



Bureau for Behavioral Health

## Announcement of Funding Availability

State Opioid Response: Community Innovation Grants for  
Treatment Access and Retention



## **Proposal Guidance and Instructions**

### **AFA Title: Community Innovation Grant for Treatment Access and Retention**

**AFA Number: 13-2020-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:***

**[DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov)**

<b>Key Dates:</b>	
<b>Date of Release:</b>	<b>July 28, 2020</b>
<b>TECHNICAL ASSISTANCE FAQs:</b>	<b>To be posted on BBH Website</b>
<b>Application Deadline:</b>	<b>August 21, 2020 @ 5:00 p.m.</b>
<b>Funding Announcement(s) To Be Made:</b>	<b>Details to follow</b>
<b>Funding Amount Available:</b>	<b>\$300,000</b>

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

- Proposals are required to use the Proposal Template, which can be found at <https://dhhr.wv.gov/bhhf/AFA>
- Submissions can be made via email to [DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov) with “Proposal for Funding” as the subject line. Paper copies of proposals are not accepted. Confirmation of receiving a proposal will follow, via email, from the Announcement mailbox.
- A Statement of Assurance is required with all proposal submissions, available at <https://dhhr.wv.gov/bhhf/AFA>. The statement must be signed by the agency’s CEO, CFO, and Project Officer and attached to the Proposal Template.
- Submit questions for Technical Assistance FAQ, via email, to [DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov), 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 support access and retention for substance use disorder (SUD) treatment. The term SUD encompasses—opioid, stimulant, tobacco, vaping, and alcohol—and any co-occurring mental health conditions.

SOR treatment and access grants address the SUD crisis and reduce SUD related deaths by:

- Increasing access to medication-assisted treatment (MAT) for OUD,
- Increasing access to contingency management, a treatment for stimulant use disorder,
- Expanding access to treatment by providing non-traditional hours of operation, outside of the standard 9:00 am – 5:00 pm weekday schedule,
- Reducing unmet treatment need,
- Reducing opioid overdose related deaths by providing prevention, treatment and recovery activities for OUD,
- Increasing access to treatment by providing telehealth services,
- Increasing patient retention in treatment programs, and
- Expanding patient recruitment efforts.

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), substance use disorder (SUD) and co-occurring mental health disorders. Those applying for treatment funds must demonstrate that they have developed sustainable treatment capacity and maintain partnerships to meet the goals of the State's SOR grant. Organizations with an emphasis on serving high-risk populations—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—will be given special consideration.

The specific purpose of this AFA is to increase access to, expansion of, and retention in evidence-based treatment for individuals with SUD. Priority consideration will be given to proposals in the Wetzel/Tyler/Doddridge Counties area, Wayne County, and other counties of highest need based on population, overdose rates, and number of current providers—which reduce barriers to treatment by 1) expanding MAT services to individuals in underserved areas and areas experiencing significant opioid overdose deaths; 2) increasing coordination across the SUD continuum of care; and, 3) increasing capacity for immediate access to evidence-based treatment. Applications must provide a detailed implementation plan for community engagement, establishing inter-agency partnerships, and a substantive sustainability plan subsequent to September 30<sup>th</sup>, 2021. Funding a proposal will be contingent on both budgetary approval and meeting the criteria outlined in this AFA.

