Maternal Depression and Young Adult Mental Health:

Policy Agenda for Systems that Support Mental Health and Wellness

CLASP
Policy solutions that work for low-income people

Nia West-Bey, Ruth Cosse & Stephanie Schmit

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Executive Summary

Three million Americans living in poverty are either a mother who has experienced depression or a young adult who has experienced serious psychological distress during the past year. Untreated mental health needs have significant consequences for mothers and young adults as well as their families. This is especially true for low-income people. It is essential to create policy that better meets their mental health needs to ensure their healthy development and long-term success.

Our current systems operate in the context of structural barriers and inequities, which are essential to understand as we develop systemic solutions. For example, low-income mothers and young adults living in poverty experience disparities in the social determinants of health, exposure to toxic stress and trauma, and access to quality mental health supports. Understanding the structural barriers and inequities that low-income young adults and mothers face can help identify needed change in systems, practices and policies.

Despite formidable challenges, change is possible. We have powerful evidence of interventions that are effective for these populations, and there are many local systems-building efforts that we can learn from, replicate, and scale. Moreover, states can better leverage opportunities under the Affordable Care Act (ACA) and Medicaid expansion.

This report outlines a seven-point action agenda that states should immediately undertake:

1. Prioritize Medicaid expansion and reject changes to Medicaid programs that create additional barriers to care.
2. Fully implement the ACA's mental health parity and prevention provisions.
3. Build partnerships across agencies, levels of government, and types of service providers that support systemic solutions and draw on partners' strengths and resources.
4. Improve how care systems integrate providers at multiple levels of credentialing and with multiple backgrounds.
5. Identify effective reimbursement strategies, reduce reimbursement obstacles, and support advocates and policymakers to understand and take full advantage of existing reimbursement options.
6. Use existing Medicaid flexibility to fine-tune care and benefits.
7. Recognize that achieving equitable outcomes requires an equitable process for identifying and implementing solutions.

This is not easy work in today's uncertain national policy environment, particularly when there are so many urgent priorities for low-income families. Moreover, it is challenging to connect health and mental health stakeholders with anti-poverty, youth, child, and family stakeholders.

CLASP is uniquely positioned to bridge diverse stakeholders, analyze and identify policy opportunities, and support states interested in advancing this policy agenda. Across numerous fields, policymakers and stakeholders must work together to foster equitable health and economic outcomes for low-income mothers and young adults living in poverty. This work is essential to building systems support all low-income people's mental health and wellness.

Introduction

The Affordable Care Act (ACA) brought dramatic gains in equitable health coverage for low-income people, particularly in states that expanded Medicaid eligibility. It also committed to mental health services and prevention as core elements of Medicaid and insurance benefits. Despite these gains, significant challenges remain to effectively and equitably meet the mental health needs of low-income people.

This report explains why improving mental health services for youth and young adults, as well as for mothers with depression, is a top priority and very possible. Although these populations experience substantial systemic barriers to accessing mental health supports, we are well-positioned to address this challenge through practical policy opportunities.

Since 2017, there have been multiple efforts to repeal the ACA and cut Medicaid. These efforts have all failed; in fact, robust opposition has resulted in strong public support for Medicaid and the ACA. Federal threats continue, but we urge states to continue to move forward by embracing the current opportunities to promote better mental health outcomes and economic justice for young adults living in poverty and low-income mothers. That requires states, localities, advocates, and service providers to work together to improve policies and systems.

