Promoting Mental and Behavioral Health Resources to Help Children and Teens Enroll in Coverage and Access Care

Webinar:
April 29, 2021
2:00pm EST
Agenda

The Big Picture: A Look at the Data and Programs and Resources to Improve Children’s Mental Health Outcomes

• Understanding the Importance of Access to Care in Children’s Mental Health
  Melinda Baldwin, Chief, Center for Mental Health Services
  Substance Abuse and Mental Health Services Administration (SAMHSA)

• Preliminary Medicaid & CHIP Data Snapshot
  Kim Proctor, Technical Director, Data and Systems Group
  Center for Medicaid & CHIP Services, Centers for Medicare & Medicaid Services (CMS)
National Outreach Strategies to Address Children’s Mental Health

• Supporting Children’s Mental Health Through Communications
  Jamie Poslosky, Senior Director, Advocacy Communications
  American Academy of Pediatrics (AAP)

• Behavioral Health Awareness Campaign
  Gillian Ray, Vice President, External Relations
  Children’s Hospital Association (CHA)
State Outreach Strategies to Address Children’s Mental Health

- **Helping Parents Support Children’s Mental Health in MA**
  Kelly English, PhD, LICSW, Acting Deputy Commissioner, Child, Youth, & Family Services
  Massachusetts Department of Mental Health (DMH)

Resources to Get Kids and Teens Access to Care

- **Connecting Kids to Coverage National Campaign Resources**
  Darshana Panchal, MPH, Outreach Contractor
  Porter Novelli Public Services
The Big Picture: A Look at the Data and Programs and Resources to Improve Children’s Mental Health Outcomes

Melinda Baldwin, PhD, LCSW
Chief, Center for Mental Health Services
Substance Abuse and Mental Health Services Administration (SAMHSA)
Understanding the Importance of Access to Care in Children’s Mental Health

Melinda J Baldwin, PhD, LCSW
Director, Division of Prevention, Traumatic Stress, and Special Programs
Acting Chief, Child, Adolescent, and Family Branch
Acting Chief, Mental Health Promotion Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration

April 29, 2021
Among those with a substance use disorder:
2 IN 5 (38.5% or 7.4M) struggled with illicit drugs
3 IN 4 (73.1% or 14.1M) struggled with alcohol use
1 IN 9 (11.5% or 2.2M) struggled with illicit drugs and alcohol

Among those with a mental illness:
1 IN 4 (25.5% or 13.1M) had a serious mental illness

7.7% (19.3 MILLION)
People aged 18 or older had a substance use disorder (SUD)

3.8% (9.5 MILLION)
People 18 or older had BOTH an SUD and a mental illness

20.6% (51.5 MILLION)
People aged 18 or older had a mental illness

In 2019, 61.2M Americans had a mental illness and/or substance use disorder—an increase of 5.9% over 2018 composed entirely of increases in mental illness.
Serious emotional disturbance (SED) refers to a diagnosable mental, behavioral, or emotional disorder experienced by people under the age of 18 in the past year, which resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.

(https://www.samhsa.gov/find-help/disorders)

The National Dissemination Center for Children with Disabilities lists six types of emotional disturbances:

- anxiety disorders
- bipolar disorder
- conduct disorders
- eating disorders
- obsessive-compulsive disorder (OCD) and
- psychotic disorders

![Total Number of Children with SED Served in Publicly Funded Mental Health System (in Millions), 2008 to 2019](chart)

33% increase

**Total Number of Children with SED Served in Publicly Funded Mental Health System (in Millions), 2008 to 2019**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Children (in Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>1.2</td>
</tr>
<tr>
<td>2009</td>
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<tr>
<td>2010</td>
<td>1.3</td>
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<td>2011</td>
<td>1.4</td>
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<td>2012</td>
<td>1.4</td>
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<td>2013</td>
<td>1.5</td>
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<tr>
<td>2014</td>
<td>1.5</td>
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<tr>
<td>2015</td>
<td>1.4</td>
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<tr>
<td>2016</td>
<td>1.4</td>
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<tr>
<td>2017</td>
<td>1.6</td>
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<tr>
<td>2018</td>
<td>1.6</td>
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<tr>
<td>2019</td>
<td>1.6</td>
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<tr>
<td>----------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>MDE</td>
<td>9.0+</td>
</tr>
<tr>
<td>MDE with Severe Impairment</td>
<td>N/A</td>
</tr>
</tbody>
</table>

N/A = not available.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Received Treatment in the Past Year for Depression among Youths Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) or MDE with Severe Impairment: 2004-2019

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>MDE</td>
<td>40.3</td>
<td>37.8*</td>
<td>38.8*</td>
<td>39.0*</td>
<td>37.7*</td>
<td>34.6*</td>
<td>37.8*</td>
<td>38.4*</td>
<td>37.0*</td>
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<td>40.9</td>
<td>41.5</td>
<td>41.4</td>
<td>43.3</td>
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<tr>
<td>MDE with Severe Impairment</td>
<td>N/A</td>
<td>N/A</td>
<td>46.5</td>
<td>43.9*</td>
<td>42.6*</td>
<td>38.8*</td>
<td>41.1*</td>
<td>43.5*</td>
<td>41.0*</td>
<td>45.0*</td>
<td>44.7*</td>
<td>44.6*</td>
<td>46.7</td>
<td>47.5</td>
<td>46.9</td>
<td>49.7</td>
</tr>
</tbody>
</table>

