

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

**Projects to Deliver
Peer-to-Peer Recovery Support Services**

**Short Title: Recovery Community Services Program
(Short Title: RCSP)**

(Initial Announcement)

Request for Applications (RFA) No. TI-10-010

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

Key Dates:

Application Deadline	Applications are due by February 10, 2010.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2010 for Recovery Community Services Program grants. The purpose of this program is to deliver **peer-to-peer recovery support services** that help prevent relapse and promote sustained recovery from alcohol and drug use disorders. Successful applicants will provide peer-to-peer recovery support services that are responsive to community needs and strengths, and will carry out a performance assessment of these services.

Funding Opportunity Title:	Recovery Community Services Program
Funding Opportunity Number:	TI-10-010
Due Date for Applications:	February 10, 2010
Anticipated Total Available Funding:	\$2.2 million
Estimated Number of Awards:	6
Estimated Award Amount:	Up to \$350,000
Length of Project Period:	Up to 4 years
Eligible Applicants:	Eligible applicants are domestic public and private nonprofit entities. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of FY 2010 funds for grants to deliver **peer-to-peer recovery support services** that help prevent relapse and promote sustained recovery from alcohol and drug use disorders. Successful applicants will provide peer-to-peer recovery support services that are responsive to community needs and strengths, and will carry out a performance assessment of these services.

RCSP is intended to support peer leaders from the recovery community in providing recovery support services to people in recovery and their family members, and to foster the growth of communities of recovery that will help individuals and families, achieve and sustain long-term recovery.

Recovery Community Services Program (RCSP) grants are authorized under section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

2. EXPECTATIONS

2.1 Target/Involved Population

The primary population of focus 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 and significant others, who will be both the providers and recipients of recovery support services. For purposes of this document, the term *peer* means people who share the experience of addiction and recovery, either directly or as family members/significant others.

2.2 Eligible Services

Peer-to-peer recovery support services are designed and delivered by peers in recovery. Successful peer recovery support services initiatives will network and build strong and mutually supportive relationships with formal systems in their communities. However, peer services must be designed and delivered primarily by individuals in recovery to meet the targeted community's recovery support needs, as the community defines them. Therefore, although supportive of formal treatment, peer recovery support services are not treatment in the commonly understood clinical sense of the term. Peer recovery support services are expected to extend and enhance the treatment continuum in at least two ways. These services will help prevent relapse and promote sustained 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, where appropriate, timely referral to treatment.

Continued sobriety or abstinence (which includes abstinence attained with medication, such as methadone or buprenorphine) is an important part of sustained recovery from addiction. However, recovery is a larger construct than sobriety or abstinence that embraces a reengagement with the community based on resilience, health, and hope. Therefore, peer recovery support services are expected to focus less on the pathology of substance use disorders and more on maximizing the opportunities to create a lifetime of recovery and wellness for self, family, and community. [Appendix D](#) provides a listing of examples of peer-to-peer recovery support services.

This grant program is not designed to support the provision of professional treatment services of any kind, including aftercare, by any type of provider. Peer support services cannot replace acute treatment, and it would be unethical to utilize peer leaders from the recovery community to provide services, such as treatment, counseling, or psychotherapy, that should be provided by a professional. Peer leaders providing recovery support services under this program will offer supportive services that differ from and complement those provided by alcohol and drug counselors, psychotherapists, or other professionals.

In addition, the program is not designed to support counselors, psychotherapists, other treatment providers, or other professionals of any kind in the provision of recovery support services. Individuals who self-identify as both a professional and a person in recovery may provide recovery support services in their capacity as a peer, but may not provide professional services under this grant.

2.3 Required Mix of Services and Activities

You must demonstrate that the array of services/supports provided is responsive to community need and complements existing community resources. You must also identify the peer recovery support services model that will be used to implement the project. Applications proposing culturally-specific peer recovery support models are encouraged, as are applications proposing to serve specific populations needing or in recovery, such as veterans, people with disabilities, and other segments of the recovery community. The goal is to add to the existing resources in the community with peer-to-peer recovery support services that can meet the stage-appropriate needs of people who are seeking to initiate recovery or working to sustain it. Therefore, applicants must describe previous community needs assessment activities/efforts and how the results informed the proposed peer recovery support service program. Successful peer-to-peer recovery support services will include ongoing assessment of participants' support needs and a menu of supportive services to meet the needs at various stages in recovery. Social and community supports are recognized and valued as integral to achieving sustained recovery (Humphreys, Moos, & Finney, 1995; Laudet, Morgen & White, 2006; Scott, Dennis, & Foss, 2005). Because peer recovery support services operationalize the construct of social support, it may be helpful for you to consider four types of social support cited in the literature (Cobb, 1976; Salser, 2002), and to design a mix of services that includes activities in the following categories:

- Emotional support refers to demonstrations of empathy, caring, and concern that bolster one's self-esteem and confidence. Peer mentoring, peer coaching, and peer-led support groups are examples of peer-to-peer recovery support services that provide emotional support.

- Informational support involves assistance with knowledge, information, and skills. This type of support can include providing information on where to go for resources or might involve teaching a specific skill. Examples of peer recovery support services that provide informational support include peer-led life skills training (e.g., parenting, stress management, conflict resolution), job skills training, citizenship restoration, educational assistance, and health and wellness information (e.g., smoking cessation, nutrition, relaxation training).
- Instrumental support refers to concrete assistance in helping others do things or get things done, especially stressful or unpleasant tasks. Examples in this category might include providing transportation to get to support groups, child-care, clothing closets, and concrete assistance with tasks such as filling out applications or helping people obtain entitlements.
- Affiliational support offers the opportunity to establish positive social connections with other recovering people. It is important for people in recovery to learn social and recreational skills in an alcohol- and drug-free environment. Especially in early recovery – when there may be little that is reinforcing about abstaining from alcohol or drugs – alcohol- and drug-free socialization may help prevent relapse [Meyers & Squires, 2001; Miller, Meyers & Hiller-Sturmhofel, 1999]. In addition, community and cultural connections can be important in helping the recovering person establish a new identity around health and wellness as opposed to an identity formed in relation to the cultures of alcohol and drugs (Coyhis and White, 2002; White, 2009).

Based on your assessment of the targeted recovery community, you should determine which services, and in which proportion, are expected to be optimally responsive to community needs. Note: Although alcohol- and drug-free socialization is an acceptable service under this grant, you may not limit your services to socialization activities but, rather, must include a broad range of services from the various social support categories.

Peer leaders are people with experiential wisdom on how to achieve and sustain recovery, and who support those with less recovery experience. They provide this help through mentoring or coaching; facilitating support and educational groups; providing a connection to resources that support recovery, such as housing, employment, health care services, transportation, employment, and education. Peer leaders also work towards creating a community of people in and seeking recovery where all feel welcome and where the message of hope is delivered. Therefore, RCSP grantees are required to develop peer recovery support service programs that identify and train peer leaders to provide an array of social supports to individuals, family members/allies who are in or seeking recovery.

Applicants must provide a plan for peer leader development. This plan must describe the roles of peer leaders and how they will be recruited, screened, oriented, trained, supervised and evaluated. Although professional treatment providers and peer leaders often face similar ethical challenges, there is enough difference between the professional/client relationship, and the peer leader/peer relationship, that an ethical framework tailored to peer recovery support service is

needed. Therefore, you must develop ethical framework/guidelines for your peer recovery support service program and discuss how it is consistent with recovery and peer values that protect all participants in your program. You must also include a discussion on how peer leaders will be trained on the implementation of ethical practices.

