DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Guidance for Applicants (GFA) No. TI 03 -005
Part I - Programmatic Guidance

Grants to Develop, Deliver, Document, and Evaluate Peer-Driven Recovery Support Services

Short Title: Recovery Community Services Program (RCSP II)

Application Due Date:
September 10, 2002

s/
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Date of Issuance: July 2002
Catalog of Federal Domestic Assistance (CFDA): 93.243
Authority: Section 509 of the Public Health Service Act, as amended, and subject to the availability of funds*

*This program is being announced prior to the full annual appropriation for fiscal year (FY) 2003 for the Substance Abuse and Mental Health Services Administration's (SAMHSA) programs. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 2003 to permit funding of a reasonable number of applications being hereby solicited. All applicants are reminded, however, that we cannot guarantee sufficient funds will be appropriated to permit

SAMHSA to fund any applications. Questions regarding the status of the appropriation of funds should be directed to the Grants Management Officer listed under “How to Get Help” in this announcement.

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[Note to Applicants: In addition to this Part I Programmatic Guidance, you need two additional documents to complete your application:

- **PART II - "General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements"**
- **Public Health Service Grant Application FORM 5161-1; See "Application Kit" section for instructions on obtaining these two documents.]**
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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

Action & Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for grants to develop, design, deliver, and document **peer-driven recovery support services** that help prevent relapse and promote long-term recovery from alcohol and drug use disorders.

It is expected that approximately **$3.0 million** will be available in fiscal year 2003 to fund approximately **8 to 9 grants**. The average annual award is expected to be approximately **$325,000**, and grants will be awarded for a period of up to **4 years**.

SAMHSA/CSAT plans to set aside approximately $1,625,000 to fund up to 5 awards to recovery community organizations.

Annual awards will be subject to continued availability of funds to SAMHSA/CSAT and progress achieved by the grantee.

Target/Involved Population

The primary target population for this program is people with a history of alcohol and/or drug problems who are in or seeking recovery, along with their family members, significant others, and other supporters and allies (*the recovery community*[1]) who will be both the providers and recipients of recovery support services.

Within the context of the Recovery Community Services Program (RCSP II), the individual in or seeking recovery and his/her family members or significant others are the primary focus of the effort, rather than others who may be supporters or allies, but who do not have direct experience with alcohol and drug problems. At the same time, allies and supporters may be part of the project so long as

[1]The term, *recovery community*, is used here as a broad and encompassing term that includes persons having a history of alcohol and drug problems who are in recovery or recovered, those currently in treatment, those seeking treatment and/or recovery, as well as their family members, significant others, and other supporters and allies. CSAT recognizes that there are several terminologies–such as recovery community member, recovering/recovered person, consumer, client, service recipient, and others–that might be applied, and we respect that some individuals and communities may chose to identify themselves differently.

people in or seeking recovery and their family members/significant others are leading the design and delivery of the recovery support service model that is planned and implemented, and so long as members of the recovery community are leading the project.

Note: **This grant is not designed to support treatment professionals in providing aftercare, case management, or other treatment services for clients.** Rather, RCSP II is intended to enable the recovery community to develop and deliver peer support (non professional) services. (See Definitions section for further information on the difference between treatment and peer-driven recovery support services.)

Persons having co-occurring alcohol and/or drug and other disorders (e.g., psychiatric disorders, physical disabilities, HIV/AIDS) may be the target population.

Who Can Apply

Applicants may be domestic public and private nonprofit organizations, such as community-based organizations, faith-based organizations, universities, or units of State or local governments or Indian Tribes and tribal organizations.

Consortia comprised of various types of eligible organizations are permitted; however, a single organization representing the consortium must be the applicant, the recipient of any award, and the entity responsible for satisfying the grant requirements.

If you are proposing a consortia, a recovery community organization or members of the recovery community, including people in recovery and families/significant others, must have a lead role in the consortium and in the project.

Organizations that were funded under the 2001 Recovery Community Support Program Guidance Applications (TI-01-003) are not eligible to apply for funds in Fiscal Year (FY) 2003.

Applicant Characteristics

Applications may be submitted by either independent *recovery community organizations (RCOs)* or *facilitating organizations*.

RCOs are organizations comprised of and led primarily by people in recovery and their family members and other allies.

Facilitating organizations may not necessarily be comprised primarily of people in recovery; however, people in recovery and their family members must be involved in all aspects of application

development, program design, and implementation. Examples of facilitating organizations include: treatment and mental health agencies, community service centers, consortia of community-based organizations not led by recovery community members, universities, and units of government.

The facilitating organization's role in the grant will be to:

- enable the formation of an independent RCO that will provide peer-driven recovery support services; or

- develop some other viable organizational structure that enables recovery community members to provide peer-driven recovery support services in an autonomous and self-directed manner within the facilitating organization.

