



Child and youth mental health

Advisory group meeting

February 19, 2025



VISION

Ohio is a model of health, well-being and economic vitality

MISSION

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.



Core funders





Thank you

to the organizations that have generously supported HPIO's child mental health work

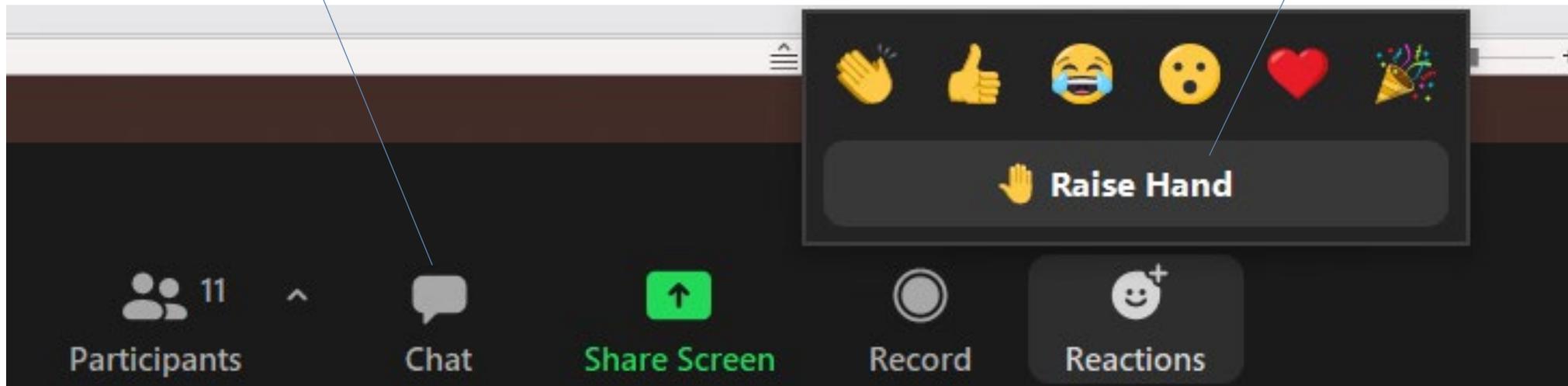
Participating in Zoom

Chat

(found in bottom toolbar)

Raise hand

(found inside reactions button)



Child mental health advisory group page

health policy institute of ohio

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Focus Areas Our Work Advisory Groups Events Work With Us

Overview

Equity Advisory Group

Health Value Dashboard Advisory Group

Health-Related Social Needs (HRSN)
Workgroup

Child Mental Health Advisory Group

Translate. Connect. Navigate.

HPIO translates complex data into actionable policy insights, connects diverse perspectives to inform policy decisions and offers expertise to navigate the changing policy environment.

STAY UP TO DATE WITH HPIO

Role of the advisory group

Input on policy brief content

- HPIO will convene a meeting for each brief
- Possible post-meeting follow-up requests

Feedback on draft policy briefs

Assistance with sharing and dissemination



HPIO's Child and Youth Mental Health policy brief series

released
December
2024

**Brief
1**

Mental health conditions among Ohio children and youth presents prevalence data

released in
July 2025

**Brief
2**

Factors contributing to child and youth mental health struggles

released in
December
2025

**Brief
3**

Access to mental health care for Ohio children and youth

This brief

**Brief
4**

Will examine health insurance coverage, cost and affordability of care and how they influence access to mental health services

Meeting objectives

As a result of this meeting, the **Advisory Group will be aware of:**

- Data and context on cost and insurance-related barriers to care for Ohio children and youth
- Actions that other states have taken to enhance mental health parity
- HPIO child mental health next steps

As a result of this meeting, **HPIO will have guidance** from the Advisory Group on:

- Objectives and content for the upcoming brief
- Policy recommendations to consider



Agenda

1. Introductory data and level setting
2. Reasons for unmet mental health need among Ohio children
3. Mental health parity
4. Policy recommendations
5. Next steps