N/A = not available

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Sources of Mental Health Services in the Past Year among Youths Aged 12 to 17: 2002-2019

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Specialty Mental Health Setting</td>
<td>11.8+</td>
<td>12.4+</td>
<td>13.4+</td>
<td>13.0+</td>
<td>12.4+</td>
<td>12.7+</td>
<td>12.0+</td>
<td>12.1+</td>
<td>12.6+</td>
<td>12.7+</td>
<td>13.6+</td>
<td>13.7+</td>
<td>13.3+</td>
<td>14.7+</td>
<td>14.8+</td>
<td>16.0</td>
<td>16.7</td>
<td></td>
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<tr>
<td>Education Setting</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>12.1+</td>
<td>12.4+</td>
<td>11.9+</td>
<td>12.9+</td>
<td>13.0+</td>
<td>13.2+</td>
<td>13.2+</td>
<td>13.1+</td>
<td>13.3+</td>
<td>14.2+</td>
<td>15.4</td>
</tr>
<tr>
<td>General Medical Setting</td>
<td>2.7+</td>
<td>2.9+</td>
<td>3.4</td>
<td>3.2</td>
<td>2.8+</td>
<td>2.9+</td>
<td>2.5+</td>
<td>2.5+</td>
<td>2.5+</td>
<td>2.8+</td>
<td>2.9+</td>
<td>2.7+</td>
<td>2.9+</td>
<td>3.3</td>
<td>3.1+</td>
<td>3.7</td>
<td></td>
<td></td>
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<tr>
<td>Child Welfare Setting</td>
<td>0.6+</td>
<td>0.7+</td>
<td>0.6+</td>
<td>0.6</td>
<td>0.5</td>
<td>0.5</td>
<td>0.4</td>
<td>0.4</td>
<td>0.4</td>
<td>0.4</td>
<td>0.4</td>
<td>0.3</td>
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<td>0.4</td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td>Juvenile Justice Setting</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0.4+</td>
<td>0.3+</td>
<td>0.4+</td>
<td>0.3+</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
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<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td></td>
</tr>
</tbody>
</table>

N/A = not available.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
SMHA Expenditures per Capita (Table 7)

Per Capita Map - All-All - 2019

Per Capita Trend - All-All

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gran Total</td>
<td>141.77</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Per Capita Overall Table - 2019-All

<table>
<thead>
<tr>
<th>Service ID</th>
<th>Fund Source Id</th>
</tr>
</thead>
<tbody>
<tr>
<td>(All)</td>
<td>(All)</td>
</tr>
</tbody>
</table>

Local Funds | Evidence-Based | State Hospital | Other 24-hour | Ambulatory/Residential | Administrative | Grand Total |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>0.0</td>
<td>0.6</td>
<td>0.7</td>
<td>1.3</td>
<td>0.2</td>
<td>2.8</td>
</tr>
<tr>
<td>Medicaid (Federal, State)</td>
<td>0.0</td>
<td>0.0</td>
<td>6.5</td>
<td>11.2</td>
<td>50.3</td>
<td>0.7</td>
</tr>
<tr>
<td>Mental Health Block</td>
<td>0.0</td>
<td>0.2</td>
<td>0.1</td>
<td>1.3</td>
<td>0.1</td>
<td>1.6</td>
</tr>
<tr>
<td>Other Federal Funds</td>
<td>0.0</td>
<td>0.0</td>
<td>1.8</td>
<td>0.4</td>
<td>2.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Other Funds</td>
<td>0.0</td>
<td>0.0</td>
<td>0.8</td>
<td>0.1</td>
<td>1.2</td>
<td>0.0</td>
</tr>
<tr>
<td>State Funds</td>
<td>0.3</td>
<td>0.1</td>
<td>29.8</td>
<td>6.7</td>
<td>22.1</td>
<td>2.7</td>
</tr>
<tr>
<td>Grand Total</td>
<td>0.5</td>
<td>0.3</td>
<td>39.5</td>
<td>19.2</td>
<td>78.5</td>
<td>3.8</td>
</tr>
</tbody>
</table>
• Access and ability to obtain mental health treatment
  • Lack of providers in their areas
  • Travel long distances
  • Placed on long waiting lists
  • Cost
  • Access to insurance coverage
The goal of Project LAUNCH is to foster the healthy development and wellness of all young children (birth through age 8), preparing them to thrive in school and beyond.

Over the course of ten years (2009-2019) of Project LAUNCH:

- 241,000 children and parents screened or assessed for behavioral health concerns.
- Over 203,000 children and parents/caregivers received evidence-based mental health-related services.
- More than 100,000 community providers trained on milestones of social/emotional development, early detection of behavioral health issues, and best practices for mental health treatment.
- Approximately 10,500 new partnerships developed between organizations in order to improve care coordination and access to quality mental health services for young children and families.

http://www.healthysafechildren.org
The Center of Excellence (CoE) provides technical assistance to programs, communities, states, territories, and tribal communities, and individual mental health consultants to increase access to high quality mental health consultation throughout the country.

