

**Department of Health and Human Services**  
**Substance Abuse and Mental Health Services**  
**Administration**

Statewide Peer Networks for Recovery and Resiliency

(Short Title: Statewide Peer Networks for R&R)

(Initial Announcement)

**Request for Applications (RFA) No. SM-15-013**

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

**PART 1: Programmatic Guidance**

[Note to Applicants: This document must be used in conjunction with SAMHSA’s “Request for Applications (RFA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements”. PART I is individually tailored for each RFA. PART II includes requirements that are common to all SAMHSA RFAs. You must use both documents in preparing your application.]

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by June 23, 2015.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>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.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>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.</b>

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2015 Statewide Peer Networks for Recovery and Resiliency (Short Title: Statewide Peer Networks for R&R) grants. The purpose of this grant program is to create and/or enhance statewide networks that represent mental health and addictions recovery communities to improve access to and the quality of behavioral health systems, services, treatment and recovery supports statewide. Formal SAMHSA-funded networks already exist in many states for specific recovery and family communities; this program is designed specifically to bridge and unify recovery networks for mental health consumers, families of children with serious emotional disturbance and youth, as well as those in recovery from addictions. Current SAMHSA-funded Recovery Community Services Program-Statewide Networks (RCSP-SNs), and current and formerly-funded Statewide Consumer Networks (SCNs) grants and Statewide Family Networks (SFNs) will work together to enhance and promote cross-service system, peer workforce, and infrastructure development that is recovery-focused and resiliency-oriented.

<b>Funding Opportunity Title:</b>	Statewide Peer Networks for Recovery and Resiliency
<b>Funding Opportunity Number:</b>	SM-15-013
<b>Due Date for Applications:</b>	June 23, 2015
<b>Anticipated Total Available Funding:</b>	\$800,000 (\$400,000 CSAT and \$400,000 CMHS)
<b>Estimated Number of Awards:</b>	Up to 8
<b>Estimated Award Amount:</b>	Up to \$100,000 per year (Each grant award will consist of 50 percent CSAT funds and 50 percent CMHS funds, even if an applicant requests less than the maximum award amount.)
<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	1 year

<b>Eligible Applicants:</b>	<p>Current CSAT-funded Recovery Community Services Program-Statewide Networks (RCSP-SNs), current CMHS-funded Statewide Consumer Networks (SCNs) and Statewide Family Networks (SFNs) from states in which RCSP-SNs are funded.</p> <p>[See <a href="#">Section III-1</a> of this RFA for complete eligibility information.]</p>
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**Be sure to check the SAMHSA website periodically for any updates on this program.**

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2015 Statewide Peer Networks for Recovery and Resiliency (Short Title: Statewide Peer Networks for R&R) grants. The purpose of this grant program is to create and/or enhance statewide networks that represent mental health and addictions recovery communities to improve access to and the quality of behavioral health systems, services, treatment and recovery supports statewide. Formal SAMHSA-funded networks already exist in many states for specific recovery and family communities; this program is designed specifically to bridge and unify recovery networks for mental health consumers, families of children with serious emotional disturbance and youth, as well as those in recovery from addictions. Current SAMHSA-funded Recovery Community Services Program-Statewide Networks (RCSP-SNs), and current and formerly-funded Statewide Consumer Networks (SCNs) grants and Statewide Family Networks (SFNs) will work together to enhance and promote cross-service system, peer workforce, and infrastructure development that is recovery-focused and resiliency-oriented.

This program builds on the FY 2014 program for RCSP-SNs, SFNs, and SCNs to develop intentional, collaborative efforts via Memoranda of Agreement (MOA) and sharing of fiscal resources. The intent of this program is for RCSP-SN, SFN, and SCN grantees within a state to form a collaboration that will develop a strategic plan, share resources, engage in cross-training, increase capacity to affect behavioral health systems change at the state and local levels, and to improve behavioral health outcomes for persons in recovery from serious mental illness and/or substance use disorders, and family members of children with serious emotional disturbances and youth/young adults.

Statewide Peer Networks for R&R are authorized under Sections 509 and 520A of the Public Health Service Act, as amended.

