

## Announcement of Funding Availability (AFA)

State Opioid Response:

Community Innovation for Treatment Access and Retention



## **Proposal Guidance and Instructions**

**AFA Title: SOR Community Innovation Grants for Treatment  
Access and Retention  
Targeting Regions: Statewide  
AFA Number: AFA 1-2019-SA**

West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health

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

[DHHRBHHFAnnouncement@wv.gov](mailto:DHHRBHHFAnnouncement@wv.gov)

| Key Dates:   |                             |
|--|-----------------------------|
| Date of Release:                                       | January 8, 2019             |
| Technical Assistance Call<br>or Informational Meeting: | To be posted on BBH Website |
| Application Deadline:                                  | February 11, 2019 5:00 pm   |
| Funding Announcement(s) To Be Made:                    | To be posted on BBH Website |
| Funding Amount Available:                              | \$4,000,000                 |

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 [DHHRBHHFAnnouncement@wv.gov](mailto: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](http://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](mailto:DHHRBHHFAnnouncement@wv.gov) and include "Proposal Technical Assistance" in the subject line.

## FUNDING AVAILABILITY

The focus of the current Announcement of Funding Availability by West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH) is to disperse federal funding received by the State through the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (SOR) program. SOR aims to address the opioid crisis and prevent opioid use disorder (OUD) deaths by:

- increasing access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder,
- reducing unmet treatment need, and
- reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).

The specific purpose of this AFA is to increase access to, expansion of, and retention in evidence-based treatment for individuals with OUD within the state. Priority consideration will be given to proposals that reduce barriers to treatment by 1) expanding MAT services to individuals in underserved areas and areas experiencing significant opioid overdose deaths (rate greater than 25 persons per 100,000); 2) increasing coordination among OUD early intervention, treatment and recovery resources; and 3) increasing capacity for immediate access to evidence-based treatment. A separate AFA focused on recovery and peer services will also be released; however, connecting recovery resources to treatment services is viewed favorably in this AFA, particularly as it relates to how it improves seamlessness of experience of treatment care for individuals with OUD.

A total of \$4,000,000 is available statewide to support consortia or groups of organizations that will develop sustainable treatment capacity and partnerships to meet the goals of the grant, with emphasis on high-risk, priority populations including people who inject drugs (PWID); individuals re-entering the community from incarceration; pregnant, postpartum, and parenting women (PPW); lesbian, gay, bisexual, transgender, and questioning/queer (LGBTQ) individuals; and military veterans.

**Total Funding Available:** \$4,000,000; grants are anticipated to range between \$250,000 - \$500,000 per award.

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| <b>STATEWIDE</b> | <b>\$ 4,000,000</b> |
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## Section One: **INTRODUCTION**

