# MATERNAL AND CHILD MENTAL HEALTH

MARGARET WILE- SENIOR POLICY SPECIALIST

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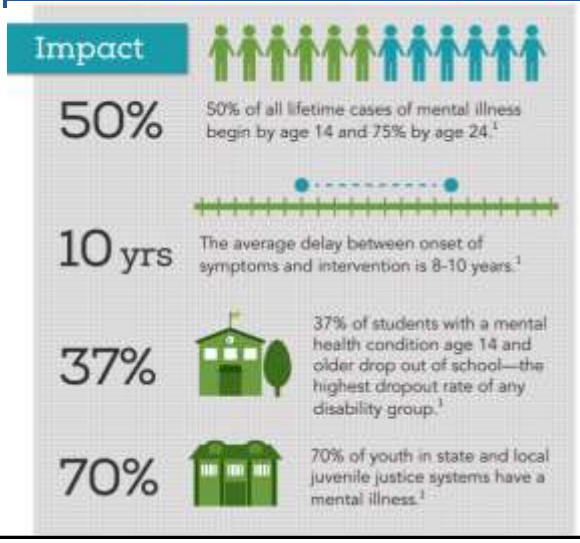
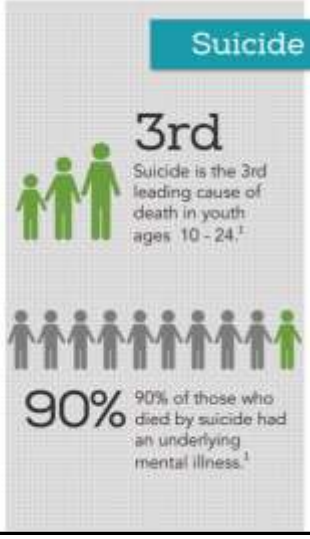
## CHILDREN'S MENTAL HEALTH

