The BRSS TACS Policy Academy: A Catalyst for Change

Lessons Learned from State Teams, 2011–2018

INTRODUCTION

What does it take to build a robust statewide continuum of prevention, treatment, and recovery support services? Many states struggle with fragmented service systems, workforce challenges, and funding gaps that affect the quality and availability of publicly funded services for people with serious mental illness, substance use disorders, or both. Shifting from an acute care model to a comprehensive continuum of treatment and recovery services can improve engagement and activation for those with the most disabling conditions (Anthony, 2000; Interdepartmental Serious Mental Illness Coordinating Committee, 2017; Sheedy & Whittier, 2013; Sowers, 2005; Substance Abuse and Mental Health Services Administration [SAMHSA], 2018b).

Publicly funded systems are the safety net providers for the nation's most vulnerable people. The needs are great: according to SAMHSA's 2017 National Survey on Drug Use and Health, approximately 33.3 percent of adults with serious mental illness and 36 percent of those with co-occurring serious mental illness and substance use disorders do not receive treatment (SAMHSA, 2018a). State service systems report a variety of challenges to closing the treatment gap and implementing recovery-oriented services and supports: lack of a qualified workforce; high turnover; difficulties providing services and training in geographically isolated areas; lack of organizational readiness to implement recovery-oriented approaches; difficulties implementing evidence-based practices and developing the infrastructure needed to sustain them; the need to shift the culture of service provision from deficit-focused to strengths-based; lack of standardization for training and credentialing of peer support workers; lack of clarity around the peer worker role on treatment teams; and matching funding to service needs. Appendix A outlines common challenges experienced by states.

To help address these challenges, the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), offered an annual Policy Academy designed to support state, territorial, and tribal mental and substance use disorder authorities. Between 2011 and 2018, 36 state, territorial, and tribal mental health and substance use disorder authorities built diverse collaborative teams that worked together toward a shared vision to spearhead transformation efforts focused on improving their ability to serve people with the most serious mental illnesses or substance use disorders. As a result of their efforts, publicly funded systems report a number of accomplishments, including the creation of new treatment and recovery services, improved outcomes, and a workforce better prepared to serve people with mental and substance use disorders. This issue brief1 documents their challenges, successes, and lessons learned and offers recommendations that could help community, regional, county, and state-level service systems working on or planning to undertake transformation efforts with the goal of implementing a more comprehensive, outcome-oriented continuum of prevention, treatment, and recovery support services for people with mental illness and substance use disorders. The brief is informed by the final reports of all Policy Academy participants in addition to conversations with representatives from 26 states.[2]

1 This issue brief focuses on state teams exclusively since 34 of the 36 BRSS TACS Policy Academy participants were state teams.

2 The BRSS TACS team gratefully acknowledges the contributions of representatives from past Policy Academy state teams who generously shared their insights and recommendations including Alabama, Alaska, Connecticut, Florida, Georgia, Illinois, Indiana, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Utah, Virginia, West Virginia, and Wisconsin.

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BRSS TACS
Bringing Recovery Supports to Scale
TECHNICAL ASSISTANCE CENTER STRATEGY

SAMHSA
Substance Abuse and Mental Health Services Administration

BACKGROUND

The BRSS TACS team designed the Policy Academy to assist state, territorial, or tribal authorities in constructing and implementing strategic policies, practices, financing mechanisms, and infrastructure improvements to promote improved coordination, engagement, and activation through the development and integration of recovery-oriented supports, services, and systems. The Policy Academy provided a unique opportunity to bring together stakeholders and change agents from different backgrounds and agencies to build communication, reduce and remove barriers, and develop action plans that concretely outlined a path to their desired outcomes. The Policy Academy brought peer and professional leaders, change agents, and decision-makers together around one table, paired with expert facilitation, to build a working team, develop a common vision, and strategize how to design and implement a chosen statewide change project.

Each year, BRSS TACS released a call for applications for the Policy Academy. Applicants submitted applications explaining their projects, the process that would bring them to attaining their goals, their readiness to engage in the process, and the composition of their team. Each applicant identified 12–15 team members, including individuals in recovery from mental illness, substance use disorders, or both, and individuals with policy-making influence from the different agencies, departments, and groups needed to expand opportunities and remove barriers to attaining their project goals for systems change. Teams were asked to pay careful attention to ensuring the meaningful involvement of peers, family members, and people in recovery in the Policy Academy experience (see sidebar on page 2 for tips to ensure meaningful participation).

Each application was independently read and scored by at least two reviewers, following a point-based scoring rubric. Reviewers were required to disclose any conflicts of interests prior to being assigned applications to review. Additional BRSS TACS team members read all the applications but did not score them. The BRSS TACS team averaged the scores and ranked applicants. These scores were discussed at length by the entire review committee to ensure each application's strengths and weaknesses were fully assessed. Preference was given to states that had not previously participated in the Policy Academy, but previous participation did not disqualify an applicant from consideration. The final selection was based on the rankings. The annual cohorts ranged in size from four to ten teams.

Over the years, the BRSS TACS Policy Academy was structured in diverse configurations, ranging from a single 2-day on-site meeting attended by all participating teams to a series of two on-site events in each individual team's jurisdiction. For the first 5 years of the BRSS TACS initiative, each team received funding[3] opportunities to support implementing action plan goals.

Despite a few structural changes each year, all Policy Academy teams participated in these core BRSS TACS Policy Academy activities:

- working with a faculty member with expertise in the team's area of focus as well as a skilled facilitator throughout the Academy and afterwards to develop and implement their action plans;
- participating in multiple, facilitated in-person team planning sessions with the faculty member and facilitator;
- learning how to collaborate across and within state agencies, disciplines, systems, and sectors;
- joining interactive virtual knowledge building sessions (topic-specific webinars based on needs described in applications) with other teams;
- attending plenary presentations that addressed issues relevant to all teams;
- identifying values; developing a vision statement; assessing strengths, weaknesses, opportunities, and threats;
- creating a concrete, attainable action plan; and
- consulting with subject matter experts, several of whom were past Policy Academy participants offering peer-to-peer learning.

Each team completed the Policy Academy with an action plan to guide project implementation for the next 6–12 months. Teams developed plans focused on a wide variety of goals that reflected the diversity of the participating states and their different economic, social, cultural, and political contexts.

3 Funding amounts ranged from $50,000 to $75,000 and spending was subject to federal guidelines. BRSS TACS did not observe a decrease in interest or application numbers when funding ceased to be available, indicating strong interest in the technical assistance aspect of the Policy Academies.

METHODOLOGY

To gather information on lessons learned, the BRSS TACS team reviewed all final reports from past Policy Academy teams and contacted past Policy Academy participants. The team attempted to contact 31 states[4] and successfully reached 28. Of these states, 26 joined discussions with representatives from the BRSS TACS team.[5] BRSS TACS encouraged each state team to identify representatives to share its experience: one from the state authority and one peer, with at least one of these representatives having been a member of the original Policy Academy team. The BRSS TACS team held six group conversations with up to nine participants taking part in each conversation via conference call and virtual meeting. One team was interviewed individually because its members could not attend group meetings due to scheduling constraints.

BRSS TACS facilitators asked participants to reflect on their participation in the Policy Academy, action plan implementation, challenges encountered, accomplishments, lessons learned, and recommendations for others embarking on similar system change processes. In addition, BRSS TACS asked participants to report about their team's continuity and new partnerships or funding leveraged because of their Policy Academy participation. Multiple members of the BRSS TACS team reviewed and analyzed the transcripts of the group conversations to identify common themes. The team discussed the themes and reached agreement on the core lessons learned, which are described in this issue brief.

4 The BRSS TACS team excluded territories and tribal entities because there were so few and their experiences and contexts were not comparable to states. In addition, the team excluded state teams that did not fully complete the Policy Academy.

