



# Unlocking Transformation and Healing: Overview of Policy Options for Accessible Youth and Young Adult Mental Health Care

*By Nia West-Bey and Kayla Tawa*

**CLASP**  
Policy solutions that work for low-income people

## The Urgent Need for Healing

Across the nation, young adults living in poverty experience serious threats to their mental health. As individuals, they face financial strain, exposure to violence, suicide, substance use and abuse, and isolation. These threats exist in the context of collective experiences of racism and discrimination, historical and cultural trauma, and conflicts with powerful institutions that directly impact youth and young adult mental health.<sup>1</sup> In 2018, more than one in four young adults ages 18-25 living in poverty reported serious psychological distress within the past year,<sup>2</sup> up from one in five in 2016.<sup>3</sup> As young adulthood is a key developmental period, their rising levels of distress is cause for concern.

Young people have identified a range of effective strategies for meeting their mental health needs that respond to both individual and collective challenges. However, existing mental health policy does not support most of these solutions. Nearly 1.1 million young adults living in poverty reported that they needed mental health services in the last year, but did not receive them,<sup>4</sup> a dramatic 47% increase since 2016.<sup>5</sup> Unaddressed mental health needs have long-term consequences, undercutting young adults' economic stability, independence, and overall wellbeing. Young people's perspectives, coupled with these statistics, starkly demonstrate that our nation is systematically failing to meet their mental health needs and support their well-being. Healing these harms requires policymakers to fundamentally reimagine our approach to mental health care to be one that prioritizes widespread, equitable access to care.

The Center for Law and Social Policy's (CLASP) youth and young adult mental health framework calls for policies that increase access to healing, transformative mental health supports for this population.<sup>6</sup> Through our Policy Advancing Transformation and Healing (PATH) initiative, CLASP has collaborated with partners over 2019 and 2020 to test this framework, advancing systems and policy changes supporting well-being for transition-age youth (ages 16-17) and young adults (ages 18-25). **We identified a set of policy options with broad applicability and strong potential to increase access to transformation and healing for economically marginalized young people.** As described below, the briefs in this series walk through promising state and local policy recommendations and key implementation strategies to address young people's access to affordable, confidential, and community-based care.

## Unlocking Access to Care

The challenges young people experience obtaining mental health services are the result of decades of failed policymaking that has created barriers to care. Policy choices have pushed affordable, developmentally-appropriate, convenient, comprehensive care out of reach by:

- Creating barriers to community-based services and supports;
- Failing to take steps to address young people's needs for decision-making autonomy and convenient, confidential care;
- Disproportionately limiting access to health insurance coverage for youth and young adults with low-incomes; and
- Codifying reimbursement practices that make it difficult to meet young people's needs.

States and localities have much of the decision-making authority to replace these policies with better alternatives. It is time to boost access to mental health care that meets young peoples' needs.

## Advancing Policy Options

This brief series provides an overview of state and local policy options targeting community-based care, confidentiality, and cost. More specifically, these topics cover the following areas:



**Community-based Care:** This issue area describes broad strategies that states can adopt to make mental health care more equitable and accessible to large numbers of youth and young adults in their communities.



**Confidentiality:** These policy options focus on increasing youth and young adults' access to the confidential care of their choosing. Ensuring young people have access to confidential care and can make their own decisions about it is a necessary and developmentally appropriate aspect of care for this age group.



**Cost:** We examine policy approaches addressing coverage and cost reimbursement strategies that increase affordability. These options include moving toward universal health insurance coverage for youth and young adults and ensuring that payment and financing incentives align to meet their needs.

The models we analyze have great potential to open pathways to care at the state and local levels. Each brief provides an overview of the policy and concludes with implementation recommendations to best increase youth and young adults' access to needed supports.

## Toward Transformation and Healing

State and local policymakers can reshape the mental health policy landscape to one that advances transformation and healing for youth and young adults. The goal in such a system is to change young people's lives by acknowledging and taking steps to reduce the threats that they experience. **Policy choices must facilitate access to life-changing supports, or risk perpetuating further harm.**

Community-based care, confidentiality, and cost represent three key policy areas where changes can make a meaningful difference for youth and young adults.

As documented throughout this brief series, some states have exercised each of these options, but none are universal. State and local leaders can immediately review their existing policies in these areas and look for opportunities to strengthen them to increase equitable access to care for youth and young adults. Adopting the recommendations outlined in this brief series will help ensure that state and local mental health policies create pathways to transformative, healing experiences for young people who need them most. In doing so, we can advance a future that supports youth and young adults' mental health, well-being, and healing on a national scale.

## Summary of Policy Recommendations

These policy options are detailed throughout the *Unlocking Transformation and Healing* brief series:



### COMMUNITY-BASED CARE

- Codify and make permanent changes to telehealth regulations that maximizes flexibility in licensing requirements for telehealth providers, originating sites, currently available and future forms of technology, and reimbursement parity.
- Ensure school-based health services are available to the broader community.



### CONFIDENTIALITY

- Codify the mature minor doctrine, which allows young people to consent to a broad range of care.
- Develop a set of comprehensive release forms for broad parental consent and confidential minor-provider relationships. Ensure these forms are distributed to providers who serve adolescents.
- Encourage providers to discuss benefits of confidential care with parents and youth under 18.



