

Seizing New Policy Opportunities to Help Low-Income Mothers with Depression



July 20, 2016

Panelists

- **Olivia Golden**, Executive Director, CLASP
- **Donna Cohen Ross**, Principal, Health Management Associates (and former Senior Policy Advisor/Director of Enrollment Initiatives, Center for Medicaid and CHIP Services)
- **Megan Smith**, Assistant Professor of Psychiatry, in the Child Study Center and of Epidemiology (Chronic Diseases); Director, New Haven Mental Health Outreach for MotherS (MOMS) Partnership
- **Stephanie Schmit**, Senior Policy Analyst, CLASP

Overview

Olivia Golden

Plan for the Overview

- Why maternal depression matters
- Why we embarked on the brief
 - New policy opportunities
 - Unknown progress
- What we found
 - Emerging innovations
 - Yet remaining barriers to change
- How to seize the moment
 - Immediate action steps

Parents Are Crucial to Children's Development



No finding in child development research is stronger than the role of parents in a child's success.

Maternal Depression: Why It Matters

- Maternal Depression is common:
 - One in nine poor infants lives with a mother experiencing severe depression; and
 - More than half live with a mother experiencing some level of depressive symptoms.
- Depression is highly treatable, yet many low-income mothers do not receive treatment.
- Untreated maternal depression:
 - Undercuts young children's development.
 - Hinders mothers' success at school and work.

CLASP Report

Seizing New Policy Opportunities to Help Low-Income Mothers with Depression

By Stephanie Schmit and Christina Walker



Why We Embarked on the Report

Opportunities, Yet Uncertainty about
How to Seize Them

Why We Embarked on the Report

- Affordable Care Act
 - Medicaid expansion;
 - Strengthened mental health benefits;
 - Coverage of preventive services; and
 - Integrated primary and behavioral health homes.
- New federal policy actions
- How best to catalyze and support state action?
 - Do states see the opportunities? Are they acting?
 - Who is involved within the states?



Methodology and State Context

State Policy and Infrastructure				
	Connecticut	Minnesota	Ohio	Virginia
Number of Children under 6	235,257	419,682	849,992	616,467
Poverty Rate of Children Under 6	16.7%	16.9%	26.9%	17.3%
Medicaid Expansion	Yes - Effective January 2014	Yes - Effective January 2014	Yes - Effective January 2014	No - As of April 2016; up for discussion as part of FY2017 budget proposal
Medicaid Eligibility Household Income Level for Parents (based on FPL)	Up to 196% FPL	Up to 200% FPL	Up to 133% FPL	Up to 49% FPL

What We Found

Emerging Innovations, Yet Barriers to
Success at Scale

Current and Emerging Innovations

- In every state, at least one stakeholder pointed to an existing local or state innovation.
- While small now, these innovations often had the potential for large-scale change in the future.
- Stakeholders in every state had many ideas about future innovations.

Examples of Today's Innovations

State/Local Example

- Ohio: New maternal depression treatment designed to pair with home visiting; has now spread to 10 states.
- Virginia: Advocates are exploring “dyadic treatment.”
- Connecticut: New Haven Mental Health Outreach for Mothers (MOMS) Partnership.
- Minnesota: Advocates want to ensure continuity of health and mental health care in on the first two years of life, including for maternal depression.

Moving to Scale

- In 4 of the 10 states (SC, KY, MA, and WV), Medicaid is paying for the treatment.
- New CMS guidance tells states how to support through Medicaid.
- State & community leaders are exploring reimbursement for outreach.
- Advocates are exploring strategies to extend Medicaid coverage for new mothers to two years post-partum.

Themes for Future Innovation

- Collaboration Amongst Key Stakeholders
 - Building on direct service collaborations
 - Formal governance structures
 - Cross-training
 - Creating incentives and conditions for collaboration
- State Policy Change
- Using Data to Highlight Need, Improve Response, and Create Accountability

Barriers to Success at Scale

- Fragmentation of policies, systems, and expertise.
- Lack of capacity/bandwidth in the child care and early education world.
- State Medicaid and related policies – can be opportunities but may still be barriers.
- Lack of Medicaid expansion (in 19 states).
- Additional barriers that mothers face in accessing treatment.

How To Seize the Moment

Action Steps

Proposed Action Steps for State Decision-Makers and Advocates

1. Take advantage of the new federal actions to:
 - Reach out to national and peer experts. (See the resource page at the end of this presentation.)
 - Convene state and community stakeholders to kick off policy reforms.
2. Identify and implement policy improvements in Medicaid and related policies.

Please contact us if we can help!

