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National Campaign

Medicaid and CHIP Behavioral Health Services: Impact of School-Based Mental Health Care

WEBINAR TRANSCRIPT | MAY 8, 2024

Helen Gaynor: Good afternoon, everyone, and welcome to the Centers for Medicare & Medicaid Services' Connecting Kids to Coverage National Campaign webinar, Medicaid and CHIP Behavioral Health Services: The Impact of School-Based Mental Health Care. My name is Helen Gaynor, and I'm 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 and low-cost health coverage through Medicaid and the Children's Health Insurance Program, or CHIP. I'm really looking forward to moderating our discussion today.

Helen Gaynor: May is Mental Health Awareness Month, and we're so excited you've joined us as we shine light on the importance of behavioral health care and specifically the importance of school-based mental health services. We have an excellent panel of speakers ready to discuss youth mental health, its connection to overall wellness, and the roles schools can play.

Helen Gaynor: Today you'll hear from experts from the Centers for Medicare & Medicaid Services and the National Center for School Mental Health at the University of Maryland. Our speakers will discuss latest data and trends regarding youth mental health, how to access mental health care through Medicaid and CHIP, the importance of school-based health services, best practices for working with partners and stakeholders to build effective school-based programs, and tools to support outreach and enrollment efforts that help connect kids to coverage.

Helen Gaynor: I do want to touch on a few housekeeping items before we get started. So if you've joined this webinar on the Webex desktop platform, you'll see a few features that'll be helpful to you during the presentation today. We encourage you to submit any questions you have in the Q&A box. We'll either respond back in the Q&A or respond verbally during a 10-minute portion at the end, held specifically for questions. For any questions that we're not able to get to, we will follow up with individuals separately after the webinar if we're able. This webinar will be recorded and will be posted at InsureKidsNow.gov in the coming weeks, and that will include a slide deck, a transcript, and the recording. So during the presentation, our team will also be dropping links from our presenters into the chat, so you should be able to access the resources that they're discussing. These will also be available via the slide deck when posted on InsureKidsNow.gov.

Helen Gaynor: So now, before we introduce our panelists, I'd like to pass it over to Meg Barry, director of Division of State Coverage Programs at the Centers for Medicare & Medicaid Services, for an official welcome. So Meg, over to you.

Meg Barry: Thanks so much, Helen. Hello and welcome, everyone. I am Meg Barry, like Helen said, the director of the Division of State Coverage Programs at CMS. Thank you for joining us for the Connecting Kids to Coverage Campaign webinar on Medicaid and CHIP Behavioral Health Services: The Impact of School-Based Mental Health Care. As we observe Mental Health Awareness Month this month, this May, we're

excited to hear from our speakers today to learn more about the critical role that schools play in the provision of mental and behavioral health care services to children and adolescents.

Meg Barry: Between 2021 and 2022, around one in five adolescents reported symptoms of anxiety or depression, and data from the CDC shows us that youth mental health problems continue to be on the rise. So it's really clear that there's an unmet need for mental health care, and that's a need that's felt more acutely in low-income communities and in racial and ethnic minorities and those who have special needs. So today you'll learn more about how schools can provide an opportunity to bridge this gap and get children and adolescents access to mental and behavioral health services to Medicaid and CHIP.

Meg Barry: You'll also get an opportunity to learn more about the landscape of what mental health care looks like in schools and what school-based mental health programs look like in practice. Finally, you'll learn more about resources that Campaign partners can use to enroll and renew children and adolescents in Medicaid and CHIP. Coverage in Medicaid and CHIP will better enable children and adolescents to access the really critical, important services that you'll hear about today as well as many other services. So with that, I will turn it back to Helen to introduce our first speaker.

Helen Gaynor: Thanks so much, Meg. We appreciate it. And thank you again to everyone who's joined us today. I'd now like to introduce our first speaker, Kate Ginnis, senior policy advisor on children's health at the Center for Medicaid and CHIP Services at CMS. So Kate, over to you.

