NACBH
National Association *for* Children's Behavioral Health

NEWS

OCTOBER 2018

TABLE OF CONTENTS

EXECUTIVE DIRECTOR NOTES

Pat Johnston, Executive Director

Dear NACBH Colleagues,

As if heading off to NACBH's Emerging Best Practice conference and annual business meeting is not good news enough, below please find plenty more.

We eliminated the "fluff" this month in favor of committee reports, a Family First update, and substantive coverage of the just-passed, comprehensive opioid legislation, and the expected – but still surprisingly successful – "minibus" appropriations for Defense and Labor-HHS-Education.

With no further ado, we'll get to it. Looking forward to seeing many of you soon in San Antonio!

NACBH BEST PRACTICES COMMITTEE

Jan Carson, Catholic Charities, Timonium, Maryland, Co-Chair

Chrissy Lynch, Devereux Advanced Behavioral Healthcare, Villanova, Pennsylvania, Co-Chair

Standing Monthly Conference Call: 3rd Tuesday of each month, 1:00 – 2:00 p.m. (Eastern)*
(866) 906-0123, participant code 6405051

The September 18 call included Chrissy's report on a recent accreditation forum presented by the Joint Commission, COA and CARF. The three accrediting bodies have taken this informational show on the road to prepare providers, particularly those that are currently not accredited, for implementation of the Family First Prevention Services Act. Materials from the call have been posted in the committee's section of the Members Only page at www.nacbh.org, including an introduction to each of the accrediting organizations and an explanation of their fee structures. [Please email pat.johnston@nacbh.org for a reminder on how to access Members Only information.]

There was also a lively exchange of different members' responses to young clients pulling fire alarms when there is no fire. This was a timely hot topic (pun intended) raised by one member for group consultation, and a good example of the "you had to be there" nature of many of the committee discussions. Details are not recorded; the benefits are reaped by participants.

***The committee will not have a conference call in October, since many of us will be in San Antonio for NACBH's conference. Please join the next Best Practices Committee call on Tuesday, November 20 @ 1:00 p.m. Eastern. A reminder and agenda will be emailed the week before.**

IN AND AROUND THE ACCREDITING BODIES

CARF: NACBH was pleased to nominate Yvette Jackson, Assistant Executive Director at Devereux Arizona, to participate in this month's International Standards Advisory Committee (ISAC) on performance measurement, management and improvement. Knowing how heavily these standards weigh in CARF's evaluation of how provider agencies are collecting and using data, we're interested to watch the focus expanding from discrete service and operational aspects to include a population health view. This is one of Yvette's areas of expertise, and we look forward to a report from her on the ISAC during a future Best Practices Committee call.

COA: Richard Klarberg has just announced that he will be leaving COA late next year to make way for a new President & CEO. We have posted the position description in the Best Practices Committee section of the Members Only page, and encourage you to share it with interested colleagues. Inquiries may be made with Kathleen Yazbak at Viewcrest Advisors (Kathleen@viewcrestadvisors.com). This is a tremendous opportunity for the right person!

Joint Commission: The Joint Commission and the National Quality Forum are accepting nominations through October 29 for the 2018 Eisenberg Awards. The awards honor groundbreaking initiatives that are consistent with the aims of the National Quality Strategy: better care, healthy people and communities, and smarter spending. Click here for more information, or to nominate candidates in the categories of individual lifetime

achievement, and local or national level innovation in patient safety and quality.

NACBH PUBLIC POLICY COMMITTEE

Denis McCarville, AK Child & Family, Anchorage, Chair
Libby Nealis, Advocacy and Communications Associate, NACBH

Standing Monthly Conference Call: 4th Friday of each month, 2:00 – 3:00 (Eastern)
(866) 906-0123, participant code 6405051

On September 28, the Public Policy Committee discussed the design and financing of a continuum of children's intensive mental health services. Kirsten Anderson, Executive Director of NACBH member AspireMN (state provider association), shared information about a study underway in Minnesota, examining the state's current service array and offering preliminary recommendations for the next iteration.

