WEST VIRGINIA Department of Health & Human Resources

**Bureau for Behavioral Health**

# Announcement of Funding Availability

## Quick Response Team (QRT) and Rapid MAT Induction (RMI)

# ***Proposal Guidance and Instructions***

**AFA Title: Quick Response Team (QRT/RMI)**

**Targeting Regions: Statewide**

**AFA Number:** AFA 2-2022-SA QRT/RMI

**West Virginia Department of Health and Human Resources**
**Bureau for Behavioral Health (BBH)**
**350 Capitol Street, Room 350**
**Charleston, WV 25301-3702**

***For Technical Assistance please include the AFA # in the subject line and forward all inquiries in writing to:***
**DHHRBBHAnnouncements@wv.gov**

| Key Dates: | |
|---|---|
| **Date of Release:** | **November 17, 2021** |
| **TECHNICAL ASSISTANCE FAQs:** | **NA** |
| ***Revised* Application Deadline:** | **January 6, 2022** |
| **Funding Announcement(s) To Be Made:** | **January 30, 2022** |
| **Funding Amount Available:** | **$80,000 to fund the pilot program** |

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

- Responses must be submitted using the required Proposal Template available at: https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx

- Responses must be submitted electronically via email to DHHRBBHAnnouncements@wv.gov with "Proposal for Funding" in the subject line. Paper copies of the proposal will not be accepted. Notification that the proposal was received will follow via email from the Announcement mailbox.

- A Statement of Assurance agreeing to these terms is required of all proposal submissions available at https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx This statement must be signed by the agency's CEO, CFO, and Project Officer and attached to the Proposal Template.

To submit questions for the Technical Assistance FAQ, forward all inquiries via email to and include "Proposal Technical Assistance" in the subject line.

## FUNDING AVAILABLITY

As part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant funding, the West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH) is providing a one-time funding opportunity for a pilot program to expand the capacity of programs that identify, assess, and engage individuals who have experienced an opioid-related overdose. The Quick Response Team (QRT)/Medication Assisted Treatment (MAT) pilot would intervene with those who are eligible for rapid MAT induction for Opioid Use Disorder during the post overdose meeting with the QRT team. Composed of emergency response personnel, law enforcement officers or health department personnel and a substance abuse treatment or recovery provider, the purpose of this pilot is for the QRT to identify individuals who have overdosed and engage them in MAT and counseling. Once a person has an opioid overdose and is revived by first responders, the QRT will contact and engage survivors within 24-72 hours to provide support services and discuss treatment options, including MAT. The team will contact victims through repeated house visits, phone calls, text messages, and other communication routes. The goal of QRTs is to reduce the incidence of repeat overdoses and overdose fatalities and to increase the number of people who participate in treatment for opioid use disorder. This pilot program would be highly collaborative in nature and add a component of rapid MAT induction to an existing program or to help fund a new program.

The application must detail a plan to facilitate the community response agency's partnership and a sustainability plan to use after this one-time funding expires. The application must address how the program will promote and support all pathways to recovery, including MAT. This funding is for existing sites.

Funding is contingent on an approved budget and will be awarded based on a proposal that meets all the required criteria contained within this document. Funding will be available through the September 30, 2021-22 grant period. Funding can be used for personnel expenses, supplies, or technology needs. MAT services are billable to Medicaid and some private insurance if provided by medical professionals via telehealth or in person. Existing QRTs must be in operation for 6-months or more.

**Total Funding Available:** $80,000.00

## Section One: **INTRODUCTION**

BBH envisions healthy communities where integrated resources are accessible by everyone to promote wellness, resilience, and recovery. The mission of BBH is to ensure that West Virginians with mental health and/or substance use disorders, intellectual/developmental disabilities, chronic health conditions or long-term care needs experience quality services that are comprehensive, readily accessible and tailored to meet individual, family, and community needs.

