

**Q CASE STUDY**

The Pediatric Behavioral Health Service Continuum in New Orleans: Landscape Assessment and Gap Analysis of School-Based Primary Care and Behavioral Health for Medicaid-Eligible Youth Pediatric Healthcare Landscape Analysis and Blueprint

THE CLIENT

The client team is a coalition including a group of local and national funders seeking city-level solutions to address gaps in youth behavioral health services, a non-profit educational “quarterback” organization supporting New Orleans schools as they respond to students’ primary and behavioral health needs, and a children’s hospital with a robust, grant-funded school-based primary and behavioral health program exploring where it could uniquely expand impact.

Together, the partners set out to identify system-level opportunities for aligned funding, reduce the extent to which school-based staff are asked to take on additional care coordination work, and expand access for children and families to school-based primary and behavioral health services as well as community- and facility-based behavioral health services. The work focused on strengthening school-based mental health and integrated care pathways for Medicaid-eligible children and adolescents across the full pediatric behavioral health continuum.

BACKGROUND

In New Orleans, youth behavioral health and pediatric mental health needs were becoming more urgent, but the system designed to respond remained fragmented across schools, community providers, hospitals, and public agencies. School leaders and clinicians described referral pathways that were inconsistent and difficult to navigate, limited visibility into where services existed, and few shared accountability mechanisms across sectors—creating gaps in care coordination, crisis response, and follow-up. This made it difficult for stakeholders to coordinate strategy, align resources, or plan for scale.

In parallel, Manning Family Children’s Hospital and its ThriveKids student wellness initiative saw a significant opportunity to expand school based physical and behavioral health services across New Orleans Public Schools.

School teams were increasingly operating as de facto care coordinators, triaging crises, managing referrals, and filling behavioral health gaps they were not equipped or designed to address. Stakeholders saw school-based health clinics and school-based health centers as a meaningful opportunity to close gaps in behavioral health screening and response, strengthen connections to primary and behavioral health care, and provide care navigation for students and families—including trauma-informed supports, universal screening, warm handoffs, and alignment with multi-tiered systems of support (MTSS).

This project brought together multiple stakeholders—including philanthropy, education, hospitals, and non-profits—to fund and lay the foundation for a shared view of need and opportunity. Because HMA has credibility across these sectors, we were able to support cross-sector collaboration and create a common fact base to guide investment decisions. Partners also recognized a specific local imperative: Medicaid-eligible youth and public school students needed better access to coordinated primary and behavioral health care, and the community needed a neutral, trusted convening entity to provide backbone coordination and accountability mechanisms.

APPROACH

HMA applied a mixed-methods, system-level approach to understand both the supply of services and the lived experience of accessing care. This behavioral health needs assessment combined service mapping, Medicaid data analytics, and stakeholder input to evaluate the continuum of care—from prevention and early intervention to crisis stabilization, day treatment, and residential treatment. This included:

- » **Quantitative analysis of Medicaid utilization data** to assess service reach, gaps, and demand across the pediatric behavioral health continuum
- » **Survey of school-based and community-based services**, including primary care, behavioral health, and higher-acuity treatment options
- » **Stakeholder engagement** through 20+ interviews, focus groups, and surveys of school staff and providers to capture real-world barriers and system dynamics
- » **Gap analysis using national benchmarks** to estimate unmet need and quantify where the system falls short
- » **Feasibility and opportunity assessment**, evaluating not just need, but financial viability, workforce constraints, and implementation pathways

HMA used a unique approach for this analysis. In the absence of extensive utilization data and services, HMA used the Academy of Child and Adolescent Psychiatry's framework for the continuum of pediatric behavioral health services as a standard. We cross-referenced this with New Orleans population and Medicaid enrollment data and national utilization data to estimate how many children in New Orleans would be expected to participate in each service on the continuum and assessed the feasibility of launching or expanding each service based on an assessment of the regulatory landscape, viable revenue sources, and projected demand for each service.

We then translated these findings into a **practical, phased roadmap**, grounded in local context and designed to align funders, providers, and schools around a shared strategy.

RESULTS

This effort provided the **first-ever integrated view of the pediatric behavioral health system in New Orleans**, spanning school-based health centers/clinics, community providers, and facility-based care—and translating findings into practical options to improve access, care navigation, and crisis stabilization for Medicaid-eligible youth.

- » **For behavioral health professionals working in schools, state agencies, and clinical settings**, the assessment produced an actionable picture of where the system breaks down—and where investments and operational changes can measurably improve access and outcomes for Medicaid-eligible youth and public school students. Only ~2% of Medicaid-eligible youth are currently receiving school-based behavioral health services.
- » **Clarified the role schools are being asked to play in a fragmented system**—often functioning as care coordinators and first responders to behavioral health need—strengthening the case for school-based health clinics/centers with standardized screening, warm handoffs, and care navigation supports.
- » **Documented drivers of avoidable acute-care utilization**, including gaps in community-based care: an insufficient number of providers willing to accept Medicaid, limited availability of evidence-based treatment, and the absence of respite and crisis residences—factors that can push families toward emergency departments and inpatient settings.
- » **Balanced a community-first strategy with realistic capacity planning**—identifying opportunities to mitigate the need for some facility-based services by strengthening community-based behavioral health, while also underscoring the continued need for day and residential treatment facilities to address behavioral health and substance use needs when higher levels of care are clinically indicated.
- » **Elevated the need for intermediary coordination** to reduce silos and improve accountability across healthcare and education. The work provided a concrete rationale and initial design considerations for a neutral, trusted convening entity to coordinate primary and behavioral healthcare for Medicaid-eligible youth and public school students in New Orleans—an increasingly important model for cross-sector collaboration that has been difficult to implement effectively in practice.

Overall, the work supports a scalable model for integrated school-based behavioral health, Medicaid-aligned financing, and cross-sector care coordination—helping communities strengthen prevention, early intervention, and access to the right level of treatment.

Importantly, HMA's work does not stop at identifying gaps—we help clients prioritize investments, structure partnerships, and build the infrastructure needed for long-term system transformation. HMA can help organizations implement this kind of organizational change, by bringing a unique combination of:

- » Deep expertise in Medicaid, behavioral health systems, and school-based care, enabling rigorous analysis of both financing and service delivery
- » Proven ability to integrate quantitative data with stakeholder insight, ensuring recommendations reflect both system realities and lived experience
- » Experience designing and implementing system-level solutions, not just conducting assessments
- » Cross-sector credibility, allowing HMA to convene and align funders, healthcare providers, educators, and public agencies
- » Practical, implementation-focused approach, translating complex findings into actionable strategies that are financially and operationally viable

Contact us to learn more.



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