



Bureau for Behavioral Health
Office of Drug Control Policy

Announcement of Funding Availability: Adolescent Residential Treatment Implementation



Proposal Guidance and Instructions

AFA Title: Adolescent Residential Treatment Implementation
Targeting Region(s): Statewide
AFA Number: AFA – 01 – 2023

West Virginia Department of Health and Human Resources’
Office of Drug Control Policy and Bureau for Behavioral Health

*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:	December 16, 2022
Technical Assistance FAQ Deadline:	January 13, 2023, 5:00 PM
Application Deadline:	January 20, 2023. 5:00 PM
Funding Announcement(s) To Be Made:	TBD
Funding Amount Available:	\$1,000,000 one-time funding for 1 site

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

NEW PROCESS FOR APPLICATION SUBMISSION: All proposals must be submitted through the WVOASIS Vendor Self Services (VSS Portal) at [Http://www.wvoasis.gov](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 - \(Part 2\)](#)
- 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 Technical Assistance, forward all inquiries via email to DHHRBBHAnnouncements@wv.gov and include the AFA Number and “Proposal Technical Assistance” in the subject line.

FUNDING AVAILABILITY

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 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 (BBH) and Office of Drug Control Policy (ODCP).

Under West Virginia's 1115 SUD Waiver which provides Medicaid enrollees with an expanded continuum of care for SUD, residential bed capacity continues to rise. BBH and ODCP have awarded grants for new recovery residence capacity, specifically for programs that allow for and facilitate access to all three U.S. Food and Drug Administration (FDA) approved forms of Medication Assisted Treatment (MAT). Many special populations have access to treatment and recovery beds throughout West Virginia, however, adolescents, aged 12 – 17, with a severe SUD diagnosis are and continue to be an underserved population. Specifically, for adolescents, West Virginia is lacking in resources for SUD inpatient services such as withdrawal management, crisis care, and residential treatment.

One-time funding is available for award, based on accepted proposals that meet the required criteria contained within this Announcement of Funding Availability (AFA) and based upon the need within the state. This award will not exceed \$1,000,000.

Priority will be given to agencies with experience in providing adolescents, aged 12 – 17, behavioral health or substance use disorder services. Priority consideration will also be given to facilities centrally located in the state and/or that display the highest need based on population, overdose rates, and number of current providers. Successful applicants will be expected to reduce barriers to treatment for adolescents by:

1. Increasing coordination across the SUD continuum of care.
2. Increasing capacity for immediate access to evidence-based treatment for adolescents.
3. Increase successful treatment services through experience with adolescents.

Applicants should submit a proposal with specified timeframes for project development and implementation that meet the criteria contained in this AFA. 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**

Currently, West Virginia has two facilities that provide services for adolescent withdrawal management and none that provide short or long-term inpatient treatment. Help4WV reported 69% of the adolescents who contacted the crisis line were experiencing a substance use issue, but only 4% were accepted into inpatient SUD services. Due to the limitations for adolescent treatment beds, the ability to provide a warm handoff greatly decreases. This attributes to the inability to follow-up and ensure intake into treatment. These adolescents that were reported to have successful referrals were unable to be reached for follow-up services.

The purpose of this AFA is to increase access to, expansion of, and retention in evidence-based treatment for adolescents with SUD. The lack of inpatient treatment programs for adolescents has created access to service barriers for this population.

Applications must provide a detailed implementation plan for adolescent community engagement and establishing inter-agency partnerships and a substantive sustainability plan. Funding of a proposal will be contingent on both budgetary approval and meeting the criteria outlined in this AFA.

The BBH and the ODCP are soliciting applications from private and nonprofit programs. Those applying for treatment funds must demonstrate that they have developed sustainable treatment capacity and maintain partnerships to meet the goals of the Adolescent Residential Treatment Implementation funding. Organizations with an emphasis on serving high-risk adolescents including —people who inject drugs (PWID) and those who have experienced overdose; individuals re-entering the community from division of juvenile services; pregnant, postpartum, and parenting females; co-morbid mental health and SUD issues; Lesbian Gay Bisexual Transgender and Questioning/Queer (LGBTQ) individuals — will be given special consideration.