Partnerships and collaboration among public and private systems, as well as with individuals, families, agencies, and communities, are important components of the systems of care surrounding each person. The role of BBH is to provide leadership in the administration, integration, and coordination of the public behavioral health system. The work is informed by results of a multi-year strategic planning process that includes critical partners in planning, funding, and delivering services and supports the following strategic priorities:

| **Behavioral Health System Goals** | |
|---|---|
| *Priority 1 Assessment and Planning* | *Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the WV behavioral health service delivery system.* |
| | |
| *Priority 2 Capacity* | *Build the capacity and competency of WV's behavioral health workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.* |
| | |
| *Priority 3 Implementation* | *Increase access to effective behavioral health prevention, early identification, treatment and recovery management that is high quality and person-centered.* |
| | |
| *Priority 4 Sustainability* | *Manage resources effectively by promoting good stewardship and further development of the WV behavioral health service delivery system.* |

Section Two: **SERVICE DESCRIPTION**

**Grantee Eligibility:** BBH is soliciting applications from public or private, not-for-profit or for-profit agencies with experience in serving individuals and families experiencing opioid use disorder (OUD) and have an established an active QRT in which this service can be incorporated. Communities that experience a high frequency of drug overdoses, compared with national averages, will receive priority consideration.

**Target Population**: Adult men and women (ages 18+) who have suffered overdoses within 24-72 hours of the overdose incident and who are determined to be appropriate for MAT services. For overdose survivors, ages 16 to under the age of 18, parental consent or legal guardian approval is required for QRT services.

**Service Overview**

Public safety officials often find themselves on the front lines of responding to behavioral health have few resources available to address the needs of people with serious behavioral health conditions. A QRT, such as that initiated in 2015 by Colerain Township in Ohio, is an important component of a comprehensive system of addiction care, along with accessible treatment and recovery services, and provides an approach for public safety officials to use to partner with behavioral health providers to address repeat overdoses and overdose fatalities. The Colerain QRT model consists of an interagency "Law Enforcement and Behavioral Health Partnership" group. (See. http://www.ocjs.ohio.gov/ohiocollaborative/links/COLERAIN-TOWNSHIP-POLICE.pdf for further information about the Colerain QRT Model.)

A 2017 Colerain Township Police Department report found the following positive outcomes:[1]

- Overdoses declined by 40%.
- Almost 70% of individuals who were touched by the QRT sought treatment.

QRT delivery methods and models vary. If the applicant is using a model other than the Colerain model, existing data and a brief explanation must be provided to support the selected model. This AFA funding initiative supports the following QRT and MAT components:

- Community participation in development of an action plan to address opioid-related overdose.
- Interagency partnerships: QRT members may include law enforcement, local health departments, emergency responders, and/or substance use treatment and recovery systems. Faith-based leaders are also a great asset to QRTs and can serve multiple roles by providing support for both QRT members as well as individuals with an OUD.
- Group must be committed to designing, implementing, and overseeing a plan of timely response, outreach, education, and referral focused on individuals who have experienced an opioid overdose. Information is developed to share with individuals, family members and interested community members about addiction and resources for treatment and recovery.

MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders (SUD). 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. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose. Recent research demonstrates that treatment with Buprenorphine may serve as a risk reduction strategy to prevent overdose. This grant will provide access to rapid induction on MAT, to reduce unmet treatment needs, and to reduce overdose deaths for West Virginians suffering with OUD/SUD. Strategies and interventions will focus on evidence-based prevention, treatment, and recovery support services. The focus will be on illicit use of prescription opioids, heroin, fentanyl, and fentanyl analogs, as well as stimulants. A Memorandum of Understanding (MOU) will be established to ensure close collaboration between service providers, public health officials, and emergency responders. MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy that address the needs of most patients.

The goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:

- Reduce the risk for overdose

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have SUD and are pregnant

Research also shows that these medications and therapies can contribute to lowering a person's risk of contracting HIV or Hepatitis C by reducing the potential for relapse. Learn more about substance misuse and how it relates to HIV, AIDS, and Viral Hepatitis. TIP #3 "Medication for Opioid Use Disorder" (SAMHSA) will help providers implement evidence based strategies for MAT using the three FDA approved medications. https://www.hrsa.gov/behavioral-health/tip-43-medication-assisted-treatment-opioid-addiction-opioid-treatment-programs

Several national models have targeted opioid users with MAT in emergency departments. (See https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep21-pl-guide-5.pdf). This approach ensures that the individual gets engaged quickly and is prescribed medication in a timely manner to delay the onset of opioid withdrawal and cravings. This increases the likelihood that the individual will be engaged in treatment services more quickly. Furthermore, there are some early researchers investigating the role of MAT in the reduction of risk for overdose. In addition, those who are targeted for these services also will be engaged more quickly with clinical interventions such as Motivational Interviewing (MI) to elicit internal motivation for change. Therefore, the expectation is that the individual gets offered access to MAT at the time of the QRT visit via telehealth or in person.

