

ANNOUNCEMENT OF FUNDING AVAILABILITY

Substance Abuse Prevention Services

July 1, 2012 - June 30, 2013
Proposal Guidance and Instructions

AFA No. 2-2012-DADA

Funded by Substance Abuse Prevention and Treatment (SAPT) Block Grant,
Substance Abuse and Mental Health Services Administration (SAMHSA)

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
or
Data Requests

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Letter of Intent to Apply for Funding Deadline: **May 4, 2012**

Application Deadline: **May 25, 2012**

Announcement of Award: **May 31, 2012**

The following is a guide and instructions for submitting a proposal to the Bureau for Behavioral Health and Health Facilities (BBHFF). The document includes general contact information, program information, administrative, and fiscal requirements. Responses must be submitted electronically by Email to DHHR.BHFF.Grants@wv.gov with **"2-2012-DADA"** in the subject line. 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.

Section 1 INTRODUCTION

Like physical illnesses, mental and 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.
- 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

Treatment and social costs for substance abuse and addiction may be reduced with effective prevention efforts. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that \$1 invested in prevention and early treatment yields \$2 to \$10 savings in health costs, criminal and juvenile justice costs, education costs, and lost productivity.

Research has shown that a broad array of evidence-based programs can effectively prevent substance abuse and promote positive mental health by reducing risk factors and increasing protective factors. Proven programs that work are listed on the National Registry of Evidence-based Programs and Practices at the (SAMHSA) website (www.nrepp.samhsa.gov).

SAMHSA Federal Overview of Prevention

“The promotion of positive mental health and the prevention of substance abuse and mental illness have been key parts of SAMHSA’s mission to reduce the impact of substance abuse and mental illness on America’s communities. The evidence base in this area continues to grow and was recently summarized by the 2009 Institute of Medicine (IOM) report, *Preventing Mental, Emotional, and Behavioral Disorders among Young People*. The Affordable Care Act is also putting a heavy focus on prevention and promotion activities at the community, State, Territorial, and Tribal levels. Unfortunately, much of the strong evidence in this area has not been moved into practice, and our Nation lacks a consistent infrastructure for the prevention of substance abuse and mental illness. Through this Initiative, SAMHSA will work to take advantage of the opportunities presented by the Affordable Care Act and the growing evidence base behind prevention”.

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

<http://store.samhsa.gov/shin/content//SMA11-4629/02-ExecutiveSummary.pdf>.

Planning for Change

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 the likelihood of mental illness and substance abuse.

Upon receipt of funding, grantees will develop and maintain an advisory body that includes membership from each county of the region. This is in an effort to coordinate existing and new initiatives. Additionally, Service Members or Veterans and Youth are required members. A Data and Planning Team (DPT) will also be required and may be a subset or work group of the established advisory body. DPT membership must include individuals representing: law enforcement, education, mental and physical health. Some organizations may already have active coalitions or participate in regional task forces that could serve as advising structures. Coalitions and task forces serve as planning bodies and promoters of best practice, mobilizing communities to act. www.cadca.org.

SAMHSA has created a Strategic Prevention Framework (SPF), which is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized in West Virginia communities to expand and enhance prevention efforts in the State.



Communities should systematically:

1. Assess prevention needs based on available epidemiological data,
2. Build prevention capacity,
3. Develop a strategic plan,
4. Implement effective community prevention programs, Policies and practices, and
5. Evaluate efforts for outcomes.

All elements in the SPF should be undertaken with a consideration for cultural competence and planned efforts to sustain successful prevention services. More information concerning SAMHSA's approach to prevention, the SPF and the identification of evidence based practices may be found at:

<http://store.samhsa.gov/product/SMA09-4205>.

Prevention Strategies

Applicants need to be familiar with the SAMHSA Center for Substance Abuse Prevention (CSAP) Prevention Strategies for comprehensive project/program implementation. The SAPT Block Grant requires that grantees report percentages of time spent on the following strategies:

- Information Dissemination
- Prevention Education
- Community Mobilization
- Environmental Strategies
- Alternatives
- Problem Identification & Referral

West Virginia Substance Abuse System

The Division on Alcoholism and Drug Abuse, an operating division of the Bureau for Behavioral Health and Health Facilities (BBHFF) within the West Virginia Department of Health and Human Resources (WV DHHR) is charged in code with being the Single State Authority (SSA) primarily responsible for prevention, control, treatment, rehabilitation, education research and planning for substance abuse related services.

