



Office of Drug Control Policy and  
Bureau for Behavioral Health

**Announcement of Funding Availability  
Collegiate Recovery Programs (CRPs)**



# Proposal Guidance and Instructions

**AFA Title: Collegiate Recovery Programs (CRPs)**

**Targeting Region(s): Statewide**

**AFA Number: AFA 10-2020-SUD**

**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](mailto:DHHRBBHAnnouncements@wv.gov)**

| Key Dates:                          |                                   |
|-------------------------------------|-----------------------------------|
| Date of Release:                    | May 1, 2020                       |
| Technical Assistance FAQ Deadline:  | June 1, 2020                      |
| Application Deadline:               | June 19, 2020 by 5:00 pm          |
| Funding Announcement(s) To Be Made: | To be determined                  |
| Funding Amount Available:           | \$40,000 per site (up to 3 sites) |

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

- ☛ Responses must be submitted using the required Proposal Template available at <http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx>
- ☛ Responses must be submitted electronically via email to [dhhrbbhannouncements@wv.gov](mailto:dhhrbbhannouncements@wv.gov) with the AFA Number and “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 Announcements mailbox.
- ☛ A Statement of Assurance agreeing to these terms is required of all proposal submissions available at [dhhr.wv.gov/bhhf/afa](http://dhhr.wv.gov/bhhf/afa). This statement must be signed by the agency’s CEO, CFO, and Project Officer and attached to the Proposal Template.
- ☛ To request Technical Assistance, forward all inquiries via email to [DHHRBBHAnnouncements@wv.gov](mailto:DHHRBBHAnnouncements@wv.gov) and include the AFA Number and “Proposal Technical Assistance” in the subject line. Questions will be answered in writing. Proposal related questions will be received and answered until the deadline stated above. Only formatting and submission related questions will be received after this date.

## FUNDING AVAILABILITY

The West Virginia Department of Health and Human Resources' Office of Drug Control Policy (ODCP) and Bureau for Behavioral Health (BBH) announce this funding opportunity to implement a collegiate recovery program (CRP) to expand the capacity of recovery resources for adult students with substance use disorder (SUD) in higher education environments. The mission of ODCP and BBH is that all citizens in West Virginia have access to services that are comprehensive, readily accessible, and tailored to meet individual, family, and community needs. This mission extends into the collegiate community to combat the high rate of substance use in colleges and universities that creates an obstacle for students with SUD pursuing higher education.

The purpose of this AFA is to provide funding for **new** CRP in institutions of higher education to promote the well-being of adult students in or seeking recovery. Specifically, it will provide students with SUD a supportive environment while pursuing academic excellence, thus leading to effective entry into the workforce in West Virginia. The CRP should provide pathways to all types of recovery support services, including Medication-Assisted Treatment, while working with students to complete academic programs.

**Total Funding Available:** The AFA will support, at most, **three (3)** grant awards of up to \$40,000 per site to develop a sustainable collegiate recovery program for adult students impacted by SUD within West Virginia. Funding is provided via this AFA for capacity-building, hiring of personnel, supplies, training, and other specific costs to support a collegiate recovery program. **This funding is for new sites.** This is **one-time funding** to implement a CRP in institutions of higher education.

Applicants should submit proposals 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

A collegiate recovery program (CRP) is a college or university-provided, supportive environment within the campus culture that reinforces the decision to engage in a lifestyle of recovery from substance use. It is designed to provide an educational opportunity alongside recovery support to ensure that students become healthy, productive members of society. This social environment supportive of recovery that fosters social connectedness is essential to students sustaining a drug free lifestyle.<sup>1</sup>

CRPs began with the development of school-based recovery support services at Brown University in 1977 and Rutgers University in 1983. These programs evolved into recovery communities at Texas Tech University in 1986 and Augsburg College in 1997. These programs sought to address substance use on campus by offering onsite sober housing, self-help meetings, and counseling provided by a small staff for recovering students. CRPs strive to create a campus-based “recovery friendly” space and a supportive social community to improve outcomes for students who had developed dependencies on alcohol and other substances. Students participating in these early programs had superior outcomes compared to those who were not participants.

Through the 1990s, CRPs remained small programs until recently, when federal agencies have called for the expansion of community-based recovery support models to extend the continuum of care, including in schools and colleges.<sup>2</sup> Over the past decade, several factors have led to an increased interest in CRPs, including academic institutions and federal agencies’ growing recognition of youth substance use and campus-based use as a major public health concern, and federal agencies’ shift to a recovery-oriented “chronic care.”

ODCP and BBH envision healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals, and a self-directed future. 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. CRPs provide a multi-systematic approach and on-campus collegiate experience that integrates off-campus therapeutic and wellness support that is needed to address student SUD and encourage academic excellence to those affected by SUD.

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3952555/>

<sup>2</sup> Office of National Drug Control Policy, 2010; U.S. Dept. of Education, 2010.

## Section Two: **SERVICE DESCRIPTION**

### **Grantee Eligibility**

Applicants may be public or private, not-for-profit or for-profit higher education institutions with or without demonstrated experience serving individuals experiencing mental health conditions and SUD, specifically including opioid use disorder (OUD).

### **Target Population**

The populations of focus are college-attending adult men and women (ages 18+), self-identified or formally assessed as having a SUD and who are motivated to engage in campus recovery activities for support.

