



Connecting Kids to Coverage National Campaign

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

WEBINAR TRANSCRIPT | APRIL 29, 2021

Darshana Panchal: All right. We have a packed agenda. So, we'll go ahead and get started. Thank you again for joining today's webinar, hosted by the Centers for Medicare & Medicaid Services and the Connecting Kids to Coverage National Campaign. My name's Darshana Panchal and I work with Porter Novelli Public Services as a contractor to the Connecting Kids to Coverage National Campaign, supporting its outreach and enrollment efforts as it relates to Medicaid and CHIP. I'll be moderating today. And before I pass the mic over for an official welcome, I wanted to mention a few housekeeping items and conduct a quick poll. So first, if you've joined this webinar on the WebEx desktop platform, you'll see a few features that are going to be helpful for you. Today we encourage you to submit any questions that you have into the Q&A or the chat box. Just make sure that you send your questions to all panelists. We will either respond back in the Q&A chat or respond back verbally during the Q&A portion of the presentation. And since we do have a full agenda, there may be a chance we don't get to all questions during the webinar. For any questions that we don't get to we will always make sure to follow up with the individuals to get your questions answered after the webinar via email. And as a reminder, this webinar is being recorded. The recording along with the presentation slides will be available on InsureKidsNow.gov in the next few weeks and will be available for the public to view.

Darshana Panchal: We have many participants on this webinar. So, before we dive in, it would be helpful to know who we have here with us today. So, we have a poll question that should pop up on your WebEx platform if you're on the desktop app today. So, it should be popping up here in just a second. There we go. And I believe you have about a minute to respond, but we're hoping that everyone on this call can select what best describes your organization or role. And we understand there may be some overlap here, but hoping to just get one option that you feel might describe you and your organization the most.

Darshana Panchal: Thank you. We're seeing the results come in. You have about another 20 seconds or so. All right, if you didn't get a chance to respond, you still have about five seconds. All right. It looks like a majority, maybe not majority, but we have a decent amount of individuals or organizations coming from nonprofits, community organizations. And then it seems like we have a number of eligibility and enrollment staff on here and a good mix of mental and behavioral and medical providers as well. So thank you so much for answering that question. It really is helpful to us to make sure that we're presenting this information in the most relevant way possible. And we do actually have one more poll question that should pop up on your screen.

Darshana Panchal: And this question focuses on having you answer if you've incorporated mental and behavioral health messaging into your outreach and enrollment efforts before. I see the responses coming in. Thank you so much. About 20 more seconds. All right. Well, it looks like it's actually a fairly even split. It looks like we have a number of people who have done this type of outreach before, but also many of you who are here to learn more about how you can promote mental and behavioral health. So thank you so much for answering those questions. You're really appreciated. And with that, we'll have Amy Lutzky with CMS giving official webinar welcome and to set the stage for our presentations today.

Amy Lutzky: Thanks so much Darshana. I'm thrilled to be with you all today. As Darshana said... I'm hearing some echo. Darshana is the audio okay?

Darshana Panchal: I can hear you. I'm going to go ahead and mute all of the other speakers though, and I'll mute myself.

Amy Lutzky: Thank you. So again, this is Amy Lutzky, I'm the deputy director in the Children and Adults Health Programs Group here at CMS. And our topic today on this webinar is promoting mental and behavioral health resources to help children and teens enroll in coverage and access care. I want to start off my remarks, but just acknowledging how important it is for children to have access to behavioral and mental health services. As many as one in six US children between the ages of six and 17 has a treatable mental health disorder. And there are unique vulnerabilities and developmental implications when it comes to mental health in children.

Amy Lutzky: Mental health disorders usually first arise in childhood, adolescence or early adulthood, and can cause serious changes in the way children typically learn, behave, or handle their emotions causing distress and problems even just getting through the day. Several common mental and behavioral health conditions impact Medicaid and CHIP children at higher rates than the general child population, including conduct disorder, anxiety disorder, depression, autism, spectrum disorder, and attention deficit disorder.

Amy Lutzky: Well, all of that is reason enough for us to focus on this important topic today. We've actually seen a decline in children's outpatient mental health services during the COVID-19 public health emergency. And Kim Proctor is going to tell you a little bit more about that in a few minutes. Coupled with an increased need, as children have struggled due to the stressors and isolation of the pandemic, May is the observance of mental health awareness month. And I will say that while promoting access to mental and behavioral health services is a year round mission for us, and of course, many of you, May is an opportune moment for organizations to focus on this critical benefit and our efforts to enroll eligible children in Medicaid and CHIP and encourage our current beneficiaries to access these important services.

Amy Lutzky: Today's webinar, and Darshana if you could go to the next slide, we are actually structuring it into four segments and we have quite the lineup of esteemed guests today I am thrilled to say. So for starting off, we're going to have a look at the big picture, and this will focus on data and programs and resources to improve children's mental health outcomes. We're joined today by Melinda Baldwin, who is chief of the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration, or SAMHSA as well as Kim Proctor, who is a technical director in our data and systems group here at CMS.

Amy Lutzky: After that, we are going to be looking at national outreach strategies to address children's mental health. And we are thrilled to have with us today, Jamie Poslosky who is a senior director of Advocacy Communications at the American Academy of Pediatrics, as well as Gillian Ray, vice president of External Relations at the Children's Hospital Association.

Amy Lutzky: Following that, we have a segment on discussing state outreach strategies to address children's mental health. And we have joining us today, Kelly English, who is the acting deputy commissioner of the Child, Youth and Family Services at Massachusetts Department of Mental Health and last, but definitely not least, and please hang in there to the end of the webinar, we have Darshana Panchal from Porter Novelli Public Services, who is going to be highlighting all of our wonderful InsureKidsNow Connecting Kids to Coverage Resources that can help you enroll and retain our kids in Medicaid and CHIP. And so with that, I am thrilled to now introduce Melinda Baldwin and she is going to be talking with you about the data and programs and some other resources to be improving children's health outcomes, Melinda.

Melinda Baldwin: Thank you so much, Amy. And thank you for that nice introduction in terms of the needs that children have in mental health. And so my name is Melinda Baldwin and I'm the director of the Division of

Prevention, Traumatic Stress, and Special Programs. As you see it, it's a long list there but I'm acting chief of both of the Child, Adolescent, and Family Branches in the Mental Health Promotion Branch. And the reason I even bring that up is that we are very excited at SAMHSA to have put all of the children's discretionary grant programs into one division. And so that's very exciting for us as we'll be able to look across different grant programs to make connections. And so this is also exciting for us to be able to make the connections with all of you. So thank you for inviting me today. Next slide please.

Melinda Baldwin: And so as well as what Amy had talked about in terms of data, I wanted to just ground us in the extent of mental illness and substance use disorders in the entire country. So we don't have a similar slide for our children's data, but just to give you a sense of adult data so you can begin to ground yourself in the population as a whole, and then we can delve into some of the data about children. So in the past year, and this is from our news to data set, as you can see, there were 55.5 million people over the age of 18 who had a mental illness.

Melinda Baldwin: All of those, one in four had what we think of as a serious mental illness. And then on the other side in the green circle, you can see that 19.3 million of us, 18 years and older had a substance use disorder. And then you can see in the box above the different in terms of illicit drugs, alcohol use, and then struggling with both. But the circle in the middle is those folks who struggle with both the substance use disorder and a mental illness. And so in 2019, 61.2 million Americans had a mental illness and, or a substance use disorder which is an increase of 5.9% over the same data that we have in 2018. And we see that that increase has come in the folks with mental illness. So next slide please. When we look at children and specifically what I wanted to show you in this graph is the increase in the numbers of children with serious emotional disturbance SED, that are served in publicly funded mental health systems. And these are in millions and you can see the trend up from 2008 through 2019. And so when we think of a serious emotional disturbance, we're referring to a diagnosable mental, behavioral, or emotional disorder that is experienced by people under the age of 18 in the past year. So you can see some of the things that Amy talked about that come under that heading such as anxiety disorders, bipolar disorder, conduct disorders, eating disorders, obsessive compulsive disorders, and psychotic disorders. So, as Amy said, we're also seeing this increase in our data as well. Next slide please.

