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TABLE OF CONTENTS

Executive Director Notes	2
Upcoming Conference	2
Public Policy Committee Report.....	4
Best Practices Committee Report	4
Congressional Action, Inaction, May Affect Kids' Health	5
NACBH Member Spotlight	7

EXECUTIVE DIRECTOR NOTES

Pat Johnston, Executive Director

Dear NACBH Colleagues,

After an exhausting 15 legislative days in September, the Senate is in recess the week of October 9 and the House will take a break the following week. On September 8, Congress enacted two short-term funding measures, one lifting the debt ceiling and the other authorizing appropriations to keep the government running. Both expire December 8, setting the stage for another holiday hazing of America. The goal was to buy time to dismantle the ACA before the FY 2017 budget reconciliation clock ran out on September 30, and assemble FY 2018 budget resolutions to allow the fast-track reconciliation process to be used for tax reform in the coming months. Neither of these was accomplished – thankfully, in the first case.

Somewhere in there, it was hoped that funding would be continued for CHIP, MIECHV (Maternal, Infant and Early Childhood Home Visiting program), the Community Health Center Fund, National Health Service Corps and graduate medical education payments to Teaching Health Centers, all of which expired at month's end. Again, none of this was accomplished.

CHIP is now at a critical juncture. Although it may later be restored retroactively, federal funding has officially ended. In a survey conducted before Hurricanes Harvey, Irma and Jose, 10 states projected that they

would run out of federal CHIP funding carried over from previous fiscal years before December 31 – Arizona, California, Connecticut, Hawaii, Idaho, Mississippi, Nevada, Oregon, Pennsylvania and Utah. Several of those states are expected to begin notifying parents by November 1 that their families will lose coverage. Additional states are likely to freeze new enrollment as they prepare to limit CHIP expenditures, in the face of an uncertain federal commitment and, now, at a time when thousands of families may have become newly eligible as a result of the natural disasters. All states other than Vermont have a legal requirement for a balanced state budget.

Both the Senate Finance and House Energy and Commerce Committees approved their CHIP bills recently, not identical, but both extending the program for five years. The [Senate bill](#) passed by voice vote with no amendments or acrimony, and no cost offsets identified. The cost offsets in the [House bill](#) were hotly debated, resulting in party-line approval. The House, of course, does not need any Democratic votes to pass the bill on the floor. The Senate needs at least eight Democrats to vote for cloture just to get the bill to the floor. Senate Minority Leader Chuck Schumer (D-NY) has proposed linking ACA subsidies to the CHIP bill to get it across the line, a tactic that would be difficult for the Republican leadership to accept.

Executive Director Notes continued on page 3

UPCOMING CONFERENCE

NACBH 2017 Emerging Best Practices Conference Getting Ready for the Next (Really) Big Thing: Value-Based Purchasing

November 30-December 1, 2017

Don Cesar Beach Resort in St. Pete Beach, Florida

Full details and registration at www.nacbh.org



*Executive Director Notes continued
from page 2*

Our challenge is to push past political cynicism and advocacy fatigue, and just keep going back to our elected representatives to ask, inform, urge, cajole, demand, humor, convince, repeat. Our tactic? Tenacity. Our resource? Resilience. Our example? Kids!

Okay, that was a little hokey, but I was feeling a need to lighten up. The time has come to apply pressure for a full five-year reauthorization of CHIP. While you're contacting your Members of Congress, please urge them to include [H.R. 3192](#), the CHIP Mental Health Parity Act. Introduced on July 12 by Representative Joe Kennedy (D-MA), the bill would require coverage of mental health and substance use disorder services consistent with the federal Mental Health Parity and Addiction Equity Act. The bill has 14 co-sponsors, most signing on since September 1. There is no companion bill in the Senate – an opportunity for you to ask your Senators to introduce one.