5 This included representatives from the following state teams: Alabama, Alaska, Connecticut, Florida, Georgia, Illinois, Indiana, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Utah, Virginia, West Virginia, and Wisconsin.

13 Lessons Learned

Form a strong team of diverse and committed stakeholders to lead the change process

- **Assure** that people in recovery are equal partners in all planning and development

Build relationships, trust, and connection and learn to listen

- **Value** all opinions and use everyone's skills

Choose a strong team leader and support him/her

- **Use** a strong outside facilitator to keep your team moving forward

Focus on the achievable

- **Manage** ambitions and expectations

Learn from others' experiences and expertise and don't be afraid to ask for help

- **Create** a structured plan to guide implementation and follow it

Engage other stakeholders and systems to get the work done

- **Invest** in maintaining engagement and motivation

Take the long view and do not give up

LESSONS LEARNED

A variety of issues, trends, and lessons learned surfaced during the conversations with Policy Academy participants. Despite the span of 7 years and the differing structure of the Academy from year to year, there were many common experiences and themes reported across the state teams.

1

Form a strong team of diverse and committed stakeholders to lead the change process

No single person can change a service system or implement a new program on their own. It helps to have people who bring unique perspectives yet are equally and passionately committed to improving services. The BRSS TACS Policy Academy required states to form a team comprised of people with different vantage points on the service system, including service practitioners, policy makers, current or former service recipients, family members, representatives from the recovery community, Medicaid representatives, and representatives from related service systems.

> The initial BRSS TACS application made it really clear who we needed to have on board. I remember thinking, Gosh, that seems like it's asking a lot, but as it turned out, it was exactly who we needed. We needed the decision-makers and the higher- level staff members to really make it happen.
>
> —Tennessee team member

Change takes courage and commitment as well as opportunity and capacity. Having a diversity of perspectives enriches the process and fosters creative problem solving and thinking. These diverse teams, often comprised of stakeholders who had never met before, became the transformation teams. Years later, many of the teams are still meeting regularly and working together to improve services.

> I think the diversity required in our team led to success at a lot of levels. It was a great team building experience that brought 12 people together in a way that we probably would have never been together for. So, it was just a very positive experience for everybody who was there. One state hospital director said to me, "In all the years I've been working here, I've never been in a room where all these components were together, talking to each other at the same time."
>
> —Virginia team member

> I think we've picked really smart and energized people to be on the team because we still have a lot of energy in our team and a lot of goals. As a team we also meet weekly and that's been a really important thing. We really built a little bit of a family around this project too; our decisions are team decisions. No one person makes a decision. We do that together and that's also been really, really huge.
>
> —New York team member

I would say if you want to go fast, go alone, if you want to go far, go together.

—Georgia team member

Choose your team wisely and look for solution-focused, problem-solvers, and people in leadership roles.

—Alaska team member

In addition to diverse perspectives, past participants emphasized that it is important to select team members who are problem solvers and leaders, and people with commitment and vision. One of the essential lessons learned from these teams was to be clear about the responsibilities of team participation and the commitment that entails from the start. Successful teams had team members who committed to seeing the process all the way through and were willing to be in it "for the long haul."

> I think the most important thing is to get people who are smart and energized, with commitment and vision and a process like this to guide the work.
>
> —New York team member

> Choose your team wisely and look for solution-focused, problem-solvers, and people in leadership roles.
>
> —Alaska team member

> We lost people, but we stuck to the plan. Sometimes people left a job, sometimes they just had conflicts, some of them just kind of lost interest, but a handful of us still went ahead and made things happen.
>
> —Texas team member

All teams reported that it was the team membership and how well the team worked together that made the difference. They emphasized the need to ensure that team members were engaged, open to new ideas, and respectful of diverse perspectives.

> Whenever I think I know the answer to anything I know I really don't, the answer is be flexible. The answer is to listen to people and be able to make changes and think through things in a different way, because it's never quite how I think anything is going to go. That for me was a big lesson.
>
> —Massachusetts team member

> It brought a lot of us together who would not have normally been together to work on issues and think about peer recovery and what we wanted to do. Out of that experience we came up with a plan for how we were all going to work together, and we really did. We actually transformed the whole recovery system here in Massachusetts. A lot of it started with the BRSS TACS Policy Academy. We didn't exactly have that vision when we started, but that's how it ended up developing.
>
> —Massachusetts team member

> It was an interesting mix having people in recovery and state employees trying to make system changes in the same room. It created conversations and that's how you make changes, that's how you change someone's mind and their opinion. The state workers heard about what was happening on the ground and how people really felt. Having those change agents that are in positions to make the change was so important. As a result, we changed our contract language to be more inclusive of people with lived experience.
>
> —Indiana team member

2

Assure that people in recovery are equal partners in all planning and development

One of the aims of the Policy Academy was for people in recovery to have an equal opportunity to be fully engaged as decision-makers and leaders who could have real impact on organizational and community change. For this reason, BRSS TACS required "meaningful participation" of people in recovery from mental illness and substance use disorders on each team (see sidebar on page 2 for tips to ensure meaningful participation). A recovery-oriented system of treatment and care includes the voices of peers in every level of decision-making and planning, and it was essential that each team reflected this understanding. The most successful teams had members representing diverse perspectives, including robust representation by people with lived experience of mental illness and substance use disorders and their family members.

> It really brought people from the provider community, peers, state government, and Medicaid together. I don't think that we'd have been able to get everybody together without the Policy Academy.
>
> —New Jersey team member

We were able to bring providers and CEOs to the table, as well as folks with lived experience, and really develop our action plan in a team-like atmosphere.

—Florida team member

People on the mental health side and substance use disorder side both really learned something about each other. We began to understand that there were more similarities than differences among us.

—Rhode Island team member

3

Build relationships, trust, and connection and learn to listen

Getting the right people in the room together is a critical first step. The next step is to set ground rules for open, honest communication and work to build the team. It is critical to establish trust and respect among team members who may have divergent viewpoints about recovery and bring past experiences that have shaped their worldview.

> There was some resistance at first because people were afraid that they were going to lose their history and their identity, but I suspect that's just normal. People on the mental health side and substance use disorder side both really learned something about each other. We began to understand that there were more similarities than differences among us.
>
> —Rhode Island team member

Teams reported how important it was to build relationships and nurture trust, and that facilitation from the assigned faculty and facilitator helped to create and sustain this environment.

> In Georgia, there are so many passionate leaders with different lenses, it took some time to focus on our purpose. Respect and recovery mean that we are not afraid to speak our mind, and sometimes that can slow the work down. Our commitment and accountability to the grant work helped us get clear, kept us moving, and ultimately helped us get the work done.
>
> —Georgia team member

Change only happens when people can trust each other and feel comfortable working together.

> What was most beneficial for us was really getting together and connecting. I honestly think it's the basic human connection that we made as a group. I think that the members in the team really clicked together. We all felt connected and we all truly believe in the mission. I think that's what sustained us.
>
> —Connecticut team member

4

Value all opinions and use everyone's skills

Building an environment of trust and respect encourages everyone on the team to share their talents and skills. Diversity brings a wealth of knowledge and skill, but only if others acknowledge and value it. When group members feel heard and respected, they are more willing to express their perspectives and work together to brainstorm creative and innovative solutions.

> Everybody was seen, heard and valued. There was no such thing as a bad idea. We somehow found a way to connect every idea to broaden the project and to strengthen its response. As opposed to, "We can't do that," our team would say "OK, how do we do that?" Early on, we threw away the conception that it had to look a certain way. We were able to get a group of people who were just excited about being creative and finding new ways of doing things. Those discussions I think were key.
>
> —Connecticut team member

> We've had so many benefits from the Policy Academy, but I think the one that really stands out for me is just the fact that we expanded our peer specialist program through that process. It has really benefited all certified peer recovery specialists because since then we've been learning so much from each other in trainings, in our work. We are really learning from each other's perspective. It's been really powerful for us.
>
> —Tennessee team member

Everybody was seen, heard and valued. There was no such thing as a bad idea. We somehow found a way to connect every idea to broaden the project and to strengthen its response.

