Peer Recovery Center of Excellence

Support States in Optimizing Recovery Funding

SAMHSA
Substance Abuse and Mental Health
Services Administration

Peer Recovery Center of Excellence
SAMHSA-funded
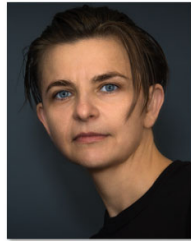## Project Period: 8/31/2020 – 8/30/2024

Peer-run through a 6-person Steering Committee

Sharon Hesseltine
Steering Committee Chair
Sharon's Bio

Michael King
Organizational Stakeholder Focus
Michael's Bio

Johanna Dolan
Peer Integration Focus
Liaison
Johanna's Bio

Nell Hurley
RCO Capacity Building Focus
Liaison
Nell's Bio

Laurie Johnson-Wade
Peer Workforce Development
Liaison
Laurie's Bio

Haner Hernandez
Evidence Based Practice
Dissemination Focus Liaison
Haner's Bio

Partners include:

UMKC School of Nursing and Health Studies

WISCONSIN
UNIVERSITY OF WISCONSIN-MADISON

THE UNIVERSITY OF TEXAS AT AUSTIN
PRAESIDIUM · DISCIPLINA · CIVITATIS

NATIONAL COUNCIL for Mental Wellbeing
HEALTHY MINDS STRONG COMMUNITIES

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https://peerrecoverynow.org/

Purpose: To provide training and technical assistance in 4 core areas:

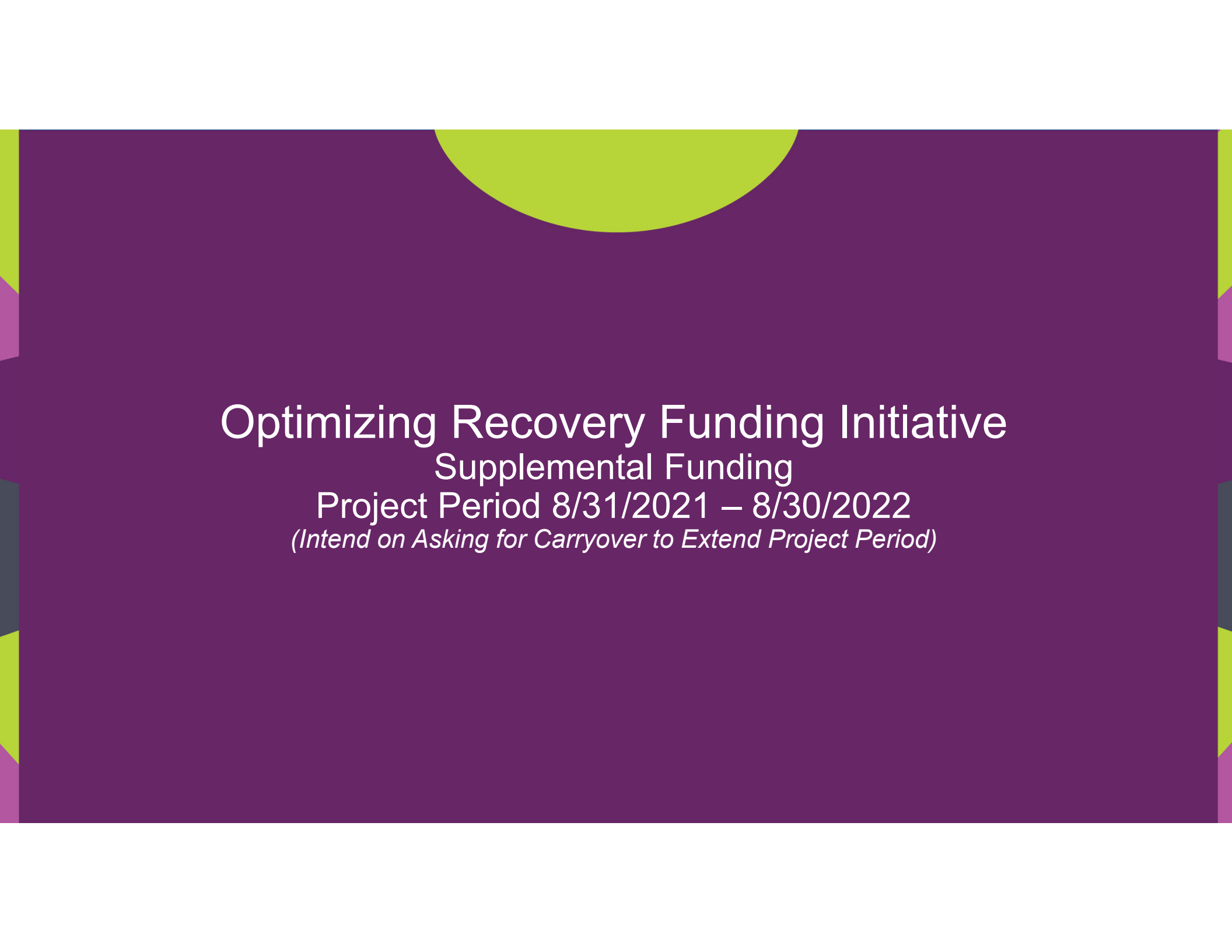**Clinical integration** of peer support workers into non-traditional settings;

