

WEST VIRGINIA
Department of



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: Screening, Brief Intervention and Referral to Treatment (SBIRT)
Targeting Regions 2, 4, and 5**

AFA Number: AFA-09B-2012-SA

For Grant Period: April 1, 2013 – December 31, 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 inquiries in writing to:***

DHHR.BHHF.Grants@wv.gov

Key Dates:	
Date of Release	December 12, 2012
TECHNICAL ASSISTANCE MEETING	December 11, 2012, 12:30pm – 4:00pm
Letter of Intent to Apply for Funding due by:	December 21, 2012 Close of Business – 5:00PM
Application Deadline:	January 31, 2013 Close of Business – 5:00PM
Funding Announcements will be made:	On or before February 15, 2013
Funding Amount Available for this AFA:	Not to exceed \$50,000.00 per site

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. All submissions must use designated application template. 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 for Application)** *****

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

BBHFF 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 (April 1, 2013 through December 31, 2013). As such, at the discretion of the BBHFF funding may be renewed for a period no later than December 31, 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 System for Award Management (SAM) registration and have a Dun & Bradstreet or DUNS number. For more information visit: <https://www.sam.gov>

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 2, 4, and 5 and more specifically Randolph, Braxton, and Harrison Counties in Region 4 and Logan and Mingo Counties in Region 5. This funding recommendation was made possible by Governor Earl Ray Tomblin on August 23, 2012, with the availability of a maximum of \$50,000.00 per site to support the development of SBIRT services in all designated regions.

Funding for **SBIRT programs** 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:
2	\$50,000.00 per site (2 sites authorized)
4	\$50,000.00 per site (1 sites authorized)
5	\$50,000.00 per site (2 sites authorized)

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 **SBIRT** will be **\$20,000** per site developed.

REGIONS IN WEST VIRGINIA

BBHFF 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.

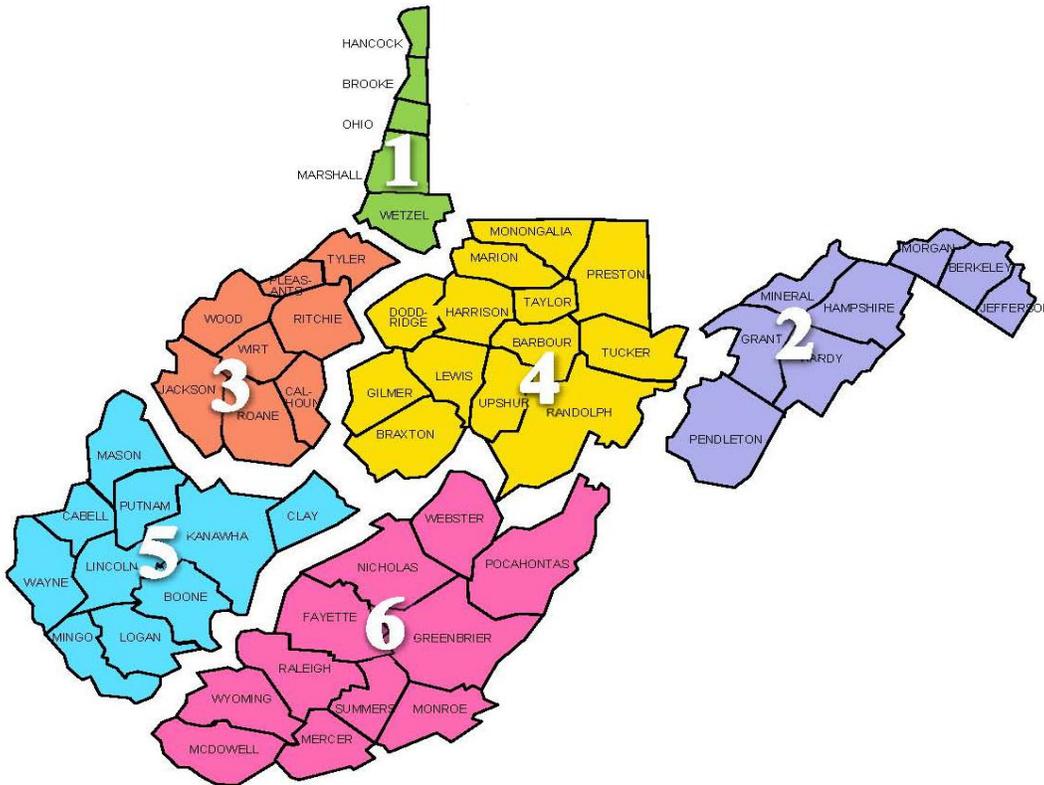
Region 2: Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton Counties.

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**

Like physical illnesses, substance use disorders cost money and lives if they 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 for individuals, families, businesses, and governments.