This announcement addresses both Healthy People 2020 Substance Abuse Topic Area HP 2020-SA and Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

## 2. EXPECTATIONS

The goals of the Statewide Peer Networks for R&R program are to (1) initiate and expand collaboratives with statewide impact and represent the voices of mental health consumers, family members, youth, and people in recovery from substance use disorders; (2) engage in strategic planning and needs assessment to identify system strengths and gaps for promoting peer and family voice, recovery, and resiliency; (3) enhance state and service system capacity to be oriented to the needs of mental health consumers, the addiction recovery community, and children and youth with serious mental health conditions and their families; and (4) effectively participate in state and local behavioral health services (including mental health, substance abuse/addictions, and allied services) planning and health care reform activities related to improving community-based services and supports for people in recovery from substance use disorders, children and youth with serious mental health conditions and their families, and young adult/adult mental health consumers.

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

SAMHSA encourages all of our grantees to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider prioritizing this population for services where appropriate. SAMHSA will encourage its grantees to utilize and provide technical assistance regarding locally-customized web portals that assist veterans and their families with finding behavioral health treatment and support.

## 2.1 Required Activities

In order to achieve the goals of the Statewide Peer Networks for R&R program, grant funds must be used primarily to support infrastructure development. It is expected that within the grant year, the collaboratives will build upon activities currently funded through the RCSP-SN, the SCN, and the SFN program by developing a strategic plan for sustaining efforts to:

- (1) strengthen the voices of mental health consumers, family members and youth, and individuals in addiction recovery at the state and local level; and
- (2) increase access to and quality of behavioral health systems, services, treatment, and recovery supports so that they are empowering, self-directed, resilience oriented, and culturally and linguistically appropriate and promote an enhanced life in the community for those with behavioral health concerns.

For those applicants previously funded in the FY 2014 Statewide Peer Networks for Recovery and Resiliency opportunity, it is expected that your existing strategic plan for sustaining efforts, for the above-mentioned activities, will be updated.

Applicants are required to submit a MOA. The MOA must be signed by all partnering organizations (e.g., current SAMHSA-funded RCSP-SN, SCN and SFN grantees and/or formerly funded SCN or SFN grantees) that reflects their agreement to collaborate. At a minimum, the MOA must:

- describe how the partnering organizations worked collaboratively in developing the proposed project;
- identify the RCSP-SN and Statewide Network grantee(s) involved (i.e. SFN and SCN);
- describe the specific roles and responsibilities of each party;
- include a summary of the essential terms of the agreement,
- identify how the budget will reflect meaningful collaboration and participation by the three partnering organizations; and
- be signed and dated by the Executive Directors and Board of Directors' Presidents of each of the SAMHSA grantees involved.

**The signed MOA must be included in Attachment 1 of your application. Applications that do not include a signed MOA will be screened out and will not proceed to peer review.** (See [Appendix I Sample Memorandum of Agreement](#)).

Terms of the MOA must also be reflected within the applicant's budget.

Applicants are especially encouraged to utilize training, network development, organizational and community readiness, and policy development to support best practices and achieve program goals. Applicants shall also ensure that activities are not duplicative of those funded by SAMHSA through their respective RCSP-SN, SCN, and SFN grant awards.

To support development of the strategic plan and sustainability of the collaborative efforts, applicants are expected to choose a total of at least two (2) activities from the five (5) bolded bullets listed below. For those applicants previously funded in the FY 2014 Statewide Peer Networks for Recovery and Resiliency opportunity, please show how the newly proposed activities will build on previous work and further expand the strategic plan developed in that project period.

- **Conduct cross-training efforts to build mutual understanding and to align efforts in systems change, such as:**
  - Training to ensure clarity and understanding related to culture and language and to inform systems activities, including on mental health, addiction, trauma recovery, resiliency, family engagement, youth involvement, and trauma-informed peer and family support.
  - Cross-network and cross-system leadership training and mentoring to increase the number of individuals in recovery from behavioral health issues and family members of children participating in systems change efforts.
  - Peer support models used to support substance abuse recovery, mental health recovery, family support, and resiliency.
  
