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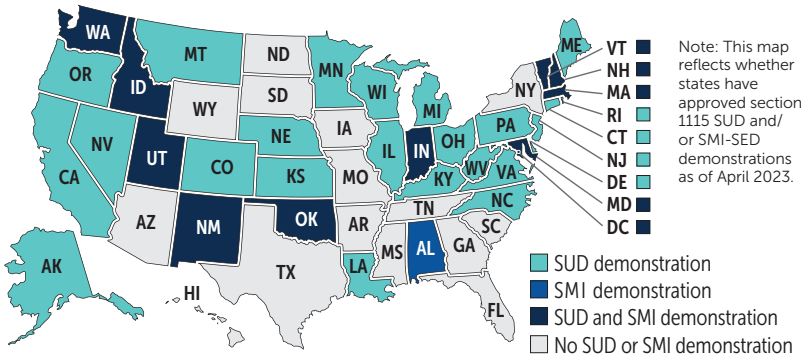
2023 Medicaid & CHIP Beneficiaries at a Glance: Child & Adolescent Behavioral Health

INTRODUCTION AND BACKGROUND

Children's mental health and substance use disorder (SUD) is one of the biggest concerns for parents, doctors, and educators across the country.[1] As illustrated below, in 2021, 30 percent of children with public coverage reported a current mental, emotional, developmental, or behavioral problem. As the largest payers for mental health services and SUD treatment in the U.S., Medicaid and the Children's Health Insurance Program (CHIP) fill an important role in supporting care for these conditions and monitoring the effectiveness of that care.[2] The Centers for Medicare & Medicaid Services (CMS) is engaged in a multi-faceted approach to improve access to mental health and SUD prevention, treatment, and support services for child and adolescent Medicaid and CHIP beneficiaries with these conditions. Vital benefits include developmental and behavioral health screenings, psychotherapy, group therapy, and other types of counseling services for children up to age 19. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit entitles children enrolled in Medicaid, and at state option children enrolled in CHIP, to a wide range of medically necessary behavioral health services. This infographic summarizes the characteristics, access to care, and service utilization for these beneficiaries.

For the purpose of this infographic, the term "behavioral health" refers to mental health conditions and substance use disorders.

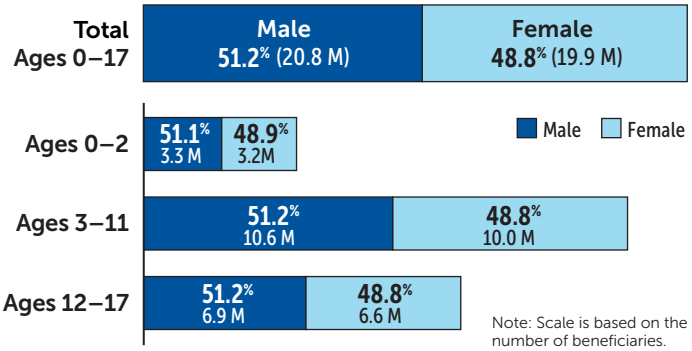
Section 1115 Substance Use Disorder and Serious Mental Illness Demonstrations[3]



Note: This map reflects whether states have approved section 1115 SUD and/or SMI-SED demonstrations as of April 2023.

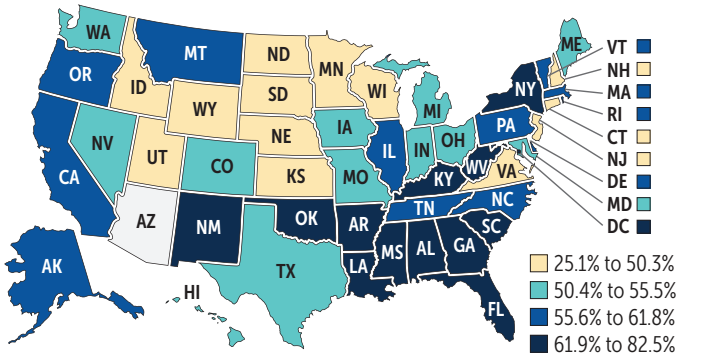
As part of the U.S. Department of Health and Human Services' effort to combat the ongoing opioid crisis, CMS created an opportunity under the authority of section 1115(a) of the Social Security Act for states to demonstrate and test flexibilities to improve the continuum of care for beneficiaries with SUDs including Opioid Use Disorder. CMS also created similar flexibility to test more comprehensive approaches to care for beneficiaries with serious mental illness (SMI) or serious emotional disturbance (SED).

Number and Percentage of Child and Adolescent Medicaid and CHIP Beneficiaries by Age and Sex, 2022[3]



Note: Scale is based on the number of beneficiaries.

Percentage of Child and Adolescent Population Enrolled in Medicaid or CHIP by State, July 2022[4]



Note: Enrollment in Medicaid or CHIP represents individuals who are eligible for full Medicaid or CHIP benefits.

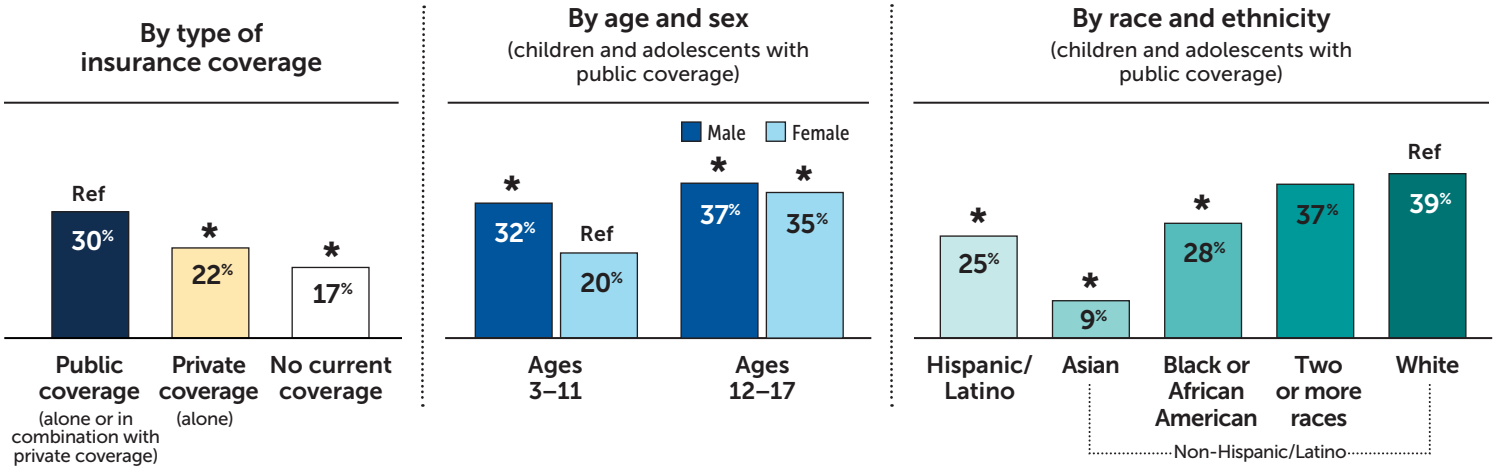
If you would like more information about the Medicaid and CHIP programs and their beneficiaries, please see the following additional resources:

- The **Medicaid and CHIP Beneficiary Profile and Infographic** provides an overview of the characteristics, health status, access, utilization, expenditures, and experience of Medicaid and CHIP beneficiaries. It is available at: https://www.medicaid.gov/medicaid/quality-of-care/index.html.
- CMS developed the **Medicaid and CHIP Scorecard** to increase public transparency and accountability about the programs' administration and outcomes. It is available at: https://www.medicaid.gov/state-overviews/scorecard/index.html.
- The **2021 Behavioral Health Core Set Chart Pack** summarizes state reporting on the quality of behavioral health care furnished to adults and children covered by Medicaid and CHIP during FFY 2020. It is available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-behavioral-health-chart-pack.pdf.
- The **CMCS Informational Bulletin, August 18, 2022: Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth** provides information on Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements and other authorities to deliver effective prevention and interventions through Medicaid and CHIP. It is available at: https://www.medicaid.gov/sites/default/files/2022-08/bhccib08182022.pdf.
- The **Behavioral Health Services** section of the Medicaid.gov website provides a compilation of behavioral health resources. It is available at: https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/index.html.

Key Findings

- **Children and adolescents with public coverage were reported to have significantly higher rates of a current mental, emotional, developmental, or behavioral problem than children and adolescents with private or no current coverage.**
- **Among children and adolescents with public coverage, females ages 12 to 17 were reported to have significantly higher rates of anxiety and higher rates of depression than females ages 3 to 11, and males ages 3 to 11 and 12 to 17.**
- **Among children and adolescents with public coverage, White non-Hispanic/Latino children and adolescents were reported to have significantly higher rates of a current mental, emotional, developmental, or behavioral problem than Hispanic/Latino, Asian non-Hispanic/Latino, and Black or African American non-Hispanic/Latino children and adolescents.**

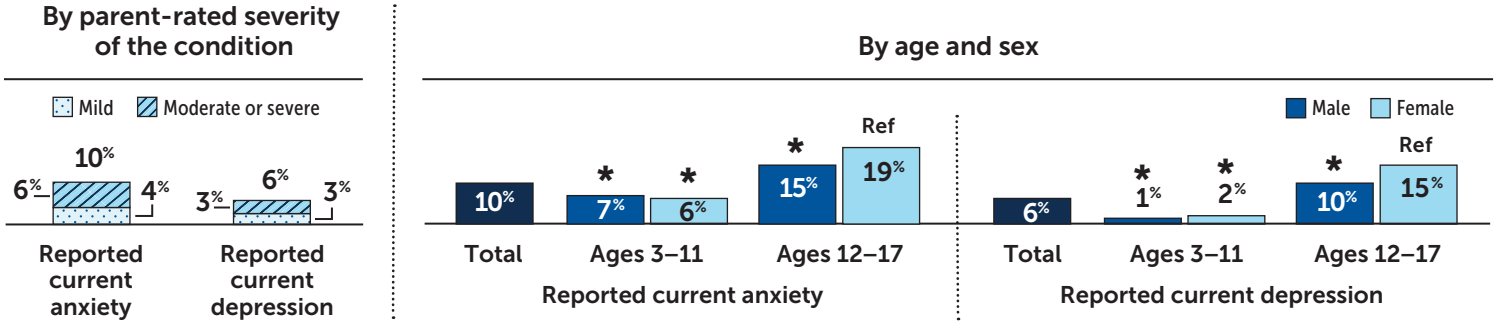
Percentage of Children and Adolescents Ages 3 to 17 Reported to Currently Have a Mental, Emotional, Developmental, or Behavioral Problem, 2021[5]



Notes: All indicators are based on parents' report. "Public coverage" is defined as "Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability. Data on race and Hispanic/Latino origin are presented in the greatest detail possible considering the quality of the data, the amount of missing data, and the number of observations. The total for children and adolescents with public coverage includes race and origin groups not shown separately because the data do not meet criteria for statistical reliability, data quality, or confidentiality. To qualify as having a mental, emotional, developmental, or behavioral problem, the child must qualify on the Children with Special Health Care Needs (CSHCN) Screener criteria for ongoing emotional, developmental, or behavioral conditions and/or currently have any of 10 conditions (Tourette Syndrome, anxiety problems, depression, behavioral and conduct problem, developmental delay, intellectual disability, speech or other language disorder, learning disability, autism or Autism Spectrum Disorder (ASD), Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD)).

4% | **of children and adolescents ages 3 to 17 with public coverage were reported to currently have both anxiety and depression in 2021[5]**

Percentage of Children and Adolescents Ages 3 to 17 With Public Coverage Reported to Currently Have Anxiety or Depression, 2021[5]



Notes: All indicators are based on parents' report. The severity of anxiety and depression is based on parents' report, not a clinical designation.

Methods Note

Statistical significance testing was conducted using a two-sided t-test ($p<0.05$). Significance for each measure is affected by survey design, sample size, and other factors. For each exhibit, a reference group was identified (indicated by "**Ref**" in the exhibit). The rate for each additional subgroup shown in the exhibit was compared to the rate for the reference group. * indicates that the subgroup rate was significantly different from the rate for the reference group. If the subgroup rate was not significantly different from the rate for the reference group, no symbol is included.

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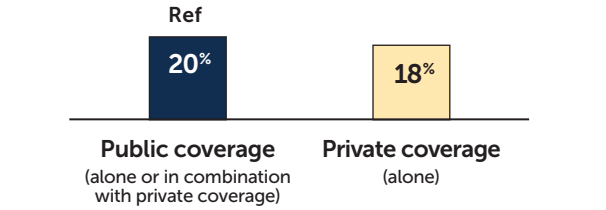
Key Findings

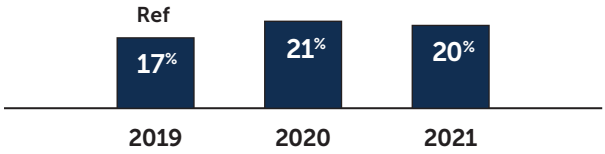
- There were no significant differences in parent-reported rates of unmet need for mental health treatment between children and adolescents with public coverage and children and adolescents with private coverage in 2021.
- Among children and adolescents with public coverage, Hispanic/Latino, Black or African American non-Hispanic/Latino, and non-Hispanic/Latinos of Two or More Races were not reported to have significantly different rates of unmet need for mental health treatment than White, non-Hispanic/Latino children and adolescents.
- Among children and adolescents with public coverage, females ages 3 to 11 were reported to have significantly higher rates of unmet need for mental health treatment than males and females ages 12 to 17.

Percentage of Children and Adolescents Ages 3 to 17 That Were Reported to Need But Not Receive Any Treatment From a Mental Health Professional in the Past 12 Months, 2019–2021[5]

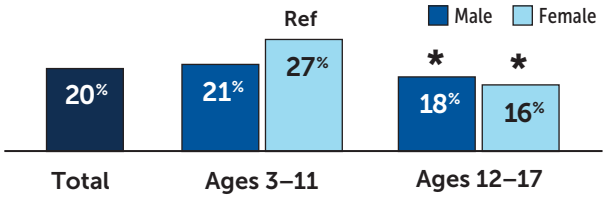
By type of insurance coverage, 2021



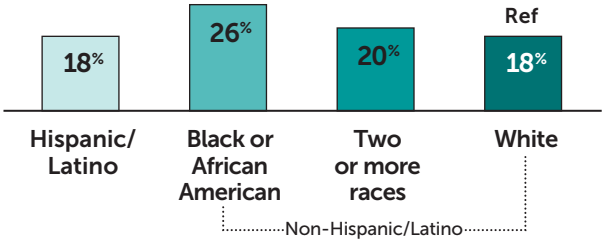
By survey year, 2019–2021
(children and adolescents with public coverage)



By age and sex, 2021
(children and adolescents with public coverage)



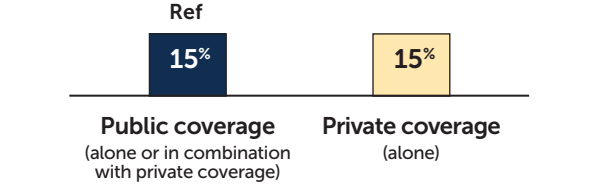
By race and ethnicity, 2021
(children and adolescents with public coverage)



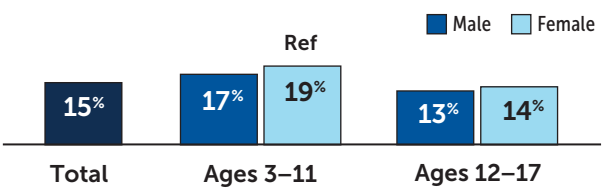
Notes: All indicators are based on parents' report. Results for children and adolescents with no current coverage are not shown because the data do not meet criteria for statistical reliability, data quality, or confidentiality. Data on race and Hispanic/Latino origin are presented in the greatest detail possible considering the quality of the data, the amount of missing data, and the number of observations. The total for children and adolescents with public coverage includes race and origin groups not shown separately because the data do not meet criteria for statistical reliability, data quality, or confidentiality. The indicator is based on parents' responses to a survey question that asks, during the past 12 months, did the child have any treatment or counseling from a mental health professional. Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. The indicator excludes children that were reported to not need treatment.

