



CONNECTING THE DOTS

Bridging Systems for Better Health



INVESTING IN MENTAL HEALTH: A CRITICAL PRIORITY FOR AN EQUITABLE RECOVERY

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STRONG MENTAL HEALTH SYSTEM IS ESSENTIAL FOR MANY STATE PRIORITIES



Reduce over-institutionalization and overuse of emergency services



Promote Education Equity



Stabilize chronic physical health conditions



Keep People Stably Housed



Keep Families Together and Out of Child Welfare System



Reduce Drug Overdoses



Reduce Incarceration

MEDICAID IS A LEADING SOURCE OF BEHAVIORAL HEALTH COVERAGE AND IMPROVES ACCESS TO CARE

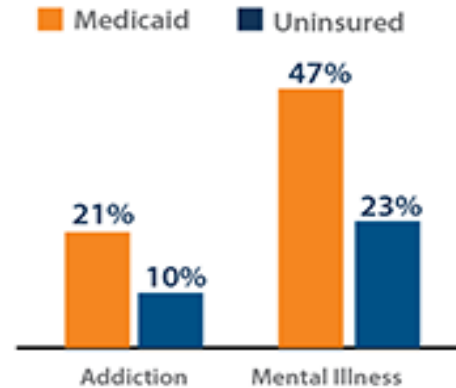
Medicaid covers a substantial portion of adults with behavioral conditions, as of 2015.



Some people with behavioral health conditions qualify for Medicaid because of a disability, while others gained coverage through Medicaid Expansion.



Adults with Medicaid are **more likely** than uninsured adults to receive behavioral health treatment.



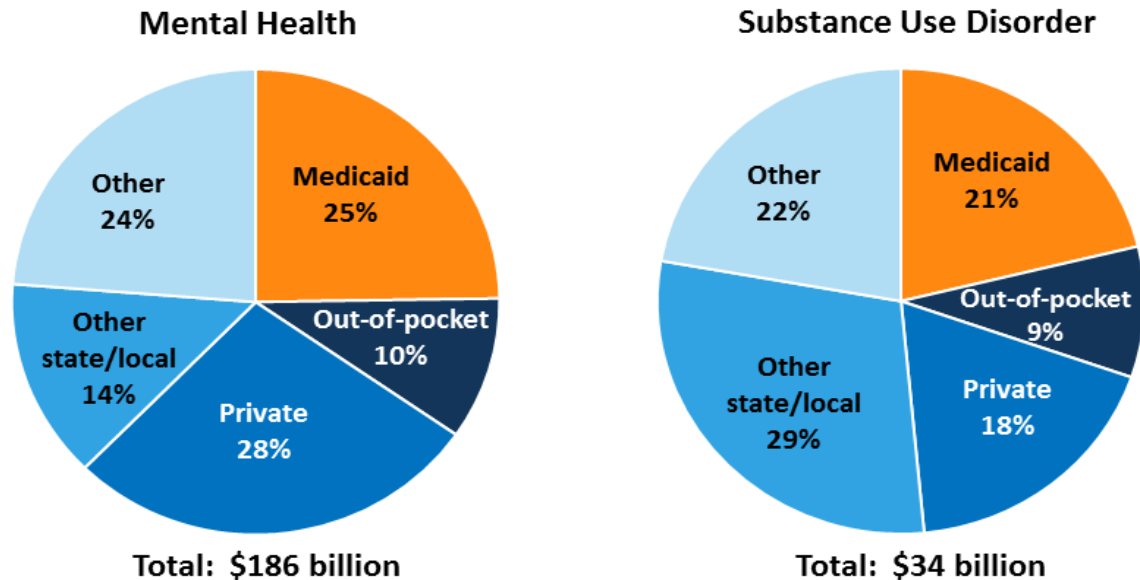
In **10 expansion states**, there was a **44% average decline** in uninsured mental health hospital stays as of 2014, a decline not seen in non-expansion states.



MEDICAID IS A LEADING SOURCE OF BEHAVIORAL HEALTH COVERAGE AND IMPROVES ACCESS TO CARE

Figure 6

Proportion of Total Spending on Behavioral Health Services in 2014, by Payer



NOTE: Other payers include Medicare and other federal funds, such as block grants.

