Overview

BRSS TACS is a small business set-aside opportunity for a multi-task contract to support SAMHSA’ Recovery Support Strategic Initiative. The overall purpose of the BRSS TACS contract is to promote wide-scale adoption of recovery-oriented supports, services, and systems.

The contract was awarded on September 27, 2011, to the Center for Social Innovation (C4SI), and it subcontractors and partners in The Recovery Breakthrough Collaborative. Recovery Breakthrough Collaborative partners include:

- Advocates for Human Potential
- Boston University Center for Psychiatric Rehabilitation
- Pat Deegan Associates
- National Coalition for Mental Health Recovery
- New York Association of Psychiatric Rehabilitation Services
- National Federation of Families for Children’s Mental Health
- Abt Associates
- Johnson, Basin & Shaw
- National Association of State Alcohol and Drug Abuse Directors
- National Association of State Mental Health Program Directors

Operating Context for BRSS TACS

BRSS TACS will operate in an environment of major policy changes and multiple challenges.

- Health Reform and Parity: The Affordable Care Act and the Domenici-Wellstone Act offer unprecedented opportunities and challenges for providers and recipients of behavioral health services. As 2014 approaches, new benefits packages and funding schema are being determined. With its emphasis on holistic care and focus on wellness, recovery can serve as a central organizing construct on which decisions can be based and operationalized. BRSS TACS will assist SAMHSA’s many stakeholders prepare for the changes and challenges associated with health reform.

- Systems-wide Fiscal Constraints: Fiscal resources are tight at all levels – federal, state, local. Now more than ever, it is critical to find opportunities to leverage existing resources and achieve cost savings. BRSS TACS will assist SAMHSA’s stakeholders identify strategies to save money by using the most effective and promising recovery-oriented approaches.

BRSS TACS Supports SAMHSA’s Theory of Change and Strategic Approach

Many states and communities have adopted recovery principles into their mission statements, implemented new programs and practices, and developed strategic plans to transform systems. Pockets of excellence have emerged that incorporate person-driven, recovery-
oriented, trauma-informed, and culturally competent systems of care. However, with 21 million American still struggling with addictions and people with serious mental illnesses dying decades earlier than those in the general population, the need to develop a responsive national system based in principles of recovery is urgent.

Consistent with SAMHSA’s Theory of Change, BRSS TACS will encourage and support wide-spread adoption of recovery, recovery supports, recovery support services, and recovery-oriented systems of care across the United States. BRSS TACS will serve as a coordinated effort to bring recovery to scale, leveraging past and current accomplishments by SAMHSA and others in the behavioral health field.

SAMHSA has identified 8 Strategic Initiatives, as the foundation for setting budget and policy priorities; managing grants, contracts, technical assistance, agency staff, and interagency efforts; engaging partners at every level; and measuring and communicating progress.

SAMHSA’s 8 Strategic Initiatives includes one that focuses specifically on recovery:

1. Prevention of Substance Abuse and Mental Illness
2. Trauma & Justice
3. Military Families
4. Recovery Support
5. Health Reform
6. Health Information Technology
7. Data and Quality
8. Public Awareness

**Purpose of Recovery Support Strategic Initiative:**

*Partnering with people in recovery from mental and substance use disorders to guide the behavioral health system and promote individual-, program-, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.*

**SAMHSA’s focus on recovery support is a high-quality, self-directed, satisfying life in the community** that includes:

- **Health** □ Overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way.
- **Home** □ A stable and safe place to live that supports recovery.
- **Purpose** □ Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society; and
- **Community** □ Relationships and social networks that provide support, friendship, love, and hope.

BRSS TACS will be an important mechanism for coordinating and carrying out the work of the R SI.
Key Features of BRSS TACS

BRSS TACS will serve the many audiences that are vitally important in efforts to move the behavioral health field toward a recovery orientation:

- States, counties, and systems administrators.
- Policy-makers.
- Researchers and educators.
- Behavioral health providers, including peer providers.
- Providers of other health and human services (primary health care, housing, employment-related, etc.).
- Consumers and people in recovery, including children, youth, and adolescents, and their families, people with a history of trauma, culturally diverse groups, and advocates for these groups.

A Steering Committee, comprised of representatives of the multiple, diverse audiences that BRSS TACS will serve, will be assembled. The Steering Committee will provide input to SAMHSA and the contractor, helping to guide the project’s many activities and products.

BRSS TACS is conceptualized and will be implemented to acknowledge and emphasize the value of people’s lived experience recovering from substance use and mental health problems. The project will sustain a significant and meaningful focus on people in recovery in all aspects of project development, leadership, and implementation.

