CALL FOR APPLICATIONS

2018 BRSS TACS Policy Academy

"Supporting Recovery From Behavioral Health Conditions"

Application Deadline: December 19, 2017

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces the **2018 Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Policy Academy**. We invite all eligible entities to create a team and apply. Successful applicants will receive intensive technical assistance (TA) to support planning, undertaking, and sustaining initiatives that create or strengthen recovery support services as an integral part of treatment for individuals with serious mental illness or substance use disorders. We will select **up to eight teams** to participate in the 2018 Policy Academy, which will offer expert facilitation, technical consultation, and other support to help teams develop and implement outcome-focused Action Plans.

Application due date: December 19, 2017

Eligibility

All states, territories, and federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations (tribal entities) are eligible. BRSS TACS will give preference to applications from entities that **have not previously participated** in a BRSS TACS Policy Academy. Past participants in the BRSS TACS Policy Academy are also eligible to apply.

The jurisdiction's substance use disorder, mental health, or behavioral health authority—or the broader agency to which that authority belongs—must submit the application. For jurisdictions with separate mental health and substance use disorder authorities, a single entity may submit the application as agreed upon by the entities involved. We encourage collaboration between the two entities and require team representation by both entities; see Section C of the application for more details on team composition. The entity submitting the application will have responsibility for and oversight of Policy Academy participation and will ensure implementation of the team's Action Plan.

The BRSS TACS Policy Academy

To date, 35 states, territories, and tribal entities have participated in the BRSS TACS Policy Academy, making significant progress in advancing recovery-oriented services and systems.

The 2018 BRSS TACS Policy Academy theme is "Supporting Recovery From Behavioral Health Conditions." The Policy Academy will support eligible entities in planning, undertaking, and sustaining initiatives that create or strengthen recovery support services as an integral part of treatment for individuals with serious mental illness or substance use disorders. Participating jurisdictions will convene teams consisting of diverse stakeholders and change agents across disciplines and across the state, territory, or tribal entity—including the meaningful participation of peer leaders, the recovery community, and people in recovery. **All team members must attend all events.**

Team members will participate in team planning, knowledge building, and plenary sessions. Team planning sessions will focus on team building; developing a shared recovery vision; analyzing existing strengths, resources, and challenges; and drafting an Action Plan. Knowledge Building Sessions will feature national experts who will disseminate resources and promising practices, allowing ample time for Q&A. Plenary sessions will provide opportunities for cross-team discussion and learning. All speakers and experts will be available for on-demand team consultations. By the close of the Policy Academy, each team will have drafted an Action Plan. After the Policy Academy, teams will finalize their Action Plans and receive virtual follow-up technical assistance for up to three months as they implement their Action Plans.

The Policy Academy will take place from **February to May 2018** and includes a mix of virtual and on-site activities:

Kickoff Plenary Meeting (virtual) | February 27, 2018
Team leaders will introduce their teams and goals for the Policy Academy during this virtual plenary session. All team members will participate.

Foundational Knowledge Building Sessions (virtual) | February 28–March 23, 2018
Team members will participate in two pre-meeting, interactive webinars focused on foundational concepts in recovery-oriented care for those with the most serious needs.

On-site Team Planning Meeting 1 | March 27–28, 2018
A facilitator and BRSS TACS faculty member will travel to the team's chosen venue for a two-day planning visit to coach and guide the team in evaluating strengths, weaknesses, opportunities, and threats; understanding the change process; developing a shared vision; and establishing Action Plan priorities.

Knowledge Building Sessions (virtual) | March 29–May 4, 2018
A series of interactive webinars for Policy Academy teams with subject matter experts (SMEs) will provide concrete strategies that teams can employ to develop recovery-oriented approaches to support people with the most serious behavioral health challenges.

Customized Subject Matter Consultations (virtual) | March 29–May 4, 2018
Teams will consult with national experts, focusing on the knowledge and resources needed to create effective Action Plans.

On-site Team Planning Meeting 2 | May 15–16, 2018
Each team will reconvene in their respective jurisdiction to revisit and re-assess priorities and create an Action Plan that guides the implementation of their chosen project with the assistance of a faculty member and a facilitator over the course of a two-day meeting.

Closing Plenary (virtual) | May 30, 2018
All teams will reconvene for a virtual meeting to present their Action Plans to one other, the BRSS TACS team, and SAMHSA leadership.

