

FIVE STRATEGIES

FOR TRANSFORMING YOUTH MENTAL HEALTH →

There is an emerging national consensus on the policy areas that drive meaningful reform for youth mental health. While each state approaches these differently, the following five strategies represent the clearest path toward a Medicaid system that works for kids and families.

When We Lead is built around these strategies for transforming how Medicaid delivers mental health care for children and families. Together, they represent a blueprint for reimagining who provides care, where it happens, and how it gets paid for.



1.

REMOVE DIAGNOSIS AS A GATEKEEPER

Too many children are turned away from mental health services because they don't yet have a formal diagnosis, a barrier that delays care until problems become crises. We work to expand medical-necessity criteria and establish needs-based early access, so that a child's documented need, not a clinical label, opens the door to support. Getting kids help earlier means better outcomes and lower costs down the road.



2.

REIMAGINE THE WORKFORCE

The people children and families trust most, peers with lived experience, community health workers, youth navigators, culturally rooted healers, are largely excluded from Medicaid reimbursement. We work to add these provider types to the Medicaid system, shifting economic benefit into communities while dramatically expanding the reach of care.



3.

MAKE SCHOOLS IN-NETWORK PROVIDERS

Schools are where children spend most of their time, and school staff are often the first to notice when a child is struggling. Yet school-based services are routinely left out of Medicaid and commercial insurance networks. We work to treat schools as essential community providers, ensuring that mental health services delivered in schools are reimbursable, making care available where kids already are.



4.

TREAT PARENTS ALONGSIDE CHILDREN

A child's mental health cannot be separated from the health of their family. We work to integrate caregiver support into the same settings, schools, primary care clinics, early childhood programs, where children are already receiving services. By treating parents and children together, we address the full context of a child's life rather than just the symptoms in front of us.



5.

DESIGN WRAPAROUND BENEFITS FOR OUR HIGHEST-NEED KIDS

The small number of children with the most complex needs regularly transition between foster care, juvenile justice, emergency rooms, and out-of-home placements, receiving fragmented, crisis-driven care. We work to advance intensive, family-led wraparound for these youth: a dedicated team around each child, low caseloads, and 24/7 support, paid through a flexible case rate that funds what a family needs. Done well, wraparound keeps children in their homes instead of in costly placements.

When We Lead is currently pursuing these strategies across five states: **California, Georgia, Hawaii, Iowa, and Pennsylvania**. Each state brings its own policy landscape and community context, and together they form a multi-state laboratory for what a reimagined system of care can look like.

