

Announcement of Funding Availability

State Opioid Response: Peer Recovery Support Services



Proposal Guidance and Instructions

AFA Title: SOR Peer Recovery Support Services
Targeting Regions: Statewide
AFA Number: AFA 2-2019-SA

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

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

DHHRBHFAnnouncement@wv.gov

| Key Dates: | |
|--|-----------------------------|
| Date of Release: | January 17, 2019 |
| TECHNICAL ASSISTANCE CALL or INFORMATIONAL MEETING: | To be posted on BBH Website |
| Application Deadline: | February 18, 2019 5:00pm |
| (Funding Announcement(s) To Be Made: | To be posted on BBH Website |
| Funding Amount Available: | \$2,000,000 |

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 DHHRBHFAnnouncement@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/BHMF/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 DHHRBHFAnnouncement@wv.gov and include "Proposal Technical Assistance" in the subject line.

FUNDING AVAILABILITY

The focus of the current Announcement of Funding Availability by West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH), is to disperse federal funding received by the State through Substance Abuse and Mental Health Service’s Administration (SAMHSA)’s State Opioid Response (SOR) program. SOR aims to address the opioid crisis and prevent opioid use disorder (OUD) deaths by:

- increasing access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder,
- reducing unmet treatment need, and
- reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).

The specific purpose of this AFA is to provide peer recovery support services that 1) are inclusive of individuals engaged in Medication Assisted Treatment (MAT); 2) improve the safety, health, and wellness of individuals with OUD and their families/loved ones, and allow them to strive to reach their full potential; and 3) reduce overdose deaths by engaging individuals in treatment and recovery services and strengthening coordination with evidence-based OUD treatment providers and other community resources.

A total of \$2,000,000 is available statewide to support consortia or groups of organizations who will develop sustainable MAT-friendly peer recovery capacity and partnerships to meet the goals of the grant, with emphasis on 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 military veterans.

Total Funding Available: \$2,000,000 Grants are anticipated to range between \$200,000 and \$350,000 maximum per award.

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| STATEWIDE | \$ 2,000,000 |
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Section One: **INTRODUCTION**

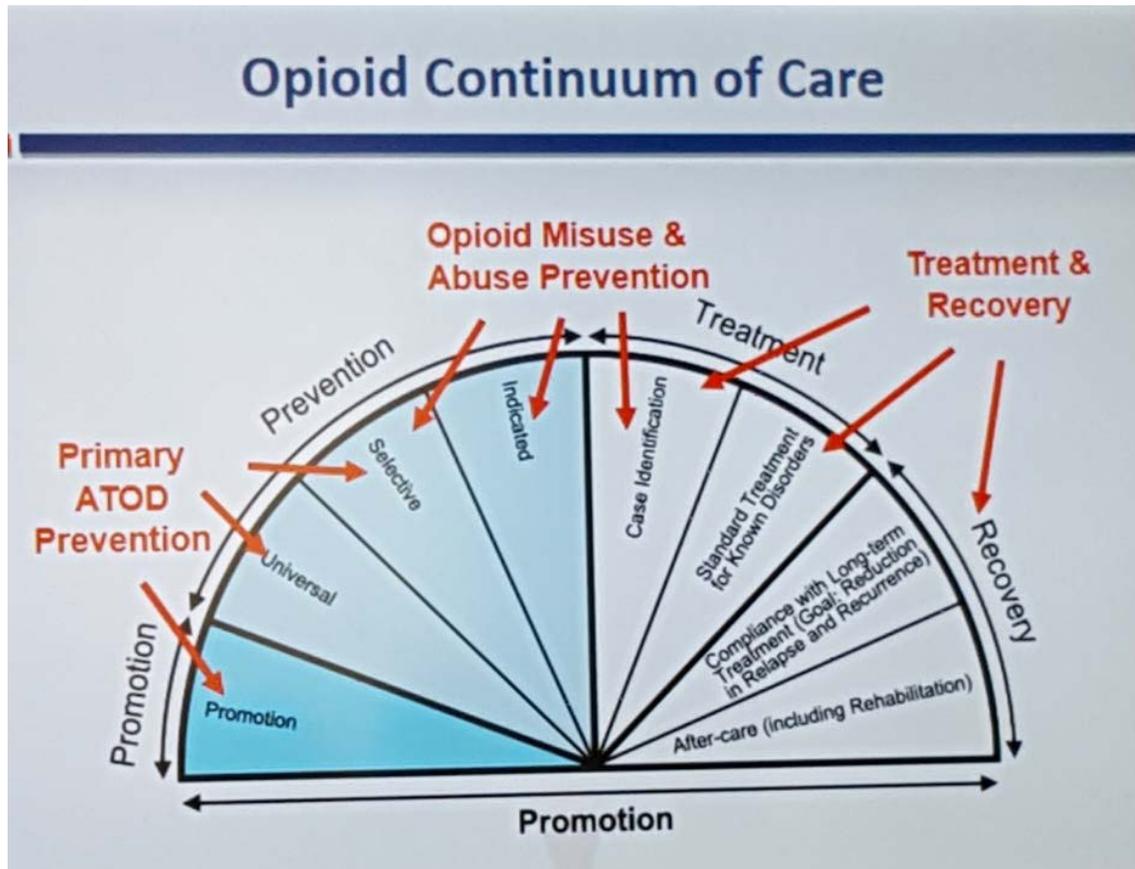
The West Virginia Department of Health and Human Resources (DHHR) Bureau for Behavioral Health (BBH) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The working mission of the BBH is to ensure that West 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.