The Committee calls provide an opportunity to share experience from around the country, what has been tried and with what results, and how these experiences can inform other states for similar policy changes and reforms.

Family First Prevention Services Act

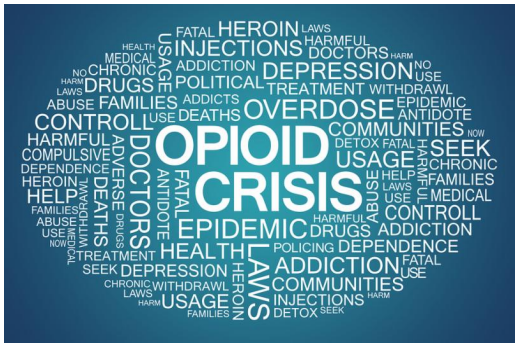
The October 26 Public Policy Committee call will focus on Family First implementation. Thanks to Leslie Ellis-Lang, Managing Director of Child & Youth Services at CARF, for calling our attention to an October 1 status update from the Administration for Children and Families. We can't locate it on the ACF website, and FFPSA information has been curiously difficult to track for such a significant reform initiative, so this link will take you to the letter on CARF's website.

The letter lists ACF's activities to date, provides links to guidance documents and Federal Register notices, and states that additional guidance will be released later in the fall on the Title IV-E prevention services provisions of FFPSA, including the review criteria and process that will be sued to include programs and interventions in the clearinghouse. Attachments include instructions and a template for changes that all states must make to their IV-E plans under Family First, and additional details for states that wish to request an implementation delay of up to two years.

Please take a look at these materials before the October 26 Public Policy Committee conference call. All members are welcome to participate!

CONGRESS FINALIZES OPIOID RESPONSE

As we reported over the summer, both the House and Senate assembled comprehensive legislation to respond on many fronts to the unrelenting opioid crisis. The House passed its version in late June, and the Senate passed its version on September 17. Eleven days later, after reconciling the differences, the House approved the 668-page SUPPORT for Patients and Communities Act by a vote of 393-8. On October 3, by a vote of 98-1, the Senate then sent it on to the President for his signature.



The law includes many important policy changes, authorizing about $8 billion over five years to expand access to treatment, restrict access to controlled substances, strengthen the behavioral health workforce, support behavioral health information technology, develop clinical guidance, and implement prevention, early intervention, and care coordination services.

Of particular interest to NACBH:

- Health insurance for former foster youth: Requires states to ensure that former foster youth up to age 26 are able to keep their Medicaid coverage across state lines. Not effective until calendar year 2023, but states may implement sooner.

- CHIP mental health and SUD parity: Requires state CHIP plans to cover mental health and SUD services for eligible children and pregnant women.

- Medicaid protection for at-risk youth: Requires states to suspend (as opposed to terminate) juveniles' Medicaid eligibility when incarcerated, allowing quicker reactivation upon release.

- Modifications to the Medicaid Institutions for Mental Diseases (IMD) exclusion: Directs the Medicaid and CHIP Payment and Access Commission (MACPAC) to conduct a study on IMDs that receive Medicaid reimbursement, and make recommendations on improvements, best practices and data collection. For pregnant and postpartum women residing in IMDs for purposes of SUD treatment, requires Medicaid coverage of otherwise allowable Medicaid care (such as prenatal). Clarifies "in lieu of" flexibilities for Medicaid managed care plans to cover treatment in IMDs for non-elderly adults. Establishes a state plan option, for FY 2019 – FY 2023 only, to cover non-elderly adults' SUD treatment in certain IMDs.

- Medicaid SUD treatment via telehealth: Directs CMS to issue guidance to states on coverage options. Directs GAO to evaluate children's access to Medicaid SUD treatment, including through telehealth. Directs CMS to report to Congress on improving children's access to telehealth SUD treatment.