Monthly Follow-up Conference Calls (virtual) | Three Months
All teams will hold monthly follow-up calls with a faculty member or facilitator to support Action Plan implementation.

Timeline

Date	Activity
November 2, 2017	Application announced
November 16, 2017	Informational webinar | 2:30–3:30 p.m. (ET)
November 29, 2017	Written Intent to Submit due (Optional)
December 19, 2017	Applications due: BRSS TACS must receive applications by 8:00 p.m. (ET)/5:00 p.m. (PT)
January 23, 2018	Applicants notified
February 5–16, 2018	Orientation sessions for team leads and coordinators (scheduled individually)
February 27, 2018	Policy Academy Kickoff Plenary (Virtual) | 2:00–3:30 p.m. (ET)
February 28–March 23, 2018	Foundational Knowledge Building Sessions and planning meetings with faculty and facilitator team (to be scheduled)
March 27–28, 2018	On-site team planning meeting within state, territory, or tribal entity
March 29–May 4, 2018	Knowledge Building Sessions and SME consultations (Virtual)
May 15–16, 2018	On-site planning meeting within each team's respective state, territory, or tribal entity
May 24, 2018	Action Plans due
May 30, 2018	Policy Academy Closing Plenary (Virtual) | 3:00–4:30 p.m. (ET)
June–August 2018	Monthly follow-up conference calls

About BRSS TACS

SAMHSA established BRSS TACS in 2011 to promote the development of recovery support services infrastructure and the widespread adoption of recovery-oriented frameworks at both the systems and services levels across the United States. BRSS TACS leverages previous related work by SAMHSA and others in the development of peer recovery support services and of recovery-oriented systems and services. SAMHSA contracted with the Center for Social Innovation (C4) and its partners to support the implementation of BRSS TACS. To learn more about BRSS TACS, visit our webpage at http://www.samhsa.gov/brss-tacs.

2018 Focus: Supporting Recovery From Behavioral Health Conditions

Recovery support services help to facilitate engagement in treatment, particularly for individuals with serious behavioral health conditions. This is particularly important as the gap widens between individuals in need of treatment and those participating in treatment. SAMHSA's most recent National Survey on Drug Use and Health reports that only a subset of individuals who need treatment for mental health and substance use disorders receive it. Of those with a serious mental illness, 35% were not receiving mental health services.[1]

The majority of those with a substance use disorder are not receiving substance use treatment services.[2] This treatment gap has significant consequences, particularly for individuals with opioid use disorders. Nearly 2,400,000 Americans had an opioid use disorder in 2015,[3] yet only roughly 20% were receiving treatment.[4] The number of opioid-related overdose deaths in the U.S. has quadrupled since 1999.[5] Further, of those with co-occurring mental illness and substance use disorder, 93% are not receiving treatment for both conditions.

Recovery support services include treatment and a wide range of culturally appropriate wrap-around supportive services, including but not limited to peer navigation, peer bridger, or recovery coaching programs to support linkages to recovery services and supports; recovery or supportive housing; supported employment; collegiate recovery programs or recovery high schools; crisis stabilization or respite programs; engagement and activation support; drop-in centers; peer wellness coaching; life skills support; social support; legal consultation; and other supportive services.

Recovery support services, including peer-delivered recovery support services, are a critical part of the continuum of behavioral health services. For many people, including those with the most serious behavioral health needs, recovery support services can mean the difference between sustained long-term recovery and years spent cycling in and out of treatment programs, hospitals, criminal justice systems, homelessness, and unemployment.

Research shows that recovery support services, especially peer-delivered recovery supports, can reduce unnecessary hospitalizations;[6] decrease emergency service utilization;[7] increase quality of life, life satisfaction, hope, and empowerment; improve relationships with treatment providers;[8,9] reduce substance use;[7,10,11,12,13,14,15] reduce relapse rate;[16] improve access to social supports and increase social functioning and community engagement;[9,13,16] improve housing stability;[17] and decrease criminal justice involvement.[12,14] In order to help people with serious behavioral health needs sustain long-term recovery, states, territories, and tribal entities need to develop strong systems of behavioral health services, including prevention, treatment, and recovery support services. A knowledgeable workforce, capable of providing evidence-based, person-centered, and recovery-oriented services is an essential system component.

