



Legislative and Advocacy Updates

Certified Community Behavioral Health Clinics (CCBHC)

The FY 2021 budget includes \$906 million to extend and expand the CCBHC demonstration program. These funds will enable CCBHCs to continue offering the full range of required mental health and addiction treatment services.

Certified Community Behavioral Health Clinics are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals in exchange for an enhanced Medicaid reimbursement rate.

National Council for Behavioral Health President and CEO Chuck Ingoglia issued the statement below on the Administration's FY 2021 budget, which includes nearly \$1 Billion for Certified Community Behavioral Health Clinics.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

“Thanks to bipartisan leadership in the U.S. Congress and from the Trump Administration, CCBHCs are leading a bold shift to increase access to high-quality mental health and addiction treatment and, in doing so, making a difference in the lives of thousands of individuals and communities across the nation.

“CCBHCs represent an essential and long-overdue shift in the way mental health and addiction treatment services are funded and provided. What began as a bold experiment is proving to be a compelling roadmap for the future – a future that promises to ensure more Americans have access to the health care they need.

“We applaud the White House and bipartisan leaders in Congress for their continued efforts to expand access to high-quality addiction and mental health treatment. Much work remains to ensure that every American has access to life-saving treatment available at CCBHCs and we are grateful for the bipartisan support that has brought us this far.”

CMS Releases Medicaid Block Grant Guidance

The Trump Administration released its new Medicaid block grant guidance, inviting states to apply to block grant or cap their Medicaid programs through Medicaid Section 1115 waiver demonstrations. On January 30th a [letter was released to State Medicaid Directors](#)

- It is worth noting that both mental health and substance use disorder services will have to be maintained by participating states as essential health benefits, and that special attention will be paid to retaining behavioral health drugs on state formularies despite the flexibilities being provided in choosing drugs for those formularies.
- Only non-disabled adults and other expansion beneficiaries can be included in the demonstrations, and enrollment cannot be capped. If the household eligibility level is not at least 133% of the FPL, the enhanced expansion Federal match will not be available to the state.
- States will be permitted to retain between 25 percent and 50 percent of any state savings, dependent on how successful they've been in achieving a mandated list of measures. That list includes a dozen behavioral health measures and an additional depression screening measure for primary care providers.
- The block grants will be structured either with aggregate caps or per capita caps. The aggregate cap will be based on historical spending with an annual growth rate permitted of CPI-urban consumer plus 0.5 percent.



Seema Verma, Administrator of the Centers for Medicare and Medicaid Services, made the attached presentation about the roll out for Medicaid Block Grant.

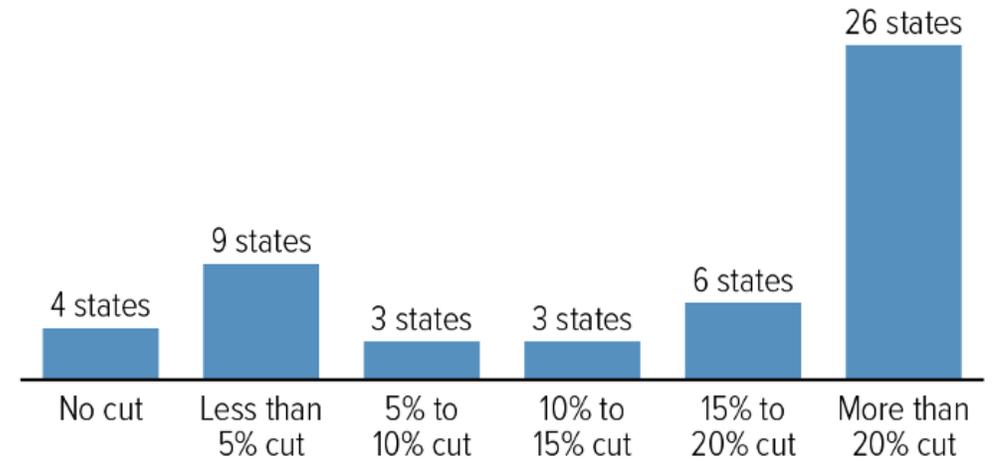


You can access the video at: <https://youtu.be/jfjBek-LdSs>

Center on Budget and Policy Priorities

47 States Would Have Received Less Federal Funding in 2000s Under Block Grant Waiver Caps

Number of states that would have experienced cuts if per-enrollee spending growth for adults had been limited to CPI-M, 2001-2011

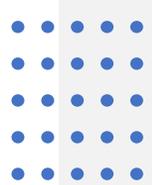


Notes: The Medicaid block grant waiver guidance would limit per-enrollee spending growth to growth in the CPI-M, the consumer price index for medical services. The District of Columbia is included in the analysis. Estimates are for non-elderly adults not eligible for Medicaid based on a disability.