Whether through formation of a *RCO* or another organizational structure, the *facilitating organization* will build the capacity of the recovery community to design, develop, deliver, document, and evaluate peer support services.

Treatment providers, units of government, universities, and all other professionally-based organizations may apply **only** as facilitating organizations.

Members of the recovery community must have a meaningful leadership role in any project, whether carried out by a *RCO* or *facilitating organization*.

Application Kit

You will need a SAMHSA application kit in order to respond to this Guidance for Applicants (GFA). Application kits have several parts including the GFA (Parts I and II), and the blank application form PHS 5161-1, which you will need to complete your application.

The GFA has two parts.

Part I provides information specific to the Recovery Community Services Program. **This document is Part I.**

Part II has important policies and procedures that apply to nearly all SAMHSA grants and cooperative agreements. Please refer to the section on Special Considerations and Requirements included in this document for a listing of policies in Part II that are relevant to this grant program.

You will need to use both Part I and Part II to apply for a SAMHSA grant or cooperative agreement. Where there are discrepancies between instructions in Parts I and II, the applicant shall be guided by Part I language.

To get a complete application kit, including Part I and II and PHS form 5161-1, you can:

- Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or

- Download from the SAMHSA website at www.samhsa.gov

Be sure to download both parts of the GFA.

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710

Change the zip code to 20817 if you use express mail or courier service.

All applications MUST be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.

Please note:

- Be sure to type TI-03-005 - RCSP II in Item No. 10 on the face page of the application form.
- If you require a phone number for delivery, you may use (301) 435-0715.

Application Dates

Your application must be received by September 10, 2002.

Applications received after September 10, 2002, will only be accepted if they have a proof-of-mailing date from the carrier by September 3, 2002.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

Awards are expected to be made in spring 2003.

How to Get Help

For questions on *program issues*, contact:
Catherine Nugent
Recovery Community Services Program
Division of State and Community Assistance
CSAT/SAMHSA
Rockwall II, Suite 880
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2662
E-Mail: **cnugent@samhsa.gov**

For questions on *grants management issues*, contact:
Steve Hudak
Division of Grants Management
OPS/SAMHSA
Rockwall II, 6th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666
E-Mail: **shudak@samhsa.gov**

Funding Criteria

Decisions to fund a grant are based on:

- The strengths and weaknesses of the application as shown by the peer review committee
- Concurrence of the CSAT National Advisory Council
- Availability of funds
- Evidence of non-supplantation of funds

Funding Restrictions

Grant funds may **not** be used to:

- Provide treatment services (including aftercare and case management that is provided by professionals).

- Pay for housing, including recovery housing.

- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).

- Pay for incentives to induce participants to participate in recovery support services. However, applicant experience may indicate that the use of modest incentives will be necessary to achieve the required 80 % response rate for each participant follow-up survey or interview for the required Government Performance and Results Act (GPRA) data. In such cases, the maximum allowable incentive is $20.00 or equivalent (e.g., coupons, bus tokens, etc.) per follow-up interview. (See Evaluation section for details on the GPRA requirements.)

- Carry out syringe exchange programs, such as the purchase and distribution of syringes and/or needles.

- Engage in direct or grassroots lobbying (see SAMHSA's Policy on Lobbying in Part II of the grant announcement).

Definitions

Peer-driven recovery support services are targeted at individuals and families, and are designed to support their personal recovery, reduce relapse, and promote high-level wellness.

Peer-Driven. Peer-driven services are designed and delivered by peers, not by professionals. Professionals will be good allies, and successful RCSP II projects will network and build strong and mutually supportive linkages with formal systems and professionals in their communities.

However, RCSP II services will largely be designed and delivered by individuals and families in recovery to meet their needs, as they define them. Therefore, while supportive of formal treatment, peer driven recovery support services are not treatment in the commonly understood clinical sense of the term.

At the same time, peer-driven recovery support services are expected to extend and enhance the treatment continuum in a least two ways. These services will help prevent relapse and promote long-term recovery, thereby reducing the strain on the over-burdened treatment system. Moreover, when individuals do experience relapse, recovery support services can help minimize the negative effects

through early intervention and timely referral back to treatment.

In peer-driven services models, peers typically do not view themselves as either empowered to be "providers" of services, nor subordinated to the position of "recipient." Rather, the relationship is one of mutuality, with each participant viewing him or herself as both providing and receiving assistance.

The fact that recovery support services will be peer-driven does not preclude the inclusion of professionally-delivered modules that peers have identified as important to them.

For example, a particular recovery community group might decide that they would benefit from training in anger management. They might decide that the most efficient way to meet this need is to contract with a professional with expertise in this area who could provide training or conduct a psychoeducational group on this topic.