Examples of CoE offerings include:

- Community of Practice for Physicians Providing IECMHC in Primary Care
- "Choose and Use Guide" for IECMHC Measures
- IECMHC Program Readiness Assessment
- Foundational IECMHC Professional Development Modules
- IECMHC Self-Assessment for Mental Health Consultants
- Equity in IECMHC Four-Part Webinar Series
- Equity Toolbox
- COVID-19 TA

Since Sept 2019, the CoE has delivered technical assistance to:

- 36 programs
- 147 individuals
- 8,733 webinar participants
- 82 affinity group members
Project AWARE (Advancing Wellness and Resiliency in Education) is a program to build or expand the capacity of State Educational Agencies, in partnership with State Mental Health Agencies overseeing school-aged youth to advance wellness and resiliency in education by increasing mental health awareness in schools across states, territories, and tribal communities.

**Purpose**

- Increase awareness of mental health challenges that school-aged youth may experience.
- Provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health challenges.
- Connect school-aged youth, who may present with behavioral health challenges and their families to needed services.
Project AWARE Core Values and Principles

- Family Driven/Youth Focused
- Resiliency
- Culturally & Linguistically Competent
- Community Based
- Evidenced Based Trainings and Services
- Trauma Informed
### Growth from 1999 to Present

<table>
<thead>
<tr>
<th>1999</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The Safe Schools/Healthy Students Initiative focused on creating</td>
<td>• Project AWARE now builds upon the successful initiative of (SS/HS).</td>
</tr>
<tr>
<td>safe and secure schools and promoting the mental health of</td>
<td>• &gt;900,000 students have participated in Project AWARE.</td>
</tr>
<tr>
<td>students in communities across the country.</td>
<td>• &gt;800 organizations entered into formal written agreements</td>
</tr>
<tr>
<td>• &gt;90% of school staff saw reduced violence on school grounds</td>
<td>• &gt;445,000 individuals have participated in mental health related</td>
</tr>
<tr>
<td>• &gt;250% increase in the number of students who received school</td>
<td>trainings.</td>
</tr>
<tr>
<td>based mental health services</td>
<td>• 42 states, territories, and tribes have or are currently delivering</td>
</tr>
<tr>
<td>• &gt;500% increase in those receiving community based mental</td>
<td>services through Project AWARE funds.</td>
</tr>
<tr>
<td>health services.</td>
<td></td>
</tr>
<tr>
<td>• Nearly 90% of school staff stated that they were better able to</td>
<td></td>
</tr>
</tbody>
</table>
AWARE Grants

- Increase mental health awareness & literacy
- Immediate identification of and response to mental health needs
- Sustainable school mental health infrastructure
- Co-coordination with State Mental Health Agency & Sustainable partnerships
- Coordinated screening, referral, access & follow up
- Promotion of culturally informed & developmentally appropriate evidence based services
## Partnerships and Collaboration

### Mental & Healthcare Professionals
- Social Worker/Counselor
- Guidance Counselor
- Behavioral health Support
- School Nurse
- Occupation & Physical Therapist
- Speech Language Pathologist

### Law Enforcement & First Responders
- Police Officers
- Probation Officers
- School Resource Officer
- Fire Department
- Emergency Medical Technicians/Ambulance
- Hotline Operators

### School System
- Administrators & Teachers
- Academic Advisors
- Peer Support Worker
- Crossing Guards/Bus Driver
- Lunch/Recess Monitor
- Custodians/Coaches/Librarians

### Family & Student Resources
- Families
- Care Coordinators
- Case Managers/Workers
- Crisis Care Worker
- Community Outreach Staff
- Human Service Agency Staff
- Local Nonprofits

### SAMHSA
- State Departments:
  - Mental/Behavioral Health
  - Justice
  - Medicaid
  - CHIP
  - Social Services
The Child Trauma Toolkit for Educators was developed to provide school administrators, teachers, staff, and concerned parents with basic information about working with traumatized children in the school system.

Examples of Products Developed by the NCTSN

- Trauma-Informed School Strategies during COVID-19
- Age-Related Reactions to a Traumatic Event
- After a Crisis: Helping Young Children Heal
- Children and Domestic Violence: How Does Domestic Violence Affect Children?
Thank you – for all the work that you do on behalf of children and their families.
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

Melinda J Baldwin, Ph.D, LCSW
Director, Division of Prevention, Traumatic Stress, & Special Programs
Acting Chief, Child, Adolescent & Family Branch
Melinda.Baldwin@samhsa.hhs.gov

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)
The Big Picture: A Look at the Data and Programs and Resources to Improve Children’s Mental Health Outcomes

Kim Proctor
Technical Director, Data and Systems Group
Center for Medicaid & CHIP Services, Centers for Medicare & Medicaid Services (CMS)
Medicaid and CHIP COVID-19 Summaries

Preliminary Medicaid & CHIP Data Snapshot

Services through July 31, 2020
What You Should Know When Using The Data

**Claims Lag:** You should use caution when interpreting our data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay or “claims lag” between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. For Medicaid and CHIP data, no claims are submitted to CMS in the same month the service was delivered. Historically, 90% of FFS claims across all claims types are submitted within 7 months, while 90% of encounters across all claims types are submitted within 12 months. There is significant variation across states, with some states submitting 90% of all claims within only 4 months, while other states take nearly a year. On average, states need 9 months to submit 95% of all claims.