Building and strengthening capacity of Recovery Community Organizations;

Enhancing the professionalization of peers through workforce development;

Providing **evidence-based** toolkit and **resource** information to diverse stakeholders.

https://peerrecoverynow.org/

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Optimizing Recovery Funding Initiative
Supplemental Funding
Project Period 8/31/2021 – 8/30/2022
(Intend on Asking for Carryover to Extend Project Period)

Purpose of the Supplement:

Identify successes and barriers that the recovery community has experienced in accessing funding from states

Examine how states have funded activities that build recovery capital

Make recommendations to SAMHSA based on our findings

Provide tools and resources for the recovery community and for states to optimize recovery funding in the future

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Guided by a Subject Matter Expert Panel

- Michael Botticelli
- Kateri Coyhis
- Maxine Henry
- Kris Kelly
- Patty McCarthy
- Rob Morrison
- Melanie Whitter

- Joe Powell
- Gabrielle Rodriguez
- Flo Stein-Bolton
- Mark Stringer
- Pata Suyemoto
- Greg Williams

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Needs Assessment of Organizations in the Recovery Ecosystem

Organizational Needs Assessment - Progress

Survey

- Provides *breadth* for needs assessment
  - Short survey, took 10 minutes to complete, online in REDCap
  - Collected information/contacts for over 500 organizations in the recovery ecosystem to send this survey to
  - Served as a recruiting mechanism for focus groups
- Breakdown
  - Had 42 states/territories participate
  - 54% of respondents identified as an RCO
  - 175 completed surveys

Preliminary Results: Barriers

- 56% ever applied for federal funding (61% succeeded)
- 78% ever applied for state funding (91% succeeded)
- Most consequential barriers to <u>federal</u> funding
  - Complicated applications (29%)
  - Grant system difficult to navigate (17%)
  - No expertise in federal grant applications (16%)
- Most consequential barriers to <u>state</u> funding
  - Insufficient funding opportunities (22%)
  - Funding goes to clinics or other types of orgs (20%)
  - No budget line in state to fund recovery orgs (9%)
- Number one selected option for improving opportunities to acquire federal or state funding: grant writing training or support (37%)

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Organizational Needs Assessment - Progress

Focus Groups

- Provides *depth* for needs assessment

- Depends upon survey participation and responses
    - 15 focus groups scheduled
        - Two more focus groups left
    - 68+ participants as of (5/26/22)
    - Inclusive representation matters—geography and identities

Preliminary Themes Gathered

- Grant applications are too long and require too much time to complete during small application window

- No funding allowed for infrastructure (barrier to applying for grants)

- Smaller grant opportunities would be better for smaller/newer RCOs

- Would like training in how to successfully apply for grants, how to effectively budget once grant is obtained, and/or basic training for peer recovery support workers

- Collaborating and networking with other organizations within the Recovery Ecosystem would make applying for funding easier

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Analysis of State Funding

Meet the Team

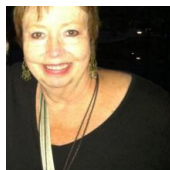Rebecca Boss
Senior Consultant
Project Lead

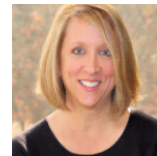Jordan Gulley
Senior Associate
Project Coordinator

John O'Brien
Senior Consultant
Project Team Member

Victor Capoccia
Strategic Partner
Project Team Member

Colette Croze
Private Consultant
Project Team Member

Neil Campbell
Executive Director of the Georgia Council on
Substance Abuse
Project Team Member

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Overview of Tasks

- Work with state agencies to analyze budgets submitted to SAMHSA, focusing on funding for recovery supports

- Conduct state-by-state reviews of recovery budgets provided with SAMHSA funding

- Conduct qualitative analysis of state budgeting processes for RSS

- Identify promising approaches and develop guidelines/toolkits to optimize use of SAMHSA funds for RSS

Work Products

- Develop an in-depth report on the state recovery funding analysis for SAMHSA review and feedback

- Create recommendations on best practices that can be used to develop guidance on RSS expansion, reimbursement mechanisms, technical support activities, and toolkits to assist states and others.

