



InsureKidsNow.gov

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)

Agenda Cont.

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)

Agenda Cont.

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



Mental Illness and Substance Use Disorders in America

PAST YEAR, 2019 NSDUH, 18+

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)

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.

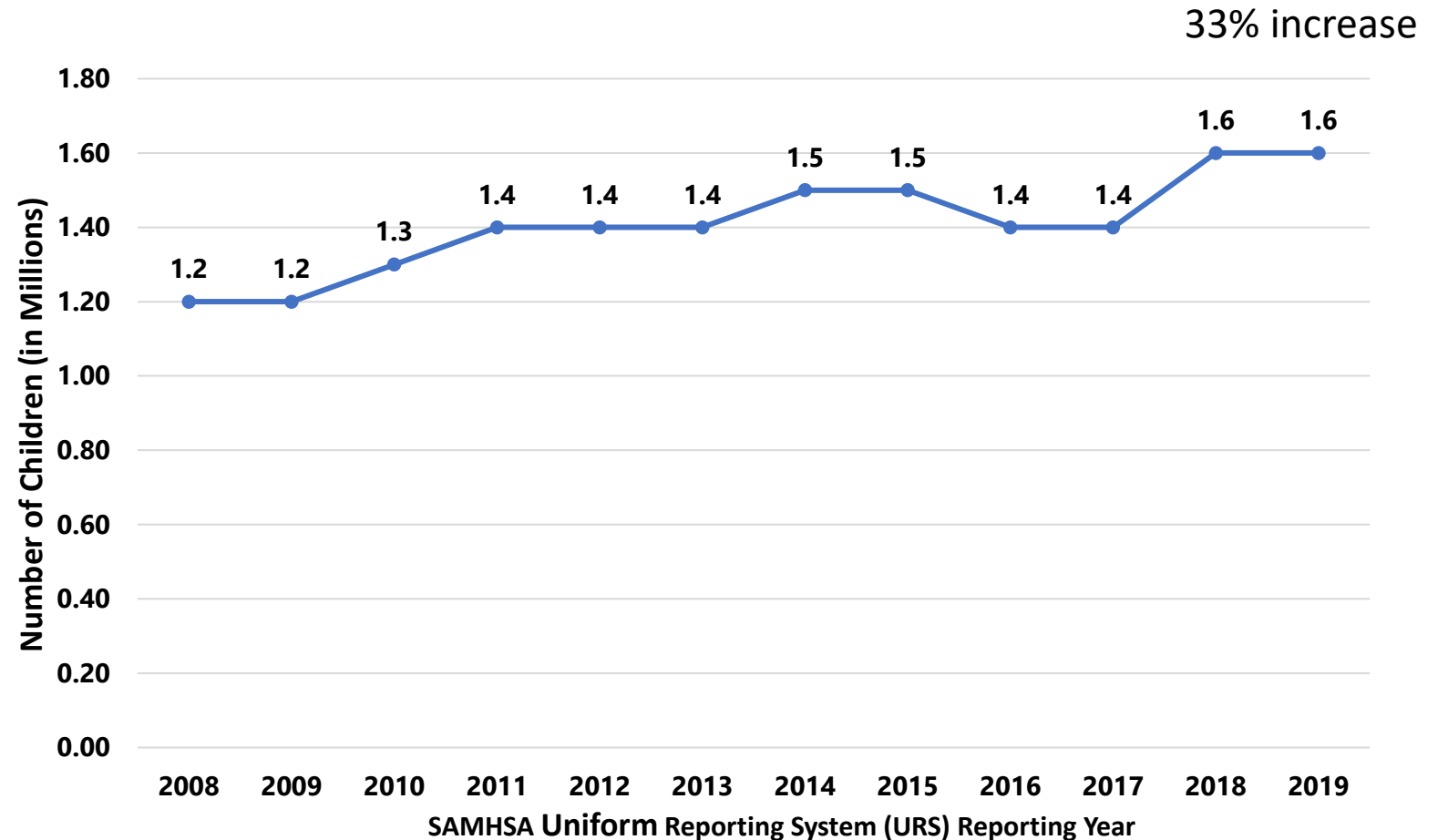
(<https://www.samhsa.gov/find-help/disorders>)

The National Dissemination Center for Children with Disabilities lists six **types**

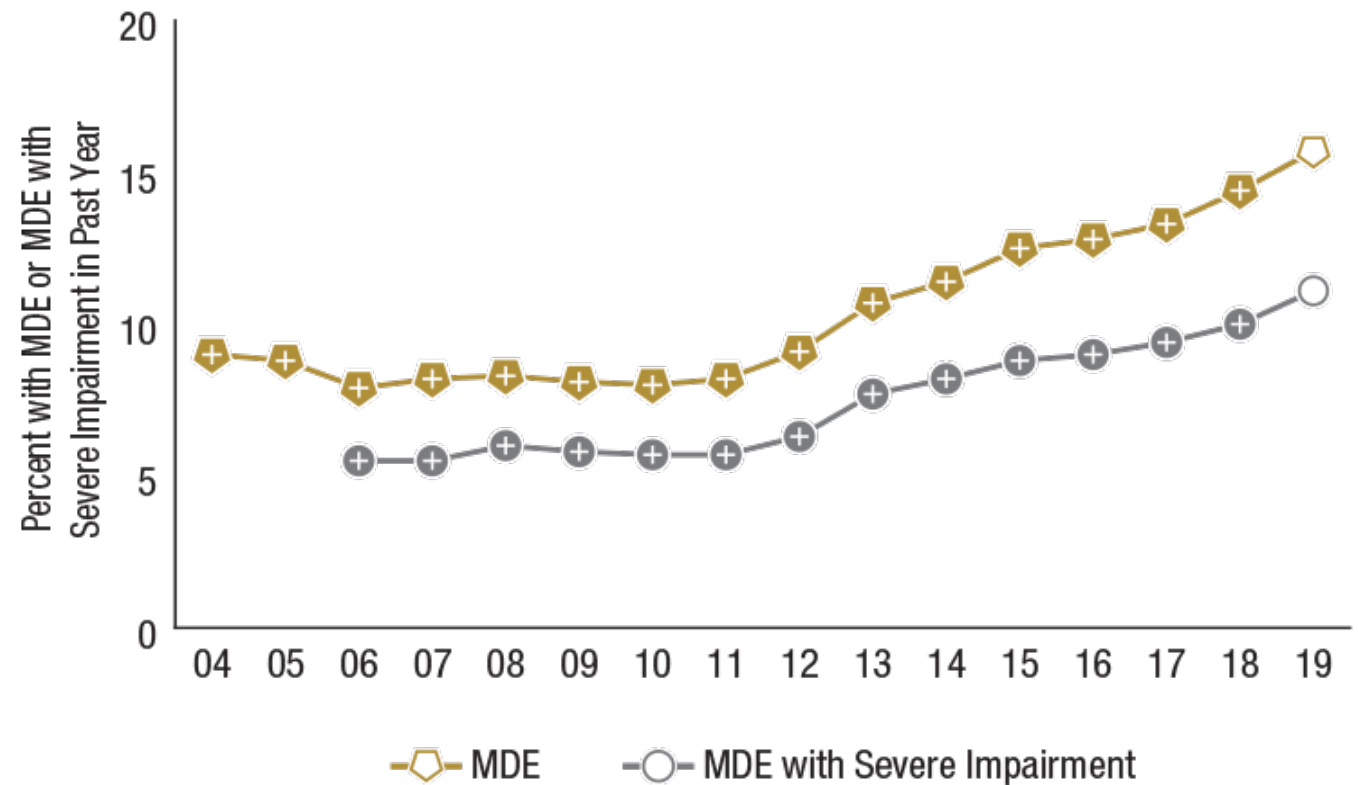
of emotional disturbances:

- 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



Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2004-2019

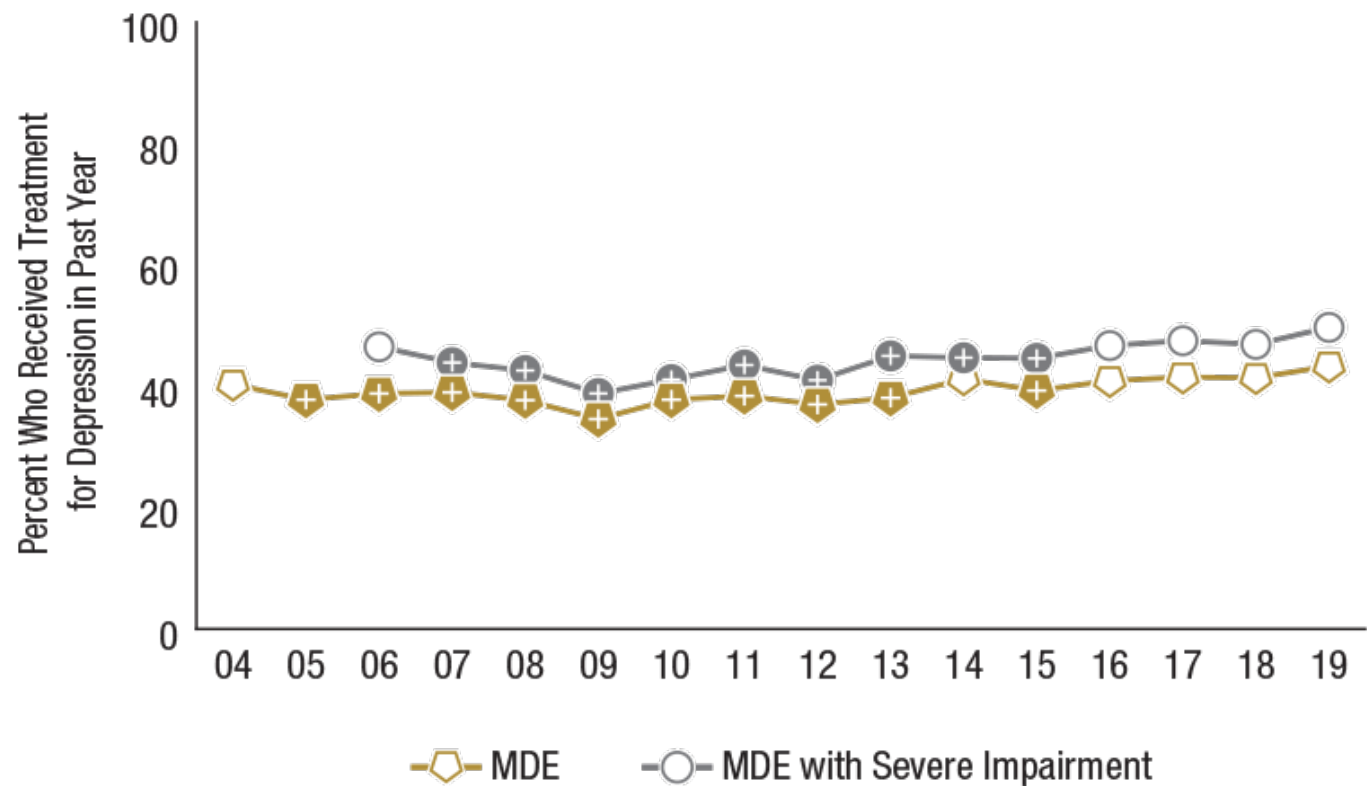


MDE Status	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
MDE	9.0+	8.8+	7.9+	8.2+	8.3+	8.1+	8.0+	8.2+	9.1+	10.7+	11.4+	12.5+	12.8+	13.3+	14.4+	15.7
MDE with Severe Impairment	N/A	N/A	5.5+	5.5+	6.0+	5.8+	5.7+	5.7+	6.3+	7.7+	8.2+	8.8+	9.0+	9.4+	10.0+	11.1

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

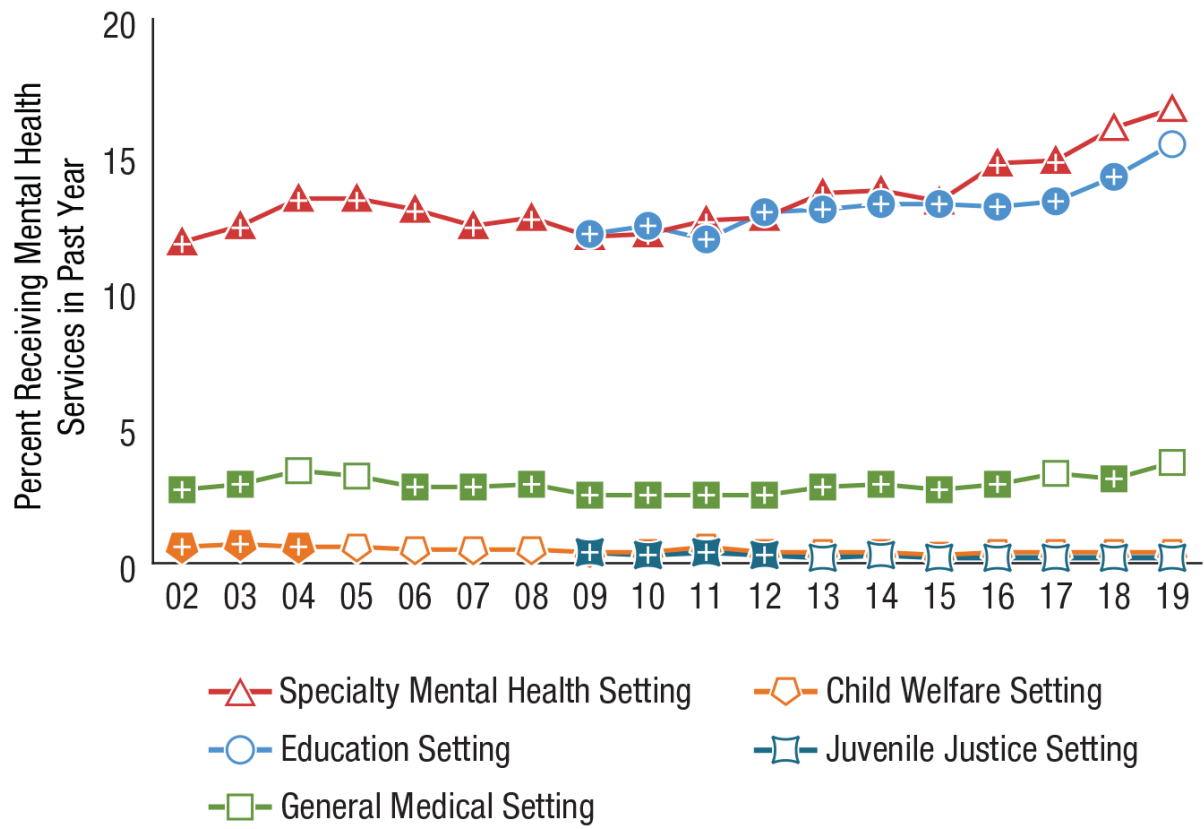


N/A = not available

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

MDE Status	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
MDE	40.3	37.8+	38.8+	39.0+	37.7+	34.6+	37.8+	38.4+	37.0+	38.1+	41.2	39.3+	40.9	41.5	41.4	43.3
MDE with Severe Impairment	N/A	N/A	46.5	43.9+	42.6+	38.8+	41.1+	43.5+	41.0+	45.0+	44.7+	44.6+	46.7	47.5	46.9	49.7

Sources of Mental Health Services in the Past Year among Youths Aged 12 to 17: 2002-2019



Source	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Specialty Mental Health Setting	11.8 ⁺	12.4 ⁺	13.4 ⁺	13.4 ⁺	13.0 ⁺	12.4 ⁺	12.7 ⁺	12.0 ⁺	12.1 ⁺	12.6 ⁺	12.7 ⁺	13.6 ⁺	13.7 ⁺	13.3 ⁺	14.7 ⁺	14.8 ⁺	16.0	16.7
Education Setting	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12.1 ⁺	12.4 ⁺	11.9 ⁺	12.9 ⁺	13.0 ⁺	13.2 ⁺	13.2 ⁺	13.1 ⁺	13.3 ⁺	14.2 ⁺	15.4
General Medical Setting	2.7 ⁺	2.9 ⁺	3.4	3.2	2.8 ⁺	2.8 ⁺	2.9 ⁺	2.5 ⁺	2.5 ⁺	2.5 ⁺	2.5 ⁺	2.8 ⁺	2.9 ⁺	2.7 ⁺	2.9 ⁺	3.3	3.1 ⁺	3.7
Child Welfare Setting	0.6 ⁺	0.7 ⁺	0.6 ⁺	0.6	0.5	0.5	0.5	0.4	0.4	0.6	0.4	0.4	0.4	0.3	0.4	0.4	0.4	0.4
Juvenile Justice Setting	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.4 ⁺	0.3 ⁺	0.4 ⁺	0.3 ⁺	0.2	0.3	0.2	0.2	0.2	0.2	0.2

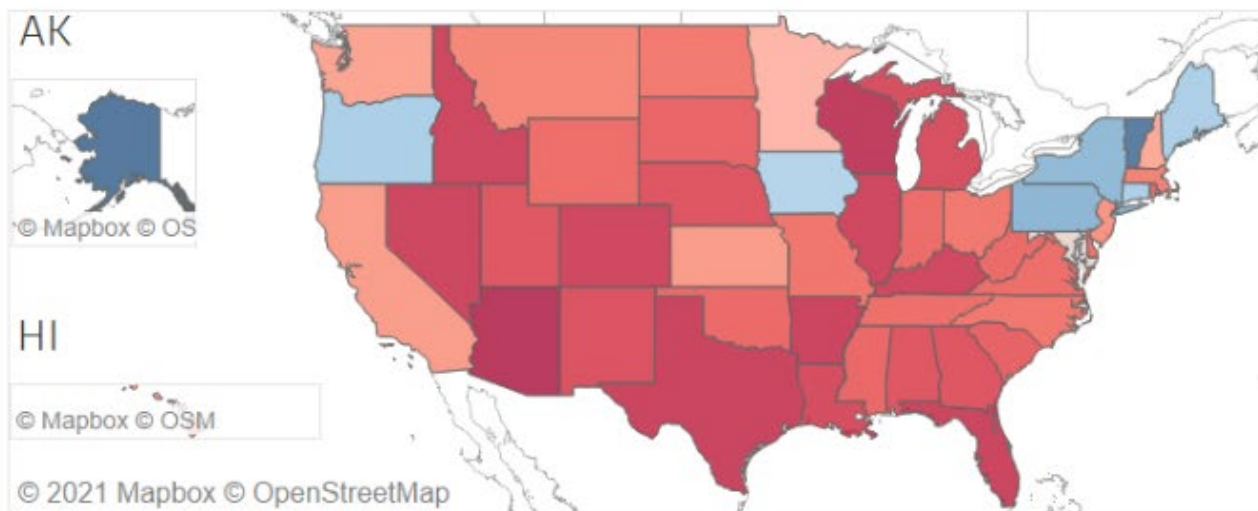
N/A = not available.