ODCP and BBH recognize the SAMHSA definition of recovery, in that recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. Recovery support services provide opportunities to achieve such change through social inclusion or engaging in supportive recovery communities. Peer support, peer recovery coaching, recovery support center services, supports for self-directed care, mutual aid meetings such as AA/NA, and safe living environments are effective components of the process. Applicants are encouraged to carefully consider the design of the program, in addition to the complexities associated with serving the population targeted for this announcement.

### **Service Overview**

Every institution of higher education is rich in the experiences it has to offer. Typically, only a fraction of an institution's resources is fully accessed by a student – whether in recovery or not. However, it appears that students in recovery take advantage of resources that other students often overlook. By working to provide access to helpful resources, encouraging new relationships, cultivating peer support services, imparting life skills and celebrating the pursuit of education goals, every collegiate recovery effort can impact change in the college community.

Each collegiate recovery initiative must start with an asset-based approach that is focused on asset mapping. This effort focuses on building relationships and connection among advocates for change and often starts with a handful of champions (i.e., students, faculty, administration). An effective collegiate recovery program works with people in any stage of recovery - persons with active behavioral health issues as well as persons in long-term recovery which includes medication-assisted recovery. The program will be equipped to accommodate the target students that are impacted by SUD and facilitate their recovery by providing the program's services in the form of:

1. Recovery and outreach events on and off campus
2. Recovery support groups – AA, NA, SMART meetings, etc.
3. Recovery oriented activities on and off campus – guided meditation, yoga, recovery rallies, etc.
4. The use of substance-free gathering spaces
5. Peer mentoring
6. Referral to community-based services and supports as needed
  
7. Virtual recovery events during COVID-19

The recovery program may choose to serve individuals at any stage of initiation, engagement or maintenance of the recovery process. The program should not associate primarily with any specific pathway/philosophy to recovery (i.e., faith-based, mutual aid (NA/AA), self-help, Medication-Assisted Treatment, etc.)

### **Expected Results**

1. Increase resources to sustain recovery on campus.
2. Establish a designated meeting space for participants in the Collegiate Recovery Program.
3. Increase outreach/participation in campus activities to engage students seeking or attempting to maintain recovery.
4. Maintain active social media presence to promote awareness, engage the public, and promote participation.
5. Successfully engage individuals in recovery support events, meetings, campaigns and mentoring of others.
6. Increase buy-in from all levels of administration for a campus recovery program.
7. Establish a partnership with Southern West Virginia Collegiate Recovery Network and participate in collaborative trainings and educational opportunities.
8. Develop creative solutions to develop and sustain student engagement during the COVID-19 pandemic.

To obtain these results, performance measures may include but are not limited to:

1. Number of on-campus events to engage those in recovery or seeking recovery.
2. Monthly documentation of Planning Committee meetings.
3. Monthly count of individuals engaged in on campus events, campaigns, or activities.
4. Number and type of professional development trainings attended and provided.
5. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted.
6. Submit all service data reporting by the 25th working day of each month as related to the Expected Results.

## 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. More specifically, successful proposals will address how the applicant will sustain its recovery and peer services supportive of its expanded capacity for Medication-Assisted Treatment, as well as ongoing behavioral health and engagement services for the target populations in the Grantees' identified geographic area after this one-time funding expires.

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

All proposals for funding will be reviewed by 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 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 **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 target 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.
  - A description of the strengths and gaps in recovery support services in the geographic area the applicant proposes to serve.

2. Proposed Evidence-Based Service/Practice: Delineates the initiative/services being proposed and sets forth the goals and objectives during Year One.
  - Describe the purpose of the proposed project.
  - Clearly state project goals, objectives, and strategies. These goals, objectives, and strategies must relate to the intent of the AFA.
  - Describe the evidence-based practice(s) (EBP) that will be utilized and justify its use with the population of focus.
  - Discuss any screening tools that will be utilized and the basis for their selection.
  
3. Proposed Implementation Approach: Describes how the applicant intends to implement the proposed initiative/service(s) during Year One to include:
  - Describe briefly how all program components will be developed, which Model of Care will be implemented and how the required program components will be coordinated to provide a full continuum of care for students (adult men and women enrolled in higher education).
  - A description of how the applicant will assure that the people served are given connections and access to all three types of FDA-approved medication and the evidence-based treatment counseling support.
  - A description of the applicant's existing relationships with community partners and 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 3 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.
  - Describe how achievement of the goals of this project will produce meaningful and relevant results for the target population as well as the community.
  - Describe any additional training to be sought and utilized in the development of the project, identifying key training components and their relevance.
  - Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project by including letters of support in **Attachment 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 target population in planning, 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.

4. 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 CRP Director/Coordinator and mentors as well as any other key personnel, showing their level of effort and qualifications.
  
5. Data Collection and Performance Measurement:
  - Describe the applicant's plan for data collection, management, analysis, and reporting. Specify and 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, program staff, governing and advisory bodies, and stakeholders.
  
6. Sustainability Plan: Describe how the applicant will maintain the proposed program/facility operations beyond the one-time funding provided through this AFA, including establishing or maintaining eligibility for reimbursement through third party payors.
  
7. References/Works Cited: All sources referenced or used to develop this proposal must be included on this page. This list does **not** count towards the **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 target population.
  
- ✓ **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 <http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.aspx>

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

## 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.