On the good news front (and we do like to have one), planning continues for our upcoming conference, **Getting Ready For the Next (Really) Big Thing: Values-Based Purchasing**. Formerly referred to as NACBH's "technical meeting," the program committee has re-monikered this an Emerging Best Practices Conference – a bit more descriptive – so that's how you'll see it referred to in the future.

If you haven't registered yet, please take a look at the preliminary program materials at www.nacbh.org. Registration activity is brisk and we do plan to sell out the guest room block and meeting room space. It promises to deliver an exceptional ROI on a two-day commitment to the emerging best practice in health care service delivery and payment. Details soon on an addition to the speakers and content. □

OPEN PROCESS FOR PROPOSING UPDATES TO THE DSM-5

Replacing the expensive and time-consuming process used to update previous versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM), the American Psychiatric Association launched an [online portal](#) late last year to allow incremental updates as new research evidence accumulates.

While anyone can submit changes, corrections and clarifications to the DSM-5 through the website, proposed revisions have been few and relatively minor. NACBH has been asked to promote awareness of the DSM Task Force's intention that it be a living document.

Visitors to the portal are guided through steps to propose changes to an existing diagnostic criteria set that would improve validity, reliability or clinical utility, or reduce negative consequences associated with the criteria. Users may also propose the addition of a new diagnostic category or specifier, the deletion of an existing category or specifier, and corrections or clarifications to improve the understanding and application of diagnostic criteria. □



PUBLIC POLICY COMMITTEE REPORT

Denis McCarville, AK Child & Family, Anchorage, Alaska, Chair

Standing Monthly Conference Call: Fourth Friday of each month, 2:00 – 3:00 p.m. (Eastern)

As this edition of the NACBH News goes to press, AK Child & Family is enjoying a week-long survey from The Joint Commission. Denis McCarville's column will resume next month. □

BEST PRACTICES COMMITTEE REPORT

Jan Carson, Catholic Charities, Timonium, Maryland, Co-Chair
Laurie Beaulieu, Wingspan Care Group, Shaker Heights, Ohio, Co-Chair

Standing Monthly Conference Call: Third Tuesday of each month, 1:00 – 2:00 p.m. (Eastern)

All members are welcome to participate in the Best Practices Committee (formerly the Standards Committee) discussions of accreditation standards and surveys, compliance issues, peer consultation on timely hot topics, and presentations by NACBH members on program and performance improvement initiatives. Please email the co-chairs or [Pat Johnston](#) to volunteer a presentation, add an agenda item or join the committee. The roster is posted on the Members page of the NACBH [website](#).

The September 19 call included a discussion with Scott Williams, Psy.D., Director, Department of Health Services Research at The Joint Commission, about revisions to standard CTS 03.01.09. He reviewed the revised requirements and rationale for the changes in outcomes measurement, highlighted resources that can help with identifying tools or instruments, discussed the criteria an organization should use in choosing

metrics that best fit their population, and explained how the changes are expected to improve the provision of care, treatment and services. A recording of the discussion and Scott's PowerPoint presentation are posted in the committee section of the Members page at www.nacbh.org.

The new name for the Standards Committee was announced: Best Practices Committee. The last agenda item was a report from a member on a recent Joint Commission survey.

Agenda for October 17:

- Report(s) from either one or two members on their recent Joint Commission survey(s)
- Emergency preparedness plans. We all review and update our plans on a regular basis. The recent hurricanes and the Medicaid final rule that is about to go into effect for Psychiatric Residential Treatment Centers (PRTFs) have moved this up the priority list for many NACBH members, and we look forward to a robust discussion. □



CONGRESSIONAL ACTION, INACTION, MAY AFFECT KIDS' HEALTH

As the Director of Federal Affairs for the Children's Hospital Association, John Knapp keeps as close an eye on Congress as anyone in the industry. With more than 20 years' experience in government relations and lobbying on federal health care programs – seven with the children's hospitals – he's seen much that the House and Senate have done, and could do, to improve the country's health care system. In a recent conversation, Knapp offered some thoughts on what the 115th Congress has undertaken since January, and what remains on their agenda for kids' health.



