



Bureau for Behavioral Health

Announcement of Funding Availability (AFA) Peer Recovery Residence



Proposal Guidance and Instructions

AFA Title: Peer Recovery Residence
Targeting Regions: Statewide
AFA Number: AFA-13-2022

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

Key	
Date of Release:	May 16 th , 2022
Technical Assistance:	Submit written requests to DHHRBBHAnnouncements@wv.gov
Application Deadline:	June 13 th , 2022
Funding Announcement(s) To Be Made:	TBD
Funding Amount Available:	\$550,000 to support \$110,00 each for 5 residences. BBH seeks to make a minimum of 2 awards to a Recovery Residence serving women and a minimum of 2 awards to Recovery Residences serving men
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/BBH/funding/Pages/Applying-for-Funding.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/BBH/funding/Pages/Applying-for-Funding.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

The focus of the current Announcement of Funding Availability (AFA) by the West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH), is to disperse federal funding received by the State through the Substance Abuse and Mental Health Service's Administration (SAMHSA) for the following purposes:

- Increasing access to treatment with medication using the three FDA-approved medications for the treatment of opioid use disorder (OUD).
- Increasing access to contingency management/cognitive behavioral therapy programs for those with Stimulant Use Disorder.
- Increasing access to treatment programs for any other substance use disorder (SUD).
- Reducing unmet treatment needs and those with complex services needs such as co-occurring disorders, trauma, and high relapse risk.
- Reducing OUD /SUD related deaths through the provision of prevention, treatment and recovery activities for OUD/SUD, including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs.

The specific purpose of this AFA is to provide intensive support for peer recovery residences that:

- 1) Is serving a region where there is a demonstrated need for recovery residence services.
- 2) Is inclusive of individuals engaged in treatment utilizing medication assisted treatment
- 3) Improves the safety, health, and wellness of individuals with OUD or stimulant use disorder and their families/loved ones, which provides them the opportunity to reach their full potential; complete recovery housing and avoid relapse.
- 4) Reduces overdose deaths by engaging those with complex service needs in treatment and recovery services and strengthening coordination with evidence-based OUD or stimulant use disorder treatment providers and other community resources.
- 5) Increases the management capability to service those with complex service needs such as co-occurring disorder(s), trauma and a demonstrated high-risk for relapse.

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 Peer Recovery Residences 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 Peer Recovery Housing by providing beds for

individuals receiving treatment with medication and who have other needs such as co-occurring disorder(s), trauma, and high-relapse risk. As WV is currently addressing an opioid crisis, an expansion of recovery options that accept those receiving current evidence-based treatments for OUD, including treatment with medication, is critical to the long-term recovery of those with OUD/stimulant use disorder. Currently, WV only has a small number of recovery housing beds that accept individuals in treatment with medication programs, as such, this AFA is seeking to expand the availability of housing options for individuals with an OUD who are receiving treatment with medication or a or stimulant use disorder and engaged in contingency management/behavioral therapy.

The Department's goal is that an expansion in Peer Recovery Residences inclusive of evidence-based treatment with medication 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, pending funding approval from SAMHSA, and based on accepted proposals that meet the required criteria contained within this AFA . Each award will be based upon the demonstrated need in the community to be served. Please note that this funding does not allow for the acquisition, construction and/or renovation costs of increasing recovery housing capacity; instead, it provides a flat operating cost allocation to support expenses related to treatment and medication-friendly beds for individuals in recovery.

Funds awarded can be utilized to support the provision of client and facility needs, including, but not limited to, lifesaving supplies such as a fire alarm and carbon monoxide detector, personnel, the provision of food, shelter, supplies, housekeeping, maintenance, and operation of home costs, such as utility costs applicable to the beds/bed days awarded under this AFA. Those proposals planning on hiring peer support specialist with documented experience and training in dealing with clients with complex service needs will be given preference.

Priority will be given to applications who demonstrate a need for additional recovery beds within the geographic area to be served.

Total Funding Available: \$550,000 (\$110,000 each for 5 residences).

To be considered for this AFA, applicants must:

- Have experience providing direct OUD/SUD services and supports;
- Have a preference for serving West Virginia residents;
- Facilitate access to all three FDA approved treatments with medication, as appropriate and desired by clients served;
- Have the ability to work with Adult Drug Court Programs, local Day Report Center programs, and 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 certified 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/>.

- Applicants must provide documentation of WVARR certification.
- Applicants must provide a letter of support from the unit of local government where the recovery residence is located.
- The program must employ only Peer Recovery Support Specialists who are Certified by the West Virginia Certification Board for Addiction and Prevention Professionals and who have at least 3 years of experience working with high-risk clients. These peer specialists will have intensive training in Mental Health First Aid, trauma informed care, co-occurring disorders and motivational interviewing. These individual must also have WRAP training within the first 90 days of employment and be able to develop WRAP plans on all the clients they serve. Likewise, those supervising these peer specialists will have the training above and meet with their staff weekly to discuss cases that require more intensive services.

Applicants must submit a target funding budget for each proposed location. Consideration will be given to allow statewide coverage of awards.

Section One: **INTRODUCTION**

The West Virginia 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 client services and enable better coordinated and more continuous care, meet individual 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 solicit 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 recovery housing.