<table>
<thead>
<tr>
<th>Months after service</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
<td><strong>Fee-for-service Claims Submission, %</strong></td>
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<td></td>
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</tr>
<tr>
<td>Inpatient</td>
<td>21.8</td>
<td>62.5</td>
<td>76.4</td>
<td>83.4</td>
<td>88.5</td>
<td>92.3</td>
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<tr>
<td>Long-term care</td>
<td>14.9</td>
<td>82.0</td>
<td>89.3</td>
<td>92.3</td>
<td>95.4</td>
<td>96.8</td>
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<td>Other services</td>
<td>26.3</td>
<td>70.2</td>
<td>83.0</td>
<td>89.4</td>
<td>92.3</td>
<td>95.1</td>
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<tr>
<td>Prescription drug</td>
<td>64.0</td>
<td>97.9</td>
<td>98.5</td>
<td>98.8</td>
<td>98.9</td>
<td>99.0</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Managed Care Encounters Submission, %</th>
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</thead>
<tbody>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Long-term care</td>
</tr>
<tr>
<td>Other services</td>
</tr>
<tr>
<td>Prescription drug</td>
</tr>
</tbody>
</table>
State Variation in Other Services Claims Lag

**Claims Lag:** Use caution when interpreting the data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay, or "claims lag", between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. For Medicaid and CHIP data, no claims are submitted to CMS in the same month the service was delivered.

**Other Services file:** The Other Services file contains outpatient facility claims and professional claims. This includes, but is not limited to: physician services, outpatient hospital services, dental services, other physician services (e.g., chiropractors, podiatrists, psychologists, optometrists, etc.), clinic services, laboratory services, X-ray services, sterilizations, home health services, personal support services, and managed care capitation payments. Historically, 90% of both FFS and encounter Other Services claims are submitted within 6 months. There is significant variation across states in terms of claims submissions. Some states submit 90% of all other services claims within only 3 months, while other states take nearly a year.

<table>
<thead>
<tr>
<th>Months after service</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>58.0</td>
<td>86.9</td>
<td>91.6</td>
<td>95.1</td>
<td>96.1</td>
<td>97.2</td>
</tr>
<tr>
<td>Nebraska</td>
<td>49.7</td>
<td>83.4</td>
<td>90.9</td>
<td>93.5</td>
<td>94.8</td>
<td>96.4</td>
</tr>
<tr>
<td>South Dakota</td>
<td>40.3</td>
<td>84.6</td>
<td>92.8</td>
<td>95.8</td>
<td>97.0</td>
<td>98.4</td>
</tr>
<tr>
<td>Arkansas</td>
<td>39.1</td>
<td>80.8</td>
<td>87.8</td>
<td>90.4</td>
<td>93.2</td>
<td>96.1</td>
</tr>
</tbody>
</table>

**Fastest claims submission, Other Services Claims %**

| Hawaii              | 5.0   | 43.8  | 76.6  | 85.7  | 88.3  | 89.7  |
| Illinois            | 4.9   | 33.2  | 48.7  | 60.3  | 63.3  | 74.2  |
| Missouri            | 2.9   | 46.4  | 79.7  | 86.0  | 88.2  | 90.0  |
| Puerto Rico         | 1.1   | 48.2  | 87.7  | 95.2  | 98.5  | 99.2  |

**Percent of Medicaid & CHIP Other Services claims received by months after service was delivered (based on March 2018 service date)**
Medicaid and CHIP cover more than 4 in 10 children nationally and provide critical services

- Medicaid and CHIP covered nearly 41.5 million children between January and August 2020

- The programs cover three quarters of children living in poverty¹

- Approximately four in ten children covered under the programs have a special health care need that requires health services²


Service use among children during COVID-19: Key highlights

Preliminary data suggest that, during the PHE:

• Primary, preventive, and mental health services declined among children age 18 and under starting in March 2020. Although rates are starting to rebound, millions of services still need to be delivered to make up for those missed between March and July 2020.

• Service delivery via telehealth for children increased dramatically, but not enough to offset this decline in services, especially for mental health services. Of all services examined in this analysis, mental health services rates have rebounded the least between March and July 2020.

• There is considerable state variation in service use rates, with some states returning to or surpassing February 2020 levels of care by June 2020.

• The COVID-19 treatment rate for children is low, with <0.2% receiving treatment for COVID-19 under Medicaid or CHIP and fewer than 2,200 hospitalizations so far in 2020.
Preliminary data show the number of child screening services declined substantially in April and increased through July, nearing prior years’ rates.