John Knapp

On Affordable Care Act repeal efforts:

The biggest thing for us is what didn't happen. Congress was unable to pass one of the numerous ACA repeal and replace bills that included major Medicaid reform. Many of the bills that were put forth included changes to Medicaid that could have been devastating for kids via cutting the program significantly and restructuring the program to cap federal funding.

These changes could've had a really negative impact on kids' access to care, so we were really glad they did not go through. That's been our biggest accomplishment up to now. With that said, we know this doesn't signify the end of attempts to alter the ACA and future attempts could also contain Medicaid changes, so we expect to remain vigilant in case additional attempts are made to change Medicaid in ways that we think would be bad for kids.

On the future of repeal and replace efforts:

The President and the GOP leadership have made it clear that they don't consider the book closed on attempts to repeal the ACA. The exact timing of when they may revisit it is not clear right now. It may be late this year or early next year, but in

any event it's definitely a possibility and one that we as kids' advocates are very conscious of. We know that we could have to re-engage in the fight.

On CHIP funding:

October 1 was significant for what didn't get done, namely the Children's Health Insurance Program getting reauthorized. Funding for CHIP expired at midnight on September 30 without Congress passing an extension, so all of us in the kids' community are focused very much on trying to get Congress to act as quickly as possible to continue funding for the program.

Individual states have some unspent FY17 money that they can tap over the next several weeks and months to make sure that kids still receive care, but states are going to start running out of funding at different times and some will run out of funding soon. So it's really critical that Congress acts as soon as they can to extend funding for CHIP.

Unfortunately, all the focus on ACA repeal and replace which consumed Congress for the first nine months of the year really pushed things like CHIP reauthorization off the stage, along with some other things like funding for community health centers

Congressional Action continued on page 6

and for the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV). A lot of things that needed to get done have had to take a back seat, and we're hoping that now Congress will act on them quickly in this new fiscal year.

There's very strong bipartisan support for CHIP in both the House and Senate. It's not clear how soon final action will take place. We think that it is likely to occur because of the strong support, but we don't know whether it will occur soon or later this year.

On the good news:

One piece of good news from the children's hospital perspective is that House and Senate appropriators have continued to show strong support for the Children's Hospitals Graduate Medical Education program. CHGME provides funding for independent children's hospitals to train pediatricians and pediatric providers. Both the House and Senate have recommended strong funding for that program for FY18 and we think that when FY18 funding is finally determined, the program will maintain its current funding level or see a small increase, and we're very thankful for that.

On the future:

We will continue to remain alert for potential changes to Medicaid via ACA repeal. We need to get the CHIP program extended. We are also hoping that Congress will continue to work on the [Advancing Care for Exceptional Kids Act](#), which we have worked on with sponsors to try to promote the spread of coordinated care models to help kids with medical complexity. Six percent of Medicaid-enrolled children have complex medical conditions that account for 40 percent of Medicaid spending on kids. ACE Kids is an initiative to improve care for these children and their families while making better use of Medicaid funds.

We hope to be able to work with Congress on ways to advance care for kids. There tends not to be as much focus on kids as is needed in health care public policy and we think we need to have a bipartisan discussion on how we can advance kids' care in this country. □

STATE AND FEDERAL SUPPORT OF TRAUMA-INFORMED CARE: SUSTAINING THE MOMENTUM

A new [blog post](#) from the Center for Health Care Strategies (CHCS) reports on a surge in state and federal legislation promoting trauma-informed practices, reflecting a growing recognition that the lifelong effects of unaddressed adverse childhood experiences (ACEs) require both health and social interventions.

The blog includes policy recommendations to sustain the momentum, and links to a variety of resources and initiatives.

