

Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS), a Project of the Substance Abuse and Mental Health Services Administration (SAMHSA)

Request for Applications

2012 State Peer Awards for Health Care Reform Education

Application Deadlines:

Optional Letter of Intent: February 15, 2012 5:00 pm EST

Complete Application: February 29, 2012 5:00 pm EST

Schedule

February 2, 2012	RFA Announced
February 15, 2012	Written intent to apply (optional)
February 16, 2012	Application period opens
February 29, 2012	Applications must be received by 5:00 pm Eastern Standard Time
March 19, 2012	Awardees notified
April 1 – October 1, 2012	Award period

Summary

The Substance Abuse and Mental Health Services Administration's (SAMHSA) *Bringing Recovery Supports to Scale Technical Assistance Center Strategy* (BRSS TACS) is accepting applications for **2012 BRSS TACS State Peer Awards for Health Care Reform Education**. BRSS TACS is operated by contract with The Center for Social Innovation.

The purpose of the BRSS TACS State Peer Awards for Health Care Reform Education is to enable peer-run organizations in the 29 States with HHS Health Insurance Exchange Establishment Grants (see Appendix 1) to undertake outreach and dissemination efforts to educate people in recovery from behavioral health conditions (i.e., mental health and/or substance use disorders) and service providers about health care reform initiated by the Patient Protection and Affordable Care Act (ACA) of 2010. Health Insurance Exchanges (or "Affordable Insurance Exchanges") will provide individuals and small businesses with a "one-stop shop" to find and compare affordable, quality health insurance options. Health Insurance Exchange Establishment Grants help States continue their work to implement this key provision of the Affordable Care Act.

This Request for Applications (RFA) invites peer-run organizations/recovery community organizations in States with Establishment Grants to propose activities that develop learning networks that build the capacity of peer organizations to increase public awareness about ACA programs, understand the services offered through the Affordable Insurance Exchanges and the Medicaid benchmark plan, begin to develop strategies for

providing outreach and enrollment assistance, and readiness to participate in Exchange Navigator programs.

Education activities undertaken by awardees must be tailored to specific audiences and address changes in services, eligibility, and enrollment prompted by health care reform. Successful applicants will receive subcontract awards in the amount of \$25,000 from the Center for Social Innovation. SAMHSA intends to fund eight **BRSS TACS State Peer Awards for Health Care Reform Education** in 2012.

Technical assistance (TA) and training will be provided to grantees, and will include information about coverage of mental health and substance use disorder (MH/SUD) services in the Affordable Insurance Exchange and the Medicaid program, changes in eligibility criteria and enrollment procedures, and facilitation of contacts with key individuals in grantee’s State Medicaid, CHIP, Affordable Insurance Exchange, Department of Insurance, and other key State agency and other programs. Ongoing TA will include consultation sessions, training, webinars, and an online learning community to support organizations as they implement their projects throughout the award period.

Information about the Award and how to apply can be found below:

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Background

SAMHSA was established in 1992 and directed by Congress to target effective substance abuse and mental health services to the people most in need and to translate research in these areas more effectively and more rapidly into the general health care system. Over the years SAMHSA has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment, and recovery support services provides a cost effective opportunity to advance and protect the Nation's health.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness of America's communities. To achieve this mission, SAMHSA has identified 8 Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. These include:

- [Prevention of Substance Abuse and Mental Illness](#)
- [Trauma and Justice](#)
- [Military Families](#)
- [Recovery Support](#)
- [Health Reform](#)
- [Health Information Technology](#)
- [Data, Outcomes, and Quality](#)
- [Public Awareness and Support](#)

The purpose of the Recovery Support Strategic Initiative is to partner with “people in recovery from mental and substance use disorders and family members to guide the behavioral health system and promote individual-, program-, and systems-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce discriminatory barriers” (SAMHSA, 2011).

With input from the behavioral health field, SAMHSA has recently developed a working definition of recovery, as follows:

Recovery from Mental Disorders and Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

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;

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.

SAMHSA has also identified 10 guiding principles of recovery. A brief description of each follows. A more detailed description can be found at www.samhsa.gov/recovery.

- *Recovery emerges from hope:* The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.
- *Recovery is person-driven:* Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals.
- *Recovery occurs via many pathways:* Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds □ including trauma experiences □ that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.
- *Recovery is holistic:* Recovery encompasses an individual’s whole life, including mind, body, spirit, and community.
- *Recovery is supported by peers and allies:* Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.
- *Recovery is supported through relationships and social networks:* An important factor in the recovery process is the presence and involvement of people who believe in the person’s ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.
- *Recovery is culturally-based and influenced:* Culture and cultural background in all of its diverse representations – including values, traditions, and beliefs – are keys in determining a person’s journey and unique pathway to recovery.
- *Recovery is supported by addressing trauma:* The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues
- *Recovery involves individual, family, and community strengths and responsibility:* Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.
- *Recovery is based on respect:* Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery.

