

VIRGINIA SUBSTANCE ABUSE RECOVERY SUPPORT REQUEST FOR PROPOSAL

1. INTRODUCTION

The Office of Substance Abuse Services will make available funds for projects to deliver **recovery support services** that help facilitate entry of individuals into the treatment process, prevent relapse, and promote sustained recovery from alcohol and drug use disorders.

2. TARGET/INVOLVED POPULATION

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

3. ELIGIBLE SERVICES

Recovery support services are designed and delivered by peers in recovery in coordination with professional staff. Successful recovery support services initiatives will network and build strong and mutually supportive relationships with formal systems in their communities (i.e., treatment programs, housing, transportation, justice, education). However, recovery services should 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 intended to replace treatment services in the commonly understood clinical sense of the term.

At the same time, peer recovery support services are expected to extend and enhance the treatment continuum in at least two ways. These services will help engage individuals in treatment services, prevent relapse and promote long-term recovery, thereby reducing the strain on the over-burdened treatment system. Moreover, when individuals do experience relapse, recovery support services can help minimize the negative effects through early intervention and, where appropriate, timely referral to treatment. Programs funded under this grant should facilitate the connection of consumers to CSB services when appropriate.

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 re-engagement 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.

4. MIX OF SERVICES

Recovery Support Services must demonstrate that the array of services offered is responsive to community need and complements existing community resources. 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. Successful 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.

The mix of services should include:

- 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 include connecting people to treatment services, 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).

5. CORE VALUES

Recovery support 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. There are six overarching core values in Recovery Support Services that can guide the CSB in the development of proposals. 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 (i.e. consumer panel or committee), 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;
- **Empowerment** - increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes; and
- **Self Determination** - emphasizing choice, control and personally meaningful success.

6. TYPES OF RECOVERY SUPPORT

The Community Services Board:

- a.) may submit proposals that directly provide recovery support services. The Board must ensure that people in recovery are involved in all aspects of application development, program design, and implementation;
or
- b.) may contract with existing independent organizations with nonprofit status. These are organizations comprised of and led primarily by people in recovery. These organizations directly provide recovery support services. However, this type of proposal must include at least one CSB staff to insure that consumers are connected to Community Services at all levels in the

treatment continuum as is necessary (i.e., Case Manager).

All proposals must demonstrate that services are up and running within 6 months of award.

7. FUNDS AVAILABLE

Two projects will be funded. No more than **\$200,000** will be awarded to each project.

8. EVALUATION CRITERIA

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

- The Project Narrative (Sections A-E) together may be **no longer than 15 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.
- The relative value of each section is indicated by the percent listed after each section heading. Although scoring weights are not assigned to individual bullets, applicants are encouraged to respond to each bulleted statement.

SECTION A: STATEMENT OF NEED (10%)

- Clearly state whether your project will be providing a directly operated program (by the CSB) or by contracting with a Recovery Community Organization (RCO).
- Define the target populations that will receive and provide peer recovery support services and provide a rationale for selecting those target populations, as well as the geographic area to be served. 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 targeted recovery community, 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 data or trend analyses, or State data. Qualitative sources could include focus groups and key informant interviews you or others have conducted with the targeted community, as well as anecdotal reports.

- Describe how the proposed peer recovery support services will complement and link with existing professional and peer services in your community (e.g., formal treatment and self-help programs).

SECTION B: PROJECT APPROACH (35%)

- 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; 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) consumer self-determination and empowerment and (f) 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.). 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. Explain who will provide each service, to whom, and in what format and setting.
 - 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. Include a discussion of your plans for recruiting, screening, orienting, training, and supervising the peers providing recovery support services.
- 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 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 the potential barriers to successful conduct of the proposed project and how you will overcome them.

SECTION C: MANAGEMENT AND ORGANIZATIONAL CAPACITY (30%)

- 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 (implementation year) of the project 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. And provide a timeline for Year 2 (normal operations). [Note: The timelines should be part of the Project Narrative. It should not be placed in an appendix.]
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include Project Coordinator.
- 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.

SECTION D: PERFORMANCE ASSESSMENT AND DATA (15%)

Document your ability to collect, manage, and report on outcome and process measures, such as the following:

Outcome Questions:

- . What was the effect of intervention on consumers?
- . What program/contextual factors were associated with outcomes?
- . What individual factors were associated with outcomes?
- . How durable were the effects?

Process Questions:

- . How closely did implementation match the plan?
- . What types of deviation from the plan occurred?
- . What led to the deviations?
- . What effect did the deviations have on the planned intervention and performance assessment?

Data collection on program participants will vary with their level of program involvement. For consumers who are receiving no CSB services, the program should maintain a program log sufficient to report the following data in aggregate on a quarterly basis:

- How many consumers participated in the program?
- What were their characteristics (age, gender, etc.)?
- What services (type, intensity, duration) were provided?

Consumers receiving CSB services should be identified in the CSB information system using the 935 Consumer Designation Code. For specific data collection requirements, refer to Appendix D (p. 41) of the CCS3 Extract Specifications.

SECTION E: PROGRAM COSTS (10%)

Provide a detailed Budget, Existing Resources, Other Support, to include year 1 startup budget and year 2 normal operating budgets, including a narrative Budget Justification. 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 and that no more than 20% of the total grant award will be used for data collection and performance assessment. Indirect cost may not exceed 10% of each partner's award.