—Connecticut team member

When we actually sat down and realized how many people believe in peer support and wanted to be part of our work I recognized that I could get more support and I'm still finding that trend now.

—Oklahoma team member

5

Choose a strong team leader and support them

A strong, committed leader who champions the team's vision and has the skill set and time to devote to the work is essential. Teams pointed out the importance of choosing a leader who is invested in the project, shares the team vision, and demonstrates a long-term commitment to getting the job done. Past participants observed that having one person who was responsible for making sure everyone followed through with their assigned tasks was critical to success.

> It was really important to have an individual who had the authority to hold people to their responsibilities and to their tasks to assure that we completed everything we wanted to.
>
> —New Jersey team member

> I already had a job and then this became part of my job and it really took an enormous amount of time and energy.
>
> —Virginia team member

> We had the one central person who pulled it all together, made sure the meetings were happening and managed communication. I think that was key.
>
> —Tennessee team member

Leaders also need support and should not be afraid to ask for help.

> I recommend that others ask for help and let people help. That was my challenge. I was a one man show for a long time. When we actually sat down and realized how many people believe in peer support and wanted to be part of our work I recognized that I could get more support and I'm still finding that trend now.
>
> —Oklahoma team member

6

Use a strong outside facilitator to keep your team moving forward

Engaging an outside facilitator is a powerful strategy for moving the team and process forward. Faculty members and facilitators helped keep discussions focused and on track, ensured that all voices were heard, resolved differences in a strengths-based manner, helped temper strong voices, and moved the team toward consensus.

> Our facilitators really enabled us to focus a lot more closely and develop some action steps that enabled us to get where we wanted to go. Without their guidance, I think we probably would still be wandering around in the darkness.
>
> —New Jersey team member

> Having people come in from the outside who were knowledgeable and well-trained to help us organize all the stakeholders was so valuable, as there are lots of strong opinions about many different issues in this particular area.
>
> —West Virginia team member

A strong facilitator was instrumental in allowing teams to both actively listen and creatively interact in the process.

> "Working with the faculty and the facilitator was the most productive part of our process. It provided a vehicle for us to all come together and really work through the action plan with all of our stakeholders."
>
> —Maryland team member

Having people come in from the outside who were knowledgeable and well-trained to help us organize all the stakeholders was so valuable.

—West Virginia team member

7 Focus on the achievable

There is tremendous value in creating an ambitious shared vision for the transformation journey, however, it is also important to be realistic about what can be achieved, especially within a limited period. Participants reported that keeping their intentions manageable better positioned them to attain their goals. BRSS TACS encouraged facilitators to help teams identify "easy, early wins" that would help generate excitement and momentum to propel the team to tackle the harder challenges. By identifying "low-hanging fruit" as a starting point, teams were positioned to generate excitement over early wins. These wins helped build their confidence and strengthen their cohesion as a team, both critical foundations for productive and collaborative working relationships over the long run.

> We definitely created a bigger project than we could actually sustain. The facilitator and faculty really helped us see this and helped us to come up with realistic goals which we were able to accomplish, and we continue to work on.
>
> —New York team member

> I felt like our plan was probably more than we should have bitten off. Yet, I still feel like we accomplished the big picture priority areas.
>
> —Wisconsin team member

8 Manage ambitions and expectations

Participants spoke of the need to know their state's political, social, and economic environment. Although many past participants were "disruptive innovators" (Christensen, 1997), the most successful teams knew and understood their own strengths and limitations as well as the constraints and challenges of their environment. This necessitated actively managing ambitions, expectations, and different interests.

> It was very challenging to put together the action plan because everybody had their own interests. You want to be on this, and you want to be on that. Then through the action plan we formed committees and identified the goals that we wanted to reach. It was challenging, but I have to say, we did work through it.
>
> —Ohio team member

> People would have lots of passionate ideas and energy, but it is really important to keep that focus manageable so that you can have successes and people can be reinforced by those successes and move onto the next step.
>
> —Virginia team member

Teams often started out wanting to make multiple, sweeping changes to their system. As they went through the Policy Academy process and the reality of their state's context began to emerge, it was necessary for teams to ascertain the most important parts of their plan to accomplish. Managing expectations and being realistic helped many participants to attain their goals.

> I think that our original plan was just too big and too broad. I would say the most salient lessons are take what's most meaningful for your state and keep it concise. When you can put your all into some things that will create that lasting systems change and truly change culture and values across your state, that's where to put your energy. The lesson learned is to focus on an area that's truly visionary that will put prints in the snow, since I'm from Wisconsin, and not try to make it everything to everyone.
>
> —Wisconsin team member

I think it's incredibly important to consult with people who are further along the path who can offer you hope or a vision for where you can go.

—West Virginia team member

9

Learn from others' experiences and expertise and don't be afraid to ask for help

State officials often work in isolation with few opportunities to learn how other states have handled similar problems and challenges. The Policy Academy offered state teams opportunities to learn from each other and field experts. During each Policy Academy, the cohort of participating teams regularly met together to relate their experiences and seek advice from each other. In addition, teams were able to request consultations from a roster of subject matter experts that included past Policy Academy team members. Resources, knowledge, and expertise were freely exchanged and rich discussion ensued.

> I think what really kicked our work into high gear is when we could talk with other states, hear what they were doing, get everyone together, and start thinking about our proposed work.
>
> —**New Hampshire team member**

> I think it's incredibly important to consult with people who are further along the path who can offer you hope or a vision for where you can go. You may not do it the same way. It was very inspirational for us to talk to people from all over the country who had done amazing things.
>
> —**West Virginia team member**

> It's so helpful to have all the states together and hear from people from different parts of the country with different experiences. Hearing from other people about what they're doing informs you about what's possible and how people have dealt with challenge. All that feedback and networking is valuable. The best part of the Policy Academy was the opportunity to meet, talk, and network with so many different states and share their many amazing experiences, progress, and accomplishments.
>
> —**Massachusetts team member**

Through the Policy Academy process, participants stated that they learned the importance of listening and learning from each other and from experts, and that it was okay not to know all the answers and to ask for help.

10

Create a structured plan to guide implementation and follow it

Through the team planning sessions, guided by the facilitator and faculty member, teams developed action plans to guide the implementation of their visions. These plans defined goals, action steps, timelines, and responsible parties for each item. The BRSS TACS team encouraged participants to see the action plans as living documents to re-visit, revise, and update regularly. Typically, teams intended their action plans to cover a 6-month to 1-year timeline, however, most teams extended this timeline, as system change work requires time to lay groundwork and engage stakeholders. The best action plans identified both short- and long-term goals.

> The most important part was creating the action plan. It really set us up for success when we came back to Tennessee. It gave us the framework we needed for moving forward.
>
> —Tennessee team member

> We would never be as far as where we are now if we did not have the BRSS TACS action plan. It gave us all the requisites to really build upon.
>
> —Rhode Island team member

The action plan served as the team's commitment to each other and their common vision. It laid out a roadmap for the work ahead with concrete details on roles and responsibilities. With the unrelenting distractions of everyday responsibilities, the action plan stood as a mechanism to remind teams that they had a long-term vision to implement that was just as important as putting out daily fires.

> I don't think we would have accomplished the things we did if we didn't have an action plan and the time together as a team. We left the Policy Academy with a very strong sense that our plan was our commitment. The action plan helped give us a form of accountability for everybody on the team.
>
> —Virginia team member

Faculty and facilitators encouraged teams to stay adaptable and flexible in working through the plan.