About BRSS TACS

In 2011, SAMHSA funded BRSS TACS to promote the widespread adoption of recovery concepts and practices throughout the U.S. BRSS TACS serves as a coordinated effort to facilitate the adoption and implementation of recovery concepts, policies, practices, and services, leveraging previous and current accomplishments by SAMHSA and others in the behavioral health field.

Bringing recovery supports and services to scale requires the participation of peer-led organization across the country in developing and implementing new approaches to policy development, funding, infrastructure, service design and delivery, and workforce development. The purpose of the BRSS TACS State Peer Awards for Health Care Reform Education is to enable peer-run organizations in the 29 States with HHS Health Insurance Exchange Establishment Grants undertake outreach and dissemination efforts to educate people in recovery from behavioral health conditions (i.e., mental health and/or substance use disorders) and service providers about health care reform initiated by the Patient Protection and Affordable Care Act (ACA) of 2010.

About the Patient Protection and Affordable Care Act (ACA) of 2010

The Patient Protection and Affordable Care Act (ACA) of 2010, often referred to as “health care reform,” is changing how Americans access health care. In the coming years, these changes will affect many in previously marginalized groups, including people with behavioral health conditions. Key provisions of the Patient Protection and Affordable Care Act (ACA) include:

1. Establishment of Affordable Insurance Exchanges where people who are not covered through employers or other insurance affordability programs (i.e. Medicaid) can compare insurance policies and rates and purchase coverage.
2. Assurance that health plans offered in the individual and small group markets, both inside and outside of the Affordable Insurance Exchanges, offer a comprehensive package of items and services, known as Essential Health Benefits (EHB).
3. Subsidies to low- and middle-income Americans to help cover the costs of health insurance premiums.
4. Elimination of the practice of refusing insurance coverage based on patients’ medical histories (pre-existing conditions) and from charging different rates based on medical history or gender.
5. Expansion of eligibility for restricted eligibility programs such as Medicaid, enabling many more low-income Americans to enroll.

A crucial feature of the ACA is ensuring access to a core set of Essential Health Benefits regardless of whether care is accessed through the Affordable Insurance Exchanges or individual and small group plans outside the Exchanges. As described in the ACA,

Essential Health Benefits must include items and services within at least the following ten categories: 1. Ambulatory patient services; 2. Emergency services; 3. Hospitalization; 4. Maternity and newborn care; 5. Mental health and substance use disorder services, including behavioral health treatment; 6. Prescription drugs; 7. Rehabilitative and habilitative services and devices; 8. Laboratory services; 9. Preventive and wellness services and chronic disease management; and, 10. Pediatric services, including oral and vision care. On December 16, 2011, the Department of Health and Human Services issued a bulletin outlining proposed policies that will give States more flexibility and freedom to implement the ACA. This bulletin describes a comprehensive, affordable, and flexible proposal and informs the public about the approach that HHS intends to pursue in rulemaking to define Essential Health Benefits.

HHS intends to propose that Essential Health Benefits be defined using a benchmark approach. Under the department's intended approach, States would have the flexibility to select a benchmark plan that reflects the scope of services offered by a "typical employer plan." This approach would give States the flexibility to select a plan that would best meet the needs of their citizens.

States would choose one of the following benchmark health insurance plans:

- One of the three largest small group plans in the State by enrollment;
- One of the three largest State employee health plans by enrollment;
- One of the three largest federal employee health plan options by enrollment;
- The largest HMO plan offered in the State's commercial market by enrollment.

If States choose not to select a benchmark, HHS intends to propose that the default benchmark will be the small group plan with the largest enrollment in the state.

The benefits and services included in the benchmark health insurance plan selected by the state would be the essential health benefits package. Plans could modify coverage within a benefit category so long as they do not reduce the value of coverage. This approach would provide maximum flexibility to States, employers and issuers while providing comprehensive quality coverage for consumers.

Behavioral Health, including mental health and substance use disorder services, is one of the ten Essential Health Benefits. The covered mental health and substance use disorder services must be offered in a manner consistent with the 2008 Mental Health Parity and Addiction Equity Act (MHPAEA). MHPAEA requires that the financial requirements (such as co-pays and deductibles) or treatment limitations for mental health and substance use disorder benefits be no more restrictive than those for medical and surgical benefits. The ACA requires that mental health and substance use disorder benefits available through Qualified Health Plans and Medicaid benchmark plans be offered in a manner consistent with MHPAEA.

