Connecting Kids to Coverage
National Campaign

Prioritizing Childhood Mental Health: Encouraging Use of Mental and Behavioral Health Benefits Covered Under Medicaid and CHIP

WEBINAR TRANSCRIPT | MAY 4, 2022

Helen Gaynor: Hello everyone. Welcome to the Centers for Medicare and Medicaid Services, Connecting Kids to Coverage National Campaign webinar. Prioritizing Childhood Mental Health: Encouraging Use of Mental and Behavioral Health Benefits Covered Under Medicaid and CHIP. My name is Helen Gaynor from Porter Novelli Public Services. I work closely with the campaign and the team at CMS as a contractor to support education and outreach to families eligible for free or low-cost health coverage through Medicaid and the Children's Health Insurance Program or CHIP. I'm excited to be moderating the discussion today. We have a great lineup of speakers ready to talk about the importance of prioritizing youth mental health, resources for supporting families and children, new data on mental and behavioral health services utilization, and materials to help our own outreach. Before I transition it over for an official welcome, I do want to just touch on a couple of housekeeping items.

Helen Gaynor: If you've joined the webinar on the Webex desktop platform, you'll see a few features that'll be helpful to you today. We'll have a Q&A at the very end of the presentation for about 10 minutes. So, we encourage you to submit any questions you have into the Q&A box. We'll either respond in the Q&A box or verbally during that 10-minute Q&A portion at the end of the presentation. For any questions that we're not able to get to, we will make sure to follow up with individuals separately and follow up after the webinar via email. Thank you again for being here today. I'd now like to introduce Amy Lutzky, Deputy Director in the Children and Adult Health Program Group at CMS for an official welcome and overview of the CMS Behavioral Health Strategy. Amy.

Amy Lutzky: Thank you so much, Helen, for that introduction. I'd like to start off by welcoming everyone to today's call. In observance of May being Mental Health Awareness Month, our webinar focuses, as Helen mentioned, on prioritizing childhood mental health and encouraging the use of mental and behavioral health services in Medicaid and CHIP. Prior to the COVID-19 Public Health Emergency, as many as one in six U.S. children between the ages of six and 17 had a treatable mental disorder. With the additional stressors due to the pandemic, there has been a surge of anxiety and depression in young people. And yet, despite this increased need, the use of mental health services has declined sharply among children age 18 and under compared to pre-pandemic rates. We are going to hear more about that during the webinar today.

Amy Lutzky: Clearly, there is widespread unmet need, and this unmet need is felt acutely by children living in low-income communities, racial and ethnic minorities, and those with special needs. While promoting access to mental and behavioral health services is a year-round mission for us and many of you as well, May is a good opportune moment for organizations to focus on this critical benefit in our effort to enroll eligible children in Medicaid and CHIP and encourage our current beneficiaries to access these services. We have a wonderful lineup of esteemed guests today. Our first two presentations will share some very important, and I have to say bracing new data regarding Medicaid and CHIP utilization of mental health services, as well as the state of adolescent mental health in the U.S.

Amy Lutzky: Then we're going to hear about several key initiatives to raise awareness about this issue and actions that can be taken to address suicide risk among youth, as well as campaign resources that are available on InsureKidsNow.gov for organizations to use in their outreach. Before we launch into the presentation, and perfect Helen, I was just going to ask for you to shift the slide. I would like to note that CMS has recently announced a new behavioral health strategy. It's a multi-faceted approach to increase access to equitable and high-quality behavioral health services and improve outcomes for people covered by Medicare, Medicaid, CHIP, and private health insurance. I will flag that a fact sheet about the strategy can be found on CMS.gov. With that, I am going to pass back to you Helen to get us started.

Helen Gaynor: Awesome. Thank you so much, Amy. Now it is my pleasure to introduce Kim Proctor, our Clinical Director of Data Systems Group at CMS. Kim.

Kim Proctor: Hi everyone. I'm Kim Proctor. I will be presenting a quick update regarding the monitoring that CMS has been conducting about Medicaid and CHIP and the COVID-19 Public Health Emergency. We have presented prior results to this group with the general findings highlighting that many primary and preventive services declined at the onset of the Public Health Emergency, but have either fully recovered or are demonstrating significant improvement. However, behavioral health services, particularly mental health services for children have shown an ongoing and persistent gap. Today we will discuss our most recent results through August 2021 with the focus on behavioral health services for children. Next slide. Before discussing results, I want to highlight that you should use caution when interpreting the results given the potential impact of claims lag. Claims lag or run-out is the gap between when a service occurs and when it's reflected in CMS' databases. This slide highlights claims run-out for other services claims which are basically outpatient claims, and that those are the types of claims we will be discussing today.