However, this service would still be peer-driven in that it has been identified as a needed service by the community and the community has decided that training delivered by a professional would be the preferred and most efficient vehicle for addressing the peer-identified need.

Moreover, it is expected that the majority of services will be peer-led, that is, designed and delivered by persons in recovery who already possess or who will develop the needed expertise.

Recovery Support. Continued sobriety (which includes sobriety attained with medication, such as methadone or, once approved, buprenorphine) is an important part of sustained recovery from addiction. However, recovery is a larger construct that embraces a full re-engagement with the community based on resilience, health, and hope. Therefore, recovery support services focus less on the pathology of substance use disorders and more on maximizing the opportunities to create a life-time of recovery and wellness for self, family, and community.

Recovery support can include assistance in developing housing, educational and employment opportunities; in building constructive family and other personal relationships; in managing stress; in parenting; and in offering alcohol- and drug-free social and recreational activities.

Recovery support can involve help in managing the often complicated aspects of maintaining recovery in the face of the expectations of multiple systems (including primary and mental health care, child welfare, and criminal justice systems).

It can include work that seeks to reduce the burden of shame and blame associated with stigma, including internalized stigma.

Recovery support can be targeted at specific populations with specific cultural or other needs. It can have skill-building aspects, and it can have community-building aspects. It can involve the creation of

culturally-appropriate and welcoming self-help environments.

Services. The word "services" means that the primary activity of RCSP II grantees will be directly supporting individual and family personal recovery, as opposed to engaging in activities designed primarily to affect policy or systems.

For some people, the term "services" connotes a hierarchical arrangement that they view as inconsistent with the principle of mutuality that underlies peer-driven models. Some have suggested that the singular term, "service," is more congruent with mutual aid traditions within the addiction recovery community. Either term ("service" or "services") may be used at the RCSP project level.

(See Appendix A for a listing of examples of many different recovery support services.)

Importantly, peer-driven and peer-led recovery support services are conceptualized to embody positive and empowering core values, such as focusing on strengths versus deficits, taking a culturally inclusive and competent approach, building community leaders, and strengthening the capacity of the community as a whole.

Based on the work of the RCSP grantees, CSAT recognizes that these values resonate with the recovery community and speak to the expressed need to "give back" to the community.

Program Background

In Federal fiscal year 1998, CSAT awarded 19 grants, under the Recovery Community Support Program, to organize the recovery community and to build members' capabilities to participate in public dialogue on addiction, treatment, and recovery, and to identify and support policies, programs, and services that would meet their self-identified needs.

Much has been learned from the pioneering efforts of these 19 projects, and the RCSP grantees had significant accomplishments in mobilizing diverse populations, fighting stigma, forging alliances, educating opinion leaders, providing input to treatment systems, and celebrating and supporting recovery.

Building on the work of the RCSP, as well as efforts in the mental health and HIV/AIDS consumer communities, RCSP II will provide funding to recovery community groups to plan, implement, document, and evaluate peer-driven recovery support services.

This program is a logical outgrowth of CSAT's previous initiatives targeted to the recovery community because it responds to needs identified repeatedly by grassroots members of the RCSP projects, as well as other leaders in the addiction treatment and recovery field (e.g., White, 2001).

The program is built on the recognition that individuals in recovery, their families, and their community allies are resources that can effectively extend, enhance, and improve formal treatment. By expanding the alliances and linkages between formal treatment systems and the recovery community and by building recovery community capacity, RCSP II will provide peer-driven recovery support services that reduce relapse and that support timely intervention and referral to treatment when relapse does occur, reducing its negative consequences on individuals, families, and the treatment system.

RCSP II is designed to achieve its goals by: focusing on recovery community resources and motivation that already exist within most communities; employing a peer-driven, strength-based, and wellness-oriented approach that is grounded in the "culture of recovery"; and utilizing existing community resources (White, 2001).

This conception of these new services is in contrast to the more traditional clinical approach that tends to focus on individual pathology and personal/family deficits and are often delivered away from the community environment.

Because peer services emphasize strength, wellness, community-based delivery, and provision by peers rather than experts, these services can be viewed as promoting self-efficacy, community connectedness, and quality of life – all important factors in sustained recovery. (Annis &, Davis, 1988; Graham & Gillis , 1999).

Although drug dependence generally has been treated as if it were an acute illness, evidence suggests that long-term strategies of management and care produce lasting benefits (Hawkins & Fraser, 1987; McLellan, 2000; White, 2002).

The efficacy of peer-driven supports and the importance of family and community connection to sustained recovery have long been recognized in the addiction field (White, 2001; Allsop & Saunders, 1991). However, despite the growing evidence of the need and appropriateness of such services, there are no readily identifiable models for how best to deliver such services.

This program will fill a critical gap, not only by building capacity to provide these much needed services in community settings but also by contributing to the understanding of how best to design and deliver them in clients' natural environments.