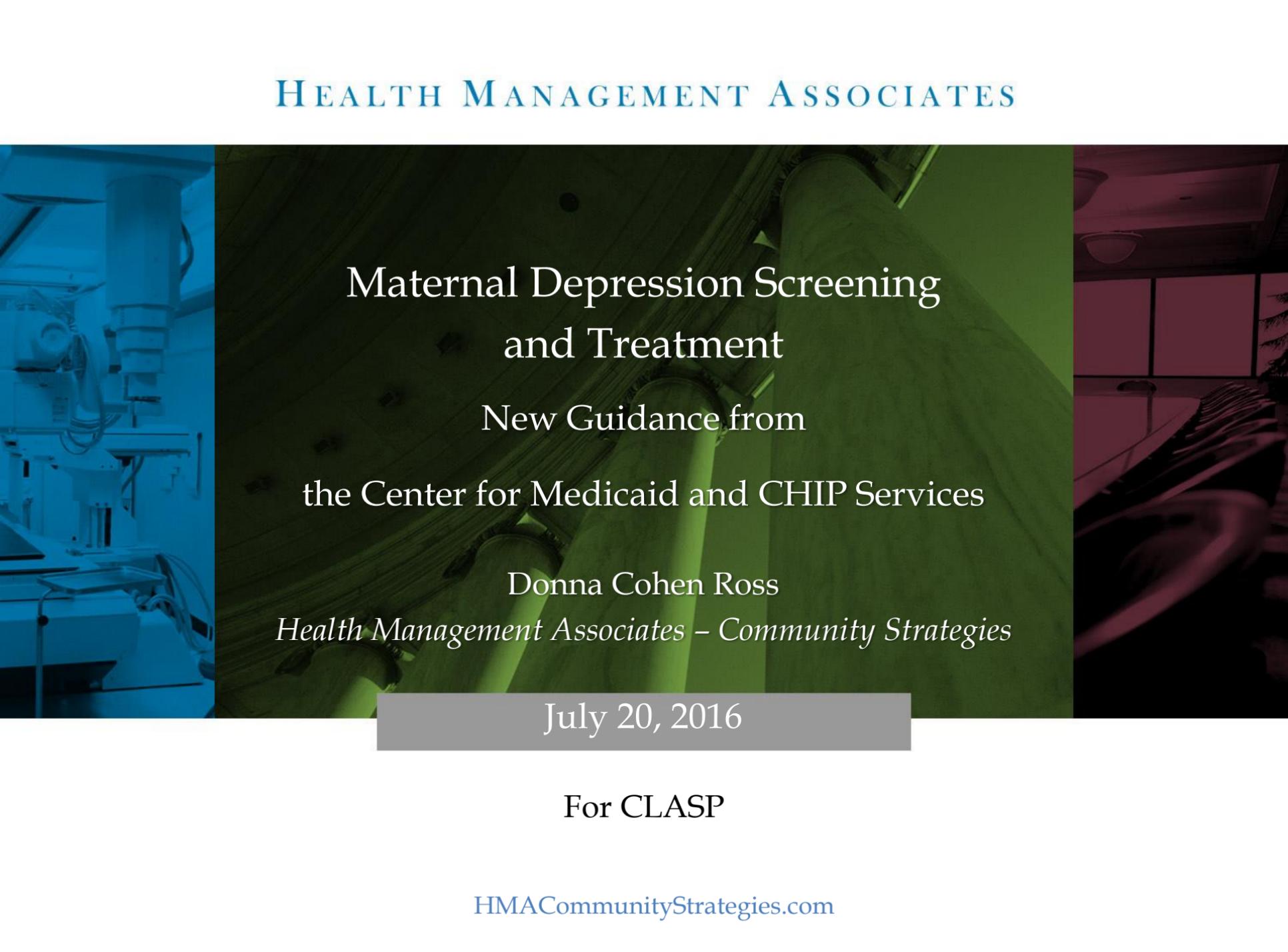
Philanthropy and Federal Agencies Have a Role as Well

- Philanthropy should:
 - Support national exchange of ideas.
 - Support a learning community of state/local partners.
 - Support the development of a short list of policy reforms and a framework/model for states.
- Federal agencies should:
 - Issue joint guidance across agencies on the “short list” issues.
 - Provide ongoing technical assistance, joint across agencies.
 - Keep maternal depression top of mind for future policies.

Federal Perspective: The Medicaid Opportunity

Donna Cohen Ross

HEALTH MANAGEMENT ASSOCIATES



Maternal Depression Screening
and Treatment
New Guidance from
the Center for Medicaid and CHIP Services

Donna Cohen Ross
Health Management Associates – Community Strategies

July 20, 2016

For CLASP

HMACommunityStrategies.com

New Guidance from CMS

- Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children
- CMCS Informational Bulletin (CIB), Released May 11, 2016
- <https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf>

What does the CIB say about screening?

- State Medicaid agencies may cover maternal depression screening as part of a well-child visit.
- State Medicaid agencies may allow such screenings to be claimed as a service for the child as part of the EPSDT benefit. (Providers may bill the child's Medicaid.)