Kim Proctor: Generally speaking, CMS receives 90% of these claims between three and six months after the service occurs with a great deal of variation across delivery systems and states in terms of processing speed. Therefore, for more recent months when you look at the slides, it's possible that the trends we discuss will change as our databases reflect additional claims. This is particularly true because the results shown in this presentation are based on October 2021 campus submissions, which reflects services through the end of September, entailing that the more recent months may only have a month or two of claims run out. Next slide. To provide context about why examining Medicaid and CHIP data is so important for monitoring behavioral health services for children, you can see from this slide that these programs covered nearly 48 million children throughout the public health emergency through August, including many children living in poverty and those with special healthcare needs.

Kim Proctor: Next slide. In addition to providing coverage for tens of millions of children, Medicaid is the largest payer for behavioral health services, including both mental health services and substance use disorder services. So taken together, behavioral health services are a major area of interest in monitoring Medicaid and CHIP, given the large proportion of beneficiaries receiving behavioral health services and the size of our program population. Next slide. This slide demonstrates our updated results for this presentation. You can go online and view the larger deck which has over 50 slides. But as you can see from this slide, the rate of mental health services for children began to decline in March 2020 and it continues to be lower than prior year levels through August 2021. Comparing the Public Health Emergency (PHE) period to the pre-PHE period, we see 23% fewer services, which translates to approximately 20 million fewer services than the pre-PHE period.

Kim Proctor: To date, the gap in the rate of services for mental health services for children appears to be persistent and ongoing. We are continuing to monitor this trend for signs of improvement. Next slide. I really appreciated your time. If you have any questions about this data product or any questions about our Medicaid and CHIP data in general, please contact me and I will do my best to help address your questions. With that, I will pass it back to Helen.

Helen Gaynor: Thank you so much, Kim, for sharing those updated numbers and highlighting how important it is to create opportunities for families to access mental and behavioral health services. Next, we'll hear from Dr.

Kathleen Ethier, the Director of the Division for Adolescent and School Health at the Centers for Disease Control and Prevention, on addressing the impact of the pandemic on adolescent mental health. Dr. Ethier.

Dr. Kathleen Ethier: Thank you so much. Actually, I would like for everyone to keep Kim's slides in mind as we talk through, because what I'm going to talk about is really the data that we have recently collected that shows really the kind of extent and depth of the mental health needs among high school students in the country. So, if you expand that out to all youth, you will see that there is a real disconnect between the level of need and accessing services. I think that's really, really, really important to keep that in mind as we talk about the data today. We've been recognizing for a while that adolescent mental health was moving in the wrong direction. This is data from our Youth Risk Behavior Survey. This is nationally representative data that we've been collecting for 30 years. And we ask, as well as kind of 99 other questions, we ask about whether students have experienced such persistent feelings of sadness or hopelessness for at least two weeks in the last year that they were unable to do their regular activities. Then we ask a set of questions about considering suicide, making suicide plan, attempting suicide. What you will see here is that this is data from 2009 through 2019, and all of the red on the right-hand of the slide indicates that those questions, the answers to those questions were moving in the wrong direction prior to the pandemic. Next slide please. We realized early on in the pandemic that with schools closing, we were not going to be able to do our regular data collection through high schools. But at the same time, we knew that adolescents were being really severely impacted by the pandemic. And so, we conducted what we call the Adolescent Behaviors and Experiences Survey in the spring of 2021.

Dr. Kathleen Ethier: What we did was we did our usual YRBS data collection but we did it through high schools, through a national representative set of high schools in the country the way that we normally do, but we had the students fill the questionnaire out online as opposed to in a classroom setting which is what we would normally do. And so, it gives us very similar data, but it allowed us to collect information from young people regardless of whether or not they were experiencing school in person or virtually. Next slide please. What we see here, some similar questions and some COVID specific questions. This data really confirms for us that our nation's young people are facing a mental health crisis that was brewing prior to the pandemic as the data that I showed you prior, but really was exacerbated during the pandemic. And so, what we see here is more than one in three high school students had poor mental health during the pandemic.

Dr. Kathleen Ethier: And that same question of persistent sadness and hopelessness was at 44% in this survey. 20% or two out of 10 high school students seriously considered attempting suicide in the past year, and almost 10%, one in 10 had attempted suicide in the past year. These numbers are extremely concerning, and of even greater concern is the disproportionate level of distress among certain populations of youth. I'll show you some of that data. Next slide please. Female students, we saw that female students had poor mental health compared to male students prior to the pandemic. We saw that here as well. 50% of female students said that they experienced poor mental health. They were twice as likely to experience poor mental health during the pandemic compared to male students. They were twice as likely to have attempted suicide in the past year. We saw this in similar data on emergency department visits where adolescent females was a 55% increase in emergency department visits for suicide attempts by females. Next slide please.