How insurance and affordability influence access

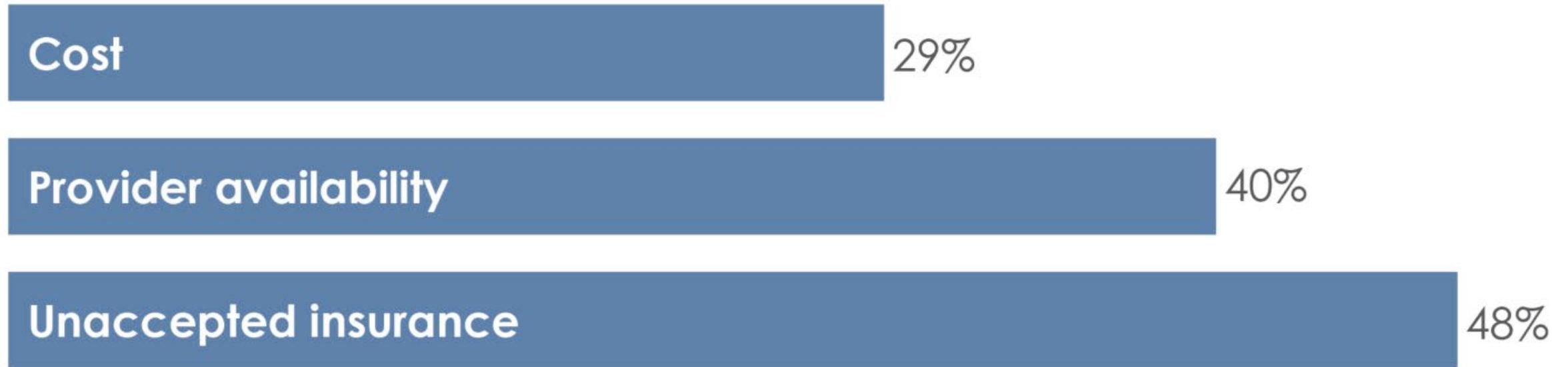


Draft objectives for the brief

After reading the publication, the audience will understand:

- The extent to which Ohio families report that insurance coverage or cost is problematic to care access
- Funding streams for mental health prevention and treatment, including Medicaid and commercial insurance reimbursement
- How insurance can help or hinder access to care (e.g., services covered, how much families pay out-of-pocket, provider availability)
- What can be done to alleviate gaps in care access and affordability

