



Bureau for Behavioral Health

Announcement of Funding Availability

Substance Use Treatment for Pregnant and Postpartum
Women and their Minor Children



Proposal Guidance and Instructions

AFA Title: Substance Use Treatment for Pregnant and Postpartum Women and their Minor Children
Targeting Regions: Region 2
AFA Number: AFA 2-2020-SA

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

For Technical Assistance please include the AFA number in the subject line and forward all inquiries in writing to:

dhhrbbhannouncements@wv.gov

Key Dates:	
Date of Release:	October 3, 2019
Technical Assistance:	Submit written requests to dhhrbbhannouncements@wv.gov
Application Deadline:	October 24, 2019 5:00pm
Funding Announcement(s) To Be Made:	To be posted on BBH Website
Funding Amount Available:	\$3,000,000
Target Area to be Served:	BBH Region 2

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

- ☛ Responses must be submitted using the required Proposal Template available at <http://www.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 [dhhr.wv.gov/bhhf/afa](http://www.dhhr.wv.gov/bhhf/afa). 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.

The specific purpose of this Ryan Brown funded AFA is to provide residential addiction treatment services for women and their children for up to six months.

Total Funding Available: A total of \$3,000,000 is available to the Governor's Advisory Council on Substance Abuse Prevention and Treatment Region 2 to support **one** grant award to develop a sustainable MAT-friendly addiction treatment program for women and their children with emphasis on high-risk, priority populations, including people who inject drugs (PWID) and pregnant, postpartum, and parenting women (PPW). Region 2 comprises Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton counties.

One-time funding is available for **one** award, based on accepted proposals that meet the required criteria contained within this Announcement of Funding Availability. The award will not exceed \$3,000,000. Funding is provided via the Ryan Brown fund and thereby allows for acquisition, construction and/or renovation costs to provide new treatment capacity.

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

Section One: **INTRODUCTION**

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The working mission of the BBH is to ensure that West Virginians with mental health disorders, substance use disorders, and/or intellectual/developmental disabilities experience quality services that are comprehensive, readily accessible and tailored to meet individual, family and community needs.

Treatment decisions should be made between prescriber and patient; therefore, patients must not only have the ultimate decision, but also be able to make an informed decision. The Substance Abuse and Mental Health Services Administration (SAMHSA), as well as the U.S. Centers for Disease Control and Prevention, the World Health Organization, and other state, national, and international experts, rely on quality research demonstrating evidence that for opioid use disorder (OUD), the best results in the vast majority of OUD cases come from a combination of medication to treat the physiological symptoms, and psychosocial therapy and supports to treat the underlying causes. These underlying causes might include adverse childhood experiences (ACEs), social determinants of health, other underlying trauma, and/or emotional and psychological issues, such as co-occurring mental illness.

BBH is focused on further developing a service delivery infrastructure, funding mechanisms, and interorganizational relationships that will sustain the system once the grant period ends. The emphasis on this type of system change is based on exhaustive study and analysis performed by DHHR's Bureau for Public Health (BPH) examining 2016 overdose death data. Among the findings noted in the Opioid Response Plan for the State of West Virginia were that "the majority (81%) of overdose decedents interacted with at least one of the health systems in this report. ...However, not all decedents interacted more than once with these resources, so each entity must be prepared to offer treatment at the time of interaction or have an established system for follow-up."

Services provided must include family therapy, individual counseling, group therapy, children's treatment, prevention services, drug and alcohol testing, case management, educational/vocational goal completion, parenting education and therapy, psychiatric evaluation and treatment, supportive living, transportation, referrals for medical services, and referrals for licensed childcare. Proposals must describe how the Applicant will actively work to:

- Promote client engagement to increase time in treatment and recovery;
- Provide timely, culturally competent, and evidence-based recovery services supportive of MAT for individuals with OUD;

- Provide supports for a life in recovery by building health, home, purpose, and community, via improving people’s access to housing, employment or educational services, medical care, mental health counseling and treatment, childcare, transportation, support groups, and other types of services and resources that allow them to move forward in their recovery;
- Provide support for people in long-term OUD recovery whose health regimen includes ongoing medication needs, including periodic assessment and overdose prevention activities;
- Promote access (to include training and distribution) to Naloxone for both staff and the people served.

