Child Mental Health, Schools, and Medicaid

Dr. Andra Wilkinson

This work was supported by grants from the Robert Wood Johnson Foundation [Grant IDs 76690 and 76094]
Medicaid funding is the third largest funding stream school districts receive

1988-2014

- Centers for Medicare and Medicaid Services (CMS) only allowed payment for health services in an Individualized Education Plan (IEP) of a student enrolled in Medicaid

Free Care Policy reversal (2014)

- CMS allows states to expand school-based Medicaid programs to all students
How children get mental health supports in schools

School-based mental health activities

• Prevention/mental health promotion programs
• Professional development for teachers and staff to build knowledge and awareness around mental health

• Targeted screening of students
• Small group work for students with shared challenges
• Skill building/brief intervention for students

• Care coordination
• Individual, group, family counseling

States not yet expanding school-based Medicaid

Healthy Students, Promising Futures, June 2021: https://healthystudentspromisingfutures.org/map-school-medicaid-programs/#0
Medicaid in Schools – lessons from states and districts

Reasoning
• Expand access to mental health services

Lessons learned
1. Engage leaders from state health and education agencies early in the process
2. Build relationships with community advocacy organizations
3. Reach out to CMS for guidance
4. Don’t rush; consider implementation approaches that allow adequate planning and buy-in
5. Proactively address potential stumbling blocks for local communities

**Orange states** (n=32) explicitly prohibit or present a likely barrier for reimbursement of school-based health services.

**Blue states** (n=19) explicitly authorize or present no likely barrier for reimbursement of school-based health services.

Note: the sizes of state bubbles/squares is relative to the national average within a given year.

2014 State Medicaid Expenditures on School-based Health Services per Enrolled Child, by policy barriers

- **National average**: $142

- **Orange states** (n=32) explicitly prohibit or present a likely barrier for reimbursement of school-based health services.

- **Blue states** (n=19) explicitly authorize or present no likely barrier for reimbursement of school-based health services.

Note: the sizes of state bubbles/squares is relative to the national average within a given year.

Orange states (n=32) explicitly prohibit or present a likely barrier for reimbursement of school-based health services.

Blue states (n=19) explicitly authorize or present no likely barrier for reimbursement of school-based health services.

Shaped states (n=7) are implementing changes to their State Medicaid Plans.

Note: the sizes of state bubbles/squares is relative to the national average within a given year.

Orange states (n=32) explicitly prohibit or present a likely barrier for reimbursement of school-based health services.

Blue states (n=19) explicitly authorize or present no likely barrier for reimbursement of school-based health services.

Shaped states (n=7) are implementing changes to their State Medicaid Plans.

Note: the sizes of state bubbles/squares is relative to the national average within a given year.
Orange states (28) explicitly prohibit or present a likely barrier for reimbursement of school-based health services.

Blue states (23) explicitly authorize or present no likely barrier for reimbursement of school-based health services.

- Shaped states (n=7) are implementing changes to their State Medicaid Plans.

Note: the sizes of state bubbles/squares is relative to the national average within a given year.
Considerations identified by mental health providers
1. Use Medicaid as a funding source, diverse funding helpful
2. Maintain COVID-era telehealth flexibilities to increase access
3. Allow flexibility in TMH program implementation so programs can tailor offerings for different communities
4. Make it easier for TMH programs to obtain parental consent
5. Help schools establish multi-tiered systems of support to best leverage investments in TMH

https://www.childtrends.org/publications/state-policymakers-can-support-equitable-school-based-telemental-health-services
Resources

Blog on telehealth
https://www.policiesforaction.org/blog/maintaining-covid-era-telehealth-practices-can-better-meet-student-mental-health-needs
Blog on licensure
https://www.childtrends.org/blog/licensure-requirements-can-hinder-medicaid-reimbursement-for-school-based-mental-health-services
Brief on mental health providers
https://www.childtrends.org/publications/state-policymakers-can-support-equitable-school-based-telemental-health-services
Thank you!

awilkinson@childtrends.org
Cost effectiveness analysis

Where
• North Carolina

Assumptions
• Assumed Medicaid covered women for 1 year postpartum
• Assumed Ob/Gyns, pediatricians, and primary care doctors screened women for postpartum depression/anxiety and treated them, in partnership with a telehealth psychiatrist

Result
• Screening for and treating postpartum mental health is cost effective