Kate Ginnis: Thanks so much, Helen. For those of you who joined us last year at this time, this will be somewhat of an update on what's been going on for the past year in what is really a Biden-Harris administration priority to make sure that kids can get the services that they need when they are in schools. Schools are really important providers of Medicaid services, and so I'm going to spend a couple minutes talking about what we're doing and then a little bit of time setting the stage around kids' mental health. And then I'm going to pass it over to my colleagues from the University of Maryland.

Kate Ginnis: So this is what we have been up to at CMS. So these are the releases. There was the Bipartisan Safer Communities Act, which was in June, I believe, the 25th of 2022. So we're coming up on the two-year anniversary of that, that required that we update our claiming guide around school-based services that we launch a technical assistance center and that we release $50 million in grants. In August of '22, we set the stage by releasing a CMS informational bulletin on school-based health services. And then last May, at the end of May, we released the guide, which really is what allows schools and states to understand the opportunities that exist to have Medicaid help pay for services that are being delivered in schools.

Kate Ginnis: So in June of '23, the Technical Assistance Center launched. The Technical Assistance Center has been providing webinars, has done individual state technical assistance. We just posted the first set of questions and answers. There have been, you can imagine, a lot of questions that come in that take teams across CMS, and ED have been spending a lot of time to make sure we're getting the information. Our job at CMS is to get the information out there so that then states, whether it's the Medicaid agency, the educational agency or the local schools and local education agencies, can use that guidance in order to implement the best program that they can. So the TA Center has really been supporting things at really all of those levels.

Kate Ginnis: In January, I think it was, of this year, there was a notice of funding opportunity. So this is sort of the, I think of it as the third leg of the school, which released there's $50 million in grants. There are 20 grants, and the grants will support implementing, enhancing, or expanding the provision of medical assistance through school-based entities under Medicaid and CHIP. What that means in more simple language is that CMS will be soon putting out grants for 20 states, and they really have a fair amount of flexibility to define what part of their school-based services program that they want to enhance. So we are really excited to get those grants out, and the TA Center will then be supporting the work that those grantee states are doing in addition to the general work that they're doing.

Kate Ginnis: So this is very high level how Medicaid can support school-based services. So there's two different things that Medicaid can pay for, one of which is administrative claiming. So that's things like enrolling kids in Medicaid and CHIP, or doing administrative activities to improve student wellness and to promote a healthy learning environment. And then there are direct medical claiming, and that can happen for kids who are on IEPs or getting special education services or not. Basically it's paying for the services, OT, PT, speech, and most relevant for today, mental health services, and really increasing the delivery of those services in schools to prevent kids needing services that nobody wants kids to have to get going to the emergency room unless they really need to.

Kate Ginnis: So CMS has a behavioral health strategy. We could drop the link to that in the chat. But essentially, it's really to think about a multifaceted approach to increase access to equitable and high-quality behavioral health services and to improve access. The strategy really is trying to be transformational in addressing the mental health challenges that have really been made worse by the COVID-19 emergency with a real focus on youth mental health.

Kate Ginnis: These statistics may be familiar to some of you. In 2019, as many as one in five kids between 12 and 17 had experienced depression, most mental health disorders arise in childhood, adolescents, or early adulthood. There's a real opportunity to intervene early and to provide support for kids and treatment for kids so that that can reduce or eliminate the effects of the condition as they become adults. Data from the CDC show that youth mental health problems have increased significantly over the past decade, but access to mental health services have really declined for children and teens, especially.

Kate Ginnis: Just recent statistics, more than one in four girls reported that they seriously considered attempting suicide and more than one in 10 girls reported that they attempted suicide. Almost half of LGBTQ+ students seriously considered attempting suicide, nearly one in four attempted suicide, and nearly three in four reported persistent feelings of sadness, hopelessness. Native youth suicide rate is two and a half times higher than the overall national average. And in particular, suicide rates for adolescent native girls are, I believe, six times higher. And Black youth experienced more than 30% increase in suicidality between 2018 and 2021. So none of these are the direction that we would like to see them going in. So we have been pretty focused on making sure that kids can access mental health services that they need. They can get routine services, but also mental and behavioral health services to prevent, diagnose, and treat both in-person, teletherapy, case management community-based services as well as school-based services and home-based services. So there really is a lot of flexibility in Medicaid and CHIP in terms of how kids can get services.