The impact on America's children, adults, and communities is enormous:

- *By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide.*
- *The annual total estimated societal cost of substance abuse in the United States is \$510.8 billion.*
- *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.*
- *Adults who began drinking alcohol before age 21 are more likely to be later classified with alcohol dependence or abuse than those who had their first drink at or after age 21.*
- *Each year, approximately 5,000 youth under the age of 21 die as a result of underage drinking.*
- *Among persons aged 12 and older who used prescription pain relievers non-medically in the past 12 months, 55.9 percent got them from a friend or relative for free.*
- *In 2009, transition age youth aged 18 to 25 had the highest rates of binge drinking (41.7 percent) and heavy alcohol use (13.7 percent) of any age group.*

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

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 (BBHFF) within the West Virginia Department of Health and Human Resources (WV DHHR), are charged in 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 218% 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.*
- *In 2010, WV had 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 Center received 4 calls related to bath salt exposures; in 2011 this number increased to 270 exposure calls. This is a percent increase of over 6,000 in a single year.*
- *The rate of unintentional poisoning deaths in WV was double that of the U.S. rate in 2007.*
- *Hospitalization admissions with an alcohol/abuse dependence related diagnosis at discharge rose 11% from 2005 to 2009.*

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

Strategic Direction

Applicants should assure that their proposal application is aligned with the strategic direction of the BBHFF 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.dhr.wv.gov/bhff/resources/Pages/FinancialResources.aspx>

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

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

Substance Abuse 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 substance abuse service delivery system.
Priority 2 Capacity	Build the capacity and competency of WV's substance abuse workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.
Priority 3 Implementation	Increase access to effective substance abuse 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 substance abuse 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 BBHHFA 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**

Screening, Brief Intervention and Referral to Treatment (SBIRT)

Early intervention aims to reduce the risk of harm and decrease problem behaviors that result from continued use of substances. The intent of the intervention is to take action that decreases risk factors related to substance use, abuse or dependency; enhance protective factors; and, provide ongoing services, as appropriate.

Screening, Brief Intervention and Referral to Treatment (SBIRT) is a comprehensive, population-based, integrated, public health approach to the delivery of early intervention for individuals with risky alcohol and drug use, as well as the timely referral to more intensive substance abuse treatment for those who have substance use disorders. Primary care centers, hospital emergency rooms, trauma centers, and community health settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

SAMHSA supports a research based, comprehensive behavioral health SBIRT model which reflects the six following characteristics:

1. It is brief. The initial screening is accomplished quickly (modal time about 5-10 minutes) and the intervention and treatment components indicated by the screening results are completed in significantly less time than traditional substance abuse specialty care.
2. The screening is universal. The patients, clients, students, or other target populations are all screened as part of the standard intake process. In WV SBIRT sites, patients are screened annually for substance abuse/mental health.
3. One or more specific behaviors are targeted. The screening tool addresses a specific behavioral characteristic deemed to be problematic, or pre-conditional to substance dependence or other diagnoses.

4. The services occur in a public health, or other non-substance abuse treatment setting. This may be an emergency department, primary care physician's office, school, etc.
5. It is comprehensive. The program includes a seamless transition between brief universal screening, a brief intervention and/or brief treatment, and referral to specialty substance abuse care and addresses co-occurring disorders and other behavioral health issues that impact patient health.

All organizations applying for support to operate a SBIRT program must consider and comply with all standards stated in Section 7 of this announcement (Additional Proposal Requirements). In addition to the standards listed in Section 7, the following assurances must also be included within the proposal narrative.

- Ensure that 100% of patients receiving services at the screening site will be pre-screened annually.
- Ensure that 70% of those screening positive will receive an intervention (Brief Intervention, Brief Treatment, or Referral to Treatment) to reduce their use to a less risky level or abstinence.
- Ensure that 50% of those receiving an intervention for risky substance abuse will report a reduction in level of substance misuse as determined by outcome interviews done at 3 and 6 months.
- Ensure that 50% of those receiving an intervention will report improvement in mental health functioning at both 3 and 6 months after SBIRT interventions.

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 BBHFF 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. Description of Agency, agency history and experience.

- Describe the history of the applicant agency/organization

B. Data and Assessment (Demonstrating Need)

- 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. Community and Workforce Capacity to Implement Proposed Activity

- 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 BBHMF 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 not 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), The United States Department of Health and Human Services Administration for Children and Families (USDHHS ACF), and all other regulatory bodies. Specific outcome measures will include the following:

Early Intervention Performance Measures

Performance Measure	Admission	Discharge
Number of individuals screened (unduplicated count) for alcohol and other drug use by age, sex, race, and ethnicity	<input checked="" type="checkbox"/>	
Number of individuals receiving brief intervention services (unduplicated count) for alcohol and other drug use by age, sex, race, and ethnicity	<input checked="" type="checkbox"/>	
Number of individuals referred to treatment	<input checked="" type="checkbox"/>	
Number of individuals employed or students (full-time or part-time) prior 30 days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Number of individuals living in a stable living condition prior 30 days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Number of individuals without arrests prior 30 days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Number of individuals with no alcohol use in the last 30 days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Number of individuals with no drug use in the last 30 days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Number of individuals participating in self-help groups prior 30 days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Length of stay (in days) of individuals completing program.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Section Seven: **ADDITIONAL PROPOSAL REQUIREMENTS**

The application will include a sample Memorandum of Understanding (MOU) to be used to support the referral process to specialty mental health or substance abuse treatment services. Said MOU shall include reference to the following standards:

Screening, Brief Intervention and Referral to Treatment Standards

I. Universal Screening

Universal screening helps identify the appropriate level of services needed based on the patient's risk level.

