Expansion of Substance Use Treatment and Recovery Services for Adolescents and their Families in DBHDS Regions 2 and 5

Short Title: Youth and Family Hope Start Up Funding

Full Text of Announcement

I. Funding Opportunity Description

Purpose of Program: The Office of Child and Family Services (OCFS), at the Virginia Department of Behavioral Health and Developmental Services (hereafter "DBHDS" or the "Department") is accepting applications for startup funding through March 15th, 2024, for **Expansion of Substance Use Treatment and Recovery Services for Adolescents and their Families** (short title: Youth and Family Hope). The purpose of this funding is to provide **one-time startup funds** for competitive grants to Community Services Boards/Behavioral Health Authorities (CSBs/BHAs) in **DBHDS Regions 2 and 5** to expand or establish comprehensive treatment and recovery services for adolescents ages 12-18 with substance use disorders (SUDs) and/or co-occurring disorders (CODs), and their families/primary caregivers. As such, this Request for Funding Application (RFA) is related to the priority areas of **region 2** and **region 5**. Please see Appendix A for a map of the DBHDS Regions.

Two types of proposals may be submitted under this Request for Application (RFA): (1) those that enhance the existing infrastructure of evidence-based intervention to prevent, reduce, or treat substance use in the stated population; and (2) those that aim to add to comprehensive services through already existing substance use and co-occurring disorders services for an integrated approach to treating co-morbidity as an option. An important aim for this funding is to develop well-coordinated care among different providers and institutions which will expand the existing system of adolescent and young adult substance use care across treatment milieus (i.e., short-term treatment interventions) for engagement in appropriate substance use services (enhanced Levels of Care). Please see pages 15 and 16 of this announcement for the American Society of Addiction Medicine (ASAM) Levels of Care and Acceptable Proposals for Levels of Care in Specialty Treatment and Recovery Services for Adolescents.

The population of focus is adolescents (ages 12-18) with substance use disorders (SUDs) and/or co-occurring disorders (CODs), and their families/primary caregivers. Family/primary caregiver services include family engagement and evidence-based family models around youth substance use. Based on need and identification of traditionally underserved populations, applicants must provide the appropriate Level of Care using the ASAM Criteria. Of note is OCFS' intention to expand regional substance use service needs through **Community and hospital based Partial Hospitalization Program** (PHP/ASAM Level 2.5), **Ambulatory Withdrawal Management** (levels 1 and 2), **Intermediate Care Facilities for under 21-year-olds** (ICF-A/ASAM Level 3.7 and 3.7-WM), and **Inpatient Withdrawal Management** (Level 4.0). Applicants must adhere to all DBHDS licensing regulations for providers that match the service they are requesting funding for and demonstrate

knowledge and proficiency of Medical Necessity Criteria as outlined by the Department of Medical Assistance Services (DMAS); and follow all licensing and Medicaid requirements regarding providers for the various levels of care. Applicants must state a willingness to use commercial nicotine gums, lozenges, and gummies for tobacco using patients. A detailed proposal must include a plan on how the applicant will promote and work with local community partners around referrals.

Summary: The Department of Behavioral Health and Developmental Services ("DBHDS" or the "Department") is issuing grants to Community Services Boards/Behavioral Health Authorities (CSBs/BHAs) in **DBHDS Regions 2 and 5** to expand or establish comprehensive treatment and recovery services for adolescents ages 12-18 with substance use disorders (SUDs) and/or co-occurring disorders (CODs), and their families/primary caregivers under the Consolidated Appropriations Act (CAA), 2021. Funding will be available through March 15th, 2024. **These funds are considered startup funds and applicants will need to include their plans for sustainability should there be no additional funds available.** The Office of Child and Family Services (OCFS) is committed to achieving the DBHDS mission of health promotion and disease prevention through a seamless system of care that integrate services across disciplines. As such, this Request for Applications (RFA) is related to the **priority areas of substance use reduction and treatment in adolescents.** In addition to these outcomes, data collected by grantees will be used to demonstrate how OCFS' grant funding are reducing adolescent and young adult substance use statewide. Performance data will be reported to the public, the Department of Behavioral Health and Developmental Services' Substance Misuse and Overdose Prevention Task Force and other state level entities associated with substance use treatment and recovery services. **Awards will be prioritized to CSBs/BHAs that meet the application requirements.**

Key Dates:

Posting of Initial Announcement:	**January 10, 2023**
Earliest Submission Date:	**January 18, 2023**
Pre-Application Virtual Meeting 1:	**January 18, 2023, at 11.30am**
Pre-Application Virtual Meeting 2:	**January 19, 2023, at 2.30pm**
Application Due Date:	**March 01, 2023, by 5.00pm**
Award Notices:	**March 31, 2023, by 5.00pm**

Posting of Solicitation for Applications: January 10, 2023

Deadline for Applications: March 01, 2023, no later than 5:00 pm. Only complete applications will be accepted, any information that may come after the deadline will not be reviewed.

Deadline for formal question and answer period: February 08, 2023, no later than 5:00 pm.

Content and Form of Application Submission: It is critical that applicants follow submission instructions except where instructed in this request for applications announcement to do otherwise. Applications that are out of compliance with these instructions may be delayed or not accepted for review. Proposals must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. Applicants must complete the Application for Youth and Family Hope and email completed application sections to **Mia McCoy** at mia.mccoy@dbhds.virginia.gov

Page Limitations: Proposals must not exceed 10 pages.

Section of Application	Page Limit(s)
Project Summary/Abstract	30 lines of text
Project Narrative	3 sentences
Scope of Problem	1 page
Specific Aims	1 page
Research/Intervention Strategy	2 pages
Budget Narrative	2 pages
Biographical Sketch	2 pages

Background: The Office of Child and Family Services (OCFS) seeks to expand or establish comprehensive treatment and recovery services for adolescents ages 12-18 with substance use disorders (SUDs) and/or co-occurring disorders (CODs), and their families/primary caregivers. Family/primary caregiver services include family engagement and evidence-based family models around adolescent substance use.