The ACA greatly expands eligibility for Federal and State programs. In the case of Medicaid, all individuals under 65 years with income at or below 133% of the Federal

Poverty Level (FPL) will be eligible by January 1, 2014, provided that the individual meets certain non-financial eligibility criteria, such as citizenship and immigration status. This will replace a wide variety of Medicaid categorical groupings and limitations. To be eligible for premium tax credits to purchase coverage in a Qualified Health Plan sold within an Affordable Insurance Exchange, one must be an uninsured adult, 18-64 years old, ineligible for Medicaid, with an income at or below 399% of the Federal Poverty Level. In addition, many individuals under 250% of the Federal Poverty Level who are also eligible for premium tax credits will be eligible for additional help through the reduction in their cost-sharing (co-pay, co-insurance) responsibilities. These provisions will result in new pathways to care for those not yet in care, and will change the costs of and access to treatment for many who are already enrolled.

As health reform is implemented, States face the significant task of helping newly eligible people understand their options for services, enroll in health care coverage programs, purchase insurance through Affordable Insurance Exchanges, and apply for premium tax subsidies and cost-sharing reductions. States also need to address eligibility recertification and the difficulties of “churning,” and “non-seamless transitions.” “Churning” occurs when an individual is disenrolled from a program and later reenrolls in the same program following a gap in coverage of one to six monthsⁱ. “Non-seamless transitions” occur when an individual is disenrolled from a program and later enrolled in a different program following a gap in public coverage of one to six monthsⁱⁱ. The ACA addresses these issues by requiring significant changes to State and Federal eligibility determination systems, and enrollment and redetermination processes. To assist States to implement these and other provisions of the ACA, HHS has provided States with the opportunity to apply for Health Insurance Exchange Establishment Grants. States can use the Exchange establishment grants for a number of different activities including conducting background research, consulting with stakeholders, making legislative and regulatory changes, governing the Affordable Insurance Exchange, establishing information technology systems, conducting financial management and performing oversight and ensuring program integrity. Twenty-nine states currently have an Establishment grant.

A specific set of innovations to be implemented at the State level concern consumer enrollment assistance activities, especially for people who will enroll in Medicaid, or through Affordable Insurance Exchanges. By 2019, an estimated 29 million people will enroll in a health insurance plan through Affordable Insurance Exchanges, including employees of small businesses, self-employed people, or those who do not have access to insurance through their employers. People who purchase plans in the Affordable Insurance Exchanges must have access to reliable information to help them compare health insurance plans and decide which plan to apply for. There will be a single application for the Exchanges, Medicaid, CHIP, and the optional Basic Health Plan. To assist in this process, the ACA requires States to establish Affordable Insurance Exchange-funded Navigator programs. The Exchange Navigator’s job is to provide individuals and families with fair and impartial information about available insurance plans in a manner that is culturally and linguistically appropriate. Exchange Navigators will also help individuals and families enroll in the health plan they select and provide

referrals to an office of health insurance consumer assistance or any other appropriate agency for enrollees with complaints, coverage appeals, or other questions regarding their health plan.

The population that will enroll in Health Insurance Exchanges will generally be lower income than those currently covered by private insurance. On average they will be at 235% of the federal poverty level, with the majority (65%) having been previously uninsured. About 80% will qualify for premium tax credits to help defray the cost of coverage. People participating in Affordable Health Insurance Exchanges will be more racially diverse than those who currently have private insurance (58% White, 11% Black, 25% Hispanic) compared to people buying insurance outside the Health Insurance Exchange who will be about 85% White, 5% Black and 5% Hispanic. An estimated one in four enrollees will speak a language other than English at home and about 77% will have a high school diploma or less.

About the 2012 BRSS TACS State Peer Awards for Health Care Reform Education

In anticipation of the implementation of the ACA's provisions, SAMHSA included Health Reform as one of eight Strategic Initiatives outlined in *Leading Change: A Plan for SAMHSA's Roles and Actions 2011–2014*. SAMHSA's activities under this initiative include providing recommendations to key policy makers regarding mental health and substance abuse services that should be included in the essential health benefit. Other activities include enrollment marketing for 18-25 year old men, innovative eligibility re-determination strategies for populations at high risk for churn, enrollment assistance best practices technical assistance, and provider-assisted enrollment best practices. The BRSS TACS State Peer Awards for Health Care Reform Education are intended to expand this initiative by enabling peer-run organizations/recovery community organizations to increase literacy about the ACA among providers and people in recovery from behavioral health conditions.

SAMHSA supports a prominent role for peer-run organizations/recovery community organizations in the new health care environment. For instance, these organizations can play a vital role in educating their constituents and others regarding the Essential Health Benefits offered in their State. As indicated in the HHS December Bulletin, States will have the opportunity to select among a variety of commercial insurance products within their State or the federal Employee's Health Plan to determine Essential Health Benefits. To assist their constituents and collaborators in understanding the effect these determinations have on behavioral health services, peer-run organizations/recovery community organizations will need to:

- Understand the different types of insurance products (federal employee, state employee, large HMO and small plans).
- Understand the MH/SUD coverage that is offered under the different types of insurance products within their State.

