

The Bipartisan Safer Communities Act

Bill Analysis

Summary of Mental Health and Substance Use Treatment-related Provisions

Expanding the CCBHC program to allow any state or territory the opportunity to apply to participate in the demonstration, while allocating additional planning grant monies for states to develop proposals to participate.

- §11001: Starting in July 2024, and every 2 two years thereafter, 10 additional states will be selected by HHS to join the demonstration. For the eight original demonstration sites, they are extended to September 2025, and the two newer demo states (Kentucky and Michigan) are extended to 6 years after their program launch.
 - In addition, an annual report to Congress and an evaluation of the program after all the demonstration programs end is added to the program.
- §11002: Requires technical assistance and guidance from HHS on how states can improve access to telehealth for services under Medicaid and CHIP, including:
 - Leveraging flexibilities to expand access without changing state plan,
 - Billing best practices,
 - Integrating telehealth into value-based care models,
 - Best practices for using waivers to expand access,
 - Strategies to promote accessible and culturally competent telehealth care,
 - Strategies on telehealth training for providers and patients,
 - Integrating multi-person video calls into existing platforms,
 - **Best practices for delivery of MH/SUD services in schools,**
Evaluating telehealth impact on quality/outcomes/cost, and
 - Best practices for informing beneficiaries of telehealth availability.
- §11003: Requires a guidance to state Medicaid agencies, education agencies, and school-based entities regarding the delivery of Medicaid/CHIP services to beneficiaries in school-based settings, including: that payments may be made under Medicaid, tools to reduce administrative burdens and simplify billing for educational agencies, **a comprehensive list of best practices and examples of methods to pay for and increase availability of Medicaid assistance (including coordinating**



with community-based MH/SUD treatment providers and organizations), and examples of the types of providers for SMAs to enroll for school-based programs.

- Also, a technical assistance center would be established to expand access, reduce administrative burdens, support agencies, and provide coordination for Medicaid services in school-based settings. For the technical assistance center, \$8 million is appropriated for FY22.
- In addition, \$50 million in grant funds for FY22 would be appropriated to be distributed for implementing, enhancing, or expanding assistance through school-based entities under Medicaid or CHIP (not to provide medical or health services).
- §11004: HHS will review state implementation of Medicaid early and periodic screening, diagnostic and treatment services, including identifying gaps and deficiencies, providing technical assistance, and issuing guidance. In addition, a report to Congress and GAO report is mandated. Appropriated \$5 million for FY23 and FY24 and \$1 million for each FY after.
- S11005: Expands **Pediatric Mental Health Care Access Grants** to allow funds to be used for support, training and technical assistance to emergency departments, state/local/tribal education agencies, and elementary and secondary schools. Allows HHS to provide technical assistance and appropriates \$31 million for this purpose each year from FY23 to FY27.
- §13301: Extends funds for the Medicare Improvement Fund through FY22, amount not designated.
- §13302: Establishes a Federal Clearinghouse on School Safety Evidence-based Practices to identify and publish evidence-based best practices and recommendations to support a positive and safe learning environment. The Clearinghouse may serve as a tool for education agencies, law enforcement, health professionals, and the general public. The Clearinghouse materials must be distributed to every state department of public health. Gives the Clearinghouse the ability to coordinate grants and resources that may implement these best practices and recommendations.
- §12003: allows Edward Byrne Memorial Justice Assistance Grant (JAG) Program (for implementation of state crisis intervention programs) funds to be used by states to establish **mental health courts**, drug courts, etc.

Funding:

- CCBHC: \$40 million available starting in FY23 until expended.
- Technical assistance center for supporting access to health care services in schools (§11003) (\$8 million total).



- Funds for implementing, enhancing, or expanding assistance through school-based entities under Medicaid or CHIP (\$50 million in grant funds for FY22).
- Medicaid early and periodic screening, diagnostic and treatment services (\$5 million in each FY23 and FY24, then \$1 million each year thereafter).
- Pediatric Mental Health Care Access Grant program (\$31 million in each year from FY23 – FY27).
- Health Surveillance and Program support restructured, including **\$250 million for Community Mental Health Services Block Grant**, \$40 million for the National Child Traumatic Stress Network, \$240 million for Project AWARE, **\$120 million for Mental Health Awareness Training**, and **\$150 million for the National Suicide Prevention Lifeline (supplemental for FY22)**.
 - The Community Mental Health Services Block Grant was appropriated \$250 million over four years. This program is intended to target services for adults with serious mental illness or children with serious emotional disturbances. According to the statute, a state’s plan should “provide for an organized community-based system of care for individuals with mental illness and describes available services and resources in a comprehensive system of care, including services for dually diagnosed individuals. The description of the system of care shall include health and mental health services, rehabilitation services, employment services, housing services, educational services, substance abuse services, medical and dental care, and other support services to be provided to individuals with Federal, State and local public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities, including services to be provided by local school systems under the Individuals with Disabilities Education Act.”
- Public Health and Social Services Emergency Fund: \$60 million for primary care training and enhancement (**to provide MH/BH training as part of training for pediatricians or PCPs who serve pediatric and other vulnerable populations, such as MH/SUD individuals**), \$80 million for pediatric MH care access (equal amounts for each year from FY23 to FY25), \$50 million for TA for supporting access to health care services in schools (§11003).
- Safe Schools and Citizenship Education: \$500 million for School Base Mental Health Services Grants and \$500 million for Mental Health Services Professional Demonstration Grants.