WEST VIRGINIA
Department of
Health & Human Resources

Bureau for Behavioral Health and Health Facilities

Announcement of Funding Availability

Prevention works! Treatment is effective! And Recovery happens!

Proposal Guidance and Instructions

AFA Title: Detoxification- Stabilization Units Targeting Regions 1, 5 and 6

AFA Number: AFA-06-2012-SA

For Grant Period: ***November 1, 2012 – June 30, 2013***

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
350 Capital Street, Room 350
Charleston, WV 25301-3702

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

DHHR.BHHF.Grants@wv.gov

Key Dates:	
Date of Release	September 17, 2012
TECHNICAL ASSISTANCE CALL (304) 558-6338 Enter pin #4496	September 20, 2012 10:00am to 10:45am
Letter of Intent to Apply for Funding due by:	September 24, 2012 Close of Business – 5:00PM
Application Deadline:	October 15, 2012 Close of Business – 5:00PM
Funding Announcements will be made:	On or before October 31st, 2012
Funding Amount Available for this AFA:	Not to exceed $725,000.00 per region

The following is a guide and instructions for submitting a proposal to the Bureau for Behavioral Health and Health Facilities (BBHHF). The document includes general contact information, program information, administrative, and fiscal requirements. Responses must be submitted electronically by Email to DHHR.BHHF.Grants@wv.gov with the AFA number in the subject line. All submissions must be received no later than 5:00 PM on application deadline date. Notification that the proposal was received will follow. Paper copies of proposals *will not* be accepted. It is the sole responsibility of applicants to insure that all documents are received by deadline dates. Incomplete proposals or proposals submitted after the application deadline will not be reviewed.

********** Letter of Intent (Mandatory) **********

All organizations planning to submit an application for an Announcement of Funding Availability (AFA) must submit a Letter of Intent (LOI) by the stated due date to the email address: **DHHR.BHHF.Grants@wv.gov** prior to submission of the AFA.

Please list the AFA title and number found on Page 1 of this document in the subject line.

These letters of intent shall serve to document the applicant's interest in providing each type of service (AFA) and will not be considered binding until documented receipt of the application.

RENEWAL OF AWARD

BBHHF may renew or continue funding beyond the initial fiscal year award for a period not to exceed one additional fiscal year period beyond the stated AFA period (July 1, 2012 through June 30, 2013). As such, at the discretion of the BBHHF funding may be renewed for a period no later than June 30, 2014. Future funding will be contingent on availability of funds and successful implementation of goals and documented outcomes.

LEGAL REQUIREMENTS

All applicants must be able to provide proof of 501(c) 3 status and possess a valid West Virginia business license. If the applicant is not already registered as a vendor in the State of West Virginia, this must either be completed by the award notification date or the vendor must demonstrate proof of such application. It is also required that the applicants have a Central Contractor Registration (CCR) number and have a Dun & Bradstreet or DUNS number. For more information visit: https://www.bpn.gov/ccr

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 with regard to all contractual matters. The Grantee may, with the prior written consent of the State, enter into written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

Funding Availability

This funding announcement is part of a statewide plan to expand regionally based substance abuse and crisis services that have been identified as a priority for Regions 1, 5 and 6. This funding recommendation was made possible by Governor Earl Ray Tomblin on August 23, 2012, with the availability of a maximum of $725,000.00 per region to support a Detoxification–Stabilization program.

Funding for **Detoxification-Stabilization Units** will be awarded based on accepted proposals that meet all of the required criteria contained within this document. Funding availability for this AFA is as follows:

REGION	REGIONAL FUNDING AVAILABILITY Not to exceed:
1	$725,000.00
5	$725,000.00
6	$725,000.00

Start Up Costs

Applicants are advised that twenty percent 20% of the 2.5 million designated for capital/startup costs funded by the State of West Virginia ($500,000) will be available for the first round of Announcement of Funding Availability's (AFAs 06-2012-SA through 10-2012-SA) issued by the Bureau. As such, applicants who wish to request reasonable startup funds for their programs must submit a separate "Startup" target funded budget and budget narrative along with their proposals.

For the purposes of this funding startup costs are defined as non-recurring costs associated with the setting up and opening of a program, such as fees, registrations, training, equipment purchases, renovations and/or capital expenditures.

