

# Grant Proposal Report to Commission from Task Force

**Recommendation:**

**Legal Applicant:** Healthy Acadia

**Program Name:**

- Category:**  AC Formula -- Standard  
 AC Formula – Rural State  
 AC Competitive  
 Other Competition

- Type:**  Planning  
 Operating  
 Fixed Amount  
 Ed Award Only

**Federal Focus Area:** Environmental Stewardship

- Applicant type:**  New (no prior AC experience)  
 Re-compete (# of yrs: 3)

**Proposed Dates:** 09/01/2021 to 08/31/2024  
 Submitted budget, slot request, etc. is for Yr 1

**Requested Resources: Funds and Slots** (\*indicates sections with calculation errors)

	CNCS		Local Share
<b>Operating</b>	N/A		N/A
<b>Member Support</b>	N/A		N/A
<b>Indirect (Admin)</b>	N/A		N/A
<b>CNCS Award amount</b>	\$356,318	<b>Total Local Share</b> (cash + in-kind)	N/A
<b>% sharing proposed</b>	N/A		N/A
<b>% share required</b>	N/A		N/A
<b>Cost-per-member proposed</b>	\$16,300 (\$16,300 max allowed)		

Total AmeriCorps Member Service Years: 21.86	Slot Types Requested						
	1700	1200	900	675	450	300	Total
<b>Slots With living allowance</b>	15	4	6			5	
<b>Slots with only ed award</b>							

**Program Description (executive summary):**

Healthy Acadia proposes to have 30 AmeriCorps members serve as Recovery Coaches in the northeastern Maine counties of Aroostook, Hancock, Kennebec, Knox, Penobscot, Piscataquis, Somerset, Waldo, and Washington. The RecoveryCorps members will be responsible for serving at least 180 people experiencing opioid use disorder through peer recovery coaching and increasing education and awareness about recovery coaching and the recovery process. In addition, the AmeriCorps members will leverage at least 60 volunteers who will be engaged in recovery coaching. This program will concentrate on the CNCS focus area of Healthy Futures - Opioid Abuse. The CNCS investment of \$356285.40 will leverage \$262718, \$75,000 in public funding and \$187,718 in private funding.

**Other than the legal applicant, please list the agencies or organizations that appear to be the major collaborators or partners in this grant.**

See service sites on next page.

**Will the applicant place AmeriCorps members with other agencies?**  Yes  No

**Applicant proposes to deliver services:**

- Within a single municipality  Within a single County but not covering the entire County  
 County-wide in a single County  Multiple Counties but not Statewide  Statewide

**Service locations:**

- Aroostook County Jail with community organization (serving people in county jail and pre- and post-sentencing);
- Acadia Family Center
- Aroostook County Action Program
- Aroostook Recovery Center of Hope
- Bangor Area Recovery Network
- Bucksport Regional Health Center
- Downeast Treatment Center
- Downeast Community Partners
- Ellsworth Police Department
- Groups Recover Together
- Knox County Jail
- Maine Coast Regional Reentry Center
- Maine Prisoner Reentry Network
- Mount Desert Island Hospital
- Passamaquoddy Health Center
- St. Joseph's Healthcare
- Penobscot Community Health Center
- Roads to Recovery Center
- Regional Medical Center Lubec
- Safe Harbor Recovery House Together Place
- Volunteers of America Northern New England
- Wabanaki Health and Wellness
- Waldo County Sheriff's Office
- Washington County Community College
- Washington County Sheriff's Office
- Washington County Recovery Centers in Machias and Calais
- Wellspring

**Performance measures** (targets proposed for Year 1; targets for years 2 and 3 set in continuations):

SERVICE ACTIVITIES

OUTPUT: H4A: Number of individuals served

Proposed target: 180

OUTCOME: H18: Number of individuals reporting a change in behavior or intent to change behavior

Proposed target: 150

MEMBER DEVELOPMENT

(measures listed in the RFP not entered and targets were not proposed because CNCS does not allow them)  
To be entered in state award if selected nationally for funding.

CAPACITY BUILDING

(measures listed in the RFP not entered and targets were not proposed because CNCS does not allow them)  
To be entered in state award if selected nationally for funding.

