January 12, 2010

The Honorable Nancy Pelosi
Capitol Building, H-232 House Office Building
United States House of Representatives
Washington, DC 20510

Dear Speaker Pelosi:

Many low-income youth housed in secure confinement facilities are enrolled in Medicaid upon admission to detention, but become terminated from the Medicaid program while they are incarcerated. When Medicaid enrollment is terminated, youth may wait many months to have their Medicaid reinstated and many eligible children simply fall off the rolls. This presents a critical gap in services for this especially vulnerable population; many of these low-income youth need medications and services that are only accessible to them through Medicaid. This service gap presents serious problems for many youth and also presents threats to public safety.

As the House and Senate work to merge their health care bills, we, the undersigned organizations and individuals, urge you to include in final health care legislation a provision in the House-passed bill (H.R. 3962, §1729) requiring states to suspend—rather than terminate—Medicaid benefits for incarcerated youth.

Youth in detention frequently suffer from substance abuse and/or mental health disorders: according to a recent epidemiological study of psychiatric illness among youth in detention, 66% of boys and 74% of girls in the juvenile justice system meet the criteria for at least one mental disorder. More than half of youth in detention report suffering from major depression and nearly two-thirds report suffering from anxiety. Many of these issues are addressed while youth are incarcerated, but necessary medications and services end upon exit from the facility for those whose Medicaid enrollment has been terminated.

Each year approximately 100,000 youth exit secure confinement and return to communities that are frequently marked by poverty, troubled home lives, and elevated crime. Youth transitioning from out-of-home placements should not encounter additional roadblocks in their health care needs. Instead, this vulnerable population should continue to be able to receive the medical care, counseling, and/or assessments they need when returning to their communities so they have a better chance of remaining crime-free. Seamless access to medical, mental health, and substance abuse treatment is critical to achieving positive outcomes for youth and improved public safety.

Congress recently underscored the importance of successful reintegration of individuals back into their communities by passing the Second Chance Act (P.L. 110-199). This momentum for reentry should not be undermined by delays in health insurance benefits to low-income youth exiting secure placement.
We urge you to include this provision in the final legislation to ensure vulnerable youth receive the care they need as they transition back into their communities. If you have any questions please contact Ashley Nellis, Co-Chair of the Youth Reentry Task Force, at anellis@sentencingproject.org.

Sincerely:

**National Organizations**

AdvoCare, Inc.
American Academy of Pediatrics
American Academy of Child and Adolescent Psychiatry
American Civil Liberties Union
American Humane Association
American Psychiatric Association
American Psychological Association
Bazelon Center for Mental Health Law
Campaign for Youth Justice
Center for Children’s Law and Policy
Children’s Action Alliance
Children’s Campaign, Inc.
Coalition for Juvenile Justice
Community Action Partnership
Corporation for Supportive Housing
Council for Children with Behavioral Disorders
Council of Juvenile Correctional Administrators
Covenant House
Expression Art and Outreach Ministries
FedCURE
FIGHT CRIME: INVEST IN KIDS
First Focus Campaign for Children
Global Youth Justice
Inner Voices
International Community Corrections Association
Justice Policy Institute
Mental Health America
Mentoring Today
National African American Drug Policy Coalition, Inc.
National Alliance to End Homelessness
National Association of Counties
National Association of School Psychologists
National Association to End Homelessness
National Campaign for Youth Justice
National Center for Youth Law
National Collaboration for Youth
National Criminal Justice Association
National Council for Community Behavioral Health Care
National Disabilities Rights Network
National Federation for Children’s Mental Health
National Juvenile Justice Network
National Parent Teacher Association
Public Justice Center
Rebecca Project for Human Rights
Reentry Legal Services, PLLC
School Social Work Association of America
The Children and Family Justice Center, Northwestern Law School Bluhm Clinic
The Fortune Society, David Rothenberg Center for Public Policy
The Legal Aid Society
The Sentencing Project
Therapeutic Communities of America
Treatment Alternatives for Safe Communities
United Church of Christ/Justice and Witness Ministries
Voices for America’s Children
W. Haywood Burns Institute
Westcare Foundation
Women of Reform Judaism
YouthBuild USA
Youth Law Center
Youth Represent

**State-Based Organizations**
Action for Children North Carolina
Citizens Committee for the Children of New York
Connecticut Juvenile Justice Alliance
D.C. Jail Advocacy Project
Iowa Coalition to Oppose Life without the Possibility of Parole for Children
Juvenile Justice Coalition of Ohio
Juvenile Justice Project of Louisiana
Juvenile Justice Project of the Correctional Association of New York
Kentucky Youth Advocates
Maryland CURE
Prison Ministry Task Force, Diocese of Maryland
Shoulders to Lean On, Inc.
South Carolina Reentry Initiative
Voices for Ohio’s Children

**Individuals**
Jeffrey Ian Ross, Ph.D., University of Baltimore
Sheila Montgomery, Portland Community College
Judge Arthur Burnett, Sr.