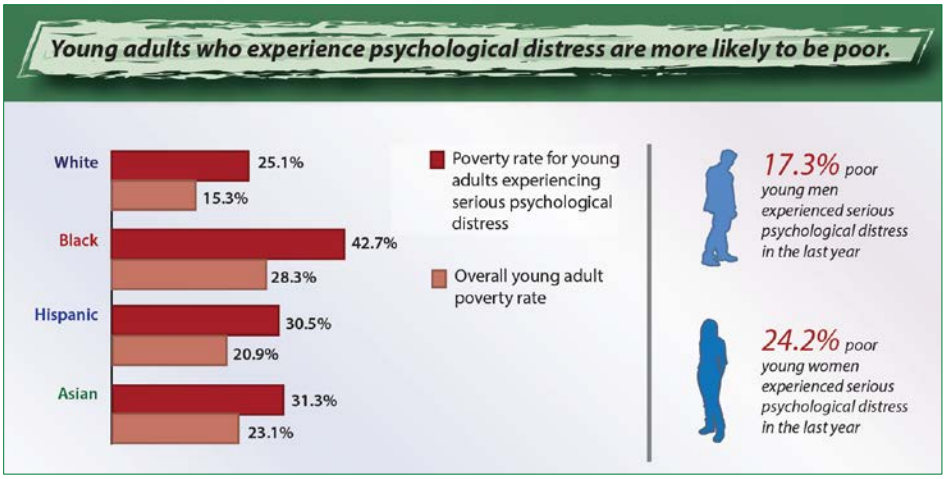
Scoping the Challenge

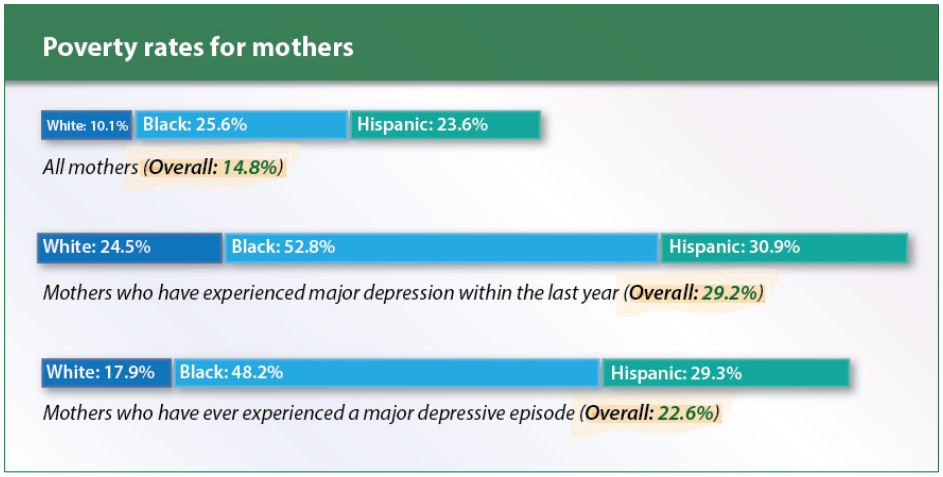
Building a system that supports mental health and wellness for young adults and low-income mothers with depression is critical to their healthy development and success. When mental health needs are not treated, people living in poverty and their families experience major consequences to their well-being and long-term success. It is critical to address mental health among low-income young adults and mothers as well as pinpoint the underlying challenges and disparities behind unaddressed mental health needs.

Serious mental illness is defined as any mental, behavioral, or emotional disorder that substantially limits or interferes with one or more major life activities.[1]According to the 2015 National Survey on Drug Use and Health, 7.6 million young adults (ages 18 to 25) experienced mental illness in the last year. Across all income levels, 1.8 million experienced a *serious* mental illness.[2] Among young adults living in poverty, 4.5 percent reported experiencing a serious mental illness. Poor white young adults (6.6 percent) were twice as likely as Black (2.7 percent), Hispanic (3 percent), and other young adults of color (3.3 percent) to experience a serious mental illness in the past year.[3] It is important to note that rates of serious mental illness do not differ significantly between young adults in poverty and young adults of all income levels. Consequently, this report focuses on a broader experience known as serious psychological distress.

Serious psychological distress is defined as high levels of reported depression, anxiety, or emotional stress during participants' worst month of the year.[4] It includes a range of symptoms, which don't necessarily indicate a mental health diagnosis. National data demonstrates the prevalence of this type of mental health challenge among young adults. Nearly 21 percent of young adults living in poverty reported experiencing serious psychological distress within the past year. White young adults (26.1 percent) were more likely to report psychological distress than young people of color (16-18 percent). Seventeen percent of poor young men and 24 percent of poor young women experienced serious psychological distress within the last year. Young adults who experience psychological distress also experience higher poverty rates than their demographically similar counterparts, both overall and by race (Figure 1).[5]

Figure 1





Young adults with unaddressed mental health challenges face many obstacles that undercut their economic stability and are often associated with the after effects of trauma.[6] These include challenges connecting with (or persisting in) education and employment opportunities, contact with the criminal justice system, and a lack of social support. These barriers contribute to the high level of unmet need for mental health and support services for low-income young adults, particularly those of color.