Screening rates among children dropped from 61 per 1,000 beneficiaries in February to a low of 30 per 1,000 beneficiaries in April and increased to 57 per 1,000 beneficiaries in July.

~29% fewer (3.7 million) child screening services were provided between March through July 2020, compared to March through July 2019.

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on September T-MSIS submissions with services through the end of August. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for August are incomplete, results are only presented through July 31, 2020.
Preliminary data show outpatient mental health services for children declined starting in March and are still well below prior years’ levels. Telehealth increased starting in March, but not enough to offset this decline.

Outpatient mental health services and services delivered via telehealth among children dropped from 134 per 1,000 in February to about 59 per 1,000 beneficiaries in July.

~35% fewer (8.4 million) outpatient mental health services and those delivered via telehealth between March through July 2020, compared to March through July 2019.

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on September T-MSIS submissions with services through the end of August. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for August are incomplete, results are only presented through July 31, 2020.
Preliminary data show outpatient mental health service use among children declined in all states through July, but the rate of decline varied across states.

NJ, NY, ND, VT, and WY had the smallest percent decrease in mental health services among children under 19 from February 2020 to July 2020 (data incomplete).

AK, CA, CT, DE, and MA had the greatest percent decrease in mental health services among children under 19 from February 2020 to July 2020 (data incomplete).

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on September T-MSIS submissions with services through the end of August. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for August are incomplete, results are only presented through July 31, 2020. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Slides 3 to 5 for additional information.
Questions?

Kim Proctor
Kimberly.Proctor@cms.hhs.gov
National Outreach Strategies to Address Children’s Mental Health

Jamie Poslosky
Senior Director, Advocacy Communications
American Academy of Pediatrics
Supporting Children’s Mental Health Through Communications

Jamie Poslosky
Senior Director, Advocacy Communications
“We know from research on the impact of natural disasters on the mental health of children that prolonged exposure to this kind of toxic stress is damaging,” Dr. Goza said in a press release. “Most natural disasters have an end, but this pandemic has gone on for over eight months, and is likely to continue to disrupt our lives for many more.

“The brain is just as vital a part of children's health as the rest of the body. We need to act so that when we emerge on the other side of this pandemic, all of our children will be healthy and thriving.” – AAP President Lee Savio Beers, MD, FAAP
AMPLIFYING OUR VOICE

Webinar: A Community Approach to Fostering Children’s Mental and Behavioral Health

May 6, 2021 | 1:00 to 2:00 p.m. ET
PEDIATRIC TRAINEES PRIORITIZE CHILDREN’S MENTAL HEALTH

AAP Section on Pediatric Trainees: 2020-2021 Advocacy Campaign

• **Quarter 1:** Community and School Based Mental-Health for Children and Adolescents
• **Quarter 2:** Substance Use in the Pediatric Population
• **Quarter 3:** Mental Health Advocacy for Populations with Unique Healthcare Needs
• **Quarter 4:** Racism, Adverse Childhood Experiences, Toxic Stress, and Resiliency
#CallYourPediatrician Campaign

Is there a short link for the CYP campaign?
CALL YOUR PEDIATRICIAN PSA

https://youtu.be/FkFl2i1GrDg
Promoting Telehealth

Let parents and caregivers know that telehealth is an option in your practice.

Download and share social media graphics, videos and links to HealthyChildren.org articles to help families in your practice better understand the basics of a telehealth appointment and how to get ready for one. Share messages on your own social networks using these prepared posts. Check back often as more tools will be added to the toolkit!

All posts should include the hashtag #Telehealth101
Social Media Graphics for Practices
Information for Families

How Telehealth Can Enhance Mental Health Care

If you've noticed your child or teen is struggling in school, having difficulties with family or friends, has changes in how they eat or sleep, or seems depressed, hopeless, anxious, or angry, they may be giving you signs they can use some extra support.

The COVID-19 pandemic has left many children, teens, and young adults feeling a sense of loss. They have lost time with friends, family and community. They have lost activities at school. They may have even lost people they know to COVID-19. Everyone has felt a loss of normalcy during this time.

Start with your pediatrician

If you're worried about your child's emotional health, you might be able to schedule a telehealth visit with your pediatrician. Telehealth can be a visit that takes place by video or phone. Pediatricians are finding that this is a good way to talk with you and your child from the comfort of your home. A telehealth visit can ease any feelings of
AAP AND SUICIDE PREVENTION

AAP Goals for Addressing Youth Suicide Prevention:

• Increase knowledge of risk factors of suicide
• Provide training on risk assessment and supportive care
• Share screening and intervention techniques
• Create new resources for families, providers, communities
• Prevent children and adolescents from dying by suicide

Partnerships are Critical:

• No one can prevent suicide alone
• Youth input, and input from youth and families with lived experience is essential
• Multidisciplinary collaboration can help guide our actions
SUICIDE PREVENTION TOOLKIT

Campaign Materials

Promote Social-Emotional Health

Tip Sheet

Self Harm and Suicide Motivational Interviewing Techniques (16 min)

Depression Motivational Interviewing Techniques (12 min)

Tips to Promote Social-Emotional Health Among Young Children

What Parents of Young Children Can Do:

- Catch your child being good! Praise your child often for even small accomplishments like playing nicely with others, helping to pick up toys, washing her face, or being a good sport.
- Find ways to play with your child that you both enjoy every day. Talk with your child, tell stories, sing, and make memories together. It is especially important to say and remember for a few minutes after older siblings have had some type of major physical activity such as a walk or bike ride around the neigh-

- Seek ways for your child to play with other children of the same age. Make sure they are watched by a

- Read with your child every day as part of a special family routine. Turn off the TV before the evening meal. Have conversations with your children during the meal, get their input. Always after the meal, and meal should end with your children’s participation in the feeding. You will help children to eat well and sleep well at all times of the day.

