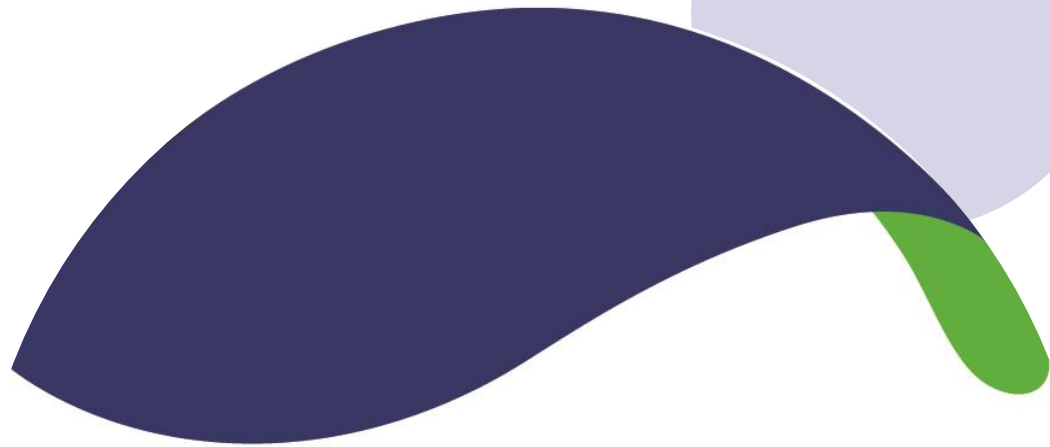


The graphic features a central text element 'NH Behavioral Health Summit' in a bold, green, sans-serif font. This text is framed by two dark blue, curved, leaf-like shapes that mirror each other. The background is white and decorated with several overlapping circles in shades of light green and light purple. The overall design is clean and modern, with a focus on the central text.

**NH Behavioral
Health Summit**



NH Behavioral Health Summit



The Presenting Committee:



**CE information can
be found at
nhbhs.com/ce**



Thank you to our Host Committee



NFI
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Lakes Region
Mental Health Center

Thank you to our Host Committee



Department of
**HEALTH &
HUMAN SERVICES**



**RECOVERY
PROGRAMS**



SEACOAST
MENTAL HEALTH CENTER
Providing hope. Promoting recovery.



RIVERBEND
COMMUNITY MENTAL HEALTH, INC.



**NEW HAMPSHIRE
CHARITABLE FOUNDATION**

The Mental Health Center

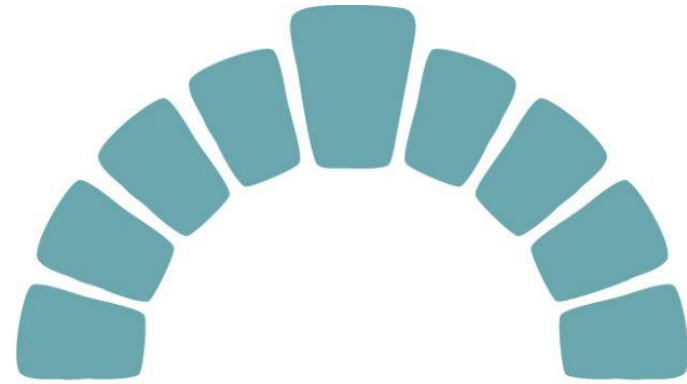
of Greater Manchester



Thank you to our Diamond Sponsor

 **The Elliot**

Thank you to our Plenary Underwriter



**NEW HAMPSHIRE
CHARITABLE FOUNDATION**

The graphic features a white background with several overlapping circles in shades of light purple and light green. Two dark blue, wavy, leaf-like shapes are positioned horizontally, one above and one below the text. The text 'NH Behavioral Health Summit' is centered in a bold, green, sans-serif font.

**NH Behavioral
Health Summit**

NATIONAL
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Wellbeing

HEALTHY MINDS
STRONG COMMUNITIES

Public Policy Update

H.R. 1 – One Big Beautiful Bill Act (OBBBA)

- H.R. 1, the One Big Beautiful Bill Act (OBBBA), contains the bulk of President Trump’s domestic policy agenda for the current Congress.
- OBBBA partially offsets the cost of tax cuts and other spending items in the bill through new restrictions on Medicaid.
- Overall, the new law will result in significant funding reductions to the program, in many cases phased in over the next decade.
- **Funding reductions for Illinois are estimated to be \$230 Million a year for 10 years. (Kaiser Family Foundation estimate)**





PAIN

HEALTHY MINDS ■ STRONG COMMUNITIES

WINTER IS COMING

H.R. 1: National Impacts

- The Congressional Budget Office (CBO) estimates that Medicaid provisions could lead to 10 million people losing coverage by 2034.
- When combining the bill with the expected expiration of the ACA's enhanced premium tax credits, estimates show that roughly 17 million more people will be uninsured by 2034 (Source: KFF: <https://www.kff.org/quick-take/about-17-million-more-people-could-be-uninsured-due-to-the-big-beautiful-bill-and-other-policy-changes/>).
- It is estimated that 20,000 people in New Hampshire will lose coverage.