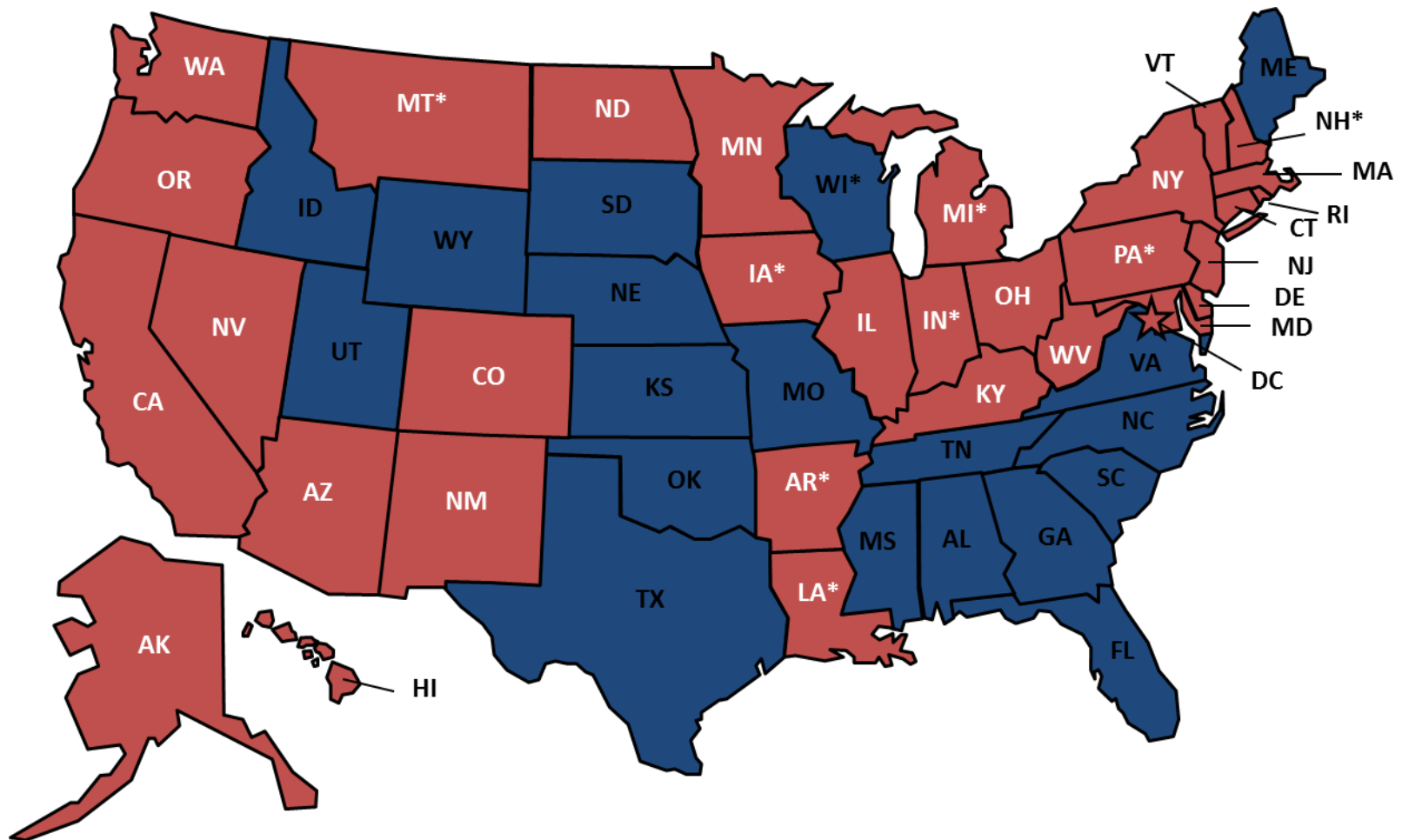
What does the CIB say about treatment?

- States must cover any medically necessary treatment for the child as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.
- Diagnostic and treatment services must:
 - actively involve the child
 - relate directly to the needs of the child
 - be delivered to the child and mother together (dyadic treatment)

Such services can be claimed as a direct service for the child.
(Providers may bill the child's Medicaid.)

- Services directed *solely* at the mother would be covered under Medicaid if the mother is Medicaid-eligible.

32 states, including DC, are expanding Medicaid: More adults are eligible than ever before!



- NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, IA, IN, MI, MT, NH and PA have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it has transitioned coverage to a state plan amendment. Coverage under the MT waiver went into effect 1/1/16. LA's Governor Edwards signed an Executive Order to adopt the Medicaid expansion on 1/12/16, but coverage under the expansion is not yet in effect. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.
- SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts.
- <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

What about mothers who are not Medicaid-eligible?

- Mothers may benefit from dyadic treatment that is aimed at reducing the effects of the mother's condition on the child.
- Providers can refer mothers to:
 - community mental health programs,
 - federally qualified health centers, or
 - home visiting programs
 - NOTE: Many home visiting services are Medicaid-coverable. Another CIB, issued March 2, 2016 describes the intersection of home visiting models and Medicaid.

