

Child Mental Health, Schools, and Medicaid

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Medicaid in Schools

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

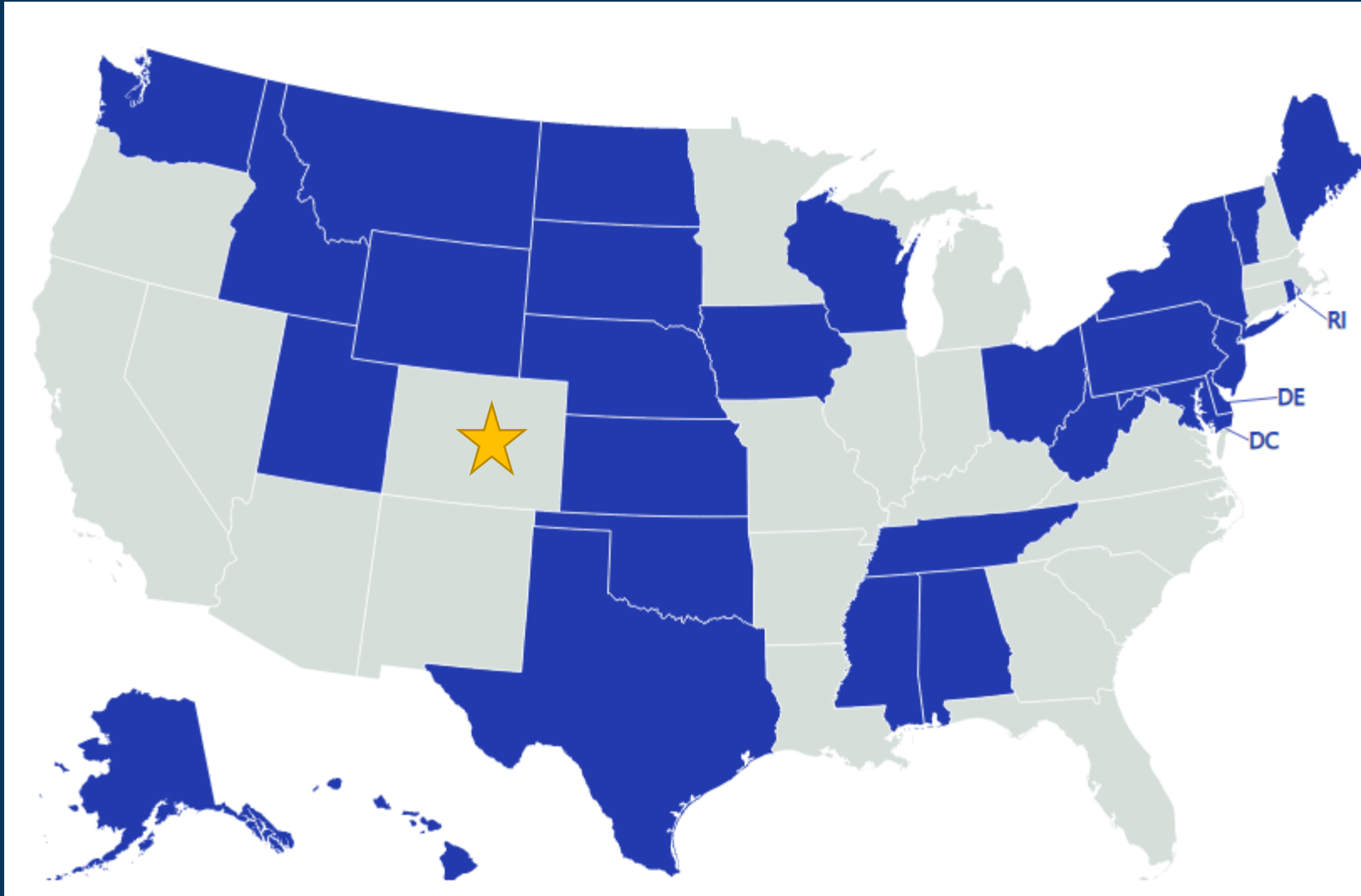
How children get mental health supports in schools

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

Center for Health and Health Care in Schools, School-Based Health Alliance, National Center for School Mental Health (2021). Addressing Social Influencers of Health and Education Using a Multi-Tiered System of Supports Framework. Washington, D.C.: School Health Services National Quality Initiative.