### COST

- Adopt full Medicaid Expansion to 138% of the federal poverty level (FPL) without the imposition of burdensome paperwork requirements.
- Use state dollars to provide coverage for immigrant youth.
- Strengthen existing hospital presumptive eligibility (HPE) policies, through pilot partnerships between hospitals and behavioral health (BH) providers, to qualify youth for HPE at the hospital and provide BH services onsite.



### COMMUNITY-BASED CARE

- Partner with a strong and supportive sponsoring agency, such as FQHCs, BHOs, universities, or other qualified entities to maximize Medicaid reimbursement.
- Ensure the school system is maximizing access to federal dollars: Have the school system become a Medicaid provider, so it can bill directly, or participate in the Medicaid School-Based Services program.
- Leverage national and state-level resources and trainings to expand tier-one level supports.
- Develop strategies to successfully integrate mental and behavioral health services with physical health care.



### CONFIDENTIALITY

- Ensure youth under 18 receiving care are aware of and understand what information will remain confidential and what services they can receive without parental consent.
- Pass statutes allowing for minor consent to inpatient and outpatient mental health services, and care related to drug/alcohol use without needing additional parental consent.
- Ensure state law allows for confidentiality of care relating to mental illness, including addiction.
- Adopt one or more strategies to prevent EOBs from breaching the confidentiality of young adults.



### COST

- Avoid citizenship questions on the presumptive eligibility (PE) application; not all states include a citizenship question in their HPE/PE screening.
- Submit a waiver or state plan amendment to expand PE to particularly benefit transition-age youth. Such an expansion should minimize regulations to maximize flexibility in the program and ensure youth-serving systems can become qualified entities to screen for PE.
- Update Medicaid state plans to permit “same-day billing”.
- Ensure behavioral health care is carved into Medicaid managed care contracts.
- Pass state-level parity provisions that include reporting and enforcement mechanisms.

## Acknowledgements

This work was made possible by the generous support of the Kresge Foundation. The authors would like to thank the following CLASP staff: Sivan Sherriffe, communications associate for her design assistance. We would also like to thank Isha Weerasinghe, senior policy analyst; Whitney Bunts, policy analyst; Kisha Bird, youth team director; Amy Cotton, consultant, and Tom Salyers, communications director, for their editorial review.



Klaus Vedfelt / Getty Images

## Endnotes

<sup>1</sup> Nia West-Bey and Marlén Mendoza, Behind the Asterisk\*: Perspectives on Young Adult Mental Health from Small and Hard to Reach Communities, CLASP, 2019.

[https://www.clasp.org/sites/default/files/publications/2019/04/2019\\_behindtheasterisk.pdf](https://www.clasp.org/sites/default/files/publications/2019/04/2019_behindtheasterisk.pdf)

<sup>2</sup>Substance Abuse and Mental Health Services Administration (SAMHSA)'s public online data analysis system (PDAS), National Survey on Drug Use and Health, 2018. [//pdas.samhsa.gov/#/survey/NSDUH-2018-DS0001/crosstab/?row=AMHTXND2&column=POVERTY3&control=CATAGE&weight=ANALWT\\_C&run\\_chisq=false&filter=CATAGE%3D2%26POVERTY3%3D1&results\\_received=true](https://pdas.samhsa.gov/#/survey/NSDUH-2018-DS0001/crosstab/?row=AMHTXND2&column=POVERTY3&control=CATAGE&weight=ANALWT_C&run_chisq=false&filter=CATAGE%3D2%26POVERTY3%3D1&results_received=true)

<sup>3</sup> Nia West-Bey and Stephanie Flores, Everybody got their Go-throughs: Young Adults on the Frontlines of Mental Health, CLASP, 2017.

<https://www.clasp.org/sites/default/files/publications/2017/08/Everybody-Got-Their-Go-Throughs-Young-Adults-on-the-Frontlines-of-Mental-Health.pdf>

<sup>4</sup>Substance Abuse and Mental Health Services Administration (SAMHSA)'s public online data analysis system (PDAS), National Survey on Drug Use and Health, 2018. [//pdas.samhsa.gov/#/survey/NSDUH-2018-DS0001/crosstab/?row=AMHTXND2&column=POVERTY3&control=CATAGE&weight=ANALWT\\_C&run\\_chisq=false&filter=CATAGE%3D2%26POVERTY3%3D1&results\\_received=true](https://pdas.samhsa.gov/#/survey/NSDUH-2018-DS0001/crosstab/?row=AMHTXND2&column=POVERTY3&control=CATAGE&weight=ANALWT_C&run_chisq=false&filter=CATAGE%3D2%26POVERTY3%3D1&results_received=true)

<sup>5</sup> Nia West-Bey and Stephanie Flores, *Everybody Got their Go-throughs*.

<sup>6</sup> Ezizhe Anahou & Karien Joste, Adolescents' Interpretation of the Concept of Wellness: A Qualitative Study, *Journal of Caring Studies* (5) 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5187554/>