A significant risk to mothers and children

- Maternal depression negatively affects mothers and may have lasting, detrimental impacts on the child's health.
- According to the American Academy of Pediatrics:
 - An estimated 5 percent - 25 percent of all pregnant, postpartum and parenting women have some type of depression.
 - For women with low incomes, rates of depressive symptoms are reported to be between 40 percent and 60 percent.
 - There are estimates that
 - 11 percent of infants in families with income below the federal poverty level live with a mother severe depression, and
 - more than 55 percent of all infants living in poverty are being raised by mothers with some form of depression.

Significant risk, continued

- Children raised by a clinically depressed mother may :
 - perform lower on cognitive, emotional and behavioral assessments than children of non-depressed mothers, and
 - are at risk of later mental health problems, social adjustment and school difficulties
- AAP: “If maternal depression persists untreated and there is not intervention for the mother and the dyadic relationship, the developmental issues for the infant also persist and are likely to be less responsive to intervention over time.”

Supported by national professional groups

- AAP-endorsed Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents
- U.S. Preventive Services Task Force:
 - “Grade B” for screening for depression in adults, including pregnant and postpartum women
 - States that cover all preventive services with Grade A and B ratings and Advisory Committee on Immunization Practices (ACIP) recommended vaccines are eligible for a one percentage point increase in Medicaid FMAP.

State Activities: Screening

- Colorado – maternal depression screening covered as annual depression screening; providers encouraged to screen and bill mother's Medicaid, but are allowed to bill baby's Medicaid.
- Illinois – approved screening instrument must be used; screening at well-child or episodic visit for child under age 1, can be billed as “risk assessment” to child's Medicaid; if mother is post-partum, may bill to mother's Medicaid.
- North Dakota –considered risk assessment for the child, up to 3 maternal depression screenings allowed for child under age 1. Providers use standardized screening tool and bill child's Medicaid.
- Virginia – covers screening during home-visiting

State Activities: Dyadic Treatment

- North Carolina –
 - Child's Medicaid covers 16 mental health visits, including visits for dyadic therapy
 - Providers may include primary care providers, licensed clinical social workers, psychiatrists and psychologists

Promoting Maternal Depression Screening Under Medicaid

- States and managed care plans can promote maternal depression screening by:
 - Posting info on provider websites; publish in provider newsletters
 - Delivering provider training on use of screening tools and proper billing codes
 - Conducting in-person visits to clinics to train on how to implement screenings, show how to modify clinic flow and discuss referral strategies
 - Offering continuing medical education (CME) credits for participation

Making it Happen

- CMS Info Bulletin can be an advocacy tool. Use with:
 - State Medicaid Agency
 - Medicaid managed care
 - State/local allies
- States do not need a state plan amendment. They may notify providers of the opportunity to screen and bill.
- Promotion and training associated with incorporating maternal depression screening and treatment into EPSDT well-child visits are generally eligible for Medicaid administrative matching funds.
- States that wish to use managed care delivery system must assure the services are appropriately reflected in the Medicaid Managed Care plan contract.

Questions?