The State is required by SAMHSA to use SOR funding focused on OUD and MAT. Treatment decisions are ultimately a decision between prescriber and patient, and therefore patients must not only have the ultimate decision, but also be able to make an informed decision. 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 showing evidence that for opioid use disorder, 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.

Because SOR funding is time limited, 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. It is not envisioned that the same services will be “available behind any door,” in other words, that the full range of early intervention/treatment/recovery services will be available in all communities. Instead, we are focused on every door being able to provide, at a minimum, active referral to quality evidence-based early intervention, treatment and recovery services and resources for individuals with OUD living in any county in West Virginia. In addition, the active referrals and the services will be staffed by individuals with effective engagement skills in a trauma-informed, person-centered, culturally competent way. Finally, SOR is focused on providing services in a timely, seamless way, as close to walk-in, same-day services as possible.

The emphasis on this type of system change is based not only on SOR requirements, but on exhaustive study and analysis performed by the DHHR Bureau for Public Health 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.”



It is critical that providers address fragmentation in patient services and enable better coordinated and more continuous care, meet individual client needs, and maximize state and federal dollars to meet the demand for these specific services. Successful proposals will add to and connect pieces of the continuum of OUD care in WV to improve patient outcomes as well as strengthen quality, evidence-based providers through the use of **peer recovery coaches and support services**. Peer recovery support services provide opportunities to achieve success in treatment and recovery by providing emotional support, sharing information and knowledge about resources and skills, offering direct assistance to accomplish tasks, and facilitating social inclusion and engagement in supportive recovery communities. Peer recovery support services are a vital component in West Virginia’s recovery oriented continuum of care.

The extensive data collection and reporting required by SAMHSA will be used to determine the impact of the program on opioid use, and opioid-related morbidity and mortality over time, and

reinforces the need to measure a successful program’s impact on establishing a seamless system in West Virginia.

Given the urgency and complexity of addressing the state’s needs within the indicated timeframe, this AFA is designed to elicit proposals for collaborative, coordinated efforts that support multiple organizations and intersecting networks, and foster supportive relationships and strategic thinking among partners working on similar goals, rather than solely supporting individual organizations and programs.

