

Announcement of Funding Availability

Quick Response Team (QRT)



Proposal Guidance and Instructions

AFA Title: Quick Response Team (QRT)
Targeting Regions: Statewide
AFA Number: 6-2019-SA

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health
350 Capital 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:	May 17, 2019
TECHNICAL ASSISTANCE FAQs:	To be posted on BBH Website
Application Deadline:	June 15, 2019, by 5:00 p.m. EDT
Funding Announcement(s) To Be Made:	Details to follow
Funding Amount Available:	\$1,000,000.00

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/bbh/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/BBH/AFA. 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 DHHRBBHAnnouncements@wv.gov and include “Proposal Technical Assistance” in the subject line.

FUNDING AVAILABILITY

As part of the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) grant, the West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health (BBH) is providing a one-time funding opportunity to expand the capacity of programs that identify and engage individuals who have experienced an opioid-related overdose. Composed of emergency response personnel, law enforcement officers or health department personnel and a substance abuse treatment or recovery provider, the purpose of a Quick Response Team (QRT) is to identify individuals who have overdosed and engage them in treatment. Once a person has an opioid overdose and is revived by first responders, the quick response team will contact and engage survivors within 24-72 hours to discuss treatment options. 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.

Effective QRTs begin with communities that want to reduce stigma about substance use disorder and offer education and hope about recovery. BBH is soliciting applications from public or private, not-for-profit or for-profit agencies, including governmental, county and city entities, with experience in serving individuals and families experiencing opioid use disorder (OUD) to: 1) assure availability of programs to educate individuals and family and community members about addiction; 2) provide local leadership in developing and sustaining these partnerships; 3) provide the necessary access to the required partners on the QRT; and 4) facilitate access to intensive SUD treatment interventions and recovery services.

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

Funding is contingent on the budget being approved and will be awarded based on accepted proposals that meet all of the required criteria contained within this document. Funding will be available through the September 30, 2020 grant period.

Total Funding Per Site: Up to \$200,000.00

STATEWIDE	\$ 1,000,000.00
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Section One: **INTRODUCTION**

The West Virginia Department of Health and Human Resources, Bureau for Behavioral Health (BBH) envisions healthy communities where integrated resources are accessible for everyone to promote wellness, resilience and recovery. The mission of the 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 the 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 guide services and service continuum development:

Behavioral Health System Goals	
<i>Priority 1 Assessment and Planning</i>	<i>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.</i>
<i>Priority 2 Capacity</i>	<i>Build the capacity and competency of WV’s behavioral health workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.</i>
<i>Priority 3 Implementation</i>	<i>Increase access to effective behavioral health prevention, early identification, treatment and recovery management that is high quality and person-centered.</i>
<i>Priority 4 Sustainability</i>	<i>Manage resources effectively by promoting good stewardship and further development of the WV behavioral health service delivery system.</i>

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). 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 contact. For overdose survivors, ages 16 to under the age of 18, parental consent or legal guardian approval is required for QRT services.

Service Overview

Drug overdose continues to be a major public health problem in the United States and has led significantly to unintentional deaths among those who misuse illicit and prescription opioids. As of 2016, West Virginia has continued to have the highest overdose rate in the nation at 52 overdose deaths per 100,000 population, surpassing the next closest state, Ohio, by over 20%. More West Virginians now die by drug overdose than car accidents.

Public safety officials often find themselves on the front lines of responding to behavioral health crises but have few resources available to address the needs of people with serious behavioral health conditions. A Quick Response Team (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.

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

- Overdoses have declined by 40%.
- Almost 70% of individuals who are touched by the QRT seek 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 components:

¹ <http://www.ocjs.ohio.gov/ohiocollaborative/links/COLERAIN-TOWNSHIP-POLICE.pdf>

- 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.
- This group must be committed to designing, implementing, and overseeing a plan of timely response, outreach and education 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.

Collaborations and Memorandum of Understanding

Applicants for this funding must have written and signed Memorandum of Understanding from the response agencies participating in the project. It is recommended that applicants provide letters of support from at least two community-based organizations that will provide behavioral health treatment and/or recovery services.

Program Sustainability

Funding for this Announcement of Funding Availability is anticipated to be one-time funding, to be expended by September 30, 2020. 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 the 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 <http://www.dhhr.wv.gov/bhhf/afa/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 **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 (**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 the BBHMF 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:
<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 (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. Reduce the number of opioid overdoses in the service area.
2. Increase the number of individuals engaged in post-overdose treatment.
3. Help individuals discover, access and utilize ways to remain drug and alcohol free or reduce the harm associated with substance use behaviors.
4. Help individuals find best practice resources for harm reduction, detoxification, treatment, family/community/peer support and education, and local or online support groups.
5. Help individuals create a change plan for their recovery.
6. 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
 - c. Number of Unduplicated Overdoses, Recurrent Overdoses and Overdose Fatalities within service area of reporting.
 - d. Average Time 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 regime of the total number who began a treatment regime 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 People Who Use Drugs.
 - 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 (AA, NA, 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 in order 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.