2.4 Core Values

You must identify the core values that will guide your approach, and explain how these values will be operationalized in the design and delivery of peer-to-peer recovery support services. Your application must discuss each of the following values, which are further explained in [Appendix E](#): (a) keeping recovery first; (b) participatory process; (c) authenticity of peers helping peers; (d) leadership development; and (e) cultural diversity and inclusion. You may identify and discuss other values important to the targeted recovery community, but you must discuss these five.

2.5 Types of Peer Service Organizations

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

RCOs are organizations comprised of and led primarily by people in recovery and their family members. These organizations directly provide recovery support services. RCOs are independent organizations with nonprofit status.

FOs are not necessarily comprised of and led by people in recovery. However, the FO will host peer-run recovery support service programs and will ensure that people in recovery are involved in all aspects of application development, program design, and implementation. These organizations provide a structure and support for RCOs. Examples of facilitating organizations include: treatment and mental health agencies, community service centers, consortia of community-based organizations, universities, units of government, faith-based organizations, and federally recognized Tribes.

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

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

Grantees must begin delivering peer-to-peer recovery support services within 6 months of award. In order to comply, it is necessary for an applicant to be an established entity (with a viable organizational infrastructure, including appropriate governance, management, and fiscal management capabilities) and to have experience providing peer recovery support services or other relevant services engaging the recovery community in the design and delivery of recovery support services. You must clearly describe your operating experience in your Project Narrative in Section V-1.

2.6 Infrastructure Development (maximum 15% of total grant award)

Organizations funded under RCSP must be sufficiently established and experienced to begin implementing peer recovery support services within 6 months of award. However, SAMHSA recognizes that infrastructure development may be needed to support organization development, in relation to project start-up, as well as service design, in some instances. Although the majority of grant funds should be used for direct services, you may use up to 15% of the total RCSP grant award for the following types of infrastructure development, if necessary, to support the design, development, and initiation of the peer services you will offer:

- Activities that enhance organizational functions, such as staff and board development, risk management, record-keeping, and accounting services.
- Ongoing assessment of participants' needs to refine program services plan, and further mobilize the targeted recovery community to participate in the program.
- Building partnerships and entering into service delivery or other agreements to ensure the success of the project.
- Developing peer leadership development manuals and other training materials to further enhance peer leadership development.

2.7 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in “Section E: Performance Assessment and Data” of your application. Grantees will be required to report performance on the following performance measures: client’s substance use, family and living condition, employment status, social connectedness, access to treatment, retention in treatment, and criminal justice status. This information will be gathered using the CSAT Discretionary Services Client Level GPRA Tool, which can be found at <http://www.samhsa.gov/grants/tools.aspx>, along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Health Information Network at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected at baseline (i.e., the client’s entry into the project), discharge, and 6 months post baseline. Data are to be entered into CSAT’s GPRA Data Entry and Reporting System via the Internet within 7 business days of the forms being completed. In addition, 80% of the participants must be followed-up. Training and technical assistance on data collecting, tracking, and follow-up, as well as data entry, will be provided by CSAT. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use.

Please note: Although SAMHSA recognizes the important role that family members and significant others can play in supporting an individual’s recovery, the GPRA tool is not appropriate for family members or others who are not themselves in recovery. Therefore, although you may propose activities and services for family members, you should not plan to

conduct GPRA performance data collection and reporting for individuals who are not personally in recovery from substance use disorders.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

CSAT will provide training and technical assistance on data collecting, tracking, and follow-up, as well as data entry.

2.8 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

At a minimum, the performance assessment should include the required performance measures identified above. Grantees may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity?
- How durable were the effects (e.g., how effective were the services/supports in achieving sustained recovery) over time?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?

- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals, including family members/allies, were reached through the program?

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.7 and I-2.8.

2.9 Grantee Meetings

There is one grantee meeting per year. You must plan to send at least two to three key staff members (including the Project Director) to a yearly technical assistance meeting, and you must plan to send approximately 5-8 representatives of your project, including key staff and peer leaders from your targeted recovery community, to a yearly RCSP conference. You must include funding for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be 3 days. These meetings will usually be held in the Washington, D.C., area, and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	\$2.2 million
Estimated Number of Awards:	3 RCOs 3 FOs
Estimated Award Amount:	Up to \$350,000
Length of Project Period:	Up to 4 years

Proposed budgets cannot exceed \$350,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

This program is being announced prior to the appropriation for FY 2010 for SAMHSA’s programs, with funding estimates based on the President’s budget request for FY 2010. Applications are invited based on the assumption that sufficient funds will be appropriated

for FY 2010 to permit funding of a reasonable number of applications solicited. All applicants are reminded, however, that we cannot guarantee that sufficient funds will be appropriated to permit SAMHSA to fund any applications.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example, State and local governments, federally recognized American Indian/Alaska Native Tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; and community- and faith-based organizations may apply. Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribal organizations are eligible to apply, but each participating entity must indicate its approval. The statutory authority for this program prohibits grants to for-profit agencies.

All applicants, including single organizations and consortia, must clearly indicate in their project narrative (in Section A: Statement of Need) as well as in the RCO/FO Designation and Statement of Assurance in [Appendix J](#) whether they are applying for a grant as a Recovery Community Organization (RCO) or Facilitating Organization (FO). All applicants must make this designation in order for the application to be reviewed and considered for an award.

RCSP grantees from the FY 1998, 2001, 2003, 2004, and the 2006 cohorts (whose current awards are ending September 29, 2010) may apply for this program. RCSP grantees from the 2007 cohort are not eligible to apply.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

You must comply with the following requirements, or your application will be screened out and will not be reviewed: use of the PHS 5161-1 application form; application submission requirements in [Section IV-3](#) of this document; and formatting requirements provided in [Appendix A](#) of this document.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing experienced organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. Therefore, in addition to the basic eligibility requirements specified in this announcement, applicants must meet the following additional requirements related to the provision of services:

- Each applicant organization must demonstrate experience and ability in financial management and have a governance infrastructure in place to ensure that it has the capacity to manage a Federal grant (e.g. by-laws, fiscal and personnel policies and procedures (P&P) that describe internal controls, current staffing structure and/or plans for staffing structure as a recipient of this Federal grant, Board of Director's composition and roles, conflict of interest policy, etc.). For information on regulations governing SAMHSA grants and financial management requirements, refer to <http://www.samhsa.gov/Grants/management.aspx>.
- Each applicant organization must have at least 2 years experience (as of the due date of the application) providing peer recovery support services or other relevant services engaging the recovery community in the design and delivery of recovery support services in the geographic area(s) covered by the application.

In **Attachment 1** of your application, you must include the completed **RCO/FO Designation and Statement of Assurance** (provided in [Appendix J](#) of this announcement), signed by the authorized representative of the applicant organization identified on the face page of the application, stating that the applicant is applying for a grant as either a RCO or FO and that the applicant organization meets the 2-year experience requirement and has the financial capacity and necessary infrastructure to manage a Federal grant.