Proposals must describe how the work will actively:

- 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 building health, home, purpose, and community, by improving 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 people to move forward in 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 staff and individuals served.

Section Two: **SERVICE DESCRIPTION**

Peer Recovery Support Services

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, and/or specifically opioid use disorder (OUD), experience delivering recovery support services, 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 for peer recovery support services, and ability to meet rigorous data reporting requirements.

Target Population: (Ages 16+) with an Opioid Use Disorder, individuals with OUD representing high-risk, priority populations including people who have been incarcerated, individuals identifying as LGBTQ, military veterans, IV drug users, and pregnant/postpartum women, and individuals who may have co-occurring mental illness and/or polysubstance use.

Service Overview

The goal of this Announcement of Funding Availability is to expand and integrate an Opioid Use Disorder Regional and State System of Care by strengthening access to peer-based recovery support services that promote the process of change through which individuals who are participating in MAT, as well as those following other paths to recovery, improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Peer-based recovery support services are defined as “the process of giving and receiving nonprofessional, nonclinical assistance to achieve long-term recovery from mental health and substance use disorders.”¹ Examples of strategies include but are not limited to:

1. 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; assist 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 cooccurring disorder to an audience or group; 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; 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; guiding the individual toward a proactive role in health

¹ Borkman, T. (1999). Understanding self-help/mutual aid: Experiential learning in the commons. New Brunswick, NJ: Rutgers University Press

care, jointly assessing services, identifying triggers for use, developing a relapse plan, and building support network.

- Crisis Support: Assisting the individual with the development of a personal crisis plan; 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 the crisis/relapse plan; educating on relapse prevention and identifying relapse trigger, developing a relapse plan and prevention; learning new ways to live life without the inclusion of drugs, skills building for such things as time management and connecting with prosocial activities.
 - Housing: Assisting the individual with learning how to maintain stable housing through bill paying and organizing his or her belongings; assisting in locating improved housing situations; teaching to identify and prepare healthy foods according to cultural and personal preferences of the individual and his/her medical needs.
 - Education/Employment: Assisting the individual in gaining information about going back to school or job training; facilitating the process of asking an employer for reasonable accommodation for psychiatric/SUD disability.
2. Family-centered recovery supports that include a focus on dependent children and significant others.
 3. Cultural competency training and/or technical assistance from intermediary groups providing expertise in outreach and engagement related to high risk, priority populations.
 4. Training and technical assistance for communities, governing boards, staff and clients about evidence-based practices and assuring multiple paths to recovery.

More information and examples of on OUD peer based recovery models may be found at

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf

<https://www.aahealth.org/recovery-support-services/>

<https://peerrecoveryindiana.org/>

http://www.bhddh.ri.gov/substance_use/peer_recovery.php

https://www.samhsa.gov/sites/default/files/programs_campaigns/recovery_to_practice/supporting-recovery-in-acute-care-emergency-settings.pdf

Note that successful proposals will describe how staff will gain and demonstrate competencies in SBIRT, motivational interviewing and trauma-responsive care, and any costs anticipated to meet that expectation should be included in the proposal. Separate professional development grants awarded from West Virginia’s SOR appropriation will support most training and technical assistance necessary for practicing professionals to develop and enhance skills in delivery of MAT, including training to prepare for becoming a DATA 2000 Waivered provider.

Collaborations and Memoranda of Understanding

Applicants for Peer Recovery Support 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)
- First Responders
- 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

Medication Assisted Treatment and Peer Recovery Support

Staff funded through this grant will receive overview training on Medication Assisted Treatment. Medication-Assisted Treatment (MAT) is the evidence-based use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of opioid use disorders. Research shows that a combination of medication and therapy can successfully treat these

disorders, and for many people struggling with opioid addiction, MAT can help sustain recovery. MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug. Medications used in MAT are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient's needs.