Prevention works! Treatment is effective! And Recovery happens!

The principles that guide the work of the Bureau for Health and Health Facilities are aligned with SAMHSA who understands 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. ***These guiding principles include:***

- ✓ Quality in every aspect of the service system
- ✓ Collaborative, integrated and accessible services
- ✓ Culturally competent and consumer driven services without fear of prejudice and discrimination

- ✓ Individualized community based services and supports meeting people where they are
- ✓ Transparent evidence based practices, programs and policies
- ✓ Accountability through performance measures and outcomes

Behavioral Health Integration

As health reform efforts are being enacted and SAMHSA promotes the importance of integrated behavioral health, it is necessary for WV to align our thinking and planning processes within these parameters. Grantees will suggest how they plan to integrate substance abuse 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 recognize that the proposal application aligns with the strategic direction of the BBHFF which is included within the SAMHSA Integrated Block Grant and the West Virginia Comprehensive Substance Abuse Strategic Action Plan.

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

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

State Substance Abuse Prevention Priorities

The Division on Alcoholism and Drug Abuse has identified four (4) priority areas for prevention service delivery:

1. Prescription Drug Misuse / Abuse
2. Drug Exposed Pregnancies to include Fetal Alcohol Exposure
3. Underage Drinking
4. Synthetic Drugs (Bath Salts, K-2)

All responses to this AFA will assess need for the initiatives listed and address all areas minimally with regard to implementation strategies. Proposals must then indicate priority ranking of state initiatives identified in line with goal areas 1-4 based on assessed regional need. If a particular county has identified a significant area of need different from the regional priorities, county priorities may also be included within the regional plan if they differ from the regional plan.

The Bureau for Behavioral Health and Health Facilities (BBHF), in conjunction with the West Virginia State Police and community based prevention organizations must provide merchant education and conduct federally-required, random, unannounced tobacco compliance (Synar) inspections as part of its effort to stop the illegal sale of tobacco products to youth under the age of 18. All applicants **must include Synar activities** within the implementation and budget sections of the proposal. For additional information regarding Synar please visit the website listed below:

<http://www.samhsa.gov/prevention/synarfactsheet.aspx>

Priority Populations

Prevention is an active process leading to healthy behaviors and lifestyles. Prevention services can target different individuals and groups with different programs, depending on their needs. The SAMHSA of the United States Department of Health and Human Services utilizes a

continuum of care description developed by the Institute of Medicine (IOM) to describe interventions at different levels of risk for substance abuse and mental health disorders. This classification suggests prevention services can be defined in **universal**, **selective**, and **indicated** prevention categories. The chart below briefly introduces each:

Three Levels of Prevention Proposed by Gordon (1987)

- **Universal Measures** are desirable for everyone in the eligible population. The benefits outweigh the costs for everyone;
- **Selective Measures** are desirable only when the individual is a member of a subgroup whose risk of becoming ill is above average;
- **Indicated Measures** are desirable for an individual who, on examination, is found to manifest a risk factor or condition that identifies them as being at high risk for the future development of a disease.

The **WV Substance Abuse Prevention Block Grant Plan** has identified:

- Children and Transitioning Youth;
- Service Members, Veterans, and Their Families; and
- Women/Pregnant Women

as priority populations. Applicants must discuss possible strategies in engagement and program implementation with these priority populations.

Success Indicators

The Division on Alcoholism and Drug Abuse has determined that the following indicators will serve as state measures of success and should be considered when developing implementation plans.

- ✓ Prevent the onset or initiation of substance use by young people (tobacco, alcohol and other drugs)
- ✓ Prevent or reduce consequences of underage drinking and adult problem drinking
- ✓ Reduce prescription drug misuse and abuse in the general population
- ✓ Reduce the number of drug exposed pregnancies
- ✓ Reduce the number of drug related deaths
- ✓ Increase awareness of family communications around drug and alcohol use.
- ✓ Increase youth access to prevention messages.
- ✓ Increase public awareness regarding the risks of alcohol, cigarettes and other drug use.

