

Announcement of Funding Availability

Quick Response Team (QRT)



Proposal Guidance and Instructions

AFA Title: Quick Response Team (QRT)
Targeting Regions: Putnam, Harrison, Morgan, and
Brooke/Ohio
AFA Number: 11-2020-SA

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

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

DHHRBBHAnnouncements@wv.gov

Key Dates:	
Date of Release:	June 29,2020
TECHNICAL ASSISTANCE FAQs:	To be posted on BBH Website
Application Deadline:	August 14, 2020 @ 5:00 PM
Funding Announcement(s) To Be Made:	Details to follow
Funding Amount Available:	\$600,000

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

- Responses must be submitted using the required Proposal Template available at <https://dhhr.wv.gov/bhhf/AFA/Pages/default.aspx>
- Responses must be submitted electronically via email to DHHRBBHAnnouncements@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 <https://dhhr.wv.gov/bhhf/AFA/Pages/default.aspx>. This statement must be signed by the agency’s CEO, CFO, and Project Officer and attached to the Proposal Template
- To submit questions for the Technical Assistance FAQ forward all inquiries via email to DHHRBBHAnnouncements@wv.gov and include “Proposal Technical Assistance” in the subject line.

FUNDING AVAILABILITY

As part of the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) grant, the West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH) is providing a one-time funding opportunity to expand the current number of Quick Response Teams (QRTs), by establishing four (4) new teams in Putnam, Harrison, Morgan, and a single (1) QRT that serves both Brooke and Ohio counties. The role of the BBH is to provide leadership and oversight in the implementation, integration and coordination of the public behavioral health system.

BBH is soliciting applications from public, private, not-for-profit, and/or for-profit agencies—including but not limited to local governmental entities—with experience in serving individuals and families experiencing opioid use disorder (OUD). By implementing a QRT, communities build upon formal systems that: 1) assure availability of community-based educational programs focused on addiction; 2) provide local leadership in developing and sustaining partnerships; 3) provide essential community access to the interdisciplinary QRT; and 4) facilitate access to individuals in need of SUD treatment and recovery services.

Applications must provide a detailed implementation plan for community engagement, establishing inter-agency partnerships, and a substantial plan for sustainability subsequent to this funding cycle, ending September 30th, 2021. To meet inclusion criteria an application must support all pathways to recovery, including Medication Assisted Treatment, and establish a QRT in one of the following counties Putnam, Harrison, Brooke/Ohio, and/or Morgan.

Funding a proposal is contingent on budgetary approval and meeting all criteria outlined in the AFA.

Maximum Funding Per Site: Up to \$150,000.00

STATEWIDE	\$ 600,000.00
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Section One: INTRODUCTION

The West Virginia Department of Health and Human Resources, Bureau for Behavioral Health (BBH) strives to ensure that West Virginians with mental health and/or substance use disorders, intellectual/developmental disabilities, chronic health conditions or long-term care needs have access to high quality, comprehensive, patient-centered health care services. To further this goal BBH strategically funds programs that build partnerships and collaboration among public and private systems.

QRTs are an evidence-based intervention that further the service provision and health promotion goals of BBH, by providing interdisciplinary interventions that engage the community. Quick Response Teams help reduce the incidence of repeat overdoses, overdose fatalities and engage individuals in treatment for opioid use disorder. QRT members actively engage overdose victims and facilitate the transition into treatment for substance use disorder. The disciplines represented on a QRT are emergency response personnel, law enforcement or health department personnel and a substance abuse treatment or peer recovery provider. Following a non-fatal overdose, the QRT will make substantial efforts to contact survivors within 24-72 hours of an overdose event to initiate developing a patient-centered treatment plan.

The following BBH Strategic Priorities guide QRT services and integration into the substance use disorder and mental health continuum of care:

Behavioral Health System Goals	
<i>Priority 1 Assessment and Planning</i>	<i>Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the WV behavioral health service delivery system.</i>
<i>Priority 2 Capacity</i>	<i>Build the capacity and competency of WV's behavioral health workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.</i>
<i>Priority 3 Implementation</i>	<i>Increase access to effective behavioral health prevention, early identification, treatment and recovery management that is high quality and person-centered.</i>
<i>Priority 4 Sustainability</i>	<i>Manage resources effectively by promoting good stewardship and further development of the WV behavioral health service delivery system.</i>

Section Two: **SERVICE DESCRIPTION**

Grantee Eligibility

BBH is soliciting applications from public, private, not-for-profit, and/or for-profit agencies with experience in serving individuals and families experiencing opioid use disorder (OUD). **Communities with a high burden of disease in Putnam, Harrison, Berkeley, and/or Morgan counties will receive priority consideration. In addition, award amounts will be tiered based on overdose rates in the proposed service area.**

Target Population

Adult men and women (ages 18+) who have suffered overdoses 24-72 hours prior to contact. For overdose survivors, under the age of 18, parental consent or legal guardian approval is required before QRT services can be provided.