For further background information on peer-driven support services, see Appendix B, Models and References on Peer Support Services.

National Treatment Plan

SAMHSA/CSAT released *Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative (NTP)* on November 28, 2000.

This grant program addresses all of the NTP strategies, specifically:

- Number 1, *Invest for Results*, by supporting the development and implementation of new service models that are expected to help prevent relapse, promote timely intervention when relapse does occur, and support long-term recovery.

- Number 2, *"No Wrong Door" to Treatment*, by supporting the development of services and service settings that will be viewed as inviting by recovery community members, and particularly by those who might not use more traditional treatment and recovery services;

- Number 3, *Commit to Quality*, by promoting communication and collaboration between and among the recovery community and other community stakeholders in designing innovative recovery support services that meet community members' self-identified needs;

- Number 4, *Change Attitudes*, by providing opportunities for recovery community members to be visible in powerful, positive, and productive roles in their communities;

- Number 5, *Build Partnerships*, by encouraging the formation of groups that will unite members of the recovery community with each other and with other relevant stakeholders who are responsible for various dimensions of alcohol and drug dependence problems and solutions.

For additional information about the NTP and how to obtain a copy, see Appendix C.

For references for the preceding Background section, see Appendix D.

Program Design

Grants will be awarded for a **two-phase project** that is expected to take up to four years to complete.

The first 9-12 months will be devoted to an extensive planning and assessment process, and the remainder of the grant period will focus on delivering peer-driven recovery support services, collecting Government Performance and Results Act (GPRA) data, and documenting the peer-driven recovery support model in a "peer-driven recovery support services manual."

Phase I: Planning and Assessment: The planning and assessment phase is expected to take 9 to 12 months to complete. During the planning process, grantees will conduct a comprehensive community assessment with recovery community members and other community stakeholders to determine resources and gaps in recovery support services in the target area.

During this phase, grantees will also establish and/or strengthen linkages with other services providers

and systems, both to establish a unique niche for the RCSP II project and to develop a referral network for services to meet needs that are outside the scope and expertise of those that can be addressed by a self-help, peer-led program.

Another critical step in this phase will be to develop and maintain effective partnerships with both professional treatment organizations and community-based self-help groups, so as to minimize duplication of services and perceived threats of encroachment on established "territory."

During this phase grantees will also develop and/or refine the procedures they will use for collecting demographic and qualitative information required for the recovery support services manual.

Although the primary emphasis during Phase I is on assessment and planning, it is expected that grantees will conduct some community events (educational, social/recreational, service-oriented) in order to recruit recovery community members to participate in the community assessment process and to generate interest in the project.

Based on the community needs assessment, each grantee will develop a **work plan** that will guide their subsequent effort on the project.

Projects who do not satisfy this requirement will not be funded to carry out the second phase.

Phase II: Implementation and Documentation/Evaluation: Following approval of the work plan by the Project Officer, the grantee may progress to the implementation and documentation/evaluation phase of the project, which will take up to 3 years to complete.

During this phase, the grantee will deliver peer-driven recovery support services to the target population. The grantee will also will evaluate the project for GPRA measures, collect data on participant retention, and document project learning on how to design, develop, and deliver peer-driven recovery support services.

As part of the required evaluation, the grantee will develop a **manual on the implementation of the recovery support service model**. Guidelines will be provided to produce a manual that is sufficiently detailed to serve as a template for other groups who wish to replicate and evaluate the program model (see Appendix E for preliminary guidelines).

Reporting/Evaluation Requirements

Work Plan

If your application is funded, you will be required, at the end of Phase I, to submit a work plan, which must be approved by the Government Project Officer (GPO) before you can progress to Phase II

(Implementation and Documentation/Evaluation).

The work plan must include the following:

- an analysis of resources and gaps in recovery support services available to the population you plan to serve;
- a program design that meets the documented needs; and
- a plan for collecting the demographic and qualitative data that you will need for the required recovery support service manual.

Note: Grantees whose work plan is not approved by the GPO may not proceed to Phase II, and the grant will be terminated.

GPRA

The Government Performance and Results Act (GPRA) mandates increased accountability and performance-based management by Federal agencies. This has resulted in greater focus on results or outcomes in evaluating effectiveness of Federal activities, and in measuring progress toward achieving national goals and objectives.

If your project is funded, you must comply with GPRA by collecting information on the following qualitative questions that will provide results-based data on RCSP II efforts:

- number of recovery support service training events;
- percentage of participants satisfied with each of these events; and
- percentage of participants who report applying information, knowledge, or skills acquired from these events in their personal or family lives, or in their volunteer work with the RCSP II project.

