



Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

Re: Improving the Mental Health System

Dear Chairman Baucus and Senator Hatch,

The Center for Law and Social Policy (CLASP) is grateful for the opportunity to comment on potential improvements to the mental health system in the United States, as you requested in your call for responses of August 1, 2013. Mental illness affects many Americans and disproportionately affects low-income vulnerable families, who typically have less access to treatment even for serious problems. Its effects can be two-generational, with untreated mental illness in a parent potentially affecting children, thus expanding even further the potential importance of effective treatment. Therefore, CLASP commends the Senate Finance Committee for taking the time to look more deeply into this important area of need.

CLASP is a non-profit policy and advocacy organization that seeks to improve the lives of low-income people—including children and their parents. CLASP develops and advocates for federal, state and local policies to strengthen families and create pathways to education and work. CLASP's work spans a wide range of topics addressing the wellbeing of children and youth – for example, early childhood education, home visiting, the child welfare system, disconnected youth, educational achievement of minority youth, and related policy areas – and the success of adults, including parents, in higher education, job training, and the workforce. Our comments draw on work by CLASP and our experts in four specific areas: maternal depression and its consequences for low-income families; access to treatment for children, youth, and adults involved in the child welfare system; the negative impact of concentrated poverty on the mental health of children and youth, particularly in families of color; and the role of home visiting and comprehensive early childhood programs in reaching parents and children with mental health supports.¹

Effectively treating mental illness is an example of a policy reform that can have benefits across the spectrum of outcomes for adults and for children. Treatment can help parents succeed at work and in other aspects of life while also reducing the risk to children of abuse, neglect, or

¹ We provide more information and references on each of these areas of work at the end of these comments.

accidental injury and promoting children's cognitive development and school readiness. Children who receive treatment are more emotionally stable and able to focus on learning, which improves academic achievement. Depression, which is highly treatable, is a prime example of a parental mental illness that affects large numbers of families and poses risks to children's safety and cognitive development when untreated. According to the National Research Council and the Institute of Medicine, at least 15 million children in the United States live in a household with at least one depressed parent. Over 10% of poor infants have a mother who is severely depressed, and more than half have a mother experiencing some depression;² treatment rates for these mothers are low even when they have experienced a major depressive episode, a very serious illness that significantly disrupts daily life.³

Chronic stress and trauma are another example of mental health issues that have a significant effect on long-term outcomes, particularly for parents and children who live in concentrated poverty. The stress of high rates of crime, violence, and poverty conditions has been proven to have a traumatizing effect on children and youth, affecting brain function, socialization and academic achievement.

Please find below our comments in response to the specific questions in the request. We have summarized key points in this letter and attached for additional information my paper, *Emerging Opportunities for Addressing Maternal Depression under Medicaid* (with colleagues Dr. Embry Howell and Dr. William Beardslee).

I. What administrative and legislative barriers prevent Medicare and Medicaid recipients from obtaining the mental and behavioral health care they need?

- **Eligibility gaps for low-income adults.** While the nation has made dramatic strides in providing health insurance to children, many parents (and to an even greater degree, childless adults) lack coverage. Because of very low eligibility thresholds for parents in many state Medicaid programs prior to the Affordable Care Act (ACA), many mothers lose Medicaid eligibility shortly after their child is born, when they are no longer eligible under the higher threshold for pregnant women. Given the importance of promptly identifying and treating maternal depression and other mental health concerns in mothers with young children, this break in access at a family's most vulnerable point is particularly damaging.
- **Fragmentation of Services.** Mental health issues affecting families straddle multiple divides. First, our work confirms the issue raised in the comment letter, that integration of physical and mental health services remains a challenge. Primary care providers, who may be in the best position to build trust on sensitive issues like mental health, are not well-connected to mental health providers. The two types of services are often delivered in different locations by two sets of professionals who communicate minimally, if at all.

² Vericker, Macomber, and Golden. 2010. *Infants of Depressed Mothers Living in Poverty: Opportunities to Identify and Serve*. Washington, DC: The Urban Institute. <http://www.urban.org/depressed-mothers-effective-services.cfm>

³ McDaniel and Lowenstein. 2013. *Depressed Mothers: Are They Getting the Treatment They Need?* Washington, DC: The Urban Institute. <http://www.urban.org/publications/412804.html>

Second, care for adults and care for children are also fragmented and not designed with a two-generation approach. For example, a pediatrician who focuses on the care of a child may miss the opportunity to identify maternal depression.