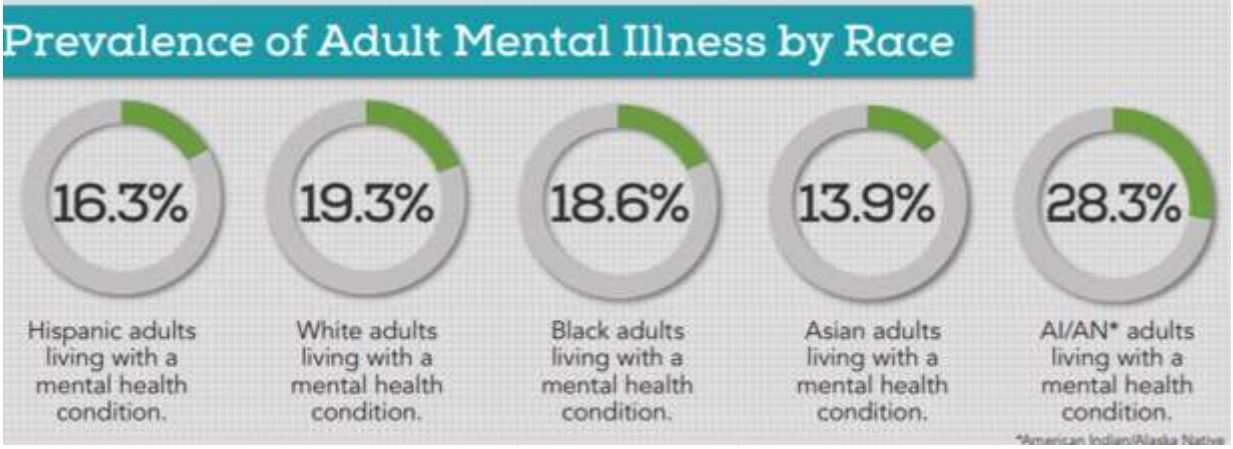


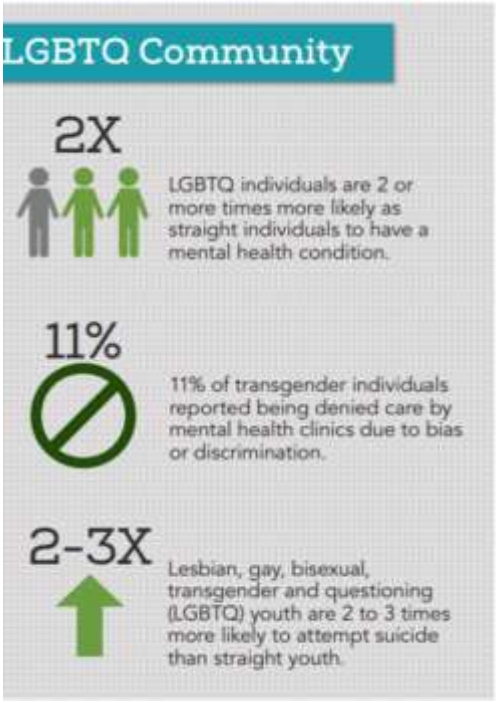



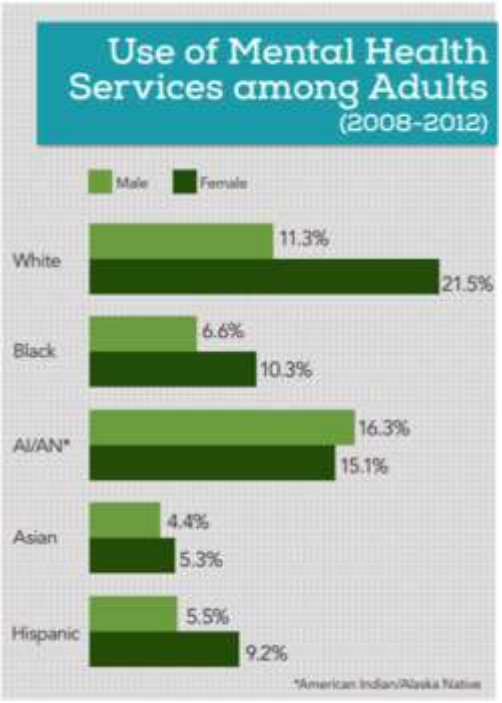

National Alliance on Mental Illness (NAMI)

# ADULT MENTAL HEALTH


# MENTAL HEALTH DEMOGRAPHICS






# MOM AND CHILD

- The connection between Mom's mental health from pregnancy to postpartum and the impact on her baby is well researched and established
  - Depression during pregnancy can lead to pre-term birth and lower birth weights
  - Postpartum depression can impact "serve and return relationship"
  - Breastfeeding can reduce depression symptoms and has been shown to be greatly beneficial for both mom and babies
  - Later in life an unaddressed mental health disorder could impact a child's development and is one of the ACEs

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## LEGISLATIVE TRENDS IN 2018

- Coverage for pregnant and postpartum women
- Postpartum depression education and awareness
- Access to behavioral health specialists (MCPAP)
- Children's mental health screenings and services in schools
- Children's mental health coverage and access

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## RESOURCES

- MCH Database- tracking enacted legislation on children's mental health, maternal mental health, and children's mental health in schools
  - http://www.ncsl.org/research/health/maternal-and-child-health-database.aspx
- Mental Health and Substance Use Resources
  - http://www.ncsl.org/research/health/diseases-and-conditions/mental-health-and-substance-abuse.aspx
- Children's Mental Health LegisBrief
  - http://www.ncsl.org/research/health/addressing-children-s-mental-health.aspx
- Maternal Depression Brief (Coming soon)!

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# Questions?


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# THANK YOU!

