

Grant & Pilot Program Opportunities in Federal Health Reform Related to Mental Health and/or Substance Abuse

Section 2707. Medicaid Emergency Psychiatric Demonstration Project

A 3-year demonstration project will be established for States to provide payment under Medicaid to an institution for mental diseases that is not publicly owned or operated. Such an institution would serve individuals who were ages 21 to 65, are eligible for Medicaid, and require medical assistance to stabilize an emergency medical condition. An eligible State will submit an application as required by the Secretary and be selected on a competitive basis. For fiscal year 2011 \$75 million is appropriated for this project and will be available through December 31, 2015.

Section 2951. Maternal, Infant, and Early Childhood Home Visiting Programs

Grants will be available to eligible entities to deliver services under early childhood home visitation programs to families in order to promote improvements in maternal and prenatal health, child health and development, school readiness, the socioeconomic status of families, and reductions in child abuse, neglect and injuries.

The program must include the use of 1 or more service delivery models, demonstrate strong organizational capacity, establish appropriate links and referral networks to other community resources, and give priority to high- risk populations (including families with a history of child abuse or substance abuse). The following amounts have been appropriated: \$100 million for 2010, \$250 million for 2011, \$350 million for 2012, \$400 million for 2013, and \$400 million for 2014. Any funds not expended may be used for grants to nonprofits. Grant funds may not supplant funds from other sources for early childhood home visitation programs or initiatives.

Section 2952. Support, Education and Research for Postpartum Depression

Research on the causes and treatment of postpartum depression and postpartum psychosis will continue. Grants may be made available to eligible entities for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with or at-risk for postpartum conditions (postpartum depression and postpartum psychosis) and their families. The Secretary may integrate this with other grant programs. There are authorized \$3 million for 2010, and such sums as may be needed in 2011 and 2012.

Section 3502. Establishing Community Health Team to Support the Patient-Centered Medical Home

A program will be established to provide grants or contracts with eligible entities to establish community-based, interdisciplinary teams to support primary care practices, with particular focus on patient-centered medical homes. Eligible entities must be a State or Indian tribe or tribal organization that submits an application with a plan for achieving long-term financial sustainability and incorporates prevention, patient education, and care management in health care delivery. Entities must ensure the health team includes an interdisciplinary, interprofessional team of health care providers (which may include medical specialists, dietitians, social workers, behavioral and mental health providers, and physician assistants).

Section 4101. School-Based Health Centers

A grant program is created for the establishment of school-based health centers. Priority will be given to centers that serve a large population of children eligible for Medicaid or CHIP. Funds may only be used for facilities and equipment. For each fiscal year 2010 through 2013, \$50 million is appropriated.

A grant program is established to support the operation of school-based health centers serving medically underserved children. School-based health centers will offer comprehensive primary health services which include:

- Physical- comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions, and referrals.
- Mental health- mental health and substance use disorder assessments, crisis intervention, counseling, treatment, and referral.

Preference may be given to communities with demonstrated barriers to primary care and mental health and substance use disorder prevention services and high numbers of children who are uninsured, underinsured, or enrolled in public programs. Each grantee must match an amount equal to 20 percent of the grant with non-Federal resources. Grant funds must not supplant other Federal or State funds. There are authorized such sums as may be necessary for 2010 through 2014.

Section 4108. Incentives for Prevention of Chronic Diseases in Medicaid

Grants will be awarded to States to carry out initiatives that provide incentives to Medicaid beneficiaries who participate in programs promoting healthy lifestyles. These programs must be comprehensive and uniquely suited to address the needs of Medicaid beneficiaries, may address co-morbidities (including depression), and must have demonstrated success in helping individuals:

- Cease using tobacco products;
- Control or reduce weight;
- Lower cholesterol;
- Lower blood pressure; or
- Prevent or manage diabetes.

A State must carry out initiatives for at least 3 years and conduct an outreach and education campaign to make providers and Medicaid beneficiaries aware of the programs. A total of \$100 million has been appropriated to carry out this section for the 5-year period beginning January 1, 2011.

Section 4201. Community Transformation Grants

The Centers of Disease Control and Prevention is authorized to award grants to State and local governments and community-based organizations to implement evidence-based community preventive health activities.

An eligible entity will submit a community transformation plan to the Director of the CDC which includes policy, environmental, pragmatic, and infrastructure changes needed to promote healthy living and reduce disparities. Activities in the plan may focus on:

- Creating healthier school environments, including increasing physical activity opportunities, promotion of healthy lifestyle, emotional wellness, prevention curricula, and activities to prevent chronic diseases;
- Creating infrastructure to support active living and access to nutritious foods;
- Developing and promoting programs that target a variety of age levels to increase access to nutrition, physical activity and smoking cessation, improve social and emotional wellness, enhance safety in a community, or address any other chronic disease priority area identified by the grantee;
- Assessing and implementing workplace wellness programming and incentives;
- Working to highlight healthy options at restaurants and other food venues;
- Prioritizing strategies to reduce ethnic/racial disparities, including social, economic, and geographic determinants of health; and
- Addressing special populations needs, including all age groups and individuals with disabilities, and individuals in both urban and rural areas.