Section Two: **SERVICE DESCRIPTION**

Grantee Eligibility

BBH is soliciting applications from public or private, not-for-profit or for-profit agencies with demonstrated experience serving individuals experiencing mental health conditions and substance use disorders (SUD), specifically including OUD, experience delivering recovery support services, experience providing services to the target population, established partnerships with local and regional OUD/SUD treatment and recovery providers, ability to bill or work towards billing Medicaid and other third-party insurers, and the 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 West Virginia business license should be included in **Attachment 2** of the application.

Target Population

The populations of focus are women, age 18 and over, who are pregnant, postpartum (the period after childbirth up to 12 months), and/or non-pregnant who have limited access to quality behavioral health services. The program will be equipped to accommodate the minor children, age 17 and under, of the women accessing the program’s services. The Bureau for Behavioral Health (BBH) aligns with SAMHSA as it recognizes the importance of early childhood as the foundation for healthy social and emotional development. Therefore, all Applicant proposals must clearly describe programming to be implemented that will appropriately meet the needs of minor children (varying in ages under 17) to be served in conjunction with the mother’s services.

Applicants are encouraged to carefully consider the design of the program, in addition to the complexities associated with the special population targeted for this announcement.

Programs are responsible for partnering with healthcare professionals and/or facilities to ensure that babies born during the mother's residential stay are brought safely through withdrawal, if needed, housing the babies with the mother and coordinating a full range of services for both mom and baby during and post treatment. Engagement, community supports, and out-patient services should, *when appropriate*, be extended to fathers of the children, partners of the women, and other family members of the women and children who do not reside with the mother at the treatment location. The BBH requires that all Grantees provide a smoke-free workplace and the promotion of abstinence from all tobacco products for program participants.

Service Overview

The purpose of this program is to expand the availability of comprehensive substance use disorder treatment, prevention, and recovery support services for women, pregnant and postpartum women, and their minor children. Programs developed will include components that focus on engagement, as well as utilization of community supports and treatment services for non-residential family members of the women and children. Programming will approach service delivery from a family-centered perspective, meet the multiple individual needs of the population of focus, and consider the health and well-being of the family members within the context of their families, and other important relationships. Programming must be gender-specific and trauma-informed. Programming will provide a safe and drug-free environment for individuals and their families supporting their focus on recovery.

Programming must support evidence-based treatment and parenting models, including trauma-specific services provided in a trauma-informed context that will:

- Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (e.g., inhalants) among pregnant and postpartum women
- Increase safe and healthy pregnancies; improve birth outcomes; and reduce the perinatal and environmentally related effects of maternal and/or paternal drug abuse on infants and children
- Improve the mental and physical health of the women and children; prevent mental, emotional, and behavioral disorders among children
- Improve parenting skills, family functioning, economic stability, and quality of life
- Decrease involvement in and exposure to crime, violence, neglect, and physical, emotional and sexual abuse for all family members

The focus of this Announcement of Funding Availability is increasing access to residential treatment services that are integrated into a comprehensive and recovery oriented system of care. Services specifically funded through this AFA include:

Residential Treatment Services which meet ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (2013)

Expected Results

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

1. Serving more clients with more effective SUD treatment 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 residential treatment services for Pregnant and Postpartum Women and their Minor Children.

Program Sustainability

Funding for this AFA is anticipated to be one-time funding. Each application must explain in detail how the program will be sustained after these funds are expended. Specifically, successful proposals will address how the Applicant will sustain its recovery and peer services supportive of its expanded capacity for Medication-Assisted Treatment, as well as ongoing engagement services for the target populations in the Grantees' identified geographic area after this one-time 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 may not be reviewed further.