Service Overview

First responders often find themselves providing care to individuals experiencing a behavioral health crisis, with limited resources available to provide the support needed. The West Virginia Quick Response Team (QRT), is modeled after Colerain Township in Ohio, initiated in 2015, and is an important component of the continuum of care for addiction care. QRTs provide an opportunity for public safety officials to partner with behavioral health providers to provide interventions that reduce repeat and fatal overdoses. The Colerain QRT model consists of an interagency “Law Enforcement and Behavioral Health Partnership” group.

A 2017 Colerain Township Police Department report found the following positive outcomes:¹

- Overdoses have declined by 40%.
- Almost 70% of individuals who interact with the QRT seek treatment.

QRT delivery methods and models vary. If the applicant is using an evidence-based model other than the Colerain model, existing data and a brief explanation must be provided to support the selected model. This AFA funding initiative supports the following QRT components:

- Community participation in development of an action plan to address opioid-related overdose.
- Interagency partnerships: QRT members may include law enforcement, local health departments, emergency responders, and/or substance use treatment and recovery

¹ <http://www.ocjs.ohio.gov/ohiocollaborative/links/COLERAIN-TOWNSHIP-POLICE.pdf>

systems. Faith-based leaders are also a great asset to QRTs and can serve multiple roles, by providing support for both QRT members as well as individuals with an OUD.

- The applicant’s interagency group must be committed to designing, implementing, and overseeing a plan of timely response, outreach and education focused on individuals who have experienced an opioid overdose.
- Information is developed to share with individuals, family members and interested community members about addiction and resources for treatment and recovery.

Collaborations and Memorandum of Understanding

For proposals to be considered, applicants must submit signed Memoranda of Understanding from the response agencies participating in the project. It is recommended that applicants reach out to other organizations already providing these services in West Virginia and coordinate to promote statewide fidelity in program implementation; this collaboration may be documented as a letter of support or by a Memorandum of Understanding outlining technical assistance for program implementation. Applicants are also encouraged to provide letters of support from at least two community-based organizations that will provide behavioral health treatment and/or recovery services.

Program Sustainability

Funding provided for this Announcement of Funding Availability is anticipated to be a one-time event, to be expended by September 30th, 2021. This opportunity is intended to provide coverage for the initial start-up costs to help initiate QRTs that build on robust systems of care for substance use disorder in West Virginia. For a submitted application to qualify for consideration the proposal must include a substantive plan to sustain services in the future. Continuity of services and sustaining program developments are essential to maintaining and expanding on the positive impact that the services provided by this programming have in the community.

Section Three: PROPOSAL INSTRUCTIONS/REQUIREMENTS

All proposals for funding will be reviewed by the BBH staff for administrative compliance, service need, and feasibility. 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 Evidence-based Service/Practice, Proposed Implementation Approach, Staff and

Organization Experience, Data Collection and Performance Measurement.

- ✓ The Proposal Narrative may not exceed **ten (10)** total pages. Applicants must use 12-point Arial or Times New Roman font, single line spacing, and one (1) inch margins. Page numbers must also be included in the footer.

The following is an outline of the Proposal Narrative content (**100-point total**):

- ✓ **Statement of Need and Population of Focus: (20 points)** 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. Priority will be given to proposals targeting Putnam, Harrison, Morgan, and Brooke/Ohio Counties..
- ✓ **Proposed Evidence-Based Service/Practice: (20 points)** Define the project and service(s) proposed. Clearly states the goals and objectives to be achieved during the project timeline, using existing data.
- ✓ **Proposed Implementation Approach: (30 points)** This section should describe how the Applicant intends to implement the proposed 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).
 - 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 people served will have 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 community partners and plans for expanding partnerships across the OUD continuum of care to ensure rapid access to services for individuals with OUD.