A comprehensive needs assessment of adolescent and young adult substance use services was conducted by OMNI Institute in partnership with OCFS in the fall of 2021. A copy of the Executive Summary-*Virginia Statewide Needs Assessment on Adolescent Substance Use* can be found here: Executive Summary . In accordance with the overarching project purpose of better understanding adolescent substance use behaviors and service needs, this report described the nature and prevalence of adolescent alcohol and drug use in Virginia, indicated barriers to service access and delivery, as well as service gaps; and, provided recommendations for addressing this important issue in Virginia. This disparity indicates that: 1) Additional efforts are needed across the Commonwealth to increase general awareness around service availability and provide caregivers with easier access to resources and supportive communication tools; and 2) It is important to continue prioritizing the family voice in the development and enhancement of the adolescent substance use system of care. A systems-based, coordinated, cross-sects approach adjacent to the existing mental health model of treatment is needed to address youth and adolescent substance use. This announcement is part of the next phase of infrastructure development which includes in-state substance use treatment and recovery services. These funds are being made available because of the needs assessment and identified priority regions and service types.

Program Scope and Objectives: In addition to the guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions outlined in the American Society of Addiction Medicine (ASAM) Criteria, applicants must offer screenings, and multidimensional assessments as a metric for substance use and co-occurring disorder history. For

CSB/BHA applicants, the *DLA-20 Functional Assessment* or other approved evidence-based screening tools and assessment resources used to measure substance use are appropriate. Please see Appendix B for examples of screening and assessment tools for substance use disorders.

Children and youth who have experienced victimization and trauma and their families continue to face barriers in receiving access to comprehensive, effective services, which could support healing from trauma and strengthen their overall well-being. Funders have an opportunity to support communities in building capacity for services which are comprehensive and accessible for all youth who have experienced victimization or trauma and their families. Trauma-informed principles can provide a roadmap for grantees, helping them to develop and strengthen services by increasing service accessibility and inclusiveness for all youth,

Applicants may determine this percentage by submitting a Disparity Impact Statement or site-specific demographic data with their application that supports the percent chosen. All services provided for this program must be comprehensive; consider the unique needs of the individual client/patient; address comorbidity when appropriate; involve a family systems approach; and provide for a continuity of services. This RFA invites applications that lead to the identification of efficacious treatments and treatment processes for youth with substance use or dependence.

Application Requirements: In its application, an applicant must describe the following:

Description of the Issue	10 points
Project Design and Implementation	45 points
Capabilities and Competencies	25 points
Plan for Collecting the Data Required for this Solicitations Performance Measures	10 points
Budget	10 points
Summary	0 points

1. **Description of the issue**:

a) Severity and magnitude of the problem and how the applicant will identify and select interventions with demonstrated need to be served by the proposed plan. (5 points)

Applicants must describe the existing youth substance use treatment model to ensure community-based and specialty treatment services are available for asymptomatic and symptomatic youth and assess system gaps and disparities in treatment. Using the **American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd edition** as a treatment matching tool for youth is the most effective way to screen for substance exposure, use, and disorder and must be described. Applicants must also describe the nature based on information including, but not limited to, the most recent available ratios of service providers to youth clients/patients

enrolled in or in need of treatment, demographic data, health equity data, and data related to why they are proposing which level of care in their community. DBHDS is requesting a justification for the proposed level of care within the identified community using community or CSB data, availability of services in their catchment and/or a recent needs assessment. For example, if the applicant choses to propose plans for a Partial Hospitalization Program (PHP), data must support the community need.

Description of the community. (5 points)

Applicants are asked to consider/address how their program is reflective of their community's

- Racial diversity
- Linguistic diversity
- Culturally diversity
- Ethnic diversity
- Sexual orientation diversity
- Gender identity/expression diversity

A description of the community should demonstrate the need for substance use and co-occurring disorders for youth including those from disparate, marginalized or socio-economically stressed families. Funders have an opportunity to support communities in building capacity for services which are comprehensive and accessible for all youth who have experienced victimization or trauma and their families. Trauma-informed principles can provide a roadmap for grantees, helping them to develop and strengthen services by:

1. increasing service accessibility and inclusiveness for all youth,
2. providing comprehensive and coordinated services for children, youth, and families,
3. directly engaging youth and families in care-planning and coordination and
4. Prioritizing support and training for service providers to make it possible for them to provide meaningful and reflective services for children and youth who have experienced traumatization and victimization and their families.

One way to determine disparities in communities is through a Disparity Impact Statement of the selected community. SAMHSA provides an example of a Disparity Impact Statement at this link:https://www.samhsa.gov/sites/default/files/disparity-impact-statement-example-services.pdf.

Section Review Criteria

Barriers to Accessing and Providing Services According to the findings from the *Virginia Statewide Needs Assessment on Adolescent Substance Use*, youth and their caregivers face several barriers to accessing substance use that can be categorized into two overarching categories: systemic and personal/family barriers. The most pervasive systemic and personal/family barriers are presented below.

1. Most Common Systemic Barriers Reported:
    a) Limited capacity
    b) Logistical barriers

c) Lack of adolescent-specific and culturally relevant services
d) Insurance requirements and limitations
e) Difficulties accessing appropriate treatment due to services and financial constraints

2. Personal/Family Barriers Reported:

a) Insurance
b) Transportation
c) Level of self-intervention or harm
d) Level of service- more intensive treatment
e) Services not geared toward adolescents
f) Location of services
g) Long waitlist
h) Lack of culturally responsive/ English as a second language (ESL) providers

In determining the need for the proposed project, DBHDS will consider the extent to which specific weaknesses, gaps, or needs in services; infrastructure; or opportunities have been identified and will be addressed by the proposed project, including the nature and magnitude of those weaknesses, gaps, or needs. Additionally, the Department will consider the applicant's description of the need to serve individuals from disparate, marginalized or socio-economically stressed families.

2. Project Design and Implementation. (45 points)

a) **Existing approach to care. (15 points)**

Applicants shall address how they:

1. Work with a variety of service providers and agencies (including community-based, faith-based, and governmental organizations) in their community,
2. Connect youth with resources outside of their own organization, including community-based, faith-based networks of providers who reflect the cultural, ethnic, racial, and linguistic diversity, sexual orientation and/or gender identity/expression of the youth's community,
3. Support coordinated referral and follow up processes for youth in their community (such as, incorporating reminders and other strategies to enable follow through after service referral), and
4. Engage in collaborative activities (MDTs, advisory groups).