Reasons for unmet mental health care need among Ohio children ages 0-18, 2023

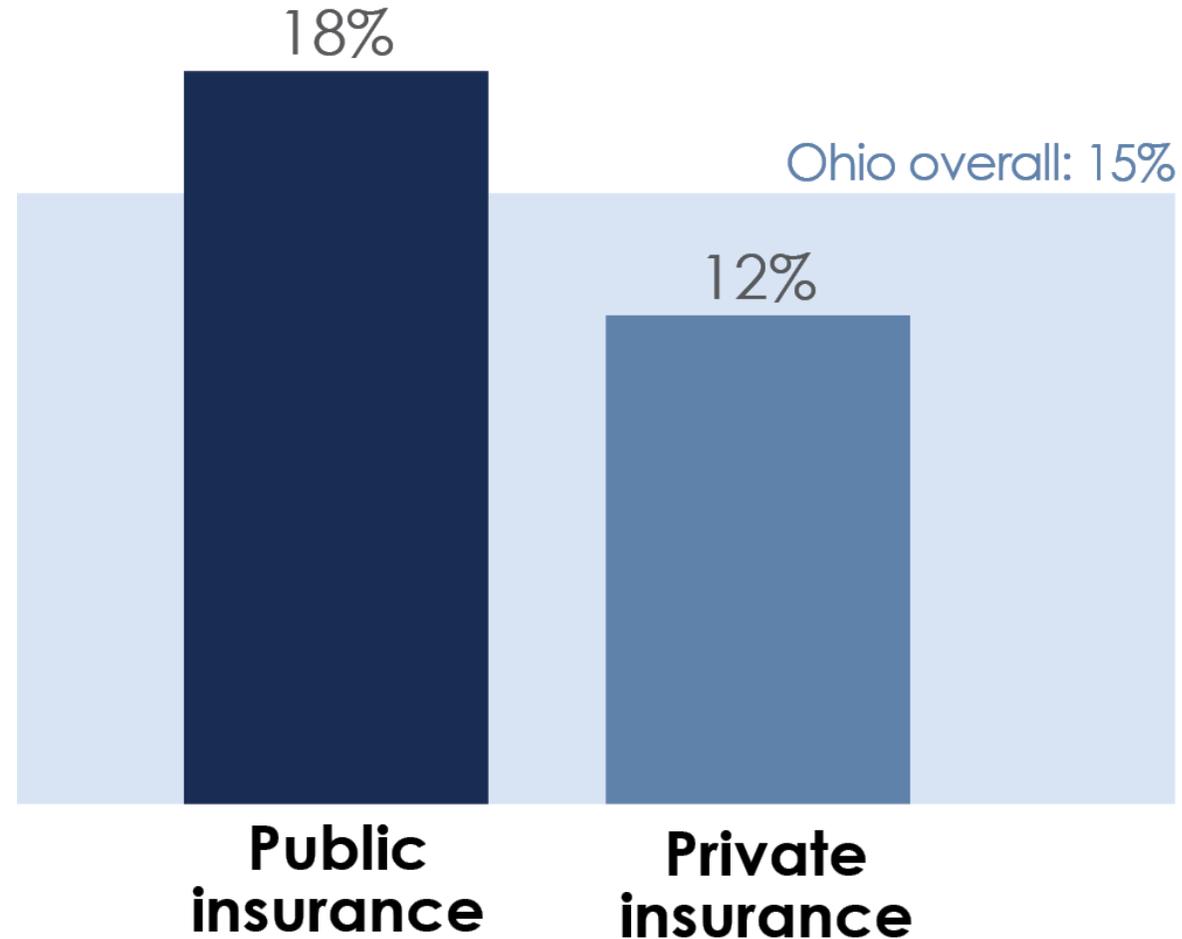


Note: Questions were asked of those parents/caregivers who reported that their child did not receive needed mental health treatment. They could have said yes to more than one of these questions.

Source: Ohio Medicaid Assessment Survey

Mental health care access

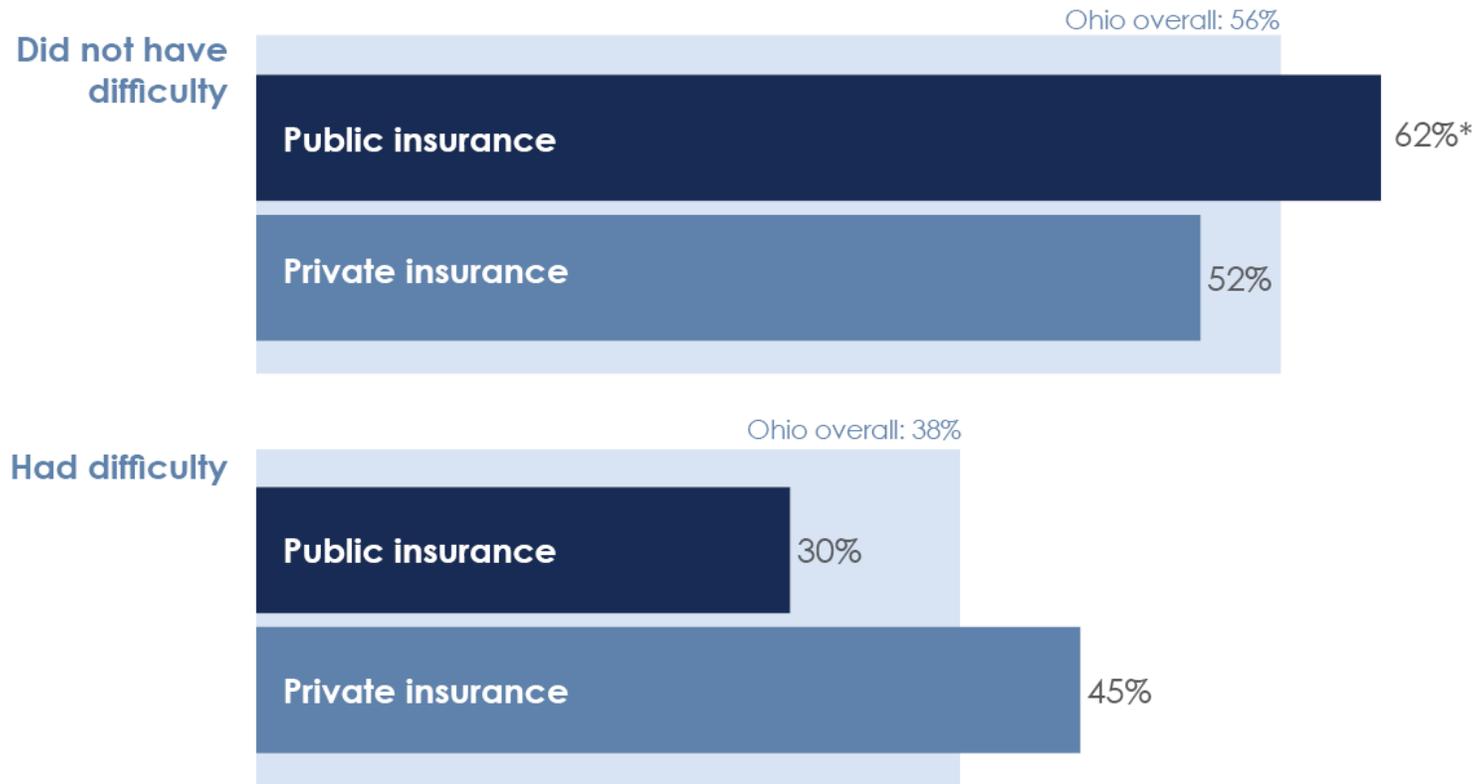
Percent of Ohio children (ages 3-17) needing to see a mental health professional who did NOT receive needed mental health treatment or counseling in past year, **by insurance type**, 2022-2023