This data must be collected following each recovery support service training event (Phase I and Phase II) that is of four-hours duration or longer. Grantees are expected to collect baseline GPRA data on all participants at any proposed training events. In addition, grantees are expected to conduct a 30-day follow-up to the events. The Office of Management and Budget (OMB) requires a minimum 80 percent follow-up rate of all baseline participants. Applicants should consider this requirement when preparing the evaluation budget section of the application.

If you are funded, CSAT will provide you with the protocol and all necessary forms for collecting the

required GPRA measures. You must use the CSAT protocol and OMB-approved forms exactly as given, without any modifications. CSAT will also provide a data base for compiling and reporting the results of your GPRA data collection. (See Appendix F for RCSP GPRA forms.)

For a detailed description of CSAT's GPRA strategy, see Appendix G.

Recovery Support Services Manual

If your project is funded, you will be required to prepare a recovery support services manual that is sufficiently detailed to serve as a template for other groups who wish to replicate and evaluate your program model.

The manual must document and describe the following issues:

- the mix of services identified by members of the recovery community as important in sustaining recovery;
- the values that underlie and animate your recovery support service model;
- how these services are delivered in a peer-driven model;
- the primary impediments to effectively operating peer-driven/peer-led recovery support services; and
- how these innovative self-help service models interface with other treatment and recovery service providers and systems in the community.

(See Appendix E for preliminary guidelines for contents of the peer recovery support services manual.)

Quarterly Progress Report

RCSP II grantees will also be required to submit Quarterly Progress Reports in a format specified by CSAT. As part of this report, you will be expected to collect GPRA **demographic information** on participants, as well as information about **retention of participants** over time. CSAT will provide the forms for the collection of retention information after seeking approval from the Office of Management and Budget (OMB).

It is expected that most grantees will use the services of an evaluation consultant to assist in developing the protocols for the community assessment process and in designing and analyzing data collection instruments for the demographic and retention data required for the Quarterly Progress Report. Grantees may also use consultant services to assist in preparing the documentation manual. Evaluation

and writing services may be provided by the facilitating organization

For a chart that summarizes the reporting requirements for RCSP II, see Appendix H.

Grantees' project-level descriptions will be helpful in contributing to a better understanding of how to design and deliver peer-driven recovery support services, and CSAT plans to produce a summary document that synthesizes insights ("lessons learned") for dissemination to the treatment and recovery fields.

Meeting Requirements

If your project is funded, you will be required to attend (and thus must budget for) one small and one large technical assistance (TA) meeting convened by CSAT in each year of the grant. (You may also plan to convene project-level meetings and conferences, and these must also be included in your project budget.)

In your budget, you should allocate funds to support travel-related costs for 2 or 3 key individuals from your project to attend the yearly small TA meeting.

For the larger annual TA meeting, you should budget for approximately 5-10 individuals (including volunteers, community leaders, and other community-based members) to attend.

All CSAT-sponsored TA meetings will be three days in duration, and will be held in the Washington, DC, area. You should budget $120/day per person for lodging and $46/day per person for meals and incidental expenses.

Developing Your Grant Application

Your application must demonstrate knowledge of the issues in sustaining recovery from substance use disorders, as well as the types of activities and services that are likely to support a recovery lifestyle. Issues for family members and significant others should also be considered.

Although there is a need for alcohol- and drug-free social and recreational opportunities in many communities, you may not propose a program that is focused soley or primarily on these activities. You must aim to develop a mix of services that you think will be responsive to the full range of needs in your community and that will build on its members' diverse gifts and talents.

You must show that you are familiar with some of the existing strengths and needs of the targeted recovery community at the time of application, even though, if funded, you will undertake a comprehensive community assessment in Phase I. You must also explain how the strengths and needs

you identify could become the focus of a project design. (Note, however, that the ultimate project design is expected to evolve as information from the community assessment is gathered and analyzed during the planning phase.)

At the time of application, you must demonstrate that the targeted recovery community is sufficiently organized and mobilized to participate in the community assessment process, and that recovery community leaders are invested in the project and willing to participate. You should include letters of support (in **Appendix 1** of your application) from key community leaders, including recovery community leaders and other allies and stakeholders who will support your efforts.

You must identify the **core values** that will guide your approach and discuss how each of these will be operationalized in the proposed project. At a minimum, you must explain the steps you will take to:

- involve the recovery community in all aspects of application development, as well as program design, implementation, and evaluation (***participatory process***);

- ensure that the program has a clearly defined method for enabling the targeted recovery community to identify its strengths, interests, and needs and to assist in planning a peer-driven services program around the self-identified strengths and needs (***authentic recovery community voice***);

- build leadership among members of the recovery community so that they are able to guide and direct the service program and deliver recovery support services to peers (***leadership development***) ; and

- develop a recovery community peer support services program that is inclusive (***cultural diversity/inclusion***).

