



CCAM

Coordinating Council on
Access and Mobility

2020 Webinar Series: CCAM Program Inventory – A Call to Coordination

February 13, 2020

Webinar #1: U.S. Department of Health and Human Services Program Spotlight

CCAM

Agenda

Welcome - Dr. Leith States, U.S. Department of Health and Human Services (HHS)

Coordinating Council on Access and Mobility (CCAM) Program Inventory Overview - Danielle Nelson, U.S. Department of Transportation (USDOT)

Using Federal Funds for the Non-Federal Share (Federal Fund Braiding) – Jeffrey Polich, Children, Families and Aging Division, Office of General Counsel, HHS; and Bonnie Graves, Federal Transit Administration (FTA) Office of Chief Counsel, USDOT

HHS Program Spotlight

1. Administration for Children and Families (ACF)
2. Administration for Community Living (ACL)
3. Centers for Diseases Control (CDC)
4. Health Resources and Services Administration (HRSA)
5. Substance Abuse and Mental Health Services Administration (SAMHSA)

Question & Answer

Welcome

Leith States, MD, MPH

Chief Medical Officer, Office of the Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS)



Coordinating Council on Access and Mobility (CCAM) Program Inventory Overview

CCAM Mission and Organization



Mission

The CCAM issues policy recommendations and implements activities that improve the **availability**, **accessibility**, and **efficiency** of transportation for the following targeted populations:



Individuals with Disabilities



Older Adults



Individuals of Low Income

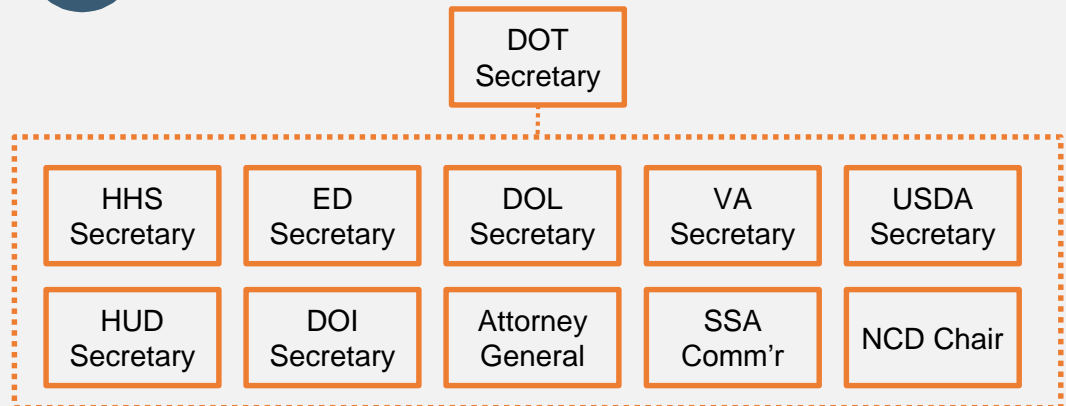


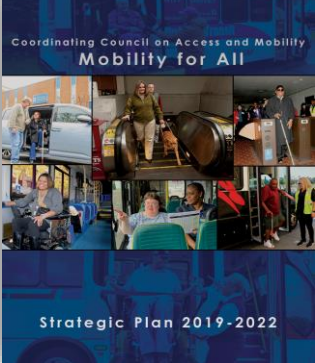
History

The CCAM is an interagency partnership **established in 2004 by Executive Order 13330** to coordinate the efforts of the Federal agencies that fund transportation for targeted populations.



Organization





CCAM Strategic Plan 2019-2022: Mobility for All

CCAM Strategic Plan was adopted on October 29, 2019 to realize the benefits of transportation coordination.



Goal 1: Improve Access to Community through Transportation

- Objective 1:** Reduce Federal policy barriers to coordinated transportation
- Objective 2:** Encourage state and local transportation coordination
- Objective 3:** Promote public awareness of available transportation options



Goal 2: Enhance Cost Effectiveness of Coordinated Transportation

- Objective 1:** Enable and promote equitable cost sharing
- Objective 2:** Develop framework for transportation cost reporting
- Objective 3:** Advance awareness of Federal fund braiding opportunities



Goal 3: Strengthen Interagency Partnerships and Collaboration with State, Local, and Industry Groups

- Objective 1:** Refresh the CCAM Operating Model
- Objective 2:** Promote coordinated transportation initiatives
- Objective 3:** Expand opportunities for external input



Goal 4: Demonstrate Innovative Coordinated Transportation

- Objective 1:** Implement and evaluate CCAM pilot programs
- Objective 2:** Incorporate the use of innovative technologies in coordinated transportation



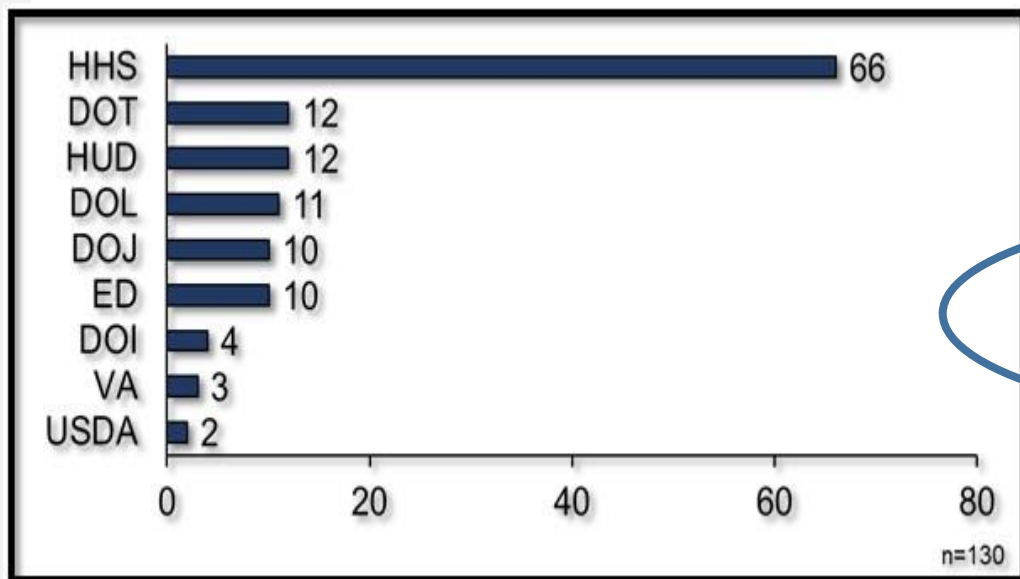
CCAM Program Inventory - A Call to Coordination (2020)

CCAM Webinar Series

Personal mobility is essential to the success of America's residents, communities, and economy. Agencies across the government administer [130 federal programs](#) that may fund transportation services for the CCAM target population. However, these transportation services can be costly and fragmented due to lack of interagency collaboration. Together, the [CCAM partner agencies](#) are hosting a webinar series to increase local, state and federal coordination to enhance accessible, efficient transportation options for the target populations.

Objectives:

- Bring diverse networks together to learn from Federal program managers; and
- Address the most prevalent barriers to transportation coordination, gathered through the [2018 CCAM State and Local Focus Groups](#).