- Describe how achievement of the goals of this project will produce meaningful and relevant results for the target population as well as the community.
 - Identify and describe partner organizations and their roles, responsibilities and 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 proposed strategy to engage the target population 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.
 - Provide a description of the planned program implementation and sustainability beyond one year of grant funding, including how alternative funding sources 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.
- ✓ **Staff and Organization Experience: (10 points)** This section should describe the Applicant's expertise with the population(s) of focus, law enforcement and treatment and recovery support, to include:
- A description of the Applicant's current involvement with the population(s) of focus.
 - A description of 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.
- ✓ **Data Collection and Performance Measurement: (20 points)** Describe the proposed outcomes to be measured and the information/data the Applicant plans to collect, including 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
- ✓ **References/Works Cited:** All sources referenced or used to develop this proposal must be included. References do not count toward the **ten (10) page limit**.

The following attachments **do not** count toward the **ten (10) 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 online: <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 reflect 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 (not applicable for government entities)

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

Section Four: EXPECTED OUTCOMES / PERFORMANCE MEASURES

Communities receiving QRT services are expected to demonstrate the following generally accepted outcomes.

Expected Outcomes:

1. Reduce the number of opioid overdoses in the proposed service area.
2. Increase the number of individuals engaged in post-overdose treatment.
3. Help individuals discover, access and utilize ways to remain (non-prescribed) drug and alcohol free or reduce the harm associated with substance use behaviors.
4. Help individuals find best practice resources for harm reduction, detoxification, treatment, family/community/peer support and education, and local or online support groups.
5. Help individuals create a change plan for their recovery.
6. Maintain ongoing contact with overdose survivors who are not yet ready for treatment.

Performance Measures:

1. Maintain and provide documentation of ALL activities related to service area(s) indicated by:
 - a. Number of Unduplicated Persons by Age, Gender, Race, Ethnicity and Diagnosis(es) Engaged with Treatment or Recovery supports.
 - b. Number of Unduplicated Persons by Age, Gender, Race, Ethnicity and Diagnosis(es) Served by Type of Activity:

1. Individuals referred to QRT who gave permission to be contacted by QRT
 2. Number of contacts by the QRT
 3. Number/percentage of individuals who have been assisted to obtain mainstream benefits, e.g., health insurance, SSI, housing, employment
 - c. Number of Unduplicated Overdoses, Recurrent Overdoses and Overdose Fatalities within service area of reporting.
 - d. Average Time for Participant Engagement in Treatment and Recovery Programs.
 - e. Number of Family Members by Age, Gender, Race, and Ethnicity provided treatment and linkage with self-help support (such as Nar-Anon, Al-Anon, or Community Reinforcement Approach & Family Training [CRAFT]) resource information and naloxone.
 - f. Number of Participants by Age, Gender, Race, Ethnicity and Diagnosis(es) who have successfully completed the treatment regime of the total number who began a treatment regime of the total number of participants.
 - g. Number of Participants by Age, Gender, Race, Ethnicity and Diagnosis(es) of the total number of participants who have discontinued the treatment before completion and/or have relapsed.
 - h. Number of Follow-up Contacts with Overdose Survivors who are not yet ready for treatment.
 - i. Number of Outreach Contacts with People Who Use Drugs.
 - j. Changes in Participants' perceived Trust of the QRT Program.
 - k. Changes in Participants' reported Support Network.
 - l. National Outcome Measures, including employment/education, stable living situation, law enforcement encounters, alcohol usage, illegal drugs used, social support, such as self-help groups (AA, NA, etc.).
2. Maintain and provide documentation related to the following:
 - a. Engagement initiatives between response agencies, including type and number.
 - b. Number of service activities with other sectors, indicating type and number.
 - c. Number and type of professional development trainings attended and provided.
 - d. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted.
 - e. Log of stakeholder concerns and proposed/implemented resolutions.
 3. Submit all service data reporting by the 25th working day of each month as related to the Expected Outcomes/Performance Measures.

Section Five: CONSIDERATIONS

LEGAL REQUIREMENTS

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or units of local government. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed prior to award or the vendor must

demonstrate proof of such application.

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.

FUNDING REIMBURSEMENT

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

ALLOWABLE COSTS

Please note that DHHR 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 DHHR 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 DHHR is funding this grant award with Federal pass-through dollars, state appropriated dollars or a combination of both.