# NCSL Maternal & Child Health Fellows

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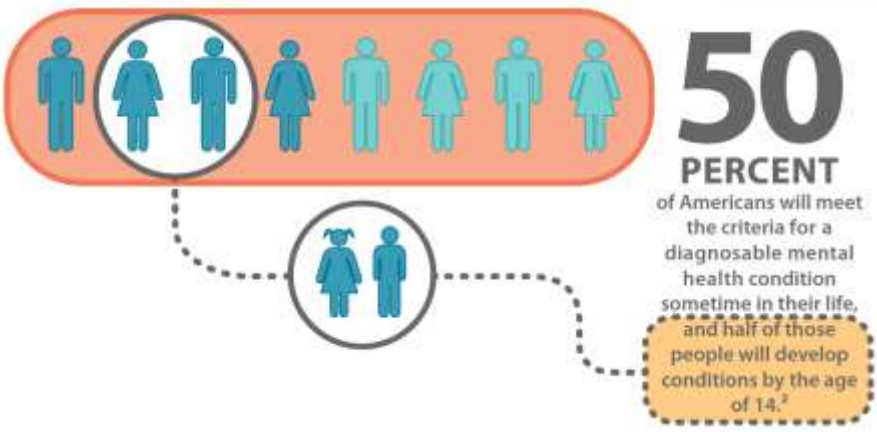
Vice President for Mental Health and Systems Advocacy
1/26/19

Mental Health America
B4Stage4

## Mental Health America

B4Stage4

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# MHAScreening.org


- Depression Screen (PHQ9)
- Anxiety Screen (GAD7)
- Bipolar Screen (MDQ)
- PTSD Screen (PC-PTSD)
- Eating Disorder (SWED)
- Youth Screen (PSC 35)
- Parent Screen (PSC Parent 17)
- Alcohol & Sub Use Screen (CAGE-AID)
- Psychosis Screen (PQB)

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# More Screening = Better Healthcare

Screening in primary care perceived as helpful 93% of the time

PCPs 3 times more likely to recognize mental illness symptoms and follow up

Post-screening treatment changes were made 40% of the time

Positive benefits persist one year later

Sources: Christensen, et al, 2005; Pignone et al, 2002; O'Connor et al, 2009; Duffy et al, 2009.

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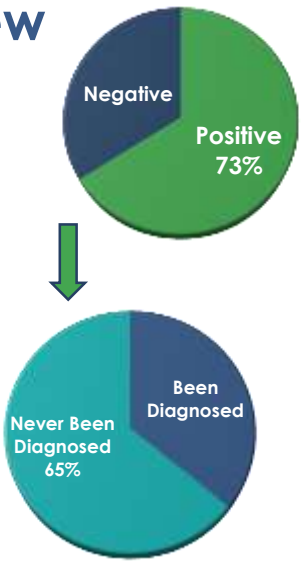
# Results Overview

- By December 2018 almost 4 million screeners
- Depression Screen is most popular (50%) Bipolar (26%); Anxiety (10%); Psychosis (5%);
- 8% international (26% Europe, 26% Canada, 4% Australia)
- Race/Ethnicity - close to Census
- 36% are 11-17; 29% 18-24.
- 30% report chronic pain, 12% lung problems, 12% diabetes.

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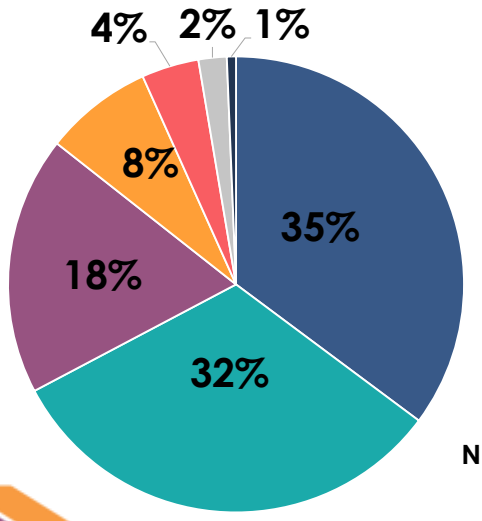
# www.mhascreening.org

(from 2015-2017 data)