Untreated depression is also widespread among poor and low-income mothers, including mothers with young children. One in nine poor infants lives with a mother suffering from severe depression; more than half live with a mother experiencing some level of depressive symptoms.[7] More than one-third of low-income mothers with a major depressive disorder get no treatment at all.[8]

Infants who live in poverty with severely depressed mothers were more likely to have white mothers (44 percent) than Black mothers (30 percent) and Hispanic mothers (21 percent).[9] This finding aligns with recent data from the 2015 National Survey on Drug Use and Health, which showed that poor and low-income white mothers were more likely to experience depression than mothers of color. However, mothers of color who experienced depression were more likely to be poor than white mothers and their non-depressed counterparts (Figure 1). ***One in four white mothers, one in three Hispanic mothers, and one in two Black mothers who have ever experienced a major depressive episode are living in poverty.***

Low-income mothers' untreated maternal depression undermines their success at work and in school as well as young children's development.[10] Depression also impedes their participation in potentially beneficial services, making it harder to escape poverty. For instance, depression prevents poor mothers from taking advantage of interventions that can help them go to school.[11] Lack of treatment for maternal depression also threatens the safety and cognitive and behavioral development of young children.[12] Implementing reforms that help low-income mothers access effective depression treatment will lift families out of poverty and ensure young children grow up healthy.

Young adults' mental health challenges and maternal depression threaten millions of people's economic security. Policymakers need to understand the context in which these issues developed, reform policies and practices, and begin to build new frameworks and systemic solutions.

Shared Context: Structural Barriers and Inequities

Young adults living in poverty and low-income mothers experience structural barriers based on income and race that significantly impact their mental health and wellbeing. These structural barriers include disparities in the social determinants of health, high levels of exposure to trauma and toxic stress, and disparities in access to quality, effective mental health supports. Systemic policy solutions must reflect this shared context in order to meet both young adults' and mothers' needs.

Social Determinants of Health

Young adults living in poverty and low-income mothers experience significant disparities in the "social determinants of health." These are a set of environmental factors that have been linked to both physical and mental health outcomes. They include economic stability, education, social and community context, health and health care, and neighborhood and built environment.[13] Young adults and low-income mothers experience disparate outcomes for these determinants.

For example:

- **Economic Stability:** In 2016, 40.6 million people (13 percent of the U.S. population) lived in poverty.[14] However, young adults and young parents experienced poverty at higher rates. In 2016, nearly 1 in 6 young adults (ages 18 to 24) and 1 in 4 young parents lived in poverty.[15]

  In addition, all families with children under 18—no matter the parents' age—experience higher poverty rates than adults without children. In 2016, the poverty rate for adults living with related children under 18 was 17.6 percent. These economic challenges were particularly prevalent for mothers of young children. Among children under age 6 with a single mother female householder, nearly half (41.9 percent) lived in poverty.[16] These disparities faced by low-income young adults and young parents have long-term consequences for families and children's economic security.[17]

- **Health/Health Care:** Young adults and mothers living in poverty experience significant disparities in health insurance rates and health outcomes. More than 1 in 5 young adults (22 percent) and 1 in 5 mothers (23 percent) who lived poverty were uninsured. There were also racial and ethnic disparities. Nearly 40 percent of poor Hispanic mothers, 40 percent of Hispanic young men, and 34 percent of Black young men were uninsured. Among those who were insured, Hispanic and Black young adults were disproportionately likely to be insured by Medicaid compared to their white counterparts.[18]

  About 15 percent of young adults live with a chronic health condition like severe asthma; diabetes; HIV/AIDS; sickle cell disease; or physical, intellectual, or emotional disabilities.[19] Young adults living in poverty are more likely to struggle with these conditions. Young adults often receive Medicaid as children but lose those benefits as they transition into school and the workforce. This forces them to establish their own health care coverage. Before the ACA, insurance companies could deny them coverage because of preexisting conditions.

  Depressed mothers living in poverty also experience health inequities. About a quarter (24 percent) of severely depressed mothers of infants living in poverty report being in fair health (as opposed to good, very good, or excellent health). This is more than twice the rate of fair health reported by mothers of infants living in poverty who did not report depressive symptoms (11 percent).[20]

- **Education:** Low-income young adults are more likely to attend under-resourced schools and experience disproportionate rates of youth disconnection. Disproportionate suspension and expulsion are key factors that push low-income youth and young adults out of school, with Black and Native young people suspended at high rates.[21] In 2015, 50 percent of low-income children under age 6 had parents with some level of college or additional education.[22] By comparison, only 11 percent of single parents who reported two or more depressive symptoms had completed some college. [23]

These disparities in the social determinants of health contribute to the mental health challenges experienced by these populations. Those challenges, in turn, deepen disparities in social determinants—creating an endless feedback loop. For example, young adults and mothers who report experiencing

psychological distress are more likely to be poor. Young adults also report that unresolved trauma and mental health challenges are major barriers to completing pathways to education and work.