+ 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



State

(All)

Year

2019



Show history

Per Capita Expenditures

12.3 462.7

US Per Capita Expenditure - 2019

Per Capita Trend - All-All

Year

2017

2018

2019



Per Capita Overall Table - 2019--All

	Primary Prev..	Evidence-Ba..	State Hospital	Other 24-ho..	Ambulatory/..	Adminstrati..	Grand Total
Local Funds	0.1	0.0	0.6	0.7	1.3	0.2	2.8
Medicaid (Federal, ..	0.0	0.0	6.5	11.2	50.3	0.7	68.8
Mental Health Bloc..	0.0	0.2		0.1	1.3	0.1	1.6
Other Federal Funds	0.0	0.0	1.8	0.4	2.4	0.2	4.7
Other Funds	0.0	0.0	0.8	0.1	1.2	0.0	2.2
State Funds	0.3	0.1	29.8	6.7	22.1	2.7	61.7
Grand Total	0.5	0.3	39.5	19.2	78.5	3.8	141.8

Service ID

(All)

Fund Source Id

(All)

Importance of Collaboration – Systems & Community Levels

- 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

Project LAUNCH

(Linking Actions for Unmet Needs in Children's Health)

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>

Center of Excellence for Infant and Early Childhood Mental Health Consultation

www.iecmhc.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

What is Project AWARE?

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



Growth from 1999 to Present

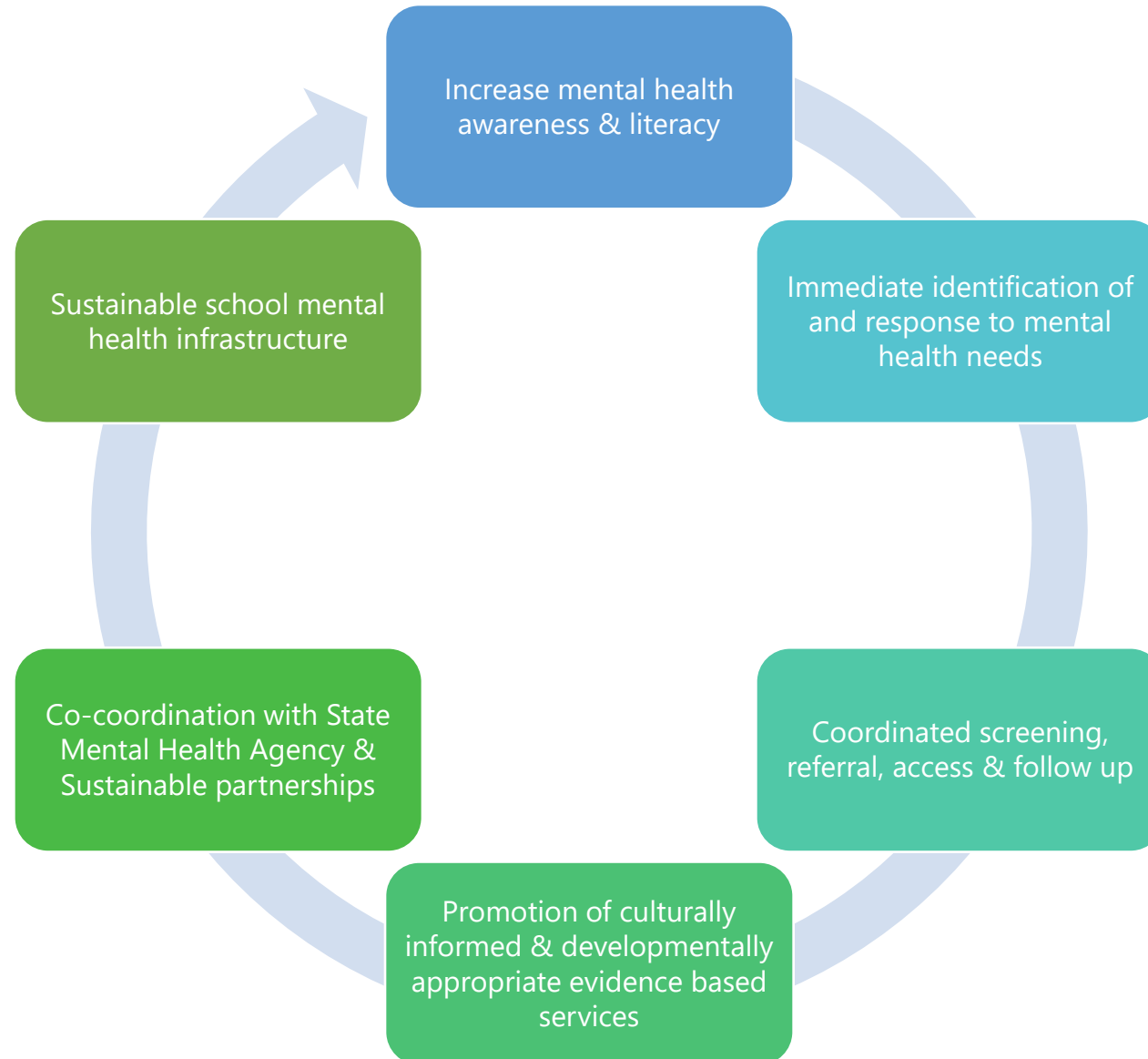
1999

- The Safe Schools/Healthy Students Initiative focused on creating safe and secure schools and promoting the mental health of students in communities across the country.
- **> 90%** of school staff saw reduced violence on school grounds
- **>250%** increase in the number of students who received school-based mental health services
- **>500%** increase in those receiving community based mental health services.
- **Nearly 90%** of school staff stated that they were better able to detect mental health problems in their students

2020

- Project AWARE now builds upon the successful initiative of (SS/HS).
- **>900,000** students have participated in Project AWARE.
- **>800** organizations entered into formal written agreements
- **>445,000** individuals have participated in mental health related trainings.
- **42** states, territories, and tribes have or are currently delivering services through Project AWARE funds.

AWARE Grants



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 Non profits

SAMHSA

State Departments:

- Mental/Behavioral Health
- Justice
- Medicaid
- CHIP
- Social Services

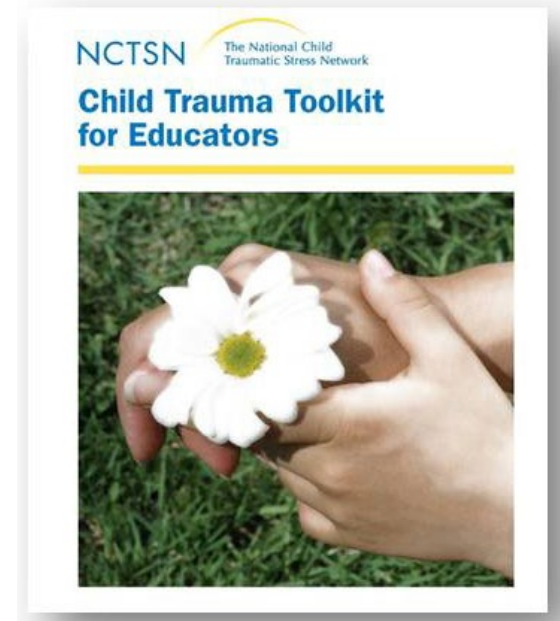
National Child Traumatic Stress Initiative and Network

<https://www.samhsa.gov/child-trauma/about-nctsi>
<http://www.nctsn.org>

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?



- For Educators
- For Military Families
- For Parents and Caregivers

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.