Kate Ginnis: And then in schools specifically, school-based providers are essential providers for services for kids. Kids are six times more likely to get a mental health service in school. So we really have a tremendous opportunity with the focus on mental health and the focus on school-based services coming together to give an opportunity to really have a big impact on kids' well-being. So we really want to make sure that we are easing the administrative burden on schools and promoting the delivery of school-based services, and in particular, paying attention to rural or smaller under-resourced communities that haven't previously maybe tapped into the Medicaid resources and wanting to make sure that those kids where mental health services in the community may be even harder to access that we're paying special attention to them.

Kate Ginnis: Most kids who get services get them at schools, as I said before, and we want them to be making sure to get the services so that they can have enhanced academic performance, fewer disciplinary encounters, and higher rates of graduation that we know can be the result of getting access to a comprehensive school-based mental health system.

Kate Ginnis: This is a page of resources. The resources are being shared in the chat. This slide will also be available as part of the presentation when it gets posted. I'm going to turn things over to my colleague, Dr. Sharon Hoover.

Helen Gaynor: Awesome. Thanks so much, Kate. We appreciate you giving us the background and speaking on the trends and all the different ways that care can be accessed through Medicaid and CHIP. So we'd now like to introduce Dr. Sharon Hoover, co-director of the National Center for School Mental Health and director of the National Center for Safe and Supportive Schools at the University of Maryland. So Dr. Hoover, over to you.

Dr. Sharon Hoover: Great. Thank you so much for welcoming me here. It is a pleasure to partner with my colleagues at CMS to talk about this important topic. It's music to my ears to hear our leaders at CMS talking about schools really as an essential part of the system of care for our young people's mental health. So always good to follow on Kate's heels in this discussion. So I'm going to spend the next few minutes really just giving kind of the 30,000-foot view a little bit of what's happening at the national landscape of comprehensive school mental health systems. And then I'm really pleased to be followed by my colleague Dr. Britt Patterson, who's going to talk more about what it looks like actually in a school building when you are supporting students' mental health. So we'll go from a big view to kind of on-the-ground view, just to give a picture of what's happening. And then I know that really an emphasis of today is how we can better leverage Medicaid and other resources to support school mental health. So I know we're going to close out with that.

Dr. Sharon Hoover: So my colleagues at CMS did a wonderful job really of talking through some of the recent data that paints a pretty stark picture of the mental health of our nation's youth. So I won't go into too much detail about the data because that's already been covered. Many of you are already aware of the CDC data that came out, the Youth Risk Behavior survey, which really highlighted some of the around violence and sadness and suicide risk. We also have other data that we often look to at our School Mental Health National Center around chronic absenteeism and students' emotional and behavioral health crises in schools. And those have been on the rise.

Dr. Sharon Hoover: One of the things that we want to note is that when that data came out from the CDC, the CDC emphasized the urgency to invest in schools as a vital lifeline to help struggling youth. And you see here a quote from Dr. Kathleen Ethier, the CDC Division of Adolescent and School Health director who stated that we're really called upon to act with urgency and compassion. She notes that with the right programs and services in place, schools have the unique ability to help our youth flourish.

Dr. Sharon Hoover: I'm hoping that many of you also saw the follow-up report from the CDC. And I should mention these resources are going to be placed in the chat as I'm moving along, so thank you to my colleagues for doing that. But the follow-up report really highlighted six evidence-based strategies for promoting mental health in schools, and you can see those here. They really range from increasing students' mental health literacy to student-focused interventions like mindfulness and cognitive behavioral supports in schools, to staff-focused interventions like supporting staff well-being. In fact, just this week, I think maybe in light of or in recognition of children's mental health awareness, the CDC published a compendium toolkit to this district leader guide. So if you've not seen these resources, I encourage you to check them out.