In addition, if, following application review, an application's score is within the fundable range for a grant award, the Government Project Officer (GPO) will call the applicant and request that the following documentation be sent by overnight mail:

- Official documentation that the applicant organization has been providing peer recovery support services or other relevant services engaging the recovery community in the design and delivery of recovery support services for a minimum of 2 years before the date of the application in the area(s) in which the services are to be provided. Official documentation can be a copy of the organization's charter, its 501(c)(3) status, and other documents, (e.g. mission statements, strategic planning goals and objectives, annual reports) that definitively establish that the organization has provided relevant services for the last 2 years.
- Official documentation that the applicant organization has experience and ability in financial management and has a governance infrastructure to manage a federal grant. Official documentation can be a mission statement, MOU's that demonstrate linkages

with providers of recovery support services, strategic planning goals and objectives, and annual reports.

If the GPO does not receive this documentation within the time specified, the application will be removed from consideration for an award.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the SAMHSA Health Information Network at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx>.

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF 424 v2.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (<http://www.samhsa.gov/grants/index.aspx>) and a synopsis of the RFA is available on the Federal grants Web site (<http://www.Grants.gov>).

You must use all of the above documents in completing your application. A complete list of documents included in the application kit is available at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>.

2.2 Required Application Components

Applications must include the required application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Attachments, Project/Performance Site Location(s) Form, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- **Face Page** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- **Abstract** – Your total abstract should not be longer than 35 lines. In the first sentence of the abstract, you must state whether you are applying as an RCO *or* FO. It should include the project name, population 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 your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix L of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “[Section V – Application Review Information](#)” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F through I. There are no page limits for these sections, except for Section H, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in [Section V](#) under “Supporting

Documentation.” Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 4** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - *Attachment 1:* The RCO/FO Designation and Statement of Assurance (signed by the authorized representative of the applicant organization identified on the face page of the application) and letters of commitment/support from all organizations that have agreed to participate in the proposed project.
 - *Attachment 2:* Data Collection Instruments/Interview Protocols
 - *Attachment 3:* Sample Consent Forms
 - *Attachment 4:* Letter to the SSA (if applicable; see [Section IV-4](#) of this document)
- **Project/Performance Site Location(s) Form** – This form is part of the PHS 5161-1. The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kit.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.
- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

Please refer to [Appendix A](#), *Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications*, for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **February 10, 2010**. Hard copy applications are due by 5:00 PM (Eastern Time). Electronic applications are due by 11:59 PM (Eastern Time). **Applications may be shipped using only, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

You will be notified by postal mail that your application has been received.

SAMHSA will not accept or consider any applications that are hand carried or sent by facsimile.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review. SAMHSA accepts electronic submission of applications through <http://www.Grants.gov>. Please refer to [Appendix B](#) for "Guidance for Electronic Submission of Applications." **If you plan to submit electronically through Grants.gov it is very important that you read thoroughly the application information provided in [Appendix B](#)** "Guidance for Electronic Submission of Applications."

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) Web site at http://www.whitehouse.gov/omb/grants_spoc.

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.

- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. **TI-10-010**. Change the zip code to **20850** if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)¹ to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate State or local health agencies.

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's Web site at <http://www.samhsa.gov>. A listing of the SSAs for mental health can be

¹ Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

found on SAMHSA's Web site at <http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3509/page4.asp>. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **TI-10-010**. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any State comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://www.samhsa.gov/grants/management.aspx>:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments and federally Recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's RCSP grant recipients must comply with the following funding restrictions:

- No more than 15% of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than 20% of the total grant award may be used for data collection and performance assessment, including incentives for participating in the required data collection follow-up.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix K.

6. OTHER SUBMISSION REQUIREMENTS

You may submit your application in either electronic or paper format:

Submission of Electronic Applications

SAMHSA accepts electronic submission of applications through <http://www.Grants.gov>. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the <http://www.Grants.gov> apply site. You will be able to download a copy of the application package from <http://www.Grants.gov>, complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

Please refer to [Appendix B](#) for detailed instructions on submitting your application electronically.

Submission of Paper Applications

You must submit an original application and 2 copies (including attachments). The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

Send applications to the address below:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using another delivery service.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**RCSP – TI-10-010**” in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx> at the bottom of the page under “Resources for Grant Writing.”
- The Supporting Documentation you provide in Sections F-I and Attachments 1-4 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (10 points)

- Clearly state whether your organization is applying for a grant as a Facilitating Organization (FO) or a Recovery Community Organization (RCO).
- Define the populations of focus that will receive and provide peer recovery support services and provide a rationale for selecting those populations of focus, as well as the geographic area to be served. (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 support needs of the recovery community of focus, and identify the sources of documentation for these needs. Documentation may come from quantitative and/or qualitative sources. The quantitative data could come from community assessments you or others have conducted, or from local epidemiologic data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data (e.g., from SAMHSA’s National Survey on Drug Abuse and Health). Qualitative sources may include focus groups, key informant interviews, surveys, and/or community meetings you or others have conducted with the targeted community, as well as anecdotal reports. Describe previous community needs assessment activities/efforts.
- Based on previous community needs assessment activities/efforts, describe how the proposed peer recovery support services will complement existing professional and peer services in your community (e.g., formal treatment, mutual aid programs, and other recovery support service agencies).

Section B: Project Approach (30 points)

- Clearly state the purpose, goals, and objectives of your proposed project. Describe how achievement of goals will produce meaningful and relevant results (e.g., increase number, range, and availability of services; help prevent relapse; strengthen linkage between treatment and recovery; promote early re-intervention; increase support for sustained recovery in your community).
- Explain how the proposed services will meet your goals and objectives.
- Discuss and explain the core values that will guide the project design and implementation, and explain how each of these values will be operationalized. At a minimum, discuss each of the following values as it relates to the proposed project: (a) keeping recovery first; (b) participatory process; (c) authenticity of peers helping peers; (d) leadership development; and (e) cultural diversity/inclusion, including the various “cultures of recovery” and/or routes to recovery, e.g., medication-assisted recovery, faith-based recovery, 12-step treatment, etc.). (See [Appendix E](#) for an explanation of these values.) You may identify and discuss other values important to your targeted recovery community, but you must discuss these five.
- Describe how the services will be implemented.
 - Clearly explain each recovery support service you plan to provide. (Note: Be sure to include a mix of services that builds on the strengths and needs in the targeted recovery community.) Explain who will provide each service, to whom, and in what format and setting. Identify how the provision of this mix of services will further the

- recovery of service recipients and sustain and strengthen the targeted community(ies) of recovery, as well as the community-at-large.
- Explain your plans for building recovery community members’ skills to serve as peer leaders and service providers in the delivery of peer-to-peer recovery support services, and the role peer leaders will have in your program. Describe how you will recruit, screen, train, supervise, and evaluate peer leaders.
 - Provide a discussion and rationale for the peer-service model (e.g., peers as volunteers; non-monetary incentives; peers as paid staff-members by salaries, stipends, etc.) that you will use to implement the program.
 - Describe the ethical framework/guidelines for your peer recovery support service program and discuss how it is consistent with recovery and peer values that protect all participants in your program. You must also include a discussion on how peer leaders will be trained on the implementation of ethical practices.
- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.
 - Describe how the target population — both peer leaders/providers and service recipients — will be identified, recruited, and retained.
 - Describe how the proposed project will address the following issues in the population of focus:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy;
 - Sexual identity – sexual orientation and gender identity; and
 - Disability.
 - Describe the role of members of the recovery community in helping to prepare the application, and how they will help plan and implement the project.
 - Describe how the project components will be embedded within and/or complement the existing service delivery system, including other SAMHSA-funded projects, if applicable. Discuss how you plan to develop effective partnerships with professional treatment organizations, other recovery service providers, and mutual aid groups, so as to minimize duplication of services and perceived threats of encroachment on established “territory.” Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Attachment 1** of your application.

- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

Section C: Management and Organizational Capacity (35 points)

- Discuss your organization's readiness to implement a program of peer-to-peer recovery support services. Describe previous efforts organizing and mobilizing the targeted recovery community (by your organization or others), and explain why you think the community of focus is ready to participate in providing and receiving peer-to-peer recovery support services.
- Describe your organization's experience providing peer recovery support services or other relevant services that engage the recovery community in the design and delivery of recovery support services in the proposed geographic area(s).
- Provide a timeline for Year 1 of the project (chart or graph) showing key activities, milestones, and responsible staff. Your time-line must show peer services up and running no later than 6 months after grant award. [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as the Volunteer/Peer Coordinator and the individual who will conduct the performance assessment.
- Show that the necessary groundwork (e.g., planning, outreach, stakeholder mobilization and development, memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible, and no later than 6 months after grant award.
- Describe your organization's capability to manage a Federal grant. Explain in detail your organization's governance structure (e.g., composition, responsibilities, and management activities of the Board of Director's; roles of Advisory and other committees; staffing (paid and voluntary) structure; and adopted bylaws), and previous management experience including record-keeping and fiscal management capacities (e.g., ability to differentiate Federal revenue and expenditures from programs funded by other sources).
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population. If the ADA does not apply to your organization, please explain why. In addition, describe how the resources for the proposed project will be accessed and utilized by the population of focus.

Section D: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in [Section I-2.7](#) of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups. Describe how information related to process and outcomes will be routinely communicated to program staff.
- Describe your plan for conducting the performance assessment as specified in [Section I-2.8](#) of this RFA and document your ability to conduct the assessment.

Section E: Program Costs and Sustainability (10 points)

- Provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served.

Program costs. The following are considered reasonable ranges by modality:

- Peer recovery support services (e.g., peer mentoring/coaching, recovery resource/drop-in centers, peer-led recovery support groups): \$1,000 to \$2,500
- Peer outreach/pre-treatment/brief intervention: \$200 to \$1,200

The peer outreach/pre-treatment/brief intervention services cost band applies only to peer outreach-pre-treatment/brief intervention programs that do not also offer more intensive services, but operate within a network of providers who do offer such services. Peer recovery support programs that add peer outreach/pre-treatment/brief intervention to a more intensive peer recovery support modality or modalities are expected to fall within the cost band for the more intensive modality.

- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

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

SUPPORTING DOCUMENTATION

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

Section G: 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. Be sure to show that no more than 15% of the total grant award will be used for infrastructure development, if necessary, and that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix L of this document.

Section H: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application, using the guidelines provided below.

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, **including risks to confidentiality**.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly 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 participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case

may the value if an incentive paid for with SAMHSA discretionary grant funds exceed \$20.

- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Attachment 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain 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 provisions 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. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Possible risks from participation in 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 **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent 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, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. 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 participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under "Applying for a New SAMHSA Grant," <http://www.samhsa.gov/grants/apply.aspx>.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above. For those programs where the individual award is over \$100,000, applications also must be reviewed by the appropriate National Advisory Council.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Substance Abuse Treatment's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

SAMHSA/CSAT will make no more than one award per applicant per geographic community.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

If you are not funded, you may re-apply if there is another receipt date for the program.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site at <http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf>. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.7](#), you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit annual quarterly and final progress reports, as well as annual and final financial status reports. The final report must summarize information from the quarterly reports, describe the accomplishments of the project, and describe next steps for implementing plans developed during the grant period. Because SAMHSA is extremely interested in ensuring that peer recovery services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant. Initial plans for sustainability should be described in year 01. In each subsequent year, you should describe the status of your project, as well as the successes achieved and obstacles encountered in that year.
- Grantees must provide annual and final financial status reports.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s RCSP grant program are described in [Section I-2.7](#) of this document under “Data Collection and Performance Measurement.”

3.3 Publications

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions about program issues contact:

Marsha Baker
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1124
Rockville, MD 20857
(240) 276-1566
marsha.baker@samhsa.hhs.gov

For questions on grants management and budget issues contact:

William Reyes
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1095
Rockville, Maryland 20857
(240) 276-1406
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Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. If you do not adhere to these requirements, your application will be screened out and returned to you without review.

- Use the PHS 5161-1 application form.
- Applications must be received by the application due date and time, as detailed in [Section IV-3](#) of this grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in [Section IV-6](#) of this announcement under “Submission of Electronic Applications.”)
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- The application components required for SAMHSA applications should be included and submitted in the following order:
 - Face Page (Standard Form 424 v2, which is in PHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in PHS 5161-1)
 - Project Narrative and Supporting Documentation
 - Attachments
 - Project/Performance Site Location(s) Form
 - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
 - Checklist (a form in PHS 5161-1)

- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in [Section V-1](#) of this announcement.
 - Budgetary limitations as specified in [Sections I, II, and IV-5](#) of this announcement.
 - Documentation of nonprofit status as required in the PHS 5161-1.
- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in [Section IV-2.2](#) of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in [Section IV-6](#) of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search <http://www.Grants.gov> for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the <http://www.Grants.gov> apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). **REMINDER: CCR registration expires each year and must be updated annually.**

Please also allow sufficient time for enter your application into Grants.gov. When you submit your application you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov. within the next 24-48 hours. One will confirm receipt of the application in Grants.gov and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. Please note that it is incumbent on the applicant to monitor their application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov it will not be forwarded to SAMHSA as the receiving institution.**

It is strongly recommended that you submit your grant application using Microsoft Office 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office 2003 products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in [Appendix A](#) of this

announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- *Text legibility*: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- *Amount of space allowed for Project Narrative*: The Project Narrative for an electronic submission may not exceed **15,450** words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., “Attachments 1-2”, “Attachments 3-4.”

Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

If you are submitting any documentation that cannot be submitted electronically, please send a hard copy to the address below. [SAMHSA no longer requires submission of a signed paper original of the face page (SF 424 v2) or the assurances (SF 424B)]. **You must include the Grants.gov tracking number for your application on these documents. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044

1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications

For other delivery services, change the zip code to 20850.

If you require a phone number for delivery, you may use (240) 276-1199.