The use of Recovery Support Technology (RST) has gained ground in recent years to support individuals with addictions and can be used before, during, or after treatment. Telehealth, text messaging, etc., has shown promise in the medical field to encourage patients to invest in the healthcare process. Likewise, preliminary studies have shown that the use of RST in the addiction recovery field has demonstrated success in helping individuals to sustain their recovery. Therefore, for the purposes of this AFA, applicants applying for this AFA are strongly encouraged to propose how use of these technologies can be used to provide a linkage between the client, the QRT team members, and the MAT provider. An evidence-based resource guide has been published by the Substance Abuse and Mental Health Services Administration (SAMHSA) "Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders."

Applicants for this AFA must have written and signed MOU from the response agencies participating in the project. Applicants should also provide at least two letters of support from

community-based organizations that will provide behavioral health treatment and/or recovery services.

**Data Collection and Reporting**

It is the primary purpose of this AFA to demonstrate the effectiveness of more timely induction into MAT services for consumers who have experienced overdose and its effectiveness in the prevention of further overdoses incidents. Therefore, collection of the following data elements are required:

1. Demographic data to include age, gender, race, number of past overdose incidents
2. Housing status, criminal justice status, occupational status, history of past treatment, emergency room visits or hospitalizations
3. Mental health status and history of mental health treatment
4. # of days between overdose and first dose of MAT medication
5. # of individuals inducted with MAT monthly
6. # of individual admitted to client treatment services
7. # of days between overdose and first clinical treatment session
8. # of days in MAT treatment
9. # of days in clinical treatment

These required data elements will be used to determine success of the quick MAT induction approach. Follow-up intervals at 30, 90, and 120 days will be completed to demonstrate change over time. The Cordata System that is now being used will continue to be used with this project.

**Program Sustainability**

This AFA is anticipated to be one-time funding, to be expended by September 30, 2022. Each application must explain in detail how the program will be sustained after these funds are expended.

## Section Three: **PROPOSAL INSTRUCTIONS/REQUIREMENTS**

All proposals for funding will be reviewed by BBH staff for administrative compliance, service need, and feasibility. 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 https://dhhr.wv.gov/BBH/funding/Pages/default.aspx.

A Proposal Narrative consisting of the following sections: Statement of Need, Proposed Evidence-based Service/Practice, 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 (1) inch margins. Page numbers must also be included in the footer.

The following is an outline of the Proposal Narrative content (**100-point total**):

- Statement of Need and Population of Focus: (**20 points**) Describes the need for the proposed service(s). Applicants should identify and provide relevant data on the target population and area(s) of special focus to be served, as well as the geographic area to be served, to include specific region/county(ies) and existing service gaps. Priority will be given to communities with a high frequency of drug overdoses, compared with the national average.

- Proposed Evidence-Based Service/Practice: (**20 points**) Delineates the program/service being proposed and sets forth the goals and objectives for the proposed service(s) during Year One using existing data.

- Proposed Implementation Approach: (**30 points**) This section should describe how the Applicant intends to implement the proposed service(s) during Year One to include:

    - A description of the strategies/service activities proposed to achieve the goals and objectives identified above, those responsible for action, including identification of the lead agency, and a one (1) year/twelve (12) month timeline for these activities. Include planning/development, training/consultation, outreach and marketing, implementation, and data management activities. The team should be operational within six (6) months of grant award.
    - A description of program implementation and sustainability beyond one year of grant funding, including how alternative funding sources will be secured.
    - If there is an existing QRT in the applicant's county, the application must demonstrate collaboration and role delineation between the two QRTs.

