Access to Behavioral Health Services for Children and Youth: Draft Chapter and Recommendations

Medicaid and CHIP Payment and Access Commission
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April 8, 2021

Overview

- Draft chapter for the June report to Congress
- Draft recommendations

Draft Chapter

- Prevalence, disparities, and treatment rates
- Availability of behavioral health providers
- Addressing needs of children and adolescents with significant mental health conditions

Mental Health Characteristics among Adolescents, 2018

- Nearly 20 percent of adolescent Medicaid beneficiaries experienced a lifetime major depressive episode (MDE).
- Roughly 12 percent had suicidal thoughts and nearly 4 percent attempted suicide in the past year.
- Prevalence of mental illness and suicidal thoughts and behaviors was similar across coverage groups.
- Mental health conditions more common among white Medicaid beneficiaries and youth of two or more races.

Source: SHADAC 2020, SHADAC 2021, MACPAC analysis of the 2018 National Survey on Drug Use and Health.

Substance Use among Non-Institutionalized Adolescents, 2018

- Nearly 4 percent of Medicaid beneficiaries had a past year substance use disorder.
- Prevalence was similar across coverage groups, but use of alcohol and certain drugs varied.
- Non-white youth enrolled in Medicaid were generally less likely than white beneficiaries to use drugs and alcohol.

Source: SHADAC 2020, SHADAC 2021, MACPAC analysis of the 2018 National Survey on Drug Use and Health.

Behavioral Health Treatment among Adolescents, 2018

- Many youth with behavioral health conditions needed but did not receive treatment.
- Medicaid beneficiaries were more likely to receive non-specialty mental services and stay overnight in a hospital or residential facility compared to youth with private insurance.
- Medicaid beneficiaries were generally more likely than youth with private coverage and those without insurance to receive services from education sources.

Source: SHADAC 2020, MACPAC analysis of the 2018 National Survey on Drug Use and Health.

Mental Health Treatment among Adolescent Medicaid Beneficiaries by Race and Ethnicity, 2018

	Percentage of youth age 12–17					
	White	Black	Hispanic	Asian	AIAN / NHPI	Two or more races
Received specialty or non-specialty mental health services						
All youth	31.1%	24.9%*	23.1%*	–	19.8%*	30.4%
MDE	59.0	50.1	54.0	–	–	60.1
MDE with severe role impairment	68.1	48.0*	62.3	–	–	57.8

Notes: Hispanic is anyone of Hispanic, Latino, or Spanish origin. AIAN/NHPI combines data for respondents who identified as American Indian or Alaska Native and Native Hawaiian or other Pacific Islander and are not of Hispanic origin. White, Black, and two or more races does not include respondents of Hispanic origin. MDE is major depressive episode. Respondents who reported they were covered by CHIP were classified as being covered by Medicaid (SAMHSA 2019).

*Difference from white Medicaid beneficiaries is statistically significant at the 0.05 level.

– Dash indicates that estimate is based on too small of a sample or is too unstable to present.

Source: SHADAC 2021, MACPAC analysis of the 2018 National Survey on Drug Use and Health.

Provider Availability

- Limited supply of behavioral health treatment providers treating children and adolescents.
- Chapter examines access to care in office-based settings, schools, and behavioral health treatment facilities.
- Child psychiatric access programs are one approach to expanding access.

Children and Youth with Significant Mental Health Conditions

- These individuals are often at risk for out-of-home placement and involvement with the child welfare and juvenile justice systems.
- Home and community-based behavioral health services can improve outcomes and prevent the use of more restrictive settings.
- Despite federal requirements, many states are not ensuring the availability of these services.

Multiple Agencies Serve Children and Adolescents with Significant Mental Health Conditions

- Addressing the needs of this population requires collaboration with multiple partners:
  - Centers for Medicare & Medicaid Services (CMS)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Administration for Children and Families (ACF)
  - Various state and local authorities, including behavioral health, child welfare, and juvenile justice agencies

Barriers to Expanding Access

- States often lack the awareness and capacity to use available federal authorities.
  - Section 1915(c) waivers are rarely used for individuals with behavioral health conditions.
  - Section 1915(i) state plan authority can be difficult to use.
- Working across multiple federal, state, and local agencies can be challenging.
- States need additional guidance and support.

Next Steps

- Commission will examine access to behavioral health services for children and adolescents
  - in foster care
  - involved with the criminal justice system
  - who identify as gay, lesbian, bisexual, or transgender

Draft Recommendations

Draft Recommendation 3.1

- The Secretary of Health and Human Services should direct the Centers for Medicare & Medicaid Services, the Substance Abuse and Mental Health Services Administration, and the Administration for Children and Families to issue joint subregulatory guidance that addresses the design and implementation of benefits for children and adolescents with significant mental health conditions covered by Medicaid and the State Children's Health Insurance Program.

Draft Recommendation 3.1: Rationale

- Guidance issued in 2013 is out of date.
- New guidance should identify evidence-based services, promote cross-agency coordination, and detail relevant Medicaid authorities.
  - Additional services (e.g., screening) and state examples
  - Strategies for addressing racial and ethnic disparities
  - Opportunities to reimburse for technology-enabled services
  - Intersections with child welfare and other child-serving agencies
- In developing guidance, the Secretary should involve all relevant agencies, including CMS, SAMHSA, and ACF.

Draft Recommendation 3.1: Implications

- **Federal spending.** No direct effect on Medicaid and CHIP spending.
- **States.** Recommendation would raise awareness and facilitate efforts to expand access to services.
- **Beneficiaries.** Recommendation could improve access; these gains could be particularly important for beneficiaries of color.
- **Plans and providers.** No direct effect on plans or providers, though they may ultimately be involved in providing new services.

Draft Recommendation 3.2

- The Secretary of Health and Human Services should direct a coordinated effort by the Centers for Medicare & Medicaid Services, the Substance Abuse and Mental Health Services Administration, and the Administration for Children and Families to provide education and technical assistance to states on improving access to home and community-based behavioral health services for children and adolescents with significant mental health conditions covered by Medicaid and the State Children's Health Insurance Program. Additionally, the Secretary should examine options to use existing federal funding to support state-level activities to improve the availability of these services.

Draft Recommendation 3.2: Rationale

- Technical assistance and planning support could assist states in:
  - Establishing cross-agency partnerships;
  - Engaging beneficiaries, plans, providers, and other stakeholders;
  - Designing a new Medicaid benefit package; and
  - Addressing needs for additional staff or consultant support.
- The Secretary should consider recent increases in behavioral health funding (e.g., the Mental Health Services Block Grant) to support state planning efforts involving Medicaid.
- Planning support is important given the effects of COVID-19 on mental health and state budgets.

Draft Recommendation 3.2: Implications

- **Federal spending.** No direct effect on Medicaid and CHIP spending.
- **States.** Recommendation would enhance state capacity to design and implement new benefits.
- **Beneficiaries.** Recommendation could improve access; these gains could be particularly important for beneficiaries of color.
- **Plans and providers.** No direct effect on plans or providers, though they may ultimately be involved in providing new services.

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