Goal 1: Improve Access to Community through Transportation

Objective 1: Reduce Federal policy barriers to coordinated transportation

Objective 2: Encourage state and local transportation coordination

Objective 3: Promote public awareness of available transportation options

Website: <https://www.transit.dot.gov/coordinating-council-access-and-mobility>

Top Perceived Barriers to Transportation Coordination



Limited Awareness

Lack of knowledge of the Federal funding sources available as well as the policies that enable coordination



Unengaged Stakeholders

Challenge to establish and maintain organizational and community partnerships



Program Restrictions

Reporting issues, eligibility criteria, trip restrictions, and other program rules



Insufficient Incentives

Lack of financial motivation to pursue coordination initiatives



Limited Guidance

Lack of Federal guidance that States and communities need to coordinate in compliance with Federal law

CCAM Program Inventory

- **2008: 64 programs**

[Charter Service Rule Appendix A - Federal Programs Providing Transportation Assistance](#)

- **2012: 80 programs**

[GAO Report: Transportation-Disadvantaged Populations - Federal Coordination Efforts Could Be Further Strengthened: Appendix II: Inventory of Federal Programs](#)

- **2019: 130 programs**

[CCAM Program Inventory](#)

Includes detailed program information, such as CFDA numbers and statutory references, information on recipients and beneficiaries, eligible transportation activities, etc.

**Goal: Increase
Coordination Among 130
Federal Transportation-
Eligible Programs**

<https://www.transit.dot.gov/regulations-and-guidance/ccam/about/ccam-program-inventory>



The screenshot shows the Federal Transit Administration website. The header includes the FTA logo and the text "Federal Transit Administration". Below the header is a navigation bar with links for "About", "Funding", and "Regulations & Programs". The main content area is titled "CCAM Program Inventory" and includes a sidebar with links for "Home", "CCAM", and "About". The sidebar also lists "CCAM Overview", "Meetings & Listening Sessions", "Partner Agencies", "Initiatives", "Research Reports", "Technical Assistance", and "FAQ". The main content area lists three documents: "ccam-program-inventory-10-2019.xlsx", "ccam-program-inventory-summary-10-2019.pdf", and "ccam-program-inventory-summary-10-2019.xlsx". Below the list is a paragraph describing the CCAM Program Inventory, stating that it identifies 130 Federal programs that are able to provide funding for human services transportation for people with disabilities, older adults, and/or individuals of low income. It also mentions that the CCAM Program Inventory includes detailed program information, such as CFDA numbers and statutory references, information on recipients and beneficiaries, and eligible transportation activities. The CCAM Program Inventory Summary document contains limited program details and is formatted for easy printing.

What Federal Programs Fund Transportation?

Below is a sample of the 130 federal programs that **may** fund transportation services for people with disabilities, older adults, and/or individuals of low income.

Department of Health and Human Services (HHS)

- Children's Health Insurance Program (CHIP)
- Medicaid
- Block Grant for Community Mental Health Services
- Centers for Independent Living (CILs)
- Older Americans Act (OAA) programs
- Health Center Program

HHS/Administration for Children and Families (ACF) Programs

- Transitional Living Program for Homeless Youth
- Native Employment Works
- Chafee Foster Care Program for Successful Transition to Adulthood
- Community Services Block Grant Discretionary Awards
- Temporary Assistance for Needy Families
- Refugee and Entrant Assistance State/Replacement Designee Administered Programs (Transitional and Medical Services and Social Services Formula Grants Only)
- Refugee and Entrant Assistance - Voluntary Agency Programs (Matching Grants Only)
- Community Services Block Grant
- Refugee and Entrant Assistance - Discretionary Grants (Refugee Health Promotion, Targeted Assistance and Social Services Discretionary Grants Only)
- Refugee and Entrant Assistance - Wilson/Fish Program
- Head Start
- Social Services Block Grants
- Child Care and Development Fund (CCDF)
- Promoting Safe and Stable Families



Did you know?

If an organization receives funding from one of these programs, **a portion of the funds may be used for transportation services.**

Funding recipients may collaborate across these federal programs to provide more transportation options for the community.

The [CCAM](#) directed the development of an **Advancing Mobility Management Course** offered by the National Transit Institute (NTI). **The new 2-day course aims to improve coordination between transit and non-traditional stakeholders.** The interactive course highlights community partnerships that improve coordination and helps participants identify new partners to expand networks and resources.

The course is free for public transit and government agencies.

2020 Courses:

September 25-26, 2019 – St. Cloud, MN

February 5-6, 2020 -Phoenix, AZ

February 24-25, 2020 – Nashville, TN

March 25-26, 2020 – Springfield, MA

May 5-6, 2020 – Denver, CO

June 16-17, 2020 – Ithaca, NY

The course is designed to build the capacity of community professionals to implement and scale up mobility management strategies and initiatives, and expose participants to promising practices in the field.

Register: www.ntionline.com/advancing-mobility-management

Transportation Technical Assistance (TA) Centers (Free Resources)



National Center for Mobility Management

website: www.nc4mm.org 1-866-846-6400

email: info@nc4mm.org **Annual Community Grants**



National Aging and Disability Transportation Center

website: www.nadtc.org 1-866-983-3222

email: contact@nadtc.org **Annual Community Grants**



Rural Transit Assistance Program

website: www.nationalrtap.org 1-888-589-6821

email: info@nationalrtap.org



Shared Use Mobility Center

website: www.sharedusemobilitycenter.org 1-312-448-8083

email: info@sharedusemobilitycenter.org



National Center for Applied Transit Technology (N-CATT)

<https://ctaa.org/about-n-catt/> Contact:

grossglaser@ctaa.org

TA Center Community Grants: NADTC

FTA-funded TA Centers provide competitive grants to communities to implement innovative projects that will remove barriers to transportation and expand mobility options for transportation disadvantaged populations.

NADTC community grants are designed to support communities to assess their transportation needs and develop and implement innovations and new models for increasing the availability of accessible transportation services for **older adults and people with disabilities**, including making effective use of [FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities funds](#).

Examples of 2019 **NADTC** Grantees:

- [Greater Portland Council of Governments](#) in **Portland, ME**, will test the concept of a city-wide weekly shopper shuttle service for older adults, people with disabilities and individuals who have low incomes, including residents of housing facilities and those living in single-family and small multi-unit housing. The Shopper Links project responds to the identified *unmet need for free or low-cost, door-to-door transportation to grocery shopping*.
- [Capacity Builders, Inc.](#) in **Farmington, NM**, will provide curb-to-curb rides for individuals with disabilities and for older adults in remote areas of the Navajo reservation in San Juan County as well as other areas outside the City of Farmington. The project will recruit Navajo elders as drivers and hire individuals who speak the Navajo language.

NADTC Grants: <https://www.nadtc.org/grants-funding/nadtc-grant-opportunities/nadtc-awarded-grants/>

TA Center Community Grants: NCMM

NCMM's community grants are opportunities for teams representing multiple sectors to collaborate on solving local transportation challenges. Funds support seeking innovative ways to address particular mobility challenges experienced by **low-income community members** for whom a lack of transportation is an obstacle to the pursuit of economic, health, and social well-being.

Examples of 2019 **NCMM** Grantees:

Planning Grants:

- **Dixon, IL:** How might we increase awareness and access to services to improve well-being for low-income children and their families? Team: Lee-Ogle Transportation System (Lead), Regional Office of Education, Lee County **Health Department**, Ogle County **Health Department**, Lee County Probation Department, KSB Hospital and Medical Clinics, Rochelle Community Hospital
- **Allen County, KS:** How might we address the transportation needs of patients with chronic physical and mental health conditions in Allen County? Team: Thrive Allen County (Lead), **Community Health Center** of Southeast Kansas (Lead), Southeast Kansas **Mental Health Center**, Allen County Regional Hospital, First Presbyterian Church.