Melinda Baldwin: So this starts breaking out depression. We see depression and anxiety as the most conditions that are diagnosed in children from the ages of 12 to 17. And so if you look over the years of 2004 through 2019, you see quite an increase, especially towards 16, 17, and 18 here in terms of those with a major depressive episode and those with major depressive episode with a severe impairment, and this would have happened in the past year. So although we saw a leveling out then starting in 2012, we see that increasing with a fairly significant increase here at the end. Next slide please. Now, this is a slide that really talks to what we're talking about today is, the access to treatment. So of those children that we talked about in the slide before who have a major depressive episode, these are how many have received treatment. So you can see they're pretty slight ranging between 40% and 50% here and you can see the numbers here. So this is a great concern to us that children who are experiencing depression are not finding or not accessing treatment. Next slide please.

Melinda Baldwin: And so here, then we start looking at the children who are getting treatment, where are they getting treatment and how can we facilitate that access? So, as you can see a lot which remain fairly steady, are those youngsters who are in child welfare settings or in juvenile justice settings, and then this green bar here are those that receive treatment in general medical facilities or treatment centers. But up here where the majority are accessing treatment is either in specialty mental health care settings or in education settings. And so, as we talk through today, and as we think about access to treatment at SAMHSA, we think about where do kids spend their time. And as we know they spend a lot of time in school. So, what I want to share with you in just a couple of minutes is about our school-based program, because there seems to be a lot of nice partnerships that we could build between our school-based work and the work that all of you do. Next slide, please.

Melinda Baldwin: Now this is a slide that's got a lot of information in it. So, I'm going to take a minute to unpack it. So, as you see the map and the different colors in the map, and this refers to the per capita expenditures that the state mental health authority spends in those states for mental health care for all, not just for children, but for all.

Melinda Baldwin: And so, you can see that there's quite a variation with some spending quite a bit, which you can see, which is the darker blue color and others spending lesser amounts, which are to the deeper red colors. But the other figure I'd like you to really take a look at is this second line here, which talks about how many of those services are paid for through Medicaid dollars. And you can see if you go all the way over to the right under the grand total, that a majority of those are covered either through Medicaid or through state funds. And so, the Medicaid, the CHIP dollars are really helping children access mental health services. The other thing you can see SAMHSA provides as many of you may know, the Mental Health Block Grant dollars, and those really don't provide in the grand total much of the entire amount for mental health expenditures and that's 1.6 there at the end.

Melinda Baldwin: Thank you. And so, when we talk about collaboration, I think about collaboration at the systems level and at the community level. And so, these five things are the things that usually impact a family's ability to access treatment. So, there could be a lack of providers in their area. And so, there aren't any social workers or psychiatrists in their area and so this is problematic. And so, we do a lot of work at workforce development and encouraging people through different programs. We have a minority fellowship program at SAMHSA, encouraging folks to go into the mental health workforce.

Melinda Baldwin: Another issue has been traveling long distances. And so often, your mental health provider may be an hour away. And for those of you that have children you know after school and different activities or whatnot, driving an hour and then driving home can really make an appointment just not viable.

Melinda Baldwin: Some facilities have long waiting lists, and that can also be problematic. Cost is another issue and then access to insurance coverage. And so, we take into consideration how do we think about these when we award our discretionary grant and how we can help families access treatment. Next slide please. I want to talk about two of our programs that focus on children and helping them access care.

Melinda Baldwin: So, Project LAUNCH and LAUNCH is Linking Actions for Unmet Needs in Children's Health, is to foster the healthy development and wellness of all young children birth through the age of eight, preparing them to thrive in school and beyond. And as we know, that's often a very critical period in promoting mental health, both of the family as a whole, and also the children. Many parents when they reflect back on their children's development will tell you that one of the first indications that they had that something was amiss was their child got asked to leave or got expelled from daycare or from headstart or from a kindergarten program.

Melinda Baldwin: This can be very important for families with young children. We've had Project LAUNCH for 10, and over that time, we've been able to reach 241,000 children and parents through screening and assessment for behavioral health concerns. Of that, 203,000 children and their parents received evidence-based mental health-related services. But at the same time, we like to build capacity in community providers. And so, as well as screening and referring children and parents for services, we also train community providers on the milestones for social, emotional development, early detection of behavioral health issues and the best practices for mental health treatment. There's also been approximately 10,500 new partnerships developed between organizations in order to improve care coordination and access to mental health services. So, what we find is that if partnerships are developed during a discretionary grant period, that is often the key to sustaining that work after the federal grant is over. So, we really look to foster those partnerships at the state level, at the local level and at the federal level, such as our webinar today in order to keep those programs going after the grant is over. Next slide, please. So, we also have a center of excellence for infant and early

childhood mental health consultation. So, I encourage all of you to visit this website. It has incredible information and all kinds of technical assistance for programs, communities, states, territories, and tribes, and also for the individual mental health consultant in order to increase the work that they're doing.

Melinda Baldwin: And so, you can see some of the examples of what they offer and also the reach that they've had. So, this is a relatively new center for us, and we're very excited that we got a supplement that doubles their funding for this next year with some of our COVID assistance money. So, we're just so excited to roll out some new programs. They've provided assistance to 36 programs, reaching 147 individuals. They've had almost 9,000 webinar participants, and then they build affinity groups so folks can do a lot of peer learning and peer sharing with others across the country. Next slide please.

Melinda Baldwin: And then our Project AWARE is our school-based program and AWARE is Advancing Wellness and Resilience in Education. So, it builds and expands the capacity of a state educational agency to partner with their mental health agency to oversee the mental health services in schools. And so, this is in three tiers, the first tier being a lot of training, a lot of just mental health awareness skillsets for all kind–

Melinda Baldwin: Mental health awareness skillsets for all kinds of school personnel, not just teachers, but coaches, custodians, and other folks that interact with children. And also, they screen and run groups for children and also refer children out for mental health services. I realize I'm watching the time here. So, the core values and principles for AWARE is resiliency, family-driven, youth-focused, they're culturally and linguistically competent, community-based, trauma-informed, and use evidence-based training and services. Oh, I'm sorry. Can you go to the next... And then to the next slide, and I recognize we're out of time, so if you could go to the next slide, would be great. But I wanted to really reinforce this part of the AWARE grant, in that it does work in an iterative manner and in a cycle. So, if you think about increasing mental health awareness and literacy, which leads to immediate identification of children, which then can lead to a coordinating screening and referral and access to care. And then promoting culturally-informed and developmentally appropriate services, that then goes to coordinating at the state level, and you can see how it just goes around.

Melinda Baldwin: And this is critical to making sure that the state agencies and the local school systems have this coordinated care and children have access to services. And so next slide please, is really looking at the partnerships and collaboration of all the people that are involved in the AWARE program, so it's not just teachers. And so, these partnerships last beyond the funding, which is critical to making this whole thing work. Next slide please. And the other resource that I wanted to bring to your attention is our National Child Traumatic Stress Initiative and Network.