- Limit screen time to no more than 2 hours during the week for children aged 2 years or older. Parents should monitor their child’s exposure to the media and the things that they watch or read. Parents should encourage healthy sleep. The media may not be appropriate for all children and limited exposure to the media is important.

- Make time for a parent, but includes regular family meals where parents and siblings can eat together and that day. It is important for the whole family to be together during the day and not to spend parts of the day alone.

- Include regular meals and snacks in your child’s diet. The media should not be the only source of food and should not be used as a substitute for eating.

- Model behaviors that your child wants to see in you. Parents should be the role models in your child’s life, and what they do can be truly important because of the way they influence your child. Parents should model emotional health for the children who are or will be adults is front of the child.

Addressing Youth Suicide Prevention: A Factsheet for Primary Care Clinicians

Background:

- Suicide is the 3rd leading cause of death among US youth ages 15-24

- Pediatricians can take important steps to protect children and families in their practice

Screening for Suicide Risk:

- Choose a validated screening tool
  - Ask Suicide-Screening Questions (ASQ)
  - PHQ-9 Modified for Adolescents (PHQ-9 A)

- Columbia Suicide Severity Risk Scale (CSSRS)

Understand how to score and document results
Design a workflow for screening

Managing a Positive Screen:

- Assess level of risk and intervene accordingly
  - Low Risk: counsel, refer, follow-up
  - Moderate Risk: counsel, refer, develop Safety Plan, follow up
  - Severe Risk: counsel, ensure parents/guardians closely monitor child, remove lethal means, develop Safety Plan, make a crisis referral, follow up

Counseling about Lethal Means:

- Ask about access to lethal means, including firearms, medication, knives, and suffocation devices

- Counsel about the importance of restricting access
  - Remove firearms from home
  - Lock away medications
  - Monitor belts, ropes, other suffocation devices

Visit www.healthychildren.org

American Academy of Pediatrics

American Academy of Pediatrics
Dedicated to the health of all children

Visit www.healthychildren.org
YOUTH SUICIDE PREVENTION SUMMIT

• Hosts:
  – American Academy of Pediatrics
  – American Foundation for Suicide Prevention
  – National Institute of Mental Health

• Convene key stakeholders who work with youth at risk of suicide in multiple settings:
  – Medicine
  – Behavioral Health
  – Public Health
  – Schools
  – Community Organizations
  – Academia
YOUTH SUICIDE PREVENTION SUMMIT

- Summit Discussions:
  - Discuss context surrounding suicide among youth
  - Explore existing landscape of science, practice, programs, and policy
  - Build partnerships to better support youth
  - Identified concrete strategies to implement clinical and community approaches to youth suicide prevention

- Next step: “Blueprint for Youth Suicide Prevention”
  - Developed from the knowledge gained over the course of the Summit
  - Action plan for clinical/community strategies to prevent suicide
Questions?

Jamie Poslosky
jposlosky@aap.org
National Outreach Strategies to Address Children’s Mental Health

Gillian Ray
Vice President, External Relations
Children’s Hospital Association (CHA)
Behavioral Health Awareness Campaign

COVID-19 pandemic magnifies the importance of early intervention and preventive services for children

Gillian Ray
April 2021
Behavioral Health Awareness Campaign

Children’s health specialists call on Biden to prioritize kids in COVID-19 response, citing mental health crisis

Our kids and teens face a MENTAL HEALTH CRISIS. We must act.

FOCUSING ON CHILDREN’S MENTAL HEALTH

Childhood Development Matters

While mental and behavioral health conditions occur at any age, children and youth are especially vulnerable. Mental health disorders diagnosed during adolescence and adulthood are rooted in the experiences of early childhood. Stigma, lack of awareness and inaccessibility, access to resources can delay diagnosis and treatment by weeks, months or even years. By making sure children get the help they need, we can ensure they grow into healthier, happier adults. The brain is malleable and responsive. Preventive services and early intervention enable timely diagnosis and treatment, avoiding more intense care and costs.

The Pandemic and Mental Health

The effects of the COVID-19 pandemic on mental health have magnified the importance of access to early intervention and preventive services.

From April to October 2021, hospitals across the U.S. saw a 24% increase in the proportion of mental health emergency department visits for kids ages 5 to 11. When children are emotionally and behaviorally stable, they do better in school and are more likely to succeed and behave. By ensuring in prevention, surveillance and treatment, children will grow up healthier and go on to more successful careers, higher lifetime wages and fulfilling lives.