**Scoring Detail:**

**Peer Reviewer Consensus Score.** *Assessment of narrative using point distribution from federal agency. Major categories (Program Design, Organizational Capability, Budget and Cost) are dictated by CFR rubric for scoring.*

	Quality Rating	Score
<b>Program Design</b>		
Theory of Change & Logic Model	Strong	24
Evidence tier – category points	Pre-preliminary	3
Evidence quality	Strong	8
Notice Priority	Strong	1
Member Experience	Adequate	3.75
<b>Organizational Capability</b>		
Organizational Background & Staffing	Adequate	6.75
Compliance/Accountability	Adequate	3.75
Culture that Values Learning	Strong	5
Member Supervision	Adequate	4.5
<b>Cost Effectiveness and Budget Adequacy</b>	Adequate	18.75
<b>Evaluation Plan</b>	Strong (not scored under rules)	
<b>Total Peer Reviewer Score</b>		<b>78.5</b>

**Task Force Consensus Score.** *The Task Force reviewers assess the additional technical criteria that states are directed to consider by the CFR.*

	Quality Rating	Score
Program Model		
<ul style="list-style-type: none"> <li>Alignment of community need targeted and funding priorities</li> </ul>	Strong	3.75
<ul style="list-style-type: none"> <li>Extent to which proposal will serve specified communities and add to diversity of Commission's portfolio</li> </ul>	Strong	3.75
<ul style="list-style-type: none"> <li>Proposal is innovative use of AmeriCorps and might be replicated</li> </ul>	Strong	3.75
<ul style="list-style-type: none"> <li>Evidence the program can be sustained beyond initial start up</li> </ul>	Adequate	2.81
Past Performance		
<ul style="list-style-type: none"> <li>Can comply with requirements, info consistent with other grant administrator's info, consistent with externally verified past performance</li> </ul>	Adequate	2.81
<ul style="list-style-type: none"> <li>RECOMPETE ONLY: applicant used member positions</li> </ul>	Weak	1.88
<ul style="list-style-type: none"> <li>RECOMPETE ONLY: used financial resources allocated</li> </ul>	Weak	1.88
<ul style="list-style-type: none"> <li>RECOMPETE ONLY: implemented program effectively</li> </ul>	Adequate	2.81
Financial Plan	Strong	10.0
Fiscal Systems		
<ul style="list-style-type: none"> <li>Capacity of Financial mgt system to comply with fed requirements</li> </ul>	Adequate	2.5
<ul style="list-style-type: none"> <li>Strength of orgz financial mgt practices as evidenced by audits, etc.</li> </ul>	Adequate	2.5
<ul style="list-style-type: none"> <li>Strength of sponsor orgs financial status/stability per audit, 990, etc.</li> </ul>	Adequate	2.5
<b>Total Task Force Score</b>		<b>40.94</b>
<b>Peer Review Score</b>		<b>78.5</b>
<b>Final Score for Applicant (150 possible)</b>		<b>119.44</b>

**Final Assessment of Application:**

- Forward or fund with no corrections/modifications
- Forward or fund with corrections/modifications
- Do Not Forward or fund

## Referenced Conditions/Corrections

The following proposal issues need to be clarified or, in the case of missing required elements, added.

- Narrative exceeded maximum page length. Revisions need to be mindful of the limit so full narrative can be considered.
- Evidence tier cites both evidence-informed and pre-preliminary tiers. Clarification needed.
- Consider clarifying whether AmeriCorps members are Peers or whether they recruit? (See question from peer reviewers under member experience.)

## Peer Reviewer Notes and Appraisal Summary:

Program Design. *This section covers the community need, service to be performed in response to need, evidence the service will be effective, roles for AmeriCorps and partners, performance measures, and anticipated results for year one.*

### Theory of change and logic model

- The Theory of Change for the program is well researched. Reviews cited were published within the last 6 years. One review included review of 4 randomized controlled trials. The proposed program is evidence informed. Although the results do not exactly match the population, context or design of the proposed project, they are indicative that the general approach can be successful. An earlier study from Vermont supports this conclusion as well. The logic model is very well developed. Summary of the need is compelling. Inputs and activities are clearly listed, detailed, and directly address the community identified need. Outputs (H-4A) and Outcomes (H-18; H-10) are in line with National Performance Measures, targets are measurable and appear to be achievable.
- This is evidenced informed, there is growing evidence that shows it works, but nothing that matches the area of study and population closely enough to have it strong.