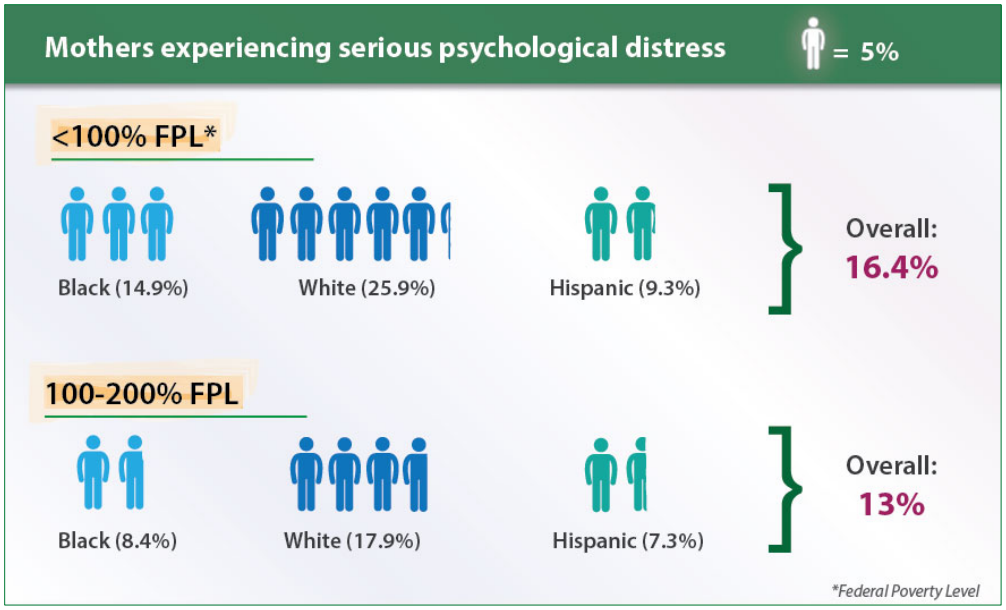
Trauma and Toxic Stress

Low-income mothers and young adults living in poverty experience disproportionate exposure to trauma and toxic stress. Young adults report exposure to structural disadvantages and a range of traumatic experiences, both ongoing and during their childhoods. Chief among these is exposure to community and interpersonal violence. In 2015, the injury rate (per 100,000) of gun violence among Black youth ages 18 to 25 (195.9) was overwhelmingly higher than white (19.7) and Hispanic (15.6) youth.[24] These experiences, coupled with the financial strain associated with trying to navigate poverty and exposure to racism and discrimination amongst youth of color, create a backdrop of trauma and stress that profoundly shapes the mental health and wellness of low-income young adults.[25]

It is essential to address traumatic experiences in order to meet the mental health needs of low-income young adults. Unaddressed trauma can be a barrier to long-term success, hindering young people's ability to stay on—or reconnect to—an educational and career pathway that leads to economic security.[26]

Toxic stress response occurs when a person experiences strong, frequent, and/or prolonged adversity (such as physical or emotional abuse and/or the accumulated burdens of family economic hardship). Prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, as well as increase risk for stress-related disease and cognitive impairment well into the adult years.[27] Low-income mothers who are depressed are more likely to have experienced domestic violence and substance abuse, increasing their risk of toxic stress.[28] According to the 2015 National Survey on Drug Use and Health, 16.4 percent of mothers living in poverty report serious psychological distress. This includes 26 percent of white mothers, 15 percent of Black mothers, and 9 percent of Hispanic mothers. Among mothers between 100 and 200 percent of poverty experiencing serious psychological distress, 18 percent of White mothers, 8 percent for Black mothers, and 7 percent for Hispanic mothers (Figure 2).[29]

Figure 2



There is consistent evidence that untreated maternal depression undercuts young children's development, endangering their ability to learn and succeed in school as well as their future success as adults. The effects can be life-long, including "lasting effects on [children's] brain architecture and persistent disruptions of their stress response systems."[30] A review of research by the National Research Council and Institute of Medicine finds that maternal depression endangers young children's cognitive, socio-emotional, and behavioral development as well as their physical and mental health over the long term.[31]