HOPE

- One kind of hope is the expectation that tomorrow will be better than today.
- Grit relies on a different kind of hope. It rests on the expectation that our own efforts can improve our future. I resolve to make tomorrow better

From *Grit: The Power of Passion and Perseverance* by Angela Duckworth



Provisions Affecting the Medicaid Expansion Population

- Community Engagement Requirements
- Cost Sharing Requirements
- Medicaid redetermination every six months



Provisions Affecting the Medicaid Expansion Population

- Question – what percentage of your current caseload is made up of people in this category?
- How can you mitigate the consequences for your organization....
 - Do you have clients that might qualify for Disability?
 - Do you have the right technology to track and support renewal determination process?
 - Can you create volunteer opportunities at your agency or with community partners?



Rural Health Transformation Program



- \$50 billion relief fund for rural providers, potentially including CCBHCs, CMHCs, OTPs, hospitals, FQHCs, RHCs, and others.
- Will distribute **\$10 billion per year from 2026 to 2030.**
- **Illinois** included behavioral health in the Community Care Infrastructure portion of the application:
- Integrated Care Models: Fund rural primary care and behavioral health providers to build integrated care models, improve care coordination, and embed new provider types (e.g., CHWs, peers, doulas) into care teams.
- Technical Support: Provide technical assistance and learning collaboratives for care transformation and quality management.



What Comes Next?

- Many opportunities to mitigate the impacts of the bill at the federal level will involve **rulemaking, future story and data collection, future legislation.**
- As mentioned above, several of the Medicaid provisions in the bill require HHS or CMS to engage in **rulemaking** for implementation, and there will likely be opportunities for state-level rulemaking as well.
- Over time, we will begin collecting **stories and data** on the impacts of the bill.
- **Federal legislation:** Advocates will work to mitigate damage where possible through future legislation before the most impactful provisions are enacted.



What else can you do?

- Lean into community partnerships – start conversations early about potential impacts of new laws and policies.
- How are you interacting with local media to educate them about what is happening and implications.



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Appropriations

Overview: Federal Appropriations

- **Federal appropriations** are an annual process that authorize discretionary spending.
- Typically:
 - The President's Budget comes out
 - Committee and floor consideration of 12 appropriations bills
 - Oct 1 deadline for enactment
- Continuing Resolutions (CRs) provide stopgap funding until regular bills are enacted.



President's FY 26 Budget in Brief



- On May 30, the Trump administration released its [HHS Budget in Brief](#), providing further details regarding its spending requests to Congress for fiscal year (FY) 2026.
- The Budget in Brief proposes \$94.7 billion in discretionary budget authority for FY 2026, a decrease from the \$127 billion in FY 2025.
- The document also reflects the [previously announced](#) HHS restructuring plan to create the Administration for a Health America (AHA), consolidating several agencies including the Substance Abuse and Mental Health Administration (SAMHSA).
- The budget proposes \$14B for AHA, including \$5.8M for Mental and Behavioral Health programs.



President's FY 26 Budget in Brief (Cont.)

- Proposed funding levels include:
 - \$385M for Certified Community Behavior Health Clinics
 - \$520M for the 988-Suicide and Crisis Lifeline
 - \$121M for Project AWARE
 - \$4B for a new Behavioral Health Innovation Block Grant that will consolidate the funding for the Community Mental Health Services Block Grant, Substance Use Prevention, Treatment and Recovery Support Services Block Grant, and State Opioid Response



Impoundment: What To Know



- **Impoundment:** Any action or inaction with an existing appropriation that precludes federal funds from being obligated or spent, either temporarily or permanently.
- **Impoundment Control Act:** A law that governs the role of the Congress in the United States budget process.
- President Trump attempted to use impoundment to freeze congressionally approved funding during his first term as well.
- The issue is very likely to go before the U.S. Supreme Court.



Planning for the future

- Reductions to Medicaid, combined with increased number of people who are uninsured will place tremendous pressure on state legislatures and Medicaid programs.
- What can you control? Your own spending. Your clinical model. What services you offer. What else?
- How can you work with the state to reduce administrative and regulatory burden?
- What opportunities do you have to develop innovative partnerships and/or to specialize?
- Is this the time to think about mergers or other partnerships?



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Thank you!



asap

A L L I A N C E



ABOUT US

The New Hampshire Charitable Foundation is New Hampshire's statewide community foundation, founded in 1962 by and for the people of New Hampshire.