Our kids and teens face a MENTAL HEALTH CRISIS. We must act.

Children's Hospital Association

American Academy of Pediatrics
Digital Ads & Media Coverage

THE WALL STREET JOURNAL.

POLITICO

Associated Press

The Washington Post

93.1 KFBK

THE HILL

Kaiser Health News

CNN

The New York Times

Reuters

U.S. News & World Report
Digital Ads

Our kids are in crisis. Anxiety, depression, and even suicide are on the rise – made worse by COVID-19. That's why CHA has partnered with American Academy of Pediatrics to call on our nation's leaders to prioritize children's mental health.

Speak Now For Kids @speaknowforkids - Feb 27
Want to help us advocate for stronger #ChildHealth policies that increase children's access to mental health providers? Take action today and write to your members of Congress on this important issue: p2a.co/3xedev

Mental and Behavioral Health in Children: A Crisis Made Worse by the Pandemic

Our kids and teens face a MENTAL HEALTH CRISIS. We must act.
Suicidal thoughts and self-harm in young children

Data from 46 children’s hospitals shows a rise in visits for children ages 6-12.

Note: Data is based on emergency department, inpatient and observation visits from 44 children's hospitals for suicidal thoughts and self-harm. Two additional hospitals provided only inpatient and observation visit data.

Source: Children’s Hospital Association
Children’s Hospitals’ Engagement

**Member Toolkit:**
- Campaign one pager
- Sample editorial content
- Social media content
- Press release
- Campaign results
Regional Media Coverage

**delaware online**

*After one year of COVID-19, investing in psychological PPE is overdue | Opinion*

Meghan Walls, Jay Greenspan, Sydney Garlick and Bethany Hall-Long  
Special to the USA TODAY Network  
Published 4:00 a.m. ET Mar. 17, 2021

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**Fort Worth Star-Telegram**

*‘It’s been alarming.’ Suicide attempts among kids set record, Fort Worth hospital says*

By Jack Howland  
April 12, 2021 05:00 AM, Updated 5 hours 36 minutes ago

*37 children and teens treated at Cook Children’s for suicide attempts in September*

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**CPR News**

*‘All Kinds Of Trauma’: Students Are Returning To School, But Are We Ready To Help Them Cope?*

By Jenny Brundin  
April 5, 2021
Advocate Outreach to Congress

Speak Now for Kids
March 2

The COVID-19 public health emergency has greatly impacted our nation’s children and youth, especially their mental, emotional and behavioral health. There is a sharp rise in the number of children that are experiencing anxiety, depression, and more.

Take action today and ask your members of Congress to support legislation that will address the growing #MentalHealth crisis: https://p2a.co/3xedtev

Calling all Speak Now For Kids advocates!

Kids and their health care providers need emergency funding to address a heartbreaking mental health crisis.

Our kids and teens face a MENTAL HEALTH CRISIS.
We must act.

2000 Letters to Congress
Social Media Content

**Speak Now for Kids**  
March 22 at 11:07 AM  

**Children’s Hospitals Offer Advice for Kids Facing Mental Health Challenges - Modern Wellness Guide**  
April 9 at 12:30 PM  
A study from Nationwide Children’s Hospital found that two-thirds of parents are concerned their kids will have a more difficult time recovering from the impact of the pandemic the longer it continues. See what strategies you can use to help children facing #MentalHealth challenges: [https://bit.ly/3ItBhOg](https://bit.ly/3ItBhOg)

**Talking mental health and sleeping tips for kids with Helen DeVos Children’s Hospital**  
April 9 at 5:33 PM  
Michigan Gov. Gretchen Whitmer proposed a budget that would include funding to make sure children enrolled in Medicaid have access to #MentalHealth services. Learn more: [https://bit.ly/39n6boj](https://bit.ly/39n6boj)

**Medicaid and CHIP cover mental health services for more than 35 million children up to age 19. #Enroll365**  
April 7 at 3:07 PM  
We’re continuing our discussion of the lack of inpatient psychiatric beds for children and teens in Michigan. This time we’re talking about: [https://bit.ly/351Nh7Y](https://bit.ly/351Nh7Y)

**Virtual school can be damaging to children’s mental health, CDC study says**  
April 9 at 1:42 PM  
How can you start the conversation with your child about #MentalHealth? NPR’s @nyasalygas provides tips and resources for professional help:

> Medicaid and CHIP offer free or low-cost insurance that includes #MentalHealth services for children. Learn which healthcare options are available for your family: [https://bit.ly/39n6boj](https://bit.ly/39n6boj)

> How To Talk — And Listen — To A Teen With Mental Health Struggles. Over a year into the pandemic, many teens are missing milestones and struggling with their mental health. Here’s how to spot red flags and: [https://npr.org](https://npr.org)

**Mental Health (English) — 15 Seconds**  
“Mental Health” (English) — 15 Seconds Mental health plays a critical role in the overall health and well-being of children, With Medicaid... [https://youtube.com](https://youtube.com)

**How to Lend an Empathetic Ear - Promise Could you be an empathetic listener, lending an ear to be a source of support for someone in your... [https://blog.nemours.org](https://blog.nemours.org)