Access to Quality Mental Health Supports

Young adults living in poverty and low-income mothers experience significant barriers and inequities in accessing mental health supports. In 2015, nearly 750,000 young adults living in poverty reported that they needed mental health treatment in the last year but did not receive it.[32] Among one million mothers living in poverty who had a major depressive episode in the last year, more than 41 percent did not receive any treatment. The number is even higher for Black mothers (46 percent) and Hispanic mothers (52.5 percent).[33]

Insurance Coverage

Inability to access health insurance prevents these populations from getting the help they need. There has been progress under the ACA; the uninsured rate has fallen to 8.8 percent overall and 16.3 percent for people in poverty. However, many young adults and low-income parents are still uninsured, particularly in states that have not expanded Medicaid.[34] Twenty-two percent of young adults living in poverty are uninsured.

Young adults living in poverty who do have health insurance are typically unaware that it covers mental health and substance abuse treatment services. Fifteen percent said they weren't sure whether their insurance includes such coverage. White young adults living in poverty (25 percent) are more likely than young adults of color (8.6% of Black young adults; 9.5% of Hispanic young adults) to believe their health insurance covers mental health services.

Low-income mothers experience a comparable uninsured rate of 23.1 percent. The rate for Hispanic mothers is a staggering 38 percent. There is strong evidence that insurance coverage and limiting financial barriers such as cost-sharing are critical to mothers' ability to access treatment for depression.[35]

Other Access Issues

People of color tend to have less access than white patients to traditional mental health services. In addition to health insurance knowledge and access, several other factors impact the accessibility of mental health services and supports for young adults living in poverty and mothers experiencing depression. These factors include:

Setting of Services

Addressing the mental health needs of children and youth has increasingly focused on connections to school-based health services. Despite growing support for school-based mental health services, young adults who have had negative experiences in schools caution against school-based services as a one-size-fits-all solution. These young adults emphasize the importance of being able to access supports in community-based settings, such as youth development and workforce development programs that don't explicitly target mental health.[36]

Building long-term relationship with trusted providers is extremely important for parents and children. In focus groups, low-income mothers with children under four said they trust providers (such as their doctors or pediatricians) who are non-judgmental about their age or level of experience, are good listeners, and go above and beyond to help.[37]

Community-based mental health services, such as those delivered through home visiting, are hugely beneficial to mothers with young children who are experiencing depression. Participants in focus groups explained how home visitors are able to see mothers in the comfort of her own home, allowing them to better establish trust and a strong relationship. Unlike medical doctors, home visitors can take time to sit and listen to mothers.[38] This is critical because people of color often receive a lower quality of care at primary care facilities. Understanding the biases that many mothers of color experience is essential when assessing the setting of services.[39]

Screening for maternal depression in a well-child visit is a best practice, according to the American Academy of Pediatrics.[40] Untreated maternal depression undermines the parent-child relationship and causes infant developmental issues.[41] Dyadic treatment (treating the child and mother together) mitigates the impact on children.[42] Since maternal depression is a risk factor for child health, Center for Medicare and Medicaid Services (CMS) guidance and United States Preventative Services Task Force (USPSTF) guidelines allow states to reimburse providers who screen mothers for depression during a child's well visit as well as provide dyadic treatment under the child's Medicaid number.[43] To date, over 11 states are screening for maternal depression under the child's Medicaid.[44]

Quality of Services

Low-income people and people of color often receive lower-quality care. Low-income young adults report overwhelmingly negative experiences with traditional one-on-one therapy and prescription medication. They also describe the use of law enforcement as first responders to mental health crises in their communities. Instead of stabilizing the situation, law enforcement typically escalate the crisis, exacerbate existing trauma, and contribute to disproportionate contact with the criminal justice system amongst low-income young adults of color.[45]Research has shown that once people of color

enter care, they are less likely than their white peers to receive the best available treatments for depression and anxiety.[46, 47]

Culturally Relevant Services

Finally, policy has not addressed the need for culturally appropriate providers and culturally relevant interventions to facilitate use of available mental health services. Communities of color have a difficult history with systems built on a medical model and are justifiably skeptical of an approach that has a history of disbelieving their pain, medicating without consent, withholding treatment, experimenting on their bodies, and subjecting them to additional trauma by acting upon racist assumptions. [48, 49] Numerous barriers, including ineffective communication and patients' lack of trust, produce disparities in mental health treatment for people of color.[50]

Young adults living in poverty emphasize the importance of peer-to-peer mental health supports as well as support from adults with shared background and experiences. Despite strong evidence for the efficacy of depression treatment for low-income mothers, there is less robust evidence for the role of culturally specific approaches to depression treatment and the validity of screening tools and treatment modalities for mothers of color. For example, it is unclear whether low-income white mothers actually experience higher rates of psychological distress as suggested by national data or if the instruments used to collect this data are not cross-culturally valid.