The applicant must describe its approach to providing youth substance use services and how funding will enhance the existing infrastructure of evidence-based or best practice intervention to treat substance use in the stated population (ages 12-18) with SUDs and/or CODs by promoting adherence/sustained engagement in appropriate substance use services (**enhanced Levels of Care**). Applicants must demonstrate how they will serve their region. Services must be evidence-informed or evidence-based for the youth population.

The description must indicate how the approach taken under this funding will update or expand on any previous substance use treatment services and how such new approach will take into consideration the previous barriers. Services must demonstrate an integrated approach with

attention to co-morbidity and substance use disorders as it relates to youth development and risk factors. Applicants must outline the number of staff providing services, how often they will provide services, how the referral process will work including how they will determine if a youth is substance using or an SUD, how soon youth will receive services once identified, the screening and functional assessment tool or tools that will be used, how they will determine successful/unsuccessful discharges from services, and the location where services will be provided. Applicants must describe a plan on how they will promote and work with local community partners around referrals; and describe the specific intervention service or services you will provide and the rationale for choosing to provide these services.

b) **Evidence-based practices. (10 points)**
Priority points will be given to applicants that propose to use evidence-informed or evidence-based practices. Suggested evidence-based interventions can be found in Appendix B of this application. If an evidence-informed or evidence-based practice is chosen, that is not listed in Appendix B, the applicant must describe how it is appropriate for the potentially served population to receive priority points.

c) **Crisis response plan. (5 points)**
Applicants must describe their crisis response plan for adolescents that are actively in crisis i.e., experiencing suicidal thoughts, threatening harm to self or others, domestic violence, homelessness, reports of child abuse/neglect.

d) Number of adolescents receiving services. (5 points)
Applicants must provide the number of adolescents they propose to serve annually (minimum requirement is 50 youth per year) including a percentage of students of color, LGBTQ+, migrant, refugee populations or students of households that are experiencing socio-economic insecurities related to or exacerbated by the pandemic. Provide a description of the outreach efforts that will occur including outreach to disparate and marginalized families in the community.

Applicants must outline how they will provide culturally and linguistically appropriate services for students of color, LGBTQ+ identified students, or that are from migrant, refugee, Appalachian, or socio-economically stressed populations. The Office of Minority Health defines culturally and linguistically appropriate services as those that are respectful of, and responsive to, the health beliefs, practices, and needs of diverse consumers. Applicants must also outline how they will provide trauma-informed services that provide age-appropriate, linguistically, and culturally appropriate information to youth about their case and the service planning process.

e) **Evidence-based practices: family/caregiver support. (5 points)**
Applicants must outline evidence-based practices which prepare families (i.e., parents, kinship caregivers, guardians, extended family members, siblings, youth's trusted adults) for engagement in service planning. Priority points will be given to applicants that propose to use evidence-informed or evidence- based practices that provide linguistically and culturally appropriate information for families about the case and the service planning process.

Additionally, priority will be given to applicants that are able to provide innovative strategies for outreach to families that have traditionally experienced barriers to services such as transportation or lack of technology.

f) **Youth Substance use and co-occurring disorder workforce development. (5 points)** Workforce shortages exist across the continuum for substance use (SU) and co-occurring disorder (COD) care. In addition to expanding the number of people in the CSB/BHA young adult SU and COD workforce (through both recruitment and retention), applicants must identify and describe current incentives and support opportunities that expand the workforce and increase the workforce representation of individuals from racially, ethnically, and/or linguistically marginalized communities. This will involve 1) building a comprehensive inventory of incentive and support programs for entering or advancing in the behavioral health workforce that are available to individuals residing in the regional area; and 2) organizing the data in a manner that can be sorted and analyzed. Workforce development funding may be included to train staff.

Applicants shall describe how their organization will:

- Recruit and hire staff who have experience and competency in working with children and youth who may have experienced trauma
- Recruit and hire staff who are reflective of the community's racial, linguistic, cultural, ethnic, sexual orientation and gender identity/expression and diversity
- Provide opportunities for recruiting and advancement of volunteers and entry-level employees from the community
- Provide ongoing training support for staff and volunteers who work directly with youth
- Support staff in being welcoming and inclusive for gender and sexually diverse youth
- Build a trauma-informed work environment for staff that actively resists re-traumatizing clients, families, staff, and others.
- Support staff in recognizing the signs and symptoms of trauma in clients, families, staff, and others
- Support staff in processing and healing from secondary trauma

Section Review Criteria

The Office of Child and Family Services (OCFS), and its stakeholders, are interested in enhancing a collaborative care model between private providers considered as 1) clinicians without affiliation to a geographically designated Community Services Board (CSB) or Behavioral Health Authority (BHA) specializing in adolescent mental health) ; and/or 2) Physicians specializing in areas such as Internal Medicine, Family practice, Pediatricians; and/or 3) Nurse Practitioners and Physician Assistants who treat youth and adolescents; and/or 4) Child Adolescent Psychiatrists (CAPs) who provide timely screening, assessment, diagnosis, and treatment of behavioral health disorders in adolescents and adolescents) and clinicians (or clinical supervisors) working at CSBs/BHAs in need of enhancing skills and competencies around the integration of substance use screening and brief intervention in existing clinical settings. The Department will consider the quality of the services to be provided by the proposed project. In determining this, the Department will consider the extent to which the

services proposed by the project are likely to enhance the existing regional infrastructure of evidence-based intervention to prevent, reduce, or treat substance use in the 12 to 18 population; and/or, (2) add to workforce development within already existing children's behavioral health services for an integrated approach to treating co-morbidity. In addition, the Department will consider the quality and sufficiency of strategies for ensuring equal access and treatment for eligible project participants who are members of groups that have traditionally been underrepresented based on socio-economic status, race, color, national origin, gender, age, or disability.