For the purposes of proposal review, all startup costs requests submitted by the applicant will be considered to be necessary for the development of the service and/or program outlined in the applicant proposal. As such, where/if capital/start-up costs exceed funding availability the proposal may not be funded. The maximum amount available for **Detoxification / Stabilization Units** will be **$75,000** per 6 unit program developed.

REGIONS IN WEST VIRGINIA

BBHHF is currently utilizing the six region approach designated by the Governor's Advisory Council on Substance Abuse (GACSA).

Region 1: Hancock, Brooke, Ohio, Marshall, and Wetzel Counties.

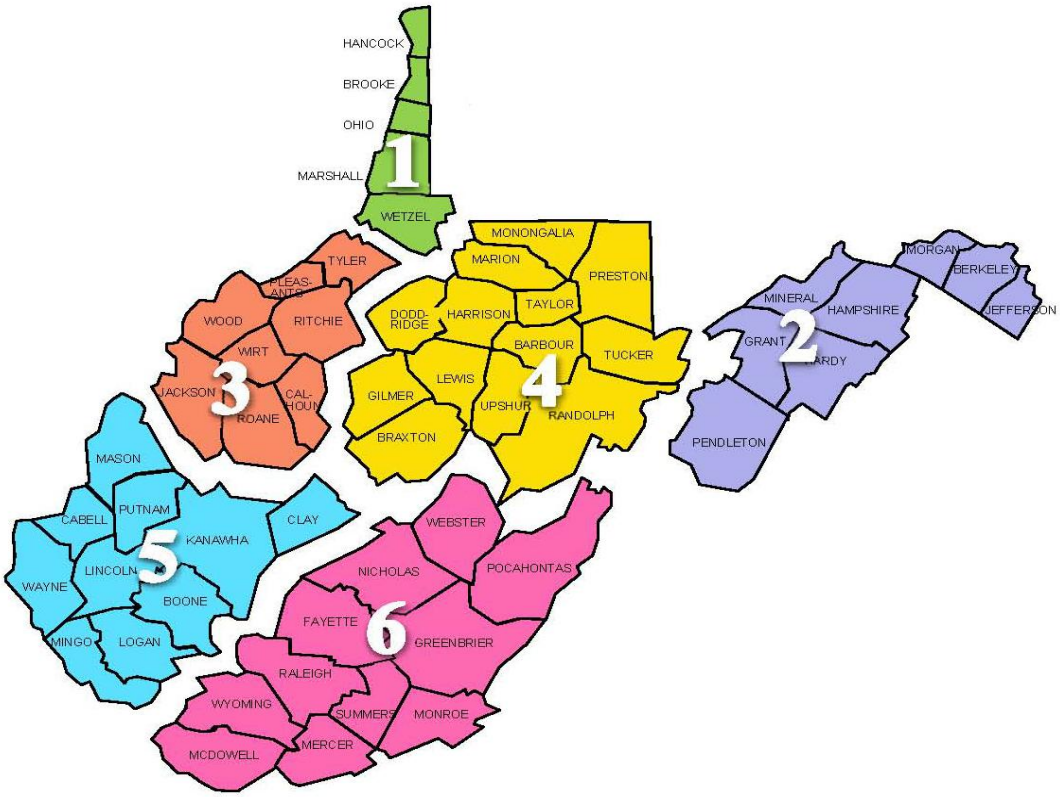
Region 2: Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton Counties.

Region 3: Tyler, Pleasants, Wood, Ritchie, Wirt, Jackson, Roane, and Calhoun Counties

Region 4: Monongalia, Marion, Preston, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph, and Braxton counties.

Region 5: Mason, Cabell, Putnam, Kanawha, Clay, Wayne, Lincoln, Boone, Mingo, and Logan Counties

Region 6: Webster, Nicholas, Pocahontas, Fayette, Greenbrier, Raleigh, Summers, Monroe, Wyoming, McDowell, and Mercer Counties.



Section One: **INTRODUCTION and Overview**

Individuals and families cannot be healthy without positive mental health and freedom from addictions and abuse of substances. Prevention, treatment, and recovery support services for behavioral health are important parts of health service systems and communitywide strategies that work to improve health status and lower costs for individuals, families, businesses, and governments.