Dr. Kathleen Ethier: We also saw that students who identify as lesbian, gay or bisexual, or said that they were questioning their sexual identity experienced really particularly disturbing rates of poor mental health and suicide-related behaviors. These are just two examples of that. Nearly two in three reported that they had had poor mental health during the pandemic compared to 30% of their heterosexual peers. Students who identified as lesbian, gay, bisexual, or who said they were questioning were more than three times as likely to have attempted suicide. Next slide please. As sobering as those numbers…and really I have just scratched the surface of all of the data that we have available. Please feel free to visit our website to see more of what we found. There was a really positive aspect that we found in this data, and that was the power of school connectedness.

Dr. Kathleen Ethier: Students who felt close to other people at school, and I can talk a little bit more about what school connectedness is. It's a really powerful, protective factor that we know how to help schools improve. Those students who felt connected to others at school had more positive mental health. On the reverse side, those who didn't feel connected experienced poor mental health during the pandemic, had higher levels of persistent sadness or hopelessness and were more likely to have attempted suicide in the past year. As I said, there's a set of activities that enhances connectedness in schools, including classroom management strategies, positive youth development programs, and policies and practices that are designed to support LGBTQ youth. We see that in the work that we do with schools, the more of these strategies that a school implements, the more positive impact on a student's health and wellbeing.

Dr. Kathleen Ethier: Next slide please. And so, schools play a really critical role in promoting the health and wellbeing of adolescents. They reach more than 56 million children and youth for at least six hours a day. They provide an opportunity for wide scale prevention and intervention. I think what is really relevant to the work that Kim presented, we know that a significant portion of students receive mental health services in school, but that schools provide a really important link to services in communities that students may not otherwise have access to. Next slide please. And so, I mean, many of you probably have seen the multi-tiered system of support model. What it really does is that it addresses all of those levels, whether that is things that all students need in order to improve their mental health, supports for those students who are at increased risk, and I think where this issue of services comes in, either providing school-based services or providing referrals for students who have diagnosed mental health conditions. At CDC, we work with school districts to implement the population level strategies to increase things like connectedness and other protective factors for all students. So really at that primary prevention or tier one level. At the same time, I think we can really work with school systems to promote not just at that population level but really work with them to develop better systems to really link students who need services to those important systems. And so, we often say that although many students are already receiving mental health services in schools, there are just really currently not enough school-based health professionals to meet the growing demand.

Dr. Kathleen Ethier: We talk all the time about, we're not going to be able to mental health professional our way out of this in schools. As one example, the American School Counselors Association recommends that schools maintain a ratio of 250 students per school counselor. However, the average is at currently, the ratio is currently 464 students to a counselor. As you can see, there just is not the capacity currently in schools to provide those services. And so, creating those links to outside sources or community-based sources of service is really extremely important. Next slide. So how can communities and providers support youth and families? Clearly, as I've said, strengthening the connection between schools and community sources of care is incredibly important. What that means is that we need to teach our school districts how to develop and maintain those relationships, but we also really need to get those community relationships involved in schools. It has to happen on both sides so that if whatever community-based organizations or community sources of care reaching out to school systems to provide those links is incredibly important in setting up those relationships.

Dr. Kathleen Ethier: Really defining roles among school and community partners and providers to improve collaboration and reduce duplication. Coordinating resources and strategies to supplement school-based care either by connecting youth to services or bringing more community providers actually into schools. Community partners can also champion the importance of schools as places to support the mental health and wellbeing of students at every level. Whether that's school-wide primary prevention approaches as we've talked about, that promote mental health for all students, or more targeted approaches that support students with greater mental health needs. Really, I don't think we can overemphasize how important it is for our students and for our schools to provide them with the support that they need. With that, I will stop. Next slide please. Really thankful for all of you here and for the thought that you're putting into providing the care and support for our nation's young people. Happy to answer any questions at the time provided. Here's more information if you're looking for it. Thank you so much.

Helen Gaynor: Thank you so much Dr. Ethier for highlighting the news surrounding adolescent mental and behavioral health and the ways in which communities can support youth and families. Next, we'll hear from Gillian Ray, Vice President of External Affairs at the Children's Hospital Association. I will go ahead and pass it to Gillian.

Gillian Ray: I'm really delighted to be here today to talk to you all about some of the activities that Children's Hospital Association, children's hospitals and many other organizations across the country are doing and working together to do in the mental and behavioral health space for kids through an initiative, a national initiative called Sound the Alarm for Kids. Next slide. Sound the Alarm for Kids is an initiative that was formed last October with the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and Children's Hospital Association. These three organizations declared a national emergency for children's mental health and then launched this initiative Sound the Alarm for Kids which involves many different partner organizations and children's hospitals across the U.S. Next slide please. To note, this initiative is not just focused on raising awareness of children's mental health in this month of May, but it is a year-round initiative.