75%




25%

N = 2,023,951

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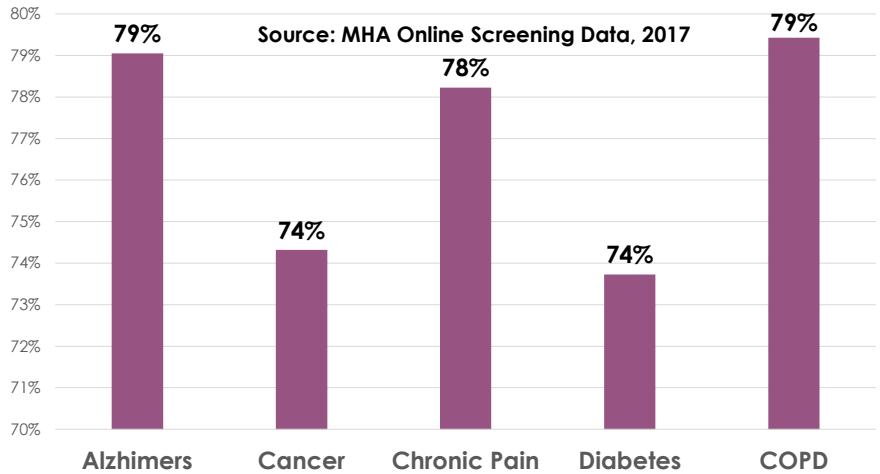
# MHA Screeners With Chronic Conditions Who Are Positive For Mental Illness

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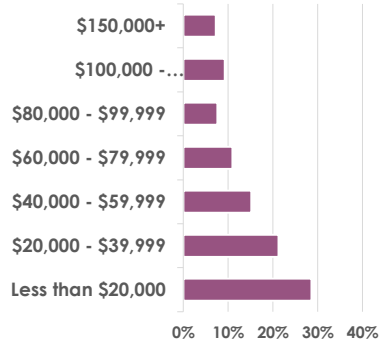
# Health Conditions Have Lower Incomes

(from 2017 data)

## Co-Morbid Screens


## All Screens

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# New or Expecting Mothers, 2017

Compared to the national average new or expecting mothers are:

- More likely to screen likely substance use (91% vs 78%)
- Most interested in discussing the results with someone (36% vs 28%)
- More likely to find treatment (27% vs 18%)
- More likely to have comorbid health problems (22% vs 13%)

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# Mothers Screening

By December 2018 MHA had nearly 4 million screens.

About 3% of screeners identify as new or expecting mothers…..17,951 screens (in 2017).

- Depression Screen is most popular (42.19%)
- Bipolar (21.58%); Anxiety (15.38%); Psychosis (13.90%); PTSD (3.84%)


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# Mothers Screening Demographics

- 59% report household income under 40k
- 17.97% identify as Students
- 7.68% as LGBTQ
- 7.92% as caregiver of someone living with emotional or physical illness
- 3.60% veteran or active duty military
- 22.47% report a co-morbid health condition

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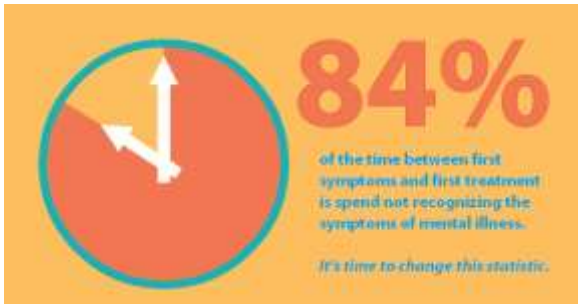
## Co-morbid Health Conditions

- 32% report co-occurring Arthritis or other chronic pain
- 16% report Diabetes
- 14% COPD or other lung conditions
- 11% Heart Disease
- 9% Cancer

## Results of Screens

- 71.95% screen "positive".
- Of those who screened positive, 52.73% said they never have been or are currently not diagnosed



# What will mothers do next?

Compared to the national average mothers are:

- are more likely to discuss the results with someone (36.08% vs. 28.33%)
- more interested in finding treatment (26.77% vs 18.07%)
- less likely to do nothing after screening (17.87% vs. 30.07%)

What they want after screening:

- Worksheets or coping skills to use at home (53%)
- An online or mobile program or app that can help you track or manage your symptoms (49%)
- Additional information about mental health (40%)
- Referrals to local MHA affiliates or other organizations that can help (23%)
- A phone number to get immediate support or guidance (16%)