We are the place where generosity meets the dedication and ingenuity of nonprofits and the potential of New Hampshire students. For six decades, thousands of people have entrusted their charitable resources to the Foundation, creating a perpetual source of philanthropic capital and making it possible for the Foundation to award **more than \$70 million in grants and scholarships every year.**

Learn more about our work by visiting our blog, [What we're up to](#), and by reading our [Purpose newsletters](#) and [annual reports](#).

Thanks to the vision of the donor, **Oliver Hubbard**, who established one of the Foundation's largest funds in the late 1990s, an overarching priority for the Foundation's funding to address substance use disorders (SUD) and co-occurring mental health issues =

a targeted and long-term focus on advocacy and "systems change" efforts to improve public financing, access and advancement of best practices across the SUD continuum of care



Why NH Needs a Professional Association for Organizations Providing SUD Services

Despite progress, there is a level of fragmentation across the SUD and addiction-services system

NH's prevention, treatment, harm-reduction, and peer recovery support service providers operate across many agencies and funding streams. Without a unified body, information sharing is inconsistent, best practices are uneven advocacy lacks coordinated strength.

Rapidly evolving policy and regulatory environment

The field needs real-time updates and information on the evolving landscape, coordinated testimony and advocacy efforts, and a vehicle to ensure that provider organizations expertise can be heard and help inform statewide decisions.

Need for a unified voice in statewide planning and implementation

Groups like the Governor's Commission on Addiction, the Opioid Abatement Advisory Commission, and DHHS rely on provider input. But feedback is and has been fragmented. A dedicated association can be a central convener, a single point of contact, and a representative voice for the field. This leads to stronger, more actionable policy and planning.

Why NH Needs a Professional Association for Organizations Providing SUD Services

Improvements needed in “how money moves” across the system

The DHHS Roadmap outlines several objectives to reduce excessive administrative and contracting burdens which strongly align with feedback expressed by non-profit providers across NH, including but not limited to SUD providers. This alignment is a powerful opportunity for an association to highlight the importance of making administrative improvements and its impact on improved SUD service delivery and workforce stability.

Strengthen the role and legitimacy of the field/Reduce Stigma

There is **a lot** of deep-rooted stigma and discrimination against people with an SUD. Similarly, provider organizations often feel less resourced and less recognized compared to other healthcare sectors. A professional association helps by elevating the profession, supporting leadership development, offering networking and cross-sector collaboration, and ultimately, reducing stigma through coordinated and informed messaging.

and, and, and Lots of Need and Lots of Opportunity!

The Addiction
Supports &
Advocacy
Professional (ASAP)
Alliance of New
Hampshire

December 8, 2025



Feedback and Planning

Process

- January – March 2025: Stakeholder Interviews, Round 1
- April 2025: Group Feedback Session
- April – June 2025: Synthesis and Design
- October 2025: Stakeholder Interviews, Round 2
- November 2025– Now: Prepare for Launch

Thank you!

- Former NH Providers Association Leadership
- Department of Health and Human Services
- Prevention, Treatment, Recovery, and Harm Reduction Providers
- Professional Development, Training, and Supporting Organizations
- Community Mental Health Centers
- Advocacy Organizations
- Funders



What to Expect

ASAP Alliance Function	Addiction Provider Organization Partner	Other Healthcare Professional Association Partner	Non-Profit Affiliate Partner	Corporate Partner
Public advocacy for the addiction service provider community	X	X	X	X
Legislative tracking and development of responses for State and Federal policy	X	X	X	X
Technical assistance in interpreting changes in regulations and rules, including implementation and implications for compliance (Federal and State)	X	X	X	X
Represent the membership community at the Governor's Commission on Addiction, Treatment, and Prevention; and additional relevant commissions, councils, and committees	X	X		
Interface with state agencies, including Department of Health and Human Services, Insurance Department, Department of Safety, Department of Corrections, and NH Judicial System	X	X		
Interact with the payer community to build better payer relations for the addiction community, including Medicaid Managed Care Organizations and commercial carriers	X	X		
Create shared learning opportunities for changes in the addiction field, e.g., DSM implementation, legal education/insight learning opportunities, updates to 42CFR Part 2, accreditation processes, and achieving and maintaining standards	X	X		
Technical assistance and capacity building support for a range of needs, including: <ul style="list-style-type: none"> Operational group service needs (e.g., insurances) Contract negotiations Sustainability planning Coding and billing support 	X			

The graphic features a white background with several abstract shapes. A large light purple circle is on the left, and a large light green circle is on the right. Two dark blue, leaf-like shapes with green tips are positioned above and below the text. A smaller light green circle is in the upper right, and another light purple circle is in the lower right.

**NH Behavioral
Health Summit**