### Evidence Tier

- Submitted an 'evidence-informed program'
- The program is just beginning its 3rd year. They have not been required to, and have not, submitted an Evaluation Report. The reviews that did submit were relevant, but the proposal does not match the reviewed programs exactly in terms of population, context, and design. They are in the process of collecting the data that will be needed to submit an Evaluation Report on their project.

### Evidence Quality

- Applicant indicated the implementation is new, therefore evidence of its exact impact is not available, and available studies had small sample sizes, but provided some well rounded and regional examples indicating potential of successful implementation.
- Two recent reports were cited along with an older evaluation from a similar program in Vermont that support the applicant's use of peer counseling as an effective intervention in addiction recovery.

### Notice Priority

- The proposed program falls within the CNCS focus area of Healthy Futures and addresses the priority of Opioid Addiction
- Healthy Futures, and Specifically Healthy futures that focuses on Opioid abuse.

### Member Experience

- Decentralized structure of MRC makes me want more specific examples of trainings, beyond job-necessary skills, considering wider professional development. In subsequent years, and as the grant expires, 30+ individuals can't all work themselves out of a job in the recovery field. The local recruitment/retention element is also key strength to the programmatic implementation, but how can these members be supported beyond their next steps. And how can their placement supervisors be supported beyond orientation and monthly calls.

- The program has a history of drawing members from the communities that they serve. The training and experience that members gain while serving provides an entry into a field that has the potential for gainful employment. Some past members have already done this. The proposal indicates an intention to match, whenever possible, clients with members from similar groups (e.g. LGBTQ community, racial/ethnic minority)
- This has short and medium term outcomes. Members will attend a target number of trainings (6) and gain increased skills and resources in areas of recovery. Coaches build skills around navigating recovery systems. The coaches will complete 40 hours of training. They will participate in meeting and skill building. It is unclear who the participants are- will AmeriCorps members be Peers? Will they recruit Peers as volunteers? Although they have a good system in place

### Organizational Capability.

#### **Organizational Background and Staffing**

- Less 'we' and more particular roles providing the support. Organization is well positioned to support and staff the grant, but is the grant author going to be doing all outlined activities?
- The organization is a well-established (in operation for 19 years) organization with an extensive network of collaborators, and a history of managing projects, grants, and personnel. An organizational chart is provided with names of persons filling each position, but it is not clear if a single individual will have 100% responsibility for oversight of the project or what credential are required by the positions. Org Chart is confusing.
- This applicant provided a very good org chart. They are also linked to Volunteer Maine for trainings. Their resources are in place. They have demonstrated that they work with the community and county. When Covid forced us online, they shifted without incident.

#### **Compliance and Accountability**

- Appears adequate- my only question, is around any issues potential members could have with background checks.
- The proposal presents a comprehensive list of plans and procedures in place to prevent, detect, and enforce compliance with AmeriCorps rules and regulations. The narrative alludes to past challenges with compliance, but states those have been resolved. It is not clear how frequently site visits are conducted (or what they entail) or how frequently program staff checks in with AmeriCorps members (or what is covered in these check-ins).
- I did not see this information about background checks. Also, is may be hard to check participants who have a history of SUD yet would be great peers.

#### **Culture that values learning**

- The proposal indicates a respect for, and attention to data, with careful consideration of interventions, and baseline data collection.
- The organization has a well-developed system for gathering and analyzing data. Additionally the community is regularly consulted to address changing needs.
- It is evident that this organization is eager to continue to move forward with tis initiate and they have done a lot of discussion and research with the growth of this program. There are other interested parties that are involved as well.

#### **Member Supervision**

- Similar to comments above on member experience, this input gave me pause "connections to local resources to members working with sites that do not have the capacity to supervise members"
- Necessary policies and procedures appear to be in place, but it is not clear how frequent the interaction between program staff and AmeriCorps members is, or how often site visits are conducted. The initial training component of the program appears to be very strong.

- They have a strong system for check ins, meetings and supervision. meetings with peers and meetings every 30 days

Budget Adequacy and Cost Effectiveness. (CNCS no longer allows narrative for this section. They directed reviewers to consider the budget narrative and its formulas, accuracy, expense items.)