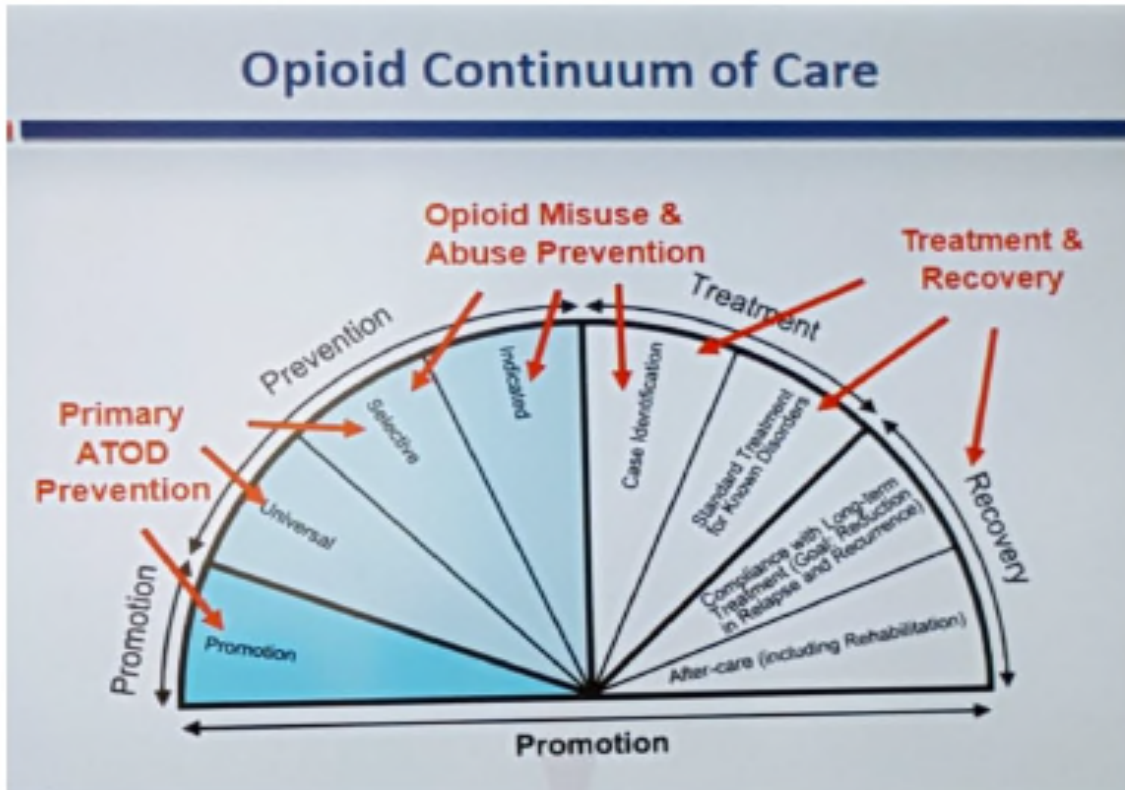
**Maximum Funding Per Site:** Up to \$150,000

<b>STATEWIDE</b>	<b>\$ 300,000.00</b>
Section One: <b>INTRODUCTION</b>	

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. BBH envisions healthy communities where integrated resources are accessible to all and individuals are empowered to attain wellness, personal goals and a self-directed future. To further this goal the State Opioid Response (SOR) grant strategically funds programs that build partnerships and collaboration among public and private systems along the continuum of care for substance use disorder.

SOR supports all treatment pathways, although the decision is ultimately between provider and patient, the patient has a right to make an informed decision and therefore must be given education on all available treatment pathways. SAMHSA (as well as the U.S. Centers for Disease Control and Prevention, the World Health Organization, and other state, national, and international experts) rely on evidence-based findings that show a combination of medication—to treat the physiological symptoms— and psychosocial therapy and support are the best combination to treat the underlying causes of addiction. Based on the latest research, underlying factors that contribute to addiction include adverse childhood experiences (ACEs), social determinants of health, other underlying trauma, and/or emotional and psychological issues, such as co-occurring mental illness.

SOR strives to set a standard for the basic SUD infrastructure available to individuals in any county in West Virginia. For fiscal year 2021 the substances covered under SOR include opioids, stimulants, alcohol, tobacco, and vaping. The foundations of basic SUD services include ensuring that individuals have access to referrals at the appropriate level of quality and evidence-based services across the continuum of care, including early intervention, treatment and recovery. SOR funding will support organizations that provide efficient and high-quality services to all West Virginians.



The Opioid Response Plan for the State of West Virginia notes that most overdose victims interacted with at least one part of the opioid continuum of care, although it was not guaranteed that individuals would engage with the health care system on more than one occasion. To capitalize on any and all interactions that clients have with the health care system, providers need better coordination across the continuum of care, so that patients get to the appropriate level of care when they present at any health care facility. 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 and promote evidence-based practices.