Melinda Baldwin: And there's all kinds of resources here for not only teachers, but for child welfare workers, all kinds of different sectors of communities that work with children. And they have amazing training and resources and it's all free, so please make use of it. And it's an amazing resource. I used it when I used to work in the community, and we're just very happy to have them at SAMHSA. So, with that, I conclude my remarks. I thank you for inviting me and I unfortunately have to run, so if you have any questions, please put them in the chat and I'll work to answer them by email. There's my contact information, so thank you so much.

Darshana Panchal: Yes. Thank you so much, Melinda, for sharing that great collaborative work and all the work that's supported by SAMHSA, we really appreciate that. Our next speaker is Kim Proctor. Kim is the Technical Director within the Data and Systems Group at the Center for Medicare and CHIP Services at CMS. Kim.

Kim Proctor: Hi everyone, I'm Kim Proctor and I'm a technical director in the Data and Systems Group. And today my presentation is going to discuss a product that we publicly released the slide deck on basically what's going on with Medicaid and CHIP in terms of the COVID-19 public health emergency. We did present a prior version of this deck previously at this meeting, and today we're going to talk about some updated data we have with a focus on mental health services for children. And I do encourage you to go look at the full deck. There's

like 50 slides. We updated every slide in there with new data, so there's lots more additional information in terms of what you're also going to see today. You can go to the next slide.

Kim Proctor: Oh, sorry. You can go to the next slide. Thank you. So, the one thing I do want to mention is that there is some background context to keep in mind as you look at this. The most important thing to remember is that at CMS, we get all of our Medicaid and CHIP data directly from states. And that means that there can be some variation in terms of the data quality that states submit to us, and also just how long it takes us to get that data. So, you'll see if you look at the broader deck, there's lots of information about claims lag in particular. And that just means basically, how long does it take from a service to occur until the time that it comes to CMS, where we can actually analyze the data. And the key things to keep in mind here is that there's lots of variation across states and then there's variation across claim types and how that claim was paid.

Kim Proctor: So, fee for service claims come faster, managed care claims come slower, and then if you're in the hospital for 30 days and it's a really long complex employee inpatient stay, it'll take longer for CMS to see that claim, versus if it's just an outpatient visit that occurs in an afternoon, we're going to get that a lot quicker. So just basically, you want to keep the states, how they're paying for the claims and what the claims themselves are, in mind when you look at these results, because they will change over time as we get more information. With that said, what we focus on today is outpatient claims and we normally get them very quickly, so we would expect these results to be more consistent over time. Next slide please.

Kim Proctor: And this slide just highlights that state variation. So, we always encourage you to keep in mind, every state is different. What they're submitting to CMS is different. So just keep that in mind as you view the results. Next slide. So, I want to tee up some information about the Medicaid and CHIP program, to set some context for what we'll talk about. So, we cover more than 4 in 10 children nationally, that is through August 2020, that included over 41 million children. And as we track over time throughout 2020, we would expect to even pick up a couple million more, so it's a very large number of children. That includes the vast majority of children living in poverty, so that's about three quarters. It's a very large percentage. And many of the children covered by our programs have special healthcare needs that require services. So, it's a very large population, it's a diverse population with substantial healthcare needs. Next slide.

Kim Proctor: And so, what are we seeing in terms of their service utilization during the COVID-19 pandemic? What we see is that at the onset of the pandemic, beginning in March 2020, we saw primary preventative and mental health services decline immediately across basically all of the areas that we're tracking. And what you'll see in the next slide is that for many of these services, we did see a recovery in the summer. So, they either started to pick back up in the summer, or in some instances they even returned to normal by the summer, which is very encouraging. So, we saw this big dip at the start of the pandemic, and then we saw a recovery, but we did not see a recovery for mental health services. So, of all the areas that we're tracking, that is the one area that has not recovered in the same way as the other services.

Kim Proctor: We saw that decline at the beginning of the pandemic, and we've just seen that decline sort of stay flat. It really has not started to rebound, so I think that's very concerning. We did see services delivered via Telehealth sharply increase, particularly in April. That has petered off a little bit since then, but it still remains well above prior year levels. But in this case of mental health services, though we did see a very large uptick for mental health services delivered via Telehealth, but it does not begin to close that gap of the services that we're missing in this area.

Kim Proctor: I do want to highlight there's a lot of state variation as I said in the beginning, so every state is different. The one thing I'll mention, and we'll touch on this again, though, is that for this mental health service area, this is one area where we're seeing less variation across states. So, this idea that it dropped and it has stayed low is fairly consistent across states in this area, unlike some of the other areas where we're monitoring, where we see lots of states recover quickly and we see a lot more variation. Next slide.

Kim Proctor: So, this is an example of one of the services that we're tracking here. We're showing child screens, right? So, you can see, I think this shows the trend that we see among a lot of the measures that we're looking at for children, which is you see this really sharp dip, you see the bottom out in April, and then you see the V-shaped recovery where it starts to come back by the summer. It's not fully back to normal by the June-July timeframe, but it's close to normal by this timeframe, which is very encouraging.

Kim Proctor: However, when we go to the next slide... You can go to the next slide. Thank you. You'll see this slide doesn't look anything like that. This is outpatient mental health services for children, and what you see here is, what you would want to see is that V-shaped recovery, that drop and then a sharp recovery, but you just don't see that. You see a sharp drop and then you see this flat line where it just really does not start to bounce back, and I think that's very concerning given everything that we've heard already in this presentation and preliminary evidence suggesting that there is a growing mental health need related to the pandemic.

Kim Proctor: It would suggest that there is an increased demand for services, and what we're seeing here is that there just clearly is not really the supply of services, since we're seeing such a large gap in 2020 compared to prior years. And what that translates to here, so if you look at the green line, that's mental health services delivered via Telehealth. You see a large increase, which is great, but even when we account for that increase, we're still missing over 8 million services through July 2020, which is about 35% fewer services. So, it's just a really substantial gap, even in the face of that very large increase in, in services delivered via Telehealth. And you can go to the next slide.

Kim Proctor: And then what this shows, this is showing that state variation. So, if you go online and you look at that full deck, you'll see this state variation for all the things that we look at. And in a lot of those cases, you'll see, we show on the left, the state that had the smallest decrease and on the right we'll show states that had some of the larger decreases in service utilization. And you can normally see for states that have smaller decreases that they have a sharper V, they just recovered quickly for a variety of reasons, or their claims are submitted much faster. So, if you look at some of these other individual measures, you'll see lots of variation. Some states have really sharp Vs, some states are flat lines, some states really haven't recovered yet. And I think what we wanted to highlight here is that most of the states in this area really look flat, getting back at that there is variation across states, but for mental health services, most states have just not recovered yet.

Kim Proctor: They're not back to normal yet, and they have not begun to close that gap yet. So, we really wanted to highlight, out of all the areas that we're monitoring and particularly with a focus on this relief, we really have not seen a recovery in this area that's fairly consistent across states. And it's occurring at a time where we think there's probably the greatest need for services. Next slide. Here's my contact information. You can feel free, I'll be on to the Q and A, but you can feel free to contact me directly with any questions that you have, and I encourage you to go look at the full deck and we really look forward to your questions. Thank you so much for your time.

Darshana Panchal: Thank you so much, Kim, for sharing this really important data. It'll be interesting to see how, of course, this informs outreach and enrollment efforts for the months to come. So, thank you so much, and we are going to shift gears to the next portion of the webinar, which highlights national outreach strategies to address children's mental health. And we'll be hearing from two of our national campaign partners. The first is Jamie Poslosky. Jamie is the Senior Director of Advocacy Communications at the American Academy of Pediatrics. Jamie, take it away.

