MOST
POLICY INITIATIVE


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State Support for Mental Healthcare Programs

What can states do to sustain mental healthcare programs?

Research Highlights

Mental health conditions do not resolve on their own and many people face barriers to accessing care.

Recent legislation expanding funding through Medicaid has increased mental health coverage.

States have utilized these and other funds for integrated community mental health services.

Mental health patients are often unable to access long-term treatment services.

Severe mental health conditions are often chronic, requiring long-term care access and management (Park, 2008). Treatment time can vary by illness — some disorders like depression can improve after 3-4 months of therapy, while post-traumatic stress disorder treatment can last over 18 months (Boerema, 2016; APA, 2017).

- In 2019, 40-65% of Missourians with a mental illness did not have access to mental healthcare treatments (KFF, 2021). For more information on mental healthcare needs, please read the Science Note, Behavioral Healthcare Deficits & Interventions.
- Reasons for not receiving mental health services nationwide include: cost, concerns over treatment commitment, lack of knowledge of where to go, lack of insurance reimbursement, or the illness felt manageable (SAMHSA, 2020; Wang, 2007).

Medicaid expansion has provided a federal framework for mental health funding.

Since 2010, the Affordable Care Act allowed states to expand the eligibilities for Medicaid and various services (MO DSS, 2022). Missouri expanded Medicaid through MO HealthNet in 2020, requiring a percentage of state funding for a larger share of federal funds; in 2023, Medicaid will match spending in MO at a rate of 2.5x, or 72% of all costs. (KFF 2023; 2021)

- In 2020, Medicaid covered 23-26% of US adults under age 65 with mental illness, and 22% with substance use disorders. (KFF, 2021)
- In states that expanded Medicaid between 2018-2020, annual visits for mental health conditions increased by 51%, and decreased the percentage of adults with depression by 23% (Han, 2020; Fry, 2018)
- Since 2010, states that expanded Medicaid saw a roughly 15% drop in opioid substance use hospitalizations (CBPP, 2021).

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Programs integrated with state-level structures improve mental health and care access.

State mental health services can be funded by a combination of expanded Medicaid support, fee-for-service models, federal and state grants, case rates, contracts with discounted providers, or private insurance reimbursement (HHS, 2019).

Crisis Mental Healthcare

Mobile Crisis Units (MCUs) provide 'first-response' services to individuals experiencing a mental health crisis, and can be dispatched alongside or independent of law enforcement.

- MCUs can divert from 3-8% of emergency calls or dispatch from law enforcement (CO, STAR program, 2021; OR, CAHOOTS program, 2019) and reduce emergency room visits by 25% (CT, Fendrich, 2018).
- Recent federal legislation will finance up to 85% of MCUs through MO HealthNet.

Crisis Hotlines: The federal National Suicide Designation Act established 988, the National Suicide Prevention Lifeline, expanding the number of trained counselors in each state.

- In 2018, 80% of users felt the previous 10-digit hotline prevented suicide and connected them with mental health resources (Gould, 2018).
- Within one month of launch of the 3-digit hotline 988 in July, Missouri observed a 30% increase in crisis calls (Canady, 2022).

Preventative Mental Healthcare

Certified Community-Behavioral Health Clinics (CCBHCs) and/or Healthcare Homes integrate physical and behavioral care on-site, with state or federal funding from Medicaid or the Substance Abuse & Mental Health Services Administration (SAMHSA) (NCSL, 2022).

- Statewide, 20 CCBHCs have been designated in MO (MO DMH, 2022). One CCBHC in MO decreased the need for high-cost crisis mental health services by 66% and hospitalizations by 76%, and increased client care access by 27% (NCSL, 2022; NCMW, 2022).
- Some states fund these services to low-income children by expanding the Children's Health Insurance Program with federal demonstration waivers (Graaf, 2019). For more information on waivers that deviate from federal stan, read the Science Note Work & Community Engagement Requirements for MO HealthNet.

Community Health Workers and Peer Specialists (PSs) are trained frontline public health workers at health facilities, agencies, and non-profits that have been shown to aid patients to access health services, increase knowledge of health maintenance, aid in behavioral changes, and address the social determinants of a patient's illness (Weaver, 2018; Swider, 2002). PSs themselves have recovered from mental illness and navigated healthcare (NASHP, 2021).

Comprehensive School Mental Health Systems (CSMHS) are collaborations between schools and community mental health providers, giving specialized care (screening, referrals, long-term care and monitoring) with support from local, state, and federal funding (Hoover, 2021).

- Schools without a CSMHS were 1.3x more likely to have students with unaddressed mental health issues, while CSMHSs showed over 50% reductions in attention problems, emotion dysregulation, school disengagement, and aggression over 3 years (Reinke, 2021). For more information, see our Science Note on Mental Health Awareness Programs in Schools.

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