An eligible entity will use grant funds to evaluate if activities change the prevalence of chronic disease risk factors. Measures will include:

- Changes in weight;
- Changes in proper nutrition;
- Changes in physical activity;
- Changes in tobacco use prevalence;
- Changes in emotional well-being and overall mental health; and
- Other factors using community-specific data from the BRFSS.

A grantee must submit a report to the Director annually, participate in meetings to discuss best practices and lessons learned, and develop models to replicate successful programs and activities. The Director will provide training on effective strategies, technical assistance to establish community transformation plan, and framework for evaluating programs under this grant.

There are authorized such sums as may be necessary for fiscal years 2010 through 2014. Funds may not be used to create video games or carry out any activities that may lead to higher rates of obesity or inactivity.

Section 4202. Healthy Aging, Living Well; Evaluation of Community-Based Prevention and Wellness Programs for Medicare Beneficiaries

The Centers of Disease Control and Prevention will award grants to State or local health departments and Indian tribes to launch 5-year pilot programs that provide public health community interventions, screenings, and clinical referrals for individuals aged 55-64.

Public health interventions may include efforts to improve nutrition, increase physical activity, reduce tobacco use and substance abuse, improve mental health, and promote healthy lifestyles. Ongoing health screenings will be provided to identify risk factors for cardiovascular disease, cancer, stroke, and diabetes. Individuals found to have risk factors will be referred for follow-up services. Screening activities may include mental health/behavioral health and substance use disorders, and physical activity, smoking, and nutrition. A State or local health department will enter into contracts with community health centers or rural health clinics and mental health and substance use disorder service providers to assist in the referral/treatment of at risk patients. There are authorized such sums as may be necessary for 2010 through 2014.

Section 5306. Mental and Behavioral Health Education and Training Grants

Grants may be made to eligible higher education institutions for the recruiting and education of students in social work, graduate psychology, professional training in child and adolescent mental health (including substance abuse prevention and treatment), and pre-service or in-service training of paraprofessional child and adolescent mental health workers.

Priority will be given to applicants that provide training focused on vulnerable populations and have demonstrated a familiarity with evidence-based methods. For fiscal years 2010 through 2013 there is authorized: \$8 million for social work training, \$12 million for graduate psychology training, \$10 million for professional child and adolescent mental health training, and \$5 million for paraprofessional child and adolescent mental health training.

Section 5604. Co-Locating Primary and Specialty Care in Community-Based Mental Health Settings

Grants and cooperative agreements will be awarded to establish demonstration projects that provide coordinated and integrated services by co-locating primary and specialty care services in community-based mental and behavioral health settings. There is authorized \$50 million for fiscal year 2010 and such sums as may be necessary for 2011 through 2014.

Section 10326. Pilot Testing Pay-For-Performance Programs for Certain Medicare Providers

By January 1, 2016, the Secretary will conduct separate pilot programs to test the implementation of a value-based purchasing program for payments under Medicare for providers including:

- Psychiatric hospitals and psychiatric units;
- Long-term care hospitals;
- Rehabilitation hospitals;

- PPS-exempt cancer hospitals; and
- Hospice programs.

Spending on these pilot programs must be within the expected budget of each provider in a year without such a program. After January 1, 2018, the Secretary may elect to expand these pilot programs.

Section 10408. Grants for Small Businesses to Provide Comprehensive Workplace Wellness Programs

Grants will be awarded to eligible employers (has less than 100 employees) to provide their employees with access to comprehensive workplace wellness programs. A comprehensive workplace wellness program must have:

- Health awareness initiatives;
- Efforts to maximize employee engagement;
- Initiatives to change unhealthy behaviors and lifestyle choices; and
- Supportive environment efforts (including workplace policies to encourage healthy lifestyles, healthy eating, increased physical activity, and improved mental health).

An eligible employer will submit an application to the Secretary, which includes a proposal for their program. To carry out this section there is authorized: \$200 million for 2011 through 2015.

Section 10410. Centers of Excellence for Depression

The Secretary will award competitive 5-year grants to establish National Centers of Excellence for Depression. Each Center will collaborate to improve treatment standards, clinical guidelines, diagnostic protocols, and care coordination practice. Within one year of enactment of this Act, there will be no more than 20 Centers established, and by 2016 no more than 30. Eligible entities must be an institution of higher education or public or private, non-profit research institution.

One recipient of a grant will be a coordinating center of excellence for depression. The coordinating center will:

- Develop, administer, and coordinate the network of Centers;
- Oversee and coordinate a national database to improve prevention programs, evidence-based interventions, and disease management for depressive disorders using data collected from the Centers; and
- Serve as a liaison with SAMHSA and any interagency forum on mental health.

An entity must agree to match \$1 in non-Federal funds for every \$5 of Federal grant dollars. There is authorized: \$100 million for each year 2011 through 2015, and \$150 million for each year 2016 through 2020. For a fiscal year, each Center can receive no more than \$5 million, and the coordinating center may receive no more than \$10 million.