Appendix C – References Cited

- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 5: 300-314.
- Coyhis, D. & White, W. (2002). Addiction and recovery in Native America, lost history, enduring lessons. *Counselor*, September/October, 35-44.
- Humphreys, K., Moos, R.H., & Finney, J.W. (1995). Two pathways out of drinking problems without professional treatment. *Addiction Behaviors*, 20, 427-441.
- Laudet, A.B., Morgen, K., & White, W.L. (2006). The role of social supports, spirituality, religiousness, life meaning, and affiliation with 12-step fellowships in life satisfaction among individuals in recovery from alcohol and drug use. *Alcohol Treatment Quarterly*, 24 (1-2): 33-73.
- Meyers, R. & Squires, D. (2001). *The community reinforcement approach*. Retrieved May 3, 2005, from Behavioral Health Recovery Management Web site: <http://www.bhrm.org/guidelines/CRAmanual.pdf>
- Miller, W., Meyers, R. & Hiller-Sturmhofel, S. (1999). The community-reinforcement approach. *Alcohol Research & Health*, 23(2), 116-121.
- Salser, M. (2002). Consumer-Delivered Services as a Best Practice in Mental Health Care Delivery and The Development of Practice Guidelines. *Psychiatric Rehabilitation Skills*, 6(3): 355-383.
- Scott, C.K., Dennis, M.L., & Foss, M.A. (2005). Utilizing recovery management checkups to shorten the cycle of relapse, treatment reentry, and recovery. *Drug and Alcohol Dependence*, 78, 325-338.
- White, W., (2009). Peer-based addiction recovery support, history, theory, practice, and scientific evaluation. Chicago, IL: Great Lakes Addiction Technology Transfer Center, Philadelphia Department of Behavioral Health and Mental Retardation Services, (pp 96-97).

Appendix D – Four Types of Peer Social Support (including service categories and examples*)

Type of Support	Service Categories and Examples
Emotional Support	Peer-led Support Groups Examples: Non-12-Step recovery; recovery support with HIV, Hepatitis C, PTSD, mental illness; culture-and gender-specific; (family members; parents, women)
	Peer-led Recovery Mentoring (coaching) projects: One-on-one
Informational Support	Peer-led Resource Connector programs Examples: assistance with: housing, employment, public assistance, emergency relief, benefits and entitlements, legal services, citizen restoration resources, educational applications and financial aid, vocational rehabilitation and training
	Life Skills classes and workshops Examples: financial management, nutrition and meal planning, parenting, relationship skills, home management, time management, citizen restoration
	Health and Wellness classes and workshops Examples: relapse prevention, stress management, personal growth, anger management, reproductive health, HIV and Hepatitis C prevention and management, smoking cessation, dance, yoga, and other exercise, mental health strategies, self care
	Education and Career Planning classes and workshops Examples: ESL; GED; reading and study skills, career aptitude, workforce preparation and readiness, computer skills and resume writing.
	Leadership Development classes and workshops Examples: workforce skills, personal development, communication and conflict resolution, peer ethics, cultural competency, facilitation and group process, burnout prevention, supervision
	Direct Instrumental Examples: child care, transportation, clothing services, food banks, emergency services
Affiliational Support	AOD-Free Social/Recreational activities Substitution of addiction-oriented social networks with pro-recovery networks and communities of affiliation. Examples: family-centered events, leisure interest development, conferences, speaker events, educational forums, community and cultural events, sport team events, health and information fairs, Recovery Month events
	Recovery Centers Includes Drop-in Centers

*Note that service categories do not always fall neatly into the four types of support and there can be considerable overlapping. Many service categories are a blend of support types. For example: 1) Resource Connector programs often include Emotional, Informational and Instrumental components; 2) Recovery Centers are categorized as Affiliational support, but encompass all of the four support areas; and 3) Leadership Development, key to the success of peer support services, is classified as Informational support but is not an easy fit into this, or any, area.

Appendix E – Core Values for RCSP Peer-to-Peer Recovery Support Services

The current RCSP builds on the work of earlier SAMHSA/CSAT initiatives with the recovery community, as well as efforts in the mental health and HIV/AIDS consumer communities, that have focused on the importance and value of peer-to-peer service. The program is built on the recognition that individuals in recovery, their families, and their community allies are critical resources that can effectively extend, enhance, and improve formal treatment. RCSP 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(s) of recovery”; and utilizing existing community resources.

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.

Previous efforts among CSAT’s RCSP grantees have pointed to the importance of five core values in recovery community organizing, including organizing to provide peer services. These values are:

- **Keeping recovery first** – placing recovery at the center of the effort, grounding peer-to-peer services in the strengths and innate resiliency that recovery represents;
- **Participatory process** – involving the targeted recovery community in project design and implementation, so that recovery community members identify their own strengths and needs, and design and deliver peer services that address them;
- **Authenticity of peers helping peers** – drawing on the power of example, as well as the hope and motivation that one person in recovery can offer to another, providing opportunities to give back to the community, and embracing the notion that both people in a relationship based on mutuality can be helped and empowered in the process;
- **Leadership development** – building leadership among members of the recovery community so that they are able to guide and direct the service program and deliver support services to their peers; and
- **Cultural diversity and inclusion** – developing a recovery community peer support services program that is inclusive of various groups and that honors differing routes to recovery, including medication-assisted recovery.

Appendix F – Sample Consent Form for Participation in Peer-to-Peer Recovery Support Services

I, _____, consent to participate in peer recovery support
(participant’s name - printed)

services offered by _____.
[grantee: insert name of grantee organization] (hereafter referred to as “the organization.”)

I understand that these are peer-to-peer services, offered to support my recovery, help me avoid relapse, and promote my overall functioning and well-being. I understand that these are not professional services by a treatment provider, mental health counselor, or other professional, and that I may seek professional services elsewhere should I choose to do so.

The specific service I will be receiving is:

[grantee: insert name of recovery support service]

I expect to be receiving this service from _____ to _____.

I understand that my participation in this service is voluntary, and I have the right to terminate my participation in the service at any time without negative consequences.

I understand that I may be subject to certain risks as a consequence of my participation in this service, including:

[grantee: list potential risks for the recovery support service – see [Appendix G](#) for some examples]

I also understand that the organization is taking the following steps to help protect me from those risks:

[grantee: list protections for risks identified above – see Appendix G for some examples]

Page 2 - Consent to Participate in Peer Recovery Support Services

If I have any questions about this peer-to-peer recovery support services, I understand that I may contact:

[grantee: insert name of RCSP project director with phone number and email address]

Signed:

_____ Date: _____
(Print name of participant or, if applicable, legal guardian)

(Signature)

Witnessed:

_____ Date: _____
(Print name of program staff)

(Signature)

This consent is effective as of the date of signing. It may be revoked in writing at any time. This consent will expire 15 months after the date of signing if not revoked before then.

Appendix G – Analysis of Examples of Risks and Protections for Peer Recovery Support Services

Recovery Community Services Program Protections for Participants in Peer Services Sample Framework for Analysis		
SAMHSA Guidelines	Examples of Risks	Examples of Protections
Client & Staff Protection from Risk	<ul style="list-style-type: none"> • Participant’s issues/problems beyond expertise of peer provider • Potential for mental anguish and/or reoccurrence of a mental condition (e.g., PTSD). • Potential for relapse and/or destabilization. • Public disclosure may expose program participants/volunteers to stigma & discrimination. 	<ul style="list-style-type: none"> • Provide verbal and written notification of potential risks associated with participation. • Obtain informed consent forms that specify potential risks. • Maintain referral network and be capable of providing referrals to professional service organizations for help when necessary. • Establish and continually promote norms that support self-care. • Provide ongoing training, supervision, and support for peer leaders who provide recovery support services • Use mentors or coaches. • Provide ongoing written communication about voluntary participation. • Provide opportunities to participate without self-disclosure. • Maintain anonymity in publications and public arenas.
Fair Selection of Participants	<ul style="list-style-type: none"> • Exclusion from program and/or services based on age, race, ethnicity, culture, language, sexual orientation, disability, literacy, gender, and path to recovery. • Unfair “targeting” of population for participation based on age, race, ethnicity, 	<ul style="list-style-type: none"> • Describe the diversity of potential participants from program target community. • Develop program leadership that reflects diversity of target community. • Provide diversity and cultural competency training for staff, volunteers and participants.

