

MIGHTIER™

EBOOK

**Expanding Access to
Pediatric Mental Health Care**

for Medicaid Members

Children are struggling, and the problem is getting worse.

There is an unprecedented pediatric mental health crisis that has now been declared a **national emergency**. **Nearly 1 in 5 children** have a mental, emotional, or behavioral disorder and **3.2 million Medicaid/CHIP members** are reporting special health care needs including one or more emotional or behavioral difficulties.

These concerns impact a child's social and emotional development, academic achievement, and overall health and well-being. **98% of educators** say mental health challenges act as a barrier to children's education, and children with chronic illnesses, including mental health problems, may miss as many as **18 to 22 days each school year**.

Parents and caregivers are feeling the effects too.

Children's mental health impacts everyone around them, including their parents and caregivers. The impact can be prolific and touch all parts of a caregiver's life, including their relationships with friends and family, career, and overall well-being. **83% of parents** are somewhat or extremely concerned about their children's mental health.

55% of all Medicaid spending for 3- to 17-year-olds was for children with a mental health diagnosis.

Nearly 1 in 5 children have a mental, emotional, or behavioral disorder.



Medicaid plans are spending more and more on behavioral health in an attempt to manage the crisis.

Healthcare spending for children 3-17 with a mental health condition was 5.3 billion compared to the total spend of **9.7 billion** for all 3-17 members.

Along with the financial impact, Medicaid members are also more likely than their privately insured peers to **receive mental health treatment in a hospital or a residential facility**, costing more, while also having profound impacts.

Nearly 17% of Medicaid beneficiaries live in rural settings, but rural communities also face additional barriers to accessing care due to a limited number of providers, lack of access to reliable transportation, and long distances to travel to access care.

Medicaid members receive less specialized care than families on private insurance.

Medicaid and CHIP beneficiaries were more likely to receive non-specialty mental health services (e.g., from a pediatrician or school counselor) than their privately insured peers, who more often received services from a private therapist, psychologist, psychiatrist, or social worker.

This non-specialized care can result in early termination of services, lack of improvement, and increased rate of utilizing emergency services and hospitalization. Underserved communities have reported that individuals are 40-80% more likely to prematurely drop out of services (Mongelli et al., 2020) further impacting their mental health condition.

The crisis also impacts Medicaid members' access and quality of care.

While the need is at an all-time high, access to mental health care and support is limited. It takes an average of 100 days to access care and 70% of U.S. counties have no child psychologist. This results in only 20% of children with mental, emotional, or behavioral disorders receiving the care they need.

The disparity is even greater for children in the BIPOC community with only 13% of children from diverse racial and ethnic backgrounds receiving mental health services.

Along with non-specialized services, almost 50 percent of children enrolled in Medicaid are prescribed psychotropic medications and receive no accompanying identifiable behavioral health services, like medication management.

Current options for pediatric mental health care

There are a variety of options to support children and their families when assessing and managing a mental health diagnosis.

	Goal	How it's delivered	Timeline to access	Requirements for receiving care
Individual/ Group Therapy	Address emotional, behavioral, and social concerns -Explore past experiences and impact on current behavior	In-person or via telehealth by a licensed clinician (LCSWs, LMFTs, LMHCs, PhDs, PsyDs, or MDs)	~100 days to access care*	Requires a mental health diagnosis to receive care.
Psychiatry	Prescribe medication as an intervention to improve behavioral symptoms and impact of therapy	In-person or via telehealth by a board-certified MD or NP	~100 days to access care*	~100 days to access care * Requires a mental health diagnosis to receive care.
Digital Health Solutions & Therapeutics	Prescribe medication as an intervention to improve behavioral symptoms and impact of therapy	At home, inperson, or via telehealth independently with or without clinical oversight from a clinician	In-home options can be delivered within 5 days. Waitlists for in-person or telehealth alternatives vary.	May not require a diagnosis (dependent on the solution)

Source: ABH Outpatient Mental Healthcare Access and Workforce Crisis Issue Brief, 2022

Traditional modes of treatment, like therapy, might never be able to meet the demand for care

The need for scalable mental health care solutions is needed now, more than ever

and meeting the demand for care with the current supply of options will be incredibly challenging. Clinician retention continues to be a major barrier impacting the entire behavioral health system. For every 10 clinicians entering work in mental health clinics, **13 clinicians** are leaving, limiting the amount of care that can be provided and extending waitlists even further.

There are average delays of **8-10 years** between the onset of symptoms and when children get mental health support. The longer the wait is between symptom onset and treatment, the more difficult and costly mental illness is to treat and the greater the burden becomes on our public health system.

Along with long waitlists and provider retention difficulties, **current care options focus on addressing a problem once it has started** and is severe enough to impact a child's well-being (i.e. academic, social, etc.).

A Viable Solution

Overcoming barriers like wait times and access to care requires Medicaid plans to look beyond traditional care models.

Equitable

The solution must be accessible to families of diverse backgrounds, locations, and needs.

Evidence-based

Establish if the solution is clinically validated and/or has scientific evidence to support its effectiveness.

Scalable

Assess if the solution can be delivered at scale and can keep up with increasing demand from a distributed workforce.

Accessible

Seek options that can be delivered quickly and used anywhere

Engaging

Identify solutions that offer a developmentally appropriate delivery method for children with wide-ranging interests and diverse needs.

The impact of the pediatric mental health crisis is widespread and affects children, their parents, and Medicaid plans. Challenges with access to care, provider retention, and long wait times are exacerbating the issue.

To make an impact, Medicaid plans must balance short and long-term solutions. In the short term, it's essential to get creative and offer new options for care that go beyond traditional models such as therapy.

To have the most significant impact, Medicaid plans should explore and seek **options that address wait times** and find **solutions that offer immediate access and are evidence-based** with clinically validated care.

In the long term, a cultural shift must take place, which allows for greater acceptance and government approval of innovative solutions to support members' needs.



Medicaid Plans + Mightier

Mightier is a digital game-based program for children that uses their heart rate to teach coping skills while providing families with clinical oversight.

How it works

Children play digital games while wearing a heart sensor. During the game, they learn how to manage big emotion and practice coping skills.

Parents monitor progress through the parent app. Families engage in offline activities to practice coping skills in real life.

Parents can connect 1:1 with a licensed clinician to receive additional support. Over time, children build emotional strength to take on life's challenges.

Mightier's program and services are **billable via remote therapeutic monitoring CPT codes** allowing funds to go into the MLR rather than a plan's admin budget, making Mightier quicker and easier to implement for members.



HEART SENSOR

IN-GAME EMOTION METER



Mightier has been proven to improve children's mental health and emotional strength faster with clinically validated content trusted by 80,000 families.

Mightier has been shown to save \$357 to \$612 per member per year savings in BH costs. Offering Mightier can improve not only pediatric members' well-being but also reduce caregiver stress.

87% of families whose children use Mightier see improvement in 3 months.

62% of families whose children use Mightier have seen a reduction in outbursts.

73% of parents whose children use Mightier reported less conflict with their children.

Interested in learning more about Mightier and how we can support your members' mental health needs?

Get in touch with us [here](#).