The BRSS TACS Policy Academy will provide participating teams with the opportunity to build a team of change agents and identify goals, objectives, and implementation priorities that they can address using existing resources. Teams will develop Action Plans at a state, territorial, or tribal entity level so that they can broadly and flexibly customize their plans in response to their jurisdiction's resources, needs, constraints, and customs. *This intensive TA opportunity does not include a funding award.* We expect applying entities to fund initiatives undertaken with

existing resources, which may include block grants or State Targeted Response to the Opioid Crisis Grants, among others.

Policy Academy teams may focus on a wide range of objectives in support of the goal of creating and enhancing recovery support services for individuals with serious mental illness or substance use disorders. Listed here are examples of activities that Policy Academy teams might decide to implement:

- implementing person-centered care planning for treatment and recovery
- developing recovery-oriented responses to the opioid crisis to support engagement in treatment and recovery services, which could include using shared decision-making to provide information and support access to and engagement with medication-assisted treatment and medication-assisted recovery and other initiatives
- transforming the jurisdiction's behavioral health system from an acute care management approach to a chronic care approach that supports recovery and wellness
- developing and implementing statewide training initiatives to train the behavioral health workforce in recovery-oriented, evidence-based practices and support transformation toward recovery-oriented systems of care
- creating or improving the infrastructure to provide treatment and recovery support services
- creating programs designed to provide community-based outreach and engagement to people disconnected from behavioral health services
- developing programs to place peer workers in hospital emergency departments, psychiatric facilities, or on crisis response teams to reduce the use of emergency services and unnecessary re-hospitalizations
- establishing a combined and integrated mental health and substance use disorder peer training and certification program to create a trained, credentialed, and sustainable peer workforce in the state, territory, or tribal entity
- expanding an existing peer support worker training and certification program to include specializations to meet the needs of vulnerable populations, including American Indians/Alaska Natives, youth and young adults, those transitioning from institutions to the community, or others
- creating a parent peer support training and certification program focused on supporting parents/families of children with emotional disturbances or substance use disorders
- developing recovery supports aimed at people transitioning from institutional settings or reentry from criminal justice settings
- creating pilot projects to expand peer support services in new settings, such as primary care clinics, criminal justice settings, educational settings, and others
- developing policies and formal agreements to facilitate collaboration or service integration between the behavioral health system and the criminal justice, primary health care, child welfare, rehabilitation services, housing, or other systems and sectors
- convening a committee of individuals in recovery, providers, and researchers to identify measurable, real-life outcomes that demonstrate recovery and developing approaches to tracking and measuring process and outcome data for recovery support services that support those with the most serious needs

Team Action Plans **must address the needs of people with or in recovery from behavioral health conditions,** and teams must strive to address the needs of **both** people with or in recovery from mental health conditions **and** people with or in recovery from substance use disorders.

2018 BRSS TACS Policy Academy

Application and Instructions

Application Instructions

Applications must be no longer than six single-spaced pages in 12-point Times New Roman font with one-inch document margins. The cover page, team composition, and bios **do not** count toward the page limit. Please title each section.

Evaluation

Based on the possible points allocated to each section, the review committee will evaluate teams based on demonstrated need and potential to benefit from the Policy Academy. BRSS TACS will give preference to applications from entities that **have not previously participated** in a BRSS TACS Policy Academy. To assess demonstrated need and ability to benefit from the Policy Academy, reviewers will look for the following:

- ❑ *Does your jurisdiction show demonstrated need?*
- ❑ *Is your team motivated to implement the vision and Action Plan that you develop through the Policy Academy?*
- ❑ *Have you demonstrated an understanding of the importance of involving peers and the recovery community as full partners in your change process?*
- ❑ *Have you thoughtfully put together an integrated, diverse, motivated team that is serious about working toward change?*

Submitting the Application

You must submit your application by email to BRSS TACS no later than 8:00 p.m. (ET)/5:00 p.m. (PT) on December 19, 2017. We will not review submissions received after 8:00 p.m. (ET) on December 19, 2017, nor will we review incomplete submissions or submissions that do not adhere to instructions.

Please attach all documents to a single email and, if possible, submit all components as a single electronic file, either as a PDF or Word document.

Email submissions to policy.academy@center4si.com.