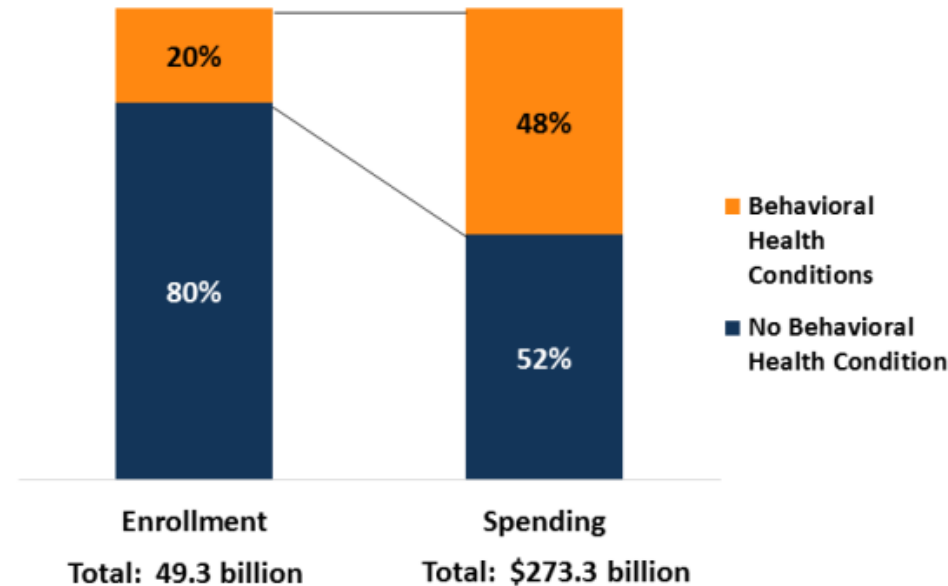
SOURCE: Tami L. Mark, Tracy Yee, Katharine R. Levit, et al. "Insurance Financing Increased for Mental Health Conditions But Not For Substance Use Disorders, 1986-2014," *Health Aff (Millwood)*. 2016 Jun; 35(6):958-965.



PEOPLE WITH BEHAVIORAL HEALTH NEEDS ACCOUNT FOR HIGH PORTION OF OVERALL HEALTH SPENDING

Figure 4

Proportion of Medicaid Enrollment and Spending on Enrollees with and without Behavioral Health Conditions, 2011



NOTE: Full-benefit dual eligibles and seniors were included in this analysis; however, partial-benefit enrollees and states with incomplete or low-quality managed care encounter data (11 states including DC) were excluded.

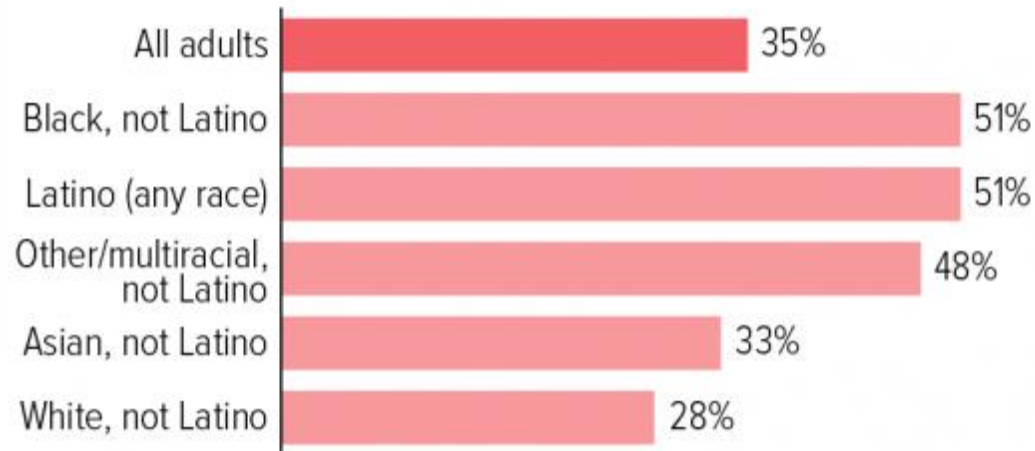
SOURCE: MACPAC, Report to Congress on Medicaid and CHIP, June 2015, Available at: <https://www.macpac.gov/wp-content/uploads/2015/06/June-2015-Report-to-Congress-on-Medicaid-and-CHIP.pdf>