- **Address gaps in behavioral health policy, planning, and services as identified by people in recovery, youth, family members of children and adolescents, and young adult/adult consumers across the state by sharing information and creating a “Strengths, Weaknesses, Opportunities, and Threats” (SWOT) analysis to inform the strategic planning process.**
  
- **Participate in state and local behavioral health services (including mental health, substance abuse/addictions, and allied services) planning and health care reform activities related to improving community-based services and supports for people in recovery from substance use disorders, children and youth with serious mental health conditions and their families, and young adult/adult mental health consumers, such as:**
  - Partner with health insurance coverage outreach and enrollment assistance programs operating in the state to inform and supplement their outreach efforts.
  - Develop standards and programs for peer health navigator services to assist with health exchange and health home information, education, outreach, and enrollment.
  - Promote the use of peer recovery and family support services in integrated primary care and behavioral health settings.
  - Facilitate education/training efforts regarding mental health and addictions parity to increase awareness/understanding of the law (Mental Health Parity and Addiction Equity Act of 2008).

- Develop consumer-owned and -directed personal and electronic health records.
  - Promote the development of peer, family, and youth workforce initiatives including peer specialist, recovery coaches, and family support navigators.
  - Promote recovery support services including addressing health/behavioral health, housing, employment/education, and social support needs.
  - Conduct statewide public education efforts on behavioral health including on the topic of recovery.
- **Collaborate on major issues of concern and participate in policy, planning, and program development discussions at the state, community and local level to ensure the inclusion of people in recovery from substance use disorders, adults with serious mental illness, children and youth with serious mental health conditions and their families, and young adult/adult mental health consumers.**
  - **Participate in state and local behavioral health services (including mental health, substance abuse/addictions, and allied services) planning and health care reform activities related to improving community-based services and supports for people in recovery from substance use disorders and serious mental illness, and children and youth with serious mental health conditions.**

## 2.2 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 Modernization Act of 2010 (GPRA). You must document your ability to collect and report the required data in “[Section D: Data Collection and Performance Measurement](#)” of your application. Grantees will be required to report performance on performance measures connected to the activities proposed by the applicant under Section 2.1. The final measures to be collected will be negotiated between the grantee and the project officer and will be selected from the following list:

- The number of organizations or communities implementing mental health and addictions-related training programs as a result of the grant.
- The number of people in the mental health, addictions, and related workforce trained in specific mental health- and addictions-related practices/activities as a result of the grant.
- The people in recovery from mental illness and substance use disorders, and family members newly credentialed/certified to provide mental health- and addictions-related practices/activities that are consistent with the goals of the grant.

- The people in recovery from mental illness and substance use disorders, and family members of children with serious emotional disturbances and youth who provide mental health- and addictions-related services as a result of the grant.
- The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.
- The number and percentage of work group/advisory group/council members who are people in recovery from mental illness and substance use disorders, and family members and youth.
- The people in recovery from mental illness and substance use disorders, and family members, youth and young adults representing peer-run and family run organizations who are involved in on-going mental health and substance abuse recovery/resiliency-related planning and promotion activities as a result of the grant.
- The people in recovery from mental illness and substance use disorders, and family members and youth who are involved in mental health and substance abuse recovery/resiliency-related evaluation oversight, data collection, and/or analysis activities as a result of the grant.
- The number of individuals exposed to mental health and substance abuse recovery awareness messages.

This information will be gathered using a uniform data collection tool provided by SAMHSA. The current tool is being updated and will be provided upon award. An example of the type of data collection tool required can be found at <http://www.samhsa.gov/grants/gpra-measurement-tools>. Data will be entered into the Common Data Platform (CDP web-based system at least quarterly. Training and technical assistance on the use of the CDP system will be provided.

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

### **2.3 Local 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. Performance assessments should be used also to determine whether your project is having/will have the intended impact on behavioral health disparities. 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 quarterly.

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

*Outcome Questions:*

- What was the effect of the program on raising awareness about addiction peer recovery support, mental health peer support, and family peer support?
- What program/contextual/cultural factors were associated with outcomes?
- What policy/program discussions included addiction recovery, mental health recovery, and family and children's resiliency as a result of your efforts? How were issues related to behavioral health disparities and ethnic/racial minorities addressed within these discussions?
- What changes were made in the processes and systems of collaborations across the RCSP-SN, the SCN, and the SFN, and their related membership, based on information provided through your program?

*Process Questions:*

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?
- What led to the changes in the original plan?
- How many state sponsored or facilitated events did you participate in?
- 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)?

Reporting on the data above will be required quarterly as part of the quarterly progress report to be submitted within 30 days of the end of each quarter.

