



# NASHP State Health Policy Academy on Rural Mental Health Crisis Services: Frequently Asked Questions on Application

## *Technical Support*

1. **How many hours of technical support can a state receive?**

The amount of technical support each state receives will vary according to state need and state engagement in the project and will be described and agreed upon based on the state's action plan. Each team will have ongoing access to NASHP staff who can provide technical support or connect teams with leading states and national experts in response to identified needs.

2. **How will technical support be provided to state teams?**

Over the 12 months of this Academy, selected state teams will have regular access to NASHP staff and national experts through state-specific and Academy-wide technical support. NASHP is planning for a mix of in-person and virtual technical support opportunities, provided that travel is possible. These opportunities may include in-person site visits to each state, virtual webinars with all teams, and in-person all-teams meeting, in addition to ongoing individual support through monthly calls that will include an individualized assessment of state policy, regulatory, and administrative barriers.

3. **How will experts be identified to provide technical assistance?**

In addition to NASHP's extensive policy expertise and understanding of states' needs, NASHP has partnered and/or worked with a broad range of state and national experts on diverse issues. Based on the needs of selected states, NASHP will draw from these extensive contacts to create a list of project faculty and who can be available for state technical assistance needs on a limited basis. This faculty will complement NASHP's own knowledge base and enhance the capacity of the team to address and anticipate state issues.

4. **What is an example of a similar project NASHP has undertaken? How did that project turn out?**

States accomplish meaningful policy change through long-term, sustained effort. Throughout its over thirty-year history, similar NASHP projects have helped states achieve concrete and meaningful milestones on the path to policy change, such as:

- Passage of state legislation related to health policy;
- State plan amendment and waiver approval;
- Implementation of Medicaid strategies to support policy goals;
- Improved use of data for state policy decision-making; and
- Identification and removal of administrative and regulatory barriers.

5. **Is there an evaluation component to this Academy? Will there be a public report out after completion of the Academy?**

While state outcomes will not be evaluated, NASHP will develop public reports and issue briefs to share best practices and promising policy strategies learned from states participating in the Academy.

## *Eligibility*

6. **If my state is already receiving resources through and/or participating in a related federal initiative, are we still eligible to apply for this Academy?**

NASHP's Academy is open to all states that are committed to developing and/or implementing innovative solutions to increase access to and improve quality of mental health crisis services in rural areas. States participating in federal initiatives or receiving federal funding to support Medicaid mental health and other services are eligible to apply for the State SUD Policy Academy.

7. **Is NASHP looking for a specific type of project in a state's application?**

NASHP is not looking for a specific type of project, although states may be selected based on common themes that emerge across state applications. This Academy aims to support states in defining their goals related to increasing access to and quality of mental health crisis intervention services, and subsequently, to provide assistance to states to achieve those goals over the 12 months of technical assistance. NASHP will provide individual and group technical support, guided by an analysis of state policy and regulatory barriers and a state-specific action plan. From our work with states, we anticipate a range of projects related to improving mental health crisis services in rural areas. Project focus areas may include the use of federal funding and authorities to support access, systems coordination, workforce development, use of state regulatory levers to implement specific evidence-based practices in rural areas, and/or the use of value-based purchasing tools to improve care, among others. While projects may differ, we do anticipate commonalities, such as addressing workforce/provider capacity, care coordination and linkages, data sharing and confidentiality, payment and regulatory hurdles, billing and reimbursement, and determining value and cost-effectiveness.

8. **In my state, we are at the beginning stage of thinking about how to improve or expand rural mental health crisis services. Can we still apply?**

Strong candidate states will demonstrate foundational planning for policy change around mental health crisis services. Activities demonstrating planning may include, but are not limited to, the creation of a governor's taskforce or other state-level workgroup, planning meetings, legislation, concept paper development, and/or a pending or approved SPA or waiver. Additionally, successful applicants will demonstrate some history of multi-sector partnerships in their applications and describe how their proposed work in this Academy will improve access mental health crisis services in rural areas of their states, and how goals can be achieved within the 18-month period and sustained thereafter.

## *Team Composition*

9. **If a Medicaid or behavioral health agency representative is unable to participate in the Academy, can another non-state professional participate on their behalf?**

No, participation from senior Medicaid and behavioral health agency and/or division officials with decision-making authority is critical to represent state views and provide connection to those agencies needed to facilitate policy and programmatic change.

10. **Are you requiring the Medicaid and/ or behavioral health division or agency Director to participate?**

No; however, NASHP is looking for participation from state officials in a leadership position, with decision-making authority, who can represent the views of these agencies.

11. **Does the team lead need to be a Medicaid or behavioral health agency or division official? What are the responsibilities of the state team lead?**

While participation from senior leadership is required, the team lead does not need to be the senior leadership member from Medicaid or the behavioral health agency or division. The team

lead may be another state official represented on the team. The team leader will serve as the primary point of contact between NASHP staff and your state team. This person will coordinate team requests and responses and should be someone who is familiar with and active in the state project and goals.

**12. Will more than one team from a state be selected to participate?**

No. NASHP will only select one team from any given state.

*Application*

**13. Does the application have a page or word limit?**

The application does not have a page or word limit; however, NASHP encourages interested state teams to answer the questions briefly, but with sufficient information to assess your state's initiative against the criteria listed on the Request for Applications.

**14. What kinds of policy barriers should be included in the application?**

Applications should include reference to existing mental health service infrastructure or barriers to access, such as Medicaid state plan amendments, state licensing rules and regulations, and managed care organizations.

**15. How competitive will the application process be?**

NASHP anticipates a robust set of applicants but encourages anyone interested and eligible to apply. NASHP will consider each application carefully and will ultimately select those applicants whose applications best align with the guidelines outlined in the RFA.

*The State Policy Academy on Rural Mental Health Crisis Services is supported through a cooperative agreement with the Health Resources and Services Administration*