

National Association of County Behavioral Health and Developmental Disability Directors

2025 Interim

# Policy Platform



## About NACBHDD

The **National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)** is the premier national voice for county behavioral health and intellectual/ developmental disability authorities in Washington, DC. Through our work in policy, advocacy, and education, NACBHDD elevates the voices of local leaders on the federal level in Congress and the Executive Branch.

**Our Mission:** Strengthen the nation's local public behavioral health and I/DD systems by providing a national forum for state and local collaboration, education, advocacy, and shared solutions that drive policy.

**Our Vision:** Strong, sustainable local public behavioral health and I/DD systems that promote wellness in their communities.

## Introduction

This policy platform outlines NACBHDD's key priorities for improving the lives of individuals with I/DD and those with behavioral health needs. It is intended for policymakers, advocates, community stakeholders, and anyone committed to strengthening the local public safety net system. The platform focuses on policies to address critical gaps in service delivery, funding, and access to care. These priorities reflect needs identified by our members – county behavioral health and I/DD directors.

## Intellectual/ Developmental Disabilities (I/DD) Policy Priorities

### ***Medicaid Financing and Sustainability***

Medicaid is a critical funding source to provide services to communities. Cuts to the total amount of federal funding available including per capita caps, block grants, or reduced FMAP results in reduced services. For individuals with I/DD and their families reduced Medicaid funding can lead to increased out-of-pocket costs, and reduced access to care and services like Home and community-based services (HCBS), residential care, supported employment, assistive technology, and therapies. Instead, Medicaid should be strengthened through sustained funding and innovative waiver use.

### ***Workforce Shortages***

The I/DD field faces a critical workforce crisis, with a significant shortage of Direct Support Professionals (DSPs). This shortage can lead to reduced service availability, increased staff burnout, and lower quality of care. Investing in comprehensive strategies to address the DSP workforce within the I/DD field is critical to address this challenge.

### ***Access to Care***

An individual with I/DD and their family's awareness of available services and their ability to obtain timely, appropriate, affordable, and high-quality health care is critical to ensure a high quality of life. Improved access to I/DD services can lead to increased positive health outcomes, reduced health disparities, increased support for caretakers, and increased independence. Improved access to information and resources regarding available I/DD services coupled with streamlined systems and processes to facilitate timely, appropriate, affordable, and high-quality health care is needed to address these concerns.

### ***Independence***

The ability of individuals with I/DD to live fulfilling lives in their communities, make their own decisions and actively participate in society should be prioritized. The expansion of home and community-based services (HCBS), self-directed services, employer support, accessibility, person-centered planning, and self-advocacy organizations contribute to a more inclusive and equitable society for individuals with I/DD. Increased funding for HCBS supporting individuals with I/DD would enable them to flourish in their communities.

## **Behavioral Health Policy Priorities**

### ***Medicaid Financing and Sustainability***

Medicaid funding constraints limit the amount of federal funding provided to states for their Medicaid programs. Lower reimbursement rates and stricter Medicaid eligibility criteria for behavioral health and substance use disorder treatment, including work requirements, can have a significant negative effect on the availability and accessibility of these services. Medicaid should be strengthened through sustained funding and innovative waiver use.

### ***Workforce Shortages***

The demand for qualified workers in the behavioral health field exceeds the available supply. The surge in demand in recent years has exacerbated this issue. Individuals with behavioral health needs can see reduced access to care, increased costs, and lower quality of care. Behavioral Health workers also face an increased burden, which may result in burn-out and low retention rates. Investing in comprehensive strategies to address the behavioral health workforce shortage and maximize the impact of the existing workforce is critical to address this challenge.

### ***Access to Care***

Access to care refers to an individual with behavioral health needs and their family's awareness of and ability to obtain timely, appropriate, affordable, and high-quality behavioral health services. Improved access to behavioral health services can promote a more just and equitable behavioral health care system, ensuring that all individuals have the opportunity to be connected to care regardless of location. There is a need to improve access and awareness of timely, appropriate, affordable, and high-quality behavioral health services.

### ***CCBHC Implementation and Expansion***

**Certified Community Behavioral Health Clinics (CCBHCs)** are community-based centers that provide a comprehensive range of behavioral health and substance use disorder services, including crisis-stabilization to individuals with severe mental illness and recovery-oriented care. CCBHC's improve access to care, reduce reliance on emergency services, improve health outcomes, and strengthen the community-based behavioral health system. Increased support for existing and new CCBHCs will expand access to care for individuals with mental health or substance use disorders.