**Recovery Community Services Program
 Protections for Participants in Peer Services
 Sample Framework for Analysis**

	<p>culture, language, sexual orientation, disability, literacy, gender, and path to recovery.</p>	<ul style="list-style-type: none"> • Increase cultural competency through hiring and volunteer recruitment procedures. • Utilize peers in outreach efforts. • Continue to assess participation barriers and develop strategies to address.
<p>Absence of Coercion</p>	<ul style="list-style-type: none"> • Coerced participation. • Peer pressure to participate. • Access to program “benefits” primarily based on level of participation. • Monetary compensation for participation. • Mandatory participation attached to continued access to program or agency services. 	<ul style="list-style-type: none"> • Provide on-going written and verbal communication about voluntary nature of participation. • Provide range of opportunities for participation from high to low visibility (i.e., some involving no disclosure of recovery status). • Obtain written consent to participate. • Establish feedback & grievance procedures that can be utilized by program participants to communicate perceived problem areas. • Provide appropriate monetary and non-monetary incentives in fair and equitable manner.
<p>Methods of Data Collection</p>	<ul style="list-style-type: none"> • Coerced participation in data collection effort. • Participant mandated to provide data. • Participant unable to give informed consent. • Properly maintaining confidential information (e.g., information not properly stored in locked file cabinet, or electronically stored information not protected by user name, password, firewall, etc.) 	<ul style="list-style-type: none"> • Maintain confidential information separately, and in locked cabinet. • Train all project staff and volunteers in project’s policy for maintaining confidentiality of participants’ information. • Consistently safeguard confidentiality of participant information • Utilize user names, passwords, etc. when confidential information is stored electronically.

**Recovery Community Services Program
 Protections for Participants in Peer Services
 Sample Framework for Analysis**

	<ul style="list-style-type: none"> • Unauthorized access by program staff/volunteers to confidential information (i.e. names, contact information, etc). • Staff and/or volunteers not adhering to data collection & instrument protocol. 	<ul style="list-style-type: none"> • Ensure that staff/volunteers adhere to data collection policies and procedures (including collecting only that information that is absolutely necessary) • Establish a feedback and grievance procedure for program participants to report problem areas.
Privacy and Confidentiality	<ul style="list-style-type: none"> • Same as 1 thru 4 above. 	<ul style="list-style-type: none"> • Same as 1 thru 4 above.
Consent Procedures	<ul style="list-style-type: none"> • Lack of knowledge of consent procedure. • Low reading & comprehension skills. • Complicated language & terminology in consent form. • Peer pressure to consent to participate. 	<ul style="list-style-type: none"> • Emphasize voluntary participation in all activities, including data gathering, and provide opportunities to participate in activities that do not require disclosure. • Provide explanation of consent forms at events. • Read consent form to participants to clarify content. • Translate consent forms in the appropriate language (use only CSAT-approved translation). • Provide translation at project events when informing participants of consent procedures.

Appendix H – Additional Consideration: Peer vs. Professional Support Services

Issue	Strategy
<ul style="list-style-type: none"> • Distinguishing between Peer-to-Peer and Professional Services. • Addressing specific issues when program participants are both professionals and peers. • Addressing “turf” issues with other substance abuse treatment service agencies. 	<ul style="list-style-type: none"> • Implement a “Do No Harm” approach. • Provide training for project staff/volunteers on nature and boundaries of peer services. • Have an ethics policy and plan, and train project staff/volunteers in ethics for peer services. • Provide training for project staff on referral to other community (peer and professional) services. • Develop and communicate guidelines for individuals who are both peers and professionals. • Reach out to professional service organizations to inform them of peer services and opportunities for collaboration.

Appendix I – Glossary

Grant: A grant is the funding mechanism used by the Federal Government when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

Peer: An individual who shares the experience of addiction and recovery, either directly or as a family member or significant other.

Peer-to-Peer Recovery Support Services: Recovery support services designed and delivered by peers to assist others in or seeking recovery, and/or their family members and significant others, to initiate and/or sustain recovery from alcohol and drug use disorders and closely related consequences.

Recovery Support Services: Recovery support services (RSSs) are nonclinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. Recovery Support Services may be provided in conjunction with treatment, and as separate and distinct services, to individuals and families who desire and need them.

Recovery Community: Persons having a history of alcohol and drug problems who are in or seeking recovery or recovered, including those currently in treatment, as well as family members, significant others, and other supporters and allies.

Stakeholder: A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

Appendix K – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- 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 the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a "research" indirect cost rate. The grantee must use the "other sponsored program rate" or the lowest rate available.

Appendix L – Sample RCSP Budget

Sample RCSP Budget and Narrative

Personnel:

The Project Director will be responsible for oversight of the project and will work closely with the Project Coordinator and Evaluator to ensure all facets of the project are completed according to RCSP Request for Applications (RFA) requirements. Budgeted at 20% FTE, the Project Director will provide daily administrative, financial, and program oversight of the project.

The agency is offering 0.05 FTE of the Director of Community Relations' salary (\$3,000) as an in-kind contribution to the project. The Director of Community Relations will assist Project Morning Star staff with outreach to stakeholders and recovery community members leaving treatment programs in the local area.

The Program Director is a full-time (100% FTE) position and will be responsible for the day-to-day operation of the project, including supervision of the Peer Coordinator's and Administrative Specialist.

The two (2) Peer Coordinators, each at 100% FTE, will plan and conduct the day-to-day activities in the Peer Recovery Drop-In Center and run support groups at partner sites throughout the State. The Peer Coordinators' primary responsibilities include outreach, leading peer skill attainment and support groups, conducting computer labs, maintaining the community resource file, providing peer coaching, supervising the peer leaders, and assisting the Evaluator in meeting GPRA requirements.

The Administrative Specialist, at 0.5 FTE, will be responsible for management of the office, including the telephones, filing, and word processing and copying of documents and materials for the project.

Fringe Benefits:

The following is an agency breakdown of fringe benefits:

FICA	7.65
Health Insurance	8.25
Dental Insurance	3.00
Life Insurance	1.00
Simple IRA	3.00
Workers Compensation	.35
Unemployment Insurance	.75

Fringe Benefits (24% of \$131,000 = \$31,440)

Travel:

As required by the RCSP RFA, the agency has budgeted for one trip to Washington, D.C. for CSAT grantee meetings. Airfare for the first trip, which is for up to 8 individuals, has been budgeted at \$700 per person. Per diem has been budgeted at \$ 297 day for 8 individuals for 3 days.

Local travel has been budgeted at 1,500 miles a month at the rate of \$0 .55-a mile for 12 months. Local mileage will primarily be utilized by the project associates to attend meetings at stakeholder agencies, conduct outreach and recruiting activities, and lead peer support groups at partner sites. Our project covers the entire State, and we have weekly support groups at our six partner sites. Mileage is also included for transporting participants in the van (see below) in the 6 cities surrounding the Peer Recovery Center (rural area of our State).