COVID IS CAUSING INTENSE STRESS AND HARDSHIP FOR ADULTS

More Than 1 in 3 Adults Had Trouble Paying for Usual Household Expenses in Last 7 Days

Share of adults reporting that it was somewhat or very difficult for their household to pay for usual expenses



Note: Other/multiracial, not Latino = people identifying as American Indian, Alaska Native, Native Hawaiian or Pacific Islander, or more than one race. Percentages exclude individuals who did not respond to the question.

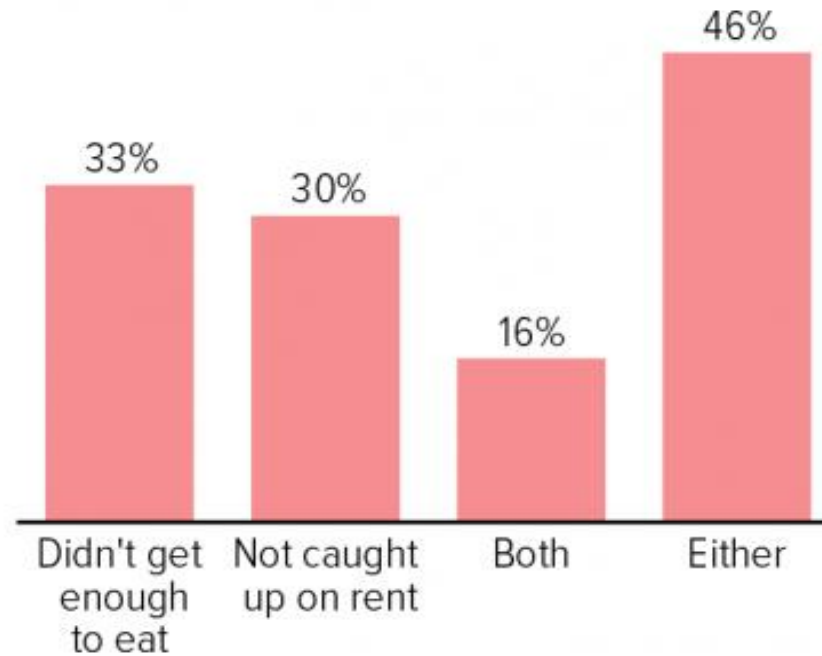
Source: CBPP analysis of Census Bureau Household Pulse Survey tables for January 6-18, 2021

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COVID IS CAUSING INTENSE STRESS AND HARDSHIP FOR HOUSEHOLDS WITH CHILDREN

More Than 4 in 10 Children in Renter Households Face Food and/or Housing Hardship

Percent of children in households that:



Note: Didn't get enough to eat = household had "not enough to eat" sometimes or often in last 7 days. Figures omit children in households that do not pay cash rent, such as those in employer-provided housing, as well as those who did not respond to one or both hardship questions. Survey does not collect data on children directly; figures for children are estimated based on number of children in each household.

Source: CBPP analysis of Census' Household Pulse Survey public use file, data collected December 9-21, 2020.