Dr. Sharon Hoover: The good news is that we do have a significant body of research, including what just came out from the CDC, but a pretty extensive compendium of research and best practice literature to inform how we can really partner with schools as an essential partner in our system of mental health care. One of the things that many of you may be familiar with, but just to ground us all in the same place, a guiding framework for comprehensive school mental health systems is this multi-tiered system of supports in schools. So the idea that mental health in schools must be supported first and foremost by this foundation of family-school community partnerships and professional development in support for healthy school workforce. And then supports are provided to all students, that universal or Tier 1 level of support, to promote mental health universally. And then more intensive supports are layered on, increasingly provided based on the identified strengths and needs of students. So we often call this an MTSS, a multi-tiered system of supports, and it's often a three-tiered system on top of some of those foundational elements.

Dr. Sharon Hoover: One thing I want us to think about and consider, and there's been some more recent discussion in the field, are kind of how we think about students placed in these tiers of support and the

percentage of students in a school building, for example, that may need support. So this triangle may look familiar to you, especially those of you who are familiar with work in schools. Often in a discussion of multi-tiered systems of supports, or for example, within the positive behavior intervention and supports framework, we use this framework thinking about maybe about 80 to 85% of students might be sufficiently benefiting from the universal supports that they may not need those more intensive supports, maybe about 15% may need Tier 2 supports like group interventions to support social skills for, example, and then maybe only one to 5% needing more of those intensive individualized supports.

Dr. Sharon Hoover: But what I want us to be thinking about is that in the last couple of years especially, many have argued that we need to revisit these numbers. So there was actually a recent paper in Prevention Science, one of the most highly regarded mental health publications in the field, that really encouraged a closer examination of these numbers and basically suggested that given the prevalence data we've seen, think about the CDC data that we saw, that notes that about 20% of students are likely to experience mental health challenges that impact their daily functioning, that we may need to be thinking about higher need at this higher Tier 3 level of care so that there's more students who may actually require this level of care. If we've got over 20% of students roughly needing this type of individualized supports, we really need to be thinking more about how to restructure our multi-tiered system of supports in schools.

Dr. Sharon Hoover: So I just want to kind of talk through then, at each tier, what are the implications of that? One of our Baltimore City School Mental Health Program leaders spoke to this recently where she talked about how their current reality doesn't match the MTSS ideal that they had been taught. She really argued that it was unrealistic to suggest that less than 5% of students need these intensive mental health supports, and that less than 85% of students meet age-based social-emotional competency expectations. So if we can agree that the numbers of students who may need higher levels of tiered intervention is shifting, what are the implications at each tier? So at Tier 1, at least in the Prevention Science article that I referenced earlier, they argue that there's likely a stronger need for increased universal support so that we can address some of the widespread trauma and the risk associated with the pandemic, as well as the escalating mental health concerns that we see young people are faced with more generally in recent years.

Dr. Sharon Hoover: So across the nation, these are some of the Tier 1 or universal best practices that we are seeing states and local education authorities prioritize, and we know that when done well and with high fidelity and appropriate resourcing, including appropriate staffing, these efforts do show positive impact on both student academic and behavioral and mental health outcomes. So I'm going to highlight just a few of these where we've seen some innovation in recent years just to highlight some of the good work that's happening in our schools. So first, especially over the course of the pandemic, we saw an uptick in well-being check-ins. When we use the term well-being check-ins, we think of this as kind of akin to mental health screening, but it's become a bit more sophisticated, I would say, in a few ways. So screenings in many schools are becoming more frequent. They're more likely to use digital check-ins with dashboards for teachers or behavioral health staff. And there's more use of strengths-based measures, which we see as a real positive in the field. So we're incorporating constructs that kind of go beyond psychopathology measures.

Dr. Sharon Hoover: This is an example of a free well-being check-in from Closegap that was adopted by a lot of districts throughout the pandemic as a way to monitor student health. It just kind of shows you what this can look like. They advertise a fun, quick, developmentally appropriate check-in, and then it provides these real-time insights for staff into how students who are sitting with them that they're responsible for teaching, how they're doing in terms of their well-being. And then students are given the opportunity to check in with an adult, if they request to do so, and or from a curated library of self-guided coping activities. So just an example of one of the things where we've seen more innovation recently at this Tier 1.