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Local Innovator Perspective

Megan Smith

The New Haven

MOMS PARTNERSHIP

Every Mother Matters

Dr. Megan V. Smith

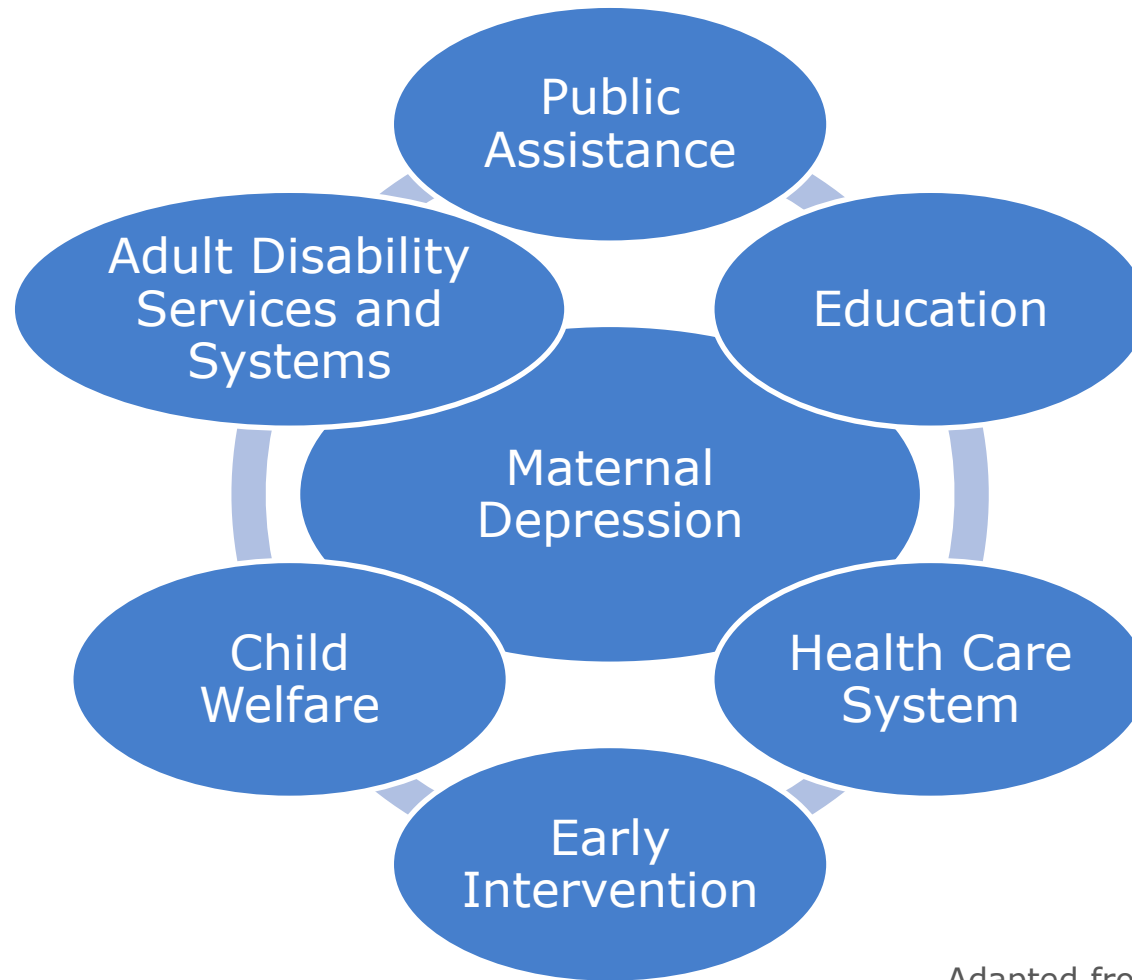
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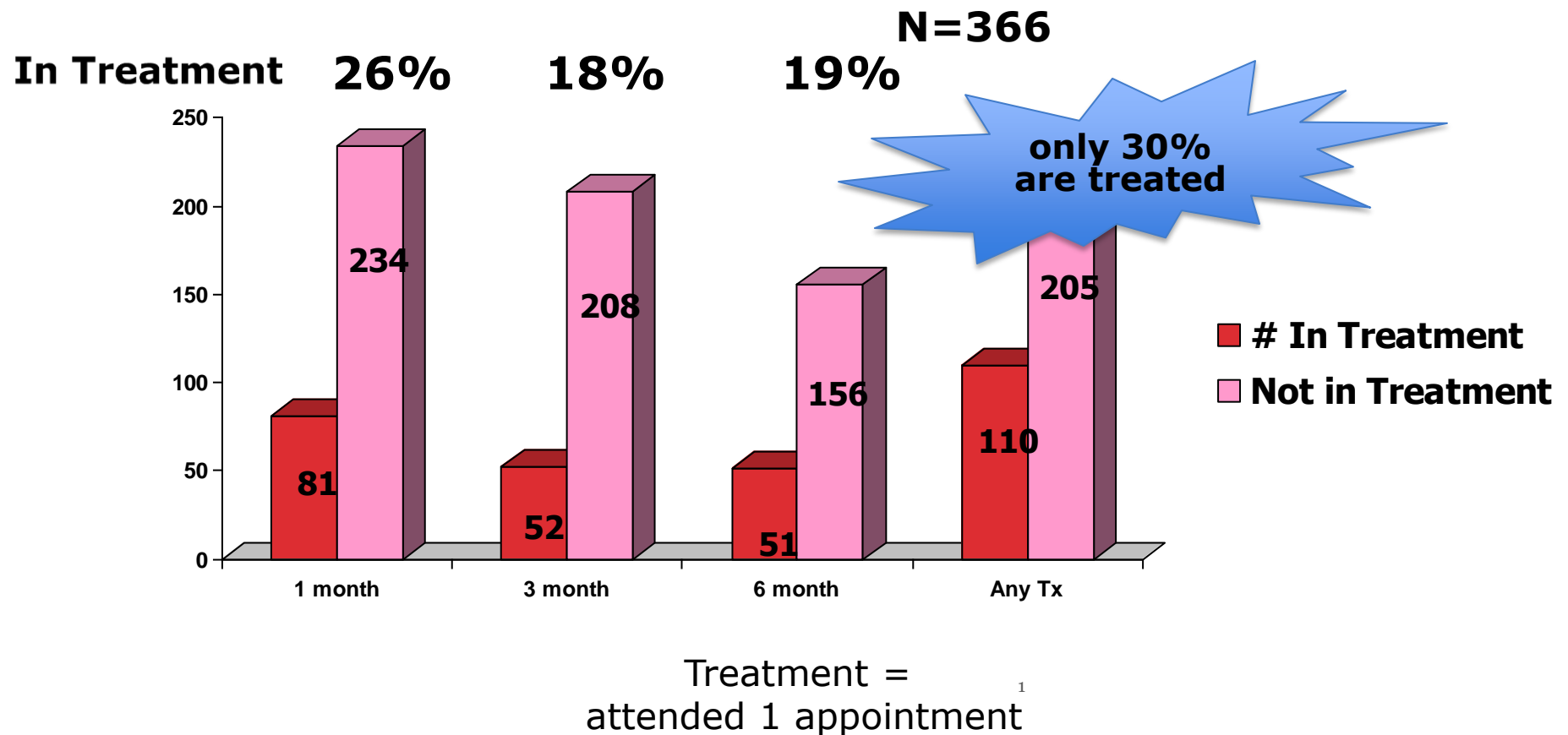


Public Sector Systems Affected by Maternal Depression



Adapted from Sontag-Padilla, RAND
2013

Current Intervention Approaches Can Be Strengthened



Smith MV et al. "Success of mental health referral among pregnant and postpartum women with psychiatric distress." *General Hospital Psychiatry*, 31(2): 155-162, 2009.