Source: Kaiser Family Foundation

Information on Medicaid Block Grant

- <https://www.commonwealthfund.org/blog/2020/what-does-new-block-grant-guidance-mean-medicaid-program>
- [DIGITAL TOOLKIT: CMS MEDICAID BLOCK GRANT GUIDANCE](#)
- NCBH: <https://www.thenationalcouncil.org/press-releases/statement-from-chuck-ingoglia-president-and-ceo-national-council-for-behavioral-health-on-cms-block-grant-guidance/>
- MHA: <https://www.mhanational.org/mental-health-america-responds-block-grant-proposal-we-need-more-resources-not-less>.
- Georgetown Univ. Center for Children and Families' Statement: <https://ccf.georgetown.edu/2020/01/30/statement-by-joan-alker-on-medicaid-block-grant-per-capita-cap-guidance-announced-today/>
- CBPP: <https://www.cbpp.org/research/health/trump-administrations-harmful-changes-to-medicaid>



Bipartisan Criminal Justice, Mental Health Bill Introduced in House and Senate

New bipartisan legislation would provide aid and resources at the intersection of our nation's mental health treatment and criminal justice systems.

The Crisis Stabilization and Community Reentry Act would authorize \$10 million in grants to communities to create collaborative programs involving justice agencies and community-based behavioral health providers, including Certified Community Behavioral Health Clinics (CCBHCs).

It would also create a National Technical Assistance Center to serve communities around the country.

Pursuing Equity in Mental Health Act - HR 5469

This legislation will address the issue of suicide and mental health in youth from all communities by focusing on a few key areas: support in schools, scientific research, and increase funding in existing programs. Though the Taskforce report focuses on Black youth, this legislation will be extremely beneficial to all youth, especially youth of color who do not get the same access to care like their White counterparts.

- **Provide Grants for Culturally Competent Mental Health Services:**

- \$250 million to schools across the country so they can have more culturally and linguistically appropriate mental health services. Priority will be given to schools with higher levels of poverty, to reducing the ratio of counselors to students and to helping more students of color. These grants will also provide training for teachers and other school staff so they can better identify the signs of trauma, mental health disorders, and risk of suicide in all students.
- \$20 million to establish interprofessional health care teams that can provide behavioral health care.
- Awards grants to develop cultural competency educational curricula so students training to be social workers, psychologists, psychiatrists, and therapists will be able to properly treat youth of color.

- **Increase Authorize Funding Levels for Research and Minority Fellowship Program:**

- Authorizes \$650 million to the National Institute on Minority Health and Health Disparities (NIMHD) so that more research into addressing mental and physical health disparities can be conducted.
- Authorizes an additional \$100 million to the National Institute of Health (NIH) that will be used to build relations with communities and provide research grants for clinical research so that more patient based research can be conducted.
- Doubles the authorization of the Minority Fellowship Program (MFP) to \$25 Million to help more students of color become psychologists, psychiatrists, counselors, and therapists.

- **Direct Research and Resources at Federal Departments and Agencies:**

- Directs the Department of Health and Human Services (HHS) to establish a Commission on the Effects of Smartphone and Social Media Usage on Adolescents.
- Prohibits federal funds from being used for conversion therapy and prohibits SAMHSA grants from going to states that continue to allow such practices.

Immigrants' Mental Health Act of 2020

- To adequately evaluate the mental health needs of immigrants, refugees, border patrol agents, and staff, CBP shall assign at least one qualified psychologist or behavioral health expert to each U.S. Customs and Border Protection facility
- CBP facilities is defined as: border patrol station, ports of entry, checkpoints, forward operating bases, secondary inspection areas, and short-term custody facilities
- Training: The Commissioner of Customs and Border Protection (CBP), in consultation with the Assistant Secretary for Mental Health and Substance Use (SAMHSA), the Administrator of the Health Resources and Services Administration shall develop and implement a training curriculum to: (1) identify mental health risk factors and warning signs in immigrants and refugees and (2) to address mental health and wellness of CBP officers and agents SAMHSA will conduct an annual review of the training and include any recommendations for improvement

National Suicide Hotline Designation Act (HR 4194)

- The National Suicide Hotline Designation Act creates an important opportunity to significantly reduce the suicide rate in the United States by increasing access through the 988 Suicide Hotline Telephone Number,
- The [National Suicide Hotline Designation Act](#) is a bipartisan bill that would make 988 the nationwide telephone number for suicidal counseling.
- The bill was introduced mere days after the Federal Communications Commission (FCC) [favorably reported the change](#), after Congress had commissioned the agency to study the issue

Families First Act Updates

[Children's Bureau Approves Arkansas Prevention Plan](#)

Arkansas is the third state/jurisdiction in the nation to gain federal approval.