Note: This does not include children with both public and private insurance
Source: National Survey of Children's Health

Difficulty accessing care

Difficulty accessing mental health care, Ohio children (ages 3-17), 2022-2023, **by insurance type**



Although those with private insurance are more likely to receive needed care, they are also more likely than those with public insurance to have difficulty when seeking care.

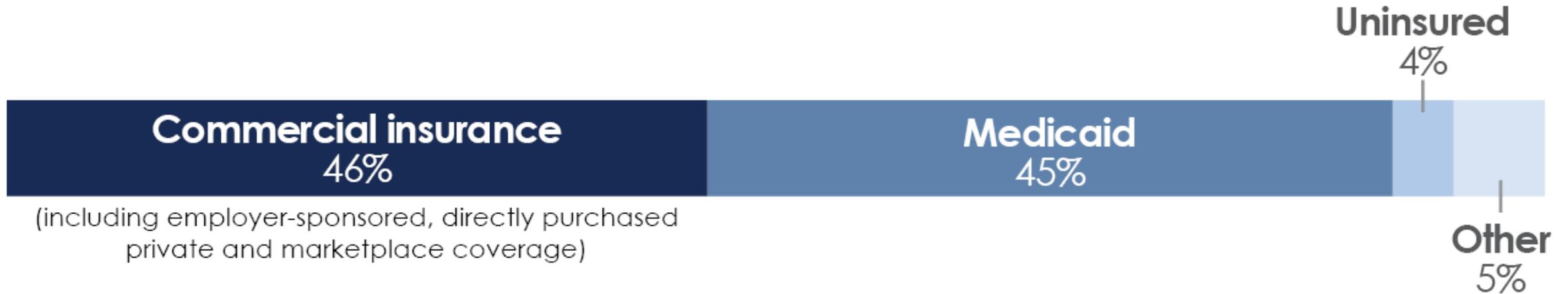
* Small sample size; interpret with caution

Note: The other response was "It was not possible to obtain care." Sample sizes for this response were too small to report. In 2023, 44.2% of Ohio children ages 0-18 had private insurance, 44.2% had Medicaid insurance, 3.4% were uninsured, and 8.2% had some other form of health insurance. "Public insurance" in this graphic includes Medicaid, Medical Assistance or any kind of government assistance plan for those with low incomes or a disability. "Had difficulty" combines those who said accessing care was "somewhat difficult" and those who said it was "very difficult."

Source: National Survey of Children's Health

Health insurance

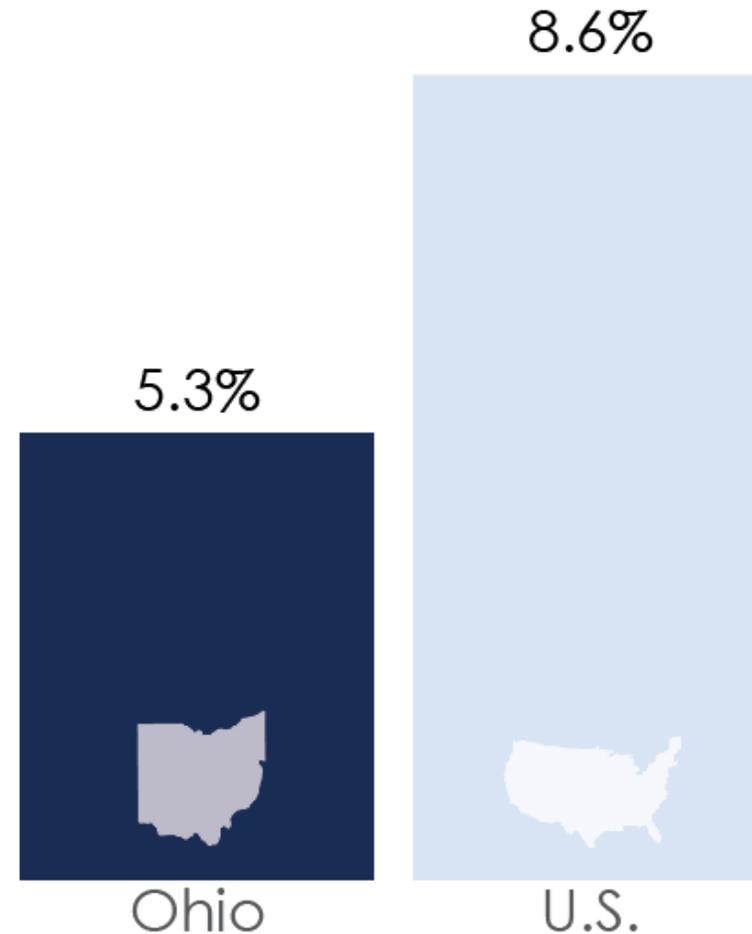
Health insurance **status and type** among Ohio children, ages 0-18, 2023