Gillian Ray: Its goal is really to raise awareness through a big tent concept of as many organizations, both regional and national as possible, who want to shine a spotlight on adolescent and child mental health. Together we get our voices out there. We amplify each other. We amplify partner organization's voices through Sound the Alarm for Kids. We provide opportunities for collective engagement and we're constantly elevating the unique needs of kids in the mental health policy discussions that are taking place. The audience for Sound the Alarm for Kids is a policymaker audience. So, while Sound the Alarm for Kids does not advocate for specific legislative solutions, it does advocate for more action, basically, federal action on children and adolescent mental health this year. Next slide please. This is a list of the partner organizations to date in Sound the Alarm for Kids. We number about almost 70 partner organizations. We are open for rolling on new partners at any time, again, local, regional and national.

Gillian Ray: Joining Sound the Alarm for Kids is very easy. You can contact me and my contact information is at the end of the presentation, or you can go on the website, SoundtheAlarmforKids.org. There's a contact form at the bottom of the homepage. Next slide please. You could see how many organizations we have involved with Sound the Alarm for Kids, and together we wanted to organize and galvanize all of these partner organizations around a set of principles, a set of policy principles, high level. These are not all of them. These are just a sampling of those policy principles. So, if you are thinking of joining Sound the Alarm for Kids, when you go on the website, look for our principles and you can see the list of principles that we really used as our bumpers and guidelines for all of our activities, engagement and awareness-building activities. Next slide please. This is just a snip of the Sound the Alarm for Kids website at SoundtheAlarmforKids.org. The content for the website is available both in English and in Spanish.

Gillian Ray: The website really serves as the hub of our communications messaging, our activities, resources and toolkits, recent news, and again, connections to all those partner organizations. Next slide please. In the next few slides, I'm going to talk about primary channels for Sound the Alarm for Kids to get the message out about children's mental health emergency. We do that through a number of different avenues, both online and offline. Our message amplification is 24/7 on social media. You can see here a few examples of our social media posts. We do have Facebook and Twitter through Sound the Alarm for Kids. We also offer legislative advocacy, again, very high level, just take action Congress. This year, no specific solution is being presented. But there is an online advocacy center associated with the website where advocates can ask Congress to take action. Then we also do a lot of message amplification both through an editorial strategy and an earned media strategy. Next slide please.

Gillian Ray: These are just a few media highlights from our work since last October. Currently, we are working with Matt Richtel of The New York Times on his in-depth series on adolescent mental health. The first of his installments has already published and we're expecting number two at any point now. Also, I expect this Sunday on CBS 60 Minutes, there will also be a program devoted to children's mental health and some of the

solutions that communities are bringing forth in order to meet the extreme need that's out there among kids and teens. Next slide please. Finally, we do do digital advertising to reach our target audience of policy makers both at the federal level, also agency folks and influencers to federal policy makers. We advertise in sort of the inside the beltway rags, if you will, publications. Politico, Washington Post, a drive time news radio, WTOP.

Gillian Ray: Again, trying to raise that awareness that the crisis is real, the emergency is now, and we need to take action. Next slide please. I mentioned that we also conduct offline activities. One of the exciting series of events that we've been able to support is a roundtable series that spotlights the needs of children and adolescents in different communities. Back in March, we partnered with the Congressional Black Caucus and held a roundtable on the specific needs of children and teens in Black families and Black communities. This last week, we partnered with the Congressional Hispanic Caucus and were able to focus on the needs of Latino children and adolescents. Both of these caucuses have been recorded. These roundtables with the caucuses have been recorded. If you're interested in checking them out, go to ChildrensHospitals.org, that's the CHA website, under education and you will find the recordings to those caucuses' roundtables.

Gillian Ray: You will also find under SpeakNowforKids.org different materials associated with reaching those types of populations under our resources tab. What we have planned in the month of May for Children's Mental Health Awareness Month and Mental Health Awareness Month is a special caucus to raise up patient voices, their lived experience presenting with the Children's Health Care Caucus, which is in the U.S House of Representatives. We're targeting that for the very end of May and very excited to be working directly with patients and families on allowing them to share their stories and talk about the need on the ground. Then looking further ahead into June, we are excited to be able to partner with the Equality Caucus and bring forward issues specific to LGBTQ kids. Next slide.

Gillian Ray: Also, for Mental Health Awareness Month, Children's Hospital Association through another initiative called Speak Now for Kids is bringing forth patient voices and patient stories. We're working with different family communities like military and related military families, kids who are covered by TRICARE but are having trouble accessing mental healthcare services, and trying to raise up their experiences, some of the barriers to access that they are facing. If you're interested in seeing more patient stories, that narrative storytelling, bringing forth how kids are dealing with the mental health crisis, please check out SpeakNowforKids.org. Next slide please. Great. I'm at the end of my presentation. There's my email address. Again, if you're interested in any of the tools of Sound the Alarm for Kids, any of the policy principles, please check them out. And if you'd like to join, contact me. Thank you.