Informational Webinar

We will hold an informational webinar on **November 16, 2017, from 2:30 to 3:30 p.m. (ET)**. Please visit the registration page to register for the webinar and receive instructions for joining: https://www.eventbrite.com/e/brss-tacs-2018-policy-academy-informational-webinar-tickets-39412473770

If you are unable to attend the webinar, please email us at policy.academy@center4si.com to request the webinar recording and presentation slides.

Optional Intent to Apply

Although the application process does not require it, we would appreciate receiving an email by November 29, 2017, indicating your intent to apply. This will assist in planning for the review process; it does not obligate you to apply.

Please email the optional Notice of Intent by November 29 to policy.academy@center4si.com.

Questions?

If you have any questions, please contact the Policy Academy planning team via email at policy.academy@center4si.com.

Application Components

Applications must include these components:

- ❑ Cover Sheet (no page limit)
- ❑ Short Answer Responses (six single-spaced pages maximum)
- ❑ Proposed Team Composition and Bios (no page limit)

A. Cover Sheet (no page limit, 0 points)

1. Full name of entity
2. Name and full contact information for the point of contact for the application
3. Name and full contact information for team lead and team coordinator (see Section C for a description of roles and responsibilities)
4. Anticipated area of focus
5. List of all SAMHSA grants currently held by the applying entity

B. Short Answer Responses (six single-spaced pages maximum, 90 points)

6. What does your team hope to achieve through Policy Academy participation? **(20 points)**

7. What strengths and assets does your team possess that will support and sustain the change process initiated through Policy Academy participation? **(10 points)**

8. Please explain your jurisdiction's demonstrated needs and/or lack of resources in the area you have chosen and how Policy Academy participation will help begin to address these challenges. **(15 points)**

9. What are the barriers or obstacles to addressing your demonstrated needs and to implementing recovery-oriented supports and services in your jurisdiction? **(15 points)**

10. Please describe what motivates your team's desire to make changes to your behavioral health service system. **(20 points)**

11. How will people in recovery be key members of your team? Please describe how they will participate fully in your team. It is critical to include broad representation from your jurisdiction's recovery community (that is, peer-run organizations, recovery community organizations, family-run organizations, or youth-focused recovery organizations or programs). Please list the name of each peer leader and their organization and describe how each will be involved and the recovery communities they represent. **(10 points)**

C. Proposed Team Composition and Bios (no page limit, 10 points)

Instructions: Policy Academy teams should include 10–15 members total (including peer members listed above). Effective teams will have members with policy-making influence from the various agencies, departments, and stakeholder groups required to meet the team's goals. It is a requirement to include peers from both mental health and substance use services. As you assemble your team, consider the leadership and team members necessary to create and implement an effective Action Plan that builds strong, sustainable recovery-oriented systems and services. Consider inviting diverse thinkers, such as representatives from organizations that have not yet adopted recovery supports. Accomplishing true integration and system transformation requires bringing together diverse actors and thinkers. The BRSS TACS Policy Academy provides an opportunity to build a cohesive transformation team and gain the needed momentum to implement and sustain change.

Teams should include the following members. **Please include in each team member's bio a phrase or sentence that identifies which of these categories the member represents.**

- Senior-level representatives from **both** state, territorial, or tribal entity mental health and substance use disorder authorities—these may be independent government agencies, separate divisions or components of a larger agency, part of an integrated behavioral health agency, or—in the case of territory or tribal entity—part of a different structure.
- Peer representatives from **both** the substance use recovery community and mental health consumer/recovery community. In addition, we strongly recommended that you include representation of family members of those in recovery and youth recovery leaders. It is important that your team includes people with lived experience of your jurisdiction's behavioral health services. This may include peer leaders representing peer-run organizations, recovery community organizations, family-run organizations, or youth-focused recovery organizations or programs in the jurisdiction. *If there are no such organizations in your jurisdiction or if there is only limited representation, please provide an explanation.*
- Representatives from other state or local agencies whose support you need to expand recovery opportunities, such as the governor's office; state, territorial, local, or tribal entity public health, Medicaid, child welfare, housing, social services, court, criminal justice, or law enforcement agencies; the Indian Health Service; or Tribal Councils.
- Additional team members might include provider association representatives, family members, youth and young adults, representatives from federally qualified health centers, or others suited to meet your team's goals.