Equipment:

The applicant organization does not have capital to purchase a van; therefore, we are requesting to purchase a 2005 Aerostar Van with grant funds. The 7-passenger van will be used exclusively for the RCSP project to transport approximately 80 participants to the project site and/or to project activities. The estimated cost of \$25,000 will be depreciated over a 5-year useful life.

Transportation is to cover the 6 cities in the rural area we serve, which has no public transportation. The van will be utilized to bring participants to the RCSP project where they will participate in peer coaching, support groups, skills workshops, and related recovery activities. We will also occasionally use the van to transport members who have no transportation to other recovery support services. Purchase price for the 2005 Aerostar van is \$25,000. Attached is documentation on appropriate letterhead by leasing agent and car dealership showing purchase price at \$25,000 and lease price at \$23,000 over the life of the project. We also investigated the possibility of purchasing a used van, but found none available.

A total of 8 computer systems @ \$1,400 are requested. Four (4) computers are for staff, to be used in carrying out the day-to-day functions of the RCSP project. Four (4) computers have been budgeted for the RCSP project. These computers are for use by approximately 100 project participants for completing on-line GED training, preparing job applications and resumes, and learning basic computer applications (e.g., word processing, spread sheets, PowerPoint) as part of the Center's job skills training initiative.

Funds in the amount of \$5,040 are requested for a copier, which is used to reproduce hand-outs for the training workshops and support groups and to duplicate other needed information and materials for the project. (The cost of the copier represents a lease with a partnering organization using space in our building, at the rate of \$700/month x 12 months @.60%).

Supplies:

Supplies have been budgeted at \$300/month for 12 months. Needed supplies include the day-to-day office supplies (e.g., pens, paper, folders, binders), as well as items required for the weekly skills training workshops and computer labs.

Funds in the amount of \$800 are requested for 4 computer software packages @ approximately \$200 per item). These will include word processing and spreadsheet applications for the office, and educational packages for use by the participants in the Resource Center.

Contracts:

(Note to Applicants: For consultants, estimate the number of days and estimated cost/day or level of effort of 1 FTE for each consultant. Provide a detailed justification for each. For any anticipated contracts, provide the purpose, line item costs, and basis for the cost. Please note that procurements must comply with the requirements of the Code of Federal Regulations (see 45 CFR Part 74.40 or 45 CFR Part 92.36 as applicable). Generally, procurement standards require free and open competition, lease vs. purchase analysis, cost analysis, and justification for need.)

Evaluation Contract

Janice Wilson, Ph.D. will serve as evaluator for the project. Dr. Wilson will provide 20% of her time for the evaluation. Dr. Wilson will be responsible for the process evaluation and meeting the RCSP GPRA requirements. An Evaluation Assistant, at 20% FTE, will assist with data collection and data management.

General supplies for the evaluation contract staff have been budgeted at \$500.00 for paper, binders, folders, etc.

Training Contract

Elizabeth Gibson, M.A., LCDC, be utilized for 40 days at \$250.00/day as an expert training consultant. A self-identified person in recovery and licensed chemical dependency counselor, Mr. Gibson will design and conduct 2 train-the-trainer workshops for Project Staff and peer leaders/coaches on support group facilitation. She will also provide ongoing consultation on the peer coaching and skills-training curriculum, and she will assist in writing the curricula. Ms. Gibson will also present 2 workshops to staff and peer leaders on recovery models and development of strength-based peer support activities.

Other:

Rent has been budgeted at \$500.00 a month at a rate of \$10.00 per square foot. Office space for the RSCP Project includes 1 conference room, 4 offices, 1 training room, and a front office area. (Note to Applicants: Office space may not be included as a direct charge if an indirect cost rate is negotiated and claimed for this grant. Specify who owns the building where the program is located and the owner's relationship to the program.)

Telephone has been budgeted at \$200.00 a month.

\$5,000 has been budgeted for the annual audit of the project, which will be conducted by a Certified Public Accountant.

Postage has been budgeted at \$650/month x 12 months for a total requested of \$7,800. This includes regular mail and Fed Ex service (@\$200/month), as well as the monthly mailing of our newsletter (300 pieces at \$1.50 = \$450).

\$6,000 has been budgeted for books, magazines, videos, journals, and existing training curricula focusing on recovery issues. These will be used in the peer skills attainment workshops and recovery support groups.

We are requesting \$2,000 for 8 non-entertainment community drug-free activities (\$250.00 x 8 events per year) aimed at having participants plan and implement recovery-themed events to create community awareness, reduce stigma, recruit new participants, and increase community partners. One of these events will be an observance of SAMHSA National Alcohol and Drug Recovery Month. (Note to Applicants: Include activities by name if known [e.g., Recovery Walk-A-Thon, Community Sober Jam, Recovery Expo].)

Non-entertainment Peer Drug-Free Socialization Activities have been budgeted for \$5,000 @ \$250.00 per event x 20 events. These periodic activities provide opportunities for people in recovery to increase social networking skills and to interact in different social settings that promote drug-free attitudes. These activities are particularly important for our project population because most of our participants are new in recovery and many are returning to the community from incarceration. Peer Drug-Free Socialization Activities include various leisure and learning opportunities such as recovery-themed movie/discussion sessions, coffee/book club meetings, recovery picnics, and alcohol- and drug-free dances and outings. (Note to Applicants: Include activities by name if known.)

\$5,000 has been allocated for peer instrumental support packages. These packages include basic items needed by many people in early recovery, including homeless people, returning ex-offenders, women with children, and others with few resources and many needs. Items included in the instrumental support packages include personal hygiene items (toothbrush, toothpaste, comb, brush, soap, hand towel), simple food supplies (canned goods, protein bars), and basic household items (paper towels, toilet paper, vouchers for Laundromat). Each instrumental package is valued at approximately \$15-\$20. Participants are allowed 2 instrumental support packages per quarter, and sign for them in a log book. (Note to Applicants: Food is generally

unallowable; however, a limited amount of grant funds may be budgeted for specific justified program activities such as those stated above.)

We have allocated \$2,800 for participant incentives for 2-3 peer leaders who will facilitate support groups and/or serve as peer coaches. Only peer leaders who complete our training program will be eligible for the peer incentives. Each peer leader will receive a monthly incentive of approximately \$80, provided they fulfill their responsibilities. We execute letters of agreement with the peer leaders that detail the requirements for these incentives, and will track the services they provide to ensure they carry out the requirements.

\$6,000 has been allocated for GPRA incentives (up to \$20 per participant to complete 2 follow-up surveys), to enable Project Morningstar to meet our GPRA target of 150 individuals surveyed per year.

Insurances: Liability insurance has been budgeted at \$2,500. Van insurance has been budgeted at \$2,000. (Note to Applicants: This is the allocable share of annual costs of \$2,500 ($\$2,500/20 \text{ FTEs} = \$125/\text{FTE} * 5 \text{ FTEs} = \625). This insurance may not be claimed as a direct charge if an indirect cost rate is used for this grant.)

Printing costs are budgeted in the amount of \$1,000 for flyers and newsletters. (Approximately 35% of the newsletter printing costs are provided by a local vender who is in recovery as a contribution to the project.)