Section Two: **SERVICE DESCRIPTION**

Grantee Eligibility

Applicants may be a private or nonprofit business committed to the expansion of treatment services to adolescents. Applicants must have a minimum of two years in providing behavioral health, pediatric service experience, and direct SUD services with the appropriately credentialed staffing per the Office of Health Facilities Licensure and Certification (OHFLAC) standards, <http://ohflac.wvdhhr.org>. Applicants must show a history of evidence-based practices that can be

integrated and provide flexibility to incorporate these practices in adolescent services. Applicants must show a history of collaborative partnerships within the community to advance service outcomes outside of the treatment facility. These types of facilities would include the appropriate step-down services within the appropriate American Society of Addiction Medicine (ASAM) level of care, educational institutions, and family services.

Focus Population

Adolescents aged 12-17 diagnosed with SUD for whom these services are deemed appropriate per ASAM criteria. Within the population, priority conditions include:

- Intravenous (IV) drug users
- In child protective services custody
- Experienced overdose
- Homeless or displaced
- Co-occurring mental health issues
- LGBTQI+

Service Overview

BBH and ODCP support high quality evidence-based practices that promote the health and well-being of all West Virginians including 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, age, 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>).

To be considered, applicants must:

- Have two years of direct SUD treatment and pediatric service experience.
- Have preference for West Virginia residents and accept adolescents from all counties.
- Demonstrate ability to coordinate with Juvenile Drug Court Programs to assist in law enforcement diversion efforts.
- Demonstrate ability to coordinate with Child Protective Services.
- Partner with the appropriate public agencies to create proper aftercare services, child-protective service coordination, and appropriate follow-up protocols.
- Provide efficient after-care planning that will follow the continuum of care for adolescents.
- Hold a current behavioral health license in the state of West Virginia.
- Be able to meet requirements for enrollment as a West Virginia Medicaid provider and accept payments from patients covered by Medicaid, private pay, or third-party payers.
- Offer the full spectrum of treatment options including MOUD, if indicated.

- Have support from the local government/community. Please include a letter of support in **Attachment 2** from the local government demonstrating their commitment.
- Have ability to coordinate, maintain, and support education.
- Have protocol to address crisis stabilization without interruption of services or treatment.
- Provide tobacco, including smokeless tobacco and vaping, cessation services and education.

The focus of the current AFA is expanding access to residential SUD treatment services for adolescents aged 12-17 that are integrated into a comprehensive and recovery-oriented system of care.

Expected Results

The work of the grantees shall result in:

1. Development or expansion of residential treatment beds for adolescents diagnosed with an SUD (with or without a co-occurring disorder), including withdrawal management services.
2. A program that provides or connects adolescents with services that will mitigate negative impacts of substance use. Examples of evidence-based and best practices include:
 - a. Overdose prevention
 - b. Harm reduction education
 - c. Infectious disease testing and education
 - d. Wellness Recovery Action Planning (WRAP)
 - e. Recovery Capital Assessment
 - f. Targeted case management
 - g. Post treatment follow-up
 - h. Outpatient services
 - i. Peer recovery support services
 - j. Individual, Small Group, and Whole Group activities
 - k. Aftercare
 - l. Wraparound Services
 - m. Life Skills
 - n. Exercise
3. Creation of pathways for adolescents to have immediate access to SUD residential treatment services, wraparound services, and/or aftercare.
4. A continuum of care step down protocol for adolescents that includes ASAM levels 3.7, 3.5, and 3.1; intensive outpatient treatment; outpatient treatment; and individual and family counseling. These services can be offered within the program or as direct referrals without a service gap.
5. Discharge referral process to recovery supports and community services upon completion of the residential program.

6. Appropriate staffing and protocols in place to assist with adolescents who arrive in crisis but do not meet the ASAM criteria for a substance use disorder. These protocols must refer to or provide evidence-based prevention programming for high-risk adolescents.
7. Provide appropriate outcome data on the following:
 - a. Number of referrals received on a monthly basis
 - b. Monthly bed vacancy rate
 - c. Average length of time from referral to placement in treatment program
 - d. Documentation of proper ASAM levels of care was followed
 - e. Documentation of social service referrals and follow-up confirmations at discharge
 - f. Discharge documentation on number of unsuccessful discharges, rationale, and correctional plan for improved successful completion outcomes
8. Education on and distribution of naloxone at discharge.