[Inventory of State Evidence Based Practices and Planned Technical Reviews 2.11.20](#)

This resource from Casey Family Programs is an updated inventory (as of 2.11.20) showing what evidence-based practices different states plan to use for Family First and what interventions states plan to have reviewed independently for the purposes of making transitional claims under Family First.

[Estimated State Allocation Under Family First Transition Act](#)

This resource, from the Congressional Research Service, outlines estimated state allocations under the Family First Transition Act (PL 116-94).

Suicide Prevention Act ([S. 3198](#)/[H.R. 5619](#))

Senators Reed and Kennedy and Representatives Stewart and Matsu are sponsors of the Suicide Prevention Act

Overview - To authorize a pilot program to expand and intensify surveillance of self-harm in partnership with State and local public health departments, to establish a grant program to provide self-harm and suicide prevention services in hospital emergency departments, and for other purposes.

This piece of legislation will help to identify and track suicide attempts and instances of self-harm in emergency departments and improve follow up care.

Medicare Mental Health Inpatient Equity Act

Sponsored by Representatives Tonko and Huizenga

- This critical legislation eliminates the discrimination against mental illnesses that continues to exist in the Medicare program as Medicare beneficiaries are limited to 190 days of inpatient psychiatric hospital care during their lifetime.
- This lifetime limit does not apply to psychiatric units in general hospitals and there is no such lifetime limit for any other Medicare specialty inpatient hospital service.
- The elimination of the 190-day limit will equalize Medicare mental health coverage with private health insurance coverage, offer beneficiaries the choice of inpatient psychiatric care providers, increase access for the most seriously ill, improve continuity of care and create a more cost-effective Medicare program.

Practice of using confidential therapy notes against detained immigrant children

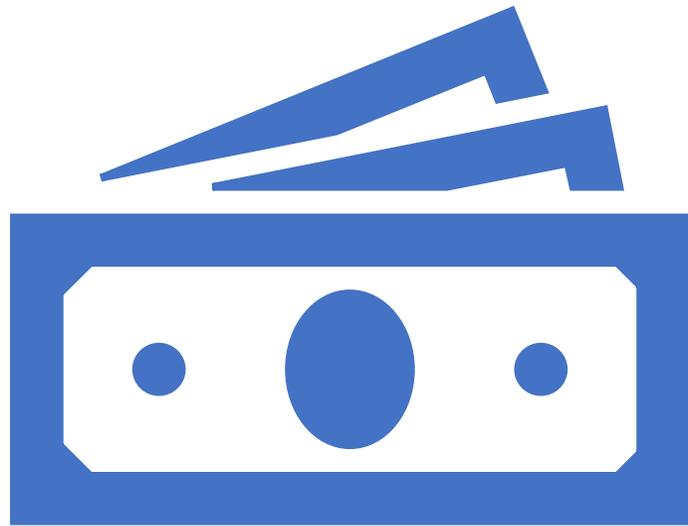
The Mental Health Liaison Group (MHLG) requested committees immediately convene oversight hearings and evaluate the impact of the sharing of confidential therapy records on detained children as carried out under the presumed authority of the April 2018 Memorandum of Agreement (MOA) between the Office of Refugee Resettlement (ORR), within the U.S. Department of Health and Human Services (HHS), and the U.S. Immigration and Customs Enforcement (ICE) and U.S. Customs and Border Protection, of the U.S. Department of Homeland Security (DHS).



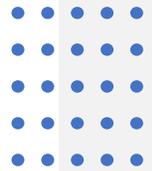
Seeding Rural Resilience Act (S. 2599)

Sens. Jon Tester (D-Mont.) and Chuck Grassley (R-Iowa) introduced the **Seeding Rural Resilience Act (S.2599)**, which is designed to help farmers respond to stress and decrease the stigma associated with mental health care in **rural** communities.

- According to a the American Farm Bureau Federation (AFBF) in April 2019, a strong majority of farmers and farmworkers say financial issues (91%), farm or business problems (88%) and fear of losing the farm (87%) impact the mental health of farmers and ranchers, and nearly half of rural adults (48%) say they are experiencing more mental health challenges than they were a year ago.
- The bill would implement an employee training program that requires the USDA to provide voluntary stress management training to Farm Service Agency, Risk Management Agency and Natural Resources Conservation Service employees who work with farmers.
- The bill would form a partnership between the Department of Health and Human Services and USDA to create a \$3 million public service announcement campaign to increase public awareness of farm and ranch stress and destigmatize mental health care in rural communities.