Helen Gaynor: Thank you so much Gillian for sharing the overview of Sound the Alarm and all the work that the Children's Hospital Association is doing to support youth mental health. Next, we'll hear from Julie Gorzkowski, the Director of Adolescent Health Promotion at the American Academy of Pediatrics who will present on their new resource, the blueprint for youth suicide prevention. I will go ahead and turn things over to Julie.

Julie Gorzkowski: Thanks, Helen. Thanks everyone for having me here this afternoon. I am here to present this new resource called the blueprint for youth suicide prevention. Next slide. As many of you know, suicide is the second leading cause of death in youth ages 10 through 24. We know that those rates have been going up for decades. So, this is not a pandemic problem. Although certainly we do think that the COVID-19 pandemic has exacerbated this crisis. There are significant disparities in suicide risk, by race, by ethnicity, by gender, by sexual identity. We know that those factors in and of themselves do not increase suicide risk, but rather folks have just different experiences and different social determinants of health that can impact their risk for suicide. Over the course of the last couple years as we've been living with this pandemic, we've seen an increase in suicidal ideation and attempts among youth.

Julie Gorzkowski: We've seen an increase in emergency department visits for pediatric mental health emergencies. Just recently, CDC released their ABES data, their Adolescent Behaviors and Experiences data saying that one in three adolescents reported poor mental health during the pandemic. Next slide. This is just

drawing attention to what all of you already know, children's mental health is a national emergency. AAP and the Children's Hospital Association and the American Academy of Child and Adolescent Psychiatry made a declaration of this national emergency in mental health right before the holidays last year. And of course, the Surgeon General put out an advisory on youth mental health recently. Next slide.

Julie Gorzkowski: So, the academy is really thinking about the current climate as a call to action for everybody. We all have a role to play in supporting youth who are at risk for suicide. We know that children and adolescents spend time in all different settings, where they live, learn, play, and seek medical care. And so, because of that, cross-sectoral partnerships are really important to build a safety net for youth. You can see on the screen here the many different settings and professionals that interact with youth in some way that can have a really important role in identifying youth at risk for suicide, and then helping to protect them. Next slide.

Julie Gorzkowski: So, the academy in partnership with the American Foundation for Suicide Prevention has recently published a blueprint for youth suicide prevention. You can see the URL on the screen, and I'll also put it in the chat at just AAP.org/suicideprevention. But this is a new, really comprehensive educational resource that is designed for clinicians, for public health folks, for educators, for advocates, for policy makers, really for anybody that's interested in children's health or that works with children in some way. In the blueprint, we're providing strategies to support suicide prevention in three settings. We're looking at clinical settings, so clinical pathways. We're looking at community and school partnerships, and then policy and advocacy. I'm not going to spend time on the clinical piece of things today.

Julie Gorzkowski: Although if folks have any interest in that, I'll throw the link in the chat and I'll show you my contact information as well. You're welcome to reach out about that. But I am going to talk about the community piece and the policy piece today. As I said, this resource was authored by AAP and the American Foundation for Suicide Prevention. We worked in collaboration with some folks from the National Institute of Mental Health. Thus far, it's been endorsed by 18 different medical and public health organizations. Next slide. The blueprint provides kind of practical strategies to integrate evidence-informed suicide prevention strategies into different settings. I'm not going to read all of these on the screen, but these come from the CDC technical package on suicide prevention. And so, some strategies to help prevent suicide in youth include increasing personal connectedness, reducing access to lethal means, looking at coping and problem solving and resilience, focusing on equity and lived experience.

Julie Gorzkowski: And then thinking about what happens in the aftermath of a suicide in a community, which is called postvention and really using that as an opportunity for prevention of future suicides. Next slide. When we talk about suicide prevention in youth, it's really important to think about health equity. We know that racial identity, gender identity, sexual orientation, those things on their own really are not thought to lead to a higher risk of suicide. However, different communities experience things like discrimination and inequities that can really impact a child's development and can also impact their mental health and their risk for suicide. So, within the blueprint, we are talking about different ways to integrate a health equity lens into your suicide prevention work, regardless of the setting that you work in. Some ways to think about doing that.

Julie Gorzkowski: One is educating clinicians, teachers, school leaders, community leaders about health disparities and suicide risk, and ensuring that people understand that there are real differences in expression of distress from different populations and making sure that folks understand and recognize mental health symptoms in kids. The blueprint provides some examples around ways that mental health symptoms can be punished. We talk about the school to prison pipeline and other things that kind of disproportionately impact kids who are Black and Brown children who may be experiencing mental health concerns in their school. We also talk about trauma-informed approaches to talking about suicide prevention in schools and clinical settings and in other community organizations. We really talk about the importance of working meaningfully with community members and with families with lived experience of suicide when you're creating any type of resource for suicide prevention. Next slide.