- **While Medicaid is a crucial provider of mental health services to low-income people, access to necessary services may be limited by a broad range of factors.** Low-income mothers with Medicaid coverage report access to mental health treatment for depression at a level comparable to mothers with private insurance and greater than those who are uninsured.⁴ Yet treatment rates for these mothers across the board remain distressingly low, as a result of several factors:
 - **Reimbursement barriers within Medicaid.** Even when there are sufficient medical and mental health providers in a community, they may not accept Medicaid patients, in part because of low rates of reimbursement (Medicaid fees for primary care services are 66 percent that of Medicare visits). In addition, many complex billing and reimbursement issues (which often vary by state) can inhibit the use of Medicaid for maternal depression and other mental health problems. For example, states rarely reimburse for depression screening separate from a primary care visit, and they rarely reimburse for multiple visits on the same day at the same site, such as a primary care visit and a mental health visit at a co-located setting.
 - **Insufficient supply of qualified and trained providers.** A major barrier is a lack of well-qualified, appropriately-trained mental health providers. This is especially true in low-income communities and for populations of color. Additionally, providers do not often understand the cultural context of families of color and cannot provide mental health services in a way that is culturally appropriate or responsive. Language barriers are also frequently present, making communication less effective. These problems may be exacerbated by complex limits on scope of practice in state Medicaid programs that may make it difficult to provide services through teams of mental health providers with different levels of training. In addition, primary care physicians, who in practice provide much mental health treatment (particularly medication) and may be well-suited for this role through their ongoing relationships with parents and children, may be insufficiently trained to screen for or treat mental health issues effectively.
 - **Stigma and its relationship to provider gaps.** Despite much progress, there is often stigma related to mental illness, causing those affected to withhold information or only tell someone they trust. Parent focus groups on maternal depression did suggest that a trusting relationship with a provider can encourage parents to disclose problems, suggesting that provider quality and availability, as well as provider choice for parents, may be strategies to address stigma.⁵

⁴ McDaniel and Lowenstein, 2013. <http://www.urban.org/publications/412804.html>

⁵ See parents' comments on the role of trust and of an ongoing relationship in Golden, Hawkins, and Beardslee, 2011. Home Visiting and Maternal Depression: Seizing the Opportunity to Help Parents and Young Children. <http://www.urban.org/UploadedPDF/412316-home-visiting.pdf>

- **Mutual lack of understanding between health/ Medicaid agencies and human services and youth-serving agencies (such as child welfare) that serve vulnerable families and individuals.** Both Medicaid and human services systems such as child welfare have very complex policies -- and even more complex ground-level practices -- and vary greatly by state. In addition, the administrators and policy leaders in each system are often overwhelmed by the demands, emergencies, and timetables within their own systems and unable to devote attention to understanding the links. As a result, many promising opportunities for collaboration have not been seized.⁶
- II. **What are the key policies that have led to improved outcomes for beneficiaries in programs that have tried integrated care models?**
- III. **How can Medicare and Medicaid be cost-effectively reformed to improve access to and quality of care for people with mental and behavioral health needs?** We have combined our answers to questions II and III.
- **Simplified Enrollment.** Provisions in the ACA build on lessons learned from national and state initiatives to streamline and simplify enrollment into Medicaid and CHIP as well as other programs. These provisions (and other factors) should lead to greater enrollment of eligible adults, including parents, whether or not states take up the Medicaid expansion under the ACA. In those states that do take up the Medicaid expansion to serve low-income adults with incomes up to 138 percent of the federal poverty level, many more parents (as well as single adults) with mental health problems will gain financial access to treatment. A lesser known provision in the ACA that is crucial in the context of mental health treatment under Medicaid is the extension of Medicaid to young people aging out of foster care until they turn 26. This provision is particularly important because of the high level of behavioral health problems among this group of young people; it also guarantees coverage whether or not a state takes the Medicaid option under the ACA (although under Center for Medicaid Services (CMS) regulations, it may not apply when young people move away from the state where they were in foster care).⁷ For children and youth, access, enrollment, and care can be simplified through co-location of services within early childhood programs, schools, and youth workforce programs.
 - **Opportunities for Integrated Care.** Integrated care addresses fragmentation of services by providing mental health services that address the broad range of needs, coordinate with primary care, and improve access for vulnerable individuals and families. It also offers the potential to link services for parents and for children in order to achieve the two-generational pay-off to mental health treatment, although this promise has not yet been fully fleshed out. The key next step is to build on initiatives now underway or just emerging, often with federal reimbursement incentives that create a promising

⁶Golden and Emam. 2013. How Health Care Reform Can Help Children and Families in the Child Welfare System: Options for Action. Washington, DC: The Urban Institute.

<http://www.urban.org/UploadedPDF/412842-how-health-care-reform-can-help.pdf>

⁷Golden and Emam. 2013. <http://www.urban.org/UploadedPDF/412842-how-health-care-reform-can-help.pdf>

environment for aggressive state action. Initiatives that should be targeted as opportunities to address maternal depression and other mental health problems affecting vulnerable and low-income families include patient-centered medical homes, health homes, integrated care demonstrations supported by Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Medicaid and Medicare Innovation, the Strong Start perinatal demonstration, and accountable care organizations. To guide state work in these areas, technical assistance and support from CMS and SAMHSA will be very important.

