

Why Is The Early and Periodic Screening, Diagnostic and Treatment (EPSDT)* Medicaid Benefit Underutilized in Financing School-based Mental Health Services?

Mental Health (MH) Workforce Shortage

- EPSDT does not guarantee that MH providers will be available nearby to deliver services.
- 70% of U.S. counties have no child psychiatrists, and 96% of U.S. counties have an insufficient supply of prescribing MH providers (i.e., psychiatrists). (1) (2)
- The MH workforce shortage is especially acute in rural areas. (2)



Mental Health Workforce Shortage

Local Education Agencies (LEAs) Underuse EPSDT Screenings

- EPSDT covers many MH screenings PLUS treatment services for students with identified MH needs
- LEAs may underutilize EPSDT for screening services if they believe there will not be any providers available nearby to treat students with identified MH needs (i.e., in shortage areas).

LEAs Underuse EPSDT Screenings



Underestimated Mental Health Care Needs



Underestimated MH Care Needs

- Without adequate MH screening for students, it may be unclear how many students have MH care needs.

Diminished Funding



Diminished Funding

- When students' MH care needs are underestimated, the true need for MH providers may be underestimated too.
- Without reliable data on MH workforce needs, requests to fund programs that boost MH workforce supply may be underfunded, perpetuating the MH workforce shortage.

* For additional information on the EPSDT benefit, please see our companion infographic: [LINK](#)

References (1) McBain, R.K., et al., *Growth and Distribution of Child Psychiatrists in the United States: 2007- 2016*. Pediatrics, 2019. 144(6); (2) Kathleen C. Thomas, et al., *County-Level Estimates of Mental Health Professional Shortage in the United States*. Psychiatric Services, 2009. 60(10): p. 1323-1328.



Southeast (HHS Region 4)

MHTTC

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