Percent of Medicaid & CHIP Inpatient claims received by months after service was delivered (based on March 2018 service date)						
Months after service	1	2	3	4	5	6
Fee-for-service Claims Submission, %						
Inpatient	21.8	62.5	76.4	83.4	88.5	92.3
Long-term care	14.9	82.0	89.3	92.3	95.4	96.8
Other services	26.3	70.2	83.0	89.4	92.3	95.1
Prescription drug	64.0	97.9	98.5	98.8	98.9	99.0
Managed Care Encounters Submission, %						
Inpatient	6.3	48.8	68.7	77.5	81.4	84.7
Long-term care	3.6	33.6	57.4	71.1	77.8	81.4
Other services	9.8	55.8	77.6	85.3	88.4	90.8
Prescription drug	34.6	83.6	93.2	96.3	97.4	97.6

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.

Percent of Medicaid & CHIP Other Services claims received by months after service was delivered (based on March 2018 service date)						
Months after service	1	2	3	4	5	6
Fastest claims submission, Other Services Claims %						
Colorado	58.0	86.9	91.6	95.1	96.1	97.2
Nebraska	49.7	83.4	90.9	93.5	94.8	96.4
South Dakota	40.3	84.6	92.8	95.8	97.0	98.4
Arkansas	39.1	80.8	87.8	90.4	93.2	96.1
Longest 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

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

1. Cornachione, Elizabeth, Robin Rudowitz, and Samantha Artiga. 2016. Children's Health Coverage: The Role of Medicaid and CHIP and Issues for the Future. Kaiser Family Foundation. Available at: <https://www.kff.org/reportsection/childrens-health-coverage-the-role-of-medicaid-and-chip-and-issues-for-the-future-issue-brief/>

2. Musumeci, MaryBeth and Priya Chidambaram. 2019. Medicaid's Role for Children with Special Health Care Needs: A Look at Eligibility, Services, and Spending. Kaiser Family Foundation. Available at: <https://www.kff.org/medicaid/issue-brief/medicaids-role-for-children-with-special-health-care-needs-a-look-at-eligibility-services-and-spending/>

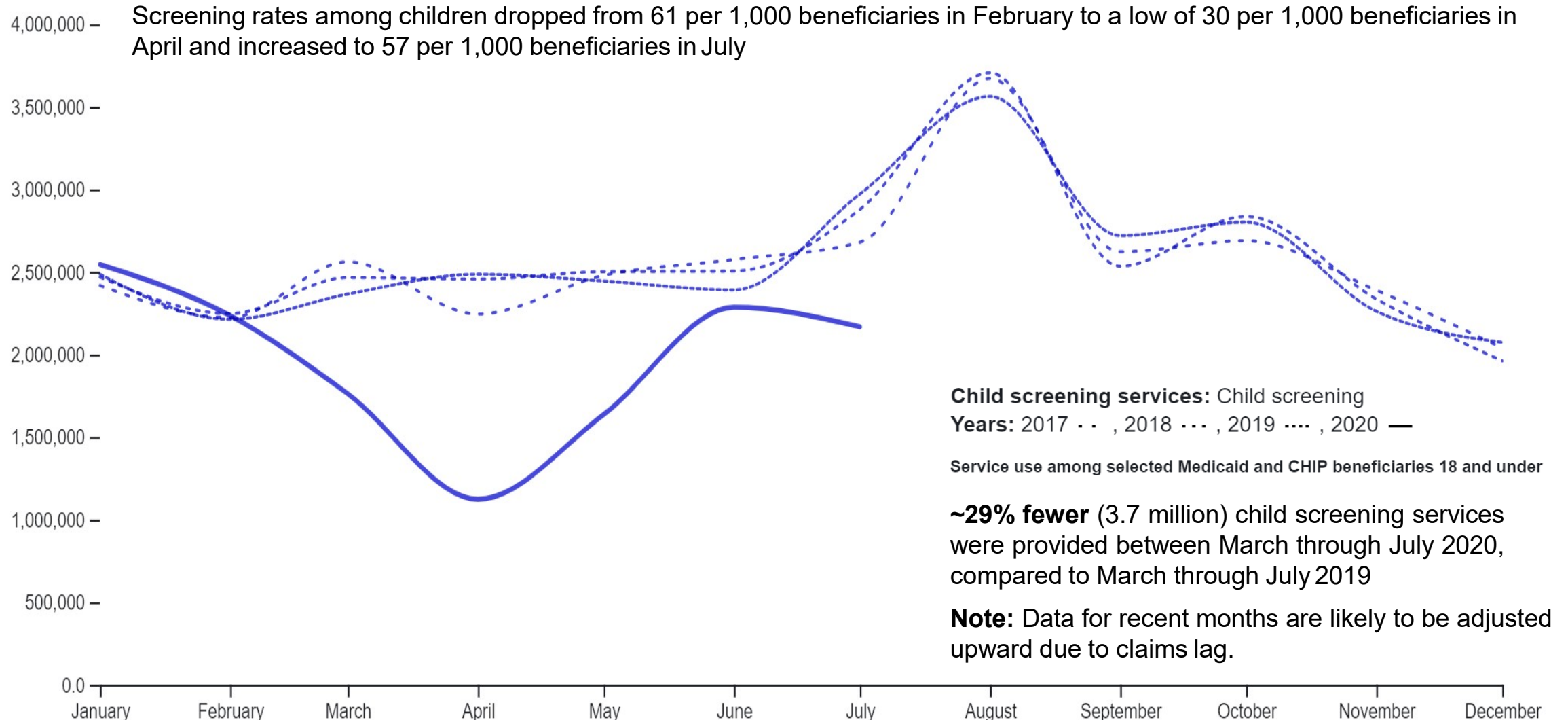
Service use among children during COVID-19:

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

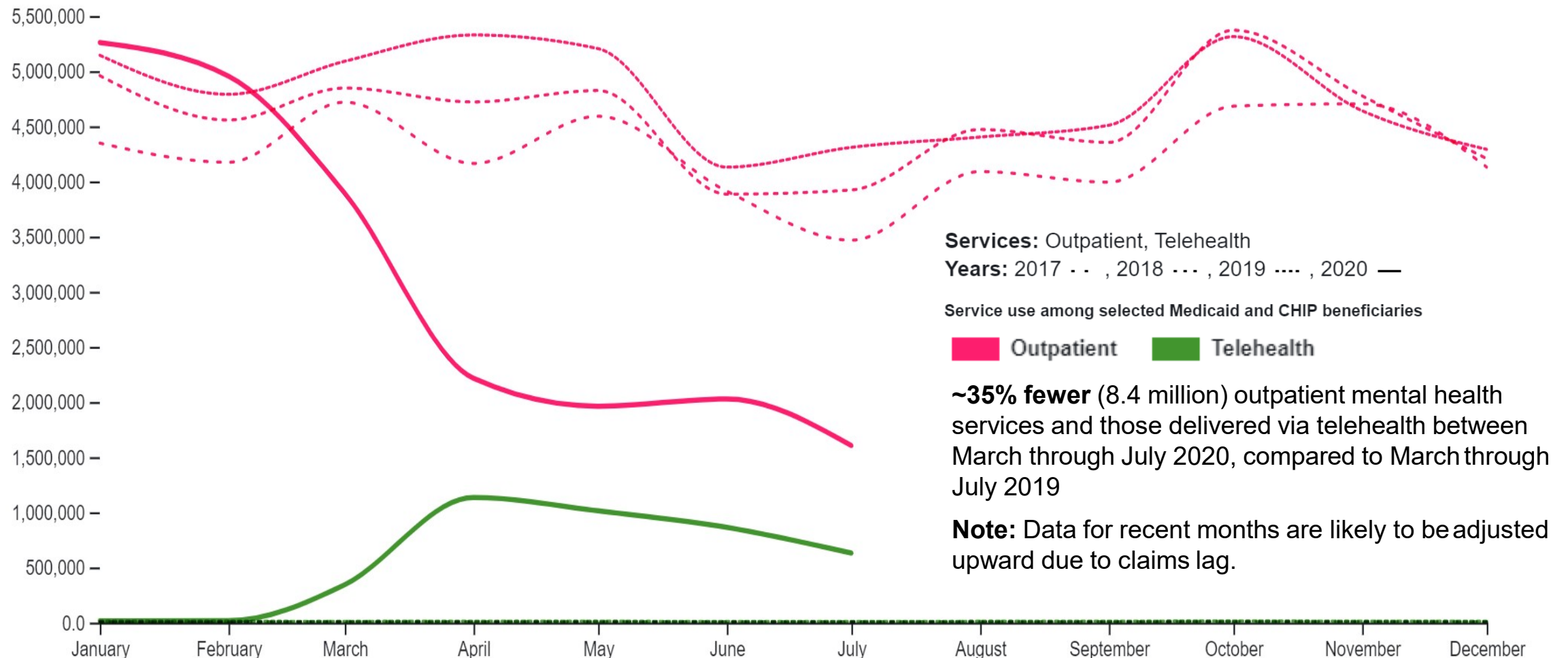
Preliminary data show the number of child screening services declined substantially in April and increased through July, nearing prior years' rates



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.

