



WEST VIRGINIA DEPARTMENT OF

**HUMAN
SERVICES**

Bureau for Behavioral Health

Announcement of Funding Availability

Peer Recovery Support Specialists in Regional Jails

Proposal Guidance and Instructions

Announcement of Funding Availability (AFA):

Peer Recovery Support Specialists in Regional Jails

Regions of Focus: Statewide

AFA Number: AFA – GFO – 2500000000181

West Virginia Department of Human Services (WV DoHS)
Bureau for Behavioral Health (BBH)

For Technical Assistance please include AFA – GFO – 2500000000181 in the
subject line and forward all inquiries in writing to

bbhannouncements@wv.gov

Find more information about BBH funding opportunities at

<https://dhr.wv.gov/BBH/funding/Pages/default.aspx>

Key Dates and Other Information

Release Date	3/18/2025
Application Deadline	04/18/2025
Total Funding Available	\$1,250,000.00
Number of Awards	5 (\$250,000.00 per award)
Geographic Areas	Statewide
Eligible Applicants	Agencies who provide sustainable MOUD-friendly peer recovery services and are licensed to operate as behavioral health centers in West Virginia
Technical Assistance	Submit written requests to bbhannouncements@wv.gov A frequently asked questions (FAQ) document will be posted at https://dhhr.wv.gov/BBH/funding/Pages/default.aspx
Funding Announcement(s)	To Be Determined

FUNDING AVAILABILITY

The West Virginia DoHS, BBH, State Opioid Response (SOR) Office is seeking agencies to establish a system of care involving peer recovery support specialist (PRSS) services in the correctional setting that provides recovery-centered resources for individuals experiencing opioid use disorder (OUD) and co-occurring disorders, while maintaining partnerships with stakeholders and partners participating with the program. Specifically, this AFA is to provide PRSS services in a correctional setting, with the goal to 1) provide a continuity of care and care inclusive of individuals engaged in medications for opioid use disorder (MOUD); 2) reduce recidivism in those with substance use disorders among the population of those involved in the correctional system; and 3) reduce overdose deaths statewide, by engaging individuals in treatment and recovery services and strengthening coordination with evidence-based OUD treatment providers and other community resources.

A total of \$1,250,000.00 is available to support organizations who will provide sustainable MOUD-friendly PRSS services in two or more of the 10 regional jails in West Virginia. This AFA has an emphasis on high-risk, priority populations, including individuals re-entering the community from incarceration. Line-item funds for equipment purchases cannot exceed over \$10,000.00. Additionally, funding for startup costs should not be included in applications.

For this funding, BBH awards grants overseeing the following sectors containing regional jails:

Northern: Northern Regional Jail and North Central Regional Jail (Hancock, Brooke, Ohio, Marshall, Wetzel, Monongalia, Marion, Harrison, Doddridge, Tyler, Pleasants, Ritchie, Wood, and Wirt counties)

Southern: Southern Regional Jail and South-Central Regional Jail (Jackson, Kanawha, Fayette, Greenbrier, Raleigh, Summers, Monroe, Mercer and Wyoming counties)

Eastern: Potomac Highlands Regional Jail and Eastern Regional Jail (Jefferson, Berkeley, Morgan, Hampshire, Mineral, Hardy, Grant, and Pendleton counties)

Western: Western Regional Jail and Southwestern Regional Jail (Mason, Putnam, Cabell, Wayne, Lincoln, Boone, Logan, Mingo, and McDowell counties)

Central: Tygart Valley Regional Jail and Central Regional Jail (Preston, Taylor, Barbour, Tucker, Randolph, Upshur, Lewis, Gilmer, Braxton, Webster, Pocahontas, Roane, Clay and Nicholas counties)