Budget 2021



Things to Remember about a Presidential Budget

- A President's budget request is largely seen as a political document outlining the Administration's priorities and not a budget to be enacted as written.
- The Senate and House Appropriations Committees then begin crafting their own budget bills, which set top-line spending levels for the year.
- Based on these budget bills, in the course of the usual budget process, 12 appropriations bills would be passed by each chamber, with differences worked out in a conference committee.
- Appropriations bills can be bundled into one omnibus bill for passage en masse.
- The budget process can be unpredictable

2021 Presidential Budget

FISCAL YEAR 2021

A BUDGET FOR

AMERICA'S FUTURE



BUDGET OF THE U.S. GOVERNMENT
OFFICE OF MANAGEMENT AND BUDGET | OMB.GOV

White House Releases FY 2021 Budget Request

- The Trump Administration released its Fiscal Year (FY) 2021 budget request which totals \$4.8 trillion.
- The proposal includes significant nondefense discretionary cuts including a nine percent cut to the Department of Health and Human Services (HHS) and its agencies.
- The proposed budget cuts Medicaid spending by at least \$1 trillion over the next 10 years and makes further cuts to CHIP
- The proposed budget does, however, include \$906 million to extend the Certified Community Behavioral Health Clinic (CCBHC) demonstration program as well as \$225 million in CCBHC expansion grants. These funds would enable CCBHCs to continue offering the full range of required mental health and addiction treatment services. Despite the positive signal of support for CCBHCs, the budget also includes major cuts to Medicaid and other critical behavioral health programs that would significantly harm Americans living with mental illness and addiction.

Specifically, the budget proposes legislative changes that would:

- Cut SNAP (formerly food stamps) by \$182 billion (nearly 30 percent) over ten years;
- Reduce support for families with children experiencing poverty by cutting the Temporary Assistance for Needy Families (TANF) program by \$21 billion over ten years;
- Eliminate the Social Services Block Grant, which provides flexible funding to states for services such as childcare, day programs for seniors and people with disabilities, and services for homeless individuals and families; and
- Cut 2021 funding for public housing 43 percent below its 2020 level, while also eliminating housing vouchers for 160,000 low-income households and eliminating the National Housing Trust Fund as well as the HOME Investment Partnerships, Community Development Block Grant, and Choice Neighborhoods programs.

Budget Highlights

- **Child Care and Development Block Grant** \$5.8 billion (\$550 million increase from FY19 levels or 9.5%).
 - [CLASP](#) estimates that this increase would provide childcare to about 33,600 additional children.
- **Head Start** \$10.6 billion of which \$100 million goes to **Early Head Start** (\$550 million increase or 5.1% over FY19 levels).
- **Preschool Development grants** \$275 million (\$25 million increase or 9% over FY19 levels).
- **Title I Grants** \$16.31 billion (\$450 million or 2.7% over FY19 levels).
- **Special Education** \$13.9 billion (\$417 increase or 3% from FY19 levels).
- **21st Century Community Learning Centers** (afterschool programs) received a \$28 million increase or 2.4% to \$1.2 billion.
- **Gun violence research funds for the CDC** (\$25 million, the first funding for this research since 1996).
- **Decennial Census** \$7.6 billion in funding for the 2020 (lower than the House bill but significantly higher than the administration request).
- **Juvenile Justice programs** \$229.5 million (\$28.5 million increase or 12.4% over FY 19 levels).
- Maximum **Pell Grant awards** will be increased by \$150 to \$6,345 per recipient.

Budget Highlights

- **WIC** \$6 billion (1% decrease in comparison to FY19 levels), which according to the National WIC Association is sufficient to meet expected need based on current estimates, as well as full funding of \$90 million (an increase of \$30 million or 50% over FY19) for WIC's Breastfeeding Peer Counselor Program).
- **GEAR UP**, which supports low-income students from high school into their first year of college, received a \$5 million bump or 1.3% increase to \$365 million.
- **The TRIO program**, which supports low-income, disabled, and first-generation college students, was funded at \$30 million over FY19 levels to \$1.1 billion, a 2.8% increase.
 - **The Low-Income Home Energy Assistance Program (LIHEAP)** received an increase of \$50 million over FY19 or 1.3% to \$3.7 billion.
- The **Community Services Block Grant** received a \$15 million increase or 2% to \$740 million.
- The **Social Services Block Grant** was level-funded at \$1.7 billion; it has been funded at this level in nominal dollars since 2001, when it was cut by nearly a third; its real value has dropped even more. This is a classic example of how block grant funding does not in most cases stay apace with need.
- Child protective services state grants provided under the **Child Abuse Prevention and Treatment Act (CAPTA)** grew from \$85.3 million to \$90.1 million, a 5.6 % increase.
- **Adoption Incentive Grants** were level funded (at \$75 million), as was the Promoting Safe and Stable Families program, which received \$345 million.
- **HUD housing programs** received a \$4.9 billion increase in funding over FY19, an 11% increase. This includes an increase of \$11 million or 4% for lead hazard control.
- **The Legal Services Corporation** received a boost of \$25 million or 6% to \$440 million.