



**July 3, 2019**

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## PUBLIC POLICY UPDATE



### **Family First: Prevention Services Clearinghouse Website Launched; First Seven Services Approved**

Abt Associates, the social research and consulting firm contracted to vet prevention services proposed for coverage under the Family First Prevention Services Act, has

launched a Clearinghouse [website](#). The website includes FAQs about the review process and plans, the Clearinghouse Handbook of Standards and Procedures, an email address to receive questions, and – not least – a list of all prevention services reviewed to date.

Of the ten services or programs that have been rated so far, three do not meet the criteria and seven are approved: one is “promising,” one is “supported,” and five are “well-supported.” Three additional interventions are in the pipeline, and the Clearinghouse will issue a public call for recommendations this summer. Sign up below to receive an email when the call is issued, and whenever website content is updated.

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## Medicaid: House Energy & Commerce Chair Cautions HHS Against Waivers That Would Block Grant or Otherwise Cap Funding



Amid reports that CMS has drafted [guidance](#) encouraging states to apply for Section 1115 waivers to limit both their funding and obligations under Medicaid, House Energy & Commerce Chairman Frank Pallone (D-NJ) reminded HHS Secretary Alex Azar that block granting Medicaid is currently not legal. On June 27, he sent a [letter](#) to the Secretary, detailing the plain language and limitations of the 1115 waiver authority. He asked for information by July 15 about increasing reports that such guidance is in the works and that states are lining up to tap it.

Whether a fixed-dollar grant or a per-capita cap, and whether by nationwide policy or an individual state’s choice, block granting Medicaid regularly appears on the Congressional agenda. Presidential budgets have also proposed variations on the theme; in fact, President Trump’s FY 2020 budget would cut \$1.4 trillion from Medicaid over 10 years – while acknowledging that a legislative change would be needed to do so. Clearly, cuts of that magnitude would require amending the underlying purpose of Medicaid, and its historical nature as a safety net program.

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## Vox: Can Medicaid Handle Another Recession?

If you’re up for an excellent discussion of the “lost decade” for state finances, see this [article](#) on Vox.com. In it, Vox reporter Dylan Scott discusses the lingering impact of the 2007 – 2009 economic downturn with the Pew Charitable Trusts’ Barb Rosewicz. Pew’s recent analysis is available [here](#).

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## NEWS YOU CAN USE



## Medicaid: CMS and SAMHSA Issue Joint Guidance on Addressing Mental Health and Substance Use Issues in Schools

On July 1, the Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) issued an [Informational Bulletin](#) to states and school systems,

describing Medicaid services, other resources, and best practices for serving students’ behavioral health needs in school settings.

NACBH members that are currently working with schools systems, or wish to, are

encouraged to review the guidance and share it with your community partners, to inform your advocacy with public health and educational authorities. It's a handy compilation of current information about mandatory and optional services, supports, delivery models, and reimbursement. An appendix provides additional discussion regarding workforce shortages and training, the use of telehealth to expand access, and systems of care frameworks relevant to school-based services.

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## **Free E-Learning Program on Cultural Competency for Behavioral Health Professionals**

The HHS Office of Minority Health has announced a new, free, and accredited e-learning program, designed to develop behavioral health providers' knowledge and skills related to culturally and linguistically appropriate services. The [online program](#) is targeted to alcohol and drug counselors, nurses, psychiatrists, psychologists, and social workers. Up to five continuing education credits can be earned by completing the two 60-minute and two 90-minute courses.

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