Dr. Sharon Hoover: Mental health literacy in schools as another thing that we've seen on the rise, in part due to state legislation really requiring that schools embed mental health literacy into their curriculum. Typically, there are about four components to mental health literacy. So first is decreasing stigma. Second, understanding and identifying mental illness in their treatments. Third, understanding how to obtain and

maintain good mental health. And fourth, enhancing help-seeking efficacy. A lot of programming is happening, including this Mental Health Collaborative has mental health literacy not only for educators and students, but also for others who are instrumental in our young people's lives, their coaches, their parents, their caregivers. We've been using a manual called The Guide in our programs in Baltimore City and beyond. So there are tools that a lot of schools are, again, embedding right there in their curriculum to promote mental health literacy. We're also seeing Tier 2 and Tier 3 mental health interventions being adapted into Tier 1 support. So as we think about the shifting of numbers across our tiers of support, recognizing that most kids can benefit from some of the key components in what we might think of as traditional Tier 2 or Tier 3 interventions, we're seeing these adapted into Tier 1 interventions. This is an example from Maryland where they worked with partners in Montana to adapt CBITS' Bounce Back, trauma-focused CBT into a classroom intervention called Bounce Back for Classrooms. And this is just one of the tools from that specific intervention with the idea being who couldn't benefit from identifying and regulating feelings and giving that to all students in a classroom versus reserving it just for students to get pulled out into a Tier 2 group.

Dr. Sharon Hoover: So what about Tier 2 programming? Our colleagues in our Prevention Science article note that Tier 2 programming is often the most poorly organized in schools related to less available guidance on this programming and the common emphases of schools on Tiers 1 and 3. And we often see this, right? So we talk a lot about the missing Tier 2. When students are struggling and need mental health supports, they often default to Tier 3 supports. But we have seen some innovation in this space, it's often difficult to fund and staff, but some schools are implementing interventions, like the Brief Intervention for School Clinicians is one example. It's a standardized intervention. It's a brief intervention that's focused on skill building and problem solving. And you can see how they contrast this to what they call school-based usual care, which is often crisis-driven, often focus on providing non-directive emotional support. This, on the other hand, is a very structured intervention with some nice research demonstrating its positive impact on young people without requiring long-term Tier 3 interventions.

Dr. Sharon Hoover: We also know that there are Tier 2 interventions designed with specific populations in mind that may be more vulnerable to specific mental health concerns. So take for instance, newcomer students, those who've immigrated to a new country, a community, a school. This is a multi-tiered system of support for newcomer students. But at Tier 2, we're seeing that there are interventions that can specifically support newcomer students in this case or other specific populations who may be more vulnerable and need additional supports, but do not necessarily need to default to Tier 3 supports. And this is an example, the Supporting Transition Resilience of Newcomer Groups, of this type of Tier 2 intervention.

Dr. Sharon Hoover: And then finally, what are the implications at Tier 3? We often talk about that we can't treat our way out of this youth mental health crisis. We can't expect that one or two out of every five young people is going to be able to access mental health treatment, but we do know that we have to recognize that there's a percentage of students requiring or that could benefit from Tier 3 has increased. So we do need to staff up and support these interventions. Kate already indicated that we know that young people are more likely to receive interventions and to complete evidence-based treatment when it's offered in schools. There's some data suggests that there are about six times more likely to complete evidence-based interventions when offered in schools. This data reflects that. We also know that mental health treatment has a large effect on decreasing mental health symptoms and that they're most effective when integrated into students' academic instruction.

Dr. Sharon Hoover: Couple of things that we need to be attending to when it comes to our tiered interventions is that schools shouldn't have to do this alone. And in many communities, we're seeing community partnerships where community behavioral health providers are coming in to augment what's already happening in schools. We know that our school psychologists, school social workers, school counselors are absolutely foundational to this work, and community partners can come in and provide additional services. It's best when done in a coordinated fashion. Our national center worked with the National Association of School Psychologists to put out a brief on how to have effective school community partnerships. We'll share the link to that brief in the chat.

