

Announcement of Funding Availability (AFA)

Ryan Brown: Recovery Housing



Proposal Guidance and Instructions

AFA Title: Ryan Brown – Recovery Housing
Targeting Regions: Statewide
AFA Number: AFA 5-2020-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:*

DHHRBBHAnnouncement@wv.gov

Key Dates:	
Date of Release:	November 8, 2019
Technical Assistance:	Submit written requests to dhhrbbhannouncements@wv.gov
Application Deadline:	December 10, 2019, 5:00pm
Funding Announcement(s) To Be Made:	To be posted on BBH Website
Funding Amount Available:	\$5,000,000
Target Area to be Served	Statewide

The following are 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 request additional Technical Assistance, forward all inquiries via email to DHHRBBHAnnouncements@wv.gov and include “Proposal Technical Assistance” in the subject line.

FUNDING AVAILABILITY

House Bill 2428, enacted during the 2017 Regular Legislative Session, mandates that the Secretary of the West Virginia Department of Health and Human Resources (DHHR) ensure beds, for purposes of providing substance use disorder (SUD) treatment services in existing or newly constructed facilities, are made available in locations throughout the state determined to be the highest priority for serving the needs of the citizens by DHHR's Bureau for Behavioral Health.

Additionally, the bill creates the Ryan Brown Addiction Prevention and Recovery Fund to be administered by the Secretary for the purpose of implementing the provisions of the bill. The fund will consist of moneys made available for the purposes of the bill from any source, including, but not limited to, all grants, bequests or transfers from any source, any moneys that may be appropriated and designated for those purposes by the Legislature and all interest or other return earned from investment of the fund, gifts, and all other sums available for deposit to the special revenue account from any source, public or private.

House Bill 146, enacted during the 2019 First Extraordinary Legislative Session, amended the previous Code, mandating that the Secretary of the West Virginia Department of Health and Human Resources (DHHR) shall ensure that inpatient or outpatient substance use disorder treatment or recovery services, or both, are made available in locations throughout the state which the department determines to be the highest priority for serving the needs of the state.

Established by Gov. Justice and the West Virginia Legislature, Jobs & Hope West Virginia offers support through a statewide collaboration of agencies that provide West Virginians in recovery the opportunity to obtain career training and to ultimately secure meaningful employment. Jobs & Hope West Virginia is a beginning-to-end program that allows an individual to receive free addiction treatment while, at the same time, receiving free career technical education and access to recovery services.

DHHR's mission is to join with communities and families in providing opportunities for citizens to achieve health and independence, in part, by providing resources that deliver an array of SUD treatment services through a variety of providers. **DHHR is requesting proposals for SUD Recovery Housing** as part of a comprehensive statewide plan to expand regional, recovery-oriented substance use and co-occurring mental health services for adults with an emphasis on services to address the current opioid crisis. The Department is seeking vendors to provide SUD Recovery Housing by upgrading current facilities, adding to existing programs, or developing and implementing new capacity. As WV is currently addressing an opioid crisis, an expansion of recovery options that accept those receiving current evidence-based treatments for opiate use disorder (OUD), including medication assisted treatment (MAT) is critical to the long term recovery of those with SUD. Currently, WV has a small number of recovery housing beds that accept individuals on MAT, as such, this AFA is seeking to expand the availability of these options while offering an opportunity for enhancement for all recovery housing providers.

The intention of the Department is that an expansion in SUD Recovery Housing will result in a decrease of non-fatal overdoses and overdose deaths, as well as a reduction in other human and economic costs to the State.

One-time funding is available for award, based on accepted proposals that meet the required criteria contained within this Announcement of Funding Availability. Each award will be based upon the demonstrated need in the community to be served. Because this funding is being provided via the Ryan Brown Addiction Prevention and Recovery Fund the acquisition, construction and/or renovation costs to provide new recovery housing capacity is an allowable expense.

Applicants should submit proposals with specified timeframes for project development and implementation. If a project is selected for award, the proposed timeframes will serve as the basis for developing the period of performance for the grant agreement.

Total Funding Available: \$5,000,000, to be available in the following options:

Option 1 - \$1,000,000 will be available for repairs of existing facilities with a preference provided for facilities that are open to all pathways of recovery, including MAT. Awards not to exceed \$50,000 per approved location.

Option 2 - \$4,000,000 will be available for the creation of new recovery housing. While treatment choices are between the provider and patient, funded projects in this option, must be open to all evidenced-based pathways, including MAT. Awards are anticipated to range between \$100,000 and \$400,000 per approved location.

Preference will be provided for both Option 1 and Option 2 applicants that can demonstrate match funding will be provided for the project. Verification and commitment of match funding should be provided as **Attachment 5**.