Substance abuse, addictions, poor emotional health, and mental illnesses take a toll on individuals, families, and communities. They cost money, and they cost lives, in the same way that physical illnesses that are not prevented, are left untreated, or are poorly managed. Their presence exacerbates the cost of treating co-morbid physical diseases and results in some of the highest disability burdens in the world compared with other causes of disability. The impact on American's children, adults, and communities is enormous:

- *The annual total estimated societal cost of substance abuse in the United States is $510.8 billion.*
- *By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide.*
- *In 2008, an estimated 9.8 million adults aged 18 and older in the United States had a serious mental illness. Two million youth aged 12 to 17 had a major depressive episode during the past year.*
- *In 2009, an estimated 23.5 million Americans aged 12 and older needed treatment for substance use but only 11 percent of those people receive treatment*
- *Half of all lifetime cases of mental and substance use disorders begin by age 14 and three-fourths by age 24.*

West Virginia, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), is working to improve understanding about mental and substance use disorders, promote emotional health and the prevention of substance abuse and mental illness, increase access to effective treatment, and support recovery.

Leading by Change: A Plan for SAMHSA's Roles and Actions

West Virginia is committed to creating communities where individuals, families, schools, faith-based organizations, coalitions, and workplaces plan collaboratively and take action to promote good emotional health and reduce likelihood of mental illness and substance abuse.

West Virginia Substance Abuse System

The Division on Alcoholism and Drug Abuse and the Divisions of Child, Adolescent and Adult Behavioral Health, operating divisions of the Bureau for Behavioral Health and Health Facilities (BBHHF) within the West Virginia Department of Health and Human Resources (WV DHHR), are charged in WV State code with being the Single State Authority (SSA) primarily responsible for prevention, control, treatment, rehabilitation, education research and planning for substance abuse and mental health related services.

Prevention works! Treatment is effective! And Recovery happens!

The principles that guide the work of the Bureau for Behavioral Health and Health Facilities are aligned with SAMHSA in understanding that the evidence base behind behavioral health prevention, treatment and recovery services continues to grow and promises better outcomes for people with and at risk for mental and substance use disorders.

Behavioral Health Integration

As health reform efforts are being enacted and SAMHSA is promoting the importance of integrated behavioral health, it is necessary for WV to align its thinking and planning

processes within these parameters. Grantees should describe how they plan to integrate prevention into physical and mental health organizations/businesses.

Substance Abuse in WV

- *Prescription drug overdoses in WV rose 214% from 291 deaths in 2001-2002 to 927 deaths in 2009-2010.*
- *In 2009, Alcohol was a factor in 40% of fatal motor vehicle accidents in WV.*
- *WV has the highest annual, per capita, number of retail prescription drugs filled at pharmacies nationwide.*
- *Opiates are the number one cause of death associated with drug overdoses in WV.*
- *In 2010 the WV Poison Control Center received 4 calls related to bath salt exposures; in 2011 the number increased to 270 exposure calls – a 6000% increase in one year's time.*
- *Hospitalization admissions with an alcohol abuse/dependence related diagnosis at discharge rose 11% from 2005 to 2009.*

Mental Illness in WV

- *Over 14% of West Virginian's in 2006 reported having at least one episode of serious psychological distress within the past year.*
- *In 2010, approximately 25.1% of the people experiencing homelessness staying in shelters in WV reported mental illness and/or substance abuse.*
- *The WV suicide rate in 2010, 15.6 per 100,000 population, was well above the national average in 2007 at 11.5 per 100,000 population.*
- *WV's youth reported one of the highest suicide attempt rates in the nation at nearly 11% in 2009.*
- *Over 10% of student's in grades 9 through 12 reported a suicide attempt within the past 12 months.*
- *In 2010, almost 30% of domestic violence survivors identified that substance abuse was a contributing factor to their abuse.*

McBee, Shannon (2011). Behavioral Health in West Virginia: A State Epidemiological Profile. West Virginia Department of Health and Human Services, Bureau for Behavioral Health and Health Facilities, Division on Alcoholism and Drug Abuse.

Strategic Direction

Applicants should assure that their proposal application is aligned with the strategic direction of the BBHHF which is included within the 2012 SAMHSA Integrated Block Grant Application and the West Virginia Comprehensive Substance Abuse Strategic Action Plan.