Implementation Grants:

- **Colorado Springs, CO** is embedding a transportation scheduling system into clinics to ensure behavioral health patients have a way to get to appointments, pharmacies, therapies, etc. Team: Envida (Lead), Colorado Community Health Alliance, El Paso County Public Health, Peak View **Behavioral Health**, Cedar Springs Hospital, AspenPointe, & BethHaven. [Video](#) of team's in-person Design Challenge Business Pitch & [Previous Design Challenge Business Pitch Slides](#)

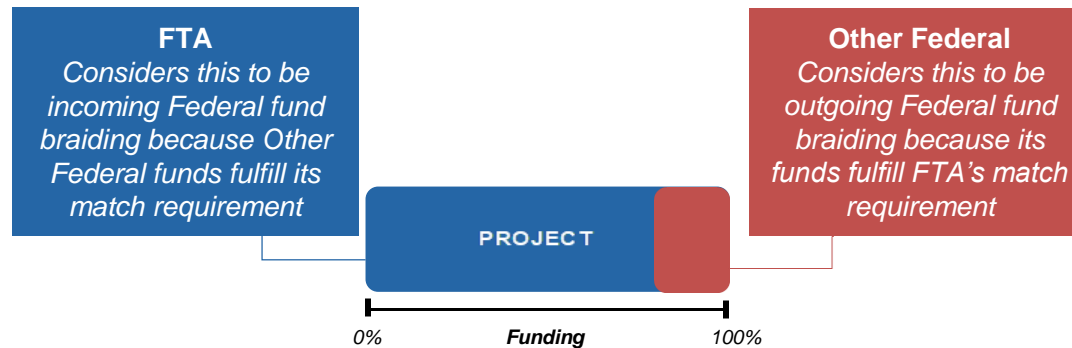
NCMM Grants: https://nationalcenterformobilitymanagement.org/grants/community_grants/

Using Federal Funds for the Non-Federal Share (Federal Fund Braiding)

Using Federal Funds for the Non-Federal Share (Federal Fund Braiding)

- Generally not permitted, unless there is express statutory authority.
- Funds must be spent for the purposes for which they were appropriated.
- Example of Statutory Authority for Incoming Federal Funds:
- FTA's Formula Program for the Enhanced Mobility of Seniors and Individuals with Disabilities
 - 49 U.S.C. 5310(d)(3): The remainder of the net costs of a project carried out under this section—
 - (B) may be derived from amounts appropriated or otherwise made available—
 - (i) to a department or agency of the Government (other than the Department of Transportation) that are eligible to be expended for transportation

Using Federal Funds for the Non-Federal Share (Federal Fund Braiding)



Federal Fund Braiding is when funds from one Federal program are used to meet the local match requirements of another. The term “braiding” depicts multiple independent funding streams coming together to fund a single project. These Federal funding “strands” never lose their identity and grantees report to both participating Federal agencies regarding how specific funds were spent. The costs of the “Other Federal” match meet the purposes and requirements of that program.

Using Federal Funds for the Non-Federal Share (Federal Fund Braiding)

- Example of Statutory Authority for Outgoing Federal Funds:
- HUD's Housing and Community Development Act of 1974 (Community Development Block Grant funds)

Sec. 105(a)(9) of the Act (42 U.S.C. 5305(a)(9)): Section 105(a) Activities assisted under this title may include—

(9) payment of the non-Federal share required in connection with a Federal grant-in-aid program undertaken as part of activities assisted under this title;

Using Federal Funds for the Non-Federal Share (Federal Fund Braiding)

- Braiding must not be prohibited by statute
- Example of Statutory Prohibition:
- The Welfare-to-Work Program, 403(a)(5)(C)(vii) of the Social Security Act:
Prohibition against use of grant funds for any other fund matching requirement
 - An entity to which funds are provided under this paragraph shall not use any part of the funds, nor any part of State expenditures made to match the funds, to fulfill any obligation of any State, political subdivision, or private industry council to contribute funds under subsection (b) or section 618 of this title or any other provision of this chapter or other Federal law.
- However, FTA's law at 49 U.S.C. 5310(d)(4) provides: Use of certain funds.—
 - For purposes of paragraph (3)(B)(i), the prohibition under section 403(a)(5)(C)(vii) of the Social Security Act (42 U.S.C. 603(a)(5)(C)(vii)) on the use of grant funds for matching requirements shall not apply to Federal or State funds to be used for transportation purposes.
- Thus, Welfare-to-Work funds (when the program was funded) could be used to match FTA grants

Using Federal Funds for the Non-Federal Share (Federal Fund Braiding)

- FTA grants generally require 20% match for capital projects and 50% match for operating projects.
- To use Federal funds to match FTA transportation grants:
 - Must be matching FTA's urbanized area, rural, or enhanced mobility for seniors and individuals with disabilities programs
 - Activity must be eligible for both the FTA and non-FTA program. Examples of eligible activities may include vehicle acquisition, travel training, one-call, one-click centers, mobility management
 - Grantees must comply with all Federal requirements for both programs
- Grantees should confirm with the appropriate Federal agency that Federal fund braiding is allowable.

HHS Program Spotlight

Administration for Children and Families (ACF)

U. S Department of Health and Human Services
Administration of Children and Families
Children's Bureau

Promoting Safe and Stable Families (PSSF)

Examples of how PSSF may provide supportive transportation services for families is;

- Subway/bus passes, gas cards, car repairs, and other transportation stipends to assist families provide for the safety and well-being of their children, including transportation assistance with;
 - Attending employment, work readiness, vocational training programs (for Parents)
 - Attending medical and/or mental health sessions (for the family)
 - Meetings with designated case manager and or other pertinent service providers

U. S Department of Health and Human Services
Administration of Children and Families
Children's Bureau

Chafee Foster Care Program for Successful Transition to Adulthood

Examples of how Chafee may provide supportive transportation services for youth in care or formerly in care:

- Subway/bus passes, transportation stipends assist youth with;
 - Transportation support to and from school, vocational training programs, and other educational programs
 - Transportation support to and from College or Vocational Training programs
 - Assistance with driving license and vehicles, including paying for driving school, car insurance, and vehicle repairs

Introduction of Presenter

Abdihakim Abdi

Office of Child Care, Administration for
Children and Families (ACF), HHS

Child Care and Development Fund (CCDF)

- **Program Objective**

To assist families of low-income in obtaining child care so that they can work or attend training and/or educational activities. The program also improves the quality of child care and promotes coordination among early childhood development and afterschool programs.

- **Recipients**

CCDF is a block grant program administered by states, territories, and tribes that provides child care subsidies through vouchers or certificates to low-income families, and grants and contracts with providers in some states.