- **Workforce Initiatives.** A critical first step is to increase the number of skilled, qualified providers. With the broader focus on the health care workforce, it will be crucial to include mental health as part of emerging initiatives, including exploration of team-based care. Additionally, training for providers to improve their understanding of issues of culture for diverse populations should be included in these workforce initiatives and will increase the ability of providers to deliver culturally competent services to the diverse populations across the communities that they serve. Multilingual providers are also a tremendous asset that should be a priority for the workforce.
- **Home Visiting.** The ACA authorized \$1.5 billion over 5 years to support the development and expansion of state home visiting programs. Home visiting provides the opportunity to identify and engage parents who have potential mental health concerns, particularly maternal depression. Training and mental health consultation can enhance the ability of a trusted home visitor to screen for and discuss possible treatment options, helping more vulnerable mothers to seek support and treatment. When treatment is needed, models, such as Bob Ammerman's In Home-Cognitive Behavioral Therapy, provide for clinical mental health experts to conduct home visits after the home visitor has identified a need and introduced the mental health provider/clinician to the family.
- **Federal technical assistance, guidance, and support for Medicaid-mental health – child welfare partnerships.** Past experience suggests effective strategies that the CMS, SAMHSA, and the Administration for Children and Families (ACF) could use to overcome the barriers of fragmentation and lack of knowledge across systems. For example, CMS and SAMHSA could send a joint letter to Medicaid and mental health directors describing the evidence base regarding effective treatment for maternal depression and identifying major policy and reimbursement choices states can make to promote and hold providers accountable for such treatment. CMS, SAMHSA, and ACF could jointly fund an ongoing technical assistance center to raise the profile of mental health issues and provide guidance and hands-on support as health, mental health, and child welfare agencies reform their systems to support families better. The three agencies could also jointly fund research, demonstration, and technical assistance activities to promote a cross-trained workforce, as well as to identify new and effective approaches to the gaps in existing workforce capacity.⁸

⁸ In addition to the papers already cited in these comments, a forthcoming report on the conclusions of a May 2013 roundtable of senior federal and state policy-makers, researchers, and policy experts develops these ideas more fully. Lowenstein and Golden, forthcoming in October 2013 from the Urban Institute.

The above comments respond to the committee's questions and draw in particular on four areas of CLASP's research expertise:

- Policy opportunities to improve access to treatment for maternal depression among low-income families, particularly those with young children. In my recent work prior to joining CLASP as Executive Director, I have conducted research and worked closely with clinical mental health experts and national policy experts to identify reforms that could improve and expand treatment opportunities in this area. One paper from this body of work is attached to these comments: Howell, Golden, and Beardslee, *Emerging Opportunities for Addressing Maternal Depression Under Medicaid*, also available at <http://www.urban.org/UploadedPDF/412758-Emerging-Opportunities-for-Addressing-Maternal-Depression-under-Medicaid.pdf>. Other papers are available on the project webpage: <http://www.urban.org/depressed-mothers-effective-services.cfm>
- Policy opportunities to improve access to mental health treatment for families involved with the child welfare system – including parents of children in the system as well as children and youth themselves. My recent paper (with Dina Emam), *How Health Care Reform Can Help Children and Families in the Child Welfare System: Options for Action*, highlights opportunities in Medicaid and the Affordable Care Act (ACA) to meet the mental health needs of aging-out foster youth and children in the child welfare system, as well as to prevent abuse and neglect and speed reunification by meeting parents' mental health needs.
- Policy opportunities to address the negative impact of concentrated poverty on the mental health of children and youth, particularly in families of color, which are far more likely to live in such conditions. Rhonda Bryant, CLASP's interim director of youth policy, has worked closely with experts on trauma in African American communities to identify methods for addressing childhood trauma within existing youth serving systems. CLASP's [Policies and Practices to Improve Outcomes for Males of Color](#) page highlights CLASP's work with the Robert Wood Johnson Foundation as it developed its Forward Promise Initiative to identify opportunities to impact boys and young men of color in ways that complement existing efforts in the field.
- Policy opportunities to reach parents and children with mental health supports and, potentially, treatment through home visiting and comprehensive early childhood programs. CLASP's work in child care and early education promotes [comprehensive services for children and families](#) including screening for depression and mental health services for parents. CLASP's *Putting it Together: A Guide to Financing Comprehensive Services in Child Care and Early Education* provides state policymakers and advocates with strategies to maximize resources and make policy changes that drive funds, resources, and community partners to child care and early education programs to benefit young children and families. In addition, my recent paper (with Amelia Hawkins, and Dr. William Beardslee), *Home Visiting and Maternal Depression: Seizing Opportunities to Help Mothers and Young Children*, outlines opportunities in home visiting to identify and engage mothers of young children who may potentially have maternal depression.

Thank you for the opportunity to comment and share our thoughts with you. Please feel free to contact me (ogolden@clasp.org), Rhonda Tsoi-A-Fatt Bryant (rtsoiafatt@clasp.org), or Stephanie Schmit (sschmit@clasp.org) if we can provide any additional information or help in any way.

Sincerely,

A handwritten signature in cursive script that reads "Olivia A. Golden". The signature is written in black ink and is positioned below the word "Sincerely,".

Olivia Golden
Executive Director
CLASP