Jamie Poslosky: Thank you so much, Darshana. It's so wonderful to be here, looking forward to the presentation. Next slide please. So, the American Academy of Pediatrics, for those of you that aren't familiar, we are a large medical organization representing 67,000 pediatricians across the United States. We have a chapter in every single state, our members are plugged into their communities. They work in hospital settings and private practice, they take public insurance, private insurance, and they have all different kinds of specialties. And so, they really are a good touch point and ear to the ground during the pandemic in particular,

but also just overall, to get a check on how kids are doing. And of course, part of the core function that pediatricians perform in their offices when they're visiting with patients is to assess their mental health.

Jamie Poslosky: So, as you might expect, the pandemic and the backdrop of the pandemic has really called this need into great focus. Children's health was in a bit of a crisis. Children's mental health was in a bit of a crisis before the pandemic, and we saw some trends moving in a concerning direction even before COVID began, but as you can see, and as you all know, living and working in these fields that you're in, it's just been really tough for kids to navigate the last year plus. So, these are a few examples of some of the communications that we've had our leadership make in the media and elsewhere.

Jamie Poslosky: We as an organization have been issuing interim guidance throughout the pandemic on different aspects of children's health, including mental health and behavioral health. So, for those of you that you work in more clinical settings and are interested to see what the academy recommends in terms of supporting children's mental, behavioral, and emotional health during COVID, definitely check out our interim guidance resources. I can certainly share with Darshana and others the links to all of the content I'll be going over in the presentation today, but that's more for providers to understand how to make sure kids are getting what they need.

Jamie Poslosky: And certainly, here you can see the quotes, it's just a snapshot of what our leaders are saying. And we knew that when COVID started, we needed to really emphasize partnership and visibility and lift this up to everyone, from stakeholders to parents, to teams themselves. And so, if you go to the next slide, this is just a little bit of how we've been amplifying our voice and reach during the pandemic. Gillian Ray will be talking in much more detail after me about how we've worked together with the Children's Hospital Association to raise visibility around what teens and kids are confronting, but I did also want to mention that one other way that we've been trying to lift up the awareness and drive towards solutions here during the pandemic is to promote our expertise to other audiences. So, for anyone that's interested, I can put a link in the chat before the end of the webinar, our president is going to be presenting next week.

Jamie Poslosky: It's open to the public, a webinar through US News & World Report. It's a partnership with Children's Hospital to talk exactly about this, how to take a community approach to supporting kids. So, I'll plug that here since there's a lot of overlap likely between the attendees of this webinar and who might benefit from learning more next week, about the work that we're doing and how to support kids and team. Next slide, please. So, one core group of pediatricians that's also been very focused on mental health, is our section on pediatric trainees. These are medical students and residents and fellows that are training to be board-certified pediatricians. Every year, they pick a different topic to focus their energy and efforts on, and this year they picked mental health. And so, you might be seeing on social media or elsewhere in your community aspects of the work that they're doing.

Jamie Poslosky: They're really trying to raise the public profile as well, but you can see here, they've got different themes they are emphasizing on throughout the course of their campaign. And this does speak a bit to how the organization of AAP approaches a lot of the work that we do, which is a holistic and multifaceted engagement strategy. And so, our trainee section is working quite closely with pediatricians, with staff at AAP, to try to amplify all of these different aspects of mental health in a more concentrated way. So, that's one additional campaign that we're working on as an organization this year. Next slide.

Jamie Poslosky: I also wanted to underscore a relevant public awareness campaign that we've been launching recently, since it's not exclusively focused on mental health, but certainly addresses it. As has been already highlighted by past speakers, during the pandemic visits to the pediatrician across the spectrum have been down. They're certainly much better now than they were at the beginning, but we still are not where we were pre-pandemic, in terms of routine child well-checks, physical immunization appointments that include mental health, of course, but we do have a robust toolkit at aap.org/callyourpediatrician that many of you may find of value.

Jamie Poslosky: There's a lot of resources there. We have a host of PSAs, one of which I'll show you in a minute, with a message encouraging parents to take their kids in to the pediatrician. So again, these are not exclusively focused on mental health, but there are resources, videos as are highlighted here, social media graphics, and messages that speak to the importance of the role of the pediatrician in assessing your child's mental health. And many of you can probably attest, during this time of isolation, it's also often the pediatrician who may be the only other adult who's really getting a sense of how kids are doing and asking those tough questions that may be daunting or off parents' radars to even know how to confront. So, it's really important that kids be seen by their pediatrician. If you turn to the next slide, this is the PSA that we'll play for you, just to take a look at what it's like. I'm realizing the volume may not be playing. I don't know, Darshana. There's no way, since you're on mute.

Darshana Panchal: My apologies, I needed to mute myself. Let me start that again.

Jamie Poslosky: You can still get a good sense from the visual, the volume is not working, but you can see here that parent animates to become a superhero. And we really do. The audio is mostly in this PSA focused on immunization. That's a big area of emphasis, as you might imagine, for pediatricians. So, this channels superheroes and empowers parents to envision themselves as superheroes for their kids by taking them in to get their shots. So, I'm sure mental health, just given the prominence and relevance here, will continue to be a priority topic for this ongoing campaign. So, the URL again is aap.org/callyourpediatrician for anyone that's interested in learning a little bit more about that or downloading any of these resources to use yourself with your organization. Next slide. One other quite relevant toolkit, I'm hoping, for this group that we've put together, is a Telehealth toolkit.

Jamie Poslosky: And again, I can get all of the resources and links to these to the organizers here to share out, but this Telehealth toolkit is both for providers, it's for community organization, it's for parents. Telehealth, of course, has always been a relevant aspect of medical care, and certainly has a real value and role to play with administrating mental health services and treatment. But the pandemic has, like so many other things, really emphasized and highlighted just how valuable Telehealth can be to increase access to care for parents. I know myself as a parent of two young kids, I've used it many times throughout the last year, more so than I had previously, and I'm sure that trend will continue. This toolkit has a lot of options of resources here. In some ways, it really helps amplify for pediatricians who are in practice or other medical professionals that administer mental health services, how to let your parents and patients know about that. There's infographics, different translated languages, there's Post-its for your office, there's scripts for Telehealth appointments.

Jamie Poslosky: If you wanted to have them prompts messages out to schedule those appointments, or even just in the waiting room for your parents and patients to be reading texts like that, we have tools along those lines. And then all sorts of videos, testimonials, and resources and information just for parents and consumers of services as well as providers. So, if you go to the next slide, says a little bit more detail, some of the resources are included there. There's social media graphics here for pediatric practices. You can select which platforms which languages are downloadable. Hopefully these will be valuable for some of you to use and repurpose as you see fit. You can see here, they're colorful. They're meant to be quick and easy and attention-getting for parents and providers to understand what they need to do to set up for success here when you're preparing for a Telehealth visit as well. Next slide.

Jamie Poslosky: There's also, as I mentioned, a lot of information here for families. I think this is, for many people, a new service to consider accessing. So, there's HealthyChildren.org, is the American Academy of Pediatrics' parent-facing website. And if you go to that website, you'll be able to easily spot where these resources are on Telehealth. There's a lot of content there to share, and hopefully the more the Telehealth services continued to be utilized during the pandemic, the more widely sought after they'll be, but there's all sorts of steps and instructions and graphics here that you can see to get mental health on parents' radars.

Jamie Poslosky: In particular, again, when you're assessing, as many of you know doing this work, behaviors in kids may not be so obvious. IT may not be that they're coming to you to just share what their mental health is or isn't doing, it might be behavioral and more subtle. So, these toolkits are really meant to help parents also just be aware of the fact that there might be changes in behavior, whether it's changes in diet or sleep or mood or social interaction, that they should be really monitoring the signs of mental distress in their kids. Lots of tools and resources like that, that hopefully you'll find helpful. Next slide.