> We have tweaked the action plan since we developed it. It's a living and breathing document and continues to adjust its sails as the wind changed directions at times. That was really important—to remain adaptable.
>
> —Florida team member

A few teams adapted Policy Academy tools and processes, including the action plan, to use in their statewide work.

> The structure and process of developing the action plan and the tools that the on-site facilitators and faculty utilized were very helpful for us, especially for moving forward. Guided by the action plan, we started to break out in communities across the state to share the work we were doing at the statewide level. We utilized some of the same processes that we learned as a part of the Policy Academy itself in our state. Overall, the action plan and the implementation really kept folks in the team on point in carrying out the overall process.
>
> —Florida team member

11

Engage other stakeholders and systems to get the work done

State mental health and substance use authorities do not work in a vacuum. To successfully implement new services, they need to engage with and respond to the needs of the communities they serve. They must collaborate and coordinate with other systems and stakeholders with different priorities. To implement change, they must learn to successfully engage, collaborate, and navigate different priorities. Often, teams were surprised to learn how much support they encountered once they started to reach out.

> You should go to your sister agencies. You need to know who your allies are, who your supporters are. You also need to know what your opposition is, and you need to know the stance that your opposition is coming from. If you can do that, then you can develop a plan to navigate around. I would encourage other states to investigate, have conversations with sister agencies, and make sure the timing is right before you spend a lot of resources.
>
> —West Virginia team member

> We were really concerned that this not be the state coming down and telling all the communities what they are going to do, so we had to tap into what was going on in communities. We started out with a bid for recovery-oriented system of care (ROSC) Councils and we pulled from local communities. We said, "you can apply as a lead agency, but the idea is to develop a council in your community that you are the lead of, but remember, your agency isn't the ROSC Council. Your agency isn't the ROSC. Your agency is just leading it and getting it started."
>
> —Illinois team member

> We had conversations with representatives of the recovery community about how to raise awareness of the importance of recovery across the state, particularly among decision makers. How do we raise the awareness of the importance of recovery being part of our continuum of care, particularly at the community level? BRSS TACS gave us an opportunity to create a strategy for how we were going to enhance the recovery portion of our continuum of services.
>
> —New Hampshire team member

During the Policy Academy, a few teams recognized they needed to add other key stakeholders to their team to accomplish their goals. In Florida, once the team started engaging a wider group of stakeholders, they found support in places they did not expect, ranging from the judicial system to mental health and substance use service providers. These supporters took on the cause as their own, with dramatic results.

> Once we started having all these folks at the table and talking about peer support, we began getting support not just from our recovery community or from our [state department] office, but also from district attorneys, judges, and all these other folks. We encouraged our provider network to work with peers. But they wanted to know "how do we do this and how do we really pay for it?" So really, it turned into a push from the provider community. We didn't even author the legislation, though we supported it and helped with it, but it came out of a state attorney taskforce in South Florida. It originated from the needs of the provider industry. There were champions in all of our regions and all of our counties, which is huge when you think about how large Florida is. And these champions aren't just people in recovery or people who work in our industry—they are people from the entire community.
>
> —Florida team member

The Florida team expanded their Policy Academy project into a statewide transformation effort that includes the justice system, hospitals, faith-based organizations, and the child welfare system. They are working in coordination with the statewide peer coalition and recovery community organizations to build capacity of recovery-oriented change agents in all regions of the state.

12 Invest in maintaining engagement and motivation

Policy Academy participants who were most successful meeting their goals and following through with their action plans said that motivating the team and keeping members engaged—despite challenges and unexpected changes—was a key factor for success. Many of these teams are still meeting years after their BRSS TACS experience. Team membership may have changed, and members may have moved onto new goals, but the commitment to work together remained strong. For example, the Virginia team has been meeting continuously since 2012 and has morphed into the larger Virginia Recovery Initiative. The Connecticut team has been meeting since 2016, calling themselves the Community Wellness and Recovery Coalition.

> It was a motivating factor to realize that there was definitely a bright light at the end of our tunnel. We knew what we had to do and what types of steps we had to take and what types of information we had to have in order to achieve peer reimbursement from Medicaid. Everybody was really engaged because of that as well, because we knew it wasn't just something that might happen. We knew it was something that was going to happen, so we were animated by that.
>
> —New Jersey team member

> I think one of the lessons learned is just trying to keep the enthusiasm up and helping everybody come to establish a common vision for what they want services to look like in the future.
>
> —Kansas team member

13 Take the long view and do not give up

One challenge of working within a state system is needing to adjust to changing leadership, policy priorities, and budget constraints that can have a serious impact on the service system. One state mental and substance use department experienced significant budget cuts and workforce reductions, resulting in heavily overburdened team members who were employed by the state department. This team failed to implement its action plan. Other teams encountered serious challenges that derailed aspects of the work.

> I would say to other states considering traveling this road, just be aware that there are external factors that can pop in at the last minute and change your plans under your feet.
>
> —West Virginia team member

> I think we had a great plan. We had some great ideas, but somehow there were a lot of transitions going on. We lost the political will to follow through and really expand Individualized Placement Supports the way we had hoped to in Minnesota.
>
> —Minnesota team member

> For the second time the idea was killed after all of the work that we did. It was very frustrating to have it happen yet again. Somebody higher up in the department decided that we weren't going to do it. It's happened to us twice.
>
> —New Hampshire team member

Those who encountered challenges but were able to recover emphasized the need to be aware of the overall atmosphere and to keep adjusting and moving forward. Those that were able to keep picking the work back up and adjusting to the changes were able to succeed at some of their goals.

> We had to just adjust to a lot of other changes in the state going on at that time. It was hard to be working within the political system to make sure that your vision is maintained, and then to have to re-sell your vision to different leadership is always a challenge. It's important that the group really is firm in what their vision is so that they can keep marketing their vision to those in the political systems that you need to leverage support from all the time.
>
> —Kansas team member

> Our team leader left employment with us and we never really established a new leader. After that things started to phase out. It had an impact on our ability to meet many of our action plan goals and objectives. So many things were put on hold. But now, I'm proud to say that we've picked things back up in the past six months. We are not necessarily working with the same people that were part of the initial Policy Academy team, but there's still several of the same key players involved. Now we're moving forward with peer support training, so that's good.
>
> —Kansas team member

Challenges are inevitable, and participants repeated the need to stay flexible and keep the long-term goals of the action plan in the forefront. They emphasized that setbacks can be a part of the process.

> Don't give up when you hit setbacks. We've experienced some budget cuts and things in the last couple of years that have affected how things have rolled out. Some things got put on the backburner for a little bit. We're trying to make our way back and so we're making progress but slowly. Just to remember to keep going forward and keep adjusting your plan to the changing conditions.
>
> —Wyoming team member

IMPACT OF THE BRSS TACS POLICY ACADEMY

Through conversations with Policy Academy teams, BRSS TACS learned that the Policy Academy was a powerful catalyst for change, resulting in significant and lasting improvements to the continuums of prevention, treatment, and recovery support services for people with serious mental illness and substance use disorder in 34 states, one territory, and one tribal community. Together, these initiatives have improved prevention, treatment, and recovery support services for over 211 million Americans who reside in these areas.

The Policy Academy provided a structured process that supported teams of stakeholders across various systems, sectors, and agencies to come together, develop trust, and learn to collaborate effectively. Together, these transformation teams affirmed their shared values and developed a vision statement for how they wanted to support people with mental illness and substance use disorders. They worked together to identify strengths, weaknesses, opportunities, and threats and used this information to form priority areas and set goals. With support from BRSS TACS, each team created an action plan that outlined a concrete process for achieving their goals for improving services and supports for people with mental illness and substance use disorders. They committed to continue meeting regularly, to involve a wider range of stakeholders, to nurture new partnerships, and to leverage new funds in the service of achieving these goals.