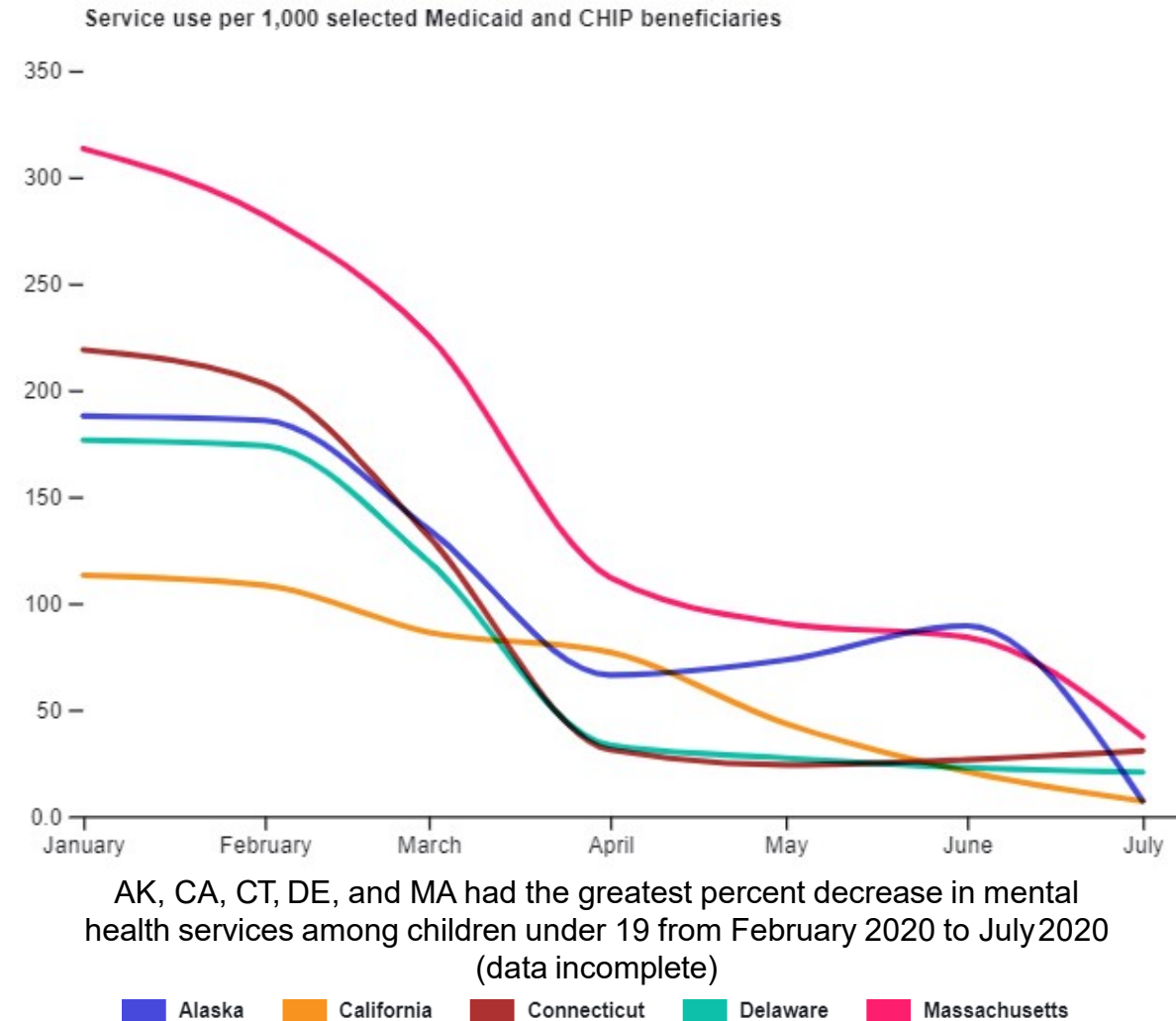
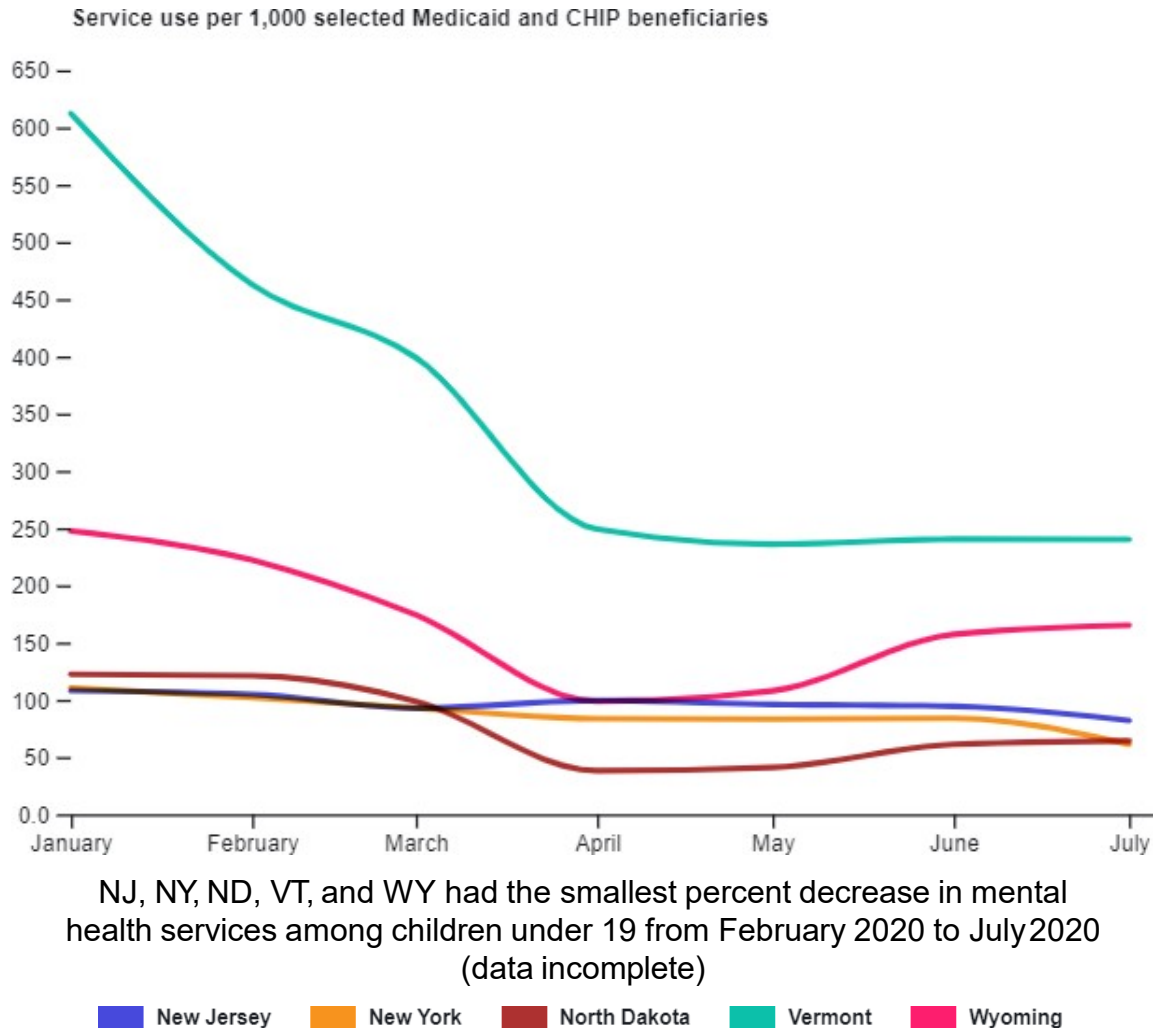
Preliminary data show outpatient mental health services for children declined starting in March and are still well below prior years' levels. Telehealth increased starting in March, but not enough to offset this decline.

6,000,000 – 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



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

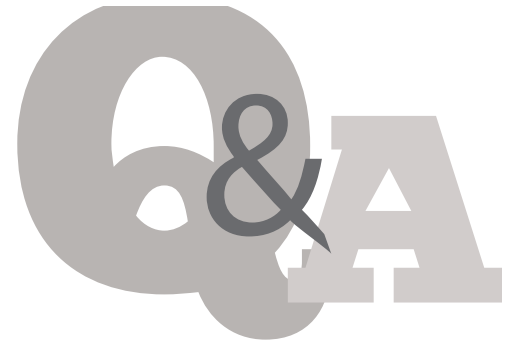


Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on September T-MSIS submissions with services through the end of August. Recent dates of service have very little time for claims runout and we expect large changes 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

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National Outreach Strategies to Address Children's Mental Health

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Jamie Poslosky

Senior Director, Advocacy Communications

American Academy of Pediatrics



| [InsureKidsNow.gov](https://www.insurekidsnow.gov)

Supporting Children's Mental Health Through Communications

Jamie Poslosky
Senior Director, Advocacy Communications

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CHILDREN'S MENTAL HEALTH DURING COVID: OUR MESSAGE

Interim Guidance on Supporting the Emotional and Behavioral Health Needs of Children, Adolescents, and Families During the COVID-19 Pandemic

"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."