- Upon SAMHSA's review of the report, TAC to develop:
  - Toolkits to assist states in implementing streamlined funding processes
  - A process for an annual review of state recovery funding
  - And in coordination with the PR CoE, establish a committee to develop procedures that would facilitate peer support as a reimbursable, low threshold support option, regardless of formal treatment engagement

Approach

Context Setting

Conduct Key Informant Interviews to develop full understanding of and connection with organizations that can provide a context for the project.

- Identify and gather information about 'exemplary state practices' to assist in recommendations for in-depth interviews;

- Identify the latest research supporting effectiveness of RSS;

- Identify federal and state priorities relative to the expansion of RSS;

- Identify research relevant to state, municipality, territory, and tribal financial and strategic support of recovery services; and

- Develop stakeholders' ongoing buy-in and support for the project.

Stakeholders Interviewed

- Recovery Support Advisory Committee;

- National Association of State Alcohol and Drug Abuse Directors (NASADAD),

- National Council for Mental Wellbeing;

- National Institute on Alcohol Abuse and Alcoholism (NIAAA)

- National Association of State Mental Health Program Directors (NASMHPD);

- Faces and Voices of Recovery;

- National Alliance for Recovery Residences (NARR);

- Office of National Drug Control Policy (ONDCP);

- National Institute on Drug Abuse (NIDA)

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Data Gathering

- Develop a definition of RSS to guide data collection
- Collect data on State, Territory, and Municipality budgets submitted to SAMHSA (SAPT Block Grant, Discretionary Grants, SOR funding)
- Identify landscape analysis of other RSS funding (*i.e.,* Medicaid, CDC grants, state general revenue, Byrne Jag)
- Conduct Key Informant Interviews with 10 SSAs
- Develop and implement a survey all States, Territories, and Municipalities receiving SAMHSA funding

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Analysis and Report

- Data from the three basic sources – document/desk review; structured interviews, and brief written survey instrument –reviewed to identify consistent themes, as well as points of divergence and variation of findings.

- The resulting themes, trends and outliers will form the heart of the report and the basis for recommendations.

- A draft report will be prepared for review and feedback

- The report will synthesize the quantitative and qualitative information. In developing the report, TAC will also describe the quantitative sources of information and their properties that make them helpful in identifying funding for RSS, as well as their features that present challenges to their use as sources for RSS information

Recommendations

Create final document creating recommendations on best practices that can be used to develop potential guidance on RSS expansion, reimbursement mechanisms, technical support activities, and toolkits to assist states and others in implementing streamlined funding processes.

TAC will recommend best practices in:
- Creating a robust array of RSS
- Developing a balanced and complementary portfolio of funding sources across type of provider and type of RSS
- Using a continuum of purchasing strategies from grants, to fee-for-service, to value-based purchasing
- Identifying opportunities for braided funding mechanisms to support strategic alignment of multiple funding sources and reduce duplication
- Selecting effective purchasing strategies by type of organization providing RSS, with attention to their feasibility of implementation with different types of organizations
- Removing barriers to funding RSS, including administrative, programmatic and regulatory challenges

Timeline – Data Gathering

Conduct key informant interviews with 10 SSA (at least one territory and the Red Lake Band of Chippewa Indian Tribe)	4/29/22
Collect budget and financial documents from each SAMHSA funded state, territory and municipality	7/1/22
Review budget documents for RSS funding amounts, types and mechanisms	7/15/22
Draft survey for all SAMHSA funded states, territories, municipalities	5/20/22
Disseminate to UMKC/Advisory Committee	5/31/22
Revision Survey based on feedback	6/2/22
Implement survey	7/1/22
Conduct follow up interviews if needed post survey implementation	7/15/22

Timeline – Analysis and Report

Organize and cross reference data from all sources to identify themes/divergence/Other findings	7/15/22
Prepare Preliminary Report	8/1/22
Share state specific information for SSA review	8/24/22
Revisions and share Preliminary Report with stakeholders	8/26/22
Finalize data report	9/2/22

Timeline Recommendations

Develop initial draft outline of recommendations	9/23/22
Review draft recommendations with stakeholders	9/30/22
Based on stakeholder input, make revisions if necessary and provide revised draft for further review by Recovery Support Advisory Committee and SAMHSA	10/14/22
Create Final draft for review by PR CoE	10/21/22
Finalize recommendations and complete report	10/31/22

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