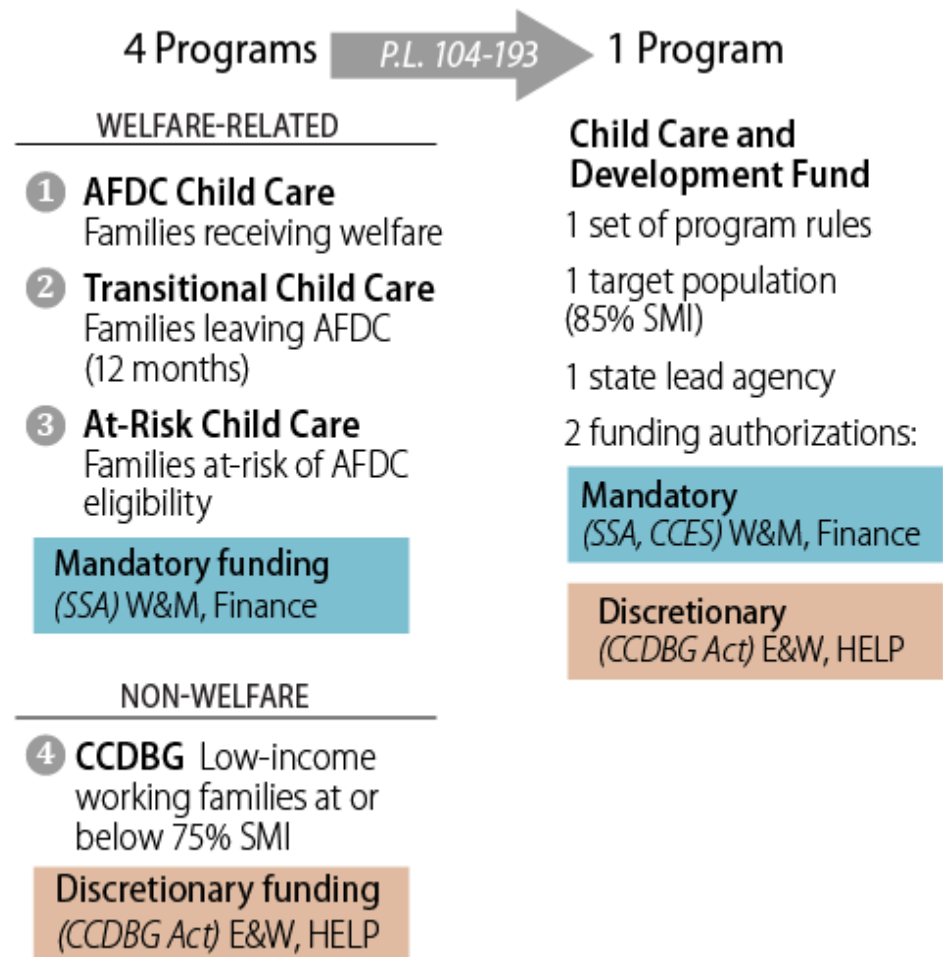
Child Care and Development Fund (CCDF)

- CCDF is the largest source of federal funding to help pay for child care for low-income working parents.
- Serves 1.3 million children under age 13 from 813,200 families each month. Combined with TANF and SSBG a total estimated 1.9 million children are served. (FY 2018)
- 88% of families are working or in training or education. The remaining families cited protective services. (FY 2018)
- 92% of children are served through certificates; 7% are served through grants/contracts; and, 1% are served through cash. (FY 2018)
- Only 15% of federally-eligible children receive subsidies. About 24% of children eligible under state rules receive subsidies. (FY 2016)

Components of CCDF

- The Child Care and Development Fund (CCDF) is the combination of Discretionary funding authorized under the Child Care and Development Block Grant (CCDBG) Act and Mandatory funding called the Child Care Entitlement to the States (CCE) authorized in Section 418 of the Social Security Act.
- The Social Security Act requires that the CCE funds be fully integrated with the CCDBG funds and requires the CCE funds to be spent under CCDBG Act rules. The 1998 regulations named this combination of funds the Child Care and Development Fund.

Legislative History of CCDF



Source: Congressional Research Service

FY 2020 Funding Summary

CCDF Funding Summary

	FY 2020
CCDF Discretionary	\$ 5,826,000,000
TA	\$ 29,130,000
Research	\$ 29,130,000
Hotline	\$ 1,500,000
Tribes (2.75%)	\$ 160,215,000
Tribes (Additional)	\$ 174,780,000
Territories	\$ 29,130,000
States	\$ 5,402,115,000

Is Transportation an allowable Expense ?

- The CCDF program is intended primarily to provide child care subsidies to low-income working families. Therefore, OCC discourages the use of CCDF funds for costs related to transportation as it could limit the State Lead Agency's capacity to serve families in need.
- CCDF funds can be used to cover transportation costs as part of subsidy payments in instances where the transportation costs are built-in as part of the usual and customary fees charged by the provider for child care services.
- There may instances where CCDF dollars may be used to provide transportation, for instance in order to provide access to child care for rural families and thus improve the accessibility of care. In order to claim CCDF expenditures for this purpose, the Lead Agency must demonstrate that use of funds for transportation costs is a critical element of providing child care for purposes of improving access or another allowable purpose within the CCDF program.

HEAD START



Transportation Services

Amanda Bryans
Office of Head Start

Amanda.bryans@acf.hhs.gov

Head Start and Early Head Start Background



Purpose: Improve School readiness through provision of comprehensive services

- Programs in virtually every county in the US and its territories and over 150 tribal HS programs.
- 2700 grantees include not-for-profits, municipalities, school districts, municipalities, Tribes, Alaska Native groups, and states
- 56,000 Head Start Classes
- Head Start Enrollment: 893,000
- Over 102,000 children diagnosed with disability under IDEA
- Almost 200,00 children receive transportation services

SOURCES: Head Start Act, Program Information Report,



Transportation Services Defined



From Part 1305, Head Start Program Performance Standards
...the planned transporting of children to and from sites where an agency provides services funded under the Head Start Act....can involve picking up and discharge of children at regularly scheduled times and pre-arranged sites, including trips between the children's homes and program settings. The term includes services provided directly... and services which such agencies arrange to be provided by another organization or an individual. Incidental trips... are not included...

Programs must assess transportation needs and assist families as necessary to ensure children who are selected can attend.

Head Start Performance Standards

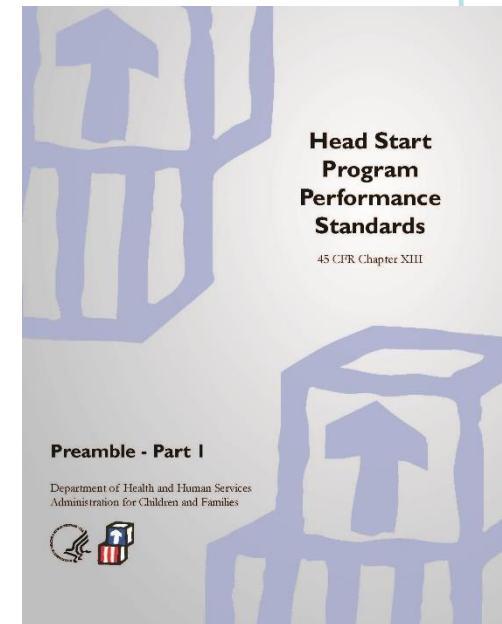


The Performance Standards are the regulations that grantees and delegate agencies implement to operate a Head Start and/or Early Head Start program.

Great Reading!



Learn all the details of Head Start transportation requirements!.



HSPPS for Transportation Services



Part 1303.7

- Vehicles must meet FMVSS for school buses; or
- Be allowable alternate vehicles that meet school bus structural safety standards, but not appearance and traffic control requirements
- Appropriate safety restraint systems must be used for all passengers
- At least one bus monitor must be on board
- Drivers must possess a CDL
- Programs must coordinate transportation resources whenever possible

The End



- A short story with a happy ending

Administration for Community Living (ACL)