Upon acceptance to the Policy Academy, all team members must submit a signed commitment to participate in all Policy Academy activities. All team members should mark their calendars now and commit to key dates. No date changes or exceptions are possible. When preparing your application, please be sure you have obtained consent from all proposed team members before including them in the application. We suggest

that all proposed team members read this form and your completed application to fully understand their responsibility.

Please include the following information for all team members. Remember, the length of this section—team composition and bios—does not count toward the page limit.

For each team member, please include the following:

- ❑ Name and title
- ❑ Organization
- ❑ One-paragraph bio

In addition, please designate a **team lead** and **team coordinator** as these roles are critical to ensuring your team's success.

- **Team leads** provide leadership for the team before, during, and after the Policy Academy meeting. Their role is to motivate the team to succeed and ensure that there is high-level support and buy in for the team's work. They support and model a recovery-oriented, culturally competent, positive team experience and demonstrate appreciation and recognition of all team members.
- **Team coordinators** provide support for overall team activities, including managing communication among team members by sending documents, notes, and other information. They will coordinate logistics with the BRSS TACS team to facilitate the team's participation in the Policy Academy.

Reference List

[1] Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (NSDUH).* Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

[2] U.S. Department of Health and Human Services, Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health.* Washington, DC: Author.

[3] Substance Abuse and Mental Health Services Administration. (n.d.). *MATx mobile app to support medication-assisted treatment of opioid use disorder* [Web page]. Retrieved from http://store.samhsa.gov/apps/mat

[4] Saloner, B., & Karthikeyan, S. (2015). Changes in substance abuse treatment use among individuals with opioid use disorders in the United States, 2004–2013. *JAMA, 314*(14), 1515–1517.

[5] Centers for Disease Control and Prevention. (2016). *CDC Wide-ranging Online Data for Epidemiologic Research (CDC WONDER)* [Online database]. Retrieved from http://wonder.cdc.gov

[6] Min, S. Y., Whitecraft, E., Rothbard, A. B., & Salzer, M. S. (2007). Peer support for persons with co-occurring disorders and community tenure: A survival analysis. *Psychiatric Rehabilitation Journal*, *30*(3), 207–213.

[7] Kamon, J., & Turner, W. (2013). *Recovery coaching in recovery centers: What the initial data suggest: A brief report from the Vermont Recovery Network.* Montpelier, VT: Evidence-Based Solutions.

[8] Sanders, L. M., Trinh, C., Sherman, B. R., & Banks, S. M. (1998). Assessment of client satisfaction in a peer counseling substance abuse treatment program for pregnant and postpartum women. *Evaluation and Program Planning, 21*, 287–296.

[9] Andreas, D., Ja, D. Y., & Wilson, S. (2010). Peers reaching out supporting peers to embrace recovery (PROSPER): A Center for Substance Abuse Treatment recovery community services program. *Alcoholism Treatment Quarterly*, *28*, 326–338.

[10] Bernstein, J., Bernstein, E., Tassiopoulos, K., Heeren, T., Levenson, S., & Hingson, R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug and Alcohol Dependence, 77*, 49–59

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[12] Mangrum, L. (2008). *Final evaluation report: Creating access to recovery through drug courts.* Austin, TX: Department of State Health Services, Mental Health and Substance Abuse Services Division.

[13] O'Connell, M. J., Flanagan, E., Delphin, M., & Davidson, L. (2014). *Enhancing outcomes for persons with co-occurring disorders through skills training and peer recovery supports.* Unpublished manuscript.

[14] Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., O'Connell, M. J., Benedict, P., ... Sells, D. (2007). A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Services, 58*(7), 955–961.

[15] Armitage, E. V., Lyons, H., & Moore, T. L. (2010). Recovery Association Project (RAP), Portland, Oregon. *Alcoholism Treatment Quarterly, 28*, 339–357.
[16] Boisvert, R. A., Martin, L. M., Grosek, M., & Clarie, A. J. (2008). Effectiveness of a peer-support community in addiction recovery: Participation as intervention. *Occupational Therapy International, 15*, 205–220.
[17] Ja, D. Y., Gee, M., Savolainen, J., Wu, S., & Forghani, S. (2009). *Peers reaching out supporting peers to embrace recovery (PROSPER): A final evaluation report.* San Francisco, CA: DYJ, Inc., for Walden House, Inc., and the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.