You must include a description of the methods and approaches you will use to reach and engage the recovery community in all aspects of your project. This will include a discussion of how the project will reach out to diverse members in the community, including those with culture- and gender-specific needs, especially racial/ethnic minority groups, women, and other groups that, traditionally, have been underserved.

If your program will focus on one segment of the recovery community, your application must include the rationale for focusing on that specific population/community.

If you are applying as a facilitating organization, you must explain the organizational structure you will use (whether the eventual formation an independent RCO, or of a unit within your organization or some other structure) for ensuring people in recovery and family members will lead the project and carry out the majority of the assessment, planning, and service delivery functions.

You are encouraged to demonstrate planning and coordination of services at the local level with the Single State Authority for Alcohol and Drug Services (SSA).

Detailed Information on What to Include in Your Application

In order for your application to be **complete**, it must include the following in the order listed. Check off areas as you complete them for your application.

1. FACE PAGE
Use Standard Form 424, which is part of the PHS 5161-1. See Appendix A in **Part II** of the grant announcement for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT
Your total abstract may not be longer 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.

3. TABLE OF CONTENTS
Include page numbers for each of the major sections of your application and for each appendix.

4. BUDGET FORM
Fill out sections B,C, and E of the Standard Form 424A, which is part of the PHS 5161-1. See Appendix B in **Part II** of the grant announcement for instructions. (Note: How to estimate an indirect cost rate is discussed in Appendix B of Part II.)

***5. PROJECT NARRATIVE/REVIEW CRITERIA* AND SUPPORT DOCUMENTATION**
The project narrative/review criteria is made up of Sections A through E. More detailed information regarding A-E follows #10 of this checklist. Sections A-E may not be longer than 25 pages. **Applications exceeding 25 pages for Sections A-E will not be reviewed.**

Section A - Project Narrative/Review Criteria: *Project Description & Statement of Issues*

Section B - Project Narrative/Review Criteria: *Project Impact, Organizational & Community Readiness, & Feasibility*

Section C - Project Narrative/Review Criteria: *Project Approach*

Section D - Project Narrative/Review Criteria: *Project Documentation/Evaluation*

Section E - Project Narrative/Review Criteria: *Project Management: Implementation Plan; Organizational, Administrative and Fiscal Capability; Staff; Equipment/Facilities; and Other Resources*

The supporting documentation for your application is made up of the following sections F through I. There are no page limits for the Supporting Documentation sections, except for Section H, the Biographical Sketches/Job Descriptions.

Section F- Supporting Documentation: *Literature citations* This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section G - Supporting Documentation: *Budget justification, existing resources, other support.* You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.

Section H - Supporting Documentation: *Biographical sketches and job descriptions*

- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment from him/her with his/her sketch.

- Include job descriptions for key personnel. They should not be longer than **1 page**.

[Note: Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.]

Section I - Supporting Documentation: *Confidentiality and SAMHSA Participant Protection (SPP)*

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

6. APPENDICES 1 THROUGH 5

- Use only the appendices listed below.
- Do not use appendices to extend or replace any of the sections of the Program Narrative/Review Criteria.
- Do not use more than **30 pages** (plus all instruments) for the appendices.

Appendix 1: Letters of Coordination/Support

Appendix 2: Non-Supplantation of Funds Letter

Appendix 3: Letter to Single State Agency (SSA)

Appendix 4: Data Collection Instruments/Interview Protocols

Appendix 5: Sample Consent Forms

7. ASSURANCES
Non-Construction Programs. Use Standard form 424B found in PHS 5161-1.

8. CERTIFICATIONS
Use the "Certifications" form, which can be found in the PHS 5161-1.

9. DISCLOSURE OF LOBBYING ACTIVITIES
Use Standard Form (SF) LLL (and SF LLL-A, if needed), which can be found in the PHS 5161-1. Part II of the grant announcement also contains information on lobbying prohibitions.

10. CHECKLIST
See Appendix C in **Part II** of the grant announcement for instructions.

Project Narrative/Review Criteria – Sections A Through E Highlighted

Your application consists of sections A through I. **Sections A through E are the Project Narrative/Review Criteria of your application. They describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through E.

Sections A through E may not be longer than 25 pages. Applications exceeding 25 pages for Sections A-E will not be reviewed.

- **!** Your application will be reviewed against the requirements described below for sections A through E.

- **!** A peer review committee will assign a point value to your application based on how well you address **each** of these sections.

- **!** The number of points after each main heading shows the **maximum** number of points a review committee may assign to that category.

- **!** Bullet statements do not have points assigned to them. They are provided to invite attention to important areas within the criterion.

- Reviewers will also be looking for evidence of cultural competence in **each** section of the Project Narrative. Points will be assessed on the cultural competency aspects of the review criteria. SAMHSA's guidelines for cultural competence are included in Appendix D of Part II of the GFA.