Source: Ohio Medicaid Assessment Survey

Private insurance coverage

Percent of youth (ages 12-17) whose private insurance **does not** cover treatment for mental or emotional problems, 2022-2023



Source: National Survey on Drug Use and Health as compiled by Mental Health America. The State of Mental Health in America 2025.

How insurance and affordability influence access

Cost



**Provider
availability**

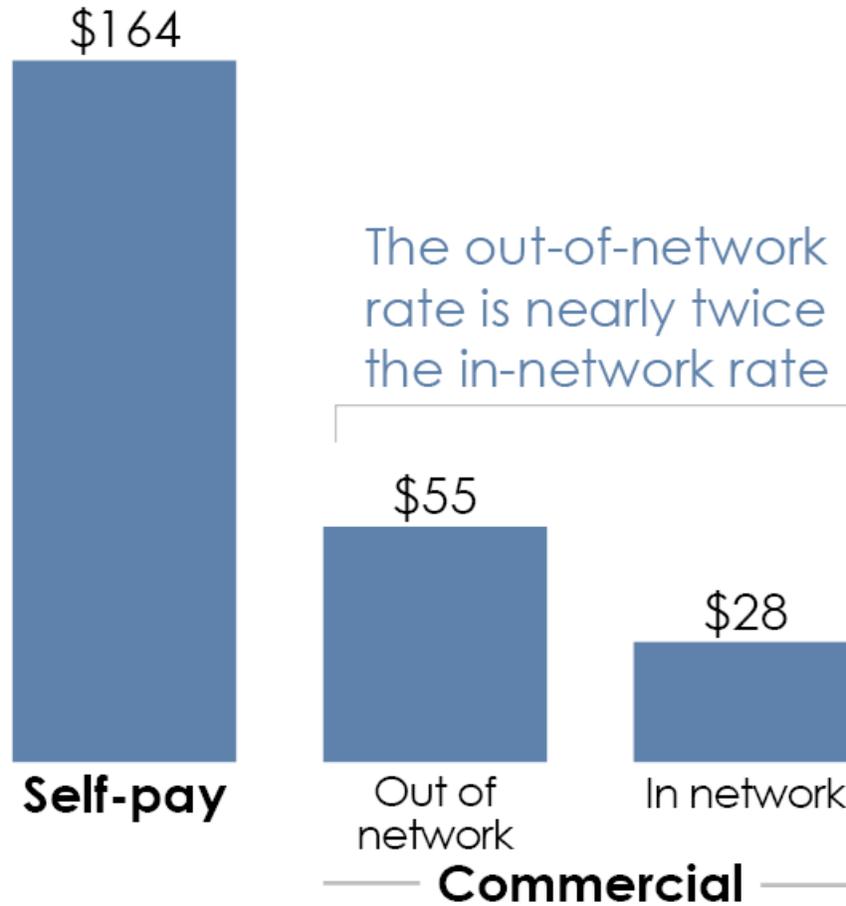


**Insurance
limitations**

Out-of-pocket cost

Average out-of-pocket cost for an individual 60-minute psychotherapy visit, 2021

Source: Analysis of Milliman's Consolidated Health Cost Guidelines Database as reported in Access across America: State-by-state insights into the accessibility of care for mental health and substance use disorders. December 2023



Cost

Provider availability

Insurance limitations

Funding for mental health services

- Federal sources (SAMHSA grants, Medicaid & CHIP reimbursement, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program)
- State and local sources (State mental health block grants distributed via ADAMH boards; Disadvantaged Pupil Impact Aid and Student Wellness and Success Funds; local levies)
- Private sources (Commercial insurance reimbursement, philanthropic grants)



Cost

Provider availability

Insurance limitations

Provider availability

- Network adequacy
- Network accuracy
- Independently and dependently licensed providers
- Low reimbursement rates for behavioral health
- Provider frustrations