States not yet expanding school-based Medicaid



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

Wilkinson, A., Gabriel, A., Stratford, B., Carter, M., Rodriguez, Y., Okogbue, O., Somers, S., Young, D., and Harper, K. "Early evidence of Medicaid's important role in school-based health services." Child Trends, December, 2020. <https://www.childtrends.org/publications/early-evidence-medicaid-role-school-based-health-services>

Year
2010

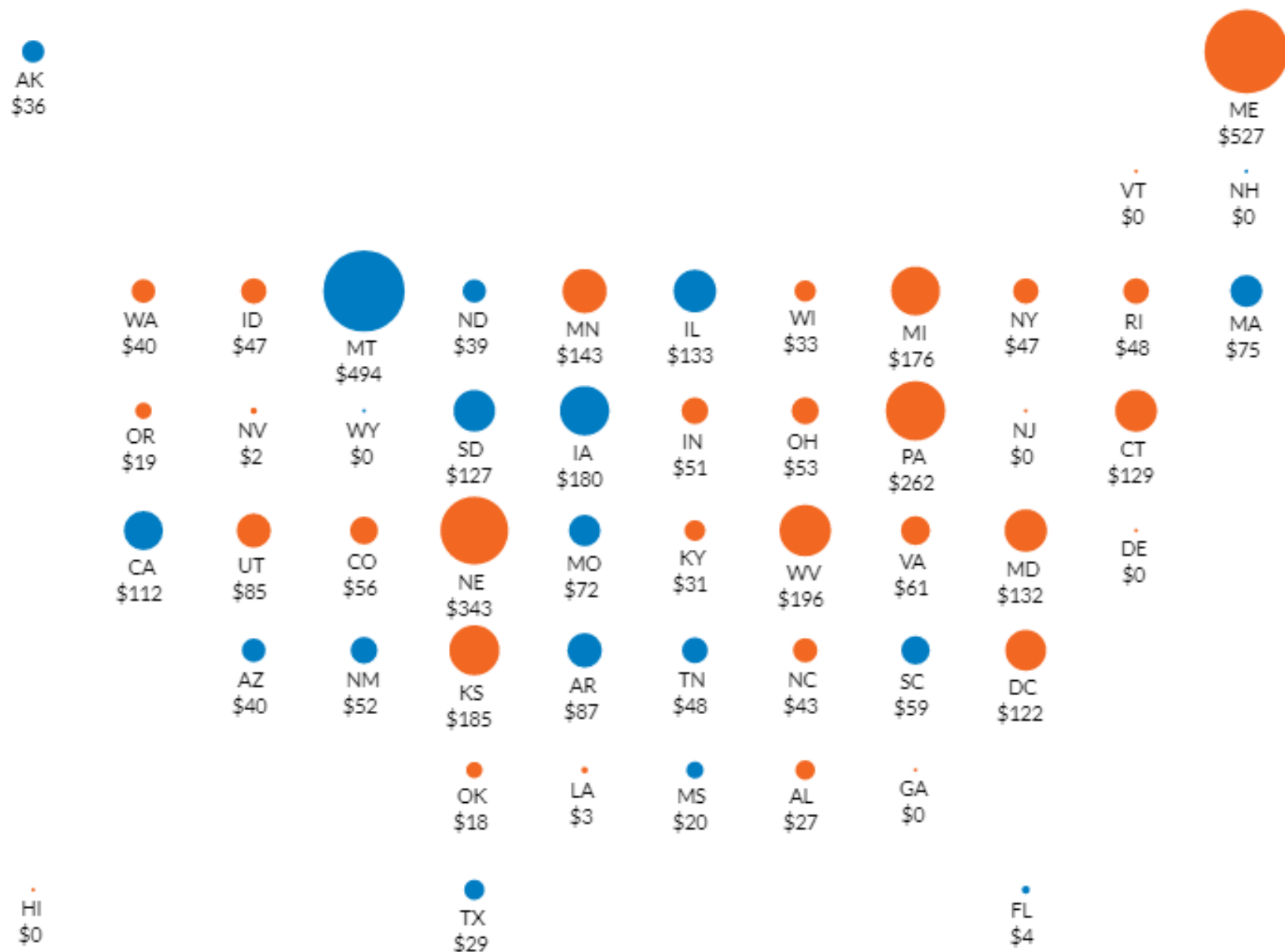
National Average (2010): \$97

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.

Wilkinson, et al., 2020.