3. **Capabilities and Competencies (25 points)**

a. **Project Personnel. (10 points)**

Project Personnel: Applicants must describe the qualifications of key project personnel, including education, experience, and relevant training. Additionally, if consultants or subcontractors are employed for the project, applicants must describe the education, experience, and/or relevant training of these project partners. Applicants must adhere to all DBHDS licensing regulations for providers that match the service they are requesting. knowledge and proficiency of Medical Necessity Criteria as outlined by the Department of Medical Assistance Services (DMAS) and follow all licensing and Medicaid requirements regarding providers for the various levels of care. Applicants must state a willingness to use commercial nicotine gums, lozenges, and gummies for tobacco using patients. A detailed proposal must include a plan on how the applicant will promote and work with local community partners around referrals.

b. **Service Expansion. (15 points)**

Applicants must describe how project funds will supplement, and not supplant, funds that would otherwise be available for activities funded under this program. Applicants must describe how they will use the Youth and Family System Transformation Excellence and Performance for Substance Use Services grant program to expand- rather than duplicate, existing, ongoing, or new efforts with demonstrated need and how the plan will integrate existing funding streams and efforts.

Section Review Criteria

The Department considers the quality of the personnel who will carry out the proposed project. In determining the quality of project personnel, the Department considers the education, experience, and relevant training of project personnel, consultants, or subcontractors. Additionally, the Department will consider the extent to which the applicant encourages applications for employment from persons who are members of populations in their communities that have traditionally been underrepresented based on socio-economic status, race, color, national origin, gender, age, or disability.

4. Plan for Collecting the Data Required for this Solicitations Performance Measures (10 points)

a. Data Collection Protocol. (5 points)

A critical question for the adolescent and young adult treatment and recovery community is whether youth who have received and completed treatment for SUDs have significantly better behavioral outcomes (less alcohol and other drug use, fewer mental health symptoms, less delinquent behavior) and academic outcomes (higher GPA, higher standardized test scores, better attendance, lower dropout rates) compared to similar recovering youth who do not receive and completed treatment. As such, all OCFS grantees are **required** to collect and report certain data. Applicants **must** document their ability to collect and report the data in Section B: Data Collection and Performance Measurement of your application (see page 18 of the application). Collected data must include training efforts and client/patient information.

In addition to data collection and performance measurement requirements outlined in this application; grantees shall report performance on the following performance measures:

1. Number of organizations collaborating/coordinating/sharing resources with other organizations because of the grant.
2. Number of people in the SUD/COD and related workforce trained in behavioral health-related practices/activities because of the grant.

This information will be gathered using a uniform data collection tool provided by the Office of Child and Family Services (OCFS). **The current tool will be provided upon award.** Data must be reported to the OCFS Adolescent & Young Adult Substance Use Data Analyst quarterly. Technical assistance (TA) related to data collection and reporting will be offered. In addition, grantees will be expected to work with the Office of Child and Family Services (OCFS) Adolescent & Young Adult Substance Use Coordinator on the cross-site evaluation and quarterly project meetings which will synthesize findings across all grantees to assess the overall performance of Youth and Family Hope.

In addition to these outcomes, data collected by grantees will be used to demonstrate how the Office of Child and Family Services' (OCFS) grant programs are reducing adolescent and young adult substance use statewide**.** Performance data will be reported to the public, and the Department of Behavioral Health and Developmental Services' Substance Misuse and Overdose Prevention Task Force Partnerships and Resources. Applicants must describe the existing collaborative structure in place and describe in detail how the Community Services Boards/Behavioral Health Authorities (CSBs/BHAs) will collaborate with health providers, such as school counselors, psychologists, local departments of social services, court services, juvenile and domestic relations judges and/or medical professionals to implement the proposed service. The description should include the plan for information sharing with consideration to applicable confidentiality and privacy laws. Commitment letters are required if partnering with entities outside of the CSB/BHA for service provision/expansion. **Proposals will not be reviewed without letters of commitment if appropriate to project.**

b. Continued support. (5 points)

The purpose of this funding is to provide one-time startup funds for competitive grants to Community Services Boards/Behavioral Health Authorities (CSBs/BHAs) in DBHDS Regions 2 and 5 to expand or establish comprehensive community-based early intervention, treatment, and recovery services for adolescents (youth; ages 12-18) with substance use disorders (SUDs) and/or co-occurring disorders (CODs), and their families/primary caregivers. The applicant must provide a plan for continued support of the project after grant funding ends, including funding source or sources, and as appropriate, the demonstrated commitment of appropriate entities to support sustainability.

Section Review Criteria

The Department will consider the adequacy of partnerships and resources for the proposed project. In determining this, the Department will consider 1) the relevance and demonstrated commitment of each partner to the implementation and success of the project, including required commitment letters; and 2) the plan for continued support of the project after the grant funding ends, including fund sources and as appropriate, the demonstrated commitment of appropriate entities to support sustainability.

5. Budget. (10 points)

The applicant must provide a detailed project budget and narrative justification of the items included in the proposed budget, as well as a description of existing resources and other support expected for the proposed project. Other support is defined as funds or resources, whether federal, non-federal, or institutional, and indirect costs. The indirect cost rate (IDCR) limit is 10% of modified total direct costs as defined in federal regulations. If you have a negotiated rate, you must provide your indirect cost rate agreement letter with your application. Include a line-item budget for one-time costs. Funds cannot be used for vehicles, construction, and any renovation. **Applicants must use the budget template located in Appendix A of this document.** The first year will not be a full year so funds will likely be at a reduced rate the first year. The federal fiscal year begins October 1 and ends September 30 of each year. **Applicants must include a sustainability plan outlining a roadmap for achieving long-term goals and document strategies to continue the program, activities, and partnerships after the funding period**. The Department will consider the appropriateness of the detailed project budget in terms of reasonableness of the cost's relative to the project description and narrative justification.

6. Summary. (0 points)

Your total summary must not be longer than 30 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of this section, write a summary of your project that can be used, if your project is funded, in publications, reports, or press releases.