Dr. Sharon Hoover: I just want to close with a couple of thoughts on infrastructure supports, policy and resources that can really help to foster these comprehensive school mental health systems at a national, at a state, and even a local level. So first, it can be helpful when a state or district establishes a comprehensive school mental health system framework. And you can see a couple here from Wisconsin and Colorado. This helps our local education authorities have a guidepost, a North star, so to speak, of where they should be directing their school mental health supports and services across the continuum. This is an example from Maryland where they've recently invested in what's called Maryland Statewide Coordinated Community Support Partnerships. And they have a centralized mechanism for getting out priority EBPs, evidence-based practices, to community partners and to school staff to fill out that array of services.

Dr. Sharon Hoover: We also know that many schools are looking for a way to get a pulse check on how their school mental health system is doing. And there's a free resource that was federally funded to allow school teams and district teams to do just that. So you can access the School Health Assessment and Performance Evaluation System, or the SHAPE System, to engage in continuous quality improvement to take a look at how are we doing and what are some areas we can improve. There's a whole compendium of resources that support schools and districts. Every state in the union is actually engaged in SHAPE, with over 15,000 schools engaged right now in the SHAPE System.

Dr. Sharon Hoover: And then finally, just policies. So there are many state and local policies that can help advance school mental health efforts. And I'd encourage, if you haven't already, to check out the Hopeful Futures Campaign. It's a coalition of diverse partners committed to bringing comprehensive schools mental health systems into every school in the country. They've been really moving mountains when it comes to advancing policies in partnership with federal, state, and local leaders. They developed America's Youth School Mental Health Report Card, and it's available at hopefulfutures.us. And in the last two years, they've really helped to drive major policy wins in several areas that you can see here, including in school Medicaid billing, which we're going to be talking about throughout today's webinar. And I'll just close with suggesting that you check out their latest state legislative guide if you're interested in knowing what's happening in your state and where are there exemplars in some of these policies that can help advance school mental health. I'm now going to pass it to my colleague, Dr. Britt Patterson, who is going to take us more on the ground level into the school building.

Helen Gaynor: Thank you so much. Dr. Hoover. We'd like to introduce Dr. Britt Patterson, who is also with the National Center for School Mental Health. So Britt, over to you.

Dr. Britt Patterson: It is my great pleasure to be here with you all today. My name is Britt Patterson. As mentioned, I'm a faculty member with the National Center for School Mental Health and at the University of Maryland, School of Medicine. And I get to take us to the ground level to think a little bit more about what school mental health looks like in practice. And as we do that, I want to situate us in an example that comes from our practice arm at the National Center for School Mental Health, and it's the School Mental Health Program that we refer to as the SMHP.

Dr. Britt Patterson: So as you see here, our School Mental Health Program is led by a phenomenal group of leadership, including faculty at the University of Maryland as well as amazing staff who are social workers and have been doing this work for quite a long time. The program was established in 1989, and has continued to provide supports to schools across Baltimore City since. Currently in 22 schools, providing mental health supports and services across the continuum. We serve primarily students in primary education or general education and in Title 1 schools. So in our schools, we do have lots of young people, their families, and sometimes even staff who are experiencing high rates of trauma. But importantly, the School Mental Health Program has the privilege of working with really strong school communities. So we get to build upon the individual, family, and community assets that exist. And to do that well, of course we have to engage in a number of relationship-building practices that I'll cover in just a moment.

Dr. Britt Patterson: In terms of staffing, we're staffed by 21 licensed mental health professionals that come from disciplines of social work, counseling, and psychology. They also oversee and support the work of at least 15 graduate trainees also coming from social work, psychology, psychiatry, and counseling. In general, our funding comes from the Public Mental Health System. The School Mental Health Program operates as a outpatient mental health clinic, and so our clinicians are engaged in fee-for-service reimbursement. A small amount of funding does come from contracted deliverables with behavioral health authorities and Baltimore City schools.