Julie Gorzkowski: Within the blueprint, we have a lot of content around building community and school partnerships, and we provide some practical tips that kind of say, how can clinicians and communities work together to build this safety net for kids in all the places that kids spend time. The blueprint will walk you through how to build these collaborative care models, will provide some suicide prevention strategies that can be used in schools and universities and in other organizations. We've got some special tips for working with youth who are involved in the juvenile justice system or in the child welfare system. And then tips for making your voice heard at the community level, so through op-eds and things like that. There's also content on how to ensure that health equity is kind of a central focus of your community and school partnerships. Next slide. Within the blueprint, we've got examples of community and school resources.

Julie Gorzkowski: So, what's on the screen is just an example, but we have really highlighted programs that provide mental health services to various communities. And so, this is an alphabetical list. It's quite long, but it provides community-based mental health and suicide prevention resources. Next slide. Another example of what's in the blueprint for the community piece of things. This is a template letter to the editor. So, you can take this, think about the various priorities related to suicide that are important to you, and then personalize this and send it to your local newspaper or other publication. Next slide. When putting together the blueprint, our guiding principle was suicide, especially among children is really complex and it's tragic, but in a lot of cases it can be preventable.

Julie Gorzkowski: And so, we need to then focus on those prevention efforts to support youth who are at immediate risk for suicide, and then also address upstream risk and protective factors that can impact your overall risk for suicide. Through all of that, we need to promote equitable access to care. Next slide. The final piece of the blueprint is that we've outlined some policy priorities that are relevant when you're talking about youth suicide prevention. One, we need a stronger evidence base for youth suicide prevention. We need one that really looks at diversity and disparities in youth suicide. How can we better understand the factors that increase suicide risk in various populations? And then how can we build interventions that better support those youth? We also need to increase access to affordable and effective care for all youth and payment for those services. Payment and insurance coverage.

Julie Gorzkowski: We need to build the mental and behavioral health workforce and also diversify the mental and behavioral health workforce. We need to look at lethal means access and protect folks who are in a suicidal crisis from being able to access lethal means. We need to look at disparities in suicide risk via education and policy change. And then we need to look at broader scale programs to foster mental health as a developmental necessity for kids and adolescents while also supporting children in crisis. Next slide. That brings me to the end of my slides here. The full blueprint is available at AAP.org/suicideprevention. We have just released this resource that came out in March of this year, and now we're really in the dissemination and implementation phase. And so, if you're interested in more information or in partnering, my email address is on the screen, and I can also put it in the chat. Thanks, Helen.

Helen Gaynor: Thank you so much, Julie. We really appreciate it. I just want to say for everybody, if you have questions for any of the panelists, please feel free to put them in the Q&A box and we will get to them at the end of the presentation. Before we do the Q&A portion of the webinar, I'd like to highlight some of the new outreach resources and initiatives from the Connecting Kids to Coverage National Campaign. First, we'll highlight our resources that are available to promote mental and behavioral health services available through Medicaid and CHIP. On the InsureKidsNow.gov outreach tool library, we have a number of resources including a 15 second video and a 30 second digital video available to be used in your outreach to eligible families. We've also just developed new live reads about mental health that can be shared out to local radio stations, and both the videos and the live reads are available in English and Spanish.

Helen Gaynor: We also have a variety of materials including social media messages, text messages, newsletter templates and more that can be utilized in your outreach and are working on developing a new poster that will come to the outreach tool library soon. In addition to mental health, we have a number of other current priorities. We wanted to share some of those that are going on now. Those include multicultural

outreach, missed care, and the public health emergency unwinding. The Campaign has a variety of resources available to reach families from different cultural groups who may face barriers to enrollment, including low literacy, limited access to enrollment assistance and language barriers. Our latest immigration family fact sheet has information on enrollment and is available in 24 languages including English and Spanish, but many other languages as well like Chinese, Arabic, Greek.

Helen Gaynor: Those are available at InsureKidsNow.gov. We also have resources to help families schedule missed care appointments. Many are still catching up on care after missing important appointments due to the COVID-19 pandemic. We heard about how mental and behavioral health services, that utilization is down. There are a lot of other appointments that families and kids can be catching up on as well. The campaign has digital videos, social media posts, and resources to help encourage families schedule any missed well-child visits and ensure children are up to date on their vaccine schedule. Then another big priority for us is the unwinding of the Public Health Emergency, which enables temporary waivers of certain Medicaid and CHIP requirements and is linked to certain requirements for states. That is currently extended to July 15th, 2022.