**No more than 15 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.**

## 2.4 Grantee Meetings

Grantees must plan to send at least one (1) representative from each Statewide Network (RCSP-SN, SCN, SFN) participating in the grant (including the Project Director) to a joint grantee meeting. Applicants must include a detailed budget and narrative for this travel in the budget. At this meeting, grantees will present the progress of their projects and federal staff will provide technical assistance. The meeting will be up to two (2) days. The meeting is usually held in the Washington, D.C., area and attendance is mandatory.

## II. AWARD INFORMATION

<b>Funding Mechanism:</b>	<b>Grant</b>
<b>Anticipated Total Available Funding:</b>	\$800,000 (400,000 CSAT and \$400,000 CMHS)
<b>Estimated Number of Awards:</b>	up to eight (8)
<b>Estimated Award Amount:</b>	Up to \$100,000 (Each grant award will consist of 50 percent CSAT funds and 50 percent CMHS funds, even if an applicant requests less than the maximum award amount.)
<b>Length of Project Period:</b>	One (1) year

Proposed budgets cannot exceed \$100,000 in total costs (direct and indirect) for the proposed project.

## III. ELIGIBILITY INFORMATION

### 1. ELIGIBLE APPLICANTS

Eligible applicants are current SAMHSA-funded SCNs, SFNs, and RCSP–SNs in the ten states where there is an RCSP-SN award (see [Appendix III](#)). The applicant must partner with other currently SAMHSA-funded network grants in the state. In states that do not have a current SAMHSA-funded SCN or SFN grant, the applicant must contact the former SAMHSA-funded SCN or SFN grantee to offer them an opportunity to be a partner in this grant. The former grantees must have had a SAMHSA SCN or SFN award within the last three years and must still be an active network within the state. Documentation that the former SAMHSA-funded SCN or SFN is still active must be included in Attachment 5. If the former SAMHSA-funded SCN or SFN does not want to participate in the collaborative, documentation in the form of a signed letter from the

President of the Board of Directors stating that the organization does not want to be involved must be included in Attachment 6. Only one application may be submitted per state.

The purpose of this program is to link formal statewide substance abuse recovery networks with formal statewide networks representing mental health consumers and families to represent a single voice for behavioral health statewide. SAMHSA's current RCSP-SNs and current and formerly funded SFNs, and SCNs have been working throughout their states to establish sustainable mechanisms that promote systems change in mental health and substance abuse recovery service delivery. Because these grantees have established networks in place in their respective domains, they are best positioned to link these networks in order to increase access to and quality of behavioral health systems, services, treatment and recovery supports statewide. Only currently funded SAMHSA Network grantees in the ten states with a RCSP-SN award (see Appendix III of the RFA) may apply because only these states have the requisite substance abuse recovery and mental health networks to link and partner.

## **2. COST SHARING and MATCH REQUIREMENTS**

Cost sharing/match is not required in this program

## **IV. APPLICATION AND SUBMISSION INFORMATION**

**In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:**

### **1. ADDITIONAL REQUIRED APPLICATION COMPONENTS**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 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 E and F. There are no page limits for these sections, except for Section E, 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 6** – 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: Signed Memorandum of Agreement (MOA) from partnering SAMHSA-funded Statewide Networks participating in the proposed project. **This must be included in your application or else it will be screened out and not reviewed.** (See [Appendix I Sample Memorandum of Agreement](#)).
  - Attachment 2: Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
  - Attachment 3: Sample Consent Forms
  - Attachment 4: Letter to the SSA [if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements]
  - Attachment 5: Documentation that the former SCN or SFN grantee is still active in the state, which could include a description of current work across the state, identification of recent or current funding sources or memoranda of agreements for statewide activity, identification of specific outcomes for work conducted over the last three years, etc.,
  - Attachment 6: If applicable, a letter from the former SCN or SFN grantee signed by the President of the Board of Directors that documents they do not want to be involved in the partnership/grant.

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **June 23, 2015**.

## 3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 15 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

**SAMHSA grantees also must comply with SAMHSA’s standard funding restrictions, which are included in PART II: Appendix D – Funding Restrictions.**

## **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-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. You must indicate the Section letter and number in your response or it will not be considered, i.e., type “A-1”, “A-2”, etc., before your response to each question. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.”
- The Budget Justification and Supporting Documentation you provide in Sections E and F and Attachments 1-6 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 (15 points)**

1. Describe your plans to enhance your existing programs and how your planned activities will meet the expected goals and objectives. Describe how enhanced activities will be integrated into ongoing activities. Describe the stakeholders and resources in the state that can help implement or enhance the needed statewide network infrastructure development.
2. Identify the proposed catchment area and provide demographic information on the population(s) to engage in activities through the targeted systems or agencies in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic status and sexual identity (sexual orientation, gender identity).
3. Describe the need for an enhanced infrastructure to increase the capacity to implement and sustain effective mental health and substance use disorder treatment services in the state. Include the service gaps and other problems related to the need for infrastructure development.