Dr. Britt Patterson: Now, as is the case with most effective programming, relationship building is essential. So when we think about what this actually looks like on the ground, we can have the evidence-based practices, we can have the staffing, but if we do not have relationships, it makes it a significant barrier to implementing the resources and supports that are going to be useful for a community. So in the school, especially when we're just beginning our work with school communities, whether that be a new program or community partner who wants to provide some services or just being a new clinician to that environment, we have to be present in the school community. That looks like being outside of the office, saying hi to anyone and everyone that passes by with a big smile and welcoming disposition. Doing this makes an impact in that the face of mental health is recognizable and positive, and we know the importance of that given the mental stigma that still plays our society in general.

Dr. Britt Patterson: In addition to that, through conversations with key stakeholders like teachers and staff, mental health programs are able to engage in more informal assessments, identifying some of the assets of the community that can be used to bolster the supports needed at each level of the MTSS model that we described earlier, but also engaging in formal needs assessment, beginning to think about those types of evidence-based practices that will need to be implemented to support whatever the ongoing needs are in our community. So as I move forward, what I'm going to do is kind of give a snapshot of a few of the services that are provided through the school adult program. But please know these are not comprehensive, just meant to give a sense of how the School Mental Health Program can operate.

Dr. Britt Patterson: Now, here, a number of activities are bolded. What I want to emphasize is a point that we've already described a few times, but this work is not done in silo. It cannot be, not effectively, especially in school communities. So School Mental Health Programs or community-based partners have to engage in school-wide teams. There are lots that exist. They go by different names. Some of the most common names are listed here. In addition to that, school mental health providers or community-based partners have to be recognizable to students. Important to note here, some may not be aware that students themselves are really great advocates and oftentimes we'll refer themselves when they are made aware of the resources available to them. So that classroom-based opportunity to engage with young people in settings that are less intimidating is really crucial to helping them access the care that's needed.

Dr. Britt Patterson: My colleague Dr. Sharon Hoover mentioned earlier, the mental health literacy movement we're seeing right now, it's a really important one and that it equips educators and students with skills they need to promote their own mental health and seek help when support's needed. One of the specific mental health literacy programs that I have some experience with is The Guide. That one is free and available online based out of Canada. So there are lots of resources to do this work, and that's just a couple of examples. Aligned with some of the needs of the community we serve, again, I mentioned the School Mental Health Program serves communities exposed to lots of trauma and lots of strengths. But given the knowledge of trauma, a lot of our prevention programs involve some trauma-related components. So kind of behavioral intervention for trauma in schools is at the top there. We also have Bounce Back, and my colleague Dr. Hoover mentioned earlier, that has also been adapted for universal implementation. One note, we do receive lots of questions about when these services are delivered. I'd like to underscore and just illuminate the importance of collaboration with school leadership and teachers. Whatever times are identified are done so with the input from school leadership and teachers. So some periods or some school systems may prefer that young people are pulled for groups during lunch or recess periods, but there are times when students are pulled from classes strategically with input from their teachers.

Dr. Britt Patterson: And then at the Tier 3 level, of course we have other evidence-based programs such as the ones listed here, and students are engaged in a full diagnostic evaluative process to identify the resources that would be most helpful given their presenting concerns.

Dr. Britt Patterson: Now, folks will say, "Okay, you share a lot about a couple of interventions. What does it actually look like during the school day?" It's messy, just like this slide, and I could have made this cleaner because it's more visually appealing, but this is what school mental health looks like in practice. So what you see here, I'm not going to read through the text, but Counselor Smith starts his day at 7:45 and ends around 4:30. Between that time period, he's engaged in all levels of mental health supports and services that span mental health promotion, prevention and intervention, but also involves new contacts, introducing a young person to services, making contact with a family member, delivering an in-service training for teachers, conducting a classroom presentation. So the day is quite full. And yes, they do get to eat. So in the middle there, somewhere around 12:30, Counselor Smith gets to eat, but the day is full and it should be.

Dr. Britt Patterson: In a landscape image of that, this is what the School Mental Health Program uses as a kind of minimal standard for documenting some of the activities of school mental health clinicians. And what we'd like to see here is that all those Xs are not in one column, they're across the columns, which means we're engaged in the continuum of services. Now, zooming back out, this is just another example of school mental health services and those related to mental health, those that are trauma-focused from another school district across the MTSS level. I'm going to move us very quickly into family engagement before passing the top.

