Most states report medicaid covers children's key mental health services but gaps remain

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A national study by researchers at the National Center for Children in Poverty (NCCP), Columbia University Mailman School of Public Health—- shows an uneven picture of states' use of Medicaid to help families with young children gain access to mental health services.

A large number- as many as 46 states— use Medicaid to cover several important mental health services for low-income young children, including screening for social-emotional problems and mental health treatment in home, community and pediatric settings. But other key services were covered by far fewer states. Findings from NCCP's latest brief, "Using Medicaid to Help Young Children and Parents Access Mental Health Services," are published online here.

Only 12 states provide Medicaid coverage for parenting programs that address young children's mental health needs, while 9 states pay for maternal depression screening under the child's Medicaid during a well-child visit.

"States paying for maternal depression screening under the child's Medicaid are wisely investing in children's healthy development by helping their mothers obtain screening and referrals for depression," said Sheila Smith, PhD, NCCP's Early Childhood Director and lead author. "Young children's behavioral health and development greatly depend on their mother's mental health, and early support for children's behavioral health is critical to later school success."

The researchers conducted telephone interviews with an administrator identified through contacts with each state's Medicaid Director's office. In total, 49 states and the District of Columbia participated in the survey which asked about coverage of key Medicaid services for young children (age 0-6) and maternal depression screening as well as policies related to eligibility and quality.

The survey also found that the majority of states placed few restrictions on the delivery of mental health services to young children. Most states do not limit the number of treatment visits or the type of treatment models that are used. Smith noted that a lack of restrictions on the number of treatment visits can help children obtain needed amounts of treatment. But the restrictions imposed by the few states that require providers to use treatments found to be effective in research may benefit children by promoting high quality practices.

More in-depth discussions with administrators in selected states identified several promising policies and initiatives. These include a new "at-risk" code in Oregon that allows young children to receive Medicaid-covered mental health services before they have a full-blown mental health disorder; Medicaid coverage in Oregon and Michigan for evidence-based parenting programs that can help parents learn parenting practices that promote a positive parent-child relationship and address challenging child behavior; and extensive training and support for pediatricians in Minnesota who want to conduct maternal depression screening during well-child visits and respond appropriately when the screen indicates that the mother needs further evaluation and support.

"Policymakers and advocates can use the findings to examine actual services in their states and explore options for improving access and effectiveness through their Medicaid programs" observed Smith."