Visit CHCS's project on [Advancing Trauma-Informed Care](#) for earlier blog posts, archived webinars and policy and technical assistance briefs. □



NACBH MEMBER SPOTLIGHT:

AIM PROGRAM OPENING DOORS TO YOUNG MOTHERS IN NEED

Pregnancy and childbirth can be a magical time in the life of any woman. Without the right levels of support, they can also be great challenges.

Children's Home Network saw many of those challenges negatively affecting young mothers in the Tampa Bay area of west Florida, but two years ago could do little more than send the women elsewhere to get help.

"We had kids in the system of care in Hillsborough, Pinellas and Pasco counties and girls who were pregnant or had children were traveling three or four hours away to places like Jacksonville and Miami or even Ocala, an hour and a half away, for services," said Irene Rickus, the CEO of Children's Home Network. "The girls were so removed from their families and any



form of support system that the chances to be successful were much lower. We thought that if we could keep them in our community and wrap support around them and connect them with people who care, that they would have a much greater chance of success."

So nearly two years ago, they established Adolescents In Motherhood (AIM), designed for girls under the age of 18 who are either pregnant or parenting. They currently have space for 10 mothers and up to 10 children, and they take a lesson from a Tampa-based restaurant chain in opening doors to at-risk mothers who may have been turned away elsewhere.

Spotlight continued on page 8



“Most maternity homes have limits on the ages of children and how many children a mother can bring. What we found when we were preparing our program was that there were girls who had more than one child or were pregnant with a child and really had nowhere to go because other programs had many limitations,” Rickus said. “These were girls who probably needed our care more than anyone else. We decided we would kind of be like Outback Steakhouse – no rules. We said that if a girl needed our care and met the criteria of being in foster care, having experienced trauma and having mental health issues, she’s for us.”

Often, the young mothers have already faced huge challenges before they come to the AIM program. Some have been homeless, or have survived by living in meth houses, and there’s often a history of sexual and physical abuse.

“These are tough girls. About half of them have been involved in human trafficking, some of them from ages as young as 13. By the time we get them at 15 or 16, they’re hardened. They’ve seen horrible aspects of life and have done some terrible things just to survive,” Rickus said.

“It’s not uncommon for a girl to leave on a Saturday afternoon and come back on a Sunday night, and when we press them about where they’ve been, they admit to having paid sex in order to get their hair done. That’s how they’re used to surviving.”

With AIM, they find a physical and mental respite, along with much-needed childcare. Where other programs, due to age restrictions, may focus mostly on infants and toddlers, AIM has children as old as four in the program, and deals with all of their developmental needs.

“We blend traditional mental health services – things like nursing, psychiatry and mental health counseling – and they work in conjunction with a certified behavioral analyst who oversees our Positive Behavior Intervention Support,” Rickus said. “We use both components in a trauma-sensitive environment to affect the child’s

functioning and behavior so they can move to a lesser level of care, hopefully move in with family or an adoptive family, or at least a quality foster home.”

Established in December of 2015, the AIM program will celebrate two years in operation around the holidays. In the first year they served 30 teen mothers and 22 children – eight of whom were born while in the care of AIM. Organizers look forward to many more years in service to young mothers at risk and in need.

“We’re very, very pleased by the success of the program and the quality we can offer,” Rickus said.

For more information about Children’s Home Network and AIM, please visit their website: <https://www.childrenshomenetwork.org/adolescents-in-motherhood/> □

FOR YOUR FAMILY RESOURCE CENTERS

The Substance Abuse and Mental Health Services Administration (SAMHSA) has posted [educational materials](#) about the most common mental disorders on its website, including information about treatment options and support services.

Developed in collaboration with the American Academy of Child and Adolescent Psychiatry, the American Psychological Association, and the American Psychiatric Association, separate fact sheets are directed at caregivers and youth about:

- anxiety disorder
- attention-deficit/hyperactivity disorder
- bipolar disorder
- depression
- first-episode psychosis
- obsessive compulsive disorder