The SAMHSA Integrated Block Grant Application can be found at the following link:

http://www.dhhr.wv.gov/bhhf/resources/Pages/FinancialResources.aspx

The WV Comprehensive Substance Abuse Strategic Action Plan may be found at:

http://governorssubstanceabusetaskforceswv.com/images/Resources/strategicactionplan-info.pdf

Behavioral Health Prevention, Treatment and Recovery 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.

BACKGROUND INFORMATION

In June 2010 the needs assessment process to support the development of the strategic plan for Substance Abuse Prevention, Treatment and Recovery services was initiated in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) with a series of meetings of key stakeholders and representatives of the BBHHF. A total of 14 key stake holder, focus groups and

community forums engaging more than 400 participants were conducted to assess current public perception about substance misuse, use, and abuse, treatment availability, prevention efforts and what is currently absent from and working effectively in communities across the state. In addition, various topic or agency specific work sessions (youth, law enforcement and others) were convened to support a full understanding of and development of action strategies needed.

On September 6, 2011, Governor Earl Ray Tomblin issued Executive Order 5-11, establishing the Governor's Advisory Council on Substance Abuse (GACSA) and six (6) Regional Task Forces (RTF's). These newly formed entities meet regularly and share a collective charge to provide guidance regarding implementation of the approved *Statewide Substance Abuse Strategic Action Plan*, recommend priorities for the improvement of the statewide substance abuse continuum of care, identify planning opportunities with interrelated systems and provide recommendations to the Governor emphasizing the enhancement of: substance abuse education; collecting, sharing and utilizing data; and supporting policy and legislative action. Significant legislation was passed during the regular 2012 Legislative Session to improve conditions regarding substance abuse, including but not limited to $7.5 Million in additional State revenue supporting the Substance Abuse Continuum of care. After completing a thorough review of the service delivery system and considering community identified need, the Governor is pleased to announce, in coordination with the Bureau for Behavioral Health and Health Facilities, the availability of these funds.

Section Two: **SERVICES DESCRIPTION**

Detoxification - Stabilization Units

Detoxification and stabilization is a critical prerequisite to treatment for substance abuse. Treatment is intended to improve social functioning through abstinence from alcohol and drugs for individuals diagnosed with chemical dependency. Medication Assisted Treatment (MAT) is part of the treatment continuum and is not considered antithetical to recovery. Treatment is defined as the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from substance abuse/dependency and is designed to help that person achieve and remain in recovery, physical and mental health and a maximum quality of life.

Detoxification - Stabilization programs will provide an organized program of services designed to ameliorate or stabilize the conditions of individuals, age eighteen (18) and older, immediately following a crisis episode. A 'crisis episode' is defined as a brief period of time, usually measured in days, in which a person exhibits acute or severe psychiatric and/or substance-related withdrawal signs and symptoms.

This service is intended for persons whose conditions can be stabilized with short term intensive services immediately following a crisis without the need for a hospital setting, and who, given appropriate supportive care, can be safely maintained in the community. Services are also available to those individuals who, after assessment and crisis intervention in an outpatient or natural setting, require continued stabilization and who might otherwise require admission to an inpatient setting. Individuals who have legal documentation of a formal adjudication process on the basis of mental illness or addiction can be admitted as Involuntary Emergency Medical Commitment (or IEMC) status provided that they are medically stable. These services follow and/or are concurrent with existing crisis stabilization and detoxification standards and are intended to assist those individuals for a period of seven (7) to fourteen (14) days or

until it is determined that an individual is able to safely transition into a less restrictive environment.

Individuals who use substances can present to a Detoxification - Stabilization program with either a single condition or combination of conditions. Individuals with a single diagnosis of substance abuse may only need detoxification services with the capacity for the individual to be immediately linked to treatment once detoxification is completed.

Detoxification for individuals with a co-occurring disorder (mental illness and substance use) can be more complicated, as the substance use may be controlling or masking secondary disorders. This can require stabilization for the mental health condition as well as for the substance-related withdrawal signs and symptoms.