ACL Transportation Programs

February 13, 2020



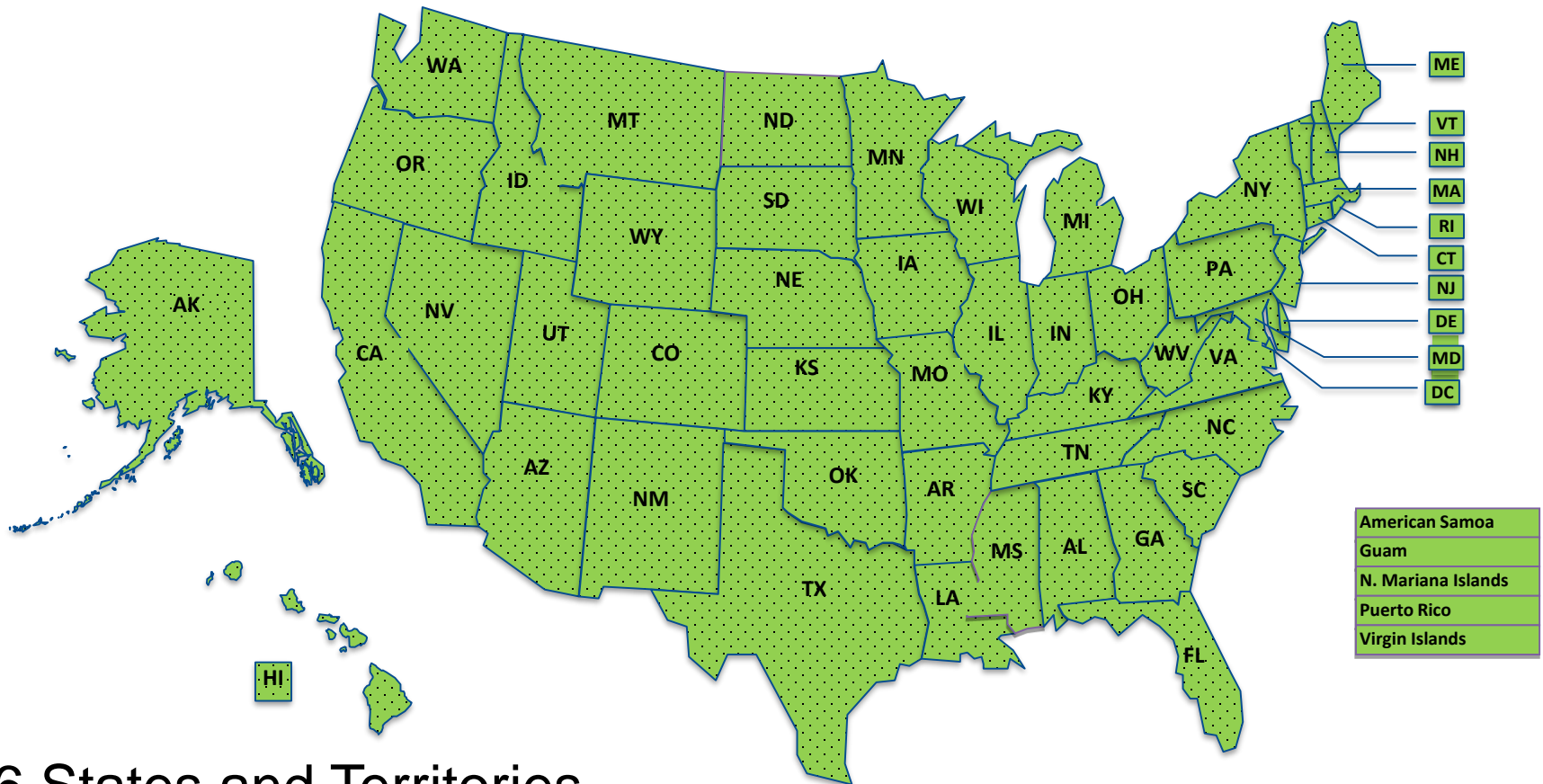
Administration for Community Living (ACL)

- Mission: maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers
- Guiding principle: people with disabilities and older adults should be able to live where they choose, with the people they choose, and participate fully in their communities



Nationwide Aging and Disability Network

“America’s Long Term Service and Support Access System”



American Samoa
Guam
N. Mariana Islands
Puerto Rico
Virgin Islands

56 States and Territories
1,322+ Access Points

ACL Invests in Transportation

- Older Americans Act Programs
- Centers for Independent Living
- Projects of National Significance: Inclusive Community Transportation Planning
- National Institute on Disability, Independent Living, and Rehabilitation Research: ADA Participation Action Research Consortium (PARC)
- Paralysis Resource Center
- Assistive Technology Act Program

Contact Information

Lori Gerhard

U.S. Department of Health & Human Services

Administration for Community Living

Washington, DC

Lori.gerhard@acl.hhs.gov

202-795-7348



Centers for Disease Control (CDC)

Coordinating Council on Access and Mobility Program Inventory Webinar: CDC Disability and Health Programs

Shannon Griffin-Blake, PhD
Chief Disability Officer

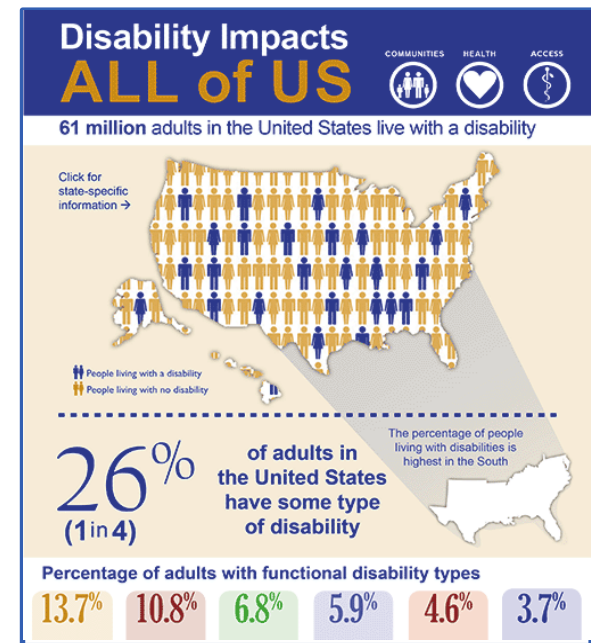
HHS Program Spotlight
February 13, 2020

Email: dhddodrequests@cdc.gov



Promoting Disability Inclusion within CDC's Public Health Programs

- Difficulty or inability to do certain activities and interact with the world around them
- Including people with disabilities in everyday activities and encouraging them to take on roles similar to their peers without a disability
- Lack of accessible environments
- Limited access to medical services
- Lack of resources
 - Awareness
 - Social support
 - Transportation



[Okoro CA, Hollis ND, Cyrus AC, Griffin-Blake S. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:882–887. DOI: <http://dx.doi.org/10.15585/mmwr.mm6732a3>](https://doi.org/10.15585/mmwr.mm6732a3)

CDC Disability & Health Programs

National Centers on Health Promotion for People with Disabilities CDC-RFA-DD16-1602

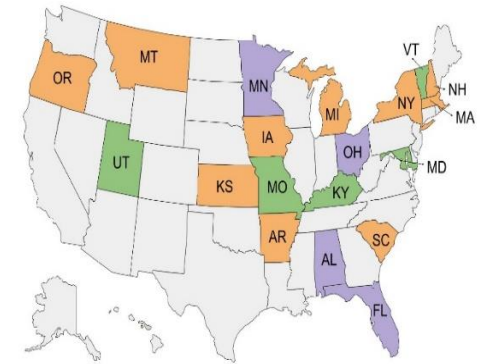
Support for the **National Center on Health, Physical Activity and Disability and Special Olympics International**

- Adapt programs, models, and resources for people with mobility and intellectual disabilities
- Funding Levels (FY20): \$4.1M to \$11.9M
- Eligibility: Public and state controlled institutions of higher education; Native American tribal organizations (other than Federally recognized tribal governments); Nonprofits having a 501(c)(3) status with the IRS - other than institutions of higher education; Nonprofits without 501(c)(3) status with the IRS - other than institutions of higher education, and private colleges and universities
- New NOFO launch FY21




Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs CDC-RFA-DD16-1603

Support for the **19 State Disability & Health Programs**

- Address health disparities experienced by people with disabilities
- Include state-level advisory committee to guide and implement activities
- Develop data-informed plans
- Funding Levels (FY20): \$165k to \$440k
- Eligibility: State governments; Native American tribal governments (Federally recognized); State (includes the District of Columbia) and territorial governments (or their bona fide agents)
- New NOFO launch FY21



