



Bureau for Behavioral Health

Announcement of Funding Availability

State Opioid Response: Intensive Outpatient Services for Youth - 2nd Release



Proposal Guidance and Instructions

**AFA Title: Intensive Outpatient Services (IOS) for Youth
Targeting Regions: Region 1 – Northern Panhandle, Region 2 –
Eastern Panhandle, Region 3 – Wood/Jackson, and Region 5 –
Logan/Mingo
AFA Number: 17-2020-SA**

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health (BBH)

*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:	August 14, 2020
TECHNICAL ASSISTANCE FAQs:	To be posted on BBH website
Application Deadline:	September 11, 2020 at 5:00 PM
Funding Announcement(s) To Be Made:	Details to follow
Funding Amount Available:	\$768,000

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 <http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx>
- Submissions can be made via email to DHHRBBHAnnouncements@wv.gov with “Proposal for Funding” as the subject line. Paper copies of proposal 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 <http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx>. 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, 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 establish four intensive outpatient services (IOS) for youth in the following regions: Region 1 to include Brooke and Ohio counties; Region 2 to include Berkeley and Jefferson counties; Region 3 to include Jackson, Roane and Wood counties; and Region 5 to include Logan, Mason and Mingo counties. IOSs are expected to assist with mental health and substance use disorder treatment and recovery.

Treatment for a substance use disorder (SUD), and any co-occurring mental health conditions, is intended to improve social functioning through abstaining from misuse of alcohol and drugs for individuals diagnosed with chemical dependency. On the continuum of care, an IOP is for individuals who are stable enough to not be closely supervised throughout treatment—and are not choosing to pursue medical detoxification—but who need more intense attention/care than a regular outpatient program provides. For this treatment path to be appropriate, an individual is in need of intensive and concentrated services but has a safe environment to reside in throughout treatment.

An IOS provides wraparound support for patients in treatment by providing psychosocial supports and building life skills for relapse management and adjusting to life without relying on substances. IOS treatment typically involves participation three to five days a week, a robust program of substance use group therapy, and other types of group therapy (relationship issues, anger management, etc.) by the individual. Youth IOS provide an opportunity to achieve short-term stabilization and resolution of immediate risk of harm through both individual and group therapy.

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), SUD and co-occurring mental health disorders. By implementing an intensive outpatient program (IOP) for youth, 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 treatment and recovery; and 4) facilitate initiation of patient-centered treatment for SUD, OUD, and mental health.

Those applying for IOS funds must demonstrate that they are approved through DHHR's Bureau for Medical Services to run an IOS program by completing the application process which is outlined in Medicaid Manual Chapter 503 G Licensed Behavioral Health Centers Appendix 503 G. Medicaid admission criteria for IOS ASAM Level 2.1 must be met for individuals to receive these 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 30, 2021. Funding a proposal is contingent on budgetary approval and meeting all criteria outlined in the AFA.

Maximum Funding Per Site: Up to \$188,000

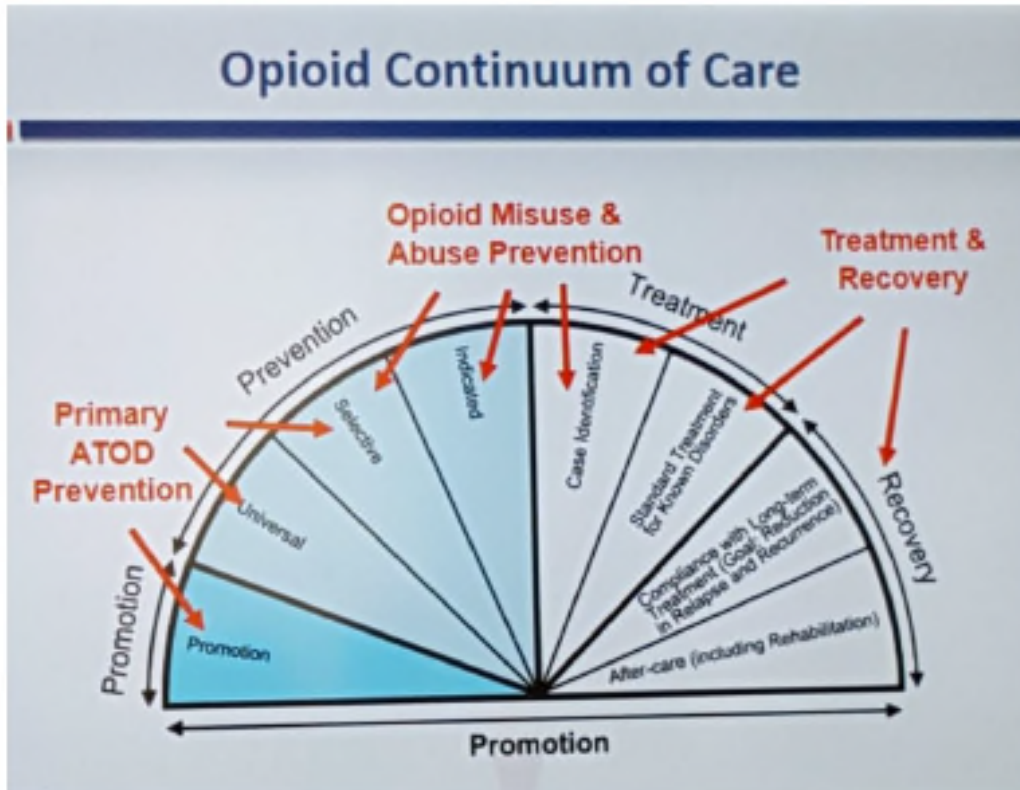
STATEWIDE	\$ 768,000
Section One: INTRODUCTION	