The shared context experienced by low-income mothers and young adults living in poverty in the areas of social determinants of health, trauma and toxic stress, and access to quality, effective mental health supports merits a shared consideration of policy opportunities.

Change is Possible

Local innovations, effective intervention approaches, and health care reform have created an opportunity to make meaningful change.

Human Services Partnerships and Local Innovation

In some instances, local innovations point to next steps and promising ideas for replication or scale.

The MOMS Partnership

The New Haven Mental Health Outreach for Mothers (MOMS) Partnership is a collaboration of agencies across New Haven, CT that works to improve mothers' and children's wellbeing. The model includes mothers from the community serving as community mental health ambassadors. They deliver screening, brief intervention, referral, and treatment with clinicians. This has dramatically increased utilization and adherence to mental health services. Medicaid reimbursement for these positions is currently being explored in partnership with Connecticut's Department of Social Services. The New Haven MOMS Partnership surveys mothers to determine which services are needed. In 2015, 58 percent reported moderate to high levels of depressive symptoms.[51] Mental health services for maternal depression are provided in nonclinical, destigmatizing settings, including grocery stores and fully licensed settings that are billable through Medicaid.[52]

LA Community Partners in Care

Community Partners in Care (CPIC) is a Los Angeles partnership that improves depression care in low-income Black and Latino communities. CPIC conducts rigorous, partnered research in under-resourced communities of color. This research is leveraged to build local capacity to support clients with depression.[53] Traditional health and mental health providers have collaborated with a range of community-based social and human services organizations, including faith-based organizations, homeless services organizations, substance abuse service providers, the department of parks and recreation, and barber shops and beauty salons.[54] CPIC's approach of diverse health and human services providers collaborating to develop and disseminate technical assistance has improved community-wide depression indicators. These include increased Mental Health Related Quality of Life ratings, reduced behavioral health hospitalizations, increased physical activity, reduced homelessness risk factors, decreased mental health specialty medication management visits, and increased use of faith-based and recreation center depression services.[55] This collaborative model demonstrates the value of local systems-building and innovation to building effective policy.

These are not the only examples of local innovation, and not all of them can be replicated everywhere. However, they demonstrate what's possible in a local system and promote discussion about scaling or replicating effective practices.

Documented Effective Interventions

There are many evidence-based mental health interventions that demonstrate effectiveness for both young adults and low-income mothers.

Youth and Young Adult Mental Health

There are many effective strategies for treating and preventing mental health challenges for low-income young adults. These include school-based, community-based, digital, and individual/family-level interventions for both prevention and treatment.[56, 57] Rural and urban young adults identified a range of effective mental health supports focused around three key themes: community-based programs, shared experiences/background, and group peer-to-peer approaches.[58] For example, a growing number of states are developing youth peer specialist programs. These programs certify young adults who have lived experience with mental health challenges to provide support to other youth and young adults Services are reimbursable by Medicaid in at least six states, with additional states funding these programs using local resources. There is also evidence that youth-serving systems and community-based programs can promote healing from trauma and adversity through trauma-informed practices.[59] For example, some work force development programs are incorporating trauma training into staff development, integrating mental health screening into their intake processes, and establishing partnerships to more effectively meet the needs of young people in their programs. Insurance providers, including Medicaid, have the ability to reimburse trauma-informed care in these systems.[60]

Maternal Depression

Treating maternal depression is crucial to improve parenting, and enables children to succeed in school, develop into healthy adults, and climb out of poverty. There are many safe, effective tools for treating adults with depression, including pharmacotherapies, psychotherapies, behavioral therapies, and alternative medicines.[61] Both medication and cognitive behavioral therapies—with modifications such as support for child care—have proven particularly effective for poor women of color.[62]

Effective depression treatment can help mothers escape poverty. Among poor mothers, a combination of depression treatment and employment services can help increase their wages.[63] Treating depression can also improve work productivity and reduce absenteeism.[64] According to a study by The Early Head Start Research Consortium, non-depressed mothers enrolled in Early Head Start increased their participation in education, job training, and employment, while depressed mothers did not.[65] Young children also benefit from their parents' improved educational and work outcomes.

