

Q and A from OCFS RFA Pre-Application Meetings

Q: Considering the startup amounts, is it acceptable to have a regional project and one regional plan?

A: Yes, the preference of OCFS is to have a regional proposal.

Q: If it is a regional program, does each CSB need to submit an application, or will one application cover the region?

A: Please submit only one application for a regional project.

Q: Are public/private relationships acceptable for this RFA? What would this look like?

A: The RFA states “An important secondary 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.” This can be found on page 1 of the full text announcement. This is acceptable and encouraged; the goal is to build the network and create true collaborative care. This would work like other regional programs (if a regional application was submitted) in which there is a CSB fiscal lead, working with the regional office to develop a subcontract with a private provider. The subcontract would need to outline and determine the details of the relationship. It is also encouraged to have a referral network established with other providers to ensure sustainability of the program.

Q: Sometimes starting a program can be delayed, will there be an option to apply for an extension of these funds if there are unforeseen delays?

A: The date to spend these funds is March 14, 2024, there are no options for extension. The only exception to this is unliquidated obligations. Unliquidated obligations are invoices for which the Subrecipient has already been allocated funding to pay by the Pass-Through Agency that falls within 45 days of the end of the Period of Performance. Unliquidated Obligations cannot include personnel costs that occur outside the period of performance and are limited to goods or services that were purchased or contracted for prior to the end of the Period of Performance but were not yet expensed as the goods or services were not yet received or the Subrecipient has not yet received an invoice.

Q: On page 12, it states that there is, “Funding in the amount of \$540,000 for both regions”, how exactly will the funds be broken up?

A: The exact amounts awarded will be dependent on the number of applications received and scope of work that each applicant outlines. OCFS intends to award more than one project, ideally at least one project per region (regions 2 and regions 5).

Q: Will there only be a total of two projects, one for each region?

A: Funded projects are dependent on the number and quality of applications received. Ideally, there will be at least one project awarded in DBHDS Region 2 and one project awarded in DBHDS Region 5.

Q: If these funds were blended with opioid abatement funds, we understand that this project funding cannot be used to supplant; however, that would be a different situation, correct?

A: Most federal funds have some requirement to not use the funds to supplant. There is a sustainability component to the RFA that needs to be addressed in the application. Local Opioid Abatement funds

would be one potential option to have some sustainable funding beyond the start-up funds. DBHDS encourages applicants to think through funding sources and alternative streams for this area. All the services identified as acceptable on page 17 of the RFA have a Medicaid ARTS corresponding benefit. Additionally, consider building referral relationships and additional partnerships in your region to sustain beyond these one-time funds.

Q: One Section, it appears to be saying that proposals cannot be requesting funding for programs below the Intensive Outpatient (2.1 Level of care). Section Referenced below:

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)**

A: Based on a recent assessment completed in Virginia and the corresponding Final Report from OMNI specific to adolescent substance use needs in Virginia this RFA does target the expansion of higher levels of care in Virginia. There is a significant treatment gap in the service array for ASAM LOC 2.1 and higher. These are the services that will receive consideration with this RFA.

Q: There are references to Evidence Based practices/ approaches throughout which refer to Appendix B for a list of EBP- However, that section appears to only have several screening tools that are evidence based. Are there any particular evidence-based approaches that are approved.

A: Utilizing an Evidenced Based screening tool is the first step to identifying youth that may be in need of substance use treatment. The section on EBPs allows you to articulate any EBP that you believe can successfully treat the adolescent and there is an additional section on family engagement. During the pre-application meetings this is the information that was highlighted: statistically speaking, the majority of youth with a substance use disorder diagnosis have a co-occurring mental health disorder, so special consideration should be given to models that can address both.