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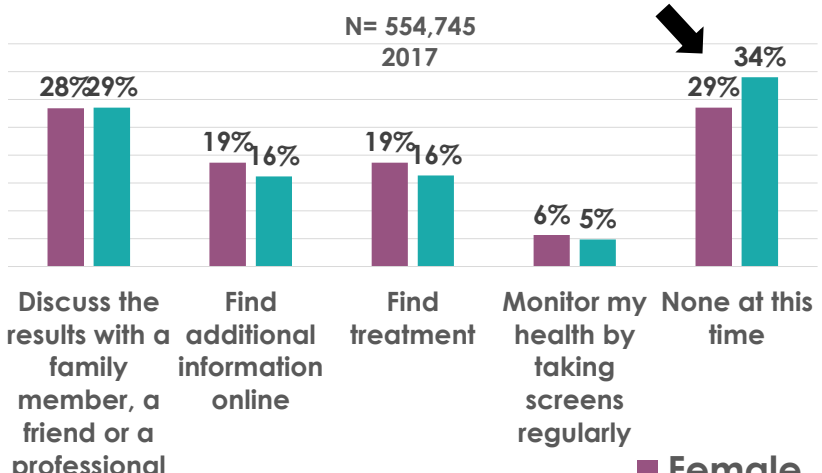
# Screening Results: Men More Likely to do Nothing

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# Where are the kids? In schools:

## States are taking actions in schools

- New York: Puts mental health as a component of health education in elementary, middle and high school.
- Virginia: Mental health education incorporated into physical education for 9th and 10th grade
- Many states have school based (Medicaid funded) mental health services
- Opportunity for more education and services in schools through: Every Student Success Act (ESSA)



# Where else are kids? Hopefully at home w/parent(s)

## Priority to keep kids/families at home together

- Maternal screening during well-baby visits: only 9 states fund in Medicaid
- Parenting programs (a great return on investment)—only 12 states fund in Medicaid
- New Opportunity for tertiary prevention: stopping Stage 3 from reaching Stage 4: Family First Prevention Act

# Brainstorming actions and outcomes for the States


## Public policy matters to ROI at each stage

- Primary
- Secondary
- Tertiary
- Crisis
- Remediation



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# Child & Adolescent Mental Health: Priorities for Policymakers

***Kate Ginnis, MSW, MPH***
***Director, Behavioral Health Advocacy & Policy***

**January 26, 2019**

Boston Children's Hospital
Until every child is well

## Disclosures

I have no financial relationships to disclose.

# Agenda

- Why do policymakers need to think about kids' mental health?
- Laying out some of the critical issues and solutions
- Massachusetts kids' mental health policy over the past 15 years—examples of successes
- Current priorities