Year
2014

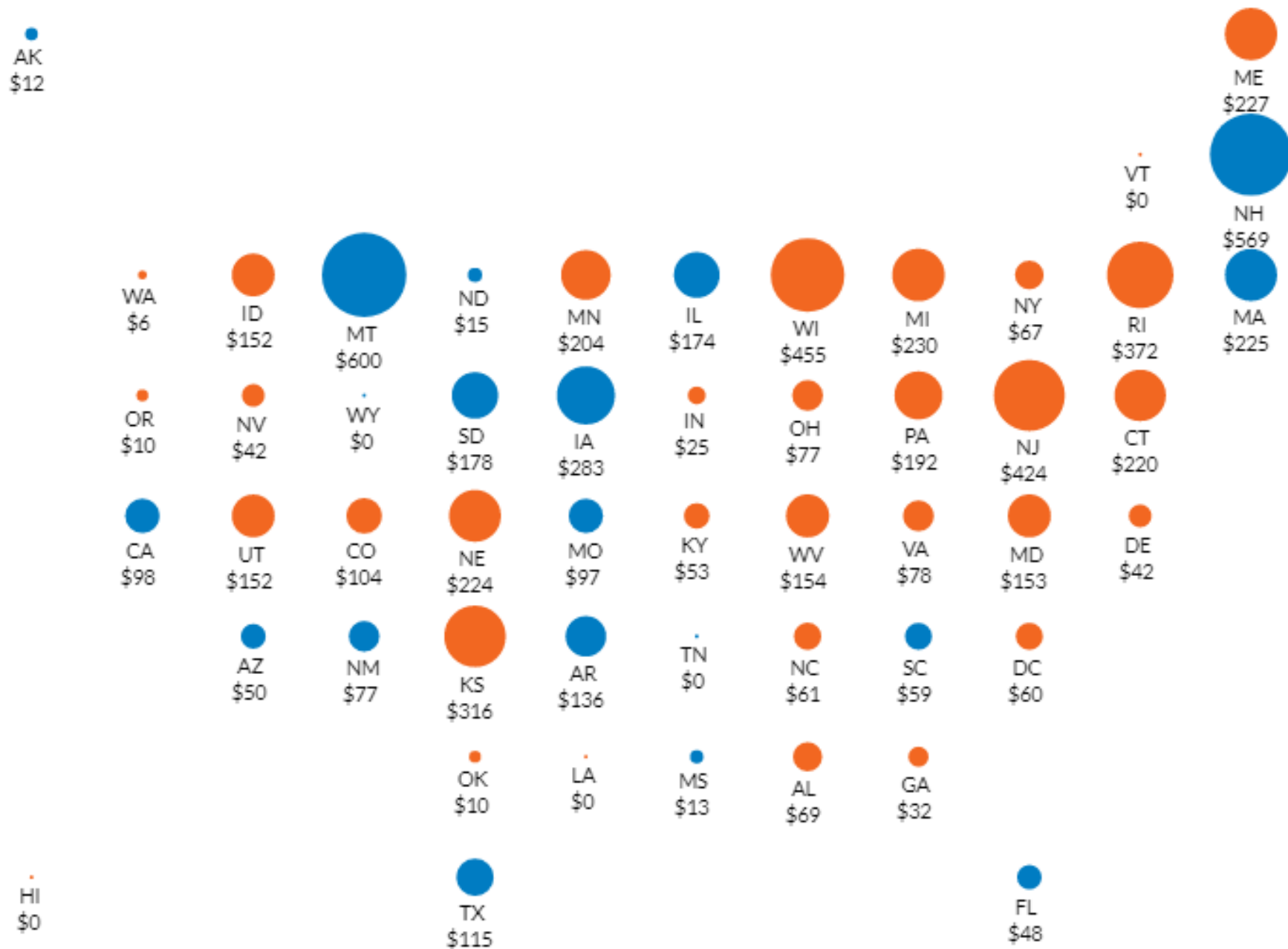
National Average (2014): \$142

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.

Wilkinson, et al., 2020.