**Section: Cost and Budget Adequacy (25 %)**

- No Budget Required
- The proposal requests the full \$16,300 per MSY and the amount is calculated correctly. Matching funds and sources are listed, though the proposal states that CNCS funds will leverage \$377,758 in public funds and \$187,718 in private funds.
- Fixed Budget

Evaluation Plan Feedback

- Strong longitudinal study plan, acknowledging the shortcoming (no causality findings) but the mixed methods nature should allow for corrections/creation of more concrete indicators for long term outcome measurement.
- Applicant is currently beginning the 3rd year of its first 3-year funding cycle. It is not required to submit an Evaluation Plan, but has described its Data Plan with an eye to producing and Evaluation Report at the end of the next 3-year cycle, if funded. Collection system and data collection tools are well described, with good plan for data analysis, and reasonable time line. Required qualifications for program evaluator are very strong.
- They have done this for 3 years. They are committed to do research to see if they have a good working model for success in Maine.

**SUMMARY APPRAISAL** 1. Having reviewed all elements of the proposal provided to you, do you think that this applicant would be effective in this category of grant? Yes ( 3 ) No ( )

**Comments:**

- Important intervention within the grant categories that will support ongoing work in recovery.
- This is overall a well-designed project that has the potential to provide significant assistance in dealing a very serious social problem in the areas in which it proposes to operate. The data that the project proposes to collect and analyze has the potential to meaningfully add to the evidence base for the effectiveness of peer counseling in addiction recovery programs. The organization has an extensive and long-standing network of collaborators who can help support the project. The need is community identified and draws on community and strengthens community resources to help address the need. It is an asset-based approach.
- They have strong partners in place for their services. They are already solid in their training with training that is within the six years but with some evidence that it is working with recovery. The oversight is strong.

**What elements of the proposal are unclear?**

- Supervision/support/contracting between Healthy Acadia and MRC placements
- Day to day oversight of the AmeriCorps members, by whom and how often, is not clear.
- Are they looking to eventually train each organization to have their own recovery coaches or have people to call. ? Is this to be a stand alone? They mention 8 success stories. Measuring a success story.

**What else do you have to say about this proposal?**

- Lessons learned from years 1-2 could be helpful
- The proposal is well written.
- I think that this is a strong grant. Recovery coaching is a difficult thing to measure. Support is a great tool.

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**Task Force Review Notes and Appraisal Summary:**

Program Model. *This section's criteria relate to alignment of proposal with funding priorities in RFP, significance of program in the context of statewide issues, the applicant's readiness to take on a significant cadre of volunteers (AmeriCorps members) and it's demonstrated ability to engage volunteers, and the match between the program traits and Commission funding goals.*

- Substance use is an identified focus area by CNCS. This effort supports rural communities that are affected by poverty, which does give it a connection to the focus areas. The application addresses a data driven need in Maine. It is an innovative approach and appears to be reaching the target audience with great success so far. While outcomes are still forthcoming, the model, if successful, is easily scalable by other organizations across the state and country.
- The proposal clearly meets the priority of a program model that reduces and/or prevents prescription drug and opioid abuse. The program is also designed to address the opioid issue in more rural sections of the state that have been heavily impacted due to the physical labor that many residents are engaged in, leading to prescription abuse of opiates and where the problem has been exacerbated due to issues related to the current pandemic such as unemployment and social isolation.
- This program fits well within the overall mission of Healthy Acadia and complements other program offerings. Healthy Acadia also has extensive and well established partnerships throughout the region to be served and experience in working with many of these partners on substance abuse issues, including the initial three years this program was funded under our formula pool. These strong relationships are currently in place and operating and there has been strong partner interest expressed in having an assigned member. The program also has an advisory board. Between the partnerships and advisory board, there appears to have been significant community involvement in the development of the program.
- Healthy Acadia appears to have the financial resources to handle the program, although expenses did exceed revenues for the last year. It has also experience some staff turnover in key positions. Hopefully this will stabilize with those who have moved into the organization. Per the VMe staff review, the volunteer management practice survey shows improvement with the program now reporting implementation of 100% of high-quality volunteer program practices. The volunteer recruitment and training element of the program will be important in program continuation after grant funding expires.
- The program provides services in rural counties and a lot of those communities are being more dramatically impacted with social services not as available.
- Recovery coaching done by peers is impressive and being researched at the moment. It's an opportunity to evaluate a model that could be used more widely throughout the state and the country. Program is taking steps to assess and verify using volunteers.