CNN Opinion

"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



American Academy of Pediatrics ✓
@AmerAcadPeds

Children have spent a full year coping with disruptions caused by the [#COVID19](#) pandemic, and it has affected them dramatically, [@NPR](#) reports. [@AAPPres](#) Dr. Lee Savio Beers discuss kids' mental health & what families can do to identify problems & find help.



Are The Kids Alright? Early Childhood Development In The Pandemic | 1A
How they go to school has changed. How they hang out with their friends has changed. Their extracurricular activities have changed.
[the1a.org](#)

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

American Academy of Pediatrics

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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



Video

Mental Health

English



View



American Academy of Pediatrics @AmerAcadPeds · Jul 26, 2020

This little guy got his checkup. Make sure your child does too!
#CallYourPediatrician



Contact your
pediatrician,
they may
have
ways
to help.



Is there a short link for the
CYP campaign?

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CALL YOUR PEDIATRICIAN PSA

<https://youtu.be/FkFI2i1GrDg>



Promoting Telehealth

[News Room](#) / [Campaigns & Toolkits](#) / 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



Provide feedback

American Academy of Pediatrics

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Social Media Graphics for Practices

Prepare for a Telehealth Visit in 5 Easy Steps

- 1 Call the pediatrician
- 2 Update your contact info
- 3 Get documents ready
- 4 Download the telehealth app and test the link
- 5 Set up in a quiet, well-lit room

healthychildren.org
Powered by pediatricians. Trusted by parents.
From the American Academy of Pediatrics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Prepare for Your Child's Visit in 5 Easy Steps

Select Platform ▼

Select Language ▼

Download

Tools for Hearing

Closed Caption

Interpreter

711 TTY service

Family/Caregiver & Patient

TTY Operator

Doctor

Tools for Vision

High contrast, larger size

Screen reader

healthychildren.org
Powered by pediatricians. Trusted by parents.
From the American Academy of Pediatrics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Tools for Hearing/Tools for Vision

Select Platform ▼

Select Language ▼

Download

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

[How Telehealth Can Enhance Mental Health Care](#) [HealthyChildren.org](https://www.healthychildren.org) article

Information for Families



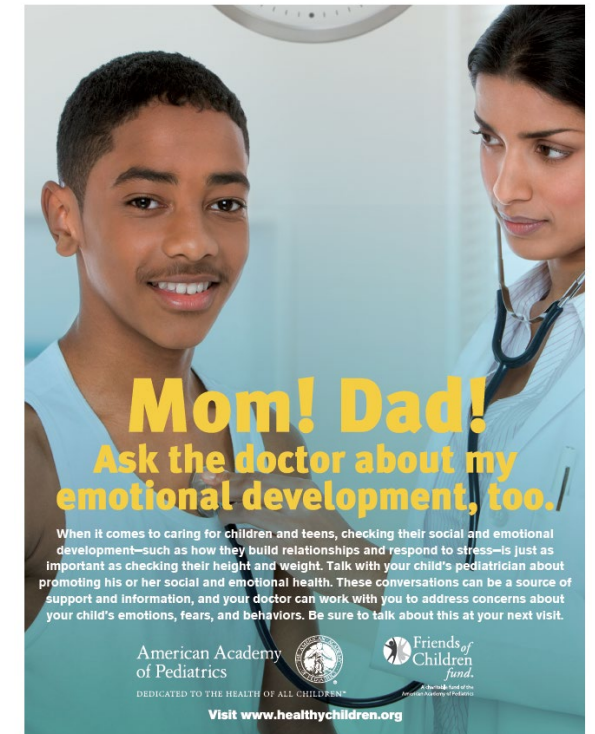
AAP AND SUICIDE PREVENTION

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



Tip Sheet

Promote Social-Emotional Health



Video

Self Harm and Suicide Motivational Interviewing Techniques (16 min)



Video

Depression Motivational Interviewing Techniques (12 min)

View

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 brothers or sisters, helping to pick up toys, waiting her turn, 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 rhymes together. It is especially important to try and reconnect for a few minutes after separations. Include some type of regular physical activity such as a walk or bike ride around the neighborhood.
- Seek ways for your child to play with other children of the same age. Make sure they are watched by a trusted adult.
- 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 baths/showers after the meal, and read books with your children in preparation for bedtime. This will help children to settle down and sleep well at the end of the day.
- Limit screen time to no more than 2 hours daily for children 2 and older. The AAP does not recommend any screen time for children younger than 2 years of age. Never put a TV in a child's bedroom. Parents should watch along with older children and try to put the right spin on what their children are seeing. Young children should not be exposed to violence on TV, including on the news. TV should not become a babysitter.
- Make time for a routine that includes regular family meals when parents and children can sit and talk about their day together. Play the "high-low" game by taking turns sharing the best and not-so-good parts of the day.
- Provide regular bedtime routines to promote healthy sleep. This time of day can become an oasis of calm and togetherness in the day for parents and children.
- Model behaviors that you want to see in your child. Parents are their child's first and most important teachers, and what they do can be much more important than what they say. Be especially careful of criticizing teachers or other trusted adults in front of the child.



¡Mamá! ¡Papá!
Pregunten también al médico sobre mi desarrollo emocional.

Quando se trata de atender a niños y adolescentes, el control de su desarrollo social y emocional, por ejemplo, cómo desarrollan relaciones y responden al estrés, es tan importante como el control de su altura y peso. Hablen con el pediatra de su hijo sobre cómo promover su salud social y emocional. Estas conversaciones pueden ser una fuente de apoyo e información, y su médico puede trabajar con ustedes para tratar inquietudes sobre las emociones, los temores y las conductas de su hijo. Asegúrense de hablar sobre esto en su próxima visita.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Friends of Children fund.
un fondo miembro de la Academia Americana de Pediatría

Visit www.healthychildren.org

Addressing Youth Suicide Prevention: A Factsheet for Primary Care Clinicians



Background:

Suicide is the 2nd 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-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/caregivers 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 medication
 - Monitor belts, ropes, other suffocation devices

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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



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

Sponsored by:
Children's Hospital Association
American Academy of Pediatrics



FOCUSING ON CHILDREN'S MENTAL HEALTH

1 in 5

children and adolescents experience a mental health condition in a given year.

50%

of mental illnesses begin by age 14.

8-10 years

pass after the first symptoms appear before treatment begins.

60%

increase in the rate of suicide among those age 10 to 24 from 2007 and 2018, the second leading cause of death for this group.

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 inadequate 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 resilient, healthy, productive adults. This means making care accessible and affordable. Preventive services and early intervention enables timely diagnosis and treatment, avoiding more intensive 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 2020, hospitals across the U.S. saw a:

24% increase

in the proportion of mental health emergency department visits for kids ages 5 to 11

31% increase

for kids and teens ages 12 to 17

When children are mentally, emotionally and behaviorally stable, they do better in school and are more likely to avoid risky behaviors. By investing in prevention, surveillance and treatment, children will grow up healthier and go on to more successful careers, higher lifetime wages and fulfilling lives.



www.childrenshospitals.org | © Children's Hospital Association

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.

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CHILDREN'S
HOSPITAL
ASSOCIATION

Digital Ads & Media Coverage

THE WALL STREET JOURNAL.

POLITICO



AP Associated Press

The Washington Post

NEWS **93.1**
KFBK
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THE
HILL

KHN
KAISER HEALTH NEWS

POLITICO
PULSE



The
New York
Times

U.S. News & WORLD REPORT

Digital Ads

 **Children's Hospital Association**
Published by Agorapulse [?] · 2d · 🌐

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.



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

 **Children's Hospital Association**
16,182 followers
4d · 🌐

Our kids are in crisis. Anxiety, depression, and even suicide are on the rise – made worse by COVID-19.