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. 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 strives to set a standard for the basic OUD infrastructure available to individuals in any county in West Virginia. The foundations of basic OUD services are ensuring that individuals have access to referrals to their appropriate level of quality, 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.

SAMHSA and other domestic and international public health authorities rely on research to guide intervention design. Research suggests that experiencing one or more risk factors—adverse childhood experiences (ACEs), social determinants of health, other underlying trauma, and/or emotional and psychological issues such as co-occurring mental illness—increases the risk of experiencing addiction. Therefore, utilizing a holistic approach—a combination of medication and addiction psychosocial therapy—achieves the best outcomes for OUD cases.

SAMHSA requires that SOR funding focus primarily on OUD and treatment with medication, although the 2020 funding expands service provision to individuals using stimulants, tobacco, and vaping. To use patient-centered treatment plans, clients have ultimate decision-making power for their treatment and recovery path. To empower individuals to make informed decisions when seeking treatment or in recovery they must receive education on all pathways.



The Opioid Response Plan for the State of West Virginia notes that while the majority of overdose victims interacted with at least one part of the opioid continuum of care, it was not guaranteed that individuals in need of care 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 West Virginia 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 ongoing service provision after the current funding cycle ends, 3) interorganizational partnerships that build systems and sustain programs, 4) provide quality patient-centered treatment that effectively recruits 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

Youth ages 15 to 21 with an opioid use disorder, substance use disorder, mental health condition, using tobacco, and/or vaping. Individuals with OUD/SUD and co-occurring mental health disorders representing high-risk, priority populations are also part of the target population, including youth who have been incarcerated, individuals identifying as LGBTQ, IV drug users, experiencing homelessness, and pregnant/postpartum women, and individuals who may have co-occurring mental illness.

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 the capacity for intensive outpatient programs for youth. Intensive Outpatient Programs reinforce behavior change for individuals participating in this treatment level to promote engagement into a path to recovery—and to improve health and wellness. For youth, ASAM 2.1 admission and program criteria must be followed.

Clients' needs for psychiatric and medical services will be addressed through consultation and referral arrangements if the primary program does not have these services available. Intensive outpatient services (IOS) are a combination of specific services for a targeted population to be used on a frequent basis for a limited period. Approval for an IOS program and prior authorization for members admitted to an IOS program must be obtained from the BMS UMC. Services must be rendered according to ASAM Level 2.1 criteria. IOS programs address mental health and substance use problems and allow for multiple levels of care to be offered which also enhances the continuum of services.

IOS programs are to include a program summary as outlined in the Medicaid Manual Chapter 503 Appendix 503 G when requesting approval for IOPs that must include evidence-based practice or curriculum to be utilized in the IOS program, program admission criteria, discharge criteria,

continuing stay criteria, anticipated length of stay for program, educational services provided for adolescent program and anticipated clinical outcomes.

Per ASAM 2.1 IOS criteria programs must include six or more hours of services per week to treat multidimensional instability. These services must include assessment, individual and group counseling, medication management, family therapy, educational groups, and service planning.

For admission, the Diagnostic and Statistical Manual of Mental Disorders (DSM) must be used for diagnostic criteria of SUD and/or other addictive disorders and the ASAM 2.1 dimensional criteria must be met to determine the level of care, that including a multidimensional assessment:

- Dimension1: Acute Intoxication and/or Withdrawal Potential
- Dimension 2: Biomedical Conditions/Complications
- Dimension3: Emotional/Behavioral/Cognitive Conditions and Complications
- Dimension 4: Readiness to Change
- Dimension 5: Relapse/Continued Use/Continued Problems Potential
- Dimension 6: Recovery Environment

Also, per BMS Medicaid Manual 503 for IOS the following services will be provided:

All services within the IOS program must meet the individual services requirements within this chapter.