Section A: Project Description and Statement of Issues (15 points)

- State the purpose of the proposed project and list its goals and objectives. Make sure your goals and objectives are clear, realistic, and achievable.

- Describe the target population and the rationale for selecting that target population. (Note: Extensive demographic information is not required.)

- If you plan to focus on a specific segment of the recovery community, explain why this is necessary or desirable.

- Discuss your understanding of the recovery issues facing the targeted recovery community in the proposed project, including family members/significant others.

- Discuss the targeted recovery community members' strengths and resources, as well as their needs.

- Give examples of the types of activities and services that you think will support the target population in maintaining recovery.

- Explain how achieving your goals will expand the capacity of the treatment/recovery system in the targeted community and will contribute to a better understanding of how to design and deliver peer-driven recovery support services.

- Describe any other meaningful results you expect your project to produce.

Section B: Project Impact, Organizational and Community Readiness, and Feasibility (20 points)

- Discuss the significance of implementing the proposed project in the target community and why you believe that the expected results are likely to occur if the grant is awarded.

- Describe previous efforts organizing and mobilizing the targeted recovery community (by your organization and/or others) and explain why you think the community is sufficiently mobilized to participate in the planning and assessment phase.

- Explain how your organization is currently positioned to elicit the support of the recovery community and other key stakeholders in carrying out your project and to get the planning and assessment phase of the project up and running at the time of grant award.

- Describe the extent to which key stakeholders indicate support for the project. Identify categories of key stakeholders – for example, recovery community members, support groups, treatment and other professional groups, civic groups, governmental organizations, faith community groups, and others – and discuss the role you expect them to play in the project. (You should include letters of support showing stakeholder interest in the project in **Appendix 1**, entitled, "Letters of Coordination/Support".)

- Discuss barriers you anticipate in implementing your proposed project and describe strategies you plan to use to overcome these.

- Discuss strengths and resources in your community that you will build on in carrying out your project.

Section C: Project Approach (30 points)

- Describe your strategy for carrying out Phase I leading up to the preparation of the work plan.

- Discuss how you plan to develop effective partnerships with professional treatment organizations and community-based self-help groups, so as to minimize duplication of services and perceived threats of encroachment on established "territory."

- Explain how you will convene recovery community members and other key stakeholders for the community assessment process, including your plans for reaching out to diverse members in the community (e.g., racial/ethnic minority groups, women, and other groups that have traditionally been underserved).

- Describe the methods you propose to carry out the comprehensive community assessment, including plans for providing the necessary orientation and training for the participants.

- Discuss and explain the core values that will guide the project design, development, implementation, and evaluation, and explain how each of these values will be operationalized. At a minimum, discuss each of the following as it relates to the proposed project: (a) participatory process; (b) authentic recovery community voice; (c) leadership development; and (d) cultural diversity/inclusion.

- Give examples of the types of recovery support services that you think might be useful to the

targeted recovery community and explain how these will differ from more traditional treatment services provided by professionals.

Be sure to include a mix of services (e.g., do not propose solely to provide alcohol- and drug-free social/recreational activities) that builds on the strengths and needs you perceive in your community.

- Discuss your plans for building recovery community members' skills to serve as peer leaders and service providers in the delivery of peer-driven recovery support services.

  Describe how you will recruit, screen, orient, train, and supervise peer mentors or other volunteers providing peer services.

- Describe and give examples of any products or materials you expect to produce.

- Discuss the steps you will take to ensure that your program is appropriate and sensitive to the cultural needs of the target/involved population.

Section D: Project Documentation/Evaluation (15 points)

- Note: All grantees will carry out the CSAT standard GPRA evaluation that has been customized for RCSP II. CSAT will provide the necessary protocols and forms for this. You do not have to discuss the GPRA evaluation in your narrative.

- Describe how you plan to collect the required demographic and retention data described in the Reporting/Evaluation Requirements section.

- Give examples of the types of issues that you anticipate documenting and describing in your recovery community peer services manual.

- Discuss how you will involve the recovery community in identifying the key lessons learned from your project that will be included in the manual.

- Explain how your manual will be useful to the field.

Section E: Project Management: Implementation Plan, Organization, Administrative and Fiscal Capability, Staff, Equipment/Facilities, and Other Support (20 points)

- Submit a project plan that outlines how you will accomplish the goals and objectives outlined in Section A (Project Description and Statement of Issues). Include a detailed time-line for the first year only. For the remaining years, include a time-line that shows major project milestones

only.

- Present a realistic management plan for the project that describes the individuals and organizations that will be involved in the project; presents their roles in the project; and addresses their relevant experience. Provide letters of commitment/support from the relevant individuals in Appendix 1.