Helen Gaynor: CMS has resources on the website at Medicaid.gov/unwinding to support states when the Public Health Emergency does come to an end and states will be required to restart eligibility reviews. Again, that's at Medicaid.gov/unwinding, and you'll find a communications toolkit and graphics in both English and Spanish. Now to touch on some additional and upcoming priorities. Since enrollment in Medicaid and CHIP is open year-round, the campaign aims to focus on initiatives that are relevant to children and families throughout the year and highlight the importance of health insurance. Some of our upcoming areas of focus include youth sports and the back-to-school season, as well as vision care. You can find all of the materials and resources we discussed regarding the campaign today on the outreach tool library at InsureKidsNow.gov.

Helen Gaynor: It's updated regularly and frequently with new materials to help your organization enhance outreach and get more children and families enrolled in coverage. The campaign also has a customization guide that details how organizations can request free customized versions of many of the campaign's resources by adding your organization's name, logo, and any other relevant state-specific information if necessary. Then last but not least, on InsureKidsNow.gov, this is where you can reach the outreach library, as well as our initiative page. You can go to the website and at the top bar, you'll find the outreach tool library here. It's the circle on the left. Then our initiative page is the button on the far right. If you click through, you can either filter through different types of materials under the outreach tool library or by topic under the initiatives tab.

Helen Gaynor: If you would like to learn more about the campaign and its resources or have any questions that come up after today's webinar, please feel free to email us at ConnectingKids@cms.hhs.gov. To stay up to date with all of the campaign's activities, we encourage you to follow @IKNgov on Twitter and sign up for the campaign notes eNewsletter, which can also be found on InsureKidsNow.gov. If you do share any of the campaign's resources, we encourage you to tag us and use the #Enroll365. Now we'll take some time to answer questions from attendees. If you haven't already, please submit your questions in the Q&A box. We'll do our best to get to all of the questions. There are just a couple right now. But if we aren't able to answer your question, we will follow up with you separately via email. Our first question is for Dr. Ethier, and it is, "Can you share some examples of activities that support students in each of the three tiers?" So, I believe the primary, secondary and tertiary prevention tiers.

Dr. Kathleen Ethier: Sure. Well, I mentioned school connectedness as a really important protective factor for a whole range of outcomes, but particularly for mental health. And so, some of the kinds of things that we work with local school districts to implement to improve school connectedness include classroom management strategies. If you've been in a poorly managed classroom, you will understand why classroom management is such an important way of improving connectedness. And so, there's a whole host of things that teachers can do in their classrooms to make sure they are safe and structured and supportive. And also so that teachers can be able to get a sense of what's happening with students including mental health. Teachers are a really important bridge to mental health services for students. We also work on bringing mentoring programs into

schools, as well as service-learning programs to get students out into their communities. Both of those kinds of youth development approaches are really important to support, as I said, a whole variety of outcomes, but including mental health.

Dr. Kathleen Ethier: So that's the kind of population level, all students benefit from those kinds of practices. Policies and practices to support lesbian, gay, bisexual, questioning, and transgender youth, which not only help those very vulnerable students, but actually when schools put policies and practices in place to support those youth, we see improvements among students who identify as heterosexual as well in terms of mental health and reduced suicide. And so those include things in terms of making sure that they're identified safe spaces, having specific clubs, having anti-harassment policies. And so all of those things in a school system are the tier one supports. At the tier two level, those are having screening programs. Those are having in school services for youth who are having mental health difficulties. And then there's the tier three supports, which are actual counseling services and connections to therapeutic services and healthcare in communities. That would be at the tier three level for students who have identifiable mental health outcomes.

Helen Gaynor: Awesome. Thank you so much. We do have another question for you as well, Dr. Ethier. It goes, "I had thought that suicidality was more prevalent in males than females, but note that your data has females with two times the suicide attempts compared to males. Is this a new trend or is it a common misunderstanding that rates are higher in males?"

Dr. Kathleen Ethier: I mean, I'm not sure if it's a common misunderstanding, but it is the case that in the 10 years prior to the pandemic, in the data that I was showing at the beginning of my presentation, we do see a significant difference among female students at significantly higher, both in terms of the experience of emotional distress or depressive symptoms as well as suicidal thoughts and behaviors including suicide attempts. And so that has consistently in the 10 years prior to the pandemic been significantly higher among female students compared to male students.

Helen Gaynor: Got it. Thank you. Then one follow-up to the first question about the supports that you shared is, "Are these services available to uninsured students?"

Dr. Kathleen Ethier: What's available in schools is available to all students. We have worked on initiatives to help schools be better able to bill for services, whether that's through insurance or through Medicaid. But when a school counselor is available at a school, a school counselor is available to all students regardless of their insurance status. That's one of the real benefits of being able to have that population level impact and why school-based services are so important. At the same time, because there are some difficulties in schools being able to get reimbursed for the provision of services in person, you'll see those very dramatic differences between, for instance, what we recommend in the ratio of counselors to students and what is actually happening at the school level.