Staff training and development expenses are requested in the amount of \$5,000. These costs will be used for 5 training events @ \$1,000 per event (to include tuition, materials, and travel costs). We are looking into appropriate training events for each of the following: Program Director two Peer Coordinators, and two Peer Leaders. The trainings will be selected to provide and/or enhance the knowledge and skills needed to carry out a program of peer-to-peer recovery support services. Topics under consideration include: motivational interviewing, conflict resolution skills, job enhancement and/or job coaching skills; and parenting skills.

Indirect Costs:

Indirect Costs have been budgeted at 15%, and a copy of the negotiated indirect cost agreement is attached. (Note to Applicants: If you are planning to negotiate an indirect cost rate, indicate so in this section. Indirect costs may be charged as direct so long as your organization treats all of these costs the same and all costs are justified.)

Total Budget Request:

\$ 349,691

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	Salary Being Requested	
				SAMHSA	Other Sources Non-Federal
Project Director	R. Munoz	\$80,000	0.20	\$20,000	
Dir. Community Relations	J. Ruiz	\$60,000	0.05	none	In-kind contribution
Program Director	J. Moss	\$40,000	1.0	\$40,000	
Peer Coordinator	Unnamed	\$30,000	1.0	\$30,000	
Peer Coordinator.	Unnamed	\$30,000	1.0	\$30,000	
Administrative Specialist	Unnamed	\$22,000	0.5	\$11,000	
Subtotal – Personnel					\$131,000

Fringe Benefits (24%) **\$31,440**

Travel

12 trips for SAMHSA Meetings
 1st Trip for 8 Attendees
 (Airfare @ \$700 x 8 = \$5,600 + (per diem @ \$297 x 8 x 3 days = 2376 \$12,728)

Local Travel(520 x .55 x 12 months) miles/month
 x .55-x 12 mths.) \$3432
Subtotal – Travel **\$16,160**

Equipment

2005 Aerostar Van(7 passengers) \$25,000
 Computers (8) @ \$1,400 per computer system \$11,200
 Copier (shared lease with partnering organization – (\$700/month x 12 months @.60%) \$5,040

Subtotal – Equipment **\$37,240**

Supplies

Office Supplies (\$300 x 12 mths.) \$3,600
 Computer Software packages (4 packages @\$200) \$800

Subtotal – Supplies **\$4,400**

Contractual Costs

Evaluation Contracts:

Job Title	Name	Annual Salary	Level of Effort	Salary Being Requested		
				SAMHSA	Other Sources Non-Federal	
Evaluator	J. Wilson	\$60,000	0.2	\$12,000		
	To Be					
Eval. Assistant	Named	\$18,000	0.2	\$3,600		
						\$15,600

Evaluation Supplies (General Office) \$500

Training Contracts:

E. Wilson (40 days x \$250/day) \$10,000

Subtotal – Contracts **\$26,100**

Other

Rent (500 Sq. Ft. x \$10) \$5,000
 Telephone (\$200 x 12) \$2,400
 Audit \$5,000
 Postage (\$650 x 12 months) \$7,800
 Recovery Materials \$6,000
 Community Drug-Free Activities (\$250 x 8 activities) \$2,000
 Peer Drug-Free Socialization Activities (\$250 x 20 activities) \$5,000
 Instrumental Supports (125 clients x 2 packages x \$20) \$5,000
 Peer Incentives (3 peers x 12 months x \$80) \$2,880
 GPRA Incentives (150 individuals x 2 surveys x 20) \$6,000
 Liability Insurance \$2,500
 Van Insurance \$2,000

Printing	\$2,000	
Staff Training and Development	\$5,000	
Subtotal – Other		\$58,580
Total Direct Charges		\$304,520
<u>Indirect Costs</u>		
15% of Salary and Wages. (Copy of negotiated indirect cost rate agreement attached.)		\$45,171
<u>TOTAL</u>		\$349,691

Appendix M- Sample Logic Model

A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A Logic Model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among what resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Based on both your planning and evaluating activities, you can then make a “logical” chain of “if-then” relationships.

Look at the graphic on the following page to see the chain of events that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals). The framework you set up to build your model is based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. Then you look at the Inputs, which are the resources, contributions, time, staff, materials, and equipment you will invest to change these conditions. These inputs then are organized into the Program Components, which are the activities, services, interventions and tasks that will reach the population of focus. These outputs then are intended to create Outputs such as changes or benefits for the consumer, families, groups, communities, organizations and SAMHSA. The understanding and further evidence of what works and what does not work will be shown in the Outcomes, which include achievements that occur along the path of project operation. Examples of **Inputs** (resources) depicted in the sample logic model include people (e.g., staff hours, volunteer hours), funds and other resources (e.g., facilities, equipment, community services).

Examples of **Program Components** (activities) depicted in the sample logic model include outreach; intake/assessment (e.g., client interview); treatment planning/treatment by type (e.g., methadone maintenance, weekly 12-step meetings, detoxification, counseling sessions, relapse prevention, crisis intervention); special training (e.g., vocational skills, social skills, nutrition, child care, literacy, tutoring, safer sex practices); other services (e.g., placement in employment, prenatal care, child care, aftercare); and program support (e.g., fundraising, long-range planning, administration, public relations).

Examples of **Outputs** (objectives) depicted in the logic model include waiting list length, waiting list change, client attendance, and client participation; number of clients, including those admitted, terminated, in-program, graduated and placed; number of sessions per month and per client/month; funds raised; number of volunteer hours/month; and other resources required.

The **Inputs**, **Program Components** and **Outputs** all lead to the **Outcomes** (goals). Examples of Outputs depicted in the logic model include in-program (e.g., client satisfaction, client retention); and in- or post-program (e.g., reduced drug use-self reports, employment/school progress; psychological status; vocational skills; safer sexual practices; nutritional practices; child care practices; and reduced delinquency/crime.)

[Note: The logic model presented is not a required format and SAMHSA does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.]

Sample Logic Model

Resources (Inputs)	→	Program Components (Activities)	→	Outputs (Objectives)	→	Outcomes (Goals)
Examples		Examples		Examples		Examples
People Staff – hours Volunteer – hours Funds Other resources Facilities Equipment Community services		Outreach Intake/Assessment Client Interview Treatment Planning Treatment by type: Methadone maintenance Weekly 12-step meetings Detoxification Counseling sessions Relapse prevention Crisis intervention Special Training Vocational skills Social skills Nutrition Child care Literacy Tutoring Safer sex practices Other Services Placement in employment Prenatal care Child care Aftercare Program Support Fundraising Long-range planning Administration Public Relations		Waiting list length Waiting list change Client attendance Client participation Number of Clients: Admitted Terminated Inprogram Graduated Placed Number of Sessions: Per month Per client/month Funds raised Number of volunteer hours/month Other resources required		Inprogram: Client satisfaction Client retention In or postprogram: Reduced drug use – self reports, urine, hair Employment/school progress Psychological status Vocational skills Social skills Safer sexual practices Nutritional practices Child care practices Reduced delinquency/crime

Appendix N- Logic Model Resources

Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, 18(4), 449-458.

Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, 13(2), 43-62.

Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.

Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, 18(4), 333-341.

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation*. San Francisco, CA: Jossey-Bass Inc.