- Behavioral Health Counseling, Professional, Individual
- Behavioral Health Counseling, Professional, Group
- Behavioral Health Counseling, Supportive, Individual
- Behavioral Health Counseling, Support, Group
- Service Planning

Programming available to clients must include, but not limited to, the following psychosocial supports.

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 the emotional disturbances, reverse or change the maladaptive patterns of behavior and encourage personality growth and development.

Supportive Counseling:

Supportive counseling is a face to face intervention provided to a participant that must directly support another behavioral health service identified in the Medicaid manual. The intervention is directly related to the individual's behavioral health condition in order to promote continued progress toward his/her goals and assist in his/her day to day behavioral and emotional functioning. It is not professional therapy services 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, and emotional control that impacts daily functioning, and, finally, assist individuals as he/she explore newly developing skills and identifying barriers to implementing those skills all related to the service plan.

Service Plan Development:

A Master Service Plan, with the entire interdisciplinary team present, must be completed within seven days of admission and meet all the requirements set forth in Section 503.16 Service Planning of the Medicaid Manual.

Prevention:

Prevention education is a strategy that can be used in collaboration with the IOP. As youth may not be in a traditional educational program while participating in the IOP, it is important to continue the prevention education of individuals identified as having high risk behaviors. Although the youth in the IOP already have a substance misuse diagnosis, many evidence-based curriculums provide substance misuse education which helps increase positive outcomes for youth in social and emotional learning, while building protective factors, and reducing risk factors. West Virginia has a prevention network that can collaborate with the IOP to train staff or facilitate prevention education. Due to the intensive level of needs the youth will have attending the IOP, the prevention education should be at a selective or indicated IOM (Institute of Medicine) level.

For parents and caregivers, staff can utilize the Information Dissemination prevention strategies. It will be important to educate parents and caregivers about substance misuse to positively affect the home environment and improve parenting skills. It will be important for the IOP to demonstrate their plan to incorporate this prevention strategy into the broader program.

Peer Recovery Support Specialist (PRSS-Y):

A peer is an individual who shares the direct experience of addiction and recovery. Recovery support services are nonclinical services that assist individuals to recover from alcohol or drug problems. A PRSS is a person who uses his or her own lived experience of recovery from addiction, in addition to skills learned in a formal training, to deliver services in substance use disorder settings to promote mind-body recovery and resiliency. Each IOP must hire a Peer Recovery Support Specialist for Youth. This position must meet the following criteria for training and certification. Supervision of this position must be by a master's level professional.

Youth specific required training needs to include Trauma 101, Motivational Interviewing, Life Space crisis intervention, Mental Health First Aid for Youth, Wellness Recovery Action Planning (WRAP), suicide prevention, cultural competency, Recovery Capitol Assessment, Individual Resiliency Planning and Self-Management and Recovery Training (SMART).

Eligibility Requirements for the PRSS-Y

- Must have a high school diploma or its recognized equivalent
- Must have lived experience with substance use challenges/addiction and/or mental health
- Must be a young adult, ages 18 through 30 years of age
- Must be involved with a personal support and/or recovery system of their choosing
- Must have no legal involvement within the last six months
- Must have no intensive behavioral health treatment involvement within the last six months to include intensive outpatient services, crisis stabilization/detoxification services, residential treatment services and psychiatric hospitalization
- Complete a BBH-approved Recovery Coach training curriculum
- Participate in BBH approved/required trainings
- Achieve a certification (WV-CBAP, NADAAC)
- Collect and submit all required service data to applicant organization
- Experience receiving services as a youth in complex, child serving systems preferred (behavioral health, child welfare, juvenile justice, special education, etc.)