DD16-1603: State-based Programs

-  Capacity Building
-  Core Implementation
-  Core Implementation + Enhanced Activities/Medicaid project

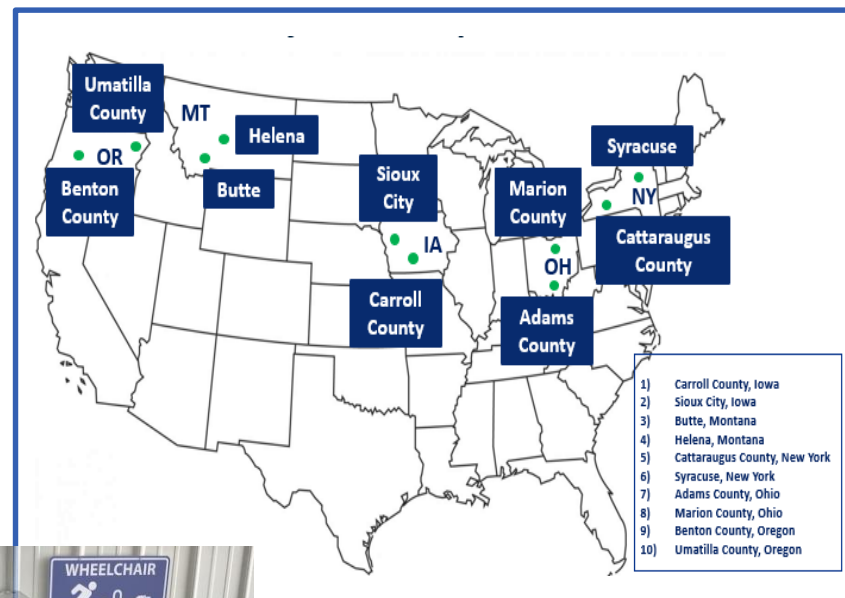
CDC Disability & Health Programs

Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health

CDC-RFA-OT18-1802

Support the National Association of Chronic Disease Directors

- Includes multi-phased approach
- Addresses poor nutrition, physical inactivity, general accessibility issues, and tobacco use and exposure for people with disabilities
- Improves access to healthy living opportunities, such as adapted physical activity opportunities, active transportation, and built environment
- Eligibility: State, county, city, territorial, or township governments; Public and state-controlled institutions of higher education; Native American tribal governments; Native American tribal organizations; Nonprofit organizations; Private institutions of higher education; Community-based organizations; and Faith-based organizations



Visit the Disability & Health website at: <https://www.cdc.gov/ncbddd/disabilityandhealth/index.html>

Health Resources and Services Administration (HRSA)



HRSA Programs

Coordinating Council on Access and Mobility (CCAM) - Program Inventory

February 13, 2020

Wakina Scott, MPH, PhD
Director, Office of Policy Analysis
Office of Planning, Analysis and Evaluation
Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



Health Resources and Services Administration (HRSA)

Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

Health Center Program Mission



Improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services

Health Center Program Fundamentals



Serve High Need Areas

- Must serve a **high need community or population** (e.g., HPSA, MUA/P)



Comprehensive

- Provide **comprehensive primary care** and enabling services (e.g., education, outreach, and **transportation services**)



Collaborative

- **Collaborate with other community providers** to maximize resources and efficiencies in service delivery



Patient Directed

- Private non-profit or public agency that is governed by a **patient-majority community board**



No One is Turned Away

- Services are **available to all** with fees adjusted based upon ability to pay



Accountable

- Meet **performance and accountability requirements** regarding administrative, clinical, and financial operations

The Health Center Program is authorized under Section 330 of the Public Health Service (PHS) Act.

Health Center Program



Nearly 1,400 HRSA-funded health centers operate approximately 13,000 service delivery sites across all U.S. states and territories



Health centers employ more than 236,000 medical, dental, and behavioral health clinicians and staff



1 in 9 children



1 in 5 rural residents



1 in 3 people living in poverty



More than 385,000 veterans

Source: Uniform Data System, 2018



Types of Health Centers



Grant-Supported Federally Qualified Health Centers

- Community Health Centers
- Migrant Health Centers
- Healthcare for the Homeless Programs
- Public Housing Primary Care Programs



Federally Qualified Health Center Look-Alikes



Outpatient health programs/facilities operated by tribal organizations

HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
 - ✓ More than half of people with diagnosed HIV in the United States – more than 500,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
 - ✓ HRSA's Ryan White HIV/AIDS Program serves as an important source of ongoing access to HIV medication that can enable people living with HIV to live close to normal lifespans.
- Funds grants to states, cities/counties, and local community-based organizations
 - ✓ Recipients determine service delivery and funding priorities based on local needs and planning process
- Payer of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)



HRSA's Ryan White HIV/AIDS Program

- Parts A (cities/counties), B (states), C (community-based organizations), and D (community-based organizations for women, infants, children, and youth) services include:
 - ✓ Medical care, medications, and laboratory services
 - ✓ Clinical quality management and improvement
 - ✓ Support services including case management, **medical transportation**, and other services
- Part F Services
 - ✓ Clinician training, dental services, and dental provider training
 - ✓ Development of innovative models of care to improve health outcomes and reduce HIV transmission among hard to reach populations
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%



Healthy Start Initiative: Eliminating Disparities in Perinatal Health

- Focus on communities with highest infant mortality rates
- Supports community-driven efforts to decrease infant mortality
 - ✓ In FY2019, the program's 101 grantees serve women, children, and families in 34 states, D.C., and Puerto Rico.
- Services incorporate:
 - ✓ Referrals and ongoing health care coordination;
 - ✓ Case management and linkage to **social services such as transportation**;
 - ✓ Drug use counseling (including alcohol and tobacco);
 - ✓ Nutritional counseling and breastfeeding support;
 - ✓ Perinatal depression screening and linkage to services;
 - ✓ Inter-conception education and reproductive life planning; and
 - ✓ Child development education and parenting support.



Rural Communities Opioid Response Program (RCORP)

- RCORP is a multi-year initiative aimed at supporting treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder.
- RCORP Purpose: Implement or expand access to recovery and treatment options that help people battling OUD (including those with polysubstance disorders) start and stay in recovery, including ensuring access to support services such as, but not limited to:
 - ✓ **transportation,**
 - ✓ housing,
 - ✓ peer recovery,
 - ✓ case management,
 - ✓ employment assistance, and
 - ✓ child care
- Implementation grants:
 - ✓ Support multi-sector consortia in rural communities
 - ✓ Focus on a regional and/or state-wide approach to addressing SUD/OUD



HRSA Program Resources

- **Health Center Program:** <https://bphc.hrsa.gov/>
- **Ryan White HIV/AIDS Program:** <https://hab.hrsa.gov/>
- **Healthy Start Initiative:** <https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start>
- **Rural Communities Opioid Response Program:** <https://www.hrsa.gov/rural-health/rcorp>





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Contact Information

Wakina Scott, MPH, PhD
Office of Policy Analysis
Office of Planning, Analysis and Evaluation
Health Resources and Services Administration (HRSA)
wscott@hrsa.gov
301-945-4136



Substance Abuse Mental Health Services Administration (SAMHSA)