As a result, teams have achieved significant accomplishments that have resulted in better care and services for people with serious mental illness and substance use disorders. These accomplishments, too numerous to list here, are summarized in Appendix B. Nearly all teams report developing new partnerships and emphasize the value of forging lasting collaborative relationships across and within service systems, sectors, and state departments. Well over half of the teams reported being able to leverage new funding as a result of their participation in the Policy Academy. This funding ranged from new state appropriations, new federal grants, or new Medicaid billing codes. Many states successfully changed their Medicaid state plan to enable coverage for peer-delivered recovery support services.

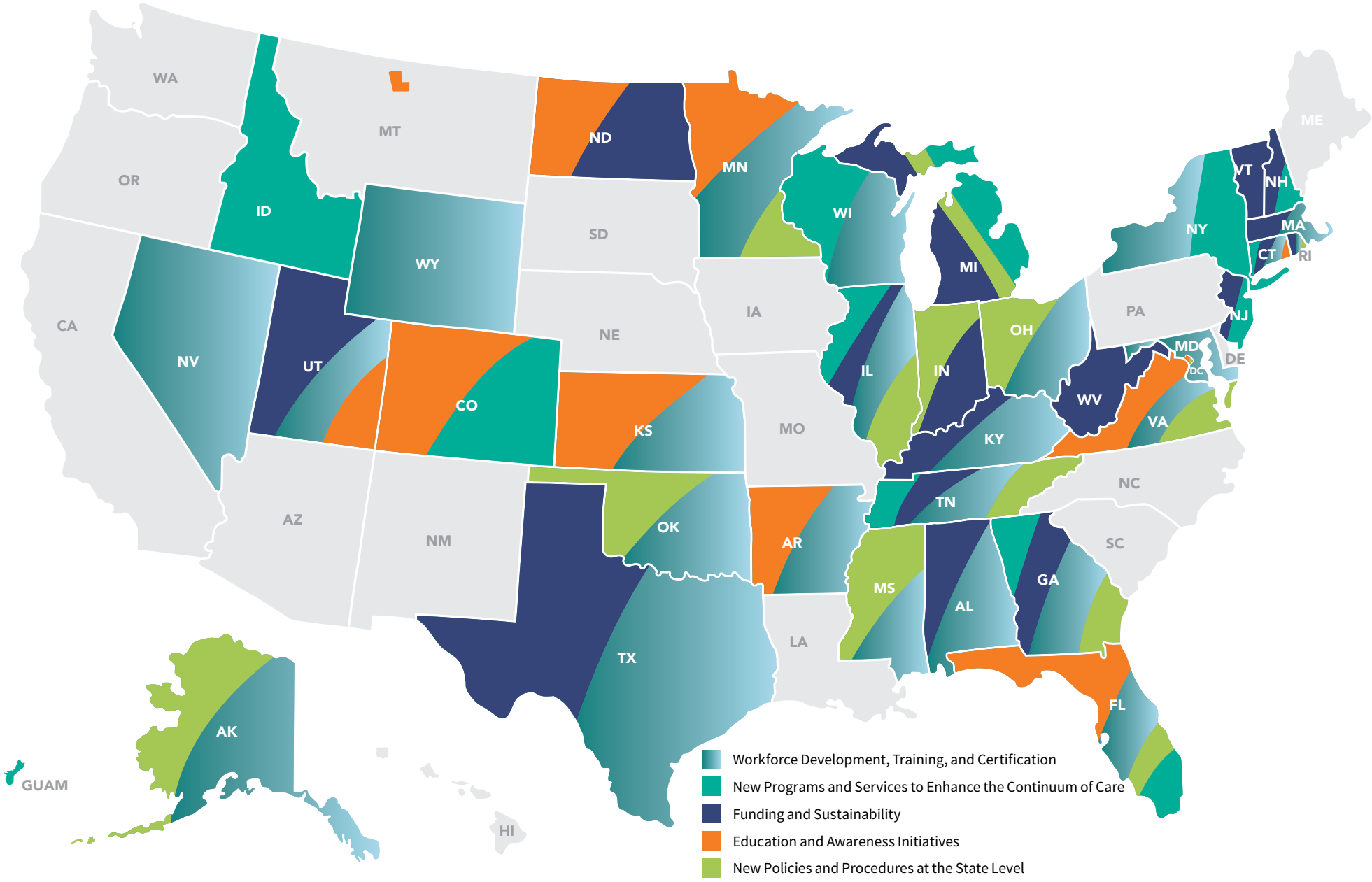
Approximately 90 percent of teams reported that they created or enhanced services to strengthen the continuum of care as a result of their Policy Academy participation. These services vary from improved and integrated crisis response services, supported employment and education programs, to peer support services provided within hospital emergency departments, prisons, and drug courts. Many states created new peer recovery support training and certification programs, including several specialty tracks to serve specific populations, such as parent/caregiver peer support, youth and young adult peer support, and forensic peer support. In addition, many teams successfully launched education and awareness initiatives targeting the public, key stakeholders, or mental health and substance use practitioners for the purpose of sharing information about treatment and recovery supports. Many states also reported making structural changes to their state mental health and substance use authorities, such as creating new positions, offices, policies, and job descriptions.

Together, these new partnerships, collaborations, funding sources, services, educational campaigns, policies, and procedures are already making a difference in the lives of millions of Americans. SAMHSA's investment in the BRSS TACS Policy Academy has achieved lasting change and results.

Appendix A

Accomplishments of BRSS TACS Policy Academy Participants

BRSS TACS Policy Academy team members reported their accomplishments in various formats over the past 7 years. This appendix summarizes the accomplishments that teams attribute to their participation in the BRSS TACS Policy Academy.



Workforce Development, Training, and Certification

A strong, well-qualified, well-trained workforce is essential to success in changing the system toward one based on recovery concepts. Many states concentrated on creating statewide certifications and viable training curricula to move the system forward and assure continued success. Some states concentrated on specialty areas and others tried to create one certification for both mental health and substance use peer providers. Knowing that knowledge dissemination does not necessarily translate into competency and skill building, supervision and ongoing education were of paramount importance to teams. Some examples of their excellent work in these areas are described here.

Alabama

- When they started the Policy Academy, Alabama had no certified peer specialists, now they report having 350.

Alaska

- Began developing a state peer support worker training and certification program and intends to incorporate the BRSS TACS *Core Competencies for Peer Support Workers* into its required training.
- Provided funding to seven organizations to develop training curricula for the state.
- Began planning the state's first Peer Support Conference to be held in spring 2020.

Arkansas

- When they started the Policy Academy, Arkansas did not have a peer recovery support worker training/certification program, and there were only seven peer support workers in the entire state. Through the Academy, the team explored existing certification programs and made three site visits to learn about peer certification programs in Kansas, Georgia, and Pennsylvania. The team then selected a model and trained 31 recovery coaches.
- Developed policy recommendations and standards to create an integrated mental health and substance use peer specialist program that they will submit to the state legislature for approval.

Connecticut

- To strengthen the statewide approach to crisis intervention, Connecticut implemented a Mobile Crisis Team Learning Collaborative for all state-funded team leaders. The collaborative meets monthly to discuss current and innovative practices and make educational presentations.

Florida

- The state made training and technical assistance available to help establish and implement recovery community organizations and recovery support services throughout Florida.
- Recently added 115 individuals with active peer certification credentials, bringing the statewide total of certified peer specialists to 544 individuals.

Georgia

- Added specialized certifications for youth peer specialists and for parent and family peer specialists.

Illinois

- Developed and implemented a Certified Peer Recovery Specialist (CPRS) credential (regulated by the Illinois Certification Board), which assures quality care and continued peer workforce development. The credential is appropriate for individuals who have the experience of recovery from a mental or substance use disorder, either directly or as family members or significant others.