Jamie Poslosky: I'm not sure that one will work without the sound either, so we don't need to watch it, but there are animated videos like this that also both speak to how to access and set up Telehealth appointments that are meant to be easy, simple, shareable with families and parents, and also ways to assess behavior that might be indicative of mental health concerns. So, I encourage you to all check it out, I hope those tools will be valuable to the work that you do in the field. Next slide. One final area of emphasis here for AAP is then suicide prevention, which of course is just one aspect of mental health care for children and youth, but an increasingly important one. And the data is alarming in this area, especially over the last year, so we have a lot of resources here as well.

Jamie Poslosky: You can see there's a poster here in Spanish, we have clinical and consumer information about suicidal ideation, how to partner and help address suicide in young people, both by equipping providers and those doing work professionally with tools and resources they need to monitor behavior signs and awareness, but also again, to put this on the radar of kids, teens, and parents. If you go to the next slide, we actually have a toolkit here as well. Some of these videos and testimonials are a little bit more clinical-focused. They've got motivational interviewing techniques, they're slightly longer, they're not really meant to be shared as much on social media for example, but there are tip sheets that I think many non-profits in the field doing work or providers of health and mental health services may find interesting and valuable.

Jamie Poslosky: Worker providers of health and mental health services may find interesting and valuable. Again, multiple languages, lots of different access points. And whether you're looking for something quick and simple to share with your membership or something a little bit longer form like informational motivational videos, and it's all there on this toolkit on aap.org. Next slide.

Jamie Poslosky: We did actually host earlier in 2020, a youth suicide prevention summit with the foundation for suicide prevention, the National Institute of Mental Health. And this is really meant to be a convening of a lot of experts and folks doing this workday in and day out to share with people are learning how to collaborate more efficiently on resources and next steps. We had to come together to harness the different touch points that youth and kids have with whether it's academia or behavioral health experts to come together and really commit to some concrete steps, an action plan to help prevent suicide among young people.

Jamie Poslosky: And if you go to the next side, you'll see here, that's exactly what we're working on now, though, there's a blueprint for youth suicide prevention that we're developing as we speak, but we'll have some real concrete strategies, tips and takeaways. I think it cannot be a better time than right now. There's a real dire need for the sort of concrete resource and tool. This also will be publicly available and certainly shareable with this group. Part of this work involves partnerships and really breaking down barriers that have perhaps previously to different kinds of approaches to this work. So, I think if you go to the next slide. That's it for me. I'm happy to take questions. My email is here. If you would like more information on any of these resources after the presentation, I'd be happy to connect with you. Thanks so much.

Darshana Panchal: Thank you so much, Jamie. And I apologize about the videos. I know we have some videos and some of the other presentations too, so hopefully we'll get some sound, but if not, we can always drop the links to these videos into the chat. And just as a reminder, these slides will be available to everyone in a couple of weeks. So, the slides will also have the videos in there once that is available. But thank you so much again for sharing those resources. I think they're going to be really helpful to a lot of the people on this webinar, but I'd love to pass it on to our next partner and speaker Jillian Ray. Jillian is a vice president of external relations at the Children's Hospital Association. So, Jillian, take it away.

Jillian Ray: Thank you. Thank you, Darshana, and to Amy and the CMS team for the opportunity to present to you today. Children's Hospitals Association works with our 220 member children's hospitals to advance innovation in the quality cost and delivery of care to children and youth. I'd like to preface my presentation, restating what Jamie said and that's children were in mental health crisis prior to the pandemic. COVID 19 has only made that crisis worse. Anecdotally, I can tell that children's hospitals are experienced a high demand for acute mental health services and that demand has never been greater. In fact, it is so severe that children's hospitals are having a board kids in units not designed for mental health patients until psych inpatient beds become available. And that's a big concern to us. And this trend started last summer and it hasn't eased up.

Jillian Ray: The saying that childhood lasts a lifetime is certainly true, especially when it comes to mental health conditions diagnosed in childhood. Children's hospitals believe we must do everything in our power to fully resource the pediatric care continuum to improve access to children for children seeking mental health services. And it's why we launched the Behavioral Health Awareness Campaign. Next slide.

Jillian Ray: Thank you. Our awareness campaign launched actually this past February in partnership with the American academy of pediatrics to highlight the behavioral, emotional and mental health crisis among youth, the campaign works to educate members of Congress and the Biden administration and other influencers to those two audiences on the urgency of the situation and the actions they can take to help mitigate the crisis. Our hope is that greater awareness will shape support for policies at all levels of government. And that those policies will better support children and their pediatric providers as well as community community-based and school-based services. Next slide please. So, we kicked off our campaign with digital ads over a two week period in February and March that appeared in the Wall Street Journal, Politico, Washington Post, New York Times, Associate press and Reuters. In addition to our digital ads, we pitched key reporters primarily in the DC market. Although some outside markets picked up the coverage like Chicago and Sacramento, and saw that the coverage of the campaign has been pretty robust with stories and the hill, Kaiser, health news, morning briefing, political pulse, and most recently NBC news, which I'll return to in a minute, Dr. Lee Beers, the president of the American academy of pediatrics and [inaudible 00:53:09] CEO's CHA were busy securing op-eds and CNN and us news and world report respectively adding to our organizations joint campaign to raise the visibility of the crisis nationally. CHA also partners with media planet, which is a content creation company that produces special topical inserts for USA Today. And we penned some content for parents on how to support children's mental health during the pandemic. Next slide please. So, some of our initial results with our display ads, our digital advertising, we geo-targeted to the Washington DC market. So, you're able to make sure that your ads display on websites inside a particular region. And we picked Washington DC, given our audiences, and we reached about a million or so folks and about a thousand, not a ton, but actually a good click-through rate for the campaign to learn more about the campaign, CHA and AAP then expanded our reach of these ads through respective social media channels. For CHA, that meant we carried our digital ads and that messaging on both our corporate social media and our Speak Now for Kids social media channels. Speak Now for Kids is our grassroots national community of 80,000 child health advocates.

Jillian Ray: It's open to the general public. Anybody who cares about children's health is welcome to join Speak Now for Kids. The majority of our advocates are women who are also mothers, who are willing to reach out to lawmakers on important child health issues. Next slide. Several weeks ago, CHA began working with NBC News on a story, looking at suicidal ideation, and self-harm in young children. We were able to pull five years of trends, data from our proprietary pediatric hospitals information system, and looked at inpatient and emergency department visits by age group and nearly 50 children's hospitals across the country. And what we saw that was from 2016 to 2019 visits by six to 12 year olds for these conditions doubled in children's hospitals. NBC featured this data in an online story that was also carried by the Nightly News and MSNBC. And then when looking at the first three quarters of 2020, the numbers look similar to 2019. Mental health admissions continue to represent a higher percentage of overall admissions that come through our EDS.

Jillian Ray: So again, this is a big problem that we're seeing in children's hospitals. So cumulatively the media coverage to amplify this problem is helping demonstrate that the crisis is real, and it was here well before COVID-19 and is unfortunately, worsening. Next slide, please. To date, children's hospital association has primarily worked through and with our member children's hospitals to disseminate campaign messaging and activate our advocates to reach out to Congress. Our activations, if anybody is willing to reach out to their members of Congress is located on our Speak Now for Kids websites, speaknowforkids.org. We created a campaign toolkit for our members, which includes a one pager about the campaign, sample editorial content, such as op-eds, letters to the editor, social media comp content updated daily, excuse me, updated monthly with a special focus on storytelling plan for mental health awareness. Next slide, please.