II. Evaluation Plan and Reporting

1. The following Evaluation Plan components are required so that the Department can evaluate the success of the project:
    a. The numbers of youth served through screenings, multidimensional assessments, and intervention services. A minimum of 50 youth should be served annually.
    b. The numbers of youth discharged from services including the reasons for discharge and how many of these were determined to be successful discharges.
    c. The DLA-20 score initial, at 6 months after service begins, and at discharge from services. Any other requirements related to the CSB's licensing requirement must also be completed.
    d. The number of substance use screenings
    e. The number of needed services substance use services unavailable for 12 to 18 youth
    f. The number of needed co-morbid services unavailable for 12 to 18 youth
    g. The number of referrals to treatment
    h. A statement of the referral process that includes release forms and sending of necessary data from the referring provider to the referral site (plus warm handoff if possible); Referral site reaching out to patient to provide overview of services and schedule intake; Referral site informing referring provider status of the referral (did patient initiate services, were they not able to be contacted, etc.).
    i. Satisfaction surveys from parents, caregivers, and clients/patients at the conclusion of services (surveys should be provided to those that are 12 years or older). **The current satisfaction will be provided upon award.**
    j. Satisfaction surveys from community partners yearly. **The current satisfaction survey will be provided upon award.**
    k. **Non-cash** incentive payments, **with a value of no more than $30**, may be offered to youth and families completing data reporting and satisfaction surveys. **Incentive payments are not allowed for families to participate in outreach events, mental health treatment or prevention services.**
2. Awarded applicants will be required to provide a progress report to the Office of Child and Family Services (OCFS) Adolescent & Young Adult Substance Use Data analyst quarterly on **June 30, 2023**, **September 08, 2023,** and **December 01, 2023,** that include the above components of the Evaluation Plan. **The template for the report will be provided upon award.** At the end of the project, awarded applicants will be required to share a final report with the OCFS Adolescent & Young Adult Substance Use Data analyst by **February 29, 2024,** that demonstrates the outcomes of the project. The report must use tables and graphs to show the initial measures and measures throughout the project. It should also include an interpretation of the results, strengths and weaknesses of the enhanced adolescent-focused strategies program, and recommendations for program improvement.

III. Award Information

Type of Award: Discretionary grants.

Estimated Available Funds: Funding in the amount of $540,000 **for both regions** are available through March 14, 2024, from the Consolidated Appropriations Act (CAA), 2021. **DBHDS intends to award more than one proposal.**

Note: The Department is not bound by any estimates in this notice.

Funds must be expended by March 14th, 2024.

III. Application Review Information

1. Selection Criteria: The maximum score for all selection criteria is 100 points. The points assigned to each criterion are indicated in parentheses.
2. Page limit: Application not to exceed 10 pages. Commitment letters, project budget, and option for telehealth description are not included in the page limit. A budget and justification template are included in Appendix A. All applicants must use this budget template to be reviewed. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each.
3. **Pre-Application Virtual Meetings**: Two pre-application virtual meetings for the purpose of answering questions from applicants will be held on **Wednesday, January 18, 2023, 11.30am-12:15am** and on **Thursday, January 19, 2023, 2:30pm-3:30pm**. Access to the Virtual meeting can be found below.

OCFS RFA Pre-Application Virtual Meeting 1:

Microsoft Teams meeting
Join on your computer, mobile app or room device
Click here to join the meeting
Meeting ID: 244 511 176 942
Passcode: HMvAuJ
Download Teams | Join on the web
Or call in (audio only)
+1 434-230-0065,,151382869# United States, Lynchburg
Phone Conference ID: 151 382 869#
Find a local number | Reset PIN
Learn More | Meeting options

OCFS RFA Pre-Application Virtual Meeting 2: Microsoft Teams meeting

Microsoft Teams meeting
Join on your computer, mobile app or room device
Click here to join the meeting
Meeting ID: 237 357 361 491
Passcode: 3GFgBP
Download Teams | Join on the web
Or call in (audio only)
+1 434-230-0065,,953552959# United States, Lynchburg
Phone Conference ID: 953 552 959#
Find a local number | Reset PIN
Learn More | Meeting options

4. **Applications are due by March 01, 2023, by 5.00pm**. **Applicants must complete the** Application for Youth and Family Hope **and email completed application sections to Mia McCoy at mia.mccoy@dbhds.virginia.gov**
5. Selection Review: The selection review committee will include staff from the Department of Behavioral Health and Developmental Services.
6. Review and Selection Process: We remind potential applicants that in reviewing applications in any discretionary grant competition, the Department may consider the past performance of the applicant in carrying out a previous award, such as the applicant's use of funds, achievement of project objectives, and compliance with grant conditions. The Department may also consider whether the applicant failed to submit a timely performance report or submitted a report of unacceptable quality. We also reserve the right to consider any current or past licensing violations when reviewing and selecting applicants.

VI. Award Administration Information

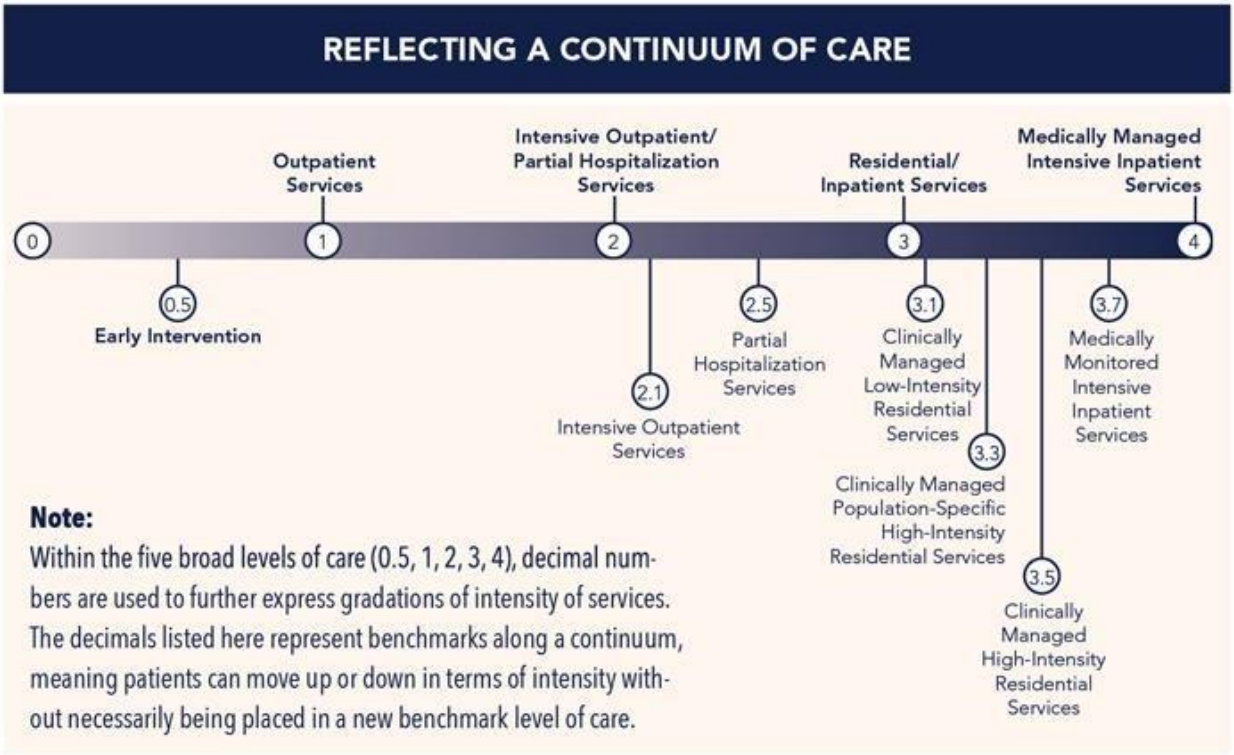
1. Reporting:
   (a) If you apply for a grant under this competition, you must ensure that you have in place the necessary processes and systems to comply with the reporting requirements.

