposal Narrative.** Applicants must use 12-point Arial or Times New Roman font, single-line spacing, and one-inch margins. Charts or graphs may be no smaller than 10-point font. Page numbers must also be included in the footer. The Project Narrative must not exceed 15 pages. References and attachments do not count toward the page limit.

The Proposal Narrative and Budget Narrative (Attachment 1, described in number 4 below) may receive up to 100 points and should contain the following sections:

    a. <u>**Statement of Need and Populations of Focus (15 points):**</u>
- **The target population and relevant data**. Describes the need in the community for the proposed service(s). Applicants should identify and provide relevant data on the target population and area(s) of special focus to be served, as well as the geographic area to be served, to include specific region/county(ies) and existing service gaps. This section should also include a description of the strengths and gaps in the mental health service system in the geographic area the Applicant proposes to serve.

    b. <u>**Proposed Implementation Approach (25 points):**</u> Please describe how the applicant intends to implement an IOS to include the following:
- Describe briefly how all program components will be developed, which Model of Care will be implemented and how the required program components will be coordinated to provide a full continuum of care for youth and their families.
- 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 that 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.) The timeframe should include all facets of program creation, including obtaining applicable licensure and approval for Medicaid billing.
- A description of the applicant's existing relationships with community partners and plans for expanding partnerships across the mental health continuum of care to ensure rapid access to services for individuals with mental health issues.
- Describe how achievement of the goals of this project will produce meaningful and relevant results for the target population, as well as the applicable community.
- Identify and describe partner organizations, their roles, responsibilities and their commitment to the project via letters of support in Attachment 3.
- Provide a description of the applicant's existing relationships with community partners and plans for expanding partnerships across the mental health continuum of care to ensure rapid access to services for individuals with mental health issues.
- Describe how achievement of the goals of this project will produce meaningful and relevant results for the target population, as well as the applicable community.
- Identify and describe partner organizations, their roles, responsibilities and their commitment to the project via letters of support in Attachment 3.
- Identify and describe partner organizations, their roles, responsibilities and their commitment to the project via 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.
- Describe the applicant's strategy to engage the population of focus in planning, implementing, and program evaluation. Define the feedback loop between the target population, the applicant organization, partners/key stakeholders, and BBH throughout planning, implementation, and evaluation.
- A description of program implementation and sustainability beyond one year of grant funding, including how alternative funding sources, such as Medicaid fee for service billing, will be secured.
- Describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover or change in leadership) to ensure stability over time.

c. **Staff and Organizational Experience (15 points):** This section should describe the Applicant's expertise with the population(s) of focus, law enforcement and mental health treatment and support, to include:

- o A description of the Applicant's current involvement with the population(s) of focus.
- o Describes the Applicant's existing capacity and readiness to carry out the proposed service(s), to include its experience and qualifications to reach and serve the target population.

d. **Data Collection and Performance Measurement (30 points):** Describes the outcomes to be measured and information/data the Applicant plans to collect. Applications must outline a process for data to guide implementation and improve quality of the service, ensuring each goal is met and assessing outcomes within the target population.

e. **References/Works/Data Cited (5 points):** All sources referenced or used to develop this proposal must be included on this page. This list does not count toward the 15-page limit.

f. **Budget Narrative (10 points)**. Reviewers will determine whether the proposed budget aligns with the proposed workplan and training needs described in this AFA.

4. **Attachment 1. Targeted Funding Budget(s) and Budget Narrative(s)**

- o **Targeted Funding Budget (TFB)** form detailing the proposed budget for the AFA amount and sources of other funds, if any. A separate TFB form is required for any capital or start-up expenses. This form and instructions are located at Applying for Funding (wv.gov) .

- o **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 BBH Fiscal Form.

- o **Applications submitted without completed TFBs and Budget Narratives will not be considered.**

5. **Attachment 2. Applicant's Organization's Valid WV Business License**.

6. **Attachment 3**. Memorandum of Understanding(s) and letters of support to document coordination and integration into the current service delivery system.

Section Three. **EXPECTED OUTCOMES/PERFORMANCE MEASURES**

Individuals receiving this service should demonstrate the following generally accepted outcomes.

Expected Outcomes:
The overall expected outcomes for this AFA are:

1. Enhance access to immediate SUD, behavioral health, and medical support.
2. Reduce wait time for treatment services.
3. Reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for SUD and/or OUD (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).

The specific purpose of this AFA is to encompass increasing access to immediate support, reducing wait times for treatment services, and preventing crisis escalation and incarceration.

Performance Measures may include, but not be limited to:

Number and demographics of individuals served, with a specific emphasis on those actively seeking immediate assistance for mental health crises and SUD treatment.

1. Number and purpose of executed Memorandums of Understanding, particularly those addressing timely access to temporary housing, employment, medical care, mental health counseling and treatment, SUD treatment and recovery programs, childcare, transportation, and other essential services.
2. Policies within the organization that specifically contribute to the effective engagement and retention of individuals navigating mental health crises and seeking SUD treatment.
3. Number, type (such as focus groups, surveys, or key-informant interviews), and aggregate results of feedback activities from individuals in crisis, highlighting areas of improvement and success within the Recovery Transition Hub.
4. Number of participants successfully connected to employment or enrolled in educational programs, recognizing the importance of holistic support beyond immediate mental health concerns.

5. Number of participants with no involvement in the criminal justice system, reflecting successful diversion efforts and alternatives to incarceration.
6. Number of participants demonstrating abstinence from alcohol in the last 30 days, indicating progress in managing substance use.
7. Number of participants demonstrating abstinence from illicit drug use in the last 30 days, emphasizing the program's impact on reducing substance use.
8. Number of participants actively engaged in self-help groups in the prior 30 days, showcasing a commitment to peer-supported recovery.
9. Length of stay (in days) for participants completing the Recovery Transition Hub program, reflecting the program's effectiveness in addressing immediate needs and facilitating the transition to appropriate levels of care.

Section Four. CONSIDERATIONS

LEGAL REQUIREMENTS

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or unit 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.

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 regarding 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.

STARTUP 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 proposal narrative. For 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, or capital expenditures.

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

FUNDING REIMBURSEMENT

This grant will be awarded on a schedule-of-payment (SOP) basis. 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 the stated program objectives.

OTHER FINANCIAL INFORMATION

Allowable Costs:

Please note that DOHS 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 DOHS 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 the Code of Federal Regulations (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 DOHS 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 DOHS is funding this grant award with federal pass-through dollars, state appropriated dollars or a combination of both.