Jillian Ray: Because the mental health crisis is both widespread and severe, children's hospitals are seriously challenged to keep up with the demand for services and community-based organizations are overwhelmed as well. Our nation is facing a tipping point and families who are not able to access services for their children when they need them, will likely be dealing with the long-term consequences of untreated mental health illness. So, we definitely need to improve access for our kiddos across the entire continuum. We need and believe that the time to strengthen mental health for kids is now. Next slide, please. So, to that end, we are calling on our community of grassroots advocates to act. To date, we've had about 2000 or so letters shared with members of Congress calling for action. And in the months ahead, we will again activate our community and children's hospital supporters to ask Congress for more specific help. And again, that action is open to the public and available to all for participation. Next slide please.

Jillian Ray: And meanwhile, our social media field feeds are full of powerful mix of content, including our connecting kids to coverage, messaging and advice and tips offered by children's hospitals to parents searching for mental health information. So, we do encourage folks to look at Speak Now for Kids, which is the primary channel for carrying this information and check out the stories that we're featuring from children who have been treated in children's hospitals across the country. They're part of this, they're willing partners in this effort to raise awareness. Next slide please. So, what's next? We have two special events on the horizon to continue raising awareness. On May 20th, we are participating in an Axios media virtual event. Axios is a news organization and these events are typically a one-on-one expert discussions with an Axios editor. Once we get some more information, we'll certainly share it with the connecting kids to coverage team.

Jillian Ray: And in June, a couple of hundred patient families will be participating in our Speak Now for Kids family advocacy week. During this week, patient families share their stories. We are earned and social media while advocating to Congress a set of flexible mental health solutions. Some of those solutions are designed to address the surge crisis that I mentioned going on in hospital emergency departments, better and more timely access to integrated physical and mental health care as well as national capacity, both physicians and non-physicians because it's really going to take a village to help turn the tide on this mental health tsunami among children and youth. So, we encourage everybody to follow events at Hospitals for Kids, CHA's Twitter handle and our Speak Now for Kids website. And if you have any questions, feel free to reach out to me offline or during the Q and A. Thanks and I'll turn it back over to Darshana.

Darshana Panchal: Thank you so much, Jillian. It's so great to see the power of media and advocacy in these efforts. So really appreciate you sharing. So, our next speaker is Kelly English. She will be focusing on state outreach strategies to address children's mental health. Kelly is the acting deputy commissioner of child, youth and family services at the Massachusetts department of mental health. Kelly, take it away.

Kelly English: All right, thanks so much Darshana, and thanks to CMS and SAMHSA for convening today's webinar and inviting me to share this website, Handhold MA that we are extremely proud of and hope that we give you a good taste of some of our outreach strategies on children's mental health. So just to point out here, this website was a collaboration between the state department of mental health, where I serve as the acting deputy commissioner and the office of the child advocate and our executive office of health and human

services. So, it really was a good cross agency partnership because we know children with mental health needs often are presenting in different state systems and served by different state agencies. So, this really was a true collaboration in that way. So next slide please. So, this, the Genesis of the website really came from some work that we were doing here at the department of mental health, where we started asking a question about how we might reach youth and their families earlier in their mental health journey.

Kelly English: Because often by the time that families were arriving here to DMH, it's often they're pretty ill and far along in their trajectory of their illness. And so, we were wondering, how might we reach them earlier? And so right as the big pandemic began, we had been planning this project for a while and then COVID hit. So, we were able to kind of quickly pivot to doing a lot of these stakeholder interviews virtually. And so, we met with over 40 families, providers, other family advocacy organizations, state agency staff throughout the March and April of 2020. And what we learned from families was that families told us that oftentimes they're not sure about when to worry. And so often, they're getting messages from friends, teachers, or neighbors or whoever it is that, oh, that's not a big deal. You don't need to worry about that issue.

Kelly English: They'll grow out of it. Right. And so even though their parental instinct might've said like this, isn't, I'm not sure this is right. You often don't want your child to be suffering and struggling. And so, you can often kind of talk yourself out of something, right. And so having better information about what were the signs of something to worry about would be helpful to them so that they knew that to really go ahead and take action. The second thing we learned from families is that they needed help navigating the system and knowing where to start.

Kelly English: Then we also heard that what families are often needing is flexible help. So, services that are available in different settings and locations and places that feel comfortable to them. So that maybe that's in a pediatrician's office or maybe in a school, at local community organizations. And then finally we heard from families that schools are often a trusted source for them. And because as other presenters have mentioned, schools are often the place where kids spend much of their time. And so, what could we do to help schools be a source of support? So next slide please.

Kelly English: So, one of the things that we worked on really hard with our, when we started to build this website was we knew we wanted to hear from families themselves about their own journeys, because often some families feel more comfortable talking to other families. And often they're a trusted source and families will go to and talk to their friends and neighbors and people they trust and know in their local communities. So, we really wanted to bring the voices of families to the website. So, I wanted to see if I'm, we'll see if this works, if not, we can share the link afterwards. So [inaudible 01:05:03] this'll play.

Darshana Panchal: Yes. We can try it. Hopefully we'll get some audio.

Kelly English: Yeah. I wonder if there's a way to hit the volume on the YouTube page. Yeah. So, the audio isn't working sadly. So, this video, which you'll find on the website kind of shares the voices and stories of families that were generous enough just to share their time with us about their own experiences in a way to help kind of reduce stigma and just be a reassuring voice and hopefully offer some hope to families to, as they start out on their journeys in, through the mental health system. So, it's a great sweet little video actually with these lovely drawings that we had done of various families in our state. So next slide please.

Kelly English: So, this is just a quick little picture of our team here. When we created the website, we worked really closely with families. We knew that for this website that I'll hopefully be able to show off in a minute, that it really had to be a co-created effort with not only just experts, but in mental health, but experts in their own kids and that's families, right. Families know their kids better than anybody else. And so, we knew that the end user for this wasn't experts, it was families. And so, we really worked closely with families across our state to help do the design work. And also, I'll say, as a clinical social worker. And we often, I often don't get the pleasure of getting to work with like website designers and user experience people and graphic designers. And

so, it was just a wonderful collaboration of some of the wonderful people in our state who are mental health experts and really know their stuff, psychologists, social workers, psychiatrists, but also a great group of parents who were generous enough to share their time with us.

Kelly English: So next slide please. So, one of the things that the website does, and I'll hopefully show you in a minute, is that it answers three questions that were really were informed by that stakeholder engagement process I talked about earlier. And so, Handhold is this interactive family friendly website. We knew as we started to build this site, that we needed to have something that was responsive in the moment of COVID. So, we created it to be a digital resource for families that really answered or helped them answer three questions. Should they worry? What can they do? And who can help? You know, our state is lucky enough to have a number of system navigation and treatment locator tools. And so, we didn't want to recreate anything that already existed out there. And the same for the what can I do page. We have a wealth of resources that already exist.

Kelly English: And so, we weren't trying to reinvent anything. We do have some content that we created that is unique to us, but often we were trying to showcase local and national resources already existed and bring families to those places that were trusted resources. So next slide please. So, as we worked to design the website, these were kind of the guiding principles that we heard loud and clear from that design team that I showed you earlier. So, one of the things that drove the design of the website is that less is more so try not to overwhelm, but really have a curating eye on what we put in the content that we put on the website. There is so much out there and sometimes you'll go to websites and it's just kind of like one of our design folks told us, try not to be a link farm, right?

Kelly English: And you'll go to a website sometimes, and there'll be 800 links to different things. And what families saying, going to those types of websites can create more stress rather than less, because there's so many choices and so many links, you aren't sure where to start. So, we really have a very editing eye onto what we have in terms of resources. We also heard from families kind of to speak clearly use bite-size basics and use everyday language. Families really wanted us to not use jargon. And I know that's often in government or even in providers, there's a lot of acronyms. And so really just try and use language that regular families would use. So, families really gave us a lot of feedback about the tone and language that was on the site. We also wanted to have, families often feel a lot of shame and stigma around this issue and topic.