BBH will give priority to programs and organizations that promote sustainability and continuity of services after SOR funding is expended. Grants from SOR will be strategically used to support projects and organizations that: 1) develop a robust service delivery infrastructure, 2) secure alternative funding mechanisms that ensure service provision after the end of the current funding cycle, 3) interorganizational partnerships that build systems of care and sustain programs, 4) provide quality patient-centered treatment that effectively recruits, engages and retains clients, and 5) increase access to treatment, in underserved areas, for SUD/OUD and common co-occurring mental health disorders.

## 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 mental health conditions, substance use disorder (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**

Individuals (ages 18+) with a SUD, special consideration should be given to individuals with co-occurring mental health disorders and other high-risk populations. High-risk populations include people who have been incarcerated, individuals identifying as LGBTQ, IV drug users, and pregnant/postpartum women.

### **Service Overview**

The purpose of this AFA is to facilitate the development of a robust and dynamic Opioid Use Disorder System of Care, by expanding and integrating the Statewide SUD Systems of Care to increase MAT and contingency management access, and utilization and retention in treatment services.

SOR funds will be used to provide access to:

- Increasing access to medication-assisted treatment (MAT) for OUD,
- Increasing access to contingency management, a treatment for stimulant use disorder,
- Expanding access to treatment by providing non-traditional hours of operation, outside the standard 9:00 am – 5:00 pm weekday schedule,
- Reducing unmet treatment need,
- Reducing opioid overdose related deaths by providing prevention, treatment and recovery activities OUD,
- Increasing access to treatment by providing telehealth services,
- Increasing patient retention in treatment programs, and
- Expanding patient recruitment efforts.
- 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.

- Quick Response Teams.
- Coordination with local or regional harm reduction programs.

*Individual/Group Professional counseling sessions:*

Individual and Group counseling sessions are critical to the development of a relationship between the therapist and the client and for monitoring progress towards individual goals. These sessions can include significant others in the treatment planning, when appropriate. The relationship and trust building accomplished through individual sessions can improve client retention in treatment. The function of these services is to provide treatment of behavioral health conditions in which a qualified professional, through definitive therapeutic communication, attempts to alleviate a patient's emotional disturbances, reverse or change maladaptive patterns of behavior and encourages personal growth and development.

*Supportive Counseling:*

Supportive counseling is a face to face intervention provided to a patient that must directly support another Behavioral Health service identified in the applicable BMS Medicaid Manual. This intervention is directly related to the individual's behavioral health condition and is used to promote continued progress toward the goals and assist in his/her day to day behavioral and emotional functioning. It is not a professional therapy service but must supplement another Medicaid service. Also, this service must augment other services, promote application of age appropriate skills, i.e., problem solving, interpersonal relationships, anger management, relaxation, emotional control that impacts daily functioning, and, finally, assist individuals as they explore newly developing skills and identifying barriers to implementing skills related to the patient's service plan.

*Prevention*

Prevention Education will be utilized in collaboration with IOP programming. Continued exposure to prevention programming increases positive outcomes for youth in need of support, in order for them to gain social and emotional learning, while building protective factors and reducing risk factors.

The West Virginia Prevention Network will be enlisted by grantees to train staff or deliver prevention education. Prevention programming must also encompass parents and caregivers. Prevention staff will utilize the Information Dissemination prevention strategies to educate parents, caregivers, and family about substance misuse; these interventions are expected to positively affect the home environment and improve each patient's support system. Applicants must demonstrate a plan to incorporate the outlined prevention strategy into each person's program.

*Other required program activities:*

- Develop a discharge plan (includes relapse and prevention)
- Medication management, when appropriate

- Case management
- Family therapy
- Referrals to Family Coordinators
- PLOs providing prevention service
  - Disseminate information to caregivers on SUD prevention, treatment, and recovery
  - Coalition Engagement Specialist linkage to reintegration supports
- Refer to Peer Recovery Support Services (PRSS)
- Dissemination of information on Naloxone
- Follow-up with graduates at 3, 6, and 12 months

**Note:** Successful proposals will describe how staff will gain and demonstrate competencies in SBIRT, motivational interviewing and trauma-responsive care, and any costs anticipated to provide the training needed to meet that expectation should be included in the proposal.