4. Describe the need for an enhanced statewide network infrastructure to strengthen capacity for mental health consumer, family member, youth, and addiction peer recovery support services.

### **Section B: Proposed Approach (35 points)**

1. Describe the purpose of the proposed project, including a clear statement of its goals and objectives. Describe how achievement of goals will increase infrastructure capacity to support effective recovery- and resiliency-oriented substance use disorders treatment and mental health services.
2. Clearly state at least two (2) activities from Section I-2.1 of this RFA on which the project will focus. Describe your approach for implementing each of these activities and how this approach relates to achievement of the overall goals and objectives of the project. For those applicants previously funded in the FY 2014 Statewide Peer Networks for Recovery and Resiliency opportunity, describe how activities from Section I-2.1 of this RFA will build on previous work to meet the goals and objectives of this project.
3. Describe how the proposed project will enhance the voices of mental health consumers, family members of children and youth with serious emotional disturbances, and people in addictions recovery in state planning, cross training, and peer support infrastructure development.
4. Describe how the proposed activities will be implemented and how adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care will be monitored. For additional information go to: <http://www.ThinkCulturalHealth.hhs.gov>
5. Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in [Section I-2](#): Expectations. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
6. If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.
7. Identify the other Statewide Networks that will collaborate in the proposed project. Include a Memorandum of Agreement signed by all participating Statewide Networks in **Attachment 1** of your application describing their roles and responsibilities and demonstrating their commitment to the project.
8. Describe how the applicant organization and partnering Statewide Network(s) will maintain meaningful communication with and coordination between/among each other.

### **Section C: Staff, Management, and Relevant Experience (20 points)**

1. Describe the capability and experience of the applicant organization and partnering Statewide Network(s) in collaboration and partnering activities across the state.
2. Provide a complete list of staff positions for the project, including the Project Director and other key personnel from the applicant and all partnering Statewide Network(s), showing the role of each and their level of effort and qualifications, including experience in providing culturally and linguistically appropriate services.
3. Describe how the applicant and partnering Statewide Networks have demonstrated effective and sustained stakeholder engagement across the state, including racial/ethnic-specific and LGBT organizations.
4. If partnering with a former SAMHSA-funded (within the past 3 years) SCN or SFN, please provide documentation in attachment 5 of your application that the formerly funded SCN or SFN continues to be active in the state (i.e., description of current work across the state, identification of recent or current funding sources or memoranda of agreements for statewide activity, identification of specific outcomes for work conducted over the last three years, etc.)

### **Section D: Data Collection and Performance Measurement (30 points)**

1. Describe your ability to collect and report on the required performance measures as specified in [Section I-2.2](#) of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures you plan to use for your grant project.
2. Describe how data will be used to manage the project, enhance coordination among the participating Statewide Networks, and assure that the goals and objectives will be tracked and achieved. Describe how information related to process and outcomes will be routinely communicated to program staff among the participating Statewide Networks.
3. Describe your plan for conducting the performance assessment as specified in [Section I-2.3](#) of this RFA and document your ability to conduct and report on the assessment in the quarterly reports.

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 E: Biographical Sketches and Job Descriptions

See PART II: Appendix E- Biographical Sketches and Job Descriptions, for instructions on completing this section.

### Section F: 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 F of your application. See [Appendix II](#) for guidelines on these requirements.

## VI. ADMINISTRATION INFORMATION

### 1. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.2](#), grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. **Grantees will be expected to submit quarterly progress reports that include performance assessment.**

## VII. AGENCY CONTACTS

For questions about program issues contact:

Marsha Baker  
CSAT Recovery Community Services Program-Statewide Network Program  
Lead  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 5-1124  
Rockville, Maryland 20857  
240-276-1566  
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# **Appendix I – Sample Memorandum of Agreement**

Statewide Peer Networks for Recovery and Resiliency Program  
Memorandum of Agreement Between  
Recovery Community Services Program Statewide Networks  
And  
Statewide Family Networks  
And  
Statewide Consumer Networks

## **A. PURPOSE**

The purpose of the Memoranda of Agreement is to establish a shared and mutually agreed upon process and protocol among the Networks to cooperatively assist in the enhancement and promotion of cross-service system, peer workforce, and infrastructure development that is recovery-focused and resiliency-oriented.