Program Sustainability

Funding for this AFA is one-time funding. The application must explain in detail how the program will be sustained after these funds are expended. More specifically, a successful proposal will address how the applicant will sustain its mission to provide adolescent SUD treatment services once the one-time funding expires.

Section Three: PROPOSAL INSTRUCTIONS/REQUIREMENTS

All proposals for funding will be reviewed by ODCP/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 ODCP/BBH will review the full proposals. Proposals must contain the following components:

- ✓ 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 **10** 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 focus population and relevant data.
 - A documentation of the need for the proposed project, specifically in the identified catchment area. Clearly identify the area that will be served by the project.
Note: This is a statewide project and should be evidenced in this section.
 - A description of the strengths and gaps in recovery support services for adolescents 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 in working with the adolescent population.
 - 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 will be coordinated to provide a full continuum of care for adolescents.
 - A description of how the applicant will ensure that the adolescents served are given connections and access to all three types of FDA-approved medication, as age appropriate.
 - A description of how the applicant will ensure that adolescents are provided or connected with services that will mitigate negative impacts of substance use including evidence-based and best practices in treatment, counseling, and recovery support.
 - A description of the applicant's existing relationships with community partners and behavioral health facilities.
 - Provide a chart or graph depicting a realistic timeline for the 12-month project period delineating key activities, milestones, and staff responsible for action. Be sure to demonstrate that the project can be implemented, and service delivery can begin as soon as possible, no later than six months post award. (Note: this chart or graph should be included in the narrative section and not as an attachment.) Timeframe should include all facets of program creation including obtaining applicable licensure and approval for Medicaid billing.
 - Profile population needs, resources, and readiness to address problems and gaps in service delivery.
 - Mobilize and build capacity to address needs.

- Identify any other organizations that will participate in the proposed project. Specific youth-based community and professional services required. Describe their roles and responsibilities and demonstrate their commitment to the project by including letters of support in **Attachment 2**.
- Provide a description of other state and federal resources that will be sought to 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 focus population in planning which includes legal guardian and educational service providers. Ensure implementing and assessing the proposed service.
- 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. Describe how the facility(ies) will be specifically designed to meet adolescent service (educational upkeep, social services).
- Provide a detailed treatment plan that involves maintaining educational and treatment goals.
- Provide detailed description of the evidence-based prevention methods or a detailed referral and follow-up process for a high-risk adolescent in crisis that presents without a substance use disorder diagnosis within ASAM criteria.
- Provide detailed description of addressing crisis stabilization without disruption to services or treatment.
- Monitor and evaluate results and the ability to continue.
- Provide follow-up assessment to determine outcomes including, maintained recovery, quality of life, and educational improvement at the following timeframes:
 - 7 days
 - 30 days
 - 60 days
 - 90 days
 - 6 months
 - 1 year
- As a result of assessment, provide referrals and/r additional services when needed.
- Create a treatment framework for adolescent services that must include the following strategies and designated level of effort:
 - Information Dissemination
 - Level of Effort 10%
 - Improved timely access to treatment services
 - Level of Effort 25%
 - Improve numbers of warm handoffs during the referral process
 - Level of Effort 15%
 - Community-Based Processes
 - Level of Effort 20%
 - Increase capacity for adolescent beds
 - Level of Effort 25%

- Problem Identification and proper aftercare referral
 - Level of Effort 5%

- a. Staff and Organization Experience: This section should describe the applicant's expertise with serving the population(s) of focus and with recovery support services:
 - 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 Executive Director/Coordinator, peer support staff with adolescent recovery experience, crisis workers that are qualified to assist with adolescents without a substance use disorder, as well as any other key personnel, showing their level of effort and qualifications.

- b. Data Collection and Performance Measurement:
 - Describe the applicant's plan for data collection, management, analysis, and reporting. Specify and provide a rationale for 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 collected 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 ODCP, BBH, and the Department of Education staff, governing and advisory bodies, and stakeholders.

- c. Sustainability Plan: Describe how the applicant will maintain the proposed program/facility operations beyond the one-time funding provided through this AFA.

- d. 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 **10-page** limit.

The attachments **do not** count toward the **10-page** limit.

- ✓ **Attachment 1: Facility/Site Diagrams**: Only if applicable for this project.

- ✓ **Attachment 2: Letters of Support/Memorandums of Understanding**: 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 focus population. Must include letter from local government.

- ✓ **Attachment 3: 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 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.

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.

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 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.