COVID IS UNDERMINING MENTAL HEALTH CARE WHILE NEED RISES: PROVIDERS CAN'T AFFORD FUNDING CUTS

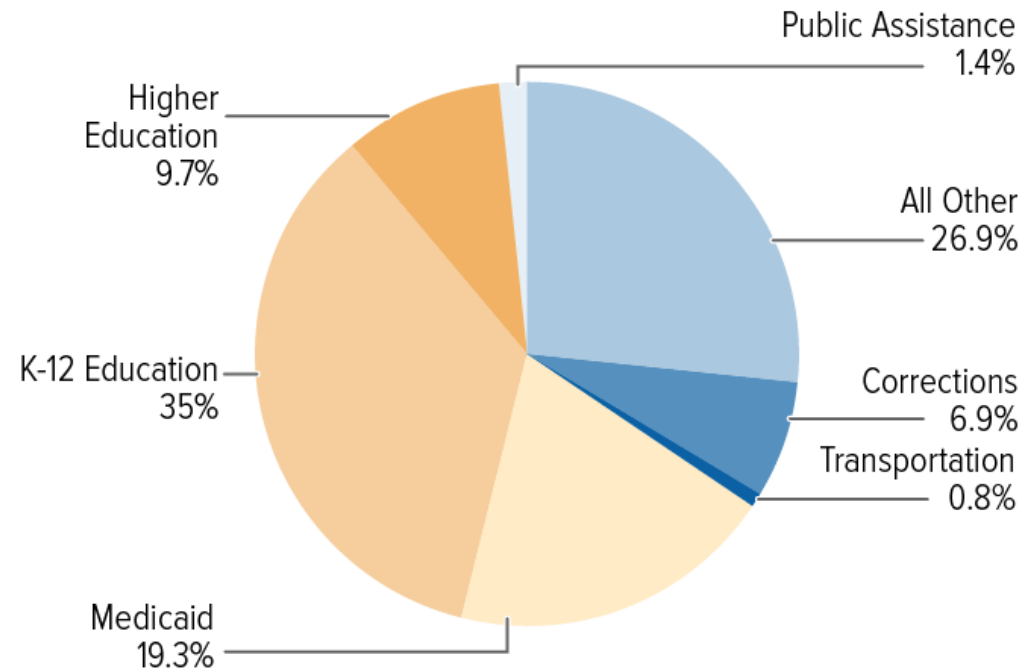
September Survey of Community Behavioral Health Providers

- 65% have canceled, rescheduled or turned away patients
- Over 50% closed at least one program
- Roughly 1/4 have furloughed staff, 1/4 have laid off staff, and over 40% have decreased staff hours