   (b) Equipment is a single item of tangible, nonexpendable, personal property that has a useful life of more than one year.

   (c) At the end of your project period, you must submit a final performance report, including financial information, as directed by the Department.

FOR FURTHER INFORMATION ABOUT THIS REQUEST FOR APPLICATIONS CONTACT: Mia McCoy at mia.mccoy@dbhds.virginia.gov

Section A: ASAM Continuum of Care Model



Source: The ASAM Criteria, Third Edition, p. 105

Section B: ASAM Continuum of Care in Other Terms

LOC 0.5	LOC 1	LOC 1	LOC 2.1	LOC 2.5	LOC 3.1	LOC 3.3	LOC 3.5	LOC 3.7	LOC 4
Early Intervention	OP	OPT	IOP	PHP	RTC Minimal Clinical Monitored	RTC Specialized Clinical Monitored	RTC Clinical Monitored	RTC Medical Monitored	Inpatient Hospital
assessment and education of at risk individuals who do not meet criteria for substance abuse treatment	Less than 9hrs of service per week adults, less than 6hrs per week adolescents for recovery or motivational enhancement	Daily or several times weekly opioid agonist medication and counseling available to maintain stability for those with severe opioid use disorder	9+ hours per week adults and more than 6hrs per week adolescents.	20+ hours per week not requiring 24hr care	24hr structure with available trained personnel; at least 5hrs per week of clinical service	24hr care with trained counselors to stabilize imminent danger. Less intense milieu group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community. **Not designated for adolescents.	24hr care with trained counselors to stabilize imminent danger and prepare for outpatient. Able to tolerate and use full active milieu or therapeutic community.	24hr nursing care with physician availability for significant problems in Dimensions 1, 2, 3 and 16hr counselor availability.	24hr nursing care and daily physician care for severe, unstable problems in dimensions 1, 2, or 3. Counseling available to engage patient in treatment.

*RTC is also known as Intermediate Care Facilities (ICF)

Source: The ASAM Criteria, Third Edition, p. 105

Section C: Acceptable Proposals for Levels of Care in Specialty Treatment and Recovery Services for Adolescents

1. Intensive Outpatient Program (IOP/ASAM Level 2.1) *
2. Community and hospital based Partial Hospitalization Program (PHP/ASAM Level 2.5) *
3. Ambulatory WM (Withdrawal Management or old “detox”) (ASAM has levels 1-WM and 2-WM)
4. Intermediate Care Facilities for under 21-year-olds (ICF-A/ASAM Level 3.7 and 3.7-WM)
5. Inpatient WM (Withdrawal Management or old “detox”/ ASAM Level 4.0)

Section D: Data Collection and Performance Measurement (10 points)

1. Document your ability to collect and report on the required performance measures as specified in the Data Collection and Performance Measurement section of this RFA. Describe your plan for data collection, management, analysis and reporting of data for the population served by your infrastructure program. If applicable, specify and justify any additional measures you plan to use for your grant project.

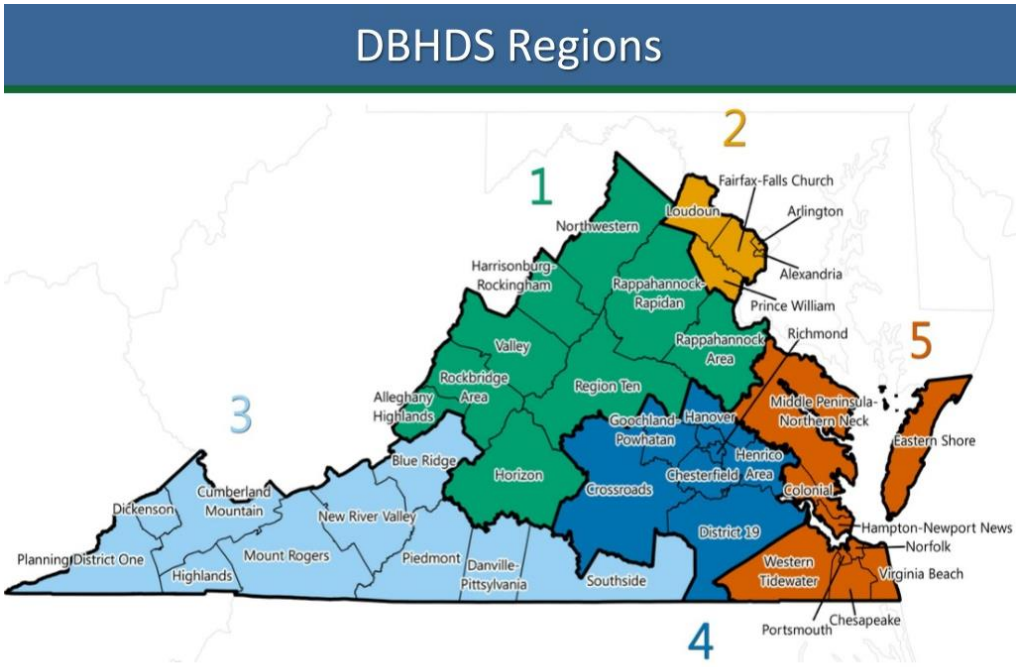
2. Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved. Goals and objectives of your infrastructure program should map onto any continuous quality improvement plan, including consideration of substance use and co-occurring disorder disparities. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies and stakeholders.

3. Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced.

4. Describe how you will monitor overdoses and how you will use this information to further inform your overdose prevention efforts.

5. Describe how you will monitor deaths by suicide and suicide attempts and how you will use this information to further inform your suicide prevention efforts.

Appendix A: Map of the Regions



Region 2:

Areas Served**: Alexandria CSB:** City of Alexandria **Fairfax Falls Church CSB:** Annandale, Burke, Centreville, Clifton, Fairfax City, Fairfax , Fairfax Station, Falls Church, Great Falls, Herndon, Springfield, Vienna **Loudoun CSB:** Aldie, Ashburn, Bluemont, Chantilly, Dulles, Hamilton, Hillsboro, Lansdowne, Leesburg, Lincoln, Loudoun, Lovettsville, Middleburg, Neersville, Paeonian Springs, Philimott, Purcellville, Round Hill, South Riding, Sterling, Waterford, The Plains **Arlington County CSB:** Arlington **Prince William County CSB**: Manassas, Manassas Park, Bristow, Dale City, Dumfries, Gainesville, Haymarket, Montclair, Nokesville, Occoquan, Prince William, Quantico, Triangle, Woodbridge

Region 5:

Areas Served: **Middle Peninsula Northern Neck CSB:** Wake, Saluda, Essex , Tappahannock, Dutton, Gloucester, Gloucester Point, Hayes, King and Queen, Aylett, King William, West Point, Irvington, Weems, White Stone, Burkeville, Church View, Cobbs Creek, Deltaville, Grimstead, Gwynn's Island, Hallieford, Hardyville, Hartfield, Locust Hill, Mathews, Middlesex, Port Haywood, Topping, Urbanna, Wake, Burgess, Callao, Heathsville, Kilmarnock, Lottsburg, Northumberland, Ophelia, Reedville, Wicomico Church, Farnham, Naylor's Beach, Richmond , Warsaw, Coles Point, Colonial Beach, Kinsale, Montross, Oak Grove, Stratford, Westmoreland, Achilles, Lancaster, Morattico **Colonial BH:** James City, Jamestown, Toano, Poquoson, Williamsburg, Grafton, York, Yorktown **Eastern Shore CSB:** Wachapreague, Accomac City, Accomack , Belle Haven, Bloxom, Chincoteaque, Grasonville, Hallwood, Harborton, Keller, Melfa, New Church, Onancock, Onley, Painter, Parksley, Pungoteague, Quinby, Sanford, Tangier, Tasley, Wachapreague, Wallops Island, Cape Charles, Capeville, Cheriton, Eastville, Exmore, Hacks Neck, Jamesville, Machipongo, Nassawadox, Northampton, Oyster, Townsend, Willis Wharf **Western Tidewater CSB:** Suffolk, Isle of Wight, Boykins, Capron, Courtland, Drewryville, Franklin City, Ivor, Sedley, Southampton, Smithfield, Windsor **Hampton Newport News CSB:** Newport News, Hampton **Virginia Beach**: City of Virginia Beach **Portsmouth BHS**: City of Portsmouth **Chesapeake CSB**: City of Chesapeake **Norfolk CSB**: City of Norfolk

Appendix B: Examples of Screening and Assessment Tools for Substance Use Disorders

This appendix provides information about and samples of screening and assessment tools for substance use disorders. In the description of each tool, the definition follows the tool acronym.

These tools should be used to support ongoing processes that involve regular communication among staff and between staff and families. Tools by themselves do not provide answers to complicated issues such as substance use disorders and child maltreatment. They can, however, contribute to decisions about whether problems exist, the nature and extent of those problems and what actions all three systems—child welfare, alcohol and drug, and court— should take to address problems.

Screening Tools for Substance Use Disorders

Screens for substance use disorders tend to fall into two categories: brief screens of six or fewer items that can be asked orally in the context of an interview or other exchange or longer written questionnaires that are completed by the respondent. Both types are provided here. The oral screens may be more practical for fieldwork and home visits; however, in office settings, the written screens could be employed to collect information while people are waiting for appointments or used as a means by which clerical or other staff can collect information.

None of the standard screens address the issue of immediacy in terms of requiring immediate action. Issues of whether immediate actions are required are more likely to involve observations indicating intoxication or withdrawal or indications of impaired functioning. A combination of observational information plus results from systematic screening would be one strategy for formulating a basis for immediate action as well as assessing the need for further diagnostic assessment.

These screening tools provide information to answer the questions —Is there a substance abuse issue? What is the immediacy of the issue? They include information about screening tools for adults and adolescents. This list is in alphabetical order based on the tool acronym.