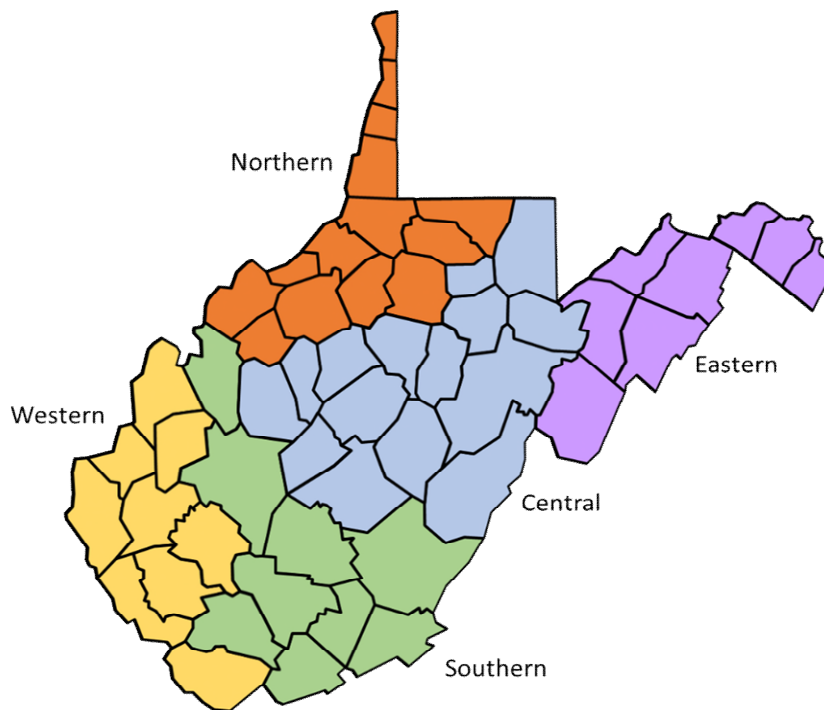


Figure 1: Map of sectors containing regional jails

Section One: **INTRODUCTION**

In 2023, West Virginia’s rate of overdose death continued to be higher than the national average, with 87.6% of those overdose deaths involving at least one opioid and 68.5% involving at least one stimulant.¹ To combat this rate of overdose death, the WV DoHS, BBH received federal funding from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) State Opioid Response (SOR) grant. The SOR grant aims to prevent opioid-related overdose and prevent OUD deaths by increasing access to the three Food and Drug Administration (FDA) Approved MOUD; reduce the stigma associated with OUD and MOUD; and increase overall access to OUD prevention, treatment, and recovery services.

The WV DoHS, BBH SOR Office envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The BBH supports evidence-based practices that promote emotional well-being, prevention approaches, person-centered early interventions, and self-directed and/or recovery driven support services. For individuals experiencing mental and substance use conditions, or the co-occurring of the two, recovery is a highly personal experience and there are many pathways to better health. The BBH aligns with SAMHSA’s working definition of recovery in which recovery is 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. Additionally, the BBH aligns with the “all pathways” approach to recovery and believes that PRSS services is a key component in the recovery process, especially within incarcerated settings.

Substance use is clearly a cause of death after release from both jail and prison, with the rate of opioid overdose after prison release being significantly higher within the first two weeks of release.² Previously, the WV Division of Corrections and Rehabilitation (WV DOCR) implemented MOUD services in each of the regional jails and prisons for inmates who have been prescribed Buprenorphine or Vivitrol as part of a treatment protocol for OUD prior to incarceration or received Vivitrol after incarceration. This process has been recently updated so that Sublocade is the primary medication used and this treatment is paired with therapeutic treatment services, case management, and recovery supports upon re-entry into the community.

¹ Centers for Disease Control and Prevention: Overdose Prevention. (2024, December 12). SUDORS Dashboard: Fatal Drug Overdose Data. Centers for Disease Control and Prevention. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

² Hartung, D. M., McCracken, C. M., Nguyen, T., Kempny, K., & Waddell, E. N. (2023). Fatal and nonfatal opioid overdose risk following release from prison: A retrospective cohort study using linked Administrative Data. *Journal of Substance Use and Addiction Treatment*, 147. <https://doi.org/10.1016/j.josat.2023.208971>

PRSS services being available to those incarcerated within the regional jails remain a focus for the BBH, however the BBH wishes to restructure the PRSS services infrastructure within the correctional setting to better serve such a high-risk population.

Components of the PRSSs in Regional Jails

Once again, the primary goal of this project is to provide continuity of care, reduce overdose deaths statewide, and reduce recidivism in those with substance use disorders among the inmate population through the provision of PRSS Services. BBH hopes that these goals can be met by collaborating with agencies to establish a PRSS Coordinator to oversee at least two regional jail locations and at least two PRSSs to work with the PRSS Coordinator to communicate with incarcerated individuals via communication software. Proposals for this project must describe how the planned work will actively:

- Coordinate PRSS Coordinator activities with WV DOCR designated personnel.
- Ensure that the PRSS Coordinator meets requirements for entry into the regional jails.
- Coordinate communication between the PRSS Coordinator and PRSS responsible for communicating with those incarcerated.
- Establish a work plan with the PRSS Coordinator and any established supervising personnel at the agency responsible for overseeing PRSS and/or PRSS related programs.
- Assure the PRSS Coordinator and PRSSs participate with recommended trainings offered by WV DOCR and follow all procedural guidelines.
- Promote client engagement to increase their time in treatment and recovery.
- Provide timely, culturally competent, and evidence-based recovery services supportive of MOUD for inmates with OUD.
- Assure continuity of care for incarcerated individuals experiencing OUD who will be re-entering the community by providing support for a life in recovery, including WV Alliance of Recovery Residences (WVARR) certified housing, employment or educational services, medical care, mental health counseling and treatment, childcare, transportation, and support groups. Please note that this will include incarcerated individuals with an OUD diagnosis who are not enrolled in the MOUD program.
- Provide support for people in long-term OUD recovery whose health regimen includes ongoing medication needs, including periodic assessment and overdose prevention activities.
- Promote individuals' recovery by acting as a guide/mentor for overcoming personal and environmental obstacles which jeopardize their recovery.
- Help individuals find and obtain best practice resources for harm reduction; detoxification; treatment; family/community/peer support and education; and local or online support groups, as well as help individuals create a change plan for their recovery.
- Provide or refer for training for the use and distribution of Naloxone for all individuals served.
- Develop a sustainability plan that reflects service continuity beyond SOR funding by the end of the grant cycle for each facility with a SOR sponsored PRSS and PRSS Coordinator

Section Two: **SERVICE DESCRIPTION**

Funding will establish PRSS services and funded agencies will work with WV DOCR, community behavioral health providers, and other key stakeholders to facilitate access to treatment and recovery support for those incarcerated at regional jails.

Target Population:

(Ages 18+) Adult men and women with an OUD and/or stimulant use disorder, which may include a co-occurring mental illness, or receiving MAT by a prescribing physician and who are incarcerated or reentering the community from a regional jail.

Peer Recovery Support Specialists:

PRSSs are persons with lived experience managing their own long-term recovery as a result of gained knowledge on how to attain and sustain recovery and, in turn, sharing that information with individuals in or seeking recovery. PRSSs are trained in evidence-based, person-centered, and trauma informed approaches to support individuals with an SUD through treatment and in recovery. To become a PRSS, a person must complete training, education, and/or professional development opportunities for peer recovery support and receive certification through the West Virginia Certification Board for Addiction & Prevention Professionals (WVCBAPP).

PRSS Activities:

PRSS activities include but are not limited to assisting individuals in treatment or recovery through:

- Self Help: Cultivating the ability to make informed, independent choices; helping develop a network of contacts for information and support based on experience of the Peer Recovery Support Specialist; and assisting in developing social skills, repairing, rebuilding, or establishing prevention networks.
- System Advocacy: Assisting the individual to talk about what it means to have a substance use and/or co-occurring disorder with an audience or group; and assisting with communicating about an issue related to their substance use and/or their recovery.
- Individual Advocacy: Discussing concerns about medication at the individual's request; and assisting with developing independence in self-referral techniques, accessing appropriate care, and understanding clear communication and coordination with any health care provider.
- Recovery Planning: Helping the individual make appointments for any medical or mental health treatment when requested; and guiding the individual toward a proactive role in health care, jointly assessing services, identifying triggers for use, developing a relapse plan, and building a support network.

- Crisis Support: Assisting the individual with the development of a personal crisis plan; and helping with stress management and developing positive strategies for dealing with potential stressors and crisis situations.
- Relapse Prevention: Giving feedback to the individual on early signs of relapse and how to request help to prevent a potential crisis; assisting the member in learning how to use a crisis/relapse plan; educating on relapse prevention and identifying relapse triggers, and developing a relapse plan and prevention; and learning new ways to live life without the inclusion of drugs, and skill building for such things as time management and connecting with prosocial activities.
- Housing: Helping the individual learn how to maintain stable housing through bill paying and organizing his or her belongings; assisting in locating improved housing situations; and teaching identification and preparation of healthy foods according to cultural and personal preferences of the individual and his/her medical needs.
- Education/Employment: Helping the individual access information about going back to school or job training; and facilitating the process of asking an employer for reasonable accommodation for a psychiatric/SUD disability.

Collaborations and Memoranda of Understanding:

Applicants for PRSS services must demonstrate how they are currently part of and/or facilitating development of a coordinated and integrated service system to meet the complex needs of the target population. Memoranda of Understanding (MOUs) with identified partners must be executed within 30 days of notice of award that outline the roles and responsibilities of each party, which may include but are not restricted to:

- Behavioral Health (Substance Use and Mental Health)
- Primary Health Care
- Hospitals
- Obstetric/Gynecological practices
- Pediatric practices
- Childcare
- Family Assistance Programs
- Early Intervention and Home Visiting Programs
- Family and/or Drug Courts
- Criminal Justice Systems
- Employment, Education and/or Vocational programs
- Local Public Housing Authorities

Section Four: **APPLICATION INSTRUCTIONS/REQUIREMENTS**

NEW PROCESS FOR APPLICATION SUBMISSION: All proposals must be submitted through the WVOASIS Vendor Self Services (VSS Portal) at <http://www.wvoasis.gov>. For more information and training on application submission, please use visit the following links:

- [Search VSS for Grant Funding Opportunities \(GFO\)](#)
- [Completing a Grant Funding Application \(GFA\) in VSS - \(Part 1\)](#)
- [Completing a Grant Funding Application \(GFA\) in VSS - \(Part 2\)](#)

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.

