



Where have we been, where are we now, where might we be going?

- Debbie Plotnick & Nathaniel Counts

**MHIA**  
Mental Health America  
**B4Stage4**

# Zombie Rollercoaster—the AHCA and its parts



## We've beat it back for now

But some parts are sure to reappear

- Included in Graham/Cassidy: Medicaid: Block grants/per capita
- Appearing in a state near you: work requirements/drug testing/and time limits
- What about IMD (modify, rescind, substance use only)
- Is expansion dead or alive ?
- Attacks on Essential Health Benefits, such as Association Health Plans
- Regulatory rollbacks, changes, and just plain neglect
- Cost sharing offsets: cuts or worse



# More Threats



## Tax Reform

- Offsets could likely come from Medicaid
- Congress is likely to try to pass under reconciliation rules

# Fiscal Threats (just a couple of many)



Trump Budget Would Eliminate Six Major Block Grants and Cut Overall Funding for Major Block Grants by One-Third in 2018

- \$100 million dollars (26% reduction) out of Mental Health Block Grant
- Eliminate the Social Services Block Grant (flexible source of funds to states to support social services for vulnerable children, families, and seniors)
- The Community Services Block Grant, (26% cut), which provides anti-poverty services through local non-profit and public agencies.
- Eliminate the Preventive Health and Health Services Block Grant, which provides funds to states to address their priorities in disease prevention, infectious disease control, and other public health needs.

# Glimmers of Hope



## Bipartisan murmurings

- The HELP Committee—Alexander and Murray making nice
- Talk of hearings and a return to regular order
- But the need for constant vigilance remains
- Advocacy at the ready!





# Policy: Low-Hanging Fruit and Future Directions

**MHIA**  
Mental Health America  
**B4Stage4**

# Low-Hanging Fruit

- Collaborative Care Model/Comprehensive Primary Care Plus
- Maternal Depression and Treatment
- Depression Care in Bundled Payments

# More Confusing Fruit

- How do we fairly distribute incentives across sectors for promoting community-wide behavioral health?
- How do we capture predicted long-term savings now to incentivize more effective practice?



# MATERNITY CARE BUNDLED PAYMENT

 Insecure access to nutritional food

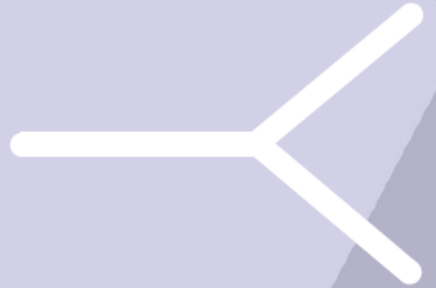
 Risk of depression or anxiety

 Unsafe home



 Lack of access to parenting support

 Substance abuse



Conception

Postpartum

Adolescence

Young Adulthood

# ACH for Children and Families

- Paying for screening for health-related social needs of families as they relate to long-term behavioral health and development
- Paying for an integrator to address family risk and protective factors to behavioral health and development
- Paying for a fund to invest in meeting health-related social needs of the community, particularly to address safe and supportive environments to the extent that it is cost-neutral to CMS over time
- Agreements with non-health care payers to share incentives and co-invest in community needs including safe and supportive environments