...see more



Mental and Behavioral Health in Children: A Crisis Made Worse by the Pandemic
childrenshospitals.org • 3 min read

👍 📄 ❤️ 64 • 1 comment

 **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/3xedtev



🔄 1 ❤️ 2 📤

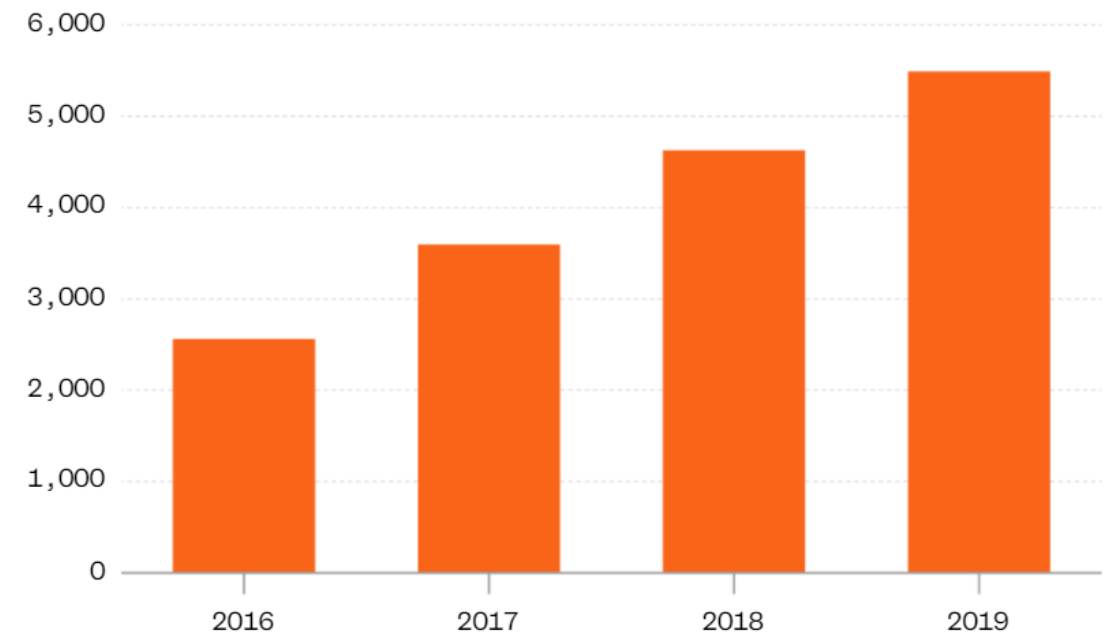
National Media



April 8, 2021

Suicidal thoughts and self-harm in young children

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



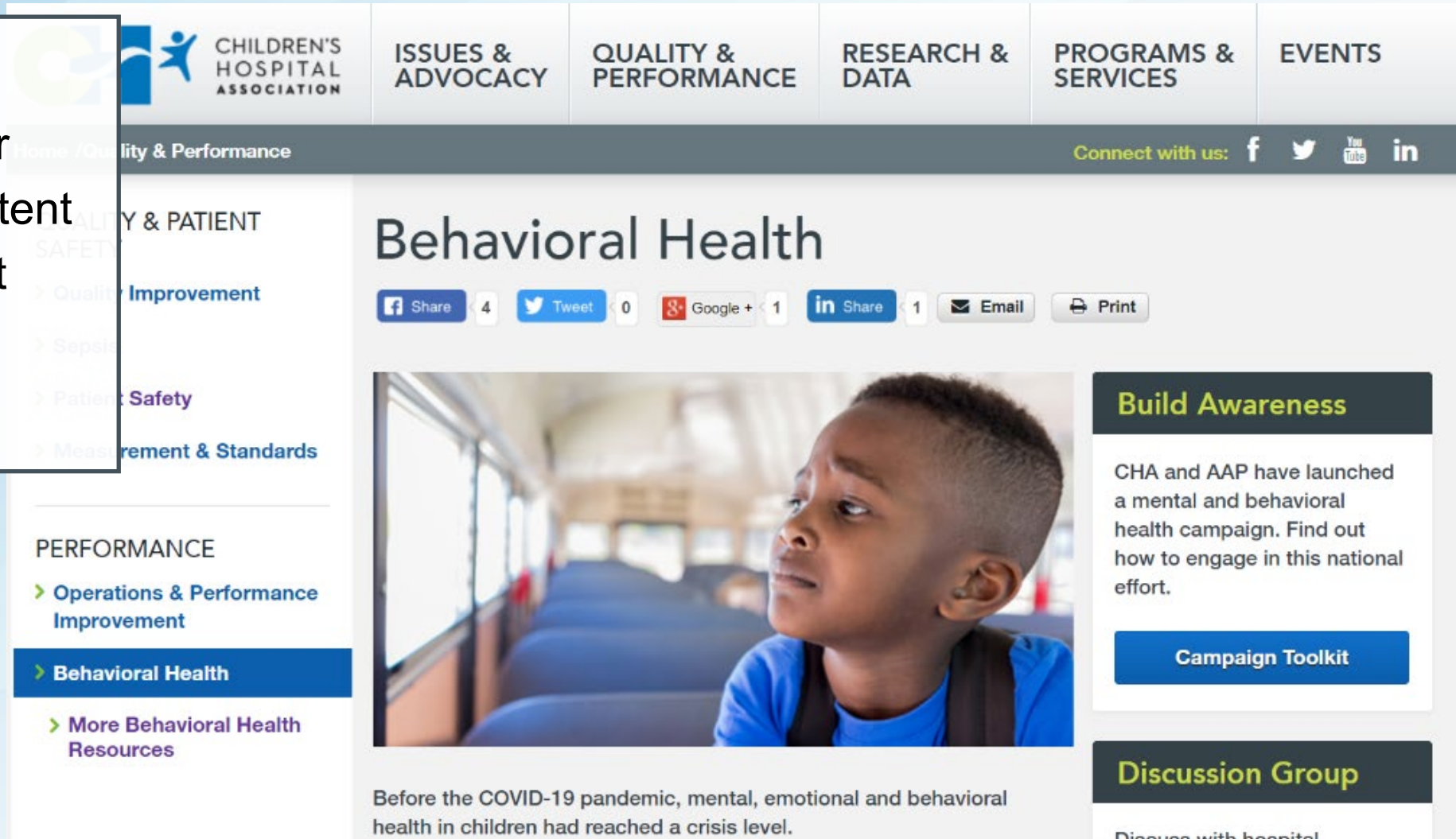
Note: Data is based on emergency department, inpatient and observation visits from 44 children's hospitals for suicidal thoughts and self-harm. Two additional hospitals provided only inpatient and observation visit data.

Source: Children's Hospital Association

Children's Hospitals' Engagement

Member Toolkit:

- Campaign one pager
- Sample editorial content
- Social media content
- Press release
- Campaign results



The screenshot displays the Children's Hospital Association (CHA) website. The top navigation bar includes links for ISSUES & ADVOCACY, QUALITY & PERFORMANCE, RESEARCH & DATA, PROGRAMS & SERVICES, and EVENTS. A secondary bar features social media icons for Facebook, Twitter, YouTube, and LinkedIn, with the text "Connect with us:". The main content area is titled "Behavioral Health" and includes social sharing buttons for Facebook (4 shares), Twitter (0 tweets), Google+ (1 share), LinkedIn (1 share), Email, and Print. A large image of a young boy looking out a window is featured. To the right, a "Build Awareness" section states: "CHA and AAP have launched a mental and behavioral health campaign. Find out how to engage in this national effort." Below this is a "Campaign Toolkit" button. A "Discussion Group" section is partially visible at the bottom right, with the text "Discuss with hospital". On the left side of the page, a sidebar menu lists various topics under "PERFORMANCE", including "Operations & Performance Improvement", "Behavioral Health" (which is highlighted), and "More Behavioral Health Resources". Other sidebar links include "Home / Quality & Performance", "QUALITY & PATIENT SAFETY", "Quality Improvement", "Sepsis", "Patient Safety", and "Measurement & Standards".

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



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



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](https://p2a.co/3xedtev) crisis:
<https://p2a.co/3xedtev>



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


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American Academy of Pediatrics

**SPEAK NOW
FOR KIDS** [LOG IN](#)

 [About](#) [Learn Now](#) [Stories](#) [Speak Now](#) [Act Now](#) [Blog](#) 

Calling all Speak Now For Kids advocates!