**Kids are increasingly struggling with their #MentalHealth due to the pandemic, and @hospitals4kids reports that the number of children ages 6-12 who visited children’s hospitals for suicidal thoughts or self-harm has more than doubled since 2016.**

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**Michigan is looking to improve mental health care for kids and teens...**

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**We’re continuing our discussion of the lack of inpatient psychiatric beds for children and teens in Michigan. This time we’re talking about...**

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**How can you start the conversation with your child about #MentalHealth? NPR’s @nyasalygas provides tips and resources for professional help:***

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**How To Talk — And Listen — To A Teen With Mental Health Struggles: Over a year into the pandemic, many teens are missing milestones and struggling with their mental health. Here’s how to spot red flags and...***
Upcoming Activities

Axios Media Virtual Event
Children’s Mental Health
May 20, 2021

Speak Now for Kids Family Advocacy Week
Stronger Together Virtual Fly-In
#SpeakNowStronger
June 13 – 18, 2021
Questions?

Gillian.Ray@childrenshospitals.org

Children’s Hospital Association
600 13th St., NW | Suite 500 | Washington, DC 20005 | 202-753-5500
16011 College Blvd. | Suite 250 | Lenexa, KS 66219 | 913-262-1436
www.childrenshospitals.org
State Outreach Strategies to Address Children’s Mental Health

Kelly English, PhD, LICSW
Acting Deputy Commissioner, Child, Youth, & Family Services
Massachusetts Department of Mental Health (DMH)
Helping Parents Support Children’s Mental Health in Massachusetts
Began with the question how might DMH reach youth and their families earlier in their mental health journey?

◦ Conducted over 40 stakeholder interviews with families, service providers, and state agency staff during March / April 2020

◦ What we learned….
  1. Families need to know when to worry so they can know when to act
  2. Families need help navigating the system
  3. Provide flexible help
  4. Help schools be a source of support
MENTAL HEALTH IS A FAMILY JOURNEY

These are true stories told by parents living in Massachusetts.
Handhold is an interactive, family-friendly website designed for parents and caretakers of kids ages 6-12 with highly accessible answers to the following questions:

- **Should I Worry?** Information they need to understand changes in their child’s behavior and figure out when they might need help

- **What Can I Do?** Curated resources for parents looking to help their child cope and heal from mental health challenges, promote healthy social and emotional development, de-escalate challenging situations, and connect to others who have been through this

- **Who Can Help?** A user-friendly “front door” to existing behavioral health system navigation and treatment locator tools, including guides on what to expect, how to find support, and how to prepare for a first visit
Design principles

◦ **Less is more** (Don’t overwhelm, curate)
◦ **Speak clearly** (Bite sized basics, everyday language)
◦ **No time for blame** (All heroes, no villains)
◦ **Be optimistic, but realistic** (no sugarcoating, no doomsday)
◦ **Put them in control, but make control easy** (let them find what’s right, but relieve them of choice-making)
◦ **Preview the journey** (prepare them for what’s coming)
SITE TOUR

HANDHOLDMA.ORG
Future Expansion

- The first iteration was developed with the parents/caretakers of children age 6-12 in mind.
- Future dreams
  - Add additional content for a broader age range
  - Social media promotion
  - Inclusion of free online training on motivational interviewing for parents
Worried about your child’s mental health? Visit HandholdMA.org
HandHold Media Toolkit and Resources

Tools and resources for getting the word out about HandHold, a family friendly website designed for parents of school-aged children in Massachusetts who are worried about their child's mental health.

Below you'll find a variety of templates and tools you can use to educate parents in your networks about HandholdMA.org. You can customize these resources to meet the needs of your particular setting or population.
HANDHOLDMA.ORG
FIGURING IT OUT TOGETHER

QUESTIONS?
kelly.english@state.ma.us
Connecting Kids to Coverage National Campaign Resources

Darshana Panchal, MPH
Outreach Contractor, Connecting Kids to Coverage National Campaign
Porter Novelli Public Services
Current Priorities

Missed Care
Encourage families to enroll in Medicaid and CHIP, then to call their doctors and other healthcare providers to schedule any missed appointments.
Current Priorities

Mental Health
Medicaid and CHIP cover mental and behavioral health services for children and expectant mothers
New Mental Health Animated Video

- Highlights coverage of mental health care under Medicaid and CHIP
- Animated :15 video available in English and Spanish
- Additional videos focused on benefits available soon
New Mental Health Resources

• Print materials
  • Template newsletter articles
  • Text messages

• Online materials
  • Social media posts
  • Static graphics and GIFs
  • Digital video
InsureKidsNow.gov

- The website for Campaign information and resources

Millions of children and teens qualify for free or low-cost health and dental coverage through Medicaid & the Children’s Health Insurance Program (CHIP).

Learn about coverage options for your family or help us spread the word about free or low-cost health insurance coverage!
Keep in Touch

Interested in learning more about the Campaign and its resources?

• Email us: ConnectingKids@cms.hhs.gov

• Follow us on Twitter: @IKNgov

• eNewsletter sign up: “Campaign Notes”
Questions?