Section 2 Funding Availability

The Bureau for Behavioral Health and Health Facilities of the West Virginia Department of Health and Human Resources is interested in funding **universal**, **selective**, and **indicated** prevention services throughout the State based on determined need and community readiness. Up to ***\$1,400,000.00*** is available to support implementation of evidence based practices and programs focused on substance abuse prevention.

On September 6, 2011, Governor Earl Ray Tomblin created Executive Order 5-11. This Order established the Governor's Advisory Council on Substance Abuse and six (6) Regional Task Forces. These newly formed entities meet regularly and share a collective charge to:

1. *Provide guidance regarding implementation of the approved Statewide Substance Abuse Strategic Action Plan for the improvement of the statewide substance abuse continuum of care*
2. *Identify planning opportunities with interrelated systems*
3. *Recommend priorities for the improvement of the substance abuse continuum of care*
4. *Receive input from local communities (Regional Task Forces) throughout West Virginia*
5. *Provide recommendations to the Governor regarding improvements to*

- *Enhancing substance abuse education*
- *Enhancing opportunities to collect and utilize data including data sharing*
- *Policy and legislative action*

Regional Awards

Six (6) proposals will be awarded, one for each of the newly designated Sub-State Substance Abuse Regions. Grantees will be responsible for providing prevention services to all counties included in each region. Sub-contracts may be awarded but must be listed within the capacity description of each organization. Funding requests are not to exceed allocation limitations established based on US 2010 Census population and geographical size.

The Governor's Regional Substance Abuse Task Forces

REGION	FUNDING LIMITATION
1	\$97,960.00
2	\$198,875.00
3	\$157,797.00
4	\$307,199.00
5	\$347,850.00
6	\$290,320.00



Who can apply?

Funding is available for non-profit organizations/coalitions with a license to operate as a business in West Virginia. Funds from this Announcement of Funding Availability must be used solely for the implementation of the substance abuse prevention programs proposed and approved. Funds may not be utilized for treatment. 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 be completed by the award notification date or the vendor must demonstrate proof of application. It is also required

that the applicants have a Central Contractor Registration (CCR) number and have a 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 Grantee 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.

Assurance of Collaboration Requirement

In order to support a seamless service continuum, all grantees must agree to complete all reporting that will include both process and outcome data and coordinate services with existing prevention, early intervention, treatment and recovery providers. The response to this Announcement of Funding Availability must include an assurance of collaboration from each of the groups described. Efforts should be documented if the applicant has participated in the Governor's Regional Task Force Meetings.

Section 3 <u>Proposal Requirements</u>

INTRODUCTION AND AGENCY OVERVIEW

- I. Each applicant will complete a brief agency overview and description of the proposed programming outlined within the narrative. This description will be used in publications and award notices. A more thorough capacity statement will be included under section IB. **NARRATIVE**

The Proposal narrative is comprised of four areas that will be scored separately and incl

- A. Data and Assessment **(15 Points)**
- B. Community and Workforce Capacity **(25 Points)**
- C. Quality Prevention Services **(25 Points)**
- D. Sustainability & Partnerships **(25 Points)**
- E. Budget & Budget Narrative **(10 Points)**

The budget and budget narrative also will be awarded points separately based on fiscal responsibility and feasibility.

Previously awarded prevention grantees may receive up to **five (5) administrative compliance points** based on timely communication, participation in regional task force meetings, participating in training, quality services and on time reporting.

a. Data and Assessment (*Demonstrating Need*)

- i. Indicate which region and counties that will be served.
- ii. Describe the alcohol, tobacco and other drug (ATOD) problems and consequences in the region to include each county being proposed to serve by identifying: prevalence of use, risk and protective factors, perception or risk of harm and other supporting data.
- iii. Describe who is affected by or involved in the problems and consequences.
- iv. Describe intervening variables and underlying conditions that help to explain the “why here” and “why now” questions regarding local substance abuse problems, consequences and consumption patterns. Some examples of the types of contextual conditions that may be affecting the target area are history, norms, culture, traditions and beliefs, socioeconomics, geography, demographics, policies, and/or missing prevention infrastructure.