- Work with their State mental health and/or substance abuse director as they analyze their options for their States.ⁱⁱⁱ
- Use available information to educate constituents and others regarding the different options in their State regarding coverage of mental health and substance use services in publicly funded insurance plans.

In anticipation of the expansions in eligibility for Medicaid and the Affordable Insurance Exchanges, changes in eligibility determination, enrollment, and redetermination systems, and the development of new community-based enrollment assistance programs, peer-run organizations/recovery community organizations can help people with behavioral health conditions learn about health care coverage. Peer-run organizations/recovery community organizations are especially well positioned to pursue these activities because of their expertise in State health care programs; awareness of cultural, linguistic, and geographic needs of their constituencies; and experience working with low-income and marginalized groups. Peer-run organizations/recovery community organizations are also well suited to form alliances with other peer-run and non-peer run organizations so that an efficient and effective network exists for sharing information and knowledge about the ACA implementation in their State. In developing proposals, applicants should consider the collaborative infrastructure and knowledge they already have in place to support outreach strategies and provide education resources for people with behavioral health conditions or in recovery from mental and substance use disorders.

SAMHSA's goal for the BRSS TACS State Peer Awards for Health Care Reform Education is to develop learning networks that build the capacity of peer organizations to increase public awareness about the ACA programs, especially coverage of services for mental and substance use disorders under the Essential Health Benefits as well as how to provide outreach and enrollment assistance.

SAMHSA recognizes that every State is different. Therefore, applicants should propose activities that are responsive to the context in which they operate. Applicants will find it helpful to review the demographic and health coverage information contained in their State's Health Insurance Exchange Establishment Grant application. Contextual factors include:

- *Service Coverage*: the various options that a State will need to choose from in selecting coverage among Qualified Health Plans.
- *Service Needs*: the MH/SUD services that individuals who are uninsured may typically need to address their recovery.
- *Eligibility*: the current eligibility criteria for enrollment in State Medicaid/CHIP plans.
- *Demographics*: the numbers of enrolled and un-enrolled eligible individuals in racial and ethnic minority groups within a designated geographic area.
- *Prevalence*: The prevalence of substance use and/or mental disorders among the uninsured population within a designated geographic area (e.g., people with mental or substance use conditions; people with co-occurring disorders).

- *Enrollment Systems*: the current status of enrollment and recertification systems, and projected status for 2014 when the ACA fully goes into effect.
- *Outreach and Public Literacy*: history of efforts to inform and educate people in or seeking recovery from behavioral health conditions, and their support networks, including family members, allies and service providers, on health care reform implementation efforts.

Proposals should include a detailed plan for activities that address the project's goals in light of specific contextual factors in their State. Some examples might include:

- Applicants could propose how they will work closely with other organizations to understand the coverage of MH/SUD services in Qualified Health Plans and the expanded Medicaid program.
- For a State with many uninsured people with mental and/or substance use disorders, activities may be focused on outreach and engagement aimed at educating eligible people about health care reform and the effect of ACA on their eligibility for Medicaid.
- For a State with significant number of individuals experiencing churn among the eligible population, activities may be focused on helping clients track eligibility status, complete necessary re-determination documents in a timely manner, and maintain continuous coverage.
- Applicants could identify and promote communication or public education products that link high-risk populations with health insurance benefits or educate people about resources that may be available to them as a result of the ACA.

Activities should be innovative and focus on the needs of people in recovery from mental and substance use disorders. In addition, awardees should educate and disseminate information in ways that are easily accessible to people with behavioral health conditions and their support networks including family members. Applications should also include outcomes for proposed activities, along with an evaluation plan to determine whether and how those outcomes are achieved. In all cases, applicants should consider how their proposed activities align with SAMHSA's Strategic Initiatives (Health Reform and Recovery Support), Working Definition of Recovery, and Guiding Principles of Recovery.

About the Grant Awards

Funding Mechanism	Subcontract
Anticipated Total Available Funding	\$200,000
Anticipated Number of Awards	8
Anticipated Award Amount	\$25,000 in total direct costs (indirect costs are not allowed)

Project Period	Six months from finalization of subcontract (No later than May 28)
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Administration of Awards

The award period is six months beginning when the subcontract agreement is signed. Funds will be administered by the Center for Social Innovation (C4) as contract subawards to peer-run organizations/recovery community organizations. Each awardee will enter into a subcontracting agreement directly with C4. Awards will be divided into two payments over the course of the award period. Fifty percent of the award will be disbursed during the first week of the award period, once the subcontract is signed. Completion of reporting and communication requirements as outlined in the award agreement must be met to qualify for the second award payment, which will be made at the halfway point of the award period, approximately at the beginning of month four. Awardees will be required to submit a final report at the end of the award period.