Kelly English: And so, the website really tries to come off as everybody's trying to help. And parents, you are doing the best you can. There's no time for blame and shame in this, so that hopefully we hope parents' experience of this is that they feel very welcomed by the website. We also wanted to be optimistic but realistic. So, we don't want to sugar coat things about challenges families may be experiencing with finding the right provider for them, but also give them some hope at the end of the day as well. We also wanted to make sure that we could put families in control and be able to make some choices, but relieve them of choice-making. And then finally we wanted to be able to preview the journey and prepare them for what's coming. So, on the site, there's pages that'll share with them what they might anticipate, questions they could pose to help them prepare for a first visit and things like that.

Kelly English: So Darshana, next slide, please. So, I wanted to be able to take you on a quick little site tour, but that means I've got to be able to share my screen.

Darshana Panchal: And just give me one second and I will. You should get a little pop up window.

Kelly English: Okay.

Kelly English: Okay. All right, terrific. All right, so this is the homepage for the site, hopefully everybody can see that. So, we tried to make it very warm and kind of calming, so this is the homepage that shares kind of different photographs of families, but then has these three different kind of main navigation pages for the site.

So, 'Should I worry?' 'What can I do?' 'And who can help?' And then the video that I shared earlier, that you can take a peek at. We really tried to pay attention to the diversity of images on the website as well, because we knew that COVID was disproportionately impacting communities of color and so, we wanted to pay attention to that. We also, just on the homepage too have the website, if you click here, can be auto translated into some of the top languages in the Commonwealth. So Spanish, Brazilian, Portuguese, Asian Creole, simplified Chinese and Vietnamese.

Kelly English: So just really quickly, some of the main features here. So, there is kind of the 'Should I Worry?' page and parents really helped co-design this with us. So, it's not really intended at all to be a diagnostic tool. It's just some starter questions to get parents thinking. So, it's kind of more of a questionnaire as opposed to any kind of diagnostic tool. It's just a website. So, but what this kind of does is parents can use this sliding scale and there's a little algorithm built into the back, where depending on how they kind of answer these questions, it'll bring them to this next results page. And so, what this does then is kind of help families either, and depending on how they answered this, one or both of these buttons show up, or maybe one versus the other.

Kelly English: If it really showed that they answered all these questions kind of in the top 10%, it might bring them straight to the who can help page with our number for our statewide crisis line and other mental health resources. But this kind of, I gave answer to it in such a way, it brought me to some choice for that families could make here.

Kelly English: So, I'm going to take us to this next page, which again, we knew that families at the time we designed this, which was in and launched it, which was at the end of October last year, we knew that families really were seeking to try and learn things that they may be able to do from home because that's, at that point in the pandemic, there were stay at home orders. So, we wanted to give, empower families with information that they could use and learn, do or learn about from home. And again, each page has a little voice vignette of, and video of parents like that and talking about their own experiences to provide some reassurance and guidance along the way and what worked for them and then some tips. So, one of the things that we heard from families too, is that, they often feel a lot of, sometimes they only have a few minutes of time, so we wanted to offer the website so that families could kind of filter it by the amount of time they had for something. So, for example, if they wanted to learn about COVID-19 and maybe stress and anxiety, they could filter for those topic areas. And then if they only had five minutes, here's some things they may be able to learn about or do from home with their child. And again, some of these are resources that are national resources that we're linking to some of them. We also knew that some families want to watch things and watching YouTube video, some families like to read things, some families want to talk with somebody else and connect with someone. So, we offered a lot of different resources that families could make use of some podcasts. So, a lot of different options, but again, trying to be really careful to curate, for families and not totally overwhelm them.

Kelly English: So, as you see here, depending on kind of the amount of time you might have the website will kind of filter for that because we knew families are often feeling overwhelmed and really busy. So yeah, and a Netflix series. And we really tried to make sure that everything that we were putting on the site was something, a free resource or something they could check out of a local library if we were recommending a book or something like that.

Kelly English: And then finally the 'Who Can Help?' page brings them to kind of local resources in our state. So, our kind of, 800 number for our emergency services program in our state. So, when parents called us, they type in their zip code and it'll connect them with their local emergency service and mobile crisis provider. And then as I mentioned earlier, some of this 'What to expect?' and 'Tips and tricks' page for helping families know what to expect and where to start, and then advice for how they might prepare for a first visit with a therapist. And then these are more kind of, if it's not an urgent crisis, other treatment locator resources in our state that exist that we would direct families to. And we knew that some families like to search themselves.

Kelly English: And so, Network of Care, Massachusetts is a terrific resource that was recently launched. That is a database of mental health and other social services resources in our states that families could search for. We also have a few different kind of call lines that families can use to locate whether that's trauma support resources for, or just general mental health services. We have a network of family resource centers in our state that help with more of the social determinants of mental health. So housing, ESL, legal support, other things like that.

Kelly English: And then finally, our state substance use agency has that helpline where folks can call, in case the parent is looking for resources specific to substance use for themselves or for their child. So, that's kind of the quick walkthrough of the site. I'm going to stop sharing now, and then hopefully Darshana can bring back up the slide deck.

Darshana Panchal: Yes, give me one second.

Kelly English: Great. So just our future kind of expansion, the site actually served to be pretty popular. We got wonderful feedback from families, providers and others across our state. So, our first iteration of the site was really developed with parents and caretakers of kids, kind of in that latency age group, elementary school, we are hopefully going to be getting started on building out an expansion of this for parents of teens. And also, we hope to. Also, for parents of younger children as well, we're also going to be doing some more social media promotion. We're going to be, we've been developing some other resources to hopefully have on the site, including a free online training for parents about motivational interviewing strategies that they can use at home with their kids. So, a motivational interviewing brief course for parents. And I think, let me see, next slide, please.

Kelly English: This is just a quick snapshot of a billboard that we've had up around the state, across the roadways and Massachusetts that we did in partnership with the Mass Department of Transportation. And I think we've also have a media toolkit and resources where... that's on our Mass.gov site, so that anyone who wishes to partner with us can have their sample social media postings links to the website, a form letter that they could send to families who are inquiring about services. So, lots of different resources, because we need help from everyone across our state and trying to get the word out about the website and about children's mental health. And that's it. So, thanks everyone for your time and attention today. And if you get a moment, you can check out HandholdMA.org. Thanks so much.

Darshana Panchal: Yes. Thank you, Kelly, for walking us through the website. It really is so great to see resources that are built by and with families. So that was wonderful. And thank you to all the speakers for the data programs and best practices that are shared. It's actually a great segue into the next portion of the webinar, which is highlighting new materials and resources from the connecting kids to coverage national campaign. And again, my name is Darshana Panchal. I'm an outreach contractor with Porter Novelli public services, supporting the campaign. So as a reminder, one of the main goals of the national campaign is to create opportunities for families to get their eligible children and teens signed up for coverage under Medicaid and CHIP, and to remind parents to renew their child's coverage every year if they're already enrolled. Many of you may recall our peace of mind initiative, which was launched last year in the spring of 2020, and that aims to help parents rest easy, knowing their children and teens have access to essential medical care through Medicaid and CHIP.