Kansas

- Created a code of ethics for inclusion in the training curriculum, developed a draft curriculum, and conducted a pilot training to test the curriculum.
- Developed a relationship with Wichita State University, which helped revamp the peer specialist training after the pilot and created an online curriculum for peer specialists.

Kentucky

- Developed training materials for provider agencies and employers designed to increase employment readiness and sustainability for employment for transition-age youth.
- Created a website targeting youth in addition to YouTube videos on job skills for youth and young adults to promote the adoption and expansion of Individual Placement and Support (IPS) to transition-age youth across Kentucky.

Maryland

- Developed an integrated peer support worker certification that is comprehensive of mental and substance use disorders, as well as a comprehensive training portfolio.
- In September 2013, Maryland set a goal during the Academy to certify at least 100 individuals through the new certification process. As of June 2019, the state has provided funding for over 308 certified peer support workers who currently work in the Maryland workforce.

Massachusetts

- Convened representatives from the mental health and substance use services fields, including peer support workers and state-level policy makers, to engage in dialogue about integrating peer services, involving peer support workers in every step.
- Developed a draft report that provides a comprehensive inventory of available peer services, identifies gaps and needs, and makes recommendations for moving forward.
- Began working on a certification for young adult peer support workers through the Children's Behavioral Health Initiative through Therapeutic Mentor reimbursement.

Michigan

- Created and implemented a peer recovery coach certification and training manual.
- Pioneered a certification process in collaboration with the Michigan Department of Corrections for individuals incarcerated to become Certified Peer Support Specialists and Certified Peer Recovery Coaches within prisons. Currently, the state has 140 trained individuals, including a few individuals who are serving life without parole.
- Certified 30 women as Community Health Workers at Women's Huron Valley correctional facility.

Minnesota

- The state added a supported employment module to the state's peer specialist training curriculum, focusing on the role of peers in supporting people to obtain and maintain employment.

Mississippi

- Created two additional specializations—parent and caregiver and youth and young adult—for its state-certified peer support specialist credential and integrated these specializations into the existing adult peer support specialist training.
- The number of trained and certified peer support specialists increased from 36 before the Policy Academy to 160 in 2018.

Nevada

- In collaboration with the Foundation for Recovery and the University of Nevada, the team developed a standardized training curriculum for providing peer support for mental illness and substance use recovery.
- Created a statewide Peer Leadership Council, which was the first forum for recovery organizations in the state. The Council established a common language and terms, defined differences and similarities across mental health and substance use services, and forged statewide public/private partnerships to develop a sustainable, peer-driven, recovery-oriented system of care that would improve recovery and whole health outcomes.

New York

- Developed the Peer Integration and the Stages of Change Toolkit, which uses the Stages of Change approach to the integration of peer services and includes sample forms and proven tools.
- Created training on the fundamentals of peer support services aimed at staff members who must implement peer support services, including executive leadership, supervisors of peers, clinical staff, and credentialed and non-credentialed peer support workers.

Ohio

- Merged programs to create one integrated (mental health and substance use) peer support specialist curriculum.

Oklahoma

- Updated the core curriculum for peer support specialist certification training and developed several specialty certification tracks, including peer support for youth and young adults, those involved in the criminal justice system, and veterans.

Rhode Island

- Created an integrated substance use disorder and mental health peer recovery specialist state certification.
- Developed and piloted a joint mental health and substance use peer recovery specialist training curriculum.
- Developed a certification test preparation tool to facilitate increased participation in the certification process.
- The state authority developed a peer-driven advisory board with other stakeholders and partners. This advisory group continues to give input and provide support on peer workforce concerns.

Tennessee

- The Policy Academy significantly enhanced peer support worker certification. The state developed and implemented a 40-hour integrated, standardized training and opened certification to people with lived experience of substance use disorders as well as mental health conditions.
- Two peer instructors co-facilitate the training: one has lived experience of mental illness or co-occurring disorder and the other has lived experience of substance use disorder or co-occurring disorder.
- Developed a train-the-trainer program for peer facilitators of the CPRS training.

Texas

- Developed a training curriculum for people with co-occurring (mental health and substance use) disorders. Two instructors co-facilitate the training; one is an expert in mental health, the other an expert in substance use.
- Developed a recovery coach train-the-trainer program.

Utah

- Created a peer support supervision curriculum, although it is not yet widely implemented.
- Used mental health block grant funding to hire a peer support specialist to provide career counseling for individuals taking the training for the state certification program.
- Increased the pay scale for peer support specialists from $9.00/hour to approximately $12.50/hour.

Virginia

- Developed and implemented a new statewide peer support worker certification process.

Wisconsin

- Created an integrated (mental health and substance use disorder) peer specialist curriculum, training, and exam to certify integrated peer specialists to practice in both mental health and substance use disorder services and to serve individuals with co-occurring disorders.
- Created an integrated parent peer specialist curriculum, training, and exam to certify integrated parent peer specialists qualified to practice in both mental health and substance use disorder services and to serve parents who have children with mental health and/or substance use disorders.

Wyoming

- Created a new statewide peer specialist training curriculum.
- Nurtured and created new partnerships with the Sheridan VA Medical Center, Wyoming Department of Corrections, Gateway Foundation, and Wind River Indian Reservation.
- Forged stronger partnerships with Wyoming Medicaid, community mental health and substance abuse service providers, and Recover Wyoming.
- Developed a partnership with the Pennsylvania Mental Health Consumer Alliance, which provided a train-the-trainer training for forensic peer specialists.

New Programs and Services to Enhance the Continuum of Care

In many instances, the Policy Academy acted as a catalyst for change. The partnerships that emerged worked to create new services and programs to fill service gaps that surfaced during the state teams' strategic planning. This section provides examples of new, enhanced, or expanded services resulting from Policy Academy participation.

Colorado

- Expanded recovery centers, particularly in rural areas.
- Updated the state's Linking Care website, a Colorado referral resource, to include recovery support services.

Connecticut

- Developed a work group that explored how to enhance the mobile crisis response services and conducted a survey of providers about the state's mobile services.
- Instituted quarterly Crisis Intervention Team (CIT) meetings with CIT police officers and providers to strengthen collaboration, review current practices, and provide education and support.
- Implemented a pilot program in two cities in response to gun violence, training volunteers to respond within communities when there is gun violence.
- Collaboration among team members led to a program placing recovery coaches in hospital emergency departments across Connecticut.

Florida

- The state's seven Managing Entities and regional Department of Children and Families and Substance Abuse and Mental Health offices are working toward regional implementation of a recovery-oriented framework. They are establishing ROSC-focused networks to increase community and stakeholder education on recovery practices. These efforts are increasing community stakeholder buy-in for project implementation.
- Florida's mental health treatment facilities committed to the transformative effort. Treatment facilities created their own strategic plans to implement recovery-oriented practices within Florida's hospitals and to hire peer specialists in each facility.

Georgia

- Created a peer warm line with a texting platform to provide peer support.
- Started a program that places peer specialists in hospital newborn intensive care units to provide support to parents with substance use disorder.
- Opened 16 new peer-run, peer-led recovery community organizations across the state.

Guam

- Created the first recovery community organization in the territory, which was profiled in the news for its work with drug courts and the child welfare system.

Idaho

- Created and strengthened a statewide recovery community organization—Recovery Idaho—intended to support four recovery community centers. They are developing a website, database, and a recovery coach curriculum.
- Developed advisory boards and created a strategy for identifying and leveraging partnerships and resources to ensure the sustainability of recovery support services across the state.