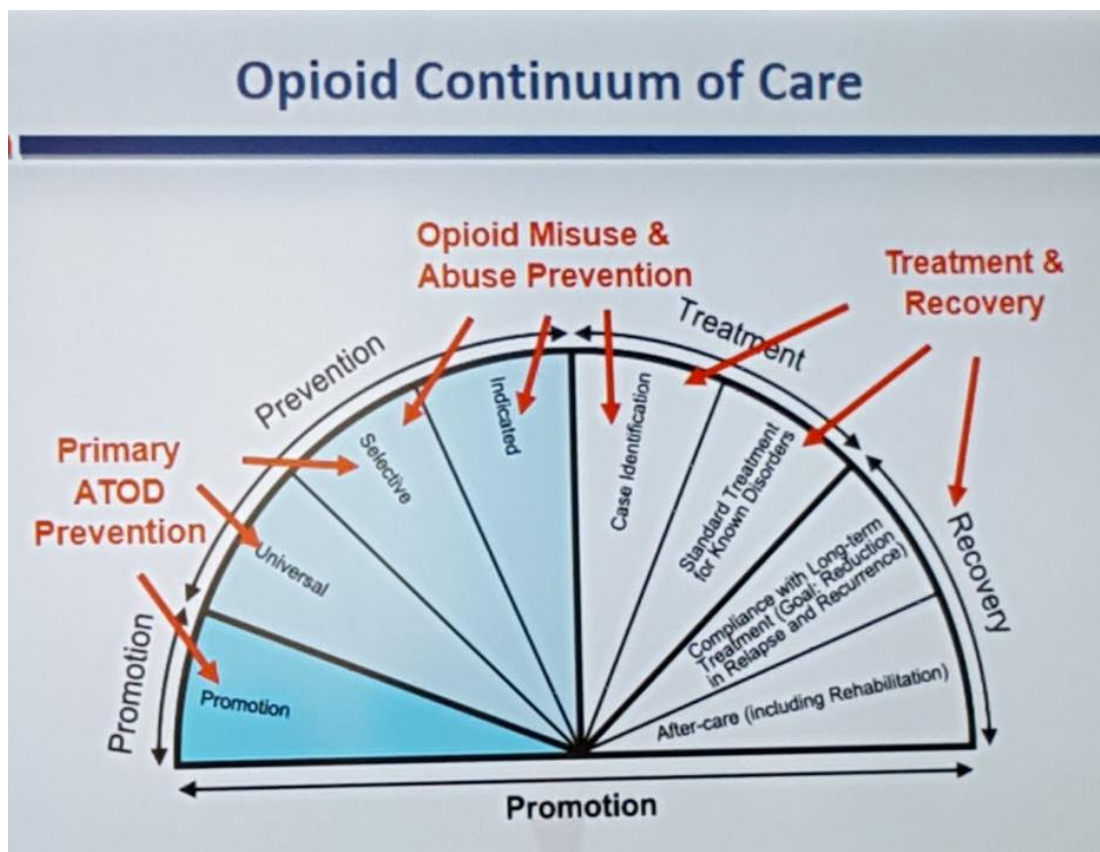
The West Virginia Department of Health and Human Resources, Bureau for Behavioral Health (BBH) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The mission of the BBH is to ensure that West Virginians with mental health and/or substance use disorders, and intellectual/developmental disabilities experience quality services that are comprehensive, readily accessible and tailored to meet individual, family and community needs.

The State is required by SAMHSA to use SOR funding focused on OUD and MAT. Treatment is ultimately a decision between doctor and patient, and therefore individuals must not only have the ultimate decision, but also be able to make an informed decision. SAMHSA (as well as the Centers for Disease Control and Prevention, the World Health Organization, and other state, national, and international experts) rely on quality research showing evidence that the best results in the vast majority of OUD cases come from a combination of medication to treat the physiological symptoms, and addiction psychosocial therapy and supports to treat the underlying causes. These underlying causes might include adverse childhood experiences (ACEs), social determinants of health, other underlying trauma, and/or emotional and psychological issues such as co-occurring mental illness.

Because SOR funding is time-limited, BBH is focused on further developing a service delivery infrastructure, funding mechanisms, and interorganizational relationships that will sustain the system once the grant period ends. BBH does not envision that the same services will be “available behind any door,” in other words, that the full range of early intervention/treatment/recovery services will be available in all communities. Instead, BBH is focused on the goal of assuring that individuals with OUD from any county in West Virginia are able to open any door in their county to provide, at a minimum, active referral to quality, evidence-based early intervention, treatment and recovery services and resources, and using SOR funding to make this happen by developing innovative service delivery systems. In addition, the active referrals and the services will be staffed by individuals with effective engagement skills in a trauma-responsive, person-centered, culturally competent way. Finally, SOR is focused on providing services to all West Virginians in a timely, seamless manner, as close to walk-in, same-day services as possible.