b. Community and Workforce Capacity to Implement Proposed Activity

- i. Describe your organization’s experience in substance abuse prevention and your capacity to carry out the activities you proposed. Proposed staff education, practical experience, certifications and technology skills should be included. *(Resumes are not necessary)*
- ii. List all evidence based programs and practices that your proposed staff and/or organization have been trained in or implemented.
- iii. Discuss the organization and community readiness levels with regard to implementing best practices in the region proposed.

c. Quality Prevention Practices

- i. Based on local assessment explain what evidence based program or practice will be suggested for implementation with each population identified. Be sure to include strategies for each of the state priority areas.
- ii. Describe the population of focus determined for the proposed project/s. Include demographic information (age, race/ethnicity, gender, and socioeconomics) as well as the Institutes of Medicine (IOM) population(s) description – see below.

Universal populations are entire groups (e.g., a classroom, grade or grades of students, school, neighborhood, or community) that are targeted by interventions without regard to individual risk, on the premise that all share the same general risk for being affected by or involved in the problems and consequences. *Selected populations* are a subset of the total population that is considered to be at higher-than-

average risk because of certain characteristics or inclusion in higher risk categories, such as youth who are in transition (e.g., going from elementary school to middle school or middle school to high school). Finally, *indicated populations* are groups of individuals who have been identified as exhibiting early warning signs of problems, such as experimentation with substance abuse or instances of intense use (e.g., binge drinking). Strategies for indicated populations address the specific *risk factors* and other underlying causal conditions experienced by the individuals in an attempt to delay the onset and reduce the severity of problems.

- iii. Describe how the organization will carefully insure cultural competence in proposal implementation.
- iv. Clearly state project goals, objectives and strategies to include performance indicators. Include a 1-year timeline associated with planned implementation strategies.
- v. Produce a simple logic model to describe the prevention plan for your region. *(You may utilize 1 regional or separate county models)*

http://www.samhsa.gov/Grants/2005/standard/Services/Services_14.aspx

- vi. Describe your plans to assess the effectiveness of your project and for making adjustments as needed, keeping in mind that all grantees are required to submit grant activity monthly through a web-based reporting system.

d. Partnerships and Sustainability

- i. 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 partners with whom you plan to collaborate with.

Include participation in the Governor's Regional Task Force Meetings and plans for continued or new efforts. Existing/ New Memoranda of Agreements must be included in the proposal including partners outlined in Section 2.

- ii. Suggest how your organization will integrate substance abuse prevention efforts into the promotion of good emotional health and through partnering with physical and mental health practitioners.

II. 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. The budget narrative clarifies and supports the budget. The narrative should clearly specify the intent of and justify line items in the budget.
- c. Describe any potential for other funds or in kind support. Provide in narrative format.
- d. Include expenses for attending quarterly prevention network meetings.

Forms can be located at the following website: <http://www.wvdhhr.org/bhhf/resources.asp>

Additional Proposal Requirements

Responses must be completed utilizing the attached Format for Proposal Submission. The document submitted must not exceed eighteen **(18) pages, typed in Arial12 point** font. Graphs and Charts may be utilized but will count within the page limit requirements.

Additional attachments not included in the 18 page requirement include:

- 🍀 logic model/s,
- 🍀 Memoranda of Agreements,
- 🍀 1 page list of intended Memoranda of Agreements,
- 🍀 budget and budget narrative

Section 4
Technical Assistance

The BBHf website <http://www.wvdhhr.org/bhhf/FundingAnnounc.asp> will include a section on “Frequently Asked Questions” concerning this Announcement of Fund Availability (AFA No 2-2012-DADA).

All applicants may email technical questions or data requests to:

Cathy Coontz, Prevention Specialist Cathy.E.Coontz@wv.gov

Biddy Bostic Synar Specialist Biddy.C.Bostic@wv.gov

Shannon McBee, BBHf Epidemiologist Shannon.M.McBee@wv.gov

Additional technical assistance regarding substance abuse prevention may be found on the Internet at <http://prevention.samhsa.gov/>. Information on evidence-based programs may be found at www.nrepp.samhsa.gov .