- Patients who indicate little or no risky behavior and have a low screening score may not need an intervention.
- Those who have moderate risky behaviors and/or reach a moderate threshold on the screening instrument may be referred to brief intervention.
- Patients who score high may need either a brief treatment or further diagnostic assessment and more intensive, long term specialty treatment.

Screening typically takes 5-10 minutes and can be repeated at various intervals as needed to determine changes in patients' progress over time.

Pre-screening, is a required component of the West Virginia SBIRT Model. The justification for this is that it reduces the time needed by staff to identify patients with risky behavior. The funded program will use the prescreening instruments for Adults (Adult Health History Questionnaire) and Youth (CRAFFT) that were used by the West Virginia SBIRT Project. If a patient scores high on any domain in the pre-screen, a full screen is then conducted using the ASSIST and PHQ-9 Depression Inventory (The PHQ-9 is the nine item depression scale of the Patient Health Questionnaire).

Patients are provided with Brief Intervention, brief treatment, or referral to intensive specialty treatment depending on their level of risk using a validated pre-screen and screening tool (Babor & Higgins-Biddle, 2001). With respect to substance abuse, in general only a small proportion of patients screen positive for some level of substance misuse, abuse or dependency. This is usually 5%-20%, but may be as high as 40% in some settings. The majority of patients report minimal or no problems with alcohol or drugs and as such may be an ideal group for primary or universal prevention activities for maintenance of non-risky use or abstinence.

II. Brief Intervention and/or Brief Treatment

The goal of a Brief Intervention (which usually involves 1-5 sessions lasting about 5 -20 minutes) is to educate patients and increase their motivation to reduce risky behavior (see <http://www.ncbi.nlm.nih.gov/pubmed/22514840>). The Brief Intervention will be followed by assessment of the patient's level of motivation using readiness/confidence rulers and a plan to engage the patient to address their use.

The goal of brief treatment (which usually involves 5-12 sessions) is to change not only the immediate behavior or thoughts about a risky behavior but also to address long-standing problems with harmful drinking and drug misuse and help patients with higher levels of disorder obtain more long term care. Based on performance data from state SBIRT grantees funded by SAMHSA, only about 3% of patients receive a score that indicates a brief treatment. Patients referred to a brief treatment often have higher risk factors than those referred to a Brief Intervention or may have co-occurring mental health issues. Brief treatment may also require a course of (advanced) motivational enhancement and cognitive behavioral approaches to help patients address unhealthy cognitions and behaviors associated with current use patterns and adopt change strategies. If patients report greater risk factors than what brief treatment can address, they are referred to specialty substance abuse care. In some cases, a patient may receive a Brief Intervention first and then move on to a brief treatment or specialty care.

III. Referral to Treatment

Referral to treatment can be a complex process involving coordination across different types of services. As such, the absence of linkage to treatment referrals can be a significant barrier to the adoption of SBIRT. Referral is recommended when patients meet the diagnostic criteria for substance dependence or other mental illnesses, as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). In these cases, a referral to a specialized treatment provider is often made. Referral requires the system to establish new and complex linkages with the traditional specialty care system to connect clients who score in the problematic range to recognized, evidence based treatment in a timely manner. On average, 3% to 4% of screened patients typically need to be referred. The absence of a proper treatment referral will prevent the patient from accessing appropriate and timely care that can impact other psychosocial and medical issues. Research findings suggest that motivational-based Brief Interventions can increase patient participation and retention in substance abuse treatment (Hillman et al., 2001; Dunn and Ries, 1997). Strong referral linkages are critical, as well as tracking patient referrals.

IV. Co-Occurring Disorders and other behavioral health issues: The SBIRT model addressed in this AFA will address Co-Occurring Substance Abuse/Mental Health issues as outlined at: http://www.kap.samhsa.gov/products/brochures/text/saib_0402.htm

Also, the recipient of these funds will address other behavioral health disorders that are identified at the screening site and, therefore, are highly encouraged to hire a Licensed Mental Health Professional (i.e. Licensed Psychologist or Licensed Independent Clinical Social Worker) who has experience in working with a wide variety of mental health conditions. |

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 through forward of inquires to the email address below. Responses to inquiries will be maintained on a “frequently asked questions” section on the AFA announcements page:

DHHR.BHMF.Grants@wv.gov

1. Additional data resources are available at the BBHMF web-site. Explore ‘Links’ to all Division Teams, including ‘Prevention’ with a sample of Substance-Specific Presentations.

<http://www.dhhr.wv.gov/bhmf/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/bhmf/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/bhmf/sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Research/Pages/CountyProfiles.aspx> |