- Trauma-informed care: Increases the authorization for the National Child Traumatic Stress Initiative for FY 2019 – FY 2023, from $46,887,000 to $63,887,000 per year. Creates a grant program to improve trauma support services and mental health care for children and youth in educational settings. Authorizes CDC to support state efforts to collect and report data on adverse childhood experiences through existing public health surveys. Establishes an interagency task force to improve the federal response to families affected by substance use disorders. Requires HHS to disseminate information, resources, and technical assistance to early childhood care and education providers on how to recognize and respond to early childhood trauma, including trauma related to substance use.

- Family-focused residential SUD treatment: Requires HHS to issue guidance to states identifying opportunities to supported family-focused residential SUD treatment programs. Authorizes $15 million for HHS to replicate a "recovery coach" program for parents with children in foster care due to parental substance abuse. Authorizes $20 million for grants to states to develop, enhance, or evaluate family-focused treatment programs to increase the number of evidence-based programs that will later qualify for funding under the Family First Prevention Services Act.

- Youth prevention and recovery: Requires HHS to disseminate best practices and issue grants for the prevention of recovery from SUDs in children, adolescents and young adults.

- Protecting pregnant women and infants: Directs HHS to report to Congress on recommendations for pain management during pregnancy, and the identification and reduction of SUDs during pregnancy. Reauthorizes the Residential Treatment for Pregnant and Postpartum Women grant program. Creates a grant program to help states screen infants and craft safety plans for mothers going home with

substance-exposed babies.

- Telemedicine: Enables behavioral health providers to register with the Drug Enforcement Agency to prescribe controlled substances via telemedicine. This would remove barriers to accessing medication-assisted treatment for opioid use disorders in rural and frontier areas.

- Behavioral Health Information Technology: Provides incentivize payments to behavioral health providers to adopt electronic health records.

- Workforce: Allows addiction treatment professionals and sites to participate in the National Health Service Corps program, making them eligible for federal student loan forgiveness. Expands the options of eligible sites in which behavioral health National Health Service Corps participants may work to include schools and other community-based settings.

The SUPPORT Act is wide-ranging, affects multiple federal agencies and programs, and will take some time to digest. As of this writing, the 26-page summary has not yet appeared on congress.gov, so we have posted it in the Public Policy Committee section of NACBH's Members Only page. We encourage you to look it over and let us know what your questions are, as we work through the details and implications.

Stay tuned to the ***NACBH News*** for the latest information.

FY 2019 APPROPRIATIONS

On September 28, Congress completed action on a massive appropriations package, funding the two largest of 12 regular appropriations bills – comprising two-thirds of government spending – Defense and Labor-HHS-Education. This is the first time since 1996 that the Labor-HHS-Education bill has been completed on time, before the start of the new fiscal year on October 1. This combined Labor-HHS-Education and Defense mini-omnibus, or "minibus," also includes the continuing resolution that will keep other government operations running through December 7 at current funding levels until Congress enacts the remaining FY 2019 funding bills.

Although it was a controversial tactic, Congressional leaders were wise to combine Labor-HHS-Education appropriations with the Defense spending to generate bipartisan support for the minibus. The compromise package contains billions more for domestic agencies than what was called for in President Trump's FY 2019 budget request. While some conservative House Republicans oppose the increased overall funding in the bill, the President was under great pressure to sign it – although he criticized the package for not including any funding for a U.S. southern border wall.

Key highlights from the spending bill are described below. You can read the complete legislative text or the Statement of Managers, which provides additional explanation of Congressional intent for the use of funds.

The bipartisan minibus funds a $2.3 billion increase in discretionary spending (compared to FY 2018), bringing the Department of Health and Human Services' (HHS) total discretionary health spending to approximately $90.5 billion. Compared to last year, the Substance Abuse and Mental Health Services Administration (SAMHSA) will receive an additional $584 million, bringing the agency's total budget to $5.7 billion, and the National Institutes of Health (NIH) will receive an additional $2 billion, providing $39.1 billion for NIH total.