Dr. Britt Patterson: So we know the importance of family engagement intuitively, however, it's an area of growth that will help us to not just support families better, but to see more equitable outcomes, especially for youth of color and those identifying as traditionally coming from traditionally marginalized communities. So why engage? Because we know as professionals we have the privilege of coming and going, but families are constant. And when families are engaged, students do better because those skills are reinforced. But also in the long term, we see better outcomes.

Dr. Britt Patterson: There are many traditional barriers to engaging families, and we have to be aware of those so that we can support them appropriately using specific interventions like motivational interviewing to address mental stigma for instance. But we also have to have a clear definition for ourselves of what family engagement should look like, and it should be a collaborative strength-based process. I'll acknowledge out loud, I've worked with schools for a long time, and while I love families, sometimes there's some stigma around families where staff providers, community-based partners feel that it's easier to work with the youth in the setting they're in. And that may be the case because we have direct access, but we know families are truly the key to making sure the student and the community can continue to grow and flourish.

Dr. Britt Patterson: So when we bring in families and they offer a challenging perspective, that's an invitation to grow because we may not realize what feeling center practices are there, but we have to be willing to have these harder conversations with families so that we can more collaboratively partner. So they have more say in the resources that are shared within their school communities. And that means they have to feel heard. We have to be willing to hear their disagreement with our recommendations. That comes sometimes from institutions that call the program evidence-based, but a parent says, "I am not able to walk outside and do deep breathing because it's not safe in my neighborhood." So families have to be heard. They have to feel connected. They have to have a seat at the table, which means they have to have same decisions. And we have to make this decision deliberately because it invites challenge. And again, through that, opportunities for growth.

Dr. Britt Patterson: Here are just some keys for engaging families. Importantly at the top there, some community-based partners promote and market. You have to let people know that you're there. And again, it goes back to that relationship building, just being present. Beyond the service delivery, just being a face in that environment.

I'm going to move along here and just offer this reflection opportunity for us. If you're engaged in service delivery already and having some difficulty working with families, think about what those challenges are and what strategies may be useful in helping your organization to overcome them. With that, I will turn things over.

Helen Gaynor: Thank you so much, Dr. Patterson. We so appreciate it. It's really insightful to hear what we've learned about today looks like in practice. So thank you again. I'm going to now talk through some resources from the Connecting Kids to Coverage National Campaign that may be helpful for those who are doing outreach in their communities in terms of connecting kids to Medicaid. The Connecting Kids to Coverage National Campaign reaches out to families with teens and kids who are eligible for Medicaid and CHIP to encourage them to enroll their kids in the programs and raise awareness about the health coverage available under these programs. So we conduct annual initiatives that are tied to priority topics and key times of year. Those include the items you see on the screen, oral health, back-to-school, immunizations, and of course mental health. So we have outreach resources tied to these specific topics that are all available on our website at InsureKidsNow.gov. That's both where you'll find everything we talk about today. And then you'll also find the recording of this webinar and the slide deck at InsureKidsNow.gov.

Helen Gaynor: So a little bit more about our mental health initiative. The mental health initiative serves as an opportunity to remind families that kids who are enrolled in Medicaid and CHIP have coverage for behavioral health care, which includes, Kate mentioned this at the top of the different items, but counseling, teletherapy, inpatient and outpatient services, and more. There's a really comprehensive set of services that fall under the behavioral health umbrella that are covered by Medicaid and CHIP. So on InsureKidsNow.gov, you can find outreach resources that include digital videos, infographics, posters, and more that may be helpful in your outreach. So some of these resources are available in up to 24 languages, including our newest poster. So you can see some different languages on the screen here.

Helen Gaynor: Another major priority for CMS continues to be the unwinding of the Medicaid and CHIP continuous enrollment requirement. So in March of 2020, CMS waived certain Medicaid and CHIP requirements and conditions, and the easing of these rