



May 8

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DIRECTOR'S DESK



[Molly Marsh](#), NACBH Association Director

NACBH is its members. It is only with each and every one of you collaborating on new approaches and sharing your collective passion that NACBH can continue to advance the quality of care to children and families throughout the country. But don't take my word for it, no one says it better than Gail Atkinson, Vice President, Devereux Advanced Behavioral

Health. ["It's the most important organization I belong to, and I've been around a long time..."](#)

I want to express great gratitude for the organizations who have officially renewed their membership for 2019:

- Barry Robinson Center
- By Your Side Coaching
- Catholic Charities of Baltimore Family Services Division
- Catholic Community Services of Western Washington
- Crossroad Child & Family Services, Inc.
- Devereux Advanced Behavioral Health – National Network
- Family Centered Services of Alaska
- Gibault, Inc
- Jackson-Field Behavioral Health Services
- Klingberg Comprehensive Program Services

- Northwood Children's Services
- Starr Commonwealth
- Youth Home, Inc

Don't see your organization on this list? [Renew today](#) to ensure you and your staff are eligible for full 2019 [member benefits](#), including member-pricing for the [2019 Public Policy Conference](#), July 18-19 in Washington, DC!

PUBLIC POLICY UPDATE



Family First Prevention Services Act: Information Slow to Emerge

As we gear up for NACBH's [Public Policy Conference](#) in July – just several months before Family First's October 1 implementation date – we're a bit baffled by the very slow rollout of needed information.

Topping the list of mysteries: Which states are opting for up to two years' delay, and which states are jumping right in? States were given until November 9, 2018 to inform the feds if they intended to delay, but no such list has emerged. In fact, the Administration for Children and Families (ACF) has denied a Freedom of Information Act request for the information.



Here's another question: For the states that will be ready this year to start using IV-E funds for prevention services, where is the Clearinghouse of "promising," "supported" and "well-supported" services to guide their planning? In progress. ACF's most recent [Program Instruction](#) on Family First was issued last November, including a list of the first 13 services and programs selected for systematic review: four for mental health, four for substance abuse, three for skill-based parenting and two for kinship navigator programs. (See Attachment C of the Program Instruction.) ACF later [estimated](#) that a handbook of Clearinghouse standards and procedures would be issued in early April (it was [posted](#) on April 26), and that the first 13 program and service ratings would begin rolling out in early May. A list of the next round of interventions to be reviewed is expected "late Spring – Summer 2019."

The November 30 Program Instruction also included a Payer of Last Resort statement. In short, if private or other public payers (such as private health insurance or Medicaid) covers a service allowable under the title IV-E prevention program, IV-E is the payer of last resort. There is one exception: A state may use IV-funds to prevent a delay in the timely delivery of early intervention services, but must then recoup reimbursement from the responsible payer.

Of course, NACBH's highest priority question is not related to prevention services: Who is the responsible payer for health care services received by Medicaid-enrolled children residing in congregate settings that are allowed under IV-E, but not allowed under Medicaid's IMD exclusion? For a refresher on this unnecessarily complicated conflict between Medicaid and child welfare, please refer back to our March 2018 NACBH News [story](#).

Later this month, we'll fill you in on current legislative proposals to improve various aspects of Family First. Meanwhile, get your registrations in for what promises to be a lively update and review at the [Public Policy Conference](#)!

Request for Information: Institutions for Mental Diseases (IMDs)

On April 30, the Medicaid and CHIP Payment and Access Commission (MACPAC) issued a [request for information](#) about how IMDs are organized, regulated and paid, the types of services they offer, and the availability of community-based services for persons discharged from their 24-hour care.

Comments are due by May 31 to inform MACPAC's study, which was required by last year's comprehensive addiction and substance use disorder response, the [SUPPORT for Patients and Communities Act](#). NACBH members are encouraged to email pat.johnston@nacbh.org with your input, observations, and questions, as we put together our feedback for the Commission.

There is a widespread misperception, both on and off Capitol Hill, that the Medicaid IMD exclusion doesn't affect children and adolescents, that between the Psych Under-21 benefit and EPSDT, kids have access to a robust continuum of behavioral health services. We welcome this formal opportunity to bring MACPAC up to speed on the IMD exclusion's obstacles to rational system design and service delivery. And the timing is especially good, given the October 1 implementation of new congregate care requirements under the Family First Prevention Services Act. We hope that the additional eyes on the looming conflict with the IMD exclusion will facilitate an unambiguous federal policy about who pays for health care services for children in congregate care settings in the new IV-E scenario.

MACPAC's Report to Congress is due January 1, 2020. They will discuss a draft of it during their September 2019 meeting. We will be there.

NEWS YOU CAN USE

Transition Age Youth: Resources and Strategies



A study in the October 2018 edition of [Pediatrics](#) uses data from the 2016 National Survey of Children's Health to show that only 17% of youth with special health care needs and 14% of youth without special health care needs are receiving adequate preparation to transition to the adult health care system. It underscores the need for providers to plan for time alone with adolescents in preventive care visits, actively work with them to gain self-care skills and

understand changes in health care at age 18, and discuss the eventual shift to providers who care for adults.

The [National Alliance to Advance Adolescent Health](#), with funding from the Lucile Packard Foundation for Children's Health, has published a new report of [Recommendations for Value-Based Transition Payment for Pediatric and Adult Health Care Systems](#). Designed to address longstanding gaps in payment for the transition to adult care, the recommendations are framed in the triple aim philosophy of value-based payment and describe a variety of ways to structure financial incentives in both the pediatric and adult care settings. Quality of care measures and dissemination strategies are also included.

[Health Care Transition in State Title V Programs: A Review of 2018 Block Grant Applications and Recommendations for 2020](#) highlights examples of health care transition innovations in 32 states, the District of Columbia and Puerto Rico. Drawing from states' 2018 maternal and child health block grant applications, the strategies are organized into five categories: youth and family education and leadership development, health care professional workforce development, communication and social media, practice improvements and systems development strategies. The report also offers detailed recommendations for states' 2020-2024 Title V Action Plans, due out later this

year.

The Transitions to Adulthood Center for Research at the University of Massachusetts Medical School has posted [six research presentations](#) online. Prepared for the 32nd Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health (aka “the Tampa conference”), they include, among others, presentations on engaging and innovating with young adults in research and practice, how college students with lived experience navigate academics and mental health management and tips and tricks to developing and sustaining youth advisory councils in mental health organizations.

Webinar- Suicide Risk Detection and Management in Clinical Settings: Implementation Challenges and Lessons Learned

Improving Mental and Behavioral Health Services for Better Lives and Stronger Communities (ISPARC) will be hosting a webinar to introduce best practices for suicide prevention in clinical settings.

Presenter: Edwin P. Boudreaux, Ph.D. & iSPARC Faculty

Date: Wednesday, May 15, 2019

Time: 11 AM to 12PM EDT

[Register for the Webinar Here](#)

ENGAGE WITH NACBH

Top Five Reasons to Attend the 2019 Public Policy Conference! July 18 - 19

1. Most current updates on legislative issues impacting **YOUR** work in Children’s Behavioral Health (Medicaid, the Family First Prevention Services Act, Juvenile Justice, TRICARE and more)
2. Resources and references – Leave the event with tools and resources in an electronic format for easy use and ongoing reference
3. Stronger Peer Networks – develop a community among those with similar issues, challenges and the dedication to lead change in their communities
4. Connect with your legislators in the heart of DC
5. You **CAN** [take it with you!](#)

Review [conference information](#) & [draft program](#)

[Register for the 2019 Public Policy Conference Today!](#)



Save the Date!

NACBH Emerging Best Practices Conference

St. Pete Beach, FL

December 4 - 5, 2019



Best Practices Committee

Standing Monthly Conference Call: 3rd Tuesday of each month, 1:00 – 2:00 (Eastern)

View the access information in the Member's Only section of the website or contact

lpennington@nacbh.org or any questions and information