To be considered for this AFA, Applicants must:

- Have experience providing direct SUD services;
- Have a preference for serving West Virginia residents;
- Facilitate access to **all** FDA approved medication assisted treatments (MAT) as appropriate and desired by clients served (Funding Option 1 – Preferred; Funding Option 2 – Required);
- Have the ability to work with Adult Drug Court Programs, local Day Report Center programs, behavioral health and other treatment providers;
- Adhere to standards for recovery housing set forth by the National Alliance of Recovery Housing (NARR), as well as becoming a member of the WV Alliance of Recovery Housing (WVARR). NARR standards can be found here: <https://narronline.org/> and WVARR information can be found at <https://www.wvarr.org/>. As of the time of this AFA, WVARR certification is not available. Applicants must be willing to sign an attestation in **Attachment 6** that WVARR certification will be sought within ninety (90) days of availability.

Applicants may apply for either or both of the funding options above but must submit a separate target funding budget for each option and/or each proposed location. Consideration will be given to allow statewide coverage of awards.

Section One: **INTRODUCTION**

The West Virginia Department of Health and Human Resources (DHHR) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The goal of DHHR is to collaborate with stakeholders to promote, protect, manage, and provide appropriate health and human services for the people of West Virginia in order to improve their health, well-being, and quality of life. Programs will be conducted in an effective, efficient and accountable manner, with respect for the rights and dignity of the employees and the public served. The State of West Virginia is committed to finding solutions to the drug epidemic that has plagued the state and to helping people help themselves by expanding treatment and recovery opportunities across West Virginia.

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 SUD and OUD care in West Virginia to improve patient outcomes, as well as strengthen the quality of evidence-based services.

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 applicant will work actively to:

- 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 that methadone treatment would be the best approach for them;
- address the treatment needs of individuals who have co-occurring SUD or OUD and mental illness; and,
- promote access (to include training and distribution) to Naloxone for staff and individuals served.

Section Two: **SERVICE DESCRIPTION**

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, more specifically, opioid use disorder (OUD); experience *delivering* OUD recovery 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.

Eligible applicants must possess a valid West Virginia business license and must provide proof of 501(c)3 status, if applicable. The WV business license should be included in **Attachment 2** of the application.

Target Population

The population of focus are adults, ages 18 and over, with an Opioid Use Disorder, which may include co-occurring mental illness and/or polysubstance use, and high-risk, priority populations, including pregnant, postpartum, and parenting women (PPW); people who inject drugs (PWID); individuals re-entering the community from incarceration; lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ) individuals; and/or military veterans.

Service Overview

Recovery is defined as a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. Peer support, mutual aid meetings, such as AA/NA, and safe living environments are each effective components of the process.

Community Support Services are defined as meaningful daily activities, such as job, school, volunteerism, family caretaking, or creative endeavors. These activities create social networks, independence, income, and resources to support participation in a safe and stable environment and range from skill building (social, daily living, cognitive), to recovery housing.

Substance Use Recovery Residences, sometimes referred to as “Transitional Living”, “Oxford Houses” and “Recovery Homes”, provide safe housing for individuals, age eighteen (18) and older who are in recovery from substance use and/or substance use and co-occurring mental health disorders. These services follow and/or are concurrent with short-term treatment (typically short-term residential) and are intended to assist the people of focus for a period of twelve (12) to eighteen (18) months or until it is determined that an individual is able to safely transition into a more integrated environment.

All applicants for funding to operate a Recovery Residence must provide a written attestation of their willingness and intention to meet the National Alliance of Recovery Residences (NARR) standards, as well as their willingness and intention to become a member of the West Virginia Alliance of Recovery Residences (state chapter of NARR).

The following assurances must also be included in the project narrative:

- Ensure that residential services will be provided in the language and cultural context that is most appropriate to the setting and people to be served, and the program will be operated at a location that is readily accessible to the population served.
- Ensure that all recovery facilities are staffed adequately to provide necessary supervision/support.
- Ensure that all residents receive a full orientation to program within twenty-four (24) hours of their admission.
- Ensure that each resident establishes individualized short and long-term goals and objectives within forty-eight (48) hours of his or her admission.
- Ensure that each individual has a goal review session at least quarterly.
- Ensure that each resident has a written record that is kept up to date and legible.
- Ensure that each resident being discharged from the program is referred/ linked to a stable and safe environment/living program.
- Ensure that each resident being discharged from the program is referred/ linked to services/supports as needed to enable him or her to continue his or her recovery.
- Ensure that each resident is assigned a Peer Recovery Support Specialist (PRSS) who will monitor resident mutual aid meeting attendance (such as NA/AA), mental health and substance use services, employment, volunteer activity, drug/alcohol abstinence and participation with all conditions of community placement.
- Ensure that each resident discharged due to relapse be provided appropriate referrals, with follow up, for treatment or housing options as desired.

Collaborations and Memorandums of Understanding

Applicants must demonstrate that a coordinated and integrated service system is in place to meet the complex needs of recovering adults. In doing so, Memoranda of Understanding (MOUs) must be completed with key partnering agencies and organizations, which may include but is not restricted to:

- Local Public Housing Authorities
- Behavioral Health (Substance Use and Mental Health)
- Primary Care Health services
- Hospitals
- Obstetric/Gynecological services
- Pediatric services
- Childcare services
- Medication Assisted Treatment (MAT) Providers
- Family Assistance Programs
- Early Intervention and Home Visiting Programs
- Family and/or Drug Courts (Adult or Juvenile)
- Criminal Justice systems
- Employment, Education and/or Vocational programs

DHHR supports high quality, evidence-based practices that promote social and emotional well-being, prevention approaches, person-centered interventions and self-directed/recovery driven services and supports. High-quality practices are responsive to the current stage of an individual's recovery journey and respect multiple pathways to recovery. They are sensitive to the person's culture, gender, race, ethnicity, sexual orientation, and religious affiliation. In addition, the provision of high-quality behavioral health services entails attending to the trauma-related issues that often underlie behavioral health challenges. These expectations are consistent with SAMHSA's Recovery Oriented System of Care principles and values (SAMHSA, 2015, <https://www.samhsa.gov/recovery>). The focus of the current Announcement of Funding Availability is increasing access to recovery housing and recovery supports that are integrated into a comprehensive and recovery-oriented system of care.

Expected Results

The work of the Grantees funded by this AFA shall result in:

1. Serving more clients with more effective SUD recovery services that will help mitigate the negative impacts of substance use, including but not limited to the opioid epidemic and associated overdoses;
2. Reducing or eliminating the waitlist for SUD recovery housing services for individuals with an OUD.

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 state funding expires.

Section Three: PROPOSAL INSTRUCTIONS/REQUIREMENTS
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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.

Additionally, all projects that are recommended for funding will be required to submit to a life and safety assessment of the proposed project location/plans, to be conducted by a BBH approved entity. This assessment will serve as a pre-certification as WVARR certification is not currently available. Failure to pass this assessment could disqualify the project from receiving any funding under this opportunity. Special consideration may be provided if the application is submitted to address the issues noted in the application. Please include in **Attachment 6** an attestation statement noting the willingness to participate in a life and safety assessment for the proposed project and a willingness to seek WVARR certification within ninety (90) days of availability.

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 Project Abstract (one page, does not count to the 15 total pages) detailing the proposed program noting the funding option(s) being pursued, number of beds targeted, a statement to the willingness to work to address NARR/WVARR certification, and a statement to the willingness of the program to serve individuals on MAT.
- ✓ 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 SUD/ODU 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 will be given connections and access to all three types of FDA-approved medications for medication assisted treatment (MAT) and the evidence-based treatment counseling support as appropriate.
 - A description of the Applicant's existing relationships with community partners, and the Applicant's plans for expanding its 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 each action, and a **12-month timeline** for these activities. Please include planning/development, training/consultation, outreach, marketing, implementation, and data management activities.
 - A description of other state and federal resources that will help the applicant address the goals and objectives of the proposed implementation approach and how these 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.
 - Include as **Attachment 4** any site plans/construction drawings complete at the time of application.
 - A description of site control for the proposed project to include property owner and/or lease terms if applicable.
4. Staff and Organization Experience: This section should describe the Applicant's expertise with the population(s) of focus and with Recovery Housing 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 information/data the Applicant plans to collect, as well as the process for: using data to manage and improve quality of the service, to ensure each goal is met and to assess outcomes within the target population. Plan must also include how data will be shared, bi-directionally, with DHHR.
 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.
 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.
 - Match funding, if available should reflected in both the TFB and budget narrative document.
- ✓ 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.
- ✓ Attachment 4: Site plans and/or construction drawings available at the time of application.
- ✓ Attachment 5: Verification of match sources and/or commitment letters.
- ✓ Attachment 6: Attestation letter for Life and Safety Assessment and WVARR certification.

Section Four: EXPECTED OUTCOMES / PERFORMANCE MEASURES

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

Expected Outcomes:

The overall expected outcomes for this AFA are:

1. Increased access to Recovery Housing that supports MAT using the three FDA-approved medications for the treatment of opioid use disorder,
2. Reducing unmet treatment needs, and
3. Reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for SUD and/or OUD (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).

The specific purpose of this AFA is to increase access to Recovery Housing and Recovery Supports for individuals with SUD and/or OUD within the state.

Performance Measures may include, but not be limited to:

1. Number and demographics of individuals served by type of service
2. Number and purpose of Memorandums of Understanding executed
3. Organizational policies that support client engagement and retention
4. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted
5. Number of clients employed or enrolled as a student (full-time or part-time) in the prior 30 days
6. Number of clients living in a stable living condition in the prior 30 days
7. Number of clients without arrests in the prior 30 days
8. Number of clients with no alcohol use in the last 30 days
9. Number of clients with no drug use in the last 30 days
10. Number of clients participating in self-help groups prior 30 days
11. Length of stay (in days) of clients completing the applicant's program

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.