2020

Substance Abuse and Mental Health Services Administration Presentation for CCAM

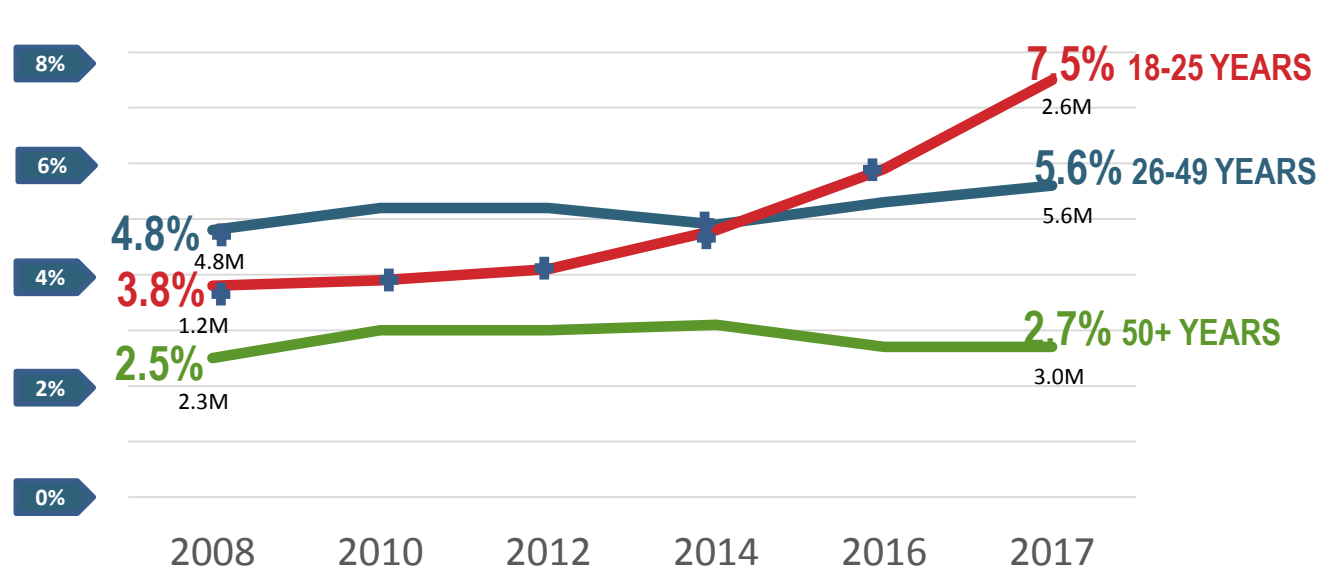
SAMHSA Learning Collaborative
Rockville, MD
February 13, 2020



SAMHSA
Substance Abuse and Mental Health
Services Administration

Serious Mental Illness (SMI) among Young Adults Rising and Treatment Increased Compared to Prior Years

PAST YEAR, 2017 NSDUH, 18+



57.4%
**1.5 MILLION YOUNG
ADULTS WITH SMI
RECEIVED TREATMENT**
Higher than 2015 (50.7%)
and 2016 (51.5%), and
42.6% get NO treatment

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Mental and Substance Use Disorders in America

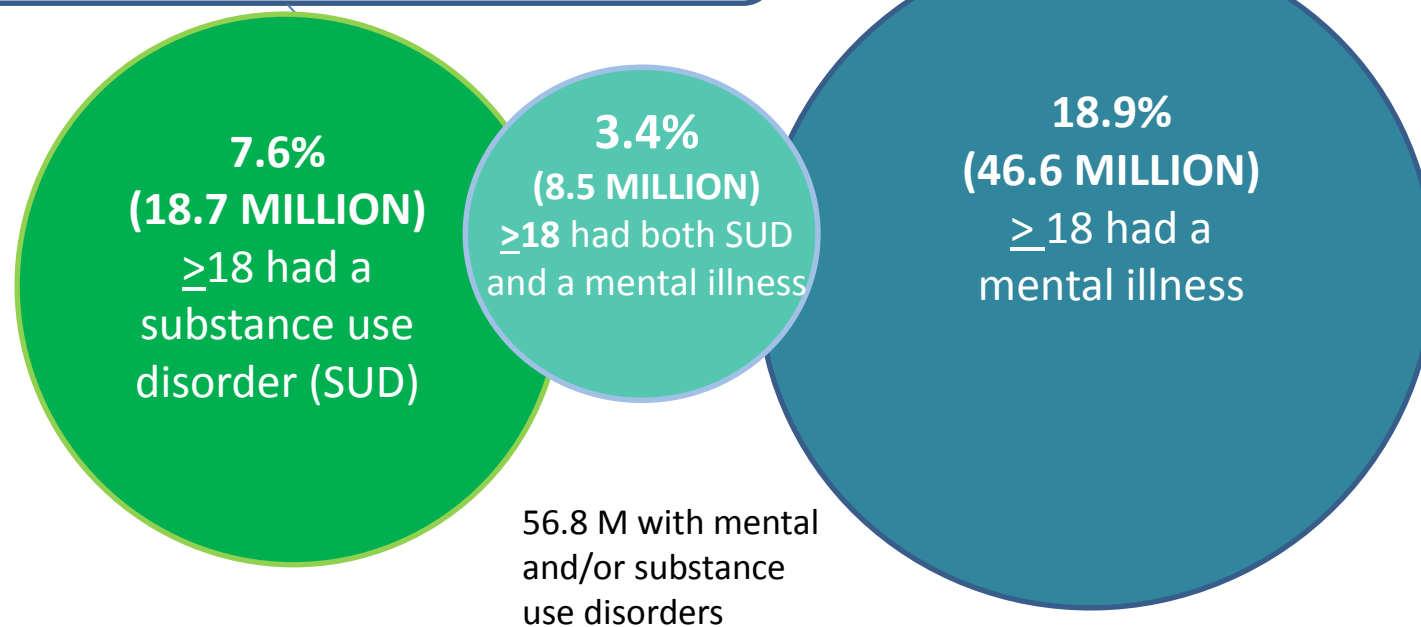
PAST YEAR, 2017 NSDUH, 18+

Among those with a substance use disorder:

- **3 IN 8 (36.4%)** struggled with illicit drugs
- **3 IN 4 (75.2%)** struggled with alcohol use
- **1 IN 9 (11.5%)** struggled with illicit drugs and alcohol

Among those with a mental illness:

- **1 IN 4 (24.0%)** had a serious mental illness



Grant Programs

Block Grant/Large State Formula Grant Programs

- Substance Abuse Prevention and Treatment Block Grant - \$1.86 Billion
- Community Mental Health Services Block Grant - \$722 Million
- State Opioid Response (not technically a block grant) - \$1.5 Billion

Non-Block Grant Programs

- 50+ programs across CSAT (~\$450 Million), CMHS (~\$800 Million), and CSAP (~\$200 Million)
- Most are competitive, but some also awarded by formula
- The programs focus on a range of issues from Opioids to Child Trauma
- To see a list of these program areas and descriptions of these programs look at the SAMHSA budget, most are Programs of Regional and National Significance
- CMHS has the largest portfolio, followed by CSAT, and CSAP

Block Grants

- Mental Health Block Grant
 - Grant to all 50 states, DC, and territories
 - Focus on community treatment for adults with serious mental illness and children with serious emotional disturbances
 - Fund priority treatment services for those without insurance
 - Fund priority treatment and support services for low income individuals
 - Collect performance and outcome data to determine the on going effectiveness
 - Approximately \$720 million in FY 19
- Substance Abuse Block Grant
 - Grant to all 50 states, DC, and territories
 - Focus on community treatment
 - Approximately \$3.8 billion for substance use treatment in FY 19

Regional Administrators

Region X: Seattle
AK, ID, OR, WA
David Dickinson, MA
206-615-3893
David.Dickinson@samhsa.hhs.gov

Region VIII: Denver
CO, MT, ND, SD, UT, WY
Charles Smith, PhD
303-844-7873
Charles.Smith@samhsa.hhs.gov

Region V: Chicago
IL, IN, MI, MN, OH, WI
CAPT Jeffrey A. Coady, PsyD
312-353-1250
Jeffrey.Coady@samhsa.hhs.gov