In addition to the above criteria, must complete the following Medicaid (per Chapter 504) criteria:

- The individual must be employed by either a CBHC or LBHC
- Certification as a PRSS*
- PRSS application which includes the Attestation of Recovery Statement and three letters of reference
- Must be supervised by an individual who has a master's degree and is employed by the same provider
- Not a family member of the individual receiving the peer support services
- Continuing education of 30 hours must be completed every two years in the competency domains which must include six hours in ethics
- Completes 40 contact hours of volunteer work or paid work at an agency or provider prior to Medicaid services being rendered
- Current CPR/First Aid card
- Fingerprint-Based Background Check (please see Section 504.4 for more information)
- Must complete the BMS PRSS webinar with an 80% or higher score in order to be certified

Support activities performed by PRSS-Y:

- Service engagement

- Support, encouragement, hope, empowerment through lived experience
- Extension of workforce teams/service array
- Bridge/broker between youth services
- Assist navigating services/resources especially between child and adult systems
- Communication styles/strengthening connection
- Instruction/skill development/ mentoring
- Information/resource sharing
- Advocacy
- Action planning/priority setting
- Run SMART Recovery groups

Other IOS program activities:

- Make a discharge plan (including relapse and prevention)
- Medication management, when appropriate
- Case management
- Family therapy
- Referrals to family coordinators
 - Disseminate information to caregivers on parenting skills
 - Enroll families in nurturing parent and strengthening family's programs
- PLOs providing prevention service
 - Disseminate information to caregivers on SUD prevention, treatment, and recovery
- Refer youth to PRSS
- Disseminate information on Naloxone
- Follow-up with graduates at 3, 6, and 12 months

Collaborations and Memorandum of Understanding

For proposals to be considered, applicants must submit signed Memoranda of Understanding with partner agencies. The proposal must include a detailed and comprehensive Memorandum of Understanding between School/County Boards of Education (BOE), outlining roles, expectations and a shared vision for the IOS collaboration. Memoranda of Understanding with identified partners must be executed within 30 days of notice of award that outline the roles and responsibilities of each party. Applicants must demonstrate 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 West Virginia, to promote statewide fidelity in programming. 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

Monies for this Announcement of Funding Availability are anticipated to be a one-time occurrence and to be expended by September 30, 2021. Funding is intended to cover the 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 **10** total pages. Applicants must use 12-point Arial or Times New Roman font, single line spacing, and one inch margins. Page numbers must also be included in the footer.

The following is an outline of the Proposal Narrative content (**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. This section should also include a description of the strengths and gaps in the OUD 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 and clearly state the goals and objectives to be achieved during the project timeline, using existing data.

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 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.) 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 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 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.
 - A 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.
 - 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.

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 the individual is still receiving services or not. (NOTE: Additional program evaluation data may be required.) Additionally, 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.
5. Sustainability Plan: (10 points) Describes 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 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.
 - 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.
7. References/Works Cited: All sources referenced or used to develop this proposal must be included. References do **not** count toward the **10 page** limit.

The following attachments **do not** count toward the **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 availability of this level of care for youth to reduce emergent medical episodes related to SUD
2. Increase treatment engagement of youth and their families
3. Improve child safety and mitigate the impact of Adverse Childhood Experiences (ACE) while coping with SUD.
4. Improve the student social and emotional learning.
 - a. Improve student attendance rate.
 - b. Decrease student discipline occurrences.
 - c. Improve student graduation rates.
 - d. Improve student academic success.
 - e. Decrease student system involvement, including juvenile justice, behavioral health, child welfare, etc.
5. Facilitate access to wraparound care, with more timely access to effective family-oriented SUD treatment services.
6. Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (e.g., inhalants).
7. Decrease the occurrence of overdoses among youth in the program.
8. Increase community-based supports in order to decrease the rate of children entering inpatient/state custody and/or foster care or similar programs.
9. After children transition from residential treatment, decrease the rate of children reentering residential treatment.
10. Increase number of families that are referred to family coordinators to improve parenting skills, family functioning, economic stability, and quality of life.
11. Decrease involvement in and exposure to crime, violence, neglect, and physical, emotional and sexual abuse for all family members.

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. By establishing this level of care for youth, 50% who qualify and/or enrolled will complete the IOP.
2. Number of ASAM assessments completed on initial contact.
3. Report the number of referrals, admissions, discharges (must include the reason for the discharge – program completion, child withdrawn from the program by parent, child needed a higher level of care, etc.), and total number currently served.
4. Report the individual demographics for children served (age, race, ethnicity, gender, school grade, county of residence, sexual orientation, and pregnant females).
5. Report the number and types of assessments (medical and mental health) completed at discharge/entry into next level of care.
6. Report what treatment services were provided to the youth.
7. Report the length of stay from admission to discharge or readmission for each youth in the program.
8. Ensure that all clients have discharge plans (relapse prevention plans and crisis plan).
9. The percentage of families involved in treatment, with a goal of engaging at least 50%.
10. The percent of families referred to and engaged with family coordinators, with a goal of engaging at least 70%.
11. Number of families/youths followed-up with at 3, 6, and 12 months after discharge.
12. Establish collaboration with PLOs for youth to receive prevention services as evidenced by the number of prevention education curricula delivered by dose.

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.