- A description of how the Applicant will ensure the input of the target population in planning, implementing, and assessing the proposed service. Describe the feedback loop between the target population, the applicant organization, partners/key stakeholders, and BBH in all implementation stages of the project.

- Staff and Organization Experience: (**20 points**) This section should describe the Applicant's expertise with the population(s) of focus, law enforcement and treatment and recovery support to include:
    - A description of the Applicant's current involvement with the population(s) of focus.
    - Describes the Applicant's existing capacity and readiness to carry out the proposed service(s), to include its experience and qualifications to reach and serve the target population.

- Data Collection and Performance Measurement: (**10 points**) Describes the outcomes to be measured, and information/data the Applicant plans to collect, as well as their process for: using data to manage and improve quality of the service, ensuring each goal is met and assessing outcomes within the target population.

- 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 following 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 online: https://dhhr.wv.gov/BBH/funding/Pages/Applying-for-Funding.aspx

- Budget Narrative for each Targeted Funding Budget (TFB) form, with specific details on how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the TFB. The narrative should also describe any potential for other funds or in-kind support. The Budget Narrative is a document created by the Applicant and not a BBH Fiscal form.

Attachment 2: Applicant Organization's Valid WV Business License (unless the Applicant is a government entity)

Attachment 3: Memorandum of Understanding 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:**

1. Increase the number of individuals engaged in post-overdose treatment.
2. Help individuals discover, access, and utilize ways to remain drug and alcohol free or reduce the harm associated with substance use behaviors.
3. Help individuals find best practice resources for harm reduction, detoxification, treatment, family/community/peer support and education, and local or online support groups.
4. Help individuals create a change plan for their recovery.
5. Maintain contact with overdose survivors who are not ready for treatment.

**Performance Measures:**

1. Maintain and provide documentation of ALL activities related to service area(s) indicated by:
   a. Number of unduplicated persons by age, gender, race, ethnicity, and diagnosis(es) engaged with treatment or recovery supports.
   b. Number of unduplicated persons by age, gender, race, ethnicity, and diagnosis(es) served by type of activity:
      1. Individuals referred to QRT who gave permission to be contacted by QRT
      2. Number of contacts by the QRT
      3. Number/percentage of individuals who have been assisted to obtain mainstream benefits, e.g., health insurance, SSI, housing, employment
      4. Number of individuals inducted on MAT
   c. Number of unduplicated overdoses, recurrent overdoses, and overdose fatalities within service area of reporting.
   d. Average # of days for participant engagement in treatment and recovery programs.
   e. Number of family members by age, gender, race, and ethnicity provided treatment resource information and naloxone.
   f. Number of participants by age, gender, race, ethnicity, and diagnosis (es) who have successfully completed the treatment regimen of the total number who began a treatment regimen of the total number of participants.

g. Number of participants by age, gender, race, ethnicity and diagnosis(es) who have discontinued the treatment before completion and have relapsed of the total number of participants.
h. Number of follow-up contacts with overdose survivors who are not ready for treatment.
i. Number of outreach contacts with individuals with OUD .
j. Changes of participants' perceived trust of the QRT Program.
k. Changes in participants' reported support network.
l. National Outcome Measures including employment/student, stable living situation, legal, alcohol usage, illegal drugs used, social support such as self-help groups (Alcoholics Anonymous, Narcotics Anonymous, etc.).

2. Maintain and provide documentation related to the following:
   a. Continued engagement initiatives between response agencies, including type and number.
   b. Number of service activities with other sectors indicating type and number.
   c. Number and type of professional development trainings attended and provided.
   d. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted.
   e. Log of stakeholder concerns and proposed/implemented resolutions.

3. Submit all service data reporting by the 25th working day of each month as related to the Expected Outcomes/Performance Measures.

## 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.

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.

### FUNDING REIMBURSEMENT

All grant funds are awarded and invoiced on a reimbursement basis. Grant invoices are to be prepared monthly and submitted with and supported by the Financial Report and Progress Report to receive grant funds. The grant total invoice should agree with amounts listed on the Financial Report and reflect actual expenses incurred during the preceding service period. All expenditures must be incurred within the approved grant project period to be reimbursed. Providers must maintain timesheets for grant funded personnel and activities performed should be consistent with stated program objectives.

### 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 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.