Region I: Boston
ME: Kimberly.Nelson@samhsa.hhs.gov
RI/NH/MA/VT: Jean.Bennett@samhsa.hhs.gov
CT: Jeffrey.Coady@samhsa.hhs.gov

Region II: New York
NJ, NY, PR, VI
Dennis O. Romero, MA
212-264-8097
Dennis.Romero@samhsa.hhs.gov

Region VII: Kansas City
IA, KS, NE, MO
Kimberly Nelson, MPA, LAC
816-426-5291
Kimberly.Nelson@samhsa.hhs.gov

Region III: Philadelphia
DE, DC, MD, PA, VA, WV
Jean Bennett, PhD
215-861-4377
Jean.Bennett@samhsa.hhs.gov

Region IX: San Francisco
AZ, CA, HI, GU, NV, AS, CNMI, FSM, MH, PW
Emily Williams
415-437-7600
Emily.Williams@samhsa.hhs.gov

Region VI: Dallas
AR, LA, NM, OK, TX
CAPT Karen Hearod, LCSW
214-767-0522
Karen.Hearod@samhsa.hhs.gov

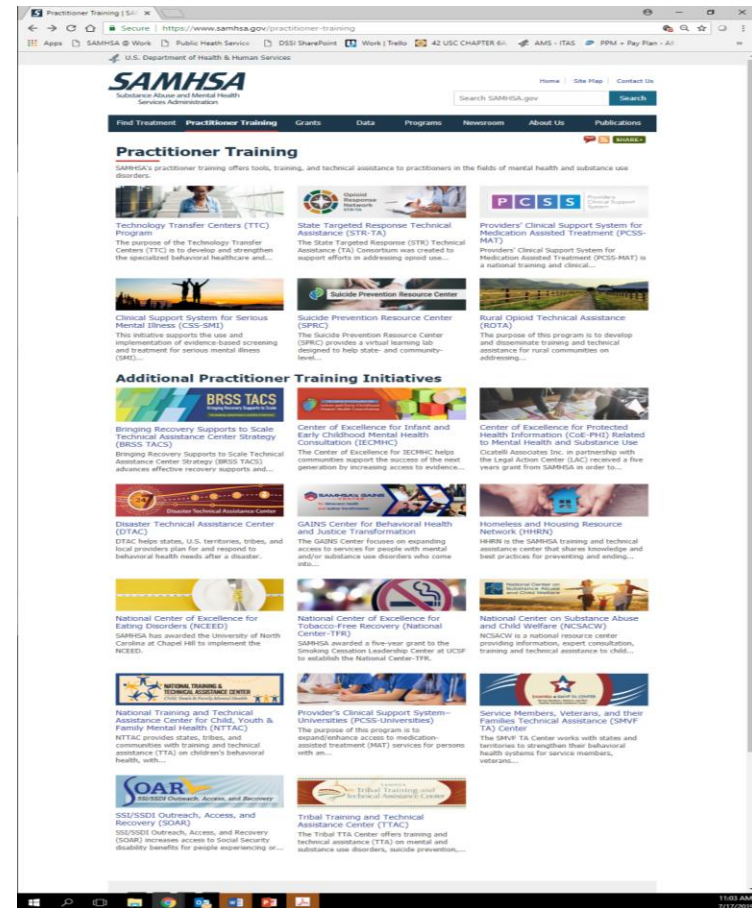
Region IV: Atlanta
AL, FL, GA, KY, MS, NC, SC, TN
CAPT Michael King, PhD, MSW
404-562-4125
Michael.King@samhsa.hhs.gov

SAMHSA Division of Regional Policy Liaison
Anne Herron, Director
240-276-2203

<https://www.samhsa.gov/about-us/who-we-are/regional-administrators>

National Technical Assistance/Training Centers

- [Technology Transfer Centers \(TTC\) Program](#)
- [State Targeted Response Technical Assistance \(STR-TA\)](#)
- [Serious Mental Illness \(SMI\) Advisor](#)
- [Suicide Prevention Resource Center \(SPRC\)](#)
- [Rural Opioid Technical Assistance \(ROTA\)](#)
- [Bringing Recovery Supports to Scale Technical Assistance Center Strategy \(BRSS TACS\)](#)
- [Center of Excellence for Infant and Early Childhood Mental Health Consultation \(IECMHC\)](#)
- [Center of Excellence for Protected Health Information \(CoE-PHI\) Related to Mental Health and Substance Use](#)
- [Disaster Technical Assistance Center \(DTAC\)](#)
- [GAINS Center for Behavioral Health and Justice Transformation](#)
- [Homeless and Housing Resource Network \(HHRN\)](#)
- [National Center of Excellence for Eating Disorders \(NCEED\)](#)
- [National Center of Excellence for Tobacco-Free Recovery \(National Center-TFR\)](#)
- [National Center on Substance Abuse and Child Welfare \(NCSACW\)](#)
- [National Training and Technical Assistance Center for Child, Youth & Family Mental Health \(NTTAC\)](#)
- [Provider's Clinical Support System–Universities \(PCSS-Universities\)](#)
- [Service Members, Veterans, and their Families Technical Assistance \(SMVF TA\) Center](#)
- [SSI/SSDI Outreach, Access, and Recovery \(SOAR\)](#)
- [Tribal Training and Technical Assistance Center \(TTAC\)](#)



<https://www.samhsa.gov/practitioner-training>

SAMHSA Tribal Training and Technical Assistance Center

- SAMHSA Tribal Training and Technical Assistance Center's

<https://www.samhsa.gov/tribal-ttac>

- Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center

<https://www.samhsa.gov/smvf-ta-center>

SAMHSA Strategic Plan FY2019-FY2023: Priority 2

- Priority 2: Addressing Serious Mental Illness and Serious Emotional Disturbance
 - Objective 2.1 – Strengthen federal coordination to improve care
 - Objective 2.2 – Facilitate access to quality care through services expansion, outreach, and engagement
 - Objective 2.3 – Improve treatment and recovery by closing the gap between what works and what is offered
 - Objective 2.4 – Increase opportunities for diversion and improve care for people with SMI or SED involved in the criminal and juvenile justice systems
 - Objective 2.5 – Develop finance strategies to increase availability and affordability of care

SAMHSA Strategic Plan FY 2019-2023

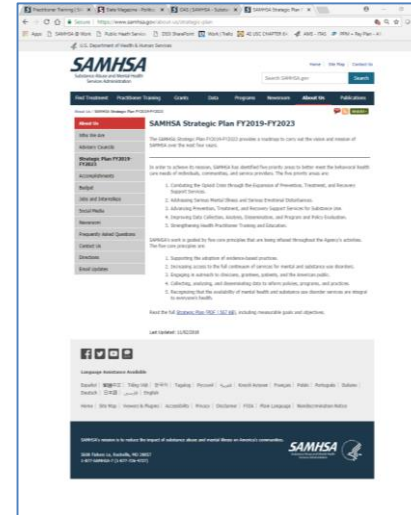
Five priority areas:

- Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services.
- Addressing Serious Mental Illness and Serious Emotional Disturbances.
- Advancing Prevention, Treatment, and Recovery Support Services for Substance Use.
- Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation.
- Strengthening Health Practitioner Training and Education.

Five core principles:

- Supporting the adoption of evidence-based practices.
- Increasing access to the full continuum of services for mental and substance use disorders.
- Engaging in outreach to clinicians, grantees, patients, and the American public.
- Collecting, analyzing, and disseminating data to inform policies, programs, and practices.
- Recognizing that the availability of mental health and substance use disorder services are integral to everyone's health.

<https://www.samhsa.gov/about-us/strategic-plan>



Question & Answer