The emphasis on this type of system change is based not only on SOR requirements, but on exhaustive study and analysis performed by DHHR’s Bureau for Public Health examining 2016 overdose death data. Among the findings noted in the Opioid Response Plan for the State of West Virginia were

that “the majority (81%) of overdose decedents interacted with at least one of the health systems in this report...However, not all decedents interacted more than once with these resources, so each entity must be prepared to offer treatment at the time of interaction or have an established system for follow-up.”



It is critical that providers address fragmentation in patient services and enable better coordinated and more continuous care, meet individual client needs, and maximize state and federal dollars to meet the demand for these specific services. Successful proposals will add to and connect pieces of the continuum of OUD care in WV to improve patient outcomes as well as strengthen quality, evidence-based providers.

**The extensive data and reporting required by SAMHSA will be used to determine the impact of the program on opioid use, and opioid-related morbidity and mortality over time, and reinforces the need to measure each funded proposal’s impact on establishing a seamless system in West Virginia.**

**Given the urgency and complexity of addressing the state’s needs within the indicated timeframe, this AFA is designed to elicit proposals for collaborative, coordinated efforts that support multiple organizations and intersecting networks, and foster supportive relationships and strategic**

**thinking among partners working on similar goals, rather than solely supporting individual organizations and programs.**

Proposals must describe how the work will actively:

- comply with SAMHSA prohibition of the use of SOR funding for opioid detoxification services unless it is accompanied by extended release naltrexone;
- promote client engagement to increase retention in treatment;
- promote same day access to appropriate levels of care;
- promote access for individuals living in un/underserved areas;
- connect individuals with Opioid Treatment Providers (OTPs) whose assessment indicates methadone treatment;
- address the treatment needs of individuals who have co-occurring OUD and mental illness;
- promote access (to include training and distribution) to Naloxone for staff and individuals served.

## Section Two: **SERVICE DESCRIPTION**

### **Community Innovation Grants for Treatment Access and Retention**

**Grantee Eligibility:** BBH is soliciting applications from public or private, not-for-profit or for-profit agencies with experience *servicing* individuals experiencing mental health conditions, substance use disorders (SUD), and/or specifically opioid use disorder (OUD); experience *delivering* OUD treatment services; experience *partnering* with local and regional OUD/SUD early intervention, treatment and recovery providers; experience *billing* or ability to work towards billing Medicaid and other third-party insurers for treatment services; and experience *reporting* or ability to meet rigorous data reporting requirements.

**Target Population:** (Ages 18+) with an Opioid Use Disorder, which may include co-occurring mental illness and/or polysubstance use, and high-risk, priority populations including people who inject drugs (PWID); individuals re-entering the community from incarceration; pregnant, postpartum, and parenting women (PPW); lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ) individuals; military veterans.

## **Service Overview**

The goal of this Announcement of Funding Availability is to expand and integrate an Opioid Use Disorder Regional and Statewide Systems of Care to increase MAT access, utilization and treatment retention.

SOR funds may be used to transition a group of practices from providing standalone behavioral, physical, or specialist health care for individuals with OUD into integrated evidence-based practices; to grow practice access and capacity through evidence-based system expansion and integration; and to assure coordinated transition through appropriate levels of care (acute and intensive inpatient services, residential inpatient treatment, outpatient treatment and counseling, and long-term recovery support).

Examples of strategies include, but are not limited to:

- Telehealth/telemedicine;
- Mobile services or connections to transportation;
- Project ECHO (Extension for Community Healthcare Outcomes) training, consultation and technical assistance;
- Cultural competency training and/or technical assistance from intermediary groups providing expertise in outreach and engagement related to high-risk, priority populations;
- Peer Coaching/Peer Recovery Support Services and patient navigators to promote engagement and coordination;
- Project Engage for individuals identified after screening in the hospital emergency department;
- PROACT (Provider Response Organization for Addiction Care and Treatment) regional, county or municipal “one-stop shops;”
- Hub and Spoke expansion of MAT;
- Quick Response Teams; and
- Coordination with local or regional harm reduction programs.