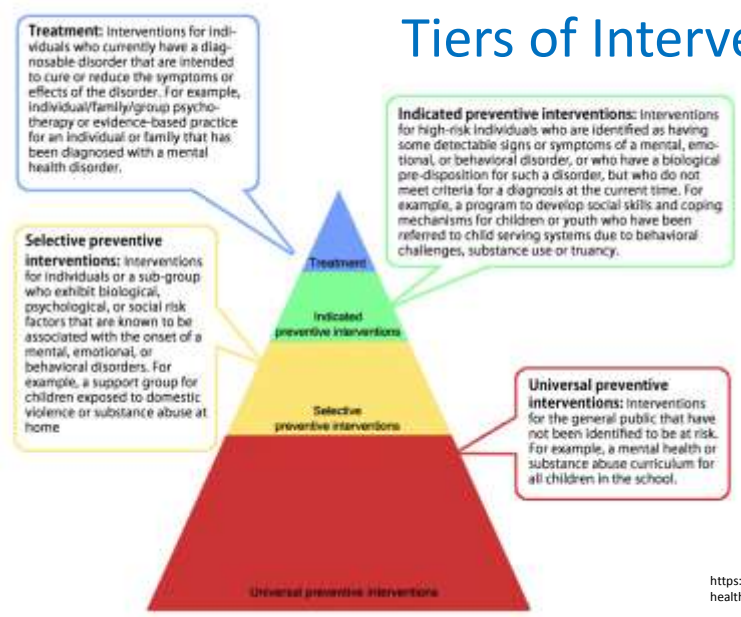


# Why is this work important

- "Ever having been diagnosed with either anxiety or depression" among children aged 6–17 years **increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011–2012**.
- 9.4% of children aged 2-17 years (~6.1M) have received an attention deficit hyperactivity disorder (ADHD) diagnosis.
- 7.4% of children aged 3-17 years (~4.5M) have a diagnosed behavior problem
- 7.1% of children aged 3-17 years (~4.4M) have diagnosed anxiety.[3]
- 3.2% of children aged 3-17 (~1.9M) have diagnosed depression.
- 1 in 6 U.S. children aged **2–8 years** (17.4%) had a diagnosed mental, behavioral, or developmental disorder.

Data pulled from https://www.cdc.gov/childrensmentalhealth/data.html

# Tiers of Intervention




https://youth.gov/youth-topics/youth-mental-health/mental-health-promotion-prevention



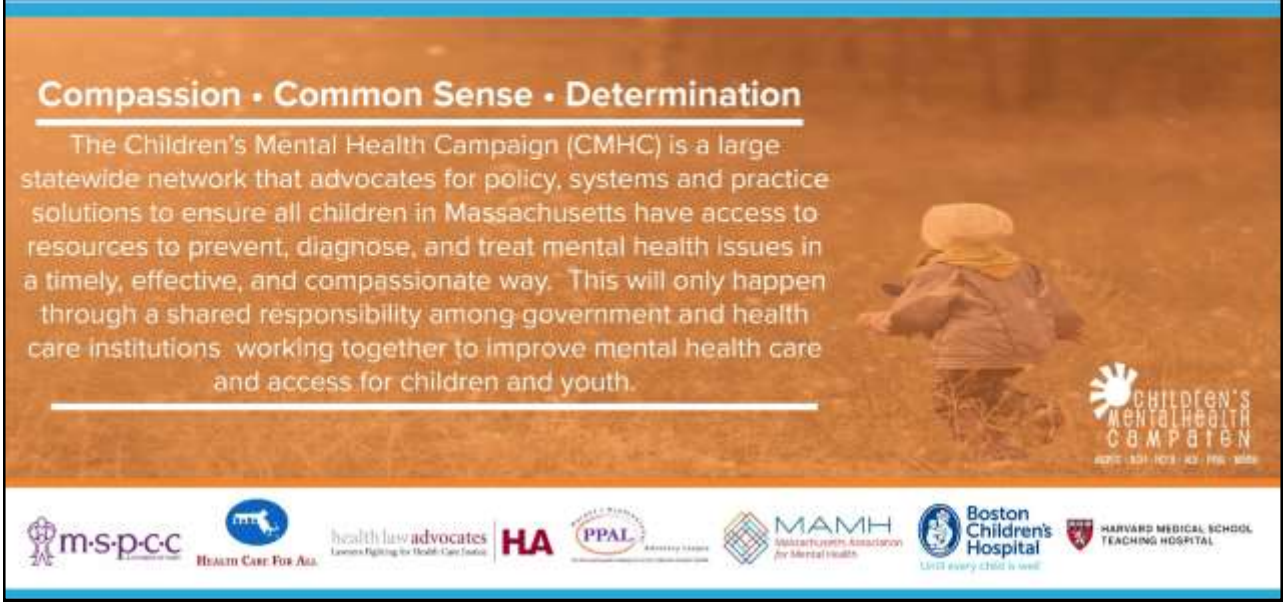
# Critical Issues for kids

- Infant & Early Childhood Mental Health
  - Undiagnosed developmental disorders
  - Impact of parental depression
  - Impact of ACEs/trauma
- Behavioral health integration
  - Telemedicine consultation
- Mental health access
  - Workforce (including plan/Medicaid participation)
  - Reimbursement rates
  - Parity
- Youth with behavioral health conditions can end up in the Juvenile Justice system
- Opioid use disorder (OUD) crisis
  - Neonatal abstinence syndrome or any in utero exposure
  - Families living with OUDs
  - Teens developing OUDs
- Schools as a locus of prevention, identification and intervention

## MASSACHUSETTS: HISTORY AND EXAMPLES OF POLICY SOLUTIONS



## Children's Mental Health Campaign



# CMHC Fundamentals

## Priority areas

- Access to care
- School success
- Substance use disorder prevention
- Court-involved youth

## Change Strategies

- Coalition building
- Policy development
- Legislative advocacy
- Administrative advocacy
- Communications



# The Beginning

Massachusetts must create coherent mental health policy and dynamic state leadership in order to ensure access to culturally competent, linguistically appropriate, and effective mental health services for all children in need.