Additional HHS funding levels:

- Mental Health Block Grant's funding would increase by $25 million to $747 million.
- Substance Abuse Prevention and Treatment Block Grant, flat funded, remains at $1.9 billion for FY 2019.
- Behavioral Health Workforce Education and Training Grants funded at $75 million, intended to help recruit and train mental and behavioral health professionals, funded at 18 million;
- Project Aware, funded at $71 million to raises awareness of mental health issues and connects young people experiencing behavioral health issues, as well as their families, with needed services. Of this, $10 million must be used to support efforts in communities that are seeking to address civil unrest, community violence, and collective trauma.
- $4 million for mental health services unaccompanied alien children, with a special focus on children who were separated from a parent or family unit.
- National Suicide Prevention Lifeline at $12 Million;
- Garrett Lee Smith Suicide Prevention State Grants: $35.4 million to support suicide prevention activities including education, training programs and screening activities on college campuses.

With continued Congressional attention on the opioid crisis, as discussed above, the minibus includes roughly $3.8 billion, an increase of over $206 million, spread across various agencies and programs within the Department of Health and Human services, for activities specifically to address the opioid addiction crisis**.**

- CCBHCs: $150 million, an increase of $50 million, for the continued expansion of new Certified Community Behavioral Health Centers.
- State Opioid Response Grants: $1.5 billion for SAMHSA's State Opioid Response (SOR) Grant, which continues a 15 percent set-aside for states with the highest mortality rate related to opioid use disorders and a $50 million set-aside for Indian tribes and tribal organizations. Part of the funding replaces the $500 million expiring from the Opioid State Targeted Response (STR) fund, created under the 21st Century Cures Act.
- Research: $500 million to NIH for research related to opioid addiction, development of opioid alternatives, pain management and addiction treatment.
- Treatment in Rural Areas: $120 million focused on responding to the opioid epidemic in rural communities, which includes $20 million for the establishment of three Rural Centers of Excellence on Substance Use Disorders that will support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities.
- Health Centers/FQHCs: $200 million for Community Health Centers to support and enhance mental health or substance use disorder services.
- Public Health: Maintains $476 million at CDC for opioid overdose prevention and surveillance as well as a public awareness campaign. The bill includes $5 million for a new CDC initiative to combat infectious diseases directly related to opioid use.
- Children and Families: $40 million, the same as the FY 2018 level, for mental health and substance use prevention and treatment for children and families in, or at-risk of entering, the foster care system.
- Telehealth: $2 million to support an evidence-based tele-behavioral health system

to focus on opioids.

Within education, states and municipalities remain in robust conversations about how to best: create safe and supportive schools, prevent school and community violence, prevent suicide, and increase access to comprehensive mental and behavioral health services. Programs that can support these goals, through training, direct services, and coordination of other services are funded as follows:

- ESSA Title I: $15.9 billion, to help meet the needs of low income students.
- ESSA Title II: $2.05 billion, to support effective instruction and provide high quality professional development to school staff.
- IDEA State Grants: $12.4 billion, to help meet the needs of students with disabilities.
- Student Support and Academic Enrichment Grant (SSAEG, or Title IV A): $1.17 billion for the Funding at this level will allow states and districts to make meaningful investments in critical programs including improving access to comprehensive school mental health services; improving the staffing of school mental health professionals who can coordinate work with in the community; improving school safety and preventing school violence.

It is disappointing that the bill does not include proposed language specifying that federal education funds can't be used to purchase guns and firearms training. Education Secretary Betsy DeVos says she will not take a position because it is under Congressional authority.

Addressing these complex and important goals is not the sole responsibility of Congress and the federal government and will require action, and financial investment, at the federal, state, and local level. Your attention and advocacy remain critical to ensure funds are wisely invested and continued. NACBH will keep you informed of final FY19 program funding levels as additional spending legislation progresses through the legislative process.