Helen Gaynor: Thank you. Then this is a question that could be posed to any of the panelists, but often we hear about adolescent health. We have a question about getting mental health services to children before they enter school. And if there are any resources for mental health and prevention for children at a younger age.

Julie Gorzkowski: I mean, within the pediatric setting, we are certainly encouraging pediatricians to talk with families about mental health and what healthy mental development looks like, the importance of relational health. Those safe, stable, nurturing relationships with their parents very early on. Those are some of the building blocks. In terms of specific resources that are out there, that's something that I can check back with with our colleagues here, but it's certainly something that we encourage families to talk to their pediatricians about and something that we're trying to ensure that pediatricians are really prepared to address in practice.

Dr. Kathleen Ethier: There's also, I mean, I think from that tier one idea, there's also a whole variety of things that we know puts children and even prior to school age on a better trajectory around mental health. Those include things like social and emotional learning in particular, which really helps with children both prior to, in

preschool and in the elementary years in terms of their understanding of their emotions, their ability to work through them, their ability to ask for help, their negotiation skills. All of those kinds of tenants of social and emotional learning really are setting the stage for improved mental health into those later years. Those are really good population level strategies. Then we've been doing a lot of work at CDC around prevention of adverse childhood events. And so, we know that in adolescents and adulthood that many, many of those young people have experienced trauma in childhood that contributes to risk for mental health. And so being able to prevent some of those early childhood experiences or those trauma-associated events is also that population level approach to really change, put children on a better trajectory.

Helen Gaynor: Great, thank you. We do have another question, again, for any of the panelists. "As a parent with a child with mental health issues, it's very difficult to get the resources I have access to listen. I hear each time they'll only take him if he is a danger to himself. They do not take into account the fact that he's planned to hurt others with aggressive behaviors. Are there resources to help children with aggressive behaviors?"

Gillian Ray: Speaking on behalf of the Children's Hospital Association, I know children's hospitals are pretty adept at helping get resources to parents who are in that type of situation. Usually if a child is at a crisis point where they're having to go to the ED of a children's hospital or another system hospital that might offer pediatrics, it's a pretty dire situation. But typically, they are recognized as if they are a threat to themselves or a threat to others that they will be admitted, even if there isn't an inpatient psych bed available. They will be kept safe in a safe room for children who are in emotional and behavioral health distress. They are also very practiced at dealing with patients with aggressive behaviors. If there isn't a children's hospital in your area, I could try to come back to Helen with some resources that might be of use.

Helen Gaynor: Yep. We are happy to follow up with individuals after the webinar as well with answers and resources to some of these questions. We have one more. "What current gaps in data and data analysis do you think are most urgent to solve to create evidence-informed strategies for mental health and suicide prevention?"

Julie Gorzkowski: I think one area to really look at is understanding the context around suicide in diverse populations. I think, we know that there are differences in rates and in the increase in rates, but understanding what goes into that and the types of resources and interventions that we need to truly support youth and families.

Dr. Kathleen Ethier: I think for high school age students, we've got pretty good data. It can always get better. We are doing a lot to connect our Youth Risk Behavior Survey to our school health policies and practices data so that we can understand, we can connect what's happening in schools, and so some of those school-based strategies, to outcomes among youth. I think that we are missing, we are very much missing the middle school age. As we see increased reports of, particularly suicide attempts among middle school students, we just don't have that. We just don't have that data really consistently. And so, I think that would be really helpful. Then I think one of the gaps that we really have is I think understanding, we don't have very much data around family-based strength and then also interventions for families. I think mental health issues in a child or an adolescent really impact the whole family. There are family systems that really probably need to be addressed and we don't have good data on that, I don't think.

Helen Gaynor: All right. Then I think we have time for one more question. "What resources are available for collaboration with federally qualified community health centers?"

Dr. Kathleen Ethier: That's a great question. I can't answer from the resources side, that's someone else's. Probably has way more expertise on that than I do. But I will say that I think internally to the federal government, we could do a better job of making sure that we encourage from our side that Department of Education, CDC, HRSA, all of the places that kind of impact services and prevention are talking to each other. And so, I think then at the community level, connecting and encouraging the connection between federally qualified health centers and school systems, which is where most kids are, would be really ideal.

Helen Gaynor: All right. Well, I think that concludes the questions that were shared today. We'll be sure, if anybody has a question that didn't get answered or that they would like to pose that we might not have been able to get to today, we will follow up with you individually. Please feel free to reach out too, a lot of the panelists shared emails and we shared the ConnectingKids@cms.hhs.gov email. We will reach out individually. But we really appreciate everybody's time. Another thank you to our panelists today for sharing their knowledge and expertise. We're really grateful and there was a lot of great conversation and discussion today. Thank you everybody and have a great rest of your Wednesday.