## **B. STATEMENT OF MUTUAL BENEFIT AND INTERESTS**

Networks agree that it is to their mutual interest and benefit to support the development and sustainability of behavioral health systems that are peer-driven, youth-guided, strength-based, community-based, integrated and coordinated, culturally competent, and outcome-based. Such systems will improve outcomes which promote the creation of collaboratives that focus on the development of self-sufficient and empowered networks and foster the growth of communities of recovery. Networks agree it is to their mutual benefit to adopt a whole-person approach to address people's needs in education, employment, housing, and social and life functioning and ensuring access to appropriate treatment and recovery.

## **C. FUNDING**

The implementation of the Memoranda of Agreement is pending on the availability of federal funding pursuant to grant # SM-15-013 with the funding period from 9/30/2015 to 9/29/2016.

## **EACH ORGANIZATION WILL**

1. Agree to participate in the development of a strategic plan to promote peer and family voice, recovery, and resiliency.
2. Identify staff who will participate in orientation meetings concerning fiscal roles, reporting requirements, and responsibilities of implementation.
3. Identify staff who will be dedicated to the implementation of the project

- activities.
4. Attend trainings concerning those activities as identified in the application e.g.,:
    - a. Systems of Care values and guiding principles;
    - b. Wraparound Services;
    - c. Care that is driven and guided by youth and young people, supported by family, culturally competent, and strength-based; and
    - d. Strength-based peer supported recovery.
  
  2. Prioritize training, develop training curriculum, and organize training on:
    - a. Systems of Care values and guiding principles;
    - b. Wraparound Services;
    - c. Youth-guided, family-driven, culturally competent, and strength-based approaches; and
    - d. Strength-based peer supported recovery.

The training methods will be sensitive to the issues of time and distance. Training will be available face to face, on-line, or via video conferencing, etc.

\_\_\_\_\_  
 (Signature of AOR for RSCP-SN)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Signature of AOR for Consumer Network)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Signature of AOR for Family Network)

\_\_\_\_\_  
 Date

## **Appendix II – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines**

### 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 (including those who plan to obtain IRB approval) 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 \$30.
- 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.

## **Appendix III – List of Eligible SAMHSA-funded Recovery Community Services Program-Statewide Networks, Statewide Consumer Networks, and Statewide Family Networks**

### **Indiana**

Mental Health America of Indiana	RCSP Network
Key Consumer Organization	Consumer Network
Indiana Federation of Families/Children’s Mental Health	Family Network

### **Massachusetts**

Third Sector New England, Inc.	RCSP Network
Transformation Center, Inc.	Consumer Network
Parent/Professional Advocacy League	Family Network

### **Michigan**

Detroit Recovery Project	RCSP Network
Recovery Institute of SW Michigan, Inc.	Consumer Network
Association for Children’s Mental Health	Family Network

### **New York**

National Alliance of Methadone Advocates	RCSP Network
Mental Health Empowerment Project, Inc.	Consumer Network
Families Together in New York	Family Network

### **Ohio**

Northern Ohio Recovery Association, Inc.	RCSP Network
Ohio Empowerment Coalition	Consumer Network
Ohio Federation for Children’s Mental Health	Family Network

### **Pennsylvania**

Pro A Recovery Community Service Program	RCSP Network
PA Mental Health Consumers’ Association	Consumer Network

**South Carolina**

Faces and Voices of Recovery SC  
South Carolina Share  
Federation of Families of South Carolina

RCSP Network  
Consumer Network  
Family Network

**Texas**

SoberHood  
Texas Federation of Families for Children’s Mental Health

RCSP Network  
Family Network

**Vermont**

Vermont Recovery Network  
Vermont Psychiatric Survivors, Inc.  
Vermont Federation of Families/Children’s Mental Health

RCSP Network  
Consumer Network  
Family Network

**Wisconsin**

Dryhootch of America, Inc.  
Grassroots Empowerment Project Inc.  
Wisconsin Family Ties, Inc.

RCSP Network  
Consumer Network  
Family Network