More detailed information on OUD evidence-based treatment models may be found at:

<https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>

<https://www.samhsa.gov/ebp-resource-center>

[https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/opioid-use-disorder\\_technical-brief.pdf](https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/opioid-use-disorder_technical-brief.pdf)

Note that successful proposals will describe how staff will gain and demonstrate competencies in SBIRT, motivational interviewing and trauma-responsive care, and any costs anticipated to meet that expectation should be included in the proposal. Separate professional development grants awarded from

West Virginia's SOR appropriation will support most training and technical assistance necessary for practicing professionals to develop and enhance skills in delivery of MAT, including training to prepare for becoming a DATA 2000 Waivered provider.

### **Collaborations and Memoranda of Understanding**

Applicants for this funding will work in collaboration with community partners and behavioral health providers to engage and implement strategies for individuals with OUD, with an emphasis on priority populations. Memoranda of Understanding (MOU) with these identified partners must be executed within 30 days of notice of award that outline the roles and responsibilities of each party.

### **Program Sustainability**

Funding for this AFA is anticipated to be one-time funding. Each application must explain in detail how the initiative will be sustained after these funds are expended. Specifically, successful proposals will address sustainability of expanded capacity for Medication-Assisted Treatment, as well as engagement services for the target populations in the identified geographic area after this-one-time funding.

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| <b>Section Three: PROPOSAL INSTRUCTIONS/REQUIREMENTS</b> |
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All proposals for funding will be reviewed by the 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 will not be reviewed further.

A review team independent of 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 **15** 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.
  - The geographic area to be served, to include specific region/county(ies)
  - 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.
3. Proposed Implementation Approach: Describes how the Applicant intends to implement the proposed initiative/service(s) during Year One to include:
  - A description of how the Applicant will assure that individuals have connections and access to all three types of FDA-approved medication and the evidence-based treatment counseling support.
  - A description of Applicant's existing relationships with 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.
  - A description of the strategies/service activities proposed to achieve the goals and objectives identified above, those responsible for action, and a **6-month timeline** for these activities. Include planning/development, training/consultation, outreach and marketing, implementation, and data management.
  - A description of other state and federal resources that address the goals and objectives of the proposed implementation approach and how SOR funds will enhance and not duplicate existing efforts.
  - A description of how the Applicant will ensure the input of the target population in planning, implementing, and assessing the proposed service.
4. Staff and Organization Experience: This section should describe the Applicant's expertise with the population(s) of focus and with OUD treatment services, to include:
  - A description of the Applicant's and their partners' current involvement with the population(s) of focus.
  - Describes the Applicant's existing qualifications to carry out the proposed initiative/service(s).
5. Data Collection and Performance Measurement: Describes the Applicant's capacity to provide Government Performance and Results Act (GPRA) Core Client Outcome Measures for Discretionary Services Programs, as identified by SAMHSA, on 80% of individuals presenting for assessment, treatment, or other interaction with MAT service providers at intake and at 6 months after initial data collection – whether individual is still receiving services or not. (NOTE: Additional program evaluation data may be required.)
6. 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(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 **15-page** limit.

The attachments **do not** count toward the **15-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 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.
- ✓ Attachment 2: Applicant Organization's Valid WV 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.

#### Section Four: **EXPECTED OUTCOMES / PERFORMANCE MEASURES**

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

##### **Expected Outcomes:**

The overall expected outcomes for the SOR grants are:

1. Increased access to MAT using the three FDA-approved medications for the treatment of opioid use disorder,
2. reducing unmet treatment need, and
3. reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).

The specific purpose of this AFA is to increase access to and retention in evidence-based treatment for individuals with OUD within the state.

##### **Performance Measures may include, but not be limited to:**

1. Number and location of MAT providers
2. Completion rate for GPRA client level interviews
3. Retention in treatment
4. Number and demographics of individuals served by type of service

5. Number and purpose of Memorandum of Understanding executed
6. Organizational policies that support client engagement and retention
7. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted

## Section Five: **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.