The evidence for effective interventions is compelling. The challenge is to ensure systems and policies provide sustained access to high quality interventions for the people who need them.

ACA and Medicaid

The Affordable Care Act (ACA) has made health insurance available to many poor mothers and young adults for the first time. That makes it one vehicle to create, expand, and improve systems of mental health support for mothers experiencing depression and young adults experiencing psychological distress.

The ACA requires insurers—including Medicaid—to provide mental health services as part of their Essential Health Benefits packages. The law includes quality indicators and free preventive coverage for depression. Furthermore, it encourages integrated, team-based care in ways that could support families living in poverty. These changes to health care target some of the historical barriers that have hindered depression treatment for poor mothers and mental health support for young adults. Those barriers include the high cost of treatment, complex and counter-productive reimbursement rules, low quality of treatment, and fragmentation between primary care and mental health providers.[66]

The ACA's enactment also created new policy opportunities for states to address young adult mental health and maternal depression in low-income populations, particularly in the context of Medicaid expansion. The ACA, including its Medicaid expansion, significantly increased health insurance coverage and access to health and mental health services. Prior to its implementation, many low-income adults, particularly young adults and parents, were not offered or could not afford private insurance but were also not eligible for Medicaid. Between 2013 and 2014, the share of low-income young adults who possessed public coverage increased from 30 percent to 41 percent. Conversely, the share of young adults who were *uninsured* fell from 35 percent to 24 percent.[67] One of the ACA's most popular provisions allows young adults to remain on their parents' insurance until age 26; Medicaid expansion is a parallel support for low-income young adults whose parents don't have or cannot afford to enroll them in employer-sponsored coverage. Similarly, low-income parents have dramatically different uninsured rates in expansion versus non-expansion states. In 2015, the uninsured rate for low-income parents (less than138 percent of poverty) was 11.4 percent in expansion states. However, it was 33.7 percent in non-expansion states.[68] Medicaid opens doors to physical and behavioral health care for low-income young adults, particularly young adults of color.

The ACA's Medicaid expansion component, which 32 states and D.C. have opted to take, is the reason why a record number of mothers and young adults have affordable health care. States have significant decision-making authority under Medicaid to determine which services are covered, establish who can provide covered services, and set reimbursement rates. Even in non-expansion states, the ACA requires Medicaid agencies to strengthen mental health benefits for Medicaid-eligible adults. All plans, including Medicaid, must cover preventive services, behavioral health treatment, mental health inpatient services, and substance abuse treatment. However, specific behavioral health benefits depend upon the state and the particular health plan.[69] In addition, CMS recently finalized long-awaited rules for mental and behavioral health parity in Medicaid, marking a significant milestone for access to mental health care.

Despite federal threats and instability, the ACA remains the law of the land. The American public and state advocates overwhelmingly support the law, as evidenced by Maine's recent vote to implement

Medicaid expansion as well as nationwide protests against ACA repeal. As a result, state decision makers should feel confident as they work to leverage opportunities embedded within the law.

Conclusion: Action Agenda for State-level Policy

We have an incredible opportunity to build on innovations and achieve systemic success in supporting young adults' mental health as well as identifying and treating maternal depression. This will require new and powerful connections across levels of government and across sectors. At minimum, this must include stakeholders from the health, mental health, child care and early education, and youth development sectors. Anyone engaged in improving the lives of low-income families and families of color should also be considered as partners in this work.

Action opportunities that states can immediately seek out or influence include:

- **Prioritize Medicaid expansion and reject changes to Medicaid programs that create additional barriers to care.** The Medicaid expansion has been particularly helpful for low-income young adults and parents. States are proposing new barriers to Medicaid access through waivers by requesting such changes as work requirements, lock-out periods, increased cost-sharing (including premiums), and lifetime time limits on Medicaid coverage. The expansion population is the primary target for these waivers, although it is important to note that other populations are also included and the negative effect of any such changes will be much broader than the expansion population. Work requirements and other proposed barriers undermine both the ACA's coverage gains and these populations' access to care.
- **Fully implement the ACA's mental health parity and prevention provisions.** The ACA has not successfully incentivized preventative mental health services, despite its success with physical health services. Parity provisions have not yet triggered a shift in resources to preventative mental health services or to the types of mental health wellness services that are seen as central to physical health. States should review covered mental health services in Medicaid with an eye towards achieving parity for both treatment and prevention.
- **Build partnerships across agencies, levels of government, and types of service providers that support systemic solutions and leverage partners' strengths and resources.** There are many non-health entities that support low-income mothers and young adults living in poverty. These organizations, including youth development, workforce development, early childhood, and community-based social service agencies, are ready and willing to partner with more traditional health providers to achieve better outcomes for young adults, children, and parents. Successful partnerships require engagement between Medicaid and human services, mental health, and public health agencies at the state level and engagement with- local and county-level partners in a sustained way. These partnerships can help grow and expand effective models, leading to a truly functional system of care.

- **Improve how care systems integrate providers at multiple levels of credentialing and with multiple backgrounds.** Although there is a role for traditional mental health providers in supporting health and wellness, young adults and mothers also rely on other types of supports, especially in communities of color. For example, effectively providing evidence-based services in multiple settings, such as home visits, youth development programs, or other community settings, may require providers with credentials at multiple levels and tiered/provisional reimbursement options.[70] State Medicaid policy requirements around licensing and supervision can limit the ability of professionals at multiple levels, as well as peers and other trusted community partners, to obtain reimbursement for the mental health support they provide. As states identify effective strategies that expand on and go beyond a traditional medical model, their policies must be flexible enough to accommodate reimbursement of proven services provided by nontraditional providers in traditional and nontraditional locations.

- **Identify effective reimbursement strategies, reduce reimbursement obstacles, and support advocates and policy makers to understand and take full advantage of existing reimbursement options.** Some states are exploring new payment models that support a more comprehensive approach to overall health (including behavioral health) and expanding the range of services that are reimbursable. Others are targeting specific bottlenecks or issues that make it difficult for particular providers to address family mental health issues. For example, a growing number of states provide reimbursement for youth peer support services. CMS guidance allows providers to bill for maternal depression screening and some dyadic treatment under the child's Medicaid number.

- **Use flexibility available under current Medicaid statute to fine-tune care and benefits**: Medicaid waivers provide states the opportunity to design their Medicaid programs (eligibility and/or benefits) outside the standard federal parameters. Waivers have historically been used to expand care to additional populations and increase or modify benefits. Waivers must be approved by CMS and may not increase costs to the federal government. Many states have obtained 1915(c) Home and Community-Based Services (HCBS) waivers. A smaller number have amended their state plans using 1915(i) HCBS to provide a range of community-based services that support mental health and wellness. Although some of these policies target young adults, they are focused on those with a mental health diagnoses (typically serious mental illness). Instead of requesting waivers that impose work requirements, drug testing, and other provisions that would exacerbate existing coverage disparities in Medicaid, state decision makers should focus on the historic role of waivers and state plan amendments in expanding, rather than reducing, coverage.

- **Recognize that achieving equitable outcomes requires an equitable process for identifying and implementing solutions.** There is strong evidence that it is possible to not only reduce disparities in mental health outcomes but to maximize the efficacy of interventions for populations with the highest levels of need. This can only be achieved when

impacted individuals and a range of community stakeholders are integrated as full partners in the development of solutions. States need to maximize opportunities to fully engage stakeholders, whether through consumer quality review boards, engaging family and youth advocates in policy development, or working with partners to embed these approaches in the decision-making process. We must prioritize equity in the policy development process to achieve more equitable outcomes for low-income youth and families, especially communities of color.

We recognize that low-income Americans experience many mental and behavioral health challenges and that states face a variety of considerations as they make choices about priorities. Recently, much policy attention has been absorbed by the opioid crisis. In 2015, there were an estimated 2.5 million people living in poverty who had used opioids in the last year, representing 6.8% of adults living in poverty.[71] Opioid abuse is a serious and growing problem for low-income communities, but decision makers interested in achieving high impact should note that a combined 3 million people living in poverty are low-income mothers with depression or young adults who experience psychological distress. Given the scope of these problems and the number of people affected, there should be significant motivation in many states to address these people's needs. The implications of meeting low-income mothers' and young adults' mental health needs are not isolated. Focusing support to these populations can lead to systemic changes that will ultimately benefit *all* low-income Americans.

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Endnotes

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