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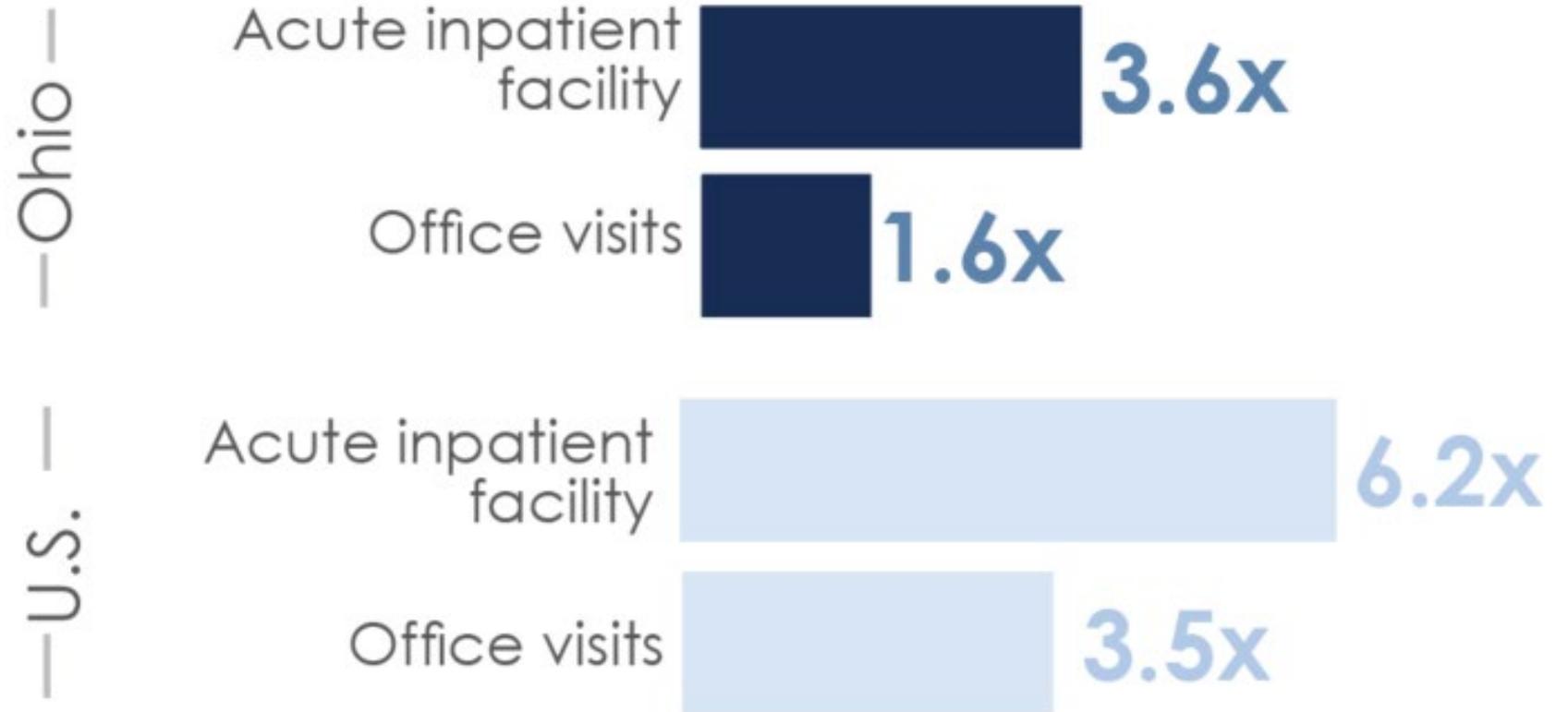
Cost

Provider availability

Insurance limitations

Out-of-network utilization

Ratio of out-of-network utilization for behavioral health services to out-of-network utilization for medical/surgical services, by provider type, Ohio and the U.S., 2021



Notes: Office visit is an individually-billed professional service in locations (e.g., doctor office) that are not designated as “facilities” such as hospitals.

Source: Behavioral Health Parity - Pervasive Disparities in Access to In-Network Care, April 2024