A review team independent of BBH will review the full proposals. Proposals must contain the following components:

- ✓ A completed Proposal for Funding Application, available at <http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx>.
- ✓ A Proposal Narrative consisting of the following sections: Statement of Need, Proposed Implementation Approach, Staff and Organization Experience, Data Collection and Performance Measurement.
- ✓ Together these sections may not exceed **20** 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.
 - A documentation of the need for the proposed project, specifically in the identified catchment area of Region 2. Clearly identify the county(ies) that will be served by the project.
 - A description of the strengths and gaps in the OUD 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.
 - Describe the purpose of the proposed project.
 - Clearly state project goals, objectives, and strategies. These goals, objectives, and strategies must relate to the intent of the AFA.
 - Describe the evidence-based practice(s) (EBP) that will be utilized and justify its use with the population of focus.
 - Discuss any screening tools that will be utilized and the basis for their selection.

3. Proposed Implementation Approach: Describes how the Applicant intends to implement the proposed initiative/service(s) during Year One to include:
 - Describe briefly how all program components will be developed, which Model of Care will be implemented and how the required program components (Detoxification, Treatment, and Recovery/Aftercare Supports) will be coordinated to provide a full continuum of care for women, women who are pregnant, and women with minor children.
 - A description of how the Applicant will assure that the people served are given connections and access to all three types of FDA-approved medication and the evidence-based treatment counseling support.
 - A description of the Applicant's existing relationships with community partners, and the Applicant's plans for expanding partnerships across the OUD continuum of care, to ensure rapid access to services for individuals with OUD.
 - Provide a chart or graph depicting a realistic timeline for the entire project period showing key activities, milestones, and staff responsible for action. Be sure to show that the project can be implemented, and service delivery can begin as soon as possible, no later than 18 months post award. (Note: this chart or graph should be included in the narrative and not as an attachment). Timeframe should include all facets of program creation including obtaining applicable licensure and approval for Medicaid billing.
 - Describe how achievement of the goals of this project will produce meaningful and relevant results for the target population as well as the community.
 - Describe any additional training to be sought and utilized in the development of the project, identifying key training components and their relevance.

- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project by including letters of support in **Attachment 3**.
 - Provide a description of other state and federal resources that address the goals and objectives of the proposed implementation approach and how these resources will enhance and not duplicate existing efforts.
 - Provide a description of how the Applicant will ensure the ongoing input of the target population in planning, implementing, and assessing the proposed service.
 - Describe the Applicant's plan to continue the project after the funding period ends. Also, describe how program contiguity will be maintained if and when there is a change in the operational environment (e.g., staff turnover or change in leadership) to ensure stability over time.
 - Describe the facility(ies) to be utilized. This description may be for an existing facility already owned and operated by the Applicant agency, or a facility for which the Applicant agency has a detailed business plan for acquisition, leasing, or other manner of habitation. BBH staff will be available to discuss what options may exist for securing a building or other location in the event that a location is not readily available. If the Applicant agency chooses to reach out to BBH staff regarding what options may exist, these discussions must occur prior to submission of the Applicant's proposal. Any diagrams that may exist should be included in **Attachment 4**.
4. Staff and Organization Experience: This section should describe the Applicant's expertise with the population(s) of focus and with the delivery of OUD treatment services, to include:
- A description of the Applicant's and their partners' current involvement with the population(s) of focus.
 - Describe the Applicant's existing qualifications to carry out the proposed initiative/service(s).
 - Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing their level of effort and qualifications.
5. Data Collection and Performance Measurement:
- Describe the Applicant's plan for data collection, management, analysis, and reporting. Specify, and justify, any additional measures or instruments the Applicant plans to implement in this project.
 - Describe the data driven quality improvement process by which population and sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced.
 - Describe how data will be used to manage the project and assure that the proposed goals and objectives will be tracked and achieved.
 - Describe how information related to progress and outcomes will be routinely communicated to BBH, program staff, governing and advisory bodies, and stakeholders.

6. Sustainability Plan: Describe 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. Describe how the proposed program/facility meets the appropriate American Society of Addiction Medicine (ASAM®) Criteria Continuum of Care Level(s).

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 **20-page** limit.

The attachments **do not** count toward the **20-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 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.

- ✓ **Attachment 2**: Applicant Organization's Valid West Virginia 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**: Facility diagrams/floorplans.

Section Four: 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.