Special emphasis must be given to the implementation and delivery of mental health and substance abuse services to youth in state care or involved with the state juvenile justice system.

The children's mental health policy of the Commonwealth must be based on current knowledge of children's mental health and promote culturally competent, linguistically appropriate, evidence based standards and best practices.

Children must have access to culturally competent and linguistically appropriate early identification and prevention services

Private insurers must be required to play their part in addressing this crisis.

# An idea becomes a bill

- Boston Children's Hospital and MSPCC brought together three other lead organizations and 120+ supporting organizations
- There were several champions in the legislature
- "The Time is Now" became "An act relative to children's mental health"




# A bill becomes "Yolanda's Law"

Yolanda Torres 5/1/1991-1/27/2008

"An act relative to children's mental health" became Chapter 321 of the Acts of 2008 after being signed by Governor Patrick in August 2008.

## Has Massachusetts solved it all? Examples of progress

- 2004: MCPAP
- 2008: Parity Expansion (Chapter 256)
- 2009: CHINS replaced by FACES
- 2010: Autism Omnibus Act
- 2012: Safe and supportive schools
- 2015: SBIRT required in schools
- 2017: Autism inpatient unit regulation changes
- 2017/2018: Promote/Prevent Commission



## A Deeper Dive: MCPAP through the years

- 2002- Pilot through UMass Medical Center
- 2004-Legislative and budget work by MA Chapter of the American Academy of Pediatrics results in $2.5M allocation and statewide implementation
- 2014—Commercial insurance assessment
- 2014—Expansion to MCPAP for Moms
- 2016—Strategic planning, re-procurement, and expansion of functions
- Current Budget: $3.1M, widespread legislative and administrative support
- Nationally, 30+ state have some version of MCPAP, JHU National Network

# 19/20 Priorities

## State Legislation

**Ghost Networks**: Requires that insurers maintain accurate and transparent provider directories so consumers can find care when they need it.

**Ombudsman**: Establishes the position of Children's Mental Health Ombudsman in the Office of the Child Advocate

**Preschool Expulsion:** Requires all licensed Early Education and Care providers use federal Head Start regulations regarding expulsion and suspension

**School Mental Health Education Mandate:** Adds mental health education to the physical education statute

**"Parity 3.0:"** Improves parity through addressing current inadequacies

## Administrative Advocacy

**Psychiatric Emergency Department Boarding :** Massachusetts EOHHS & DMH working to eliminate this issue

**Complex Kids in Crisis:** Complex patients in crisis may need more than the current system provides

**Access to Behavioral Health Care:** Families of youth with behavioral health concerns often have trouble finding the right providers when and where they need them

**Expedited Admissions:** DMH using its authority to impact the BH system, which is largely private

**Pediatric Behavioral Health Urgent Care:** Improve care and lower costs by getting kids access when and where they need it *without* building a network of new services



# QUESTIONS

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# MEDICAID OPTIONS FOR MENTAL HEALTH