Major BRSS TACS Activities

**Environmental Scan and Situational Analysis:** One of the project’s early tasks is to conduct a comprehensive scan of current practices and trends in recovery-oriented supports, services, and systems. The scan will serve as the basis of a situational analysis that will shape and inform the other BRSS TACS activities. Important aims of the scan and analysis are to avoid duplication of existing programs and initiatives, to leverage past and present accomplishments, and to focus on the most critical issues that will help move the field forward toward adoption of recovery and recovery-oriented practices. Some of these issues, which will then become the focus of BRSS TACS papers/products, technical assistance, training, and meetings of all sizes, are expected to include, but not be limited to, the following:

- Financing of peer recovery support services.
- Practice guidelines for peer recovery support services.
- Practice guidelines for recovery supports for children, youth, adolescents, and families/significant others.
- Culturally diverse models/approaches for recovery support, including those for Tribes and Tribal groups.
- Best practices/practice guidelines for recovery coaches (including training for recovery coaches).
- Accreditation of peer recovery support service organizations.
- Certification of peer recovery specialists.
- Models for person-centered planning and self-directed care.
- Trauma-informed peer support and trauma-informed approaches to integrated wellness.
- Complementary and alternative approaches (mindfulness, holistic health).
Use of health information technology (personal health records, adaptive technologies, assistive software and hardware, behavioral health apps, on-line behavioral health tools) as recovery supports.

Workforce needs for recovery-oriented services and systems.

**Expert Panel Meetings:** BRSS TACS will convene small meetings of experts (3 per year) to discuss and develop consensus on recovery-related topics in behavioral health.

**Policy/Practice Guidelines Papers:** Each Expert Panel Meeting will result in a policy paper, practice guidelines document, or other report that SAMHSA will disseminate to the behavioral health field. These papers will highlight state-of-the-art findings, models, and approaches that emerge during the deliberations among behavioral health and other experts.

**Centralized Web-Based Repository of Information and Resources:** BRSS TACS will develop and maintain a web-based resource center that will house state-of-the-art information and resources related to recovery and recovery-oriented supports, services, and systems. In addition to items gathered from the field and organized for ease of access, BRSS TACS will also develop a wide array of new technical assistance products, designed to assist stakeholders understand, adopt, and implement recovery-oriented policies and practices.

**Telephonic and Online Technical Assistance:** BRSS TACS will offer concrete assistance to help States, communities, organizations, and providers make the transition—conceptually and operationally—to a recovery-oriented approach. A cadre of experts will be available to respond to requests for TA and to respond with concrete information, advice, and resources on topics such as: peer support, recovery coaching, workforce development, policy and financing issues, electronic health records, trauma-informed approaches, meeting the recovery needs of children and adolescents, primary health care integration, and many others.

**Training Webinars:** BRSS TACS will develop and conduct up to 6 90-minute webinars each year. Each webinar will focus on a specific topic related to recovery/recovery-oriented practice, will feature experts in the field, including peers/consumers, and will be marketed to a wide audience of potential participants.

**BRSS TACS Listserv:** BRSS TACS will develop and maintain a listserv so that stakeholders can stay informed of BRSS TACS activities and services.

**State Peer Awards:** BRSS TACS will develop and implement a competitive process for awarding 6 $25,000 awards to peer-run organizations for the purpose of improving the capacity of these organizations and to help them carry out their proposed projects.

**National Conference/State Policy Academies:** Each year of the contract, BRSS TACS will conduct a one-day national conference on a recovery-related topic, followed by a 2-day State Policy Academy for up to 10 teams.

**National Stakeholder Symposium:** Each year of the contract, BRSS TACS will conduct a national symposium that will further the goals and objectives of Recovery Support Strategic Initiative on important national policy and practice issues. SAMHSA has determined that at least one of the national symposia will be on the topic of youth leadership development, and one will focus on health information technology for consumer/peer/families.
**Recovery Research Analysis and Report:** BRSS TACS will carry out a comprehensive review and analysis of existing research and evaluation projects related to the efficacy, effectiveness, and cost effectiveness of peer/consumer-run recovery support services. The aim of this task will be to provide a comprehensive research analysis that highlights the state-of-the-art in peer/consumer recovery support services, along with recommendations for future research.

**Other Activities:**
During Option Years 3 & 4, BRSS TACS will provide technical assistance to CMHS’s Consumer/Family Network grantees.

Optional Tasks have been exercised to:
- Provide up to 8 $50,000 State Planning Awards to advance recovery-oriented practice.
- Expand and sustain models of shared decision-making.
- Provide technical assistance to federal partners to expand adoption of recovery-oriented services.
- Provide awards for peer efforts in outreach and education related to health care reform.

**SAMHSA Project Officers (COTRs)**
Catherine Nugent, LCPC, Senior Public Health Analyst, CMHS
Marsha Baker, LCSW, Public Health Advisor, CSAT