

# Medicaid Innovation in Improving Access to Behavioral Health Care

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CHCS Panel Discussion

July 15, 2025

1:00 – 2:15 pm ET

# Center for Health Care Strategies

**Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.**

Together with our partners, our work advances:



**Effective models for prevention and care delivery** that harness the field's best thinking and practices to meet critical needs.



**Efficient solutions for policies and programs** that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.



**Equitable outcomes for people** that improve the overall well-being of populations facing the greatest needs and health disparities.



# Agenda

- Welcome and Introduction
- Today's Panelists
- Moderated Panel Discussion
- Audience Q&A



# The Role of Medicaid in Behavioral Health

- Medicaid is the **largest payer of behavioral health services** in the U.S.
- Covers **one in four adults with serious mental illness** and **one in three adults with opioid use disorder**.
- Behavioral health services include:
  - Inpatient/outpatient mental health care
  - Substance use disorder treatment (including MAT)
  - Crisis intervention and recovery supports

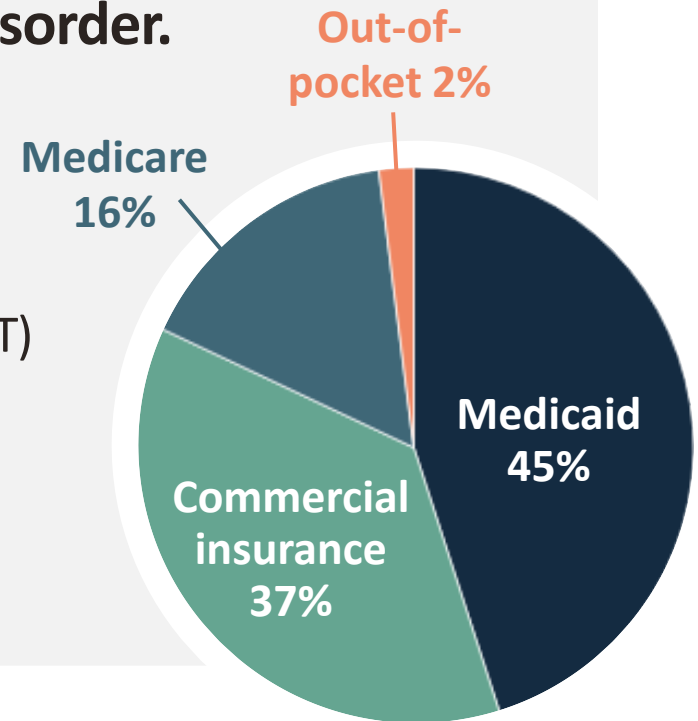


Chart source: "Medicaid's Role in Mental Health and Substance Use Care" (explainer), The Commonwealth Fund, May 8, 2025. <https://doi.org/10.>

# The Challenge: Unmet Behavioral Health Needs



- Only **half of adults** with mental illness receive treatment
  - Fewer than **one in four** adults with SUD receive treatment
- **Rural and other under-resourced communities** face severe provider shortages
  - Half of U.S. counties lack a practicing psychiatrist
  - 75 percent of U.S. counties are entirely or partially designated mental health professional shortage areas
- Emergency departments and criminal justice systems often serve as **de facto entry points for behavioral health care**

# The Cost of Inaction



- Co-occurring physical and behavioral health conditions lead to **poorer outcomes and higher utilization**
- Untreated behavioral health conditions contribute to:
  - Increased ED visits
  - Incarceration
  - Placement in child welfare system
  - Homelessness
  - Preventable deaths
- Individuals with behavioral health needs account for **nearly half of Medicaid spending**, despite being a smaller share of enrollees

# Medicaid Levers to Improve Access and Quality

- Enhanced delivery models
- Data sharing and quality measurement
- Payment reform
- Managed care contracts
- Workforce development
- Telehealth expansion
- Cross-sector partnerships



# Today's Panelists



## **Cristen Bates, MPH**

Deputy Medicaid Director and  
Director for Colorado Behavioral  
Health Initiatives, Colorado  
Department of Health Care Policy  
and Financing



## **Lee Robinson, MD**

Associate Chief for Behavioral  
Health, Office of Accountable  
Care and Behavioral Health,  
MassHealth



## **Lee Grossman, MPA**

Senior Administrator and State  
Medicaid Agent (Director),  
Wyoming Department of Health



## **MODERATOR**

## **Allison Hamblin, MSPH**

President and CEO, Center for  
Health Care Strategies



# Upcoming CHCS Behavioral Health Webinars & RFA Opportunity



## Stay tuned for future webinars exploring:

- Strengthening the behavioral health workforce
- Expanding access to community-based care
- Medicaid strategies for substance use disorder prevention and treatment

## ACCESS in Behavioral Health Learning Collaborative

- Applications due ***Friday, July 18***
- [www.chcs.org/project/access-in-behavioral-health-learning-collaborative](http://www.chcs.org/project/access-in-behavioral-health-learning-collaborative)

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