Illinois

- Bid out capacity building projects to implement local ROSC Councils in eight communities through the Recovery-Oriented Systems of Care-Illinois Statewide Network program. This program established networked, geographically distributed ROSC Councils to assist communities build local recovery-oriented systems of care that can network with the statewide ROSC.
- Held a 1-day summit in conjunction with the state certification conference to discuss ROSC and the role of recovery community organizations in Illinois. The event focused on identifying how the state needed to enhance recovery support services. Several persons with lived experience and consultants who have helped design ROSC in other states participated in this summit. As a result, stakeholders built consensus around the ROSC concept in Illinois, forged a common vision, and identified preliminary goals. Original members of the Policy Academy team formed a steering committee and sought input on the project from across the state.

Michigan

- Partnered with Michigan Department of Corrections to create a new program offering peer recovery support to people incarcerated. The program trains incarcerated individuals to be peer support specialists, peer recovery coaches, and community health workers.

New Hampshire

- Developed a peer recovery support facilitating organization that supports the creation of 10 recovery community organizations across the state.
- When the team started the Policy Academy in 2015, there were no recovery centers and now there are recovery centers across the state providing thousands of units of service.

New Jersey

- Developed these peer-focused initiatives:
- Telephone recovery support
- Support Teams for Addiction Recovery, or STAR, that provides case management and wrap-around services for people in recovery from opioid use disorder

- A case management/wrap-around program for inmates with opioid use disorder who are being released from state correctional facilities

New York

- Created an initiative to place certified peer support specialists in drug and other speciality courts throughout New York State.

Tennessee

- The Tennessee Department of Mental Health and Substance Abuse Services collaborated with the Department of Corrections to develop and implement a Certified Peer Recovery Specialist program in the state prison system.

Wisconsin

- Placed peer support workers in emergency rooms to support people who have experienced an overdose. They provide support both in the hospital setting and during the person's transition back into the community, providing support and linking individuals to treatment and recovery support resources.
- Trained inmates within the state prison systems and employed them as peer specialists within the prison system. These specialists offer support to those in the re-entry process, providing them with hope for a future outside of incarceration.
- Expanded the state IPS-supported employment program, incorporating peer specialists in the service where available.
- Expanded IPS for transition-age youth, focusing on both supported education and employment.
- Supported a peer-run organization that provides IPS.

Funding and Sustainability

Many teams report that they have been able to leverage increased funding or secure new funding sources because of the work they accomplished through participation in the BRSS TACS Policy Academy.

Alabama

Worked toward obtaining Medicaid reimbursement for peer recovery support services.

Connecticut

The Connecticut team committed to find ways to provide needed crisis intervention services that are more economical and more effective than traditional services.

Georgia

Obtained Medicaid reimbursement for specialized certified peers for youth and certified peer specialists for parents and family members.

Illinois

- Leveraged $1 million from the Title XX Donated Funds Initiative to implement capacity building to provide recovery support service.
- Funded local ROSC councils with the goal of building a statewide ROSC. In the first year, Illinois funded eight ROSC Councils. Illinois committed to fund up to eight additional ROSC Councils in the second year, in addition to continuing funding for the original eight.
- Illinois will launch a pilot program in FY 2020 to fund recovery support services. The initial project will include five agencies that will bill for recovery support services. Through this pilot, the department will learn how to deliver and bill services so that the state can successfully roll out the project across the entire system in 2021.

Indiana

- Within weeks of returning from BRSS TACS training, the team secured $200,000 in funding to support the Recovery High School in Indianapolis. This created the first-ever contract with a recovery high school.
- Allocated $6,000 to develop a youth peer support worker training/certification track.

Kentucky

- Received a Healthy Transitions Grant entitled Transition Age Youth Launching Realized Dreams, which they used to expand their Policy Academy project. Under the grant, Kentucky is developing services and supports that interest young people in employment and will provide these services in a youth-friendly environment.
- They are using set-aside funds from the mental health block grant to provide specialized team-based support called Coordinated Specialty Care to young people who have or are at risk of developing a first episode of psychosis (Early Interventions for First Episode Psychosis).

Massachusetts

- Achieved the inclusion of mental health peer specialists in the state's Medicaid plan.

Michigan

- Modified the state Medicaid plan to ensure reimbursement for peer recovery coaches.

New Hampshire

- A contract funding the development of recovery community organizations started in 2013 has expanded by 2019 to include state and federal funding of over $2 million dollars.

New Jersey

- As of July 1, 2019, the state modified the Medicaid plan to reimburse for peer-delivered recovery support services for people with substance use disorder.

North Dakota

- Included peer support within the state plan amendment as a service line for all individuals who receive Medicaid.

Rhode Island

- Modified the state Medicaid plan to include reimbursement for peer-based recovery support services.

Tennessee

- Allocated up to $60,000 for certified peer recovery specialist training throughout the state.

Texas

- Funded 22 provider agencies to implement recovery support services, including 14 treatment providers, 6 community-based service providers, and 2 peer-run organizations.

Utah

- Leveraged funds to provide peer recovery support services for individuals leaving incarceration on parole.
- Received a Health Resources and Services Administration Behavioral Health Workforce Education and Training for Paraprofessionals grant to fund training for Peer Support Specialists and Family Resource Facilitators for 4 years ($1.15 million), focusing on training peer support workers to work in integrated healthcare environments.

Vermont

- Obtained Medicaid reimbursement to deliver the evidence-based practice WRAP (Wellness Recovery Action Planning).
- Through the support of the Policy Academy, the State Authority felt empowered to successfully advocate for increased funding and support from the state legislature.

West Virginia

- In 2018, the State Medicaid authority added peer recovery services for the first time as a feature of the Substance Use Disorder Waiver, allowing Medicaid reimbursement for peer support.

Education and Awareness Initiatives

To combat misconceptions and discrimination and to promote a better understanding of the role and value of recovery support and peer-based services in the treatment continuum, teams engaged in educational activities aimed at the public, stakeholders and partners, and providers and practitioners of mental health and substance use services.

Arkansas

- Organized community conversations to build knowledge, awareness, and interest in peer recovery support services around the state. Using information gleaned from these meetings in different regions, they developed a consensus statement about peer-driven recovery, which informed the definition of recovery that the Department of Behavioral Health Services policy team adopted to inform the 1915i application.
- The team created materials, including presentations and talking points, and held meetings with groups across the state to exchange progress and findings. In September 2014, the team hosted a conference designed to promote and "demystify" peer support.

Colorado

- Engaged an external group to assess the national state of peer recovery services, training, and certification for peer recovery workers to learn what training, organization, and funding models worked well across the nation. After analyzing the findings, the team identified a configuration of recovery support services that it implemented and funded through the state's Access to Recovery program. The team also identified evaluation measures for the services, which provided the opportunity to disseminate lessons learned and services that work in other states with Colorado providers.

Connecticut

- Collaborated closely with community organizers and the faith-based community to create community conversations in several major cities in the state. Those conversations shaped concrete action plans for those communities to move forward.

District of Columbia

- Acknowledging the lack of support among providers and the community for recovery services, the team distributed a community survey to better understand attitudes about recovery and the role of their Recovery Advisory Council. The survey results helped guide the District to offer recovery community forums, engage in citywide advocacy, and pursue opportunities to serve on the District's government policies and procedures committees.

Florida

- Hosted a recovery reinvented event to affirm recovery from mental illness and substance use disorders; more than 1,400 individuals attended the event.

Kansas

- Convened a 2-day meeting with community stakeholders to elicit comments and recommendations on strengths and challenges in the mental health/substance use service system.

Minnesota

- Created videos to highlight IPS success stories, raise awareness about the successes of people with mental health and substance use disorders in the workforce, and employ as positive promotional messaging.

North Dakota

- Completed a statewide survey to better understand perceptions around substance use disorder and develop a better way of communicating about shame, misconceptions, and discrimination.