With training, staff providing peer recover support services will be equipped to respond to and support individuals seeking or in recovery from opiate addiction, and promote/support MAT as a potential recovery pathway in addition to the other paths individuals seeking recovery may take. There are also cultural nuances within the recovery community that receives MAT services that recovery support services staff need to be educated about to ensure the services they provide are culturally relevant to the person seeking or in recovery.

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 sustainability of recovery and peer services supportive of expanded capacity for Medication Assisted-Treatment, as well as engagement services for the target populations in the grantees' identified geographic area after this-one-time funding.

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 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 **ten (10)** total pages. Applicants must use 12 point Arial or Times New Roman font, single line spacing, and one (1) 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/service(s), 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 OUD recovery system in the geographic area the Applicant proposes to serve.
2. Proposed Evidence-Based Service/Practice: Delineates the initiative/services being proposed and he sets forth the goals and objectives for the proposed service(s) during Year One.
3. Proposed Implementation Approach: Describes how the Applicant intends to implement the proposed initiative/service(s) during Year One to include:
 - A description of how the Applicant will assure that individuals have connections with and access to their choice of evidence-based MAT, if that is their chosen path to recovery;
 - A description of how the Applicant will supervise and support peers providing recovery support services;
 - A description of Applicant's existing relationships with community partners to promote recovery, and the Applicant's plans for expanding partnerships across the OUD continuum of care, to ensure 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 action, and a 6-month timeline for these activities. Include planning/development, training/consultation, outreach and marketing, implementation, and data management;
 - A description of how the Applicant will ensure the input of the target population in planning, implementing, and assessing the proposed service.
4. Staff and Organization Experience: Describes the Applicant's expertise with the population(s) of focus and with recovery supports, to include:
 - A description of the Applicant's and their partners' current involvement with the populations of focus.
 - A description of the Applicant's existing qualifications to carry out the proposed service(s), to include its experience and qualifications to reach and serve the target population.
5. Data Collection and Performance Measurement: Describes the Applicant's capacity to provide Government Performance and Results Act (GPRA) Core Client Outcome Measures for Discretionary Services Programs, as identified by SAMHSA, on 80% of individuals presenting for assessment, treatment, or other interaction with MAT service providers at intake and at 6 months after initial data collection – whether individual is still receiving services or not. (NOTE: Additional

program evaluation data may be required.)

6. **Sustainability Plan:** Describes how the Applicant will maintain the proposed initiative/services beyond the one-time funding provided through this AFA, including establishing or maintaining eligibility for reimbursement through third party payors.

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 **ten (10) page** limit.

The attachments **do not** count toward the **ten (10) page** limit.

- ✓ Attachment 1: Targeted Funding Budget(s) and Budget Narrative(s).
 - Targeted Funding Budget (TFB) form, includes sources of other funds where indicated on the TFB form. A separate TFB form is required for any capital or start-up expenses. This form and instructions are located at <http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.aspx>
 - Budget Narrative for each Targeted Funding Budget (TFB) form, with specific details on how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the TFB. The narrative should also describe any potential for other funds or in-kind support. The Budget Narrative is a document created by the Applicant and not a BBH Fiscal form.
- ✓ 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.

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

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

Expected Outcomes:

The overall expected outcomes for the State Opioid Response (SOR) grants are:

1. Increased access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder,
2. Reducing unmet treatment need, and
3. Reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).

The specific purpose of this AFA is to increase access and retention in recovery and prevent overdose for individuals with OUD within the state.

Performance Measures may include, but not be limited to:

1. Number and location of recovery services that have “MAT-friendly” policies and procedures
2. Number and demographics of individuals using MAT served by type of recovery service
3. Completion rate for GPRA client level interviews
4. Number and purpose of Memorandum of Understanding executed
5. Organizational policies that support client engagement and retention
6. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted.

Section Five: **CONSIDERATIONS**

LEGAL REQUIREMENTS

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or units 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. 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 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.

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.