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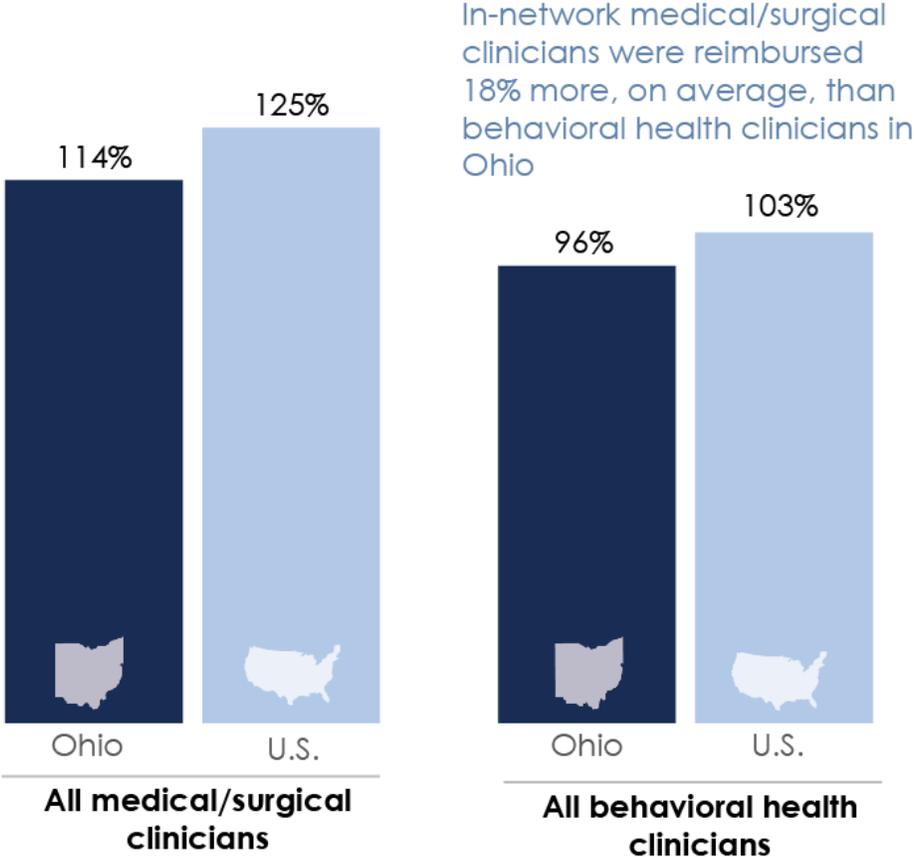
Cost

Provider availability

Insurance limitations

Reimbursement rates

Ratio of in-network reimbursement for medical/surgical office visit to in-network reimbursement for a behavioral health office visit (as a percentage of Medicare), 2021



Source: Behavioral Health Parity - Pervasive Disparities in Access to In-Network Care, April 2024

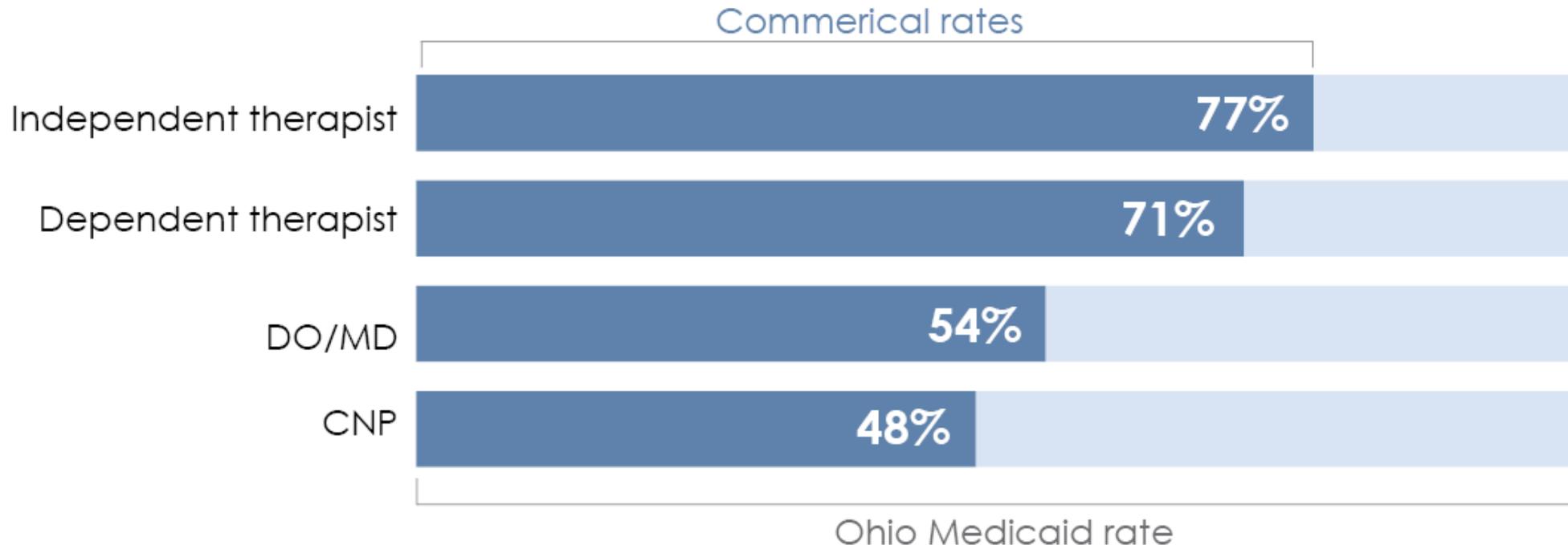
Cost

Provider availability

Insurance limitations

Differences in reimbursement rates

Commercial rates as a percentage of Ohio Medicaid rate for psychotherapy (Ohio Guidestone, FY 2025), by licensure type