Nationally, Low-income Mothers do not Receive Depression Treatment

- National estimates from the Medical Expenditure Panel Survey showed nearly 40 percent of mothers with depression had not received treatment, and only 35 percent of those treated had received adequate treatment¹
- Low-income women, the uninsured, African American women, and Hispanic women are at even greater risk of receiving no or inadequate treatment^{2,3,4}

¹Witt, et al. 2009. "Journal of Behavioral Health Services & Research 38(2): 191-204.

²Kristofco, Robert E., 2007. Journal of Continuing Education in the Health Professions 27(S1): S18-25.

³Miranda, Jeanne., 2008. "Mental Health in the Context of Health Disparities." American Journal of Psychiatry 165(9): 1102-08.

⁴ Santiago, Catherine DeCarlo, Journal of Clinical Psychology 69(2): 115-26.

Goals of Mothers



THE NEW HAVEN
MOMS PARTNERSHIP

1.) Securing stable **employment**

2.) “Making my child proud”

Support: Food stamps, housing

Barriers to Goal Attainment

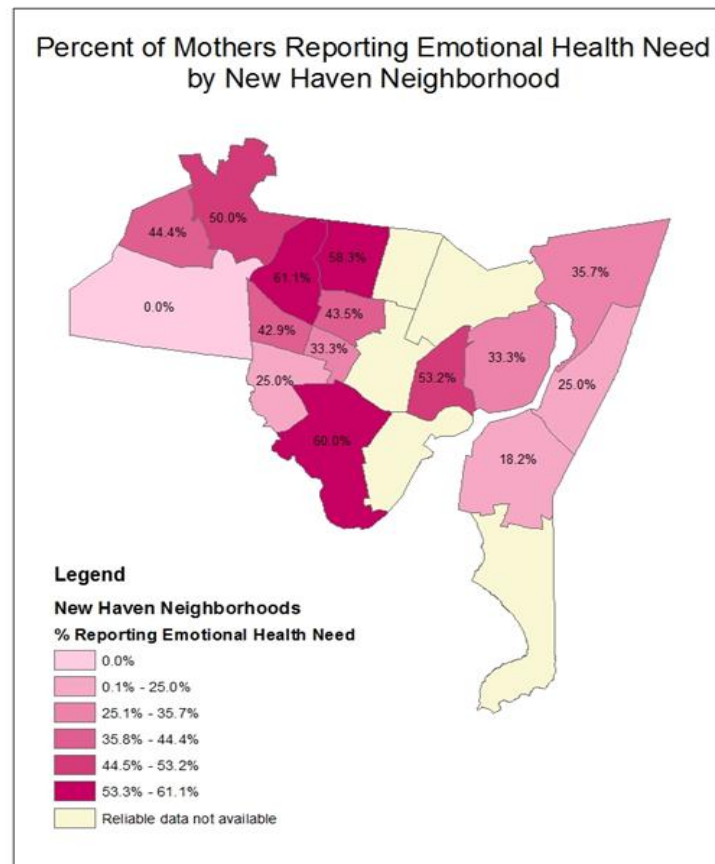
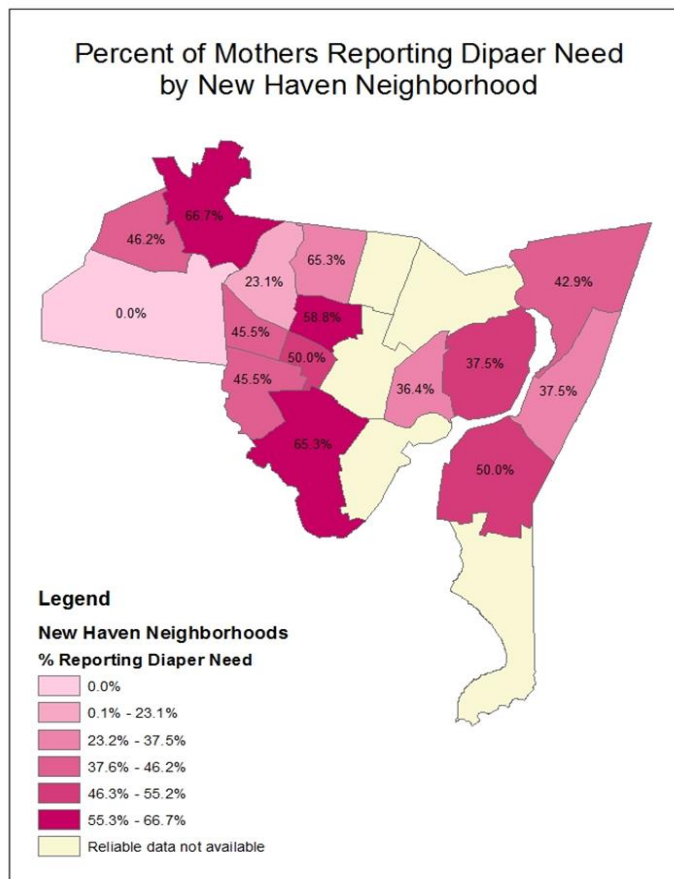