Year
2018

National Average (2018): \$173

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

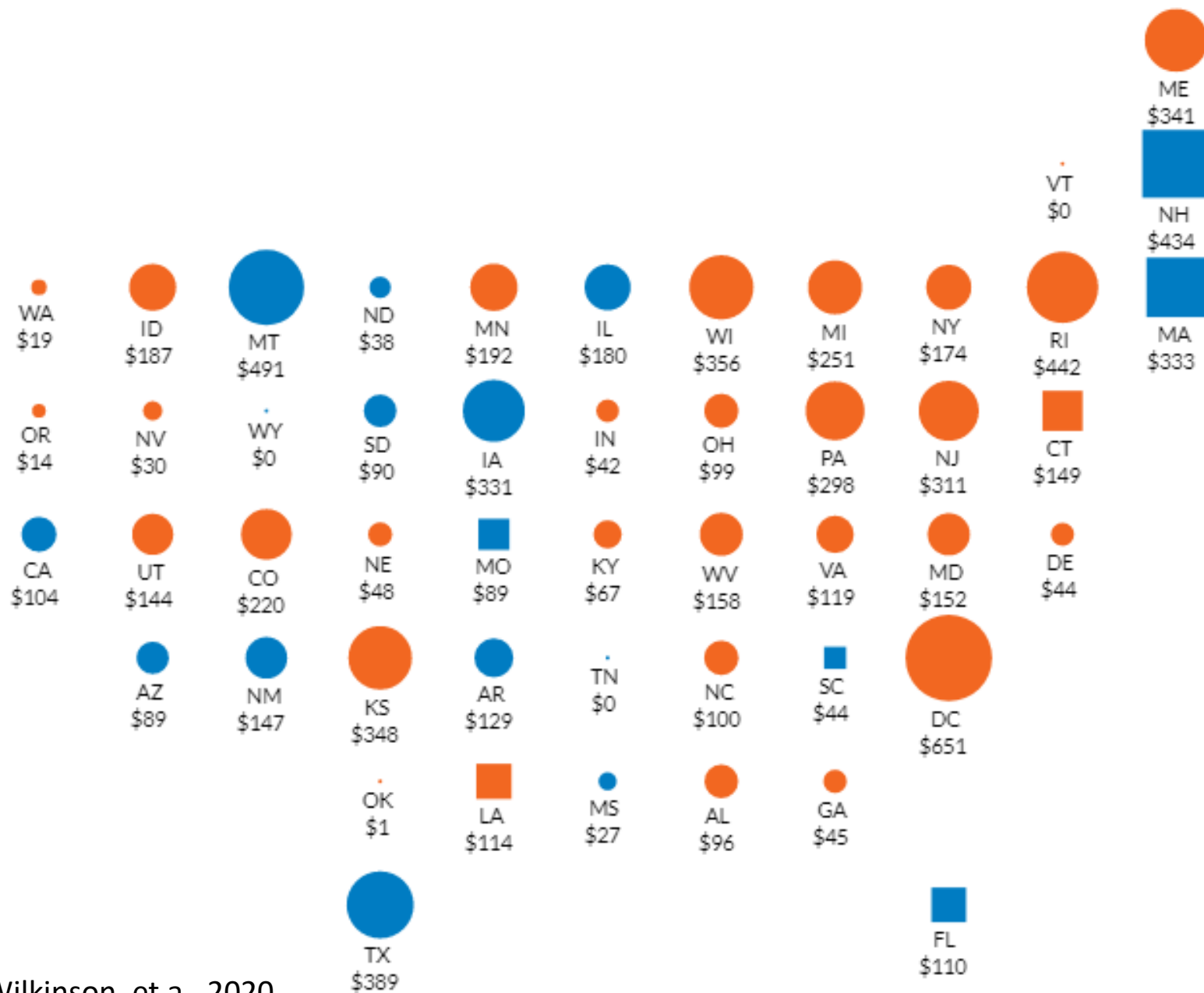
Blue states (n=19) explicitly authorize or present no likely barrier for reimbursement of school-based health services.

■ 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.

AK
\$43

HI
\$6



Wilkinson, et a., 2020.