BUDGET SHORTFALLS CAN LEAD STATES TO CUT MEDICAID AND OTHER STATE MENTAL HEALTH SPENDING

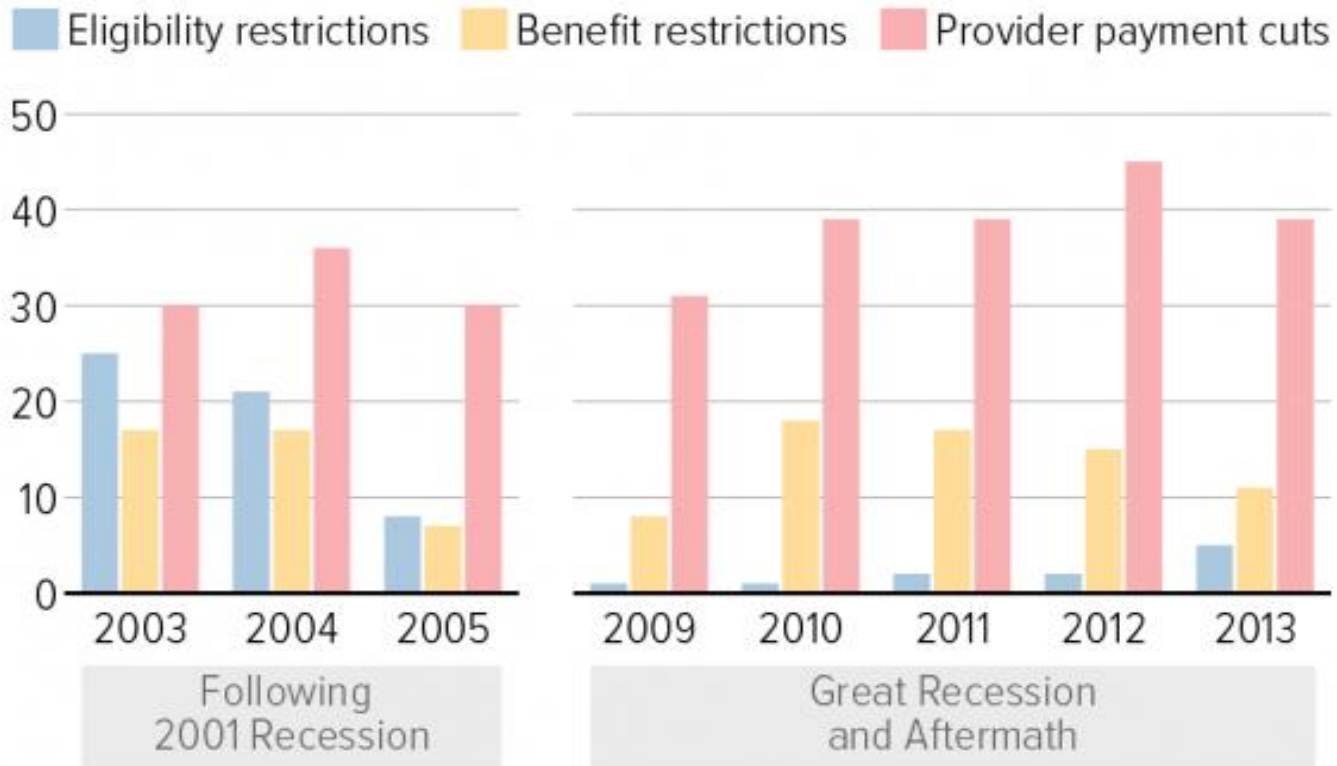
State General Fund Expenditures



SPENDING CUTS IN PRIOR RECESSIONS INCLUDED MEDICAID AND OTHER MENTAL HEALTH CUTS

Many States Cut Medicaid During Prior Economic Downturns

Number of states making Medicaid cuts in each state fiscal year



Note: Graph shows years in which states faced significant budget shortfalls during and following recessions; data for 2002 are not available.

Source: Kaiser Family Foundation

PRINCIPLES FOR STATE POLICY RESPONSE FOR AN EQUITABLE RECOVERY—INCLUDING FOR MENTAL HEALTH POLICY

Target relief to people most in need

Protect key investments, including state mental health funding (Medicaid and general revenue funds)

Make **structural fixes** to address structural inequities and reject short-term solutions

Continued hardship and a damaged mental health care system is not an inevitable outcome of the crisis. Policymakers can shape those outcomes.

FEDERAL POLICY: COVID & ECONOMIC RECOVERY

Short-term investments to respond to COVID-19:

- Medicaid Funding Increase (FMAP bump) and Coverage Protections
- Provider Relief Funds
- \$4.25 Billion in Behavioral Health Grants Through SAMHSA

UPCOMING FEDERAL LEGISLATIVE VEHICLES FOR COVID & ECONOMIC RECOVERY

COVID-19 and
Economic
“Rescue” Package

COVID-19 and
Economic
“Recovery”
Package

Fiscal Year 2022
Appropriations

STATES CAN FULLY LEVERAGE MEDICAID AND USE GRANTS TO FILL FUNDING GAPS TO SUPPORT STRONG MENTAL HEALTH SYSTEM FOR THE LONG TERM



Expand Medicaid eligibility to improve coverage and access to care



Use Medicaid to cover evidence-based services



Provide strong reimbursement rates and take other steps to help providers build capacity to meet need



Use Medicaid to build bridges with physical health care, housing, schools, correctional systems and more



Use grants and general revenue to fill funding gaps for uninsured and underinsured, to support providers, and test new approaches

PARTNERSHIP WITH MENTAL HEALTH SYSTEM CAN LEAD TO CROSS-SYSTEM INNOVATIONS AND IMPROVE OUTCOMES

- ✓ Improving access to school-based behavioral health screening and services
- ✓ Integrating physical and behavioral health
- ✓ Preventing incarceration
- ✓ Reducing emergency department and other emergency services
- ✓ Preventing child welfare system involvement
- ✓ Improving access to community-based services and treatment and reduce institutionalization

But interventions won't be scaled to fully meet need without reliable funding for mental health services.

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