THE NEW HAVEN
MOMS PARTNERSHIP

1.) Stress

2.) Social Isolation

Basic Needs & Maternal Mental Health

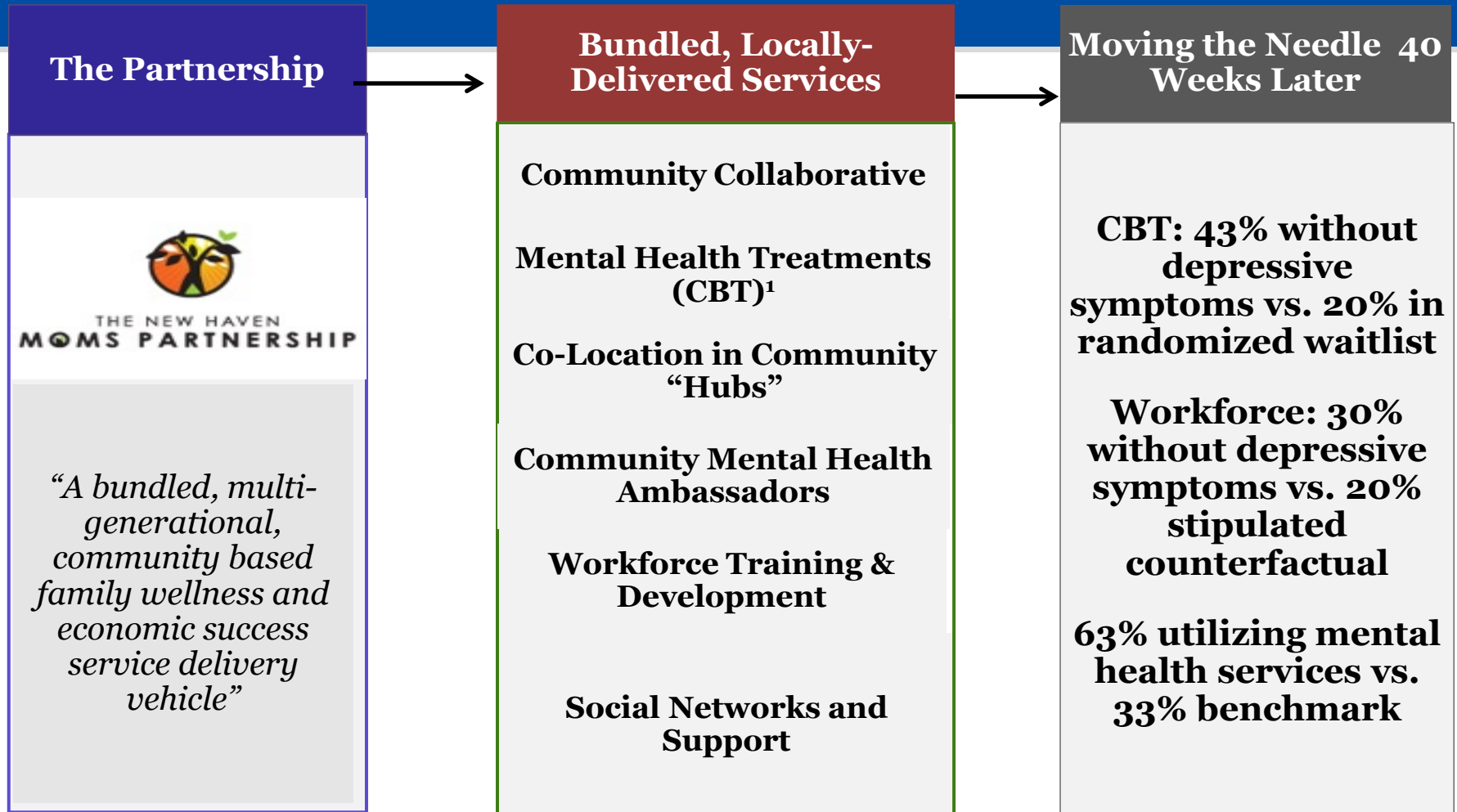


Significant association between maternal mental health and diaper need. Diapers more strongly associated with mental health status than food need



THE NEW HAVEN
MOMS PARTNERSHIP

MOMS improves service efficiency & reduces maternal depression



1. CBT = Cognitive Behavioral Therapy, a therapeutic, non-pharmaceutical mental health treatment for depression and anxiety