EMILY BLANFORD – PROGRAM PRINCIPAL, NCSL HEALTH PROGRAM

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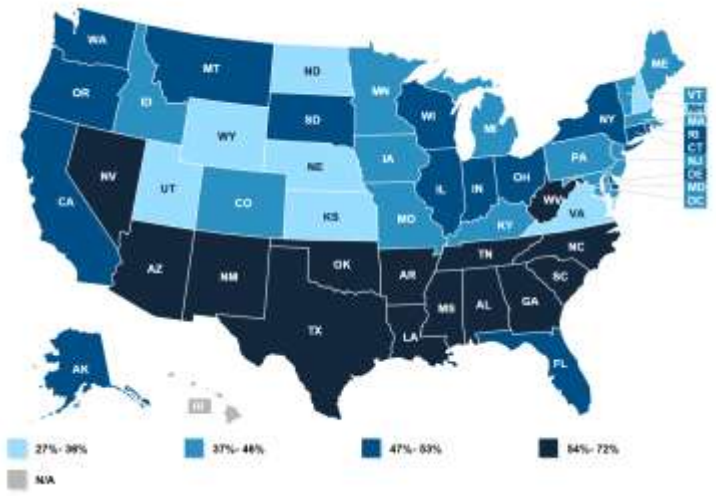
## Why Medicaid?

- On average, Medicaid reimburses for nearly 50% of all births in the US

**Source: Kaiser Family Foundation 2016 Medicaid Budget Survey*

Percentage of Births Financed by Medicaid*

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## EARLY, PERIODIC, SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) BENEFIT

- Authorized by Section 1905(r) of the Social Security Act
- States are required to provide comprehensive services that are determined medically necessary
  - Requirement applies regardless of whether a service is included in the Medicaid State Plan
  - Experimental services, as determined by the state, are not covered
- Includes coverage of "well child visits" which include a behavioral/mental health screening and age appropriate substance use disorder screening

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## WELL CHILD VISIT

Well child visits should be performed periodically using the schedule recommended by the American Academy of Pediatrics/Bright futures and these visits include:

- A comprehensive health and developmental history, including both physical and mental health development assessments
- Physical exam
- Age-appropriate immunizations
- Vision and hearing tests
- Dental exam
- Laboratory tests, including blood lead level assessments at certain ages
- Health education, including anticipatory guidance

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## HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVERS

- Authorized under Section 1915(c) of the Social Security Act
- Option for children and women who meet institutional level of care
  - Hospital, Nursing Facility, Intermediate Care Facility
- Allows states to waive certain provisions in order to:
  - Target populations
  - Target geographic areas
  - Place limits on enrollment

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## OTHER COVERAGE AND DESIGN OPTIONS

- 1915 (i) – similar to HBCS waivers, but acts more like a State Plan option
  - Can serve targeted populations, but cannot set enrollment limits
  - Potential for an enhanced Federal Medical Assistance Percentage (FMAP) rate
- 1915(b) waivers
  - Allow for the use of managed care organizations

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## 1115 WAIVER AUTHORITY

- Option for experimental, pilot, or demonstration projects that are likely to assist in promoting the objectives of the Medicaid program
  - According to the Centers for Medicare & Medicaid Services (CMS), the purpose of these demonstrations is to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations
- Like 1915 waivers, allows states to waive certain provisions but has more flexibility
- CMS issued new guidance regarding these options November 2018
  - State Medicaid Director Letter # 18-011
  - Currently most 1115 behavioral health waivers are focused on Substance Use Disorder – this new guidance is to aid states with implementing proposals that are more general behavioral/mental health

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## INTEGRATION OF PHYSICAL AND MENTAL HEALTH

- Mental health services have often been "carved-out" from physical health services under Medicaid and more states are working to fully integrate behavioral and physical health as way to reduce costs and unnecessary utilization
- There are many different approaches for integrating mental health and physical health care
  - Includes options like comprehensive managed care, health homes, and accountable care organizations
- According to the Medicaid and CHIP Payment and Access Commission (MACPAC), integrating physical and mental health has been shown to reduce fragmentation of services and promote patient-centered care for adults with depression and anxiety disorders
  - However, current evidence is limited or inconclusive for children and adolescents and for individuals with substance use disorders or serious mental illness

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## MEDICAID IN SCHOOLS

- School-based health services are available when provided to Medicaid-eligible children with disabilities as required by the Individuals with Disabilities Education Act (IDEA) as long as:
  - Services are included in a child's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)
  - Services are included in Section 1905(a) of the Social Security Act and are medically necessary
  - All federal and state regulations are followed, including those specifying provider qualifications
  - Services are included in the State Plan or available under EPSDT
- School-based health centers
  - Can provide a variety of services including mental health

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# THANK YOU

## CONTACT INFORMATION:

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