Example 1: ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

The AUDIT (Alcohol Use Disorders Identification Test) was developed by the World Health Organization to identify persons whose alcohol consumption has become harmful or hazardous to their health. The AUDIT is not designed to identify substance use disorders according to diagnostic criteria. The AUDIT is designed for written administration but is short enough to be read to a respondent for oral administration. This test is among the more widely used screens, but its utility in identifying whether an individual is likely to meet diagnostic criteria is not clear.	
Administrative Issues	10 items, 3 subscales Pencil-and-paper self-administered or interview Time required: 2 minutes Administered by health professional or paraprofessional Training required for administration. A detailed user's manual and a videotaped training manual explain proper administration procedures, scoring, interpretation, and clinical management.
Scoring	Time required: 1 minute Scored by hand No computerized scoring or interpretation available Norms available Normed on heavy drinkers and alcoholics An easy-to-use brochure has been designed to guide the interviewer and to assist with scoring and interpretation.
Clinical Utility	The AUDIT screening procedure is linked to a decision process that includes brief intervention with heavy drinkers or referral to specialized treatment for patients who show evidence of more serious alcohol involvement. This screening procedure assesses risky drinking rather than the presence of a diagnosable disorder other than alcohol use disorder. The AUDIT does not screen for drugs.
Copyright	Copyrighted
Cost	Test and manual are free; training module costs $75.
Source	Programme on Substance Abuse World Health Organization 1211 Geneva, Switzerland, Alcohol Research Center University of Connecticut, Farmington, CT

Example 2: CRAFFT

The CRAFFT is a six-item screen for both alcohol and drug use among adolescents. This screen focuses more on risky drinking than on diagnostic issues and does not discriminate between risky drinking, abuse, and dependence.	
Administrative Issues	Six items, ―yes/no‖ answers Paper-and-pencil self-administered or orally administered Scored by tester No computerized scoring or interpretation available Norms unavailable
Scoring	Time required: less than 1 minute Two or more ―yes‖ answers indicate need for further assessment Scored by tester No computerized scoring or interpretation available
Clinical Utility	The CRAFFT, a relatively new instrument (2002), screens for both alcohol and drug problems but focuses more on risky drinking than on diagnosing abuse or dependence. Only three of the six items are related to the DSM-IV diagnostic criteria for substance use disorders. One of six items (―Have you ever ridden in a car driven by someone (including yourself) who was ―high‖ or who was using alcohol or drugs) has potential for increasing positive responses and lowering specificity.
Copyright	Copyrighted by Children's Hospital Boston, 2001
Cost	No cost, but approval for copies must be obtained from the Center for Adolescent Substance Abuse Research (CEASAR), Children's Hospital Boston
Source	http://www.ceasar-boston.org/

Example 3: DRUG ABUSE SCREENING TEST (DAST)

All the DAST (Drug Abuse Screening Test) versions screen for problems with the use of drugs only. The DAST-10 (Drug Abuse Screening Test-10) is the shortened and more commonly used version of a 20-item (DAST-20) or the original 28-item version. The DAST is sometimes combined with the AUDIT or other alcohol screens to cover both alcohol- and drug-related problems. Items apply to over the counter, prescription, and illicit drugs. Studies have documented reliability with Spanish versions.	
Administrative Issues	10 items, 0 subscales Paper and pencil self-administered or orally administered Time required: 2 minutes Administered by professional or technician No training required for administration, easy to learn
Scoring	Time required: 1 minute Scored by hand A total score of 3 or more indicates the need for further assessment Scored by tester No computerized scoring or interpretation available Norms available
Clinical Utility	The original DAST 28-item questionnaire has been modified to a 20-item version, and to the most used version, a 10-item version, the DAST-10. The items cover most of the abuse and some dependence *DSM-IV* criteria, and this questionnaire is more focused on diagnosis than the AUDIT. The items are designed for a timeframe covering the last 12 months. To do a comprehensive substance use disorder screen, the DAST must be paired with a second instrument that screens for alcohol use disorders.
Copyright	Copyrighted
Cost	$12.95 for a package of 100
Source	Centre for Addiction and Mental Health 33 Russell Street Toronto, Ontario, Canada M5S 2S1

Appendix C: Budget and Justification Template

A. Personnel: Provide employee(s) of the applicant organization, including in-kind costs for those positions whose work is tied to the grant project.

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	$64,890	10%	$6,489
(2) Grant Coordinator	To be selected	$46,276	100%	$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	$0
(4) Screener	To be selected	$30,550	100%	$30,550
			Total	**$83,315**

Sample Justification: Describe the role and responsibilities of each position.

(1) The Project Director will provide daily oversight of the grant and will be considered staff.
(2) The coordinator will coordinate project services and project activities, including training, communication, and information dissemination.
(3) Clinical Director will provide necessary guidance to staff for 200 clients served under this project.
(4) Screener conducts all screenings

Workforce Development – Other Narrative

Item	Rate				Cost
	Training	**Trainees**	**Unit Cost**	**Total**	
(1) Training Activities	Type 1	Group	$1600	$1600	$16,480
	Type 2	10	$300	$3000	
	Type 3	2 Groups	$3200	$6400	
	Type 4	4	$900	$3600	
	Type 5	4	$170	$680	
	Type 6	Group	$1200	$1200	

B. Supplies and Equipment: Supplies are items costing less than $5,000 per unit (federal definition), often having one-time use. Equipment is a single item of tangible, nonexpendable, personal property that has a useful life of more than one year. The justification must include an explanation of the type of supplies and equipment to be purchased and how it relates back to meeting the project objectives.

Provide the following information for the narrative and justification:

1. **Items** – list supplies by type, e.g., office supplies, postage, laptop computers.
2. **Calculation –** describe the basis for the cost, specifically the unit cost of each item, number needed and total amount.
3. **Supply Cost Charged to the Award** − provide the total cost of the supply items to be charged to the award during the budget period.

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Laptop Computers	2 x $900	$1,800
Printer	$300	$300
Copies	8000 copies x .10/copy	$800
Furniture	$1000	$1000
Total		**$4,500**

Sample Justification for Supplies and Equipment

1. Office supplies, copies and postage are needed for general operation of the project.

2. The laptop computers and printer are needed for both project work and presentations for Project Director.

3. The furniture includes a desk and desk chair for the screener.

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

Purpose of Travel	Location	Item	Rate	Cost
(1) Regional Training Conference	Chicago, IL	Airfare	$150/flight x 2 persons	$300
		Hotel	$155/night x 2 persons x 2 nights	$620
		Per Diem (meals)	$46/day x 2 persons x 2 days	$184
(2) Local Travel	Outreach workshops	Mileage	350 miles x .38/mile	$133
			TOTAL	**$1,237**

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

1. Grantees will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL).
2. Local travel rate is based on agency's POV reimbursement rate. If policy does not have a rate use GSA.

Total Request	
A. Personnel	$83,315
B. Supplies and Equipment	$4,500
C. Travel	$1,237
Total	**$89,052**