- promote same day access to appropriate levels of care.
- promote access for individuals living in un/underserved areas.
- connect individuals whose assessment indicates that methadone treatment would be the best approach for them with Opioid Treatment Providers (OTPs);
- 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, OUD or stimulant use disorder; experience *delivering evidence-based* OUD/SUD 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.

Priority will be given to applications who demonstrate a need for additional recovery beds within the geographic area to be served.

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.

Eligible applicants must also adhere to standards for recovery housing set forth by the National Alliance of Recovery Housing (NARR), as well as becoming a certified 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/>. Applicants must provide documentation of WVARR certification.

Target Population

The population of focus are adults, ages 18 and over, with an OUD, stimulant use disorder or SUD, which may include co-occurring mental illness and/or polysubstance use, and high-risk, priority populations, including 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/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”, and “Recovery Homes”, provide safe housing for individuals, age eighteen (18) and older who are in recovery from SUD and/or SUD 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 12 to 18 months or until it is determined that an individual is able to safely transition into a more integrated environment.

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

- Ensure that 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 adequately staffed to include a minimum of 16 hours of “on-site” supervision/support.
- Ensure that all residents receive a full orientation to the program within twenty-four (24) hours of their admission.
- Ensure that each resident establishes individualized short and long-term goals and objectives within 48 hours of his or her admission.
- Ensure that each resident has at least quarterly goal review sessions.
- Ensure that each resident has a written record that is kept up to date and legible.
- Ensure that each resident being discharged and/or evicted from the program is referred/ linked to an appropriate level of care or a stable and safe environment/living program after which they will be considered for readmission. Under no circumstances will clients be discharged to the “street” regardless of the reason for discharge or eviction.
- 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 credentialed Peer Recovery Support Specialist who will monitor and encourage resident mutual aid meeting attendance, mental health and substance use services, medical services, employment, volunteer activity, drug/alcohol abstinence and participation with all conditions of community placement.

A credentialed Peer Recovery Support Specialist is defined as having met the following eligibility requirements for the Peer Specialist:

- Must have a high school diploma or its recognized equivalent.
- Must have lived experience with substance use challenges/addiction.
- Must be involved with a personal support and/or recovery system of their choosing.
- Must have no legal involvement within the last six (6) months.
- Complete a BBH approved Recovery Coach training curriculum.
- Participate in BBH required trainings and certification process.
- Collect and submit all required service data to organization/supervisory site.

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:

- Unit of local government where recovery residence is located i.e. county and/or municipality.
- Local Public Housing Authorities
- Behavioral Health (Substance Use and Mental Health) services
- Primary Care Health services
- Hospitals
- Obstetric/Gynecological services
- Pediatric services
- Childcare services
- Providers of OUD treatment with medication
- 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
- Peer recovery support specialist services

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 AFA 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 OUD/stimulant disorder recovery services that will help mitigate the negative impacts of opioid use, stimulant use and/or other substance use, including but not limited to associated overdoses.
2. Reducing or eliminating the waitlist for OUD recovery housing services for individuals receiving MAT.

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. More specifically, successful proposals will address sustainability of expanded capacity for serving people receiving 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**

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.

A review team independent of BBH will review all complete proposals.

Proposals must contain the following components:

- ✓ A completed Proposal for Funding Application, available at: <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx>
- ✓ A Project Abstract (one page, does not count as one of the 15 total pages) detailing the proposed program noting the funding option(s) being pursued, number of beds targeted, a statement of willingness to work to address NARR/WVARR certification, and a statement confirming the Applicant's willingness to serve individuals receiving MAT services.
- ✓ 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/OD 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 proposed for Year One.
3. Proposed Implementation Approach: Describes how the Applicant intends to **implement the proposed initiative/service(s) during the project period**, to include:
 - Clearly note the number of beds to be utilized under this AFA and the projected total number of bed days anticipated.
 - A description of how the Applicant will assure that individuals will be given connections and as appropriate access to all three types of FDA-approved medications for medication assisted treatment (MAT) and the evidence-based treatment counseling support.
 - A description of the Applicant's existing relationships with its 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 **Program Implementation 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.
 - A description of the Applicant's site control for the proposed project, to include property ownership and 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 the quality of services, to ensure that each goal is met, and to assess target population outcomes. The plan must also include an explanation of how this 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 Medicaid and other 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 in the **15-page** limit.

The following 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 <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.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 is not a BBH Fiscal form.
- ✓ 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.

Letter of support from the unit of local government where recovery residence is located i.e. county and/or municipality.

<p>Section Four: EXPECTED OUTCOMES / PERFORMANCE MEASURES</p>
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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 treatment of Opioid Use Disorder using the three FDA-approved medications and treatment of Stimulant Use Disorder using contingency management/cognitive behavioral therapy,
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 Peer 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 executed Memoranda of Understanding
3. Organizational policies that support client engagement and retention
4. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of conducted consumer feedback activities
5. Number of clients living in a stable living condition during the prior 30 days
6. Number of clients without arrests during the prior 30 days
7. Number of clients with no alcohol use during the last 30 days
8. Number of clients with no drug use during the last 30 days
9. Number of clients participating in self-help groups during the prior 30 days
10. Length of stay (in days) of clients participating in MAT
11. Type of MAT received
12. Number of resources (by type) provided to clients. Resources include but are not limited to referral for HIV/Hepatitis testing, medical, housing, mental health counseling, training/education, and employment.

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.

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