All individuals applying for funding to operate a Detoxification –Stabilization program must provide comprehensive detail as to how they will comply with all the following standards:

1. Provide new beds (6 minimum/maximum each location) for Detoxification – Stabilization Services that are separate from the beds currently used to provide Stabilization Services (Community Psychiatric Supportive Treatment) addressed in the Bureau for Medical Services Medical Policy Manuals: Chapter 502; Behavioral Health Clinic Section 502.11.2, Community Psychiatric Supportive Treatment or Chapter 503 Behavioral Health Rehabilitation Services; Section 503.11.2, Community Psychiatric Supportive Treatment.
2. For services that are reimbursable under Medicaid, abide by the Bureau for Medical Services Medical Policy Manuals: Chapter 502; Behavioral Health Clinic Section 502.11.2, Community Psychiatric Supportive Treatment or Chapter 503 Behavioral Health Rehabilitation Services; Section 503.11.2, Community Psychiatric Supportive Treatment. Drugs such as nicotine and caffeine are not included in classifications of drugs that would be covered.

3. Have the capacity to ensure that the Detoxification –Stabilization Treatment will be provided at a site licensed by the WVDHHR Office of Health Facility Licensure and Certification (OHFLAC) for the delivery of Behavioral Health Rehabilitation Services.
4. Provide Detoxification – Stabilization services for people using classifications of drugs and/or receiving detoxification services that do not constitute a crisis and are therefore not covered in a traditional Stabilization (Community Psychiatric Supportive Treatment) program described in the Bureau for Medical Services Medical Policy Manuals Chapter 502; Behavioral Health Clinic Section 502.11.2, Community Psychiatric Supportive Treatment or Chapter 503 Behavioral Health Rehabilitation Services; Section 503.11.2, Community Psychiatric Supportive Treatment. The drugs that are covered include substances such as Opiates. Drugs such as nicotine, caffeine and cocaine are not included in classifications of drugs that would be covered.
5. Provide a program that has the capacity to treat *Level III.7-D: Medically Monitored Inpatient Detoxification* (e.g., freestanding detoxification center) Level of Care individuals as established by the American Society of Addiction Medicine (ASAM) for an Adult detoxification program. The physician must be trained in addiction and/or experienced in the treatment of addiction, trained in buprenorphine prescription and treatment procedures, and pursuing certification to prescribe buprenorphine within a 24 month period.
6. Provide staffing to treat *Level III.7-D: Medically Monitored Inpatient Detoxification* (e.g., freestanding detoxification center) Level of Care individuals as established by the American Society of Addiction Medicine (ASAM) for an Adult detoxification program.
7. Have the capacity to ensure that services are designed to treat the individuals' level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering drugs, including alcohol, and to effectively facilitate individual entry into ongoing treatment and recovery.

8. Have the capacity to provide *Dual Diagnosis Enhanced* programs that are designed to treat individuals who are unstable or disabled by their co-occurring mental health disorders in addition to their substance-related disorders.
9. Establish Admission, Continued Stay and Discharge Criteria for the Detoxification –Stabilization program that concur with ASAM guidelines for Dual Diagnosis Enhanced programs, as well as the Bureau for Medical Services Medical Policy Manuals: Chapter 502; Behavioral Health Clinic Section 502.11.2, Community Psychiatric Supportive Treatment or Chapter 503 Behavioral Health Rehabilitation Services; Section 503.11.2, Community Psychiatric Supportive Treatment.
10. Provide for medication-assisted treatment for the addiction, when appropriate and clinically warranted.
11. Have the capacity to ensure that individuals referred as an Involuntary Emergency Medical Commitment (or IEMC) will be accepted to the Detoxification - Stabilization Program if they meet established CSU and/or ASAM criteria for admission and there are available beds. Establish Policy and Procedure that addresses IEMC individuals who attempt to leave the Detoxification - Stabilization Program against medical advice.
12. Have the capacity to ensure that all admitted individuals engage fully and participate until medically discharged by the physician/psychiatrist.
13. Have the capacity to conduct satisfaction surveys that effectively measure satisfaction of all individuals served by the Detoxification - Stabilization Program
14. Have the ability to accept Sharpe/Bateman Hospital referrals transferred through the Involuntary Commitment process, unless the denial is negotiated and agreed upon between the two entities for clinical reasons.
15. For involuntary commitments, have the capacity to provide for linkage of the individual to community Behavioral Health Centers within 72 hours of discharge and participate in all discharge planning activities.
16. Have the capacity for the program to participate in a peer-review process to assess the quality and appropriateness of substance abuse treatment services that will measure utilization of recognized and appropriate assessment

procedures, such as those found in the Network for the Improvement of Addiction Treatment (NIATx) Principles and Motivational Interviewing, foster increased availability and use of Evidence Based Practices in the provision of substance abuse treatment and make social connectedness opportunities available to persons receiving substance abuse treatment.