**Collaborations and Memorandum of Understanding**

For proposals to be considered, applicants must submit signed Memoranda of Understanding with partner agencies. Memoranda of Understanding (MOUs) with identified partners must be executed within 30 days of notice of award that outline the roles and responsibilities of each partner. Applicants must clearly demonstrate that they are actively facilitating development of a coordinated and integrated OUD/SUD health system.

It is recommended that applicants coordinate with other organizations providing similar services in the proposed implementation locations in order to promote statewide fidelity in programming. Applicants are also encouraged to provide letters of support from at least two community-based organizations which will provide behavioral health treatment and/or recovery services.

**Program Sustainability**

Monies for this Announcement of Funding Availability are anticipated to be a one-time occurrence and must be expended by September 30<sup>th</sup>, 2021. Funding is intended to cover initial start-up costs to expand access and build on robust systems of care for substance use disorder in West Virginia. Applicants must include a substantive plan to sustain services in the future. Continuity of services and sustaining program developments are essential to maintaining and expanding the impact that services provided by this funding have on 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. To be eligible for evaluation proposals must: (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 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**):

1. Statement of Need and Population of Focus: (10 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. Please include a description of the strengths and gaps in the OUD treatment and recovery system in the geographic area the Applicant proposes to serve.
2. 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. If the program is new, provide a baseline for the intended priority population. If the program is already established, provide a baseline for the population served to help illustrate what the impact of SOR funding would be.
3. Proposed Implementation Approach: (30 points) 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.
  - Provide 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 for the applicable community.
  - Identify and describe partner organizations and their roles, responsibilities and their commitment to the project via letters of support in Attachment 3.
  - Provide a description of any 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.
  - Explain 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 the planning, implementation, and evaluation phases.
  - Provide a description of the program's 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.
4. Data Collection and Performance Measurement: **(20 points)** Describes the outcomes to be measured and information/data the Applicant plans to collect. 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.) Additionally, applications must outline a process for data collection to guide implementation and improve quality of the service, ensuring each

goal is met and assessing outcomes within the target population.

5. **Sustainability Plan: (10 points)** Describe how the Applicant will maintain the proposed initiative/services beyond the one-time funding provided through this AFA, including establishing or maintaining eligibility for reimbursement through Medicaid and other third-party payors.
6. **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.
  - Describe 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.
7. **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**

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

**Expected Outcomes:**

The overall expected outcomes for the State Opioid Response (SOR) grants are:

1. Increase the accessibility of this level of care for youth to reduce emergent medical episodes related to SUD.
2. Increase access to MAT.
3. Increase access to contingency management.
4. Increase treatment engagement of adults and their families.
5. Increase OUD/SUD education and outreach/patient recruitment efforts.
6. Increase patient retention.
7. Facilitate access to wraparound care, with more timely access to effective, family-oriented SUD treatment services.
8. Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (e.g., inhalants) among participating families.
9. Decrease the occurrence of overdoses in the designated service areas.
10. Increase access to community -based supports in order to decrease the rate of relapse after completion of treatment plans.
11. Increase the number of individuals referred to other treatment supports in order to improve parenting skills, family functioning, economic stability, and quality of life.

The specific purpose of this AFA is to increase access and retention in treatment and recovery and prevent overdose for individuals with OUD within the state.

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

1. Number of ASAM assessments completed on initial contact.
2. Number of MOUs executed with community partners.
3. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted.
4. Number of referrals, admissions, discharges (must include the reason for the discharge), program completion, and total served.
5. Report the individual demographics for individuals served (age, race, ethnicity, gender, school grade, county of residence, sexual orientation).
6. Report the number and types of assessments (medical and mental health) completed at discharge/entry into next level of care.
7. Report what treatment services were provided to each patient.
8. Report the length of stay from admission to discharge or readmission for everyone in the program.
9. Number of clients with discharge plans (relapse prevention plans and crisis plans).

## 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.