Year

2019

National Average (2019): \$183

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

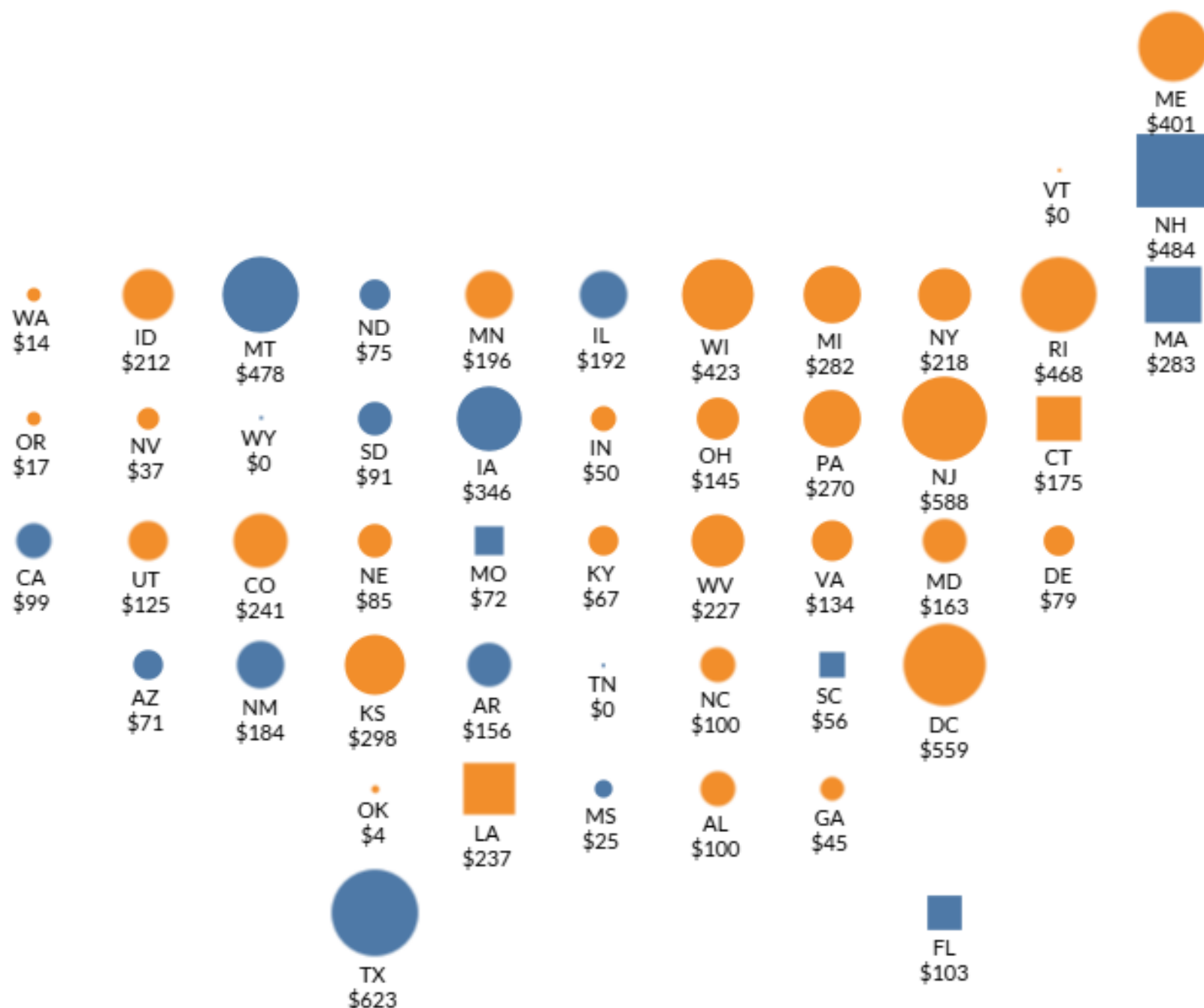
Blue states (n=19) explicitly authorize or present no likely barrier for reimbursement of school-based health services.

■ 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.

AK
\$38

HI
\$0



Year

2020

National Average (2020): \$158

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.

AK
\$19

WA
\$11

ID
\$218

MT
\$268

ND
\$98

MN
\$172

IL
\$182

WI
\$373

MI
\$360

NY
\$129

RI
\$466

ME
\$348

NH
\$173

MA
\$200

OR
\$13

NV
\$25

WY
\$0

SD
\$97

IA
\$231

IN
\$37

OH
\$103

PA
\$217

NJ
\$508

CT
\$127

CA
\$86

UT
\$146

CO
\$287

NE
\$191

MO
\$139

KY
\$62

WV
\$174

VA
\$107

MD
\$135

DE
\$73

AZ
\$108

NM
\$198

KS
\$285

AR
\$212

TN
\$0

NC
\$121

SC
\$45

DC
\$653

OK
\$3

LA
\$55

MS
\$12

AL
\$95

GA
\$46

HI
\$3

TX
\$380

FL
\$79

Considerations identified by mental health providers



Policy options for supporting equitable school-based telemental health services

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

Wilkinson, A., Martinez, M., and Stratford, B. "State policymakers can support equitable school-based telemental health services." Child Trends, March, 2022.

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

Resources

Full report: <https://www.childtrends.org/publications/early-evidence-medicaid-role-school-based-health-services>

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>

Questions?



Thank you!

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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

Wilkinson, A., Link, S., & Wheeler, S. D. (2016). Screening for and treating postpartum depression: A cost effectiveness analysis. *Maternal and Child Health Journal*, 21(4),903-914.
<https://pubmed.ncbi.nlm.nih.gov/27832444/>