Darshana Panchal: And the national campaign has adapted these resources to ensure partners and organizations can continue conducting outreach to families during the public health emergency, and really underscoring the importance of having health insurance to access important benefits and make up any missed appointments so that kids can stay on track with their health. So, with that in mind, in line with the peace of mind look and feel, we've launched our Missed Care initiative, which aims to encourage families to enroll in Medicaid and CHIP, and then to call their doctors or other healthcare providers to schedule any appointments

such as routine checkups and vaccinations that they may have missed as a result of the public health emergency. The campaign has developed two animated videos and infographic, highlighting the importance of staying on top of and catching up on routine care, social media content and graphics, ready-made newsletter articles, text messages, and more, and all resources are available on in English and Spanish with some resources available in other languages as well. And all of these are posted on InsureKidsNow.gov. Another priority area for the campaign and particularly as Amy mentioned earlier, as we approach May for mental health awareness month is our mental health initiative. The mental health initiative focuses on of course, promoting a central mental and behavioral health services that are covered under Medicaid and CHIP for children and expectant mothers. And it also aims to encourage families to enroll so they can get access to services, but not only get access to services, but also to remind families that are already enrolled to use their mental health and behavioral health benefits and make up any missed appointments in the last year. These resources can be incorporated into your mental health awareness month outreach efforts and can be used throughout the year, to remind families that support is available through these programs and that they can enroll at any time of the year as well. And we're really excited to highlight some of the mental health resources on the next few slides. The first resource we'd like to highlight is the animated video. This 15 second video highlights that when eligible families enroll in Medicaid and CHIP, they can get peace of mind knowing that they have access to important mental and behavioral health services. And I know we've been having some issues with videos today, so I'm not going to spend time playing it right now, but, this video will be available on YouTube, on the InsureKidsNow.gov website. It really does align with the peace of mind resources that I mentioned earlier with its look and feel. This mental health video is a part of a larger series of 15 to 30 second videos that are being developed by the campaign, that highlight the various benefits covered under Medicaid and CHIP. These can be used on social media or embedded on your organization's website. It can also be linked to in your newsletters or any communications that you might be sharing with families in your community.

Darshana Panchal: And like I mentioned, we'll try to share this link in the chat if we have time today. But if not, we highly encourage you to go check out all of these videos on InsureKidsNow.gov. There are many more that are available around missed care, dental, vaccinations. And these are also on YouTube and we are also in the process of developing some additional videos. So, we encourage you to check back often as we are posting new resources and videos on an ongoing basis.

Darshana Panchal: And then the campaign is also making available a number of print and online materials focused on the importance of health coverage to cover mental and behavioral health services for kids and teens. So, these customizable materials such as newsletters, newsletter articles, and text messages can be distributed through your communications channels to spread the word about Medicaid and CHIP. The campaign also has ready to use social media content, graphics, gifts, and of course, the digital videos that we just talked about to help reach eligible families. Some of these resources are already on the InsureKidsNow.gov website, and others will be posted very soon. So, like I mentioned, we encourage you to check often, and all of these resources will be made available in English and Spanish. And speaking of the website, this will be your go-to place for all campaign information and access to the resources that we discussed today. Resources can be found by the material type under the Outreach Tool Library or by topic under the Initiatives tab. We have recently added a new page under the Initiatives tab on Missed care and Mental Health page will be coming soon in the next few days and encourage you to check those pages out, as new materials are being posted and rolled out.

Darshana Panchal: And if you have any questions about the resources that we discussed today, feel free to email us at ConnectingKids@cms.hhs.gov. If you're not already, please follow us on Twitter at @IKNgov and engage with us on social. And please also sign up for our Campaign Notes eNewsletter, which is distributed throughout the year and provides updates on campaign activities, and really does highlight a lot of those new resources that we continue to roll out throughout the year as well.

Darshana Panchal: So, with that, I know we have just hit the hour and a half mark. I believe we've gotten some questions in. I think there, if people are able to stay on, we would hopefully like to get one question in for

all the speakers. So, let me just check right now. So, we do have a question for all panelists. So, whoever wants to jump in first... No, we had a question that came in what work is happening with children about mental health struggles, as well as other medical conditions such as autism, disability, etcetera.? And this is really open to any of our panelists that would like to respond.

Jillian Ray: Darshana, I'll take a crack. Children's hospitals are very practiced with treating children with medical complexity and other diet disabilities. And frequently those children have comorbidities that include mental health, behavioral health conditions. So, in the vein of treating the whole child and not trying to silo mental health and behavioral health all from physical or medical medicine, medical help. Children's hospitals are practicing that holistic and integrated care model, where, as much as possible, trying to be a medical home for children who are dealing with complex medical conditions. I know Jamie will be able to address sort of the medical pediatric home and the primary care setting, which is also a very important part of the pediatric care continuum. Jamie...

Jamie Poslosky: Thanks so much Gillian and it's exactly that. I think, the pediatrician and a primary care clinical setting, as many of you probably know from your own experience, taking kiddos to go see their pediatrician, really does evaluate the whole child. So, we all, often like to say the brain is a body part too. And certainly children that have either chronic conditions or other related mental health or other behavioral health issues that they want to raise to a pediatrician, it's already on their radar, that continuity of care and the medical home is so important.

Jamie Poslosky: And one of the reasons why we launched the Hire Your Pediatrician campaign was for kids like this, just to make sure that when they're going into their regular routine checkups or check-ins with the doctor, that they're also being evaluated for mental health concerns. I think anecdotally, what I can tell you is, it's from members reaching out to leadership of AAP over the last 12 plus months of the pandemic, and is that you're right to point out that there's some populations of kids that are, uniquely more at risk for exacerbated mental health concerns because of the challenges posed by the lack of therapy and in-person, for example, children with autism spectrum disorder and not having routine and the ability to go and with a consistent intervention plan when services like that are canceled or otherwise curtailed at a moment's notice that can really be disruptive to their mental health.

Jamie Poslosky: So, we certainly are well aware of the unique challenges and needs of the children. And that's why we really urge everybody to get their kids in to see the pediatrician at regular basis. We also do have an organization and interim guidance that addresses and certain populations of higher risk kiddos for different medical complexity than meets during the pandemic that talks about this a little bit too.

Darshana Panchal: Thank you so much, Jamie and Gillian, we do have one more question. This one is specifically for Kelly. The question is, can the website link families to resources outside of Massachusetts?

Kelly English: Sure. Yeah. So, as I would say on the page, 'What can I do?' Page, we do have links to kind of, not only local resources that are available in many cases, for families, there are often educational materials or videos or podcasts that are kind of national as well as some local resources as well. So, on that page in particular, I think many of the resources, not all of them, some of them are local family organizations or groups with, for local support groups, for families or those kinds of things. So, on that page in particular, I would say, yes, there's a wealth of things that families anywhere in the country could certainly take advantage of and hopefully find some useful things for them. We have some worksheets for families that we created, that you can download on creating kind of a custom calm-down plan to start having conversations with your kids about what helps them calm down when they're feeling overwhelmed or stressed and how that feels in their body. So, we have a great resources like that, that are available on the site to anyone, no matter where they live.

Kelly English: I will say though, on the last page of the site, which is 'Who can help?' It really, those are really

kind of resources that are specific to our state. So, they would link to our state kind of emergency services, programs as well as local treatment providers that are serving youth and families in our state. So, some yes and some, no.

Darshana Panchal: Great. Thank you so much, Kelly. I know we have kept you over time for any questions that we didn't get to. I think we've addressed all of them, but if there are any remaining, we'll make sure to follow up after the webinar. I would love to give a big thank you to all of the speakers for your presentations. We really appreciate the time that you've taken to share these best practices and these campaigns. And as a reminder, these slides will be made available in the next couple of weeks. Since there are no more questions, we'll just go ahead and conclude for today. Thank you everyone for joining and have a great rest of the day. Thank you.