Note: Commercial rates used in the analysis were provided by Ohio Guidestone in Oct. 2025; they are a weighted average of reimbursement rates from the five most common commercial insurers in Ohio Guidestone's payer mix. Medicaid rates do not include any additional revenue for modifiers/add-ons (e.g. crisis, interactive complexity) that are not covered by commercial insurers. Ohio Guidestone is the largest non-FQHC community behavioral health provider in the state, providing services in 37 counties across northern and central Ohio.

Source: Provided by Ohio Guidestone in Oct. 2025

Provider availability

- Low reimbursement rates for behavioral health
- Network adequacy
- Network accuracy
- Independently and dependently licensed providers
- Provider frustrations

Cost

Provider availability

Insurance limitations

Insurance limitations

- Services not covered by insurance
- Limitations on the amount of care covered and prior authorizations
- Settings of care not reimbursed by insurance

Cost

Provider availability



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Services often not covered by commercial insurance plans

- Therapeutic behavioral health support
- Case management
- Intensive home-based treatment
- Behavioral health nursing
- Crisis services/mobile response
- Peer recovery

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Discussion

1. What are your reactions to the data and information presented?
2. What other concepts, if any, should be explained or mentioned? (Or not mentioned?)





Mental health parity

Timeline

2008

Mental Health Parity and Addiction Equity Act (MHPAEA), a federal law requiring insurance plans that cover mental health conditions and substance use disorders to be no more restrictive than insurance coverage for other medical conditions.

2021

Ohio's mental health parity law (SB 284 of the 133rd General Assembly) went into effect; Requires health insurers and Medicaid MCOs subject to MHPAEA to comply with all applicable requirements of the Act

2008

2011

2014

2016

2019

2022

2025

2024-2025

New regulations which would have strengthened parity requirements for insurers were finalized in late 2024 and were set to take effect on Jan. 1, 2025.

- Delayed by legal challenges
- May 2025 – Trump administration announced it will not enforce the new regulations

Kennedy Forum

State Parity Gold Standards

- Codifying Federal Provisions
- Aligning Coverage Criteria and Utilization Review Criteria with Clinical Practice
- Corrective enforcement actions
- Data Collection, Evaluation, and Reporting
- Network adequacy (*in progress*)

Kennedy Forum

State Parity Gold Standards

- Codifying Federal Provisions (especially the 2024 regulations)
- Aligning Coverage Criteria and Utilization Review Criteria with Clinical Practice
 - **Generally Accepted Standards of Care (GASC)** that provide guidelines for what care patients should receive and when, based on the available evidence.

State Parity Gold Standards

- Corrective enforcement actions
 - Ensuring consumers are made whole when there are parity violations
 - Robust corrective action plans
 - Substantial fines and penalties
 - Disallowance of non-compliant products
 - Medicaid claw backs and funding withholds
 - Clear compliance thresholds and public reporting

State Parity Gold Standards

- Data Collection, Evaluation, and Reporting
 - Clear definitions, methodologies and metrics can be provided to health plans to ensure consistent and accurate data reporting
 - Publicly report results through annual public reports and consumer-facing dashboards
 - Data related to utilization management, denial rates, consumer complaints, and reimbursement rates, network adequacy measures, in-network and out-of-network utilization rates, consumer cost sharing and benefits limitations
- Network adequacy
 - Audits and secret shoppers to ensure network accuracy
 - Requiring in-network cost-sharing rates when consumers must see an out-of-network provider because timely, in-network care is not reasonably available
 - New York State passed legislation requiring commercial insurers to reimburse providers at the same rate as Medicaid

Discussion

- 1. What are your thoughts on the Gold Standards?** *(e.g., political feasibility, potential for meaningful change)*
- 2. What else should we be thinking about in terms of policy recommendations?** *(Ideas could address cost, provider availability and/or insurance limitations)*



Next steps

- Drafts should be ready to review in late April
- Meeting in late summer or Fall of 2026 to discuss relevant work of partners and opportunities for future HPIO child mental health work





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Thank you!