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

[TAKE ACTION](#)

2000 Letters to Congress

Social Media Content

Speak Now for Kids
March 22 at 11:07 AM · 🌐

Learn what advice [Helen DeVos Children's Hospital](#) has for children and families on how to tackle [#MentalHealth](#) struggles during the pandemic: <http://bit.ly/3lspwgR>



WOODTV.COM
Talking mental health and sleeping tips for kids with Helen DeVos Children's Hospital

Speak Now for Kids
April 9 at 11:11 AM · 🌐


A new study shows that nearly 25% of parents whose children received virtual instruction or combined instruction during the pandemic reported worsened [#MentalHealth](#) in their children. Learn how children's education has been impacted over the last year: <https://cnn.it/31N4xfJ>



CNN.COM
Virtual school can be damaging to children's mental health, CDC study says

Speak Now for Kids
April 9 at 3:03 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/3t1BhOg>



MODERNWELLNESSGUIDE.COM
Children's Hospitals Offer Advice for Kids Facing Mental Health Challenges - Modern Wellness Guide

Speak Now for Kids
April 7 at 3:07 PM · 🌐

Medicaid and CHIP offer free or low-cost insurance that includes [#MentalHealth](#) services for children. Learn which healthcare options are available for your family. [#Enroll365](#) <https://bit.ly/39I6DIq>



Medicaid and CHIP cover mental health services for more than 35 million children up to age 19. [#Enroll365](#)

Source: Centers for Medicare & Medicaid Services, December 2019

Like Comment Share

Speak Now For Kids
17.3K Tweets

Speak Now For Kids @speaknowforkids · 2h

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:



Michigan is looking to improve mental health care for kids and teens. ... We're continuing our discussion of the lack of inpatient psychiatric beds for children and teens in Michigan. This time we're talking about ... [fox47news.com](#)

Speak Now For Kids
17.3K Tweets

Speak Now For Kids @speaknowforkids · Apr 6

How can you start the conversation with your child about [#MentalHealth](#)? NPR's [@anya1anya](#) provides tips and resources for professional help:



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 ... [npr.org](#)

Speak Now For Kids @speaknowforkids · Apr 6

Did you know that Medicaid and CHIP cover [#MentalHealth](#) services for kids? Learn more about how to apply for healthcare coverage from [@IKNGov](#). [#Enroll365](#)



"Mental Health" (English) – :15 Seconds
Mental health plays a critical role in the overall health and well-being of children. With Medicaid ... [youtube.com](#)

Speak Now For Kids @speaknowforkids · Apr 3

As we continue to focus on how we can improve children and teenagers' [#MentalHealth](#), [@Nemours](#) shares tips on how to be an empathetic listener:



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 ... [blog.nemours.org](#)

Speak Now For Kids
17.3K Tweets

Speak Now For Kids @speaknowforkids · Apr 8

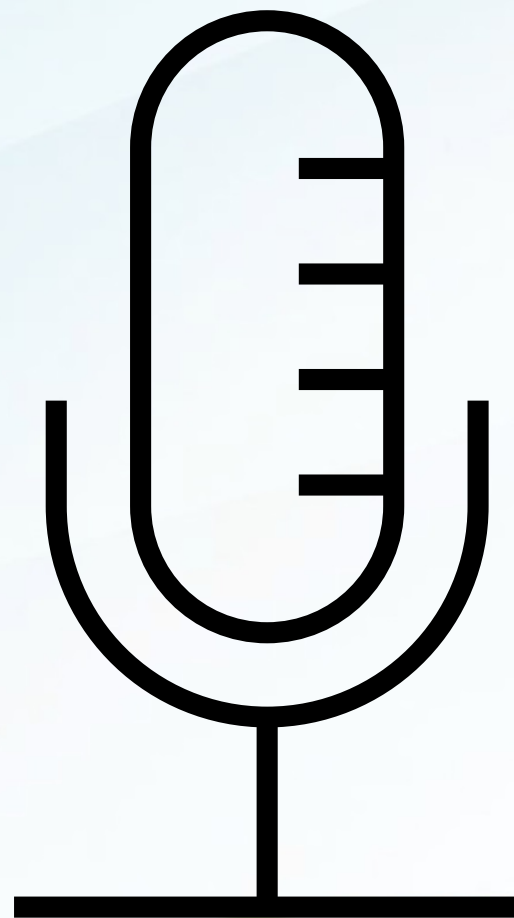
Kids are increasingly struggling with their [#MentalHealth](#) due to the pandemic, and [@hospitals4kids](#) reports that the number of children ages 6-12 who visited children's hospitals for suicidal thoughts or self-harm has more than doubled since 2016.



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

hand  hold

handhold

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



THE HANDHOLD TEAM

handhold



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

hand  hold

Sponsored by
**Mass
DMH**
Department of
Mental Health

massDOT
Massachusetts Department of Transportation





Mass.gov

Search Mass.gov

SEARCH 

OFFERED BY [Massachusetts Department of Mental Health](#)

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.

TABLE OF CONTENTS

<https://www.mass.gov/info-details/handhold-media-toolkit-and-resources>

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

Make the call!

Schedule an appointment to catch up on missed vaccinations and care to ensure your kids are protected.
#Enroll365


InsureKidsNow.gov



Protect their tomorrow by making the call today.

Enroll in Medicaid and the Children's Health Insurance Program (CHIP) to connect your child to health coverage. Already covered? Call today to schedule your child's medical appointments.

KEEP YOUR KIDS HEALTHY BY SCHEDULING THEIR ROUTINE MEDICAL VISITS.

KIDS SHOULD HAVE:



Dental checkups every

6 months



The annual flu shot and

9 vaccines

by the age of 6¹¹



6 well-visits

for babies between the

ages of 0 to 11 months¹



7 well-visits

for kids between the

ages of 1 to 4¹



1 annual

well-visit for kids

5 and older^{1,14}



Kids also need

Eye Exams

as part of well-visits

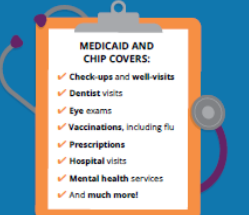
✓ 0 to 3 months


✓ 6 months to 1 year

✓ About 3 years

✓ About 5 years¹

YOUR KIDS MAY BE ELIGIBLE FOR FREE OR LOW-COST HEALTH COVERAGE.



 Now is the time to make up any missed vaccines and appointments!

Go to InsureKidsNow.gov or call 1-877-KIDS-NOW (543-7669) to find out about coverage in your state.

1. American Academy of Pediatrics. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 3rd ed. Washington, DC: American Academy of Pediatrics; 2016. 1.1.1. Well-child visits. 1.1.2. Immunizations. 1.1.3. Eye examinations. 1.1.4. Dental care. 1.1.5. Hearing screening. 1.1.6. Vision screening. 1.1.7. Developmental screening. 1.1.8. Lead screening. 1.1.9. Iron deficiency screening. 1.1.10. Autism spectrum disorder screening. 1.1.11. Universal newborn hearing screening. 1.1.12. Universal newborn screening for metabolic disorders. 1.1.13. Universal newborn screening for infectious diseases. 1.1.14. Universal newborn screening for genetic disorders. 1.1.15. Universal newborn screening for congenital hypothyroidism. 1.1.16. Universal newborn screening for congenital adrenal hyperplasia. 1.1.17. Universal newborn screening for phenylketonuria. 1.1.18. Universal newborn screening for galactosemia. 1.1.19. Universal newborn screening for maple syrup urine disease. 1.1.20. Universal newborn screening for homocystinuria. 1.1.21. Universal newborn screening for biotinidase deficiency. 1.1.22. Universal newborn screening for congenital long-chain fatty acid oxidation disorders. 1.1.23. Universal newborn screening for congenital carnitine deficiency. 1.1.24. Universal newborn screening for congenital urea cycle disorders. 1.1.25. Universal newborn screening for congenital amino acid disorders. 1.1.26. Universal newborn screening for congenital lysosomal storage disorders. 1.1.27. Universal newborn screening for congenital enzyme deficiencies. 1.1.28. Universal newborn screening for congenital metabolic disorders. 1.1.29. Universal newborn screening for congenital endocrine disorders. 1.1.30. Universal newborn screening for congenital renal disorders. 1.1.31. Universal newborn screening for congenital cardiac disorders. 1.1.32. 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 InsureKidsNow.gov
January 2021

Current Priorities

Mental Health

Medicaid and CHIP cover mental and behavioral health services for children and expectant mothers



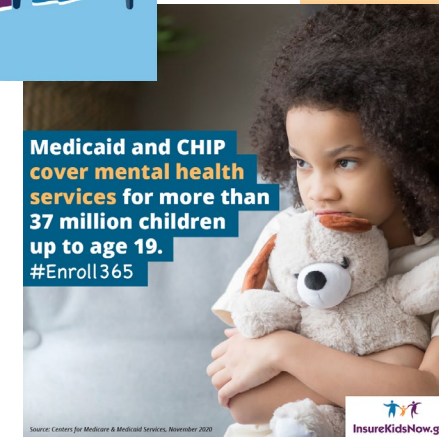
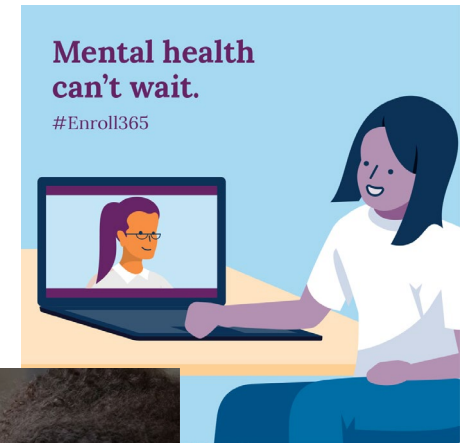
New Mental Health Animated Video

- 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



Keep in Touch

Interested in learning more about the Campaign and its resources?

- Email us: ConnectingKids@cms.hhs.gov
- Follow us on Twitter: [@IKNgov](https://twitter.com/IKNgov)
- eNewsletter sign up: [“Campaign Notes”](#)



Questions?