Early Childhood Perspective

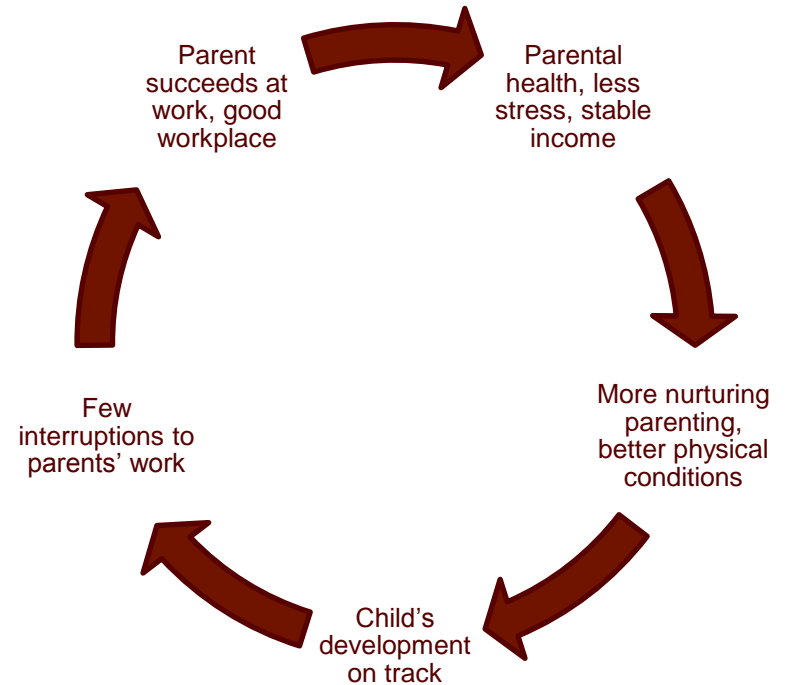
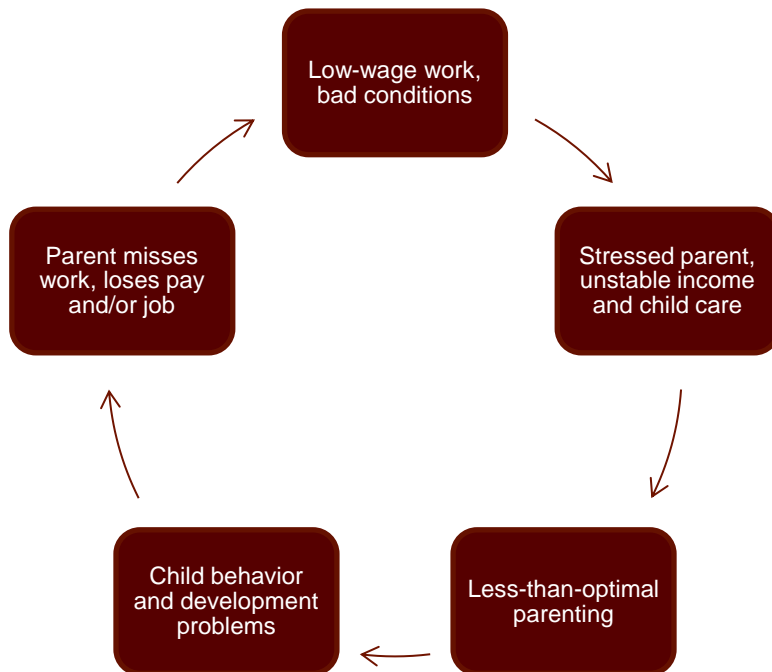
Stephanie Schmit

Two-Generational Strategies for the First Years of Life

- Two-generational strategies take into account:
 - Parents' importance to children both as nurturers and as providers; and
 - Children's importance in parents' lives.
- Parents are essential in a child's earliest years.



From Vicious Cycle to Double Boost



It Takes a Village



Why Child Care and Early Education?

- Crucial sources of insights and information about low-income children and families.
- Existing relationships with mothers.
- Understand importance of addressing mental health needs of both children and parents.
- Linkages to community resources.
- Seek to dismantling barriers they face when trying to assist families.
- Assistance for early childhood teaching staff.

Q&A



Resources and Contact Information

- *Seizing New Policy Opportunities to Help Low-Income Mothers with Depression*
- *Maternal Depression: Why It Matters to an Anti-Poverty Agenda for Parents and Children*
- *Thriving Children, Successful Parents: A Two-Generation Approach to Policy*
- *TANF and the First Year of Life: Making a Difference at a Pivotal Moment*
- *U.S. Preventive Services Task Force Depression Screening in Adults*
- *U.S. Centers for Medicare and Medicaid Services Informational Bulletin on Maternal Depression Screening and Treatment*
- *Center for Medicaid & CHIP Services (CMCS) and the Health Resources and Services Joint Information Bulletin on Home Visiting*
- **Coming Soon:** *Medicaid Expansion Promotes Children's Development and Family Success by Treating Maternal Depression*

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