Schedule

RFA Announced	February 2, 2012
Written intent to apply (optional)	February 15, 2012
Application period opens	February 16, 2012
Applications must be received by 5 pm Eastern Standard Time	February 29, 2012
Awardees Notified	March 19, 2012
Signed Subcontract and First Payment	No later than May 28, 2012
Kickoff Teleconference	April 2, 2012
Second Payment	On receipt of progress report by August 31, 2012
Technical Assistance activities, including three conference calls with other grantees	April – September 2012
Award Completion	October 2012

How Funds May be Used

The impact of health reform on access to covered services, eligibility, and enrollment is extremely complex and will be influenced by many variables, ranging from State government policies, state mandates, infrastructure, financing, and density and distribution of poverty and other forms of social exclusion. Consequently, SAMHSA recognizes that each BRSS TACS State Peer Award for Health Care Reform Education will have a unique approach to educating individuals and groups about the ACA.

Successful applications will propose activities that are grounded in knowledge of both their State's current context for people with behavioral health conditions and how the ACA mandate regarding Essential Health Benefits might change this context.

Applicants should specify the target audience(s) for proposed activities, as well as the specific strategies they will use to reach and teach these audiences. To determine the target audience(s) and outreach and education strategies, it is important to understand current coverage of mental and substance use disorder services in commercial insurance plans that may be used by Qualified Health Plans, current Medicaid coverage of MH/SUD services, eligibility for State programs, who is currently enrolled and who is under-enrolled, the recertification and re-enrollment process, and how these will change when health reform is implemented. It will also be important to understand the work being undertaken by their State regarding Navigator programs. Applicants will find it helpful to review the demographic and health coverage information contained in their State's Health Insurance Exchange Establishment Grant application.

While proposed activities may focus on coverage of MH/SUD services, eligibility, and enrollment processes within the State in which they are located, applicants need not address each contextual dimension equally. In States that have performed an analysis regarding the coverage of MH/SUD services for the benchmark plan options the project may create specific educational materials. A project may choose to focus on a specific population (e.g., youth, families, people with complex behavioral health conditions, or those with co-occurring disorders) and their eligibility and enrollment needs in Medicaid expansion. A specific subgroup of peers/consumers/people in recovery might be the target audience and materials will be developed that address their eligibility and enrollment concerns. Alternatively, the focus may be activities that emphasize how expanded Medicaid coverage will work, State eligibility, and enrollment procedures.

Examples of project activities related to the goal that may be undertaken with these funds include:

- Establishing events for peer-run organizations/recovery community organizations and representatives of state agencies to collaboratively examine progress under the State's Establishment Grant as they affect persons with behavioral health conditions. The events could facilitate the establishment of coordinated outreach strategies to enroll those who are eligible in the appropriate form of coverage.
- Establish a dissemination network in partnership with other peer-run organizations/recovery community organizations so that information regarding the State's implementation of the ACA, including details of services that may be covered by Qualified Health Plans, may be circulated efficiently and accurately.
- Create partnerships and coalitions of peer-run organizations/recovery community organizations in specific geographic areas to help develop collaborative strategies for linking individuals to health insurance eligibility determinations and enrollment. Focus on developing information sharing and referral systems that address the specific needs of persons with behavioral health conditions.

- Develop an online learning community that can link peer-run organizations/recovery community organizations with resources and information that are relevant and accessible to the target populations they serve.

These examples are not intended to be exhaustive, but instead should give potential applicants a range of ideas to consider. Applicants should propose these or any other activities that would advance the goal outlined in this RFA. When focusing on a specific goal, applicants should consider the educational function of proposed activities, which requires making decisions about the audience(s) for the proposed activities and how specific audiences will be brought into the process, the body of knowledge to be shared and in what form, and the learning strategies to be used. Applicants should outline the steps they will take to accomplish proposed activities. The steps should be specific, measurable, realistic, and time-limited.

Funding is **not** available for:

- Direct mental health or substance use treatment, services, or care.
- Any activity that violates local, State, or Federal laws or the terms of SAMHSA's contract with C4 for the operation of the SAMHSA BRSS TACS project.
- Payment for professional services not directly related to the proposed activities that support the BRSS TACS project.
- Costs for the creation of new organizations.
- Fundraising.
- Indirect costs/institutional overhead (indirect costs are those not readily identifiable with a particular cost objective but necessary to the general operation of a nonprofit organization and the conduct of the activities it performs).
- Sub-granting or re-granting (pass-through awards).
- Lobbying activities.
- To supplant funding for programs or activities that are currently funded.

Expectations of Awardees

Organizations selected to receive a **BRSS TACS State Peer Award for Health Care Reform Education** will be expected to participate in the following activities during the course of the project:

- Regularly communicate with and respond to communications from the Award Manager in order to provide updates, receive technical assistance, and discuss successes and challenges related to the project.
- Manage funds appropriately, follow project guidelines, and comply with the subcontract.
- Prepare and submit a brief report every other month (bi-monthly) by the 10th of each month. The report should be no longer than two pages. A template will be provided.
- Prepare and submit a final report within sixty (60) of the end of the project cycle. A template will be provided.

In addition, awardees are expected to participate in four conference calls:

- A conference call on April 2, 2012 with the Awards Manager and other awardees to clarify project goals and expectations.
- Three (3) conference calls with other awardees to exchange information on project implementation, exchange resources to assist in the success of their projects, and discuss ideas for ongoing communication among awardees.
- Awardees are also encouraged to take advantage of technical assistance, including calls with subject matter experts and participation in an online learning community.

Application Guidelines

Applications must include the following:

- Cover Page (should be no more than one page that includes: title of organization, point of contact information, explanation of your status as a recovery community organization or peer-run organization, description of the goal that your proposal addresses, and brief summary of planned activities – see Attachment A)
- Project Narrative (maximum of 10 single-spaced pages)
- Proposed Budget
- Certificate of Eligibility (see Attachment B)
- Project Manager’s resume (maximum 2 pages)
- Two or more signed letters of support from organizations with whom applicant is partnering. At least two of these signed letters of support that should describe the specific ways in which each partner will assist in implementing the project.

Applications must use 12 point Times New Roman font with 1-inch margins.

Evaluation Criteria

The Center of Social Innovation will administer the review process. The review panel will include people in recovery. Each application will be evaluated according to the following criteria (**100 total points**):

1. **Experience (10 points)**. Applicants will describe how their organizations have participated in recovery-oriented projects that focus on working with other agencies on educational activities regarding Federal and State policies that affect covered services for individuals with a mental health or substance use condition. Applicants should also describe their work with people who have experienced barriers to accessing, navigating, and maintaining enrollment in State programs such as Medicaid, CHIP, and Medicare. Applicants are encouraged to include descriptions of past and current community education efforts to mitigate barriers as well as the activities and outcomes associated with these efforts.

2. **Consumer/Peer/Person in Recovery Involvement** (10 points). Applicants will demonstrate the involvement of people in recovery in proposed project activities.
3. **Project Activities** (30 points). Applicants must describe project objectives, target audience, key activities, and a proposed timeline. This initiative is primarily concerned with education about services covered through the Affordable Insurance Exchanges and Medicaid programs, eligibility criteria, and enrollment into health coverage systems for people with behavioral health conditions. The approach and audience must be consistent with the following goal of developing State-wide learning networks that build the capacity of peer-run organizations/recovery community organizations to increase public awareness about the Affordable Care Act mandated programs, and capacity to provide outreach and enrollment assistance.

Applicants should describe the current and future State service coverage, eligibility and enrollment context, and the need for education and outreach to individuals and groups of people in recovery and service providers who work with them. Applicants will find it helpful to review the demographic and health coverage information contained in their State's Health Insurance Exchange Establishment Grant application. Among the contextual factors proposals might address are the following:

- *Service Coverage*: the various options that a State will need to choose from in selecting coverage among Qualified Health Plans.
- *Service Needs*: the MH/SUD services that individuals that are uninsured may typically need to address their recovery.
- *Eligibility*: the current eligibility criteria for enrollment in State Medicaid/CHIP plans and existing exchange programs (i.e. MA, UT).
- *Demographics*: the numbers of enrolled and unenrolled eligible individuals in racial and ethnic minority groups within a designated geographic area.
- *Prevalence*: The prevalence of behavioral health conditions among the uninsured population within a designated geographic area (e.g., people with mental or substance use conditions; people with co-occurring disorders).
- *Enrollment Systems*: the current status of enrollment and recertification systems, and projected status for 2014 when the ACA fully goes into effect.
- *Outreach and Public Literacy*: history of efforts to inform and educate people in recovery from behavioral health conditions, and their support networks, including family members, allies and service providers working on health care reform efforts.

The proposal should explain how activities are appropriate to the State context. In addition, the proposal should include a description of how the proposed activities will be carried out in a culturally and linguistically competent manner.

4. **Project Staff and Management** (10 points). Applicants will describe the experience of the proposed project director and include a resumé of no more than

- two pages. Resumés of other proposed key personnel may also be provided with a limit of two pages per person.
5. **Letters of Support** (10 points). Applicants will provide signed letters of support from any partner organizations associated with the project's implementation. Letters should outline the partner's commitment to recovery support and the engagement of the recovery community, role the partner will assume, activities in which the partner will participate, and duration of the partner's participation. The project should also obtain letters of support from their State Substance Abuse Authority (SSA) or State Mental Health Authority (SMHA) given their role in analyzing the options for coverage by Qualified Health Plans.
 6. **Evaluation** (15 points). Applicants will include a description of a plan to measure project effectiveness. Qualitative or quantitative methods may be used. A description of how the Applicant will meet the objectives listed in Item 3 (*Project approach and activities*) should be included.
 7. **Budget** (15 points). Applicants will provide a detailed line-item budget and justification for the funding amount using the budget template provided.
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Eligibility

Eligible applicants are nonprofit entities that meet the following requirements:

1. Applicant organizations must be in one of the 29 States that is a recipient of a HHS Health Insurance Exchange Establishment Grant (see Appendix 1).
2. Applicant organizations must be led and run by consumers/peers/people in addiction recovery who are dedicated to recovery-oriented transformation of systems and services. *Please Note: The term "consumer/peer/person in addiction recovery" is used here to include those who have experienced mental health problems or substance use conditions and are in recovery within the context of the SAMHSA recovery definition and principles.*
3. The organization must have a Board of Directors or Advisory Board that includes meaningful representation of consumers/peers/persons in addiction recovery representation. *Please note: an applicant organization must be able to demonstrate meaningful representation of individuals who meet the definition of consumer/peer/person in addiction recovery on its Board of Directors or Advisory Board.*
4. An applicant organization must complete the "Certificate of Eligibility" indicating that the applicant meets all eligibility requirements (see Attachment B).
5. An applicant organization must be dedicated to providing behavioral health education and promoting recovery to people with behavioral health conditions.
6. The statutory authority for this program prohibits the funding of for-profit agencies.

Intent to Apply (Optional)

Please email rstouff@center4si.com indicating your intent to submit an application. This will assist in planning the review process and it does not obligate your organization to submit an application. Submitting a Letter of Intent is not required. Letters of Intent should be submitted by **February 15, 2012**. Letters can also be mailed to:

Rebecca Stouff
Center for Social Innovation
200 Reservoir Street, Suite 202
Needham, MA 02494

Instructions for Submitting Applications

Applications may be submitted by e-mail (preferred) or mail (overnight courier or U.S. Postal Service). **Applications will not be accepted by fax.** If submitting an application package by e-mail, attach all application documents including the cover sheet to a single e-mail and, if possible, submit all application components as a single electronic file. Applications must use 12 point Times New Roman font with 1-inch margins.

If submitting an application package by mail, you must provide one original and six copies of the application, cover sheet (see Attachment A), and completed application narrative package, including all of the items listed above, and in the format specified above. Each copy shall be attached with a binder clip (no staples, folders, or binders). Applications must be **received** no later than **5:00 p.m. Eastern Time, February 29, 2012**.

Application packages can be mailed to:

Rebecca Stouff
Center for Social Innovation
200 Reservoir Street, Suite 202
Needham, MA 02494

Or emailed to:

rstouff@center4si.com

Please do not send backup materials unless specifically requested (e.g., videotapes). They will not be reviewed and cannot be returned. ***Incomplete applications will not be accepted or reviewed.***

Review Process

The review process will be led by the 2012 BRSS TACS State Peer Awards for Health Care Reform Education Award Manager, in collaboration with SAMHSA. During an initial screening, applications will be reviewed for completeness and adherence to the instructions in this announcement. Incomplete applications or those that do not adhere to the instructions will be eliminated from further consideration. The 2012 BRSS TACS State Peer Awards for Health Care Reform Education Award Manager will assemble a team of experts, including peers/consumers to evaluate and score the applications based on the evaluation criteria.

The scored applications will be sent to SAMHSA, where eight applications will be selected and approved. The final selection of Award recipients will be based on the evaluation score given by the expert panel, geographic distribution, and racial/cultural/ethnic diversity.

The 2012 BRSS TACS State Peer Awards for Health Care Reform Education Award Manager will notify successful applicants by **March 19, 2012**.

Contact Information

You may send questions via e-mail to Rebecca Stouff at: rstouff@center4si.com or you may call (617) 467-6014 ext. 252. Questions will be answered verbally and/or via e-mail on an individual basis.

If you have questions about the 2012 BRSS TACS State Peer Awards for Health Care Reform Education, please contact:

Rebecca Stouff
Center for Social Innovation
200 Reservoir Street, Suite 202
Needham, MA 02494

Phone: (617) 467-6014 ext. 252
Email: rstouff@center4si.com

Additional Resources

For a more expanded review of the impact that the ACA will have on mental health and behavioral health services delivery and care access, please see the following:

Overview of the ACA: <http://www.samhsa.gov/healthreform/healthReform.aspx>

Summary of New Health Reform Law (Kaiser Family Foundation):
<http://www.kff.org/healthreform/upload/8061.pdf>

Implications for the ACA on Mental Health and Behavioral Health Services Delivery (SAMHSA Newsletter, see page 15):
http://www.samhsa.gov/samhsanewsletter/Volume_18_Number_3/MayJune2010.pdf

Timeline for the ACA rollout (SAMHSA Newsletter):
http://www.samhsa.gov/samhsanewsletter/Volume_18_Number_5/SeptemberOctober2010.pdf

Health Disparities and the Affordable Care Act:
http://www.samhsa.gov/healthReform/docs/ConsumerTipSheet_Disparities.pdf

Immediate Changes to Health Reform and How to Become Involved:
http://www.samhsa.gov/healthreform/docs/ConsumerTipSheet_HealthReform.pdf

Quick Facts on Health Reform:
http://www.samhsa.gov/healthreform/docs/ConsumerTipSheet_QuickFactsHealth%20Reform-508.pdf

Commonly Used Terms in Health Reform:
http://www.samhsa.gov/healthreform/docs/ConsumerTipSheet_CommonTerms_HealthReform_508.pdf

Health Reform Core Consensus Principles - a framework for discussion:
<http://www.samhsa.gov/healthreform/docs/HealthReformCoreConsensusPrinciples.pdf>

SAMHSA's Strategic Plan - *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014*: <http://store.samhsa.gov/shin/content/SMA11-4629/01-FullDocument.pdf>

SAMHSA Grant Opportunities:
<http://www.samhsa.gov/grants>

State's applications for a Health Insurance Exchange Establishment Grant.

2/2/12

Attachment A:
2012 BRSS TACS State Peer Awards for Health Care Reform Education
Cover Sheet

Date Submitted: _____

PRIMARY APPLICANT	
FULL NAME OF APPLYING ENTITY	ADDRESS
NAME / TITLE OF DESIGNATED CONTACT	ADDRESS
OFFICE PHONE	E-MAIL
FAX NUMBER	MOBILE PHONE (optional)

Attachment B:
2012 BRSS TACS State Peer Awards for Health Care Reform Education
Certificate of Eligibility

An authorized representative of the applicant organization (whose name appears on the Summary Sheet) must complete and sign this certificate. Upon submission, the application **must include this certificate and all documentation specified within it.**

I certify the following:

- The applicant organization is a peer-run organization/recovery community organization that is led and run by consumers/peers/people in addiction recovery who are dedicated to recovery-oriented transformation of systems and services. *Note: Recovery community organizations (RCOs) are organizations comprised of and led primarily by people in recovery and their family members. These organizations directly provide recovery support services. RCOs are independent organizations with nonprofit status. RCOs share three core principles – recovery vision, authenticity of voice, and accountability to the recovery community.*
- The applicant organization has a Board of Directors or Advisory Board that includes meaningful representation of consumers/peers/people in addiction recovery.
- The consumers/peers/people in addiction recovery on the Board of Directors or Advisory Board are individuals who have experienced mental health problems or substance use conditions and are in recovery within the context of the SAMHSA recovery definition and principles.
- The Board of Directors or Advisory Board has been in operation for at least 6 months prior to the date of issuance of this grant announcement.
- The applicant organization will take an active role in the fiscal management and oversight of the project.

An authorized representative of the applicant organization must sign and date this form to certify that the aforementioned statements are accurate.

Type or print name

Title

Signature

Date

Appendix 1

Health Insurance Exchange Establishment Grants, 2011^{iv}

#	States
1	Alabama
2	Arizona
3	California
4	Connecticut
5	Delaware
6	District of Columbia
7	Hawaii
8	Idaho
9	Illinois
10	Indiana
11	Iowa
12	Kentucky
13	Maine
14	Maryland
15	Michigan
16	Minnesota
17	Mississippi
18	Missouri
19	Nebraska
20	Nevada
21	New Mexico
22	New York
23	North Carolina
24	Oregon
25	Rhode Island
26	Tennessee
27	Vermont
28	Washington
29	West Virginia

ⁱ Robert Wood Johnson Foundation, November 2011, *Using Data to Drive State Improvement in Enrollment and Retention Performance*.

ⁱⁱ *ibid*

ⁱⁱⁱ The National Association of State Alcohol and Drug Abuse Directors and the National Association of State Mental Health Program Directors are currently working with each State to analyze the benchmark options proposed in the December HHS Bulletin.

^{iv} <http://www.statehealthfacts.org/comparetable.jsp?ind=954&cat=17>