

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](mailto: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.