Among Children and Adolescents Ages 3 to 17 Reported to Have Anxiety or Depression, the Percentage That Were Reported to Need But Not Receive Any Treatment From a Mental Health Professional in the Past 12 Months, 2021[5]

By type of insurance coverage



By age and sex
(children and adolescents with public coverage)



Notes: All indicators are based on parents' report. Results for children and adolescents with no current coverage are not shown because the data do not meet criteria for statistical reliability, data quality, or confidentiality. The treatment indicator is based on parents' responses to a survey question that asks, during the past 12 months, did the child have any treatment or counseling from a mental health professional. Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. The indicator excludes children that were reported to not need treatment.

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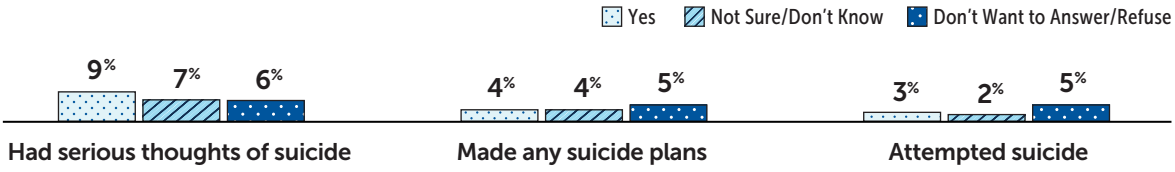
Key Findings

- **9% of adolescents ages 12 to 17 covered by Medicaid or CHIP reported that they had serious thoughts of suicide, 4% reported making any suicidal plans, and 3% reported attempting suicide during the past 12 months.**
- **7% of adolescents ages 12 to 17 covered by Medicaid or CHIP reported using illicit drugs in the past 30 days and 6% reported consuming alcohol in the past 30 days.**

SELF-REPORTED MENTAL HEALTH STATUS FOR ADOLESCENTS

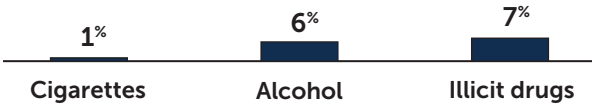
Percentage of Adolescents Ages 12 to 17 Covered by Medicaid or CHIP Who Reported That They Had Serious Suicidal Thoughts, Made Any Suicide Plans, or Attempted Suicide During the Past 12 Months, Quarter 4, 2020[6]



Notes: Youth suicide questions were included in the survey only during the 4th quarter of 2020. Medicaid and CHIP-specific results were produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) and are not publicly available. All respondents ages 12 to 17 were asked all three suicide-related questions and the total percentage of adolescents that responded "yes" to any of the three items could exceed 9%. Respondents with unknown suicide data other than the categories shown in the exhibit were excluded.

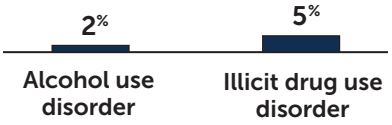
SELF-REPORTED SUBSTANCE USE FOR ADOLESCENTS

Percentage of Adolescents Ages 12 to 17 Covered by Medicaid or CHIP With Any Self-Reported Substance Use in the Past 30 Days, 2020[6]



Notes: Cigarettes do not include e-cigarettes and vaping. The survey includes a separate set of questions that ask about vaping; those results are not shown here. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and the misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives).

Percentage of Adolescents Ages 12 to 17 Covered by Medicaid or CHIP With Substance Use Disorders for Alcohol or Illicit Drugs in the Past 12 Months, Based on Self-Report, 2020[6]



Notes: Substance use disorder measures are based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and the misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives).

KEY FACTS — Behavioral Health Service Use during the COVID-19 Public Health Emergency

Comparing the Public Health Emergency (PHE) period (March 2020 to April 2022) to the pre-PHE average (January 2018 to February 2020), Medicaid and CHIP claims data show:[3]

25%↓

The average monthly rate of mental health services per 1,000 beneficiaries under age 19 was about 25% lower during the PHE period

31%↓

The average monthly rate of SUD services per 1,000 beneficiaries ages 15–18 was about 31% lower during the PHE period

Note: The pre-PHE average is the average of all values for that month in the years that predate the PHE, using data from January 2018 through February 2020.

DATA SOURCES

1. https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf.
2. https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/index.html.
3. Based on Centers for Medicare & Medicaid Services (CMS) administrative data.
4. Based on CMS administrative data and U.S. Census data.
5. Based on Mathematica analysis of National Survey of Children's Health data.
6. Based on Mathematica analysis of National Survey on Drug Use and Health data.

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