

Role of Discretionary Federal Grants – 55 Year Overview Ideas [Clarke Ross Outline Notes; July 22, 2025]

Clarke: 1970-2025 – Six national non-profit disability and mental health organizations. Focus on the organization, financing, and delivery of health and health related services and supports to persons with disabilities and mental illness.

From: clarkross10@comcast.net <clarkross10@comcast.net>

Sent: Tuesday, July 22, 2025 5:38 PM

To:

Cc:

Subject: Discretionary Federal Grants - 55 Year Overview Ideas

As you work with colleagues on possible essays on the current discretionary federal grants situation, please find attached an outline of context and history. I was chair of the CCD Task Force on Intergovernmental Relations, 1981-1984, during the Reagan Block Grant early years. My 1981 Senate Rules and Administration hearing testimony is attached (as well as two journal articles from this Reagan period).

Of course, Bob Gettings 2011 AAIDD and NASDDDS book remains probably the best narrative of these historic developments.

I hope these are appropriate and helpful. Thanks for your consideration.

Best wishes, Clarke

Discretionary federal grants based on:

Identify and document particular unmet needs across state lines.

Organized groups of consumers, their families, providers of services and supports, university researchers.

Congressional authorization

Congressional appropriations

Assigned to an agency – program content staff and grants managers

Growth of distinct programs over time

Population specific

Need/service-support focus

Philosophies of Living

Community-Based Living

Mosaic of Programs

1854: President Franklin Pierce vetoed first Congressionally passed federal grant program – grants to states to build state psychiatric hospitals.

1879: technically the first grant-in-aid program: federal grant to American Printing House of the Blind to purchase textbooks.

1911: first modern federal grant-in-aid program: grants through the Department of Agriculture to states to protect against forest fires (the Weeks Act).

Overview of federal disability grant programs: Robert M. Gettings. Forging A Federal-State Partnership: A History of Federal Developmental Disabilities Policy. AAIDD and NASDDDS, 2011.

Clarke Ross. “Changing Policies and Program Trends in Publicly Financed Services To The Developmentally Disabled.” United Cerebral Palsy Word From Washington Analysis, September 1982. (Instructional Course Number 24 – American Academy for Cerebral Palsy and Developmental Medicine Annual Meeting, San Diego, CA, October 9, 1982).

1918: Vocational Rehabilitation grant program

1935: Maternal and Child Health grant program

1963: IDD and CMHC grant programs

1970: IDD expansion - DD Services and Supports

1978: Centers for Independent Living

2000: CDC NCBDDD population specific grant programs (CHADD ADHD) (amputee; paralysis; autism; Special Olympics)

Clarke Ross. “Development of Constituencies and Their Organizations: Public Policy Formulation at the National Level.” In: Changing Government Policies For The Mentally Disabled. (Joseph Bevilacqua, editor). Cambridge, MA: Ballinger Publishing Company, 1981. Pages 101-158.

President Reagan

Merge multiple grant programs into block grants with Congressional approvals

During the Reagan first term; then a second printing. U.S. Advisory Commission on Intergovernmental Relations (ACIR) deputy director: David Walker. The Rebirth of Federalism: Slouching Toward Washington. NY, NY: Chatham House Publishers, 2000 (second edition). “Slouching” – creation of hundreds of tiny

federal discretionary grant programs that can not be effectively administered and are too small to have real national impact (debatable).

Clarke Ross testimony. U.S. Senate Committee on Rules and Administration. S. 807 - Federal Assistance Improvement Act of 1981. November 2, 1981. Pages 20-31.

Clarke Ross. “Developing Public Policy for Persons with Disabilities: The Case for a Categorical Approach.” In: Mental Retardation. Washington, DC: American Association on Mental Deficiency, August, 1980. Vol. 18, No. 4, pages 159-163.

Clarke Ross. “Resisting Umbrella Agency Approaches: A Defense of Categorical Programs for the Handicapped.” In The Bureaucrat. National Capital Area Chapter, American Society for Public Administration, Winter 1980-1981. Vol. 9, No. 4, pages 9-12.

President Clinton-Vice President Gore reorganization and staffing reductions – focus on effectiveness; Mission driven programs; RIFs.

President Obama – Adm on Community Living
Integration of aging and disability programs.
Outreach to rest of HHS as a purpose.

President Biden: no termination of mosaic of grant programs but focus on linkages and coordination. Beginning focus on persons with co-occurring conditions. Increased focus on persons dually eligible for Medicare and Medicaid. Increased focus from Obama on ACL “No Wrong Door”. HHS work group on CHWs/MH-SU peers/DSPs.

June 2024: NCMW proposed grant program (Rep Espaillat (NY) (Community Mental Wellness Workers) – peer support workers in CMHCs only for seven MH and SU diagnoses – there are already CMHCs under the MHBG and CCBHCs; there are already multiple MH and SU peer worker programs. AAHD did not endorse and asked questions about relationship to existing CMHC and peer programs. And what about role of existing Community Health Worker programs? Example of zeal for more narrowing defined federal grant programs. Legislation never officially introduced.

President Trump-Russell Vought OMB- HHS RFK, Jr. -DOGE – terminate hundreds of distinct programs with no Congressional approvals. Massive funding

and staff reductions with no Congressional approvals. Ignorance of each program content. No focus on mission or purpose. ACL and CDC NCBDDD descriptions.

[Dr. E. Clarke Ross has worked 55 years with six national mental health and disability organizations. Since December 2010, Clarke has worked as the public policy director for the American Association on Health and Disability. Clarke and AAHD have served since 2014 as the Washington Representative of the Lakeshore Foundation. His work history includes Chief Executive Officer of CHADD – Children and Adults with Attention-Deficit/Hyperactivity Disorder; Deputy Executive Director for Public Policy, NAMI – National Alliance on Mental Illness; Executive Director, American Managed Behavioral Healthcare Association (AMBHA); Assistant Executive Director for Federal Relations and then Deputy Executive Director, National Association of State Mental Health Program Directors (NASMHPD); and Director of Governmental Activities, United Cerebral Palsy Associations (UCPA). [And earlier - Legislative Assistant, NASMHPD.] Clarke previously served as the Chair of the “Friends of NCBDDD” (National Center on Birth Defects and Developmental Disabilities) at CDC (Centers for Disease Control and Prevention) and then its Advocacy Coalition. Dr. Ross was a co-founder of the Consortium for Citizens with Disabilities (CCD) in 1973 (renamed April 2022 – Consortium for Constituents with Disabilities (CCD)); served as the CCD first task force on housing chair from 1974 to 1984; and served as CCD task force on intergovernmental relations chair from 1981-1984. Clarke served as an Assistant Professor of Public Administration for Troy State University and taught 37 years as an adjunct instructor for Central Michigan University.]