Application Components

1. A **Statement of Assurance** available at <https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx> is required of all proposal submissions This statement must be signed by the agency’s CEO, CFO, and Project Officer.
2. A completed Proposal for Funding Application, available at <https://dhhr.wv.gov/BBH/DocumentSearch/Financial%20Forms%20and%20Tools/AFA%20Tools%20and%20Resources/AFA%20Proposal%20Template.pdf>
3. **Proposal Narrative:** 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 Proposal Narrative must not exceed 15 pages. References and attachments do not count toward the page limit.

The Proposal Narrative should contain the following sections:

- **Statement of Need and Populations of Focus (5 points):** Describe the need for proposed service(s). Applicants should identify and provide relevant data on the population to be served, as well as the geographic area to be served, to include the specific region(s) and counties and existing service gaps. Applicants should also explain how the region currently addresses the prevention and behavioral health needs for children.
- **Proposed Evidence-Based Services/Practices (5 points):** Delineate the programs/services being proposed, set forth the goals and objectives for the proposed service(s), and list all evidence-based programs (EBPs) that will be used for all populations throughout the region identified in the proposal. Applicants should also

describe how the proposed services/interventions will be trauma informed and, where applicable, promote family engagement.

- **Proposed Implementation Approach(es) (45 points):** Describe how the applicant intends to implement the proposed service(s), including the following:
 1. Profile population needs, resources, and readiness to address problems and gaps in service delivery.
 2. A description of the strategies/service activities proposed to achieve the goals and objectives identified above, those responsible for action, and a one year/twelve-month timeline for these activities. Please include proposed planning/development, training/consultation, implementation, and data management.
 3. Mobilize and build capacity to address needs.
 4. Monitor and evaluate results and the ability to continue services.
 5. Hire and maintain a workforce of appropriately trained staff that can sustain the programmatic requirements and daily functions of the proposed services.
 - **Staff and Organizational Experience (10 points):** Describe the applicant's existing capacity to carry out the proposed recovery services, to include experience and qualifications to reach and serve the population of focus.
 - **Data Collection and Performance Measurement (20 points):** Describe the information/data the applicant plans to collect, as well as the process for using data to measure and improve quality of the service, ensuring each goal is met and assessing outcomes within the population of focus.
 - **References/Works/Data 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.
 - **Targeted Funding Budget (TFB) and Budget Narrative (10 points):** Describe with specific details how funds will be expended.
 1. Targeted Funding Budget form includes sources of other funds to be listed 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>.
 2. Budget Narrative should clearly specify the intent of and justify each line item of the TFB. The Budget Narrative is a document created by the applicant and not a BBH fiscal form.
4. Include in attachments the applicant's organization's valid WV business license.

5. Include in attachments Memoranda of Understandings (MOUs) and letters of support or commitment. MOUs or letters of support or commitment must be submitted with the application to demonstrate established partnerships between community behavioral health providers, schools, law enforcement, and other potential 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

Expected Outcomes/Performance Measures:

Expected Outcomes:

1. Establish a detailed and comprehensive MOU between appropriate entities, such as community behavioral health providers, outlining roles, expectations, and shared vision for service and collaboration.
2. Respond to all referrals from regional jails for PRSS services.
3. Link referred clients to appropriate community-based recovery and treatment services and supports.
4. Naloxone training for regional jail staff, clients, and families, where appropriate.
5. Confidential reporting procedures and requirements (e.g., HIPAA).
6. Establishment of policies and procedures for providing mental health support with community-based mental health professionals which provide a continuum of services for clients.
7. Engagement of regional jail and/or other criminal justice systems' staff in program policies and procedures.

Performance Measures:

1. Maintain and provide documentation of ALL activities related to service area(s) indicated by:
 - a. Number of unduplicated persons receiving recovery support services by service type: (Recovery Housing, Recovery Coaching/Peer Coaching, Employment Support, and Others with specification)
 - b. Government Performance and Results Act (GPRA) data via client level interviews at intake, 6-month, and discharge intervals.
 - c. Number of unduplicated persons receiving treatment services by engagement type, if applicable.
2. Provide additional program information to include:
 - a. A description of 3 Major Activities / Accomplishments related to measurable outcomes.

- b. A description of barriers, how they were addressed, as well as any remaining barriers.
- c. A description of how the needs of diverse populations will be addressed and targeted interventions will be implemented.

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

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.

FUNDING REIMBURSEMENT

This 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.