Rocky Boy Health Board (Chippewa Cree Tribe, Rocky Boy, Montana)

- Recruited and trained community Ambassadors who share information about recovery and engage community members in the change process
- Held workshops for service providers and community members on trauma informed tribal communities

Utah

- Developed an infographic as a marketing tool to explain peer support specialist roles and responsibilities.
- Identified data points that support peer interventions and developed a contract with an evaluator to develop a more complex data evaluation tool.

Virginia

- Held multiple statewide forums to convene the peer community, the state authority, the state hospital system, and the public sector care representatives to create a shared vision for Virginia's healthcare system.

New Policies and Procedures at the State Level

Many state teams created and implemented new policies and procedures within their state departments and created new positions responsible for recovery services.

Alaska

- Created a new statewide peer position for the State Department office.

District of Columbia

- Identified and included two billable recovery services to be covered under the full implementation of their Medicaid Plan Amendment.

Florida

- Worked closely with the legislature on the ROSC Initiative.
- Passed a bill that was proposed for 3 years that now adds peer support services to state statute as a legitimate service. It describes what peer support services are and describes the certification process. It is now a legislative requirement that there be a certification process and that providers are to pay peer specialists at a rate comparable to other mental and substance use professionals.
- Created six key positions, identified as Recovery Oriented Quality Improvement Specialists, within regional department offices. These positions serve as key personnel in implementation of a ROSC framework.
- Created a Statewide Recovery Integrations Specialist position to expand the reach of the Statewide Coordinator of Integration and Recovery Services.

Georgia

- Changed their contracting policy requiring certified peer support workers to be employed by providers that receive funding.
- In November 2018, instituted a policy validating peer training and credentialing, and in January 2018, implemented a statewide Recovery Policy.

Illinois

- IDHS/DASA (Division of Alcoholism and Substance Abuse) changed its name to IDHS/SUPR (Substance Use Prevention and Recovery) to reflect the state's commitment to reorienting its system of care to one that recognizes individuals in long-term recovery.

Indiana

- Modified all Division of Mental Health and Addiction job descriptions to encourage people with lived experience of mental illness or substance use to apply for positions with the division.

Michigan

- Added a recovery policy section to the state's Application for Participation for entities interested in participating in the managed care program, requiring applicants to demonstrate use of specific recovery policies, practices, and measurement tools.

Minnesota

- Developed an interagency strategic plan and held several intra-agency and interagency meetings with an array of state agencies and other stakeholders. This strategic plan improved communication and strengthened working relationships across and within different agencies.
- Added IPS to the State Plan to End Homelessness.
- Collaborated on the State's Olmstead Plan response, including the creation of baseline goals for employment for people with disabilities, the development of integrated employment for young people and adults, efforts to use IPS for TANF recipients, and other IPS-related policy changes.

Mississippi

- Added a new position to the State Division of Recovery and Resilience to assist with processing peer certification applications, setting up trainings, and providing technical assistance to providers and peer support specialists.
- The State Department of Mental Health improved procedures for the peer support specialist training, such as the application, clarification of requirements, conducting interviews, and identifying and contracting with Certified Parent/Caregiver Peer Support Ambassadors.

Ohio

- Created a bureau of recovery support in the new state department.

Oklahoma

- Developed a peer advisory board that advises state staff overseeing the certification and the training for peer support specialists. The advisory board and its purpose are formalized as part of department policies and procedures.

Rhode Island

- Developed a data collection system to better understand outcomes associated with people seeking assistance from a peer recovery specialist.

Tennessee

- The Department of Mental Health and Substance Abuse Services established a new peer position in the department for a Peer Recovery Coordinator to oversee day-to-day operation of the Certified Peer Recovery Specialist program.

Virginia

- The new State Commissioner formed an office of Recovery Services and hired a Director of Recovery Services.

Appendix B

Challenges Faced by State Systems

Fifteen states reported the following challenges in their applications to participate in the 2017 and 2018 Policy Academy events.

Service Continuum

- Many treatment and recovery support programs have evolved organically, resulting in regional differences in service arrays, and consequently, a lack of a cohesive, fully integrated, or nimble continuum of care.
- Mental health, substance use, and healthcare providers do not always focus on establishing connections with community-based services. Some states have survey data suggesting a need to integrate mental health and substance use services with primary care services.
- Many states report a growing concern about the impact of issues such as family breakdown and substance use among youth and young adults, and that their systems of care are not fully equipped to handle the unique needs and challenges of youth and young adults.
- Some states report a need for more formal protocols and agreements with other systems, including the court system, criminal justice system, primary care providers, and child welfare agencies around the need for treatment and recovery support services and the integration of peer support workers.
- There is still a lack of clarity about the role of peer support workers in the treatment and recovery system, from administration to service delivery.
- Often, few people in leadership roles in the state authority, provider agencies, or community are able to champion the development of a full continuum of prevention, treatment, and recovery support services that embraces the value of people with lived experience of mental illness and substance use disorder and their unique role as part of the service continuum.

Workforce

- High turnover rates among state mental health and substance use provider and practitioner workforce affect the implementation and sustainability of recovery-oriented treatment and services. In some states, there are only small pools of qualified, recovery-oriented mental health and substance use practitioners, especially in rural areas.
- Many state authorities experience turnover for a variety of reasons. Position descriptions undergo substantial changes with new administrations and staff being reassigned to other departments and areas. The lack of consistency over time inhibits ability to see work through to completion.
- Several states report that high turnover among peer support workers is a challenge, which may be related to low compensation levels (near minimum wage).
- Background check requirements are barriers to employment for people with lived experience of mental illness or substance use disorder who have a history of justice involvement and want to work as peer support workers.
- Educational programs lack consistency in training and preparing students to work in recovery-oriented, integrated health settings.
- Many areas lack trained practitioners and peer support workers to serve special populations, such as youth and families, people who identify as LGBT, people incarcerated or transitioning out of prisons, those receiving medication-assisted treatment, and others.
- There is a lack of standardization for training and credentialing of peer support workers, across and within states and across the mental health and substance use fields, creating great variability in the qualifications and competencies of peer support workers.
- In some states, there is little consensus on a process, training content, or an approach to certification for peer support workers.
- Some states report limited leadership training, mentoring, and professional development opportunities for peer support workers.

Funding

- There is a lack of funding for developing or enhancing training curricula.
- There is a lack of funding to build and enhance the service infrastructure.
- Some states lack Medicaid reimbursement for recovery support services, especially those delivered by peer support workers.
- While many state systems recognize the value of recovery support services as being part of the prevention, treatment, and recovery support continuum, they are only able to provide limited funding for these services and medication-assisted treatment.
- In many states, the Medicaid billing rate for recovery support services, including family support services, are too low to ensure a living wage for peer support workers.
- There is a need for insurers, including Medicaid, to understand the value of recovery support services as a reimbursable service.

Organizational Readiness

- Some staff members may hold misperceptions, such as believing that peer support workers are unable to handle stress and pathologize certain behaviors of peer support workers as being symptoms of illness rather than work-related stress or a supervision opportunity. Such attitudes toward peer support workers can lead to discrimination in the workplace.
- Some states report that a number of treatment and recovery support provider organizations are unclear about the roles of peer support workers or how to best incorporate them into treatment teams and their organizations.
- Within states that support a full continuum of prevention, treatment, and recovery supports, there may be local authorities that are resistant to offering a full array of recovery support services, specifically peer-delivered recovery support services.
- Although many provider agencies have treatment planning templates based on person-centered approaches, actual treatment, implementation, and follow-up activities that reflect person-centered, recovery-oriented approaches often fall short.

Geographic

- Transportation is a significant challenge in many states. The rural nature of some states or certain geographic areas of other states, when combined with the limited availability of public transportation creates significant challenges for accessing services. At the most extreme, there are populations that live off the road system in areas accessible only by plane or boat.

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