#### Assessment of Past Performance

- Healthy Acadia has had difficulty submitting timely reports and has had significant turnover in their program management positions. HA indicates that they have made improvements and are able to move forward in compliance.
- Over the last three years, Healthy Acadia has, at times, suffered from key staff turnover which created some administrative and compliance issues. It also has generally fallen short of its member recruitment goals, although this has been common in recent years given the strong economy. As noted in the staff review, the program is performing better this year and should be noted for its effort to recruit members from the population it is attempting to serve.
- There have also been reporting problems; these, however, should be mitigated by moving to a cost reimbursement system. Assuming greater staff stability, the initial success at increasing

recruitment, and moving to a cost reimbursement grant, I see no reason that the program should not be a success.

- Staff turnover at the agency, especially for the program, has been a significant problem for past performance. The changes recently may stabilize the recovery coaching side but that is not guaranteed.
- Timeliness and inability to meet reporting deadlines cannot be ignored.

#### Assessment of Financial Plan

- All elements seem to be accurate and within the established guidelines.
- The amount requested is within the allowable per member cost. The narrative also indicates that substantial local funding will be provided to support the program (\$262,718).

#### Fiscal Systems

- Like many non-profit organizations, they have cash flow issues. However, they manage a sizeable budget and have been a viable organization for many years, indicating proper fiscal management and adequate systems.
- The organization has experience with federal and AmeriCorps financial management requirements. While reporting was somewhat problematic over the last three years, moving to a cost reimbursement system should resolve many of those issues. Overall financial status is ok given the nature of the organization and its work, although it is heavily dependent on governmental grants, one of which will be expiring within the proposed three year funding cycle for this grant.
- Use the technical assistance available to do reporting in a timely manner.

#### **Do you think that this applicant would be effective in this category of grant? YES (3 )**

- This service is needed very much in rural Maine. The application is very thorough, the approach is data-driven and explained very well. The evidence base is being developed and their evaluation plan will capture outcomes that will add to it.
- This is a strong grant.
- The program addresses a national priority. It has operated for a number of years and meets the mission of the parent organization along with complementing other program offerings. There is a documented need and the program will serve a rural, underserved portion of the state. There are strong partnerships in place with a history of collaboration and with strong expressed interest in member placement. It allows for additional testing and evaluation of the recovery coach model to assist in determining its effectiveness. It offers its members an opportunity to gain skills that should assist in future employment and it is focusing its effort on recruiting members from the region and population served. Recruiting those in recovery as members should provide significant benefits to the members. See other comments above.
- Good proposal and very supportive. Hopeful they can pull together some assessment data that will support it being replicated across the state and the country.
- Other notes:
  - Central office program staff will conduct site visits to meet with members and on-site supervisors. The proposal does not specify how often this will take place.



- Page 11 of the proposal was eliminated since the proposal exceeded space limitations. This needs to be fixed.
- Evaluation plan. Longer term outcome data would be very interesting, although I recognize that it is beyond the scope of this effort. Would be great to see an academic interest in a multi-year follow up on both coaches and clients, especially given the interest that is being shown in the recovery coach model and the lack of any long-term impact data. Glad to see that they have expressed an interest in exploring this option. Given that the program has been in existence for three years and will extend to six if awarded this grant, the potential exists to at least attempt to develop longer term impact/success information.
- Outcome Measure: One of their outcome measures is that 60% of recoverees experience at least 30 days of sustained recovery as they define it. I'm a little uncomfortable with self-definition. Might be useful to have both a standardized organizational definition and a self-definition.
- The acronym BARC appears for the first time on page 16. It is not spelled out as Brief Assessment of Recovery Capital until later. Should be spelled out here.
- On page 17 under qualitative Assessment, the proposal notes that staff will conduct 2 focus groups with participants and family members with high frequency dosage of the intervention defined as at least 4 BARCS within 6 months and at least 10 interactions with their coach. I would hope that they would track the number of clients that meet these frequency standards as a percentage of all entering clients.
- On page 20, number of members shows as 60. Shouldn't it be 30?
- On page 21, number of members served, they are counting engaged members. I'm assuming they will also be tracking those who drop out?