- Discuss your organization's capability and experience with similar projects and populations.

- Explain whether the applicant organization is a RCO, facilitating organization, or consortium.

  If a consortium or facilitating organization is proposed, discuss the involvement of the RCO or recovery community members.

  If you are a facilitating organization, you must also explain how you will enable the formation of a viable organizational structure comprised of people in recovery and their family members/significant others who will carry out the majority of the project activities.

- Describe the organizational structure that will be in place at the time of project start-up and, if relevant, plans for any new organizational structure (e.g., the formation of an independent recovery organization) that is envisioned over the life of the project.
- Provide a staffing plan, including the level of effort and qualifications of the Project Director, other key personnel, and support staff.

- Discuss the appropriateness of the proposed staff to the language, age, gender, sexual orientation, disability, literacy, and ethnic/racial/cultural factors of the target population.

- Provide evidence that the proposed staff and/or consultants have the requisite experience and sensitivity to carry out a comprehensive community assessment process, plan a service delivery program, deliver peer-driven recovery support services, and document and evaluate the project.

- Describe the resources available (e.g., facilities, equipment), and provide evidence that activities will be conducted in a location/facility that is adequate and accessible and that the environment is conducive to the target/involved population.

- Discuss how you intend to secure resources or obtain support to continue the project or components of the project after the Federal grant ends.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

Confidentiality and SAMHSA Participant Protection (SPP)

The CSAT Director has determined that grants awarded through this announcement must meet SAMHSA Participant Protection Requirements.

You must address 7 areas regarding confidentiality and participant protection in your supporting documentation. If one or all of the 7 areas are not relevant to your project, you must document the reasons. No points will be assigned to this section.

This information will:

- Reveal if the protection of participants is adequate or if more protection is needed.
- Be considered when making funding decisions. SAMHSA will place restrictions on the use of funds until all Participant Protection issues are resolved.

Some projects may expose people to risks in many different ways. In Section I of your application you will need to:

- Report any possible risks for people in your project.
- State how you plan to protect them from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

Note: Unlike its predecessor, RCSP, RCSP II is providing funding to support direct services to participants. In view of this, it is particularly important that applicants adequately address all participant protection issues.

The following 7 issues **must be discussed**:

1 Protect Clients and Staff from Potential Risks:

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.

- Give plans to provide help if there are adverse effects to participants.

- Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects. If you do not decide to use other beneficial treatments, provide the reasons for not using them.

  Note: RCSP II grantees are not to provide treatment but will be providing peer-driven recovery support services. Therefore, in this section, you should describe alternative recovery support services and activities that might be beneficial to the participants in your program. If you decide not to use other beneficial services or activities, you should provide the reasons for not using them.

2 Fair Selection of Participants:

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.

- Explain the reasons for including special types of participants, such as pregnant women, children, people in institutions, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

3 Absence of Coercion:

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.

- If you plan to pay participants, state how participants will be awarded money or gifts.

- State how volunteer participants will be told that they may participate and receive services or incentives even if they do not complete the study.

4 Data Collection:

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or

other sources?

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Appendix No. 4**, "Data Collection Instruments/Interview Protocols," copies of <u>all</u> available data collection instruments and interview protocols that you plan to use.

  Note: You do not have to include the standard CSAT/RCSP GPRA forms that all RCSP II grantees will use to collect the required GPRA data.

5 Privacy and Confidentiality:

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:

  - How you will use data collection instruments
  - Where data will be stored
  - Who will or will not have access to information
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

  Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provision of Title 42 of the Code of Federal Regulations, Part II.

6 Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

- State:
  - If their participation is voluntary
  - Their right to leave the project at any time without problems
  - Risks from the project
  - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

  Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your **Appendix 5**, titled "Sample Consent Forms." If needed, give English translations.

  Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participation in the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

  (Note: RCSP II grantees are not to provide treatment; however, you should discuss in this section whether separate consents will be used for both participation in recovery support services and for the collection of data.)

7 Risk/Benefit Discussion:

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA's policies and special considerations and requirements can be found in **Part II** of the grant announcement in the sections by the same names. The policies, special considerations, and requirements related to this program are:

! Population Inclusion Requirement

- Government Performance Monitoring
- Healthy People 2010 (The Healthy People 2010 focus areas related to this program are in Chapter 26: Substance Abuse)
- Consumer Bill of Rights
- Promoting Nonuse of Tobacco
- Coordination with Other Federal/Non-Federal Programs (put documentation in **Appendix 1**)
- Supplantation of Existing Funds (include documentation in **Appendix 2)**
- Letter of Intent
- Single State Agency (SSA) Coordination (include documentation in **Appendix 3**)
- Intergovernmental Review (E. O. 12372)
- Public Health System Reporting
- Confidentiality/SAMHSA Participant Protection
- Lobbying Prohibitions