



Bureau for Behavioral Health

Announcement of Funding Availability (AFA) Veteran Recovery Supports (VRS)



AFA Title: Veteran Recovery Supports (VRS)

Targeting Regions: Statewide

AFA Number: AFA-06-2022

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

For Technical Assistance, please include AFA # 06-2022 (VRS) in the subject line and forward all inquiries in writing to:

DHHRBBHAnnouncements@wv.gov

| Key Dates: | |
|------------------------------------|---|
| Date of Release | December 17, 2021 |
| Technical Assistance | Submit written requests to DHHRBBHAnnouncements@wv.gov |
| Application Deadline | 11:59 pm January 14, 2022 |
| Funding Announcement(s) To Be Made | March, 2022 |
| Funding Amount Available | Option 1: \$300,000 Option 2: \$100,000 |
| Target Area to be Served | Statewide |

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

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- A Statement of Assurance agreeing to these terms is required of all proposal submissions available <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>. This statement must be signed by the agency's CEO, CFO, and Project Officer.
- To request Technical Assistance, forward all inquiries via email to DHHRBBHAnnouncements@wv.gov and include the AFA Number and "Proposal Technical Assistance" in the subject line.

FUNDING AVAILABILITY

This funding announcement is part of a statewide plan to expand regionally based substance use recovery services for veterans. There is a maximum availability of

\$400,000.00 statewide to support the development of this program. There may be more than one grant awarded in any region, but total funding availability will not exceed \$400,000.00

Grants will cover expenses related to planning and implementation of services. Proposals may include one option or both. The available options are:

Option 1: Applicants for this option **are required** to be credentialed by the West Virginia Association of Recovery Residences (WVARR). Funding for establishing new bed capacity in a new recovery residence or reserving bed capacity for veterans within an existing recovery residence.

Option 2: Although permitted, applicants for this option **are not required** to be credentialed by the West Virginia Association of Recovery Residences (WVARR). Funding is for two full-time positions as described below. These positions will be responsible for providing services statewide for individuals receiving recovery residence services under Option 1 of this announcement. Applicants for Option 2 must propose to employ both positions.

1. One Peer Recovery Support Specialist (PRSS) - For the purposes of this grant, a PRSS is a person with lived experience of substance use disorder (SUD) who helps remove personal and environmental barriers to recovery, links the newly recovering person to the recovering community, and serves as a navigator and mentor in the management of personal and family recovery. This individual must hold a current valid credential as a PRSS with the WV Certification Board for Addiction and Prevention Professionals (WVCBAPP) or as a National Certified Peer Recovery Support Specialist (NCPRSS) with the Association for Addiction Professionals (NAADAC) or obtain one of these credentials within 6 months of the hire date.
2. One Veterans' Services Officer (VSO) - For the purposes of this grant, a VSO is trained and accredited by the Department of Veterans' Affairs (DVA) or other recognized Veteran Service Organization to provide assistance to veterans, their dependents, and survivors. A list of recognized Veteran Service Organizations for WV can be viewed here: <https://veterans.wv.gov/field-office/Pages/default.aspx>. Services provided by a VSO include not only applying for federal and state benefits, but also providing information on resources related to compensation and pensions. VSOs are also uniquely qualified to open claims for benefits from the Veterans Administration.

Funding will be awarded to the highest-scoring proposals that meet the criteria contained within this AFA. It is anticipated that this program will be renewed annually, with a new AFA issued every three to five years. Technical assistance and training will be provided for new sites by the Bureau of Behavioral Health (BBH).

In compliance with the Recovery Residence Rule 69CSR15 and W. Va. Code §16-59-1 et seq., any Grantees funded under Option 1 must be certified by the contracted certifying agency, WVARR. The Grantee must provide BBH with a copy of the required certification as

well as maintain the required certification throughout the entire grant period. The Grantee must immediately, or as soon as practicable thereafter, notify the BBH if its certification is suspended, revoked, or if the certifying agency requires the Grantee to take any corrective action to maintain its certification. At which time the BBH may find cause to terminate the grant agreement and require that the Grantee return a pro rata portion of grant funds already received.

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 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. BBH supports evidence-based programs that promote social and emotional well-being, prevention approaches, person-centered interventions and self-directed and/or recovery driven support services.

The impact of COVID-19 has resulted in isolation and reduced access to services. As a result, West Virginia has experienced an increase in substance misuse, resulting in increased overdose fatalities and other serious consequences. According to the West Virginia Department of Veterans Assistance 2018 Annual Report, West Virginia had 147,869 veterans, which is roughly 10% of the state's population. According to 2018 National Survey of Substance Abuse Treatment Services data, only 16.7% of treatment facilities in West Virginia offer a program tailored to veterans. The Substance Abuse and Mental Health Services Administration (SAMHSA) reported in 2015 that 1 in 15 veterans reported having a SUD

https://www.samhsa.gov/data/sites/default/files/report_1969/Spotlight-1969.html

Homelessness, SUD, and mental health challenges are prevalent among West Virginia's veteran population. BBH has a lead role on the interagency team formed for the ongoing Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families in West Virginia, which plans to provide training, promotion of best practices, and coordination of care to former service members and their families. BBH is working to secure funding to address the need for early interventions, such as screening, recovery housing, peer recovery coaching, and resource brokerage to individuals who have served in the military.

Section Two: **SERVICE DESCRIPTION**

Veteran Recovery Supports (VRS)

Purpose

BBH wishes to provide funding to address the early intervention needs of veterans including screening, recovery housing, peer recovery coaching and resource brokerage. Funds will be used to allocate 40 recovery residence beds in new or existing recovery residences and to fund two full-time equivalent (FTE) employees. One FTE will serve as a Veteran Services Officer and will provide service coordination and veteran-specific resource brokerage. The other FTE will be a Peer Recovery Support Specialist who can provide recovery coaching and Screening, Brief Intervention and Referral to Treatment (SBIRT) services for individuals in the program(s).

Recovery Residences provide safe housing for individuals age eighteen (18) and older who are recovering from SUD or co-occurring SUD and mental health disorders. Residents can be actively participating in outpatient and/or intensive services provided off-site. Service areas provided for by the residence include prevention, health promotion and wellness, life skills, recovery and other support services.

A Peer Recovery Support Specialist (PRSS) is a person with lived experience of SUD who helps remove personal and environmental barriers to recovery, links the newly recovering person to the recovering community, and serves as a navigator and mentor in the management of personal and family recovery. This individual must hold a current valid credential as a PRSS with the WV Certification Board for Addiction and Prevention Professionals (WVCBAPP) **or** as a National Certified Peer Recovery Support Specialist (NCPRSS) with the Association for Addiction Professionals (NAADAC) or obtain one of these credentials within 6 months of the hire date.

Section Three: **PROPOSAL INSTRUCTIONS/REQUIREMENTS**

All proposals for funding will be reviewed by BBH staff for administrative compliance, service need, and feasibility. A review team, including reviewers independent of BBH, will review the full proposals. Proposals must contain the following components:

- A completed Proposal for Funding Application:
<https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>

- A Proposal Narrative of up to 15 pages with the following sections:
- **Statement of Need and Population of Focus (5 points):** Describe the need for the proposed service(s). Applicants should identify and provide relevant data on the target population to be served, as well as the geographic area to be served, to include the specific region(s), county(ies), and existing service gaps.
 - **Proposed Evidence-Based Service/Practice (5 points):** Identify and list the evidence-based service/practice being proposed, identify the goals and objectives for the proposed service(s), and list all evidence-based programs (EBPs) that will be used. Applicants should describe how the proposed services/interventions will be trauma-informed and promote family engagement. Applicants should also identify evidence-based outreach methods to serve geographically isolated families in their region(s).
 - **Proposed Implementation Approach (45 points):** Describe how the applicant intends to implement the proposed service(s), including the following:
 - A description of the strategies/service activities proposed to achieve the goals and objectives identified above, staff responsible for the activity and one year/twelve-month timeline for these activities. Please include activities related to planning/development, training/consultation, implementation, and data management.
 - Describe the plan for achieving program sustainability, including how alternative funding sources will be obtained. Grantees must seek reimbursement from any third-party administrators or coverage providers including, but not limited to, private insurance, Medicaid, and the Children’s Health Insurance Program (CHIP). Please provide an estimate for the number of unduplicated individuals to be served annually.
 - **Staff and Organizational Experience (10 points):** Describe the applicant’s existing capacity to carry out the proposed services, to include the applicant’s experience and qualifications to reach and serve the target population. An organizational chart may be included but is not required.
 - **Data Collection and Performance Measurement (20 points):** Describe the information/data the applicant plans to collect, as well as the proposed process for using data to measure and improve the quality of the service, ensuring each goal is met and assessing outcomes within the target population.
 - **Targeted Funding Budget(s) and Budget Narrative(s) (10 points):** Describe with specific details how the awarded funds will be expended. The narrative should clearly specify the intent of and justify each line item in the Targeted Funding Budget(s). The narrative should also describe any potential for other funds or in-kind support.

- **References/Works Cited (5 points):** All sources referenced or used to develop this proposal must be included on this page. This list does not count toward the 15-page limit.
- Applicants must use 12-point Arial or Times New Roman font, single line spacing, and one-inch margins. Charts or graphs may be no smaller than 10-point font. Page numbers must also be included in the footer. The Project Narrative must not exceed 15 pages. References and attachments do not count toward the page limit.
- **Attachment 1. Targeted Funding Budget(s) and Budget Narrative(s)**
 - Targeted Funding Budget (TFB) form, which includes sources of other funds where indicated on the TFB form. A separate TFB form is required for any capital or startup expenses. This form and instructions are located at: <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>.
 - Budget Narrative for each TFB form, with specific details how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the TFB. The narrative should also describe any potential for other funds or in-kind support. The Budget Narrative is a document created by the applicant and not a BBH fiscal form.
- **Attachment 2. Applicant's Valid West Virginia Business License.**
- **Attachment 3. Memorandums of Understanding (MOUs) and letters of support.** MOUs or letters of support must be submitted with the application to demonstrate established partnerships between community behavioral health providers and other potential collaborative community organizations. Please list full partner information, including agency name, address, phone number, key contact person, and email address.

Section Five: **EXPECTED OUTCOMES/PERFORMANCE MEASURES**

All grantees must discuss their ability to report the data collected through web-based reporting by the 5th of each month, in accordance with National Outcome Measures (NOMS), state guidelines and timeframes established by U.S. Center for Substance Abuse Treatment (CSAT), the Substance Abuse and Mental Health Services Administration (SAMHSA), and all other regulatory bodies.

Expected Outcomes:

1. Increase in the number of unduplicated individuals served in the recovery residence that are veterans.
2. Increase in the number of unduplicated individuals that are veterans who transition into the community successfully.
3. Increase in the number of unduplicated individuals that are veterans receiving referrals to treatment and recovery interventions appropriate for their individual needs based on the severity of their problem(s) and level of their recovery capital.
4. Increase in the number of unduplicated individuals that are veterans completing referrals and actively engaged in treatment and recovery interventions appropriate for their individual needs based on the severity of their problem(s) and level of their recovery capital.
5. Increase in the number of unduplicated veterans screened for eligible Veterans Administration benefits.

Performance Measures:

1. Maintain and provide documentation of ALL activities related to service area(s) indicated by:
 - a. Number of individuals served by type of activity.
 - b. Number of unduplicated individuals served by age, gender, race and ethnicity and diagnosis(es).
 - c. Number of admissions by level of care and number of persons served upon admission.
 - d. Number of persons served (unduplicated count) for alcohol and other drug use by age, sex, race, and ethnicity upon admission.
 - e. Number of clients employed or student (full-time or part-time) prior 30 days upon admission and discharge.
 - f. Number of clients living in a stable living condition prior 30 days upon admission and discharge.
 - g. Number of clients without arrests prior 30 days upon admission and discharge.
 - h. Number of clients with no alcohol use in the last 30 days upon admission and discharge.
 - i. Number of clients with no drug use in the last 30 days upon admission and discharge.
 - j. Number of clients participating in self-help groups prior 30 days upon admission and discharge.
 - k. Length of stay (in days) of clients completing the residency successfully upon discharge.
 - l. Number of unduplicated individuals served in the recovery residence that are veterans.
 - m. Number of unduplicated individuals that are veterans who transition into the community successfully.

- n. Number of unduplicated individuals that are veterans receiving referrals to treatment and recovery interventions appropriate for their individual needs based on the severity of their problem(s) and level of their recovery capital.
 - o. Number of unduplicated individuals that are veterans completing referrals and actively engaged in treatment and recovery interventions appropriate for their individual needs based on the severity of their problem(s) and level of their recovery capital.
 - p. Number of unduplicated veterans screened for eligible Veterans Administration benefits.
2. Maintain and provide documentation related to the following:
- a. Number of cross planning initiatives (e.g., interagency meetings, community collaboratives, regional summits, and local task forces), and service activities implemented with other sectors (e.g., resource fairs, community presentations), indicating both the type and number.
 - b. Number and type of professional development trainings/events held and attended.
 - c. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted.

Please note that BBH grantees must submit all service data reporting by the 25th day of each month following the month of reporting.

Section Six: **CONSIDERATIONS**

LEGAL REQUIREMENTS

Eligible applicants are public or private organizations with a valid West Virginia business license and/or unit 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 regarding all contractual matters. The Grantee may, with the prior written consent of the State, enter into written sub-agreements for performance of work; however, the Grantee shall be responsible for payment of all sub-awards.

STARTUP COSTS

Applicants who wish to request reasonable startup funds for their programs must submit a separate “startup” Targeted Funding Budget (TFB) and budget narrative, along with their proposal narrative. For purposes of this funding, startup costs are defined as non-recurring costs associated with the initiation of a program. These include costs such as fees, registrations, training, equipment purchases, renovations, or capital expenditures.

For the purpose of proposal review, all startup cost requests submitted by the applicant will be necessary for the development of the proposed program. If, when taken together, the startup costs and program costs exceed funding availability, BBH will contact the applicant organization and arrange a meeting to discuss remedial budget action.

FUNDING REIMBURSEMENT

The grant will be awarded on a schedule-of-payment (SOP) basis. 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 the stated program objectives.

OTHER FINANCIAL INFORMATION

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 the Code of Federal Regulations (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.