17. Have the capacity to ensure that staff receives training on Cultural Competency with updates provided annually.
18. Have the capacity for an individual receiving Detoxification – Stabilization services to be transitioned directly from the Detoxification - Stabilization Program to an intensive co-occurring outpatient program or a co-occurring residential treatment program, either by applicant provision and/or with a Memorandum of Understanding (MOU) with an established program run by another agency.
19. Have the capacity to assess and coordinate the personal, community and treatment needs for each individual participating in the Detoxification – Stabilization programs prior to discharge.
20. Have signed Memorandum of Understandings (MOUs) with an entity (ies) that can assist people being discharged with recovery supports in the community (i.e. obtaining employment, education, housing, transportation and benefits).

Section Three: **PROPOSAL INSTRUCTIONS/REQUIREMENTS**

Eligible applicants must be able to provide proof of 501(c) 3 status and possess a valid West Virginia business license and may include Substance Abuse Providers, Faith Based Organizations, Peer-Support Agencies/Organizations or others having experience in substance abuse services and/or recovery supports.

All proposals must include a one-page proposal abstract. The abstract should include the project name, description of the population to be served, planned strategies/interventions, and a general overview of project goals and measurable objectives, including the number of people projected to be served annually. Project abstracts may be used for governmental reports and public release. As such, all applicants are encouraged to provide a well-developed abstract document.

All applications will be reviewed by BBHHF staff for administrative compliance with all required guidelines. All applications passing the administrative review will be subsequently forwarded to the grant review team which will score the proposal narrative consisting of six areas:

Project Narrative and Supporting Documentation – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 25 pages.

A. Brief Description of agency/agency history and experience (5 points)
B. Data and Assessment (20 Points)
C. Community and Workforce Capacity (25 Points)
D. Quality Evidence Based Services (20 Points)
E. Partnership & Sustainability (20 Points)
F. Budget & Budget Narrative (10 Points)

- ✓ **Attachments**-Letters of Intent may be included that offer community based support for your project. These attachments will not be considered within the 25 page count.

Section Four: **PROPOSAL OUTLINE**

All proposal submissions must include the following components without exception.

Proposal Abstract

Provide a brief description of the service proposed as earlier set forth in this announcement and as provided for on the proposal template.

Proposal Narrative:

A. <u>Description of Agency, agency history and experience.</u>

- Describe the history of the applicant agency/organization

B. <u>Data and Assessment (Demonstrating Need)</u>

- Indicate which region and counties that will be served by the project
- Describe the alcohol, tobacco and other drug (ATOD) problems and consequences in the region, including each county being proposed to serve by identifying: prevalence of use, risk and protective factors, perception or risk of harm and other supporting data
- Describe those impacted or affected by or involved in the problems and consequences

C. <u>Community and Workforce Capacity to Implement Proposed Activity</u>

- Describe your organization's experience in substance abuse services and your capacity to carry out the activities you proposed. Please describe the proposed staff education, practical experience, certifications, licensure and technology skills *(staff resumes are not necessary)*
- List all evidence based programs and practices that you currently use/have been trained in or implemented and/or that you propose for use/application with this project

D. Quality Evidence Based Services

- Describe the population of focus determined for the proposed project. Please include the applicable demographic information (such as age, race/ethnicity, gender, and socioeconomic status)

- All grantees must submit health disparity impact statements as part of the application by (1) identifying subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities in your region and (2) suggest strategies to decrease the differences in access, service use, and outcomes among those subpopulations. A strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care which can be found at: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15
- Healthy People 2020 defines a health disparity as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion"
- Clearly state project goals, objectives and strategies, including performance indicators. Please include a 1-year projected timeline for all planned implementation strategies
- Describe how the organization will address cultural competence in proposal implementation. All BBHHF sub-grantees are required to receive cultural competence training and to ensure that no one will be discriminated against due to race, ethnicity, religion, gender, age, geography or socioeconomic status. All project materials associated with awarded funding should be developed at low literacy levels for further understanding and comprehension in WV communities
- Because of the confidential nature of the work provided by grantees, it is important to have safeguards protecting individuals from risks associated with their participation. The grantee should briefly explain how privacy and confidentiality will be ensured, including an explanation of what data will be collected and how it will be used

E. Partnerships and Sustainability

- List and describe all previous grants received by the organization and experience collaborating with other community partners in the proposed region, as well as any new partners with whom you plan to collaborate with for purposes of this project
- Grantees should discuss their current level of participation in the Governor's Regional Task Force Meetings held in their applicable region and their ability to attend future meetings

F. Budget/Budget Narrative (*see information on page 21 for additional detail***)**

- Include a proposed target funding budget.
- Include a proposed capital/startup budget adhering strictly to guidelines provided on page 3 of this announcement.
- Include a budget narratives for each target fund budget submitted with specific details on how funds are to be expended
    - The budget narrative clarifies and supports the budget. The narrative should clearly specify the intent of and justify line items in the budget. Describe any potential for other funds or in kind support. These forms are <u>not</u> considered part of the page count.

Attachments: *Do not count toward the 25 page limit*

- Documentation of collaborations or partnerships with other organizations who have committed to the proposal may be summarized on up to four (4) single spaced pages as an attachment and will not count toward page limits set forth herein. Please list full partner information including agency name, their responsibilities for the proposed project, address, phone, key contact person and email address.
- Memorandum of Understanding documents may be attached if completed and available by the time of submission of the proposal but are not required.
- Letters of support may also be attached as earlier referenced.

Section Five: **EXPECTED OUTCOMES/PRODUCTS**

All grantees must discuss their ability to report the data collected in accordance with National Outcome Measures (NOMS), state guidelines and timeframes established by US Center for Substance Abuse Treatment (CSAT), The Substance Abuse and Mental Health Services Administration (SAMHSA), and all other regulatory bodies. Specific outcome measures will include the following:

Treatment Performance Measures

Performance Measure	Admission Clients	Discharge Clients
Number of admission by level of care and number of persons served	☑	
Number of persons served (unduplicated count) for alcohol and other drug use by age, sex, race, and ethnicity	☑	
Number of clients employed or students (full-time or part-time) prior 30 days	☑	☑
Number of clients living in a stable living condition prior 30 days	☑	☑
Number of clients without arrests prior 30 days	☑	☑
Number of clients with no alcohol use in the last 30 days	☑	☑
Number of clients with no drug use in the last 30 days	☑	☑
Number of clients participating in self-help groups prior 30 days	☑	☑
Length of stay (in days) of clients completing treatment	☑	☑

Peer Review Process

All grantees must discuss their willingness to participate in a peer-review process to assess the quality and appropriateness of substance services that will foster the increased availability and sustainability of evidence based practices, programs and policies.

Section Six: **BUDGET/BUDGET NARRATIVE**

A. Include a proposed target funding budget with details by line item.

B. Include a budget narrative with specific details on how funds are to be expended.

C. The budget narrative clarifies and supports the budget. The narrative should clearly specify the intent of and justify each line item in the budget.

D. Describe any potential for other funds or in kind support. Provide in narrative format. Please do not leave this section blank.

E. Include expenses for attending quarterly provider meetings. Forms can be accessed through the web-site at: http://www.wvdhhr.org/bhhf/resources.asp

F. 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:

For each kind of grantee organization, there is a set of Federal cost principles for determining allowable costs. Allowable costs are determined in accordance with the cost principles applicable to the organization incurring the costs. The following chart lists the kinds of organizations and the applicable cost principles. The Grantee agrees to comply with the applicable cost principles as set forth below.

If the Grantee is a:	**OMB Circulars Codified at:**
State, local or Indian tribal government use the cost principles in **OMB Circular A-87**.	DHS codified at **45 C.F.R. § 92** and **45 C.F.R. § 95** USDA codified at **7 C.F.R. § 3016**; EDUC codified at **34 C.F.R. § 80**; EPA codified at **40 C.F.R. § 31**.
Private nonprofit organization other than an (1) institution of higher education, (2) hospital, or (3) organization named in **OMB Circular A-122** as not subject to that circular use the cost principles in **OMB Circular A-122.**	DHS codified at **45 C.F.R. § 74**; USDA codified at **7 C.F.R. § 3019**; EDUC codified at **34 C.F.R. § 74**; EPA codified at **40 C.F.R. § 30**.
Educational Institution use the cost principles in **OMB Circular A-21.**	DHS codified at **45 C.F.R. § 74**; USDA codified at **7 C.F.R. § 3019**; EDUC codified at **34 C.F.R. § 74**; EPA codified at **40 C.F.R. § 30**.
Hospital use the cost principles in **Appendix E of 45 C.F.R. § 74**.	DHS codified at **45 C.F.R. § 74**; USDA codified at **7 C.F.R. § 3019**; EDUC codified at **34 C.F.R. § 74**; EPA codified at **40 C.F.R. § 30**.
For-profit organization other than a hospital and an organization named in **OMB Circular A-122** as not subject to that circular use the cost principles in **48 C.F.R. pt. 31** Contract Cost Principles and Procedures.	DHS codified at **45 C.F.R. § 74**; USDA codified at **7 C.F.R. § 3019**; EDUC codified at **34 C.F.R. § 74**; EPA codified at **40 C.F.R. § 30**.

Grantee Uniform Administrative Regulations:

For each kind of grantee organization, there is a set of Federal uniform administrative regulations. The following chart lists the kinds of organizations and the applicable uniform administrative regulations for each listed type of grantee.

If the Grantee is a:	**OMB Circulars Codified at:**
State, local or Indian tribal government use the uniform administrative requirements in **OMB Circular A-102.**	Department of Health and Human Services (DHS) codified at **45 C.F.R. § 92** and **45 C.F.R. § 95**; Department of Agriculture (USDA) codified at **7 C.F.R. § 3016**; Department of Education (EDUC) codified at **34 C.F.R. § 80**; Environmental Protection Agency (EPA) codified at **40 C.F.R. § 31**.
Private nonprofit organization, institutions of higher education, or a hospital use the uniform administrative requirements in **OMB Circular A-110**.	DHS codified at **45 C.F.R. § 74**; USDA codified at **7 C.F.R. § 3019**; EDUC codified at **34 C.F.R. § 74**; EPA codified at **40 C.F.R. § 30**.
For-profit organization use the uniform administrative requirements in **OMB Circular A-110**.	DHS codified at **45 C.F.R. § 74** USDA codified at **7 C.F.R. § 3019**; EDUC codified at **34 C.F.R. § 74**; EPA codified at **40 C.F.R. § 30**.

Section Eight: **TECHNICAL ASSISTANCE**

The Bureau for **Behavioral Health and Health Facilities** will provide technical assistance to all applicants through a scheduled technical assistance call and will offer email by contacting:

DHHR.BHHF.Grants@wv.gov

1. Additional data resources are available at the BBHHF web-site. Explore 'Links' to all Division Teams, including 'Prevention' with a sample of Substance-Specific Presentations.
   http://www.dhhr.wv.gov/bhhf/sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Pages/default.aspx

2. **WV Behavioral Health Profile** (also accessible by clicking 'Resources' on DADA webpage): Contains State-wide data pertaining to Substance Abuse and Mental Health issues, includes substance-specific data, suicide trends, etc.
   http://www.dhhr.wv.gov/bhhf/resources/Documents/WV%202012%20Behavioral%20Health%20Profile.pdf

3. **WV County Profiles:** Contains County-level data pertaining to SA/MH issues, uses convenient 'at a glance' format
   http://www.dhhr.wv.gov/bhhf/sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Research/Pages/CountyProfiles.aspx

4. **WV Provider Manual:** Contains specific Medicaid regulations for services
   http://www.dhhr.wv.gov/bms/Pages/ProviderManuals.aspx

5. **ASAM Detoxification Criteria:** A quick reference to the ASAM Levels of Detoxification Care
   http://www.chce.research.va.gov/apps/PAWS/support_site/howto/asam.html

6. **SAMHSA TIP45 Manual:** A detoxification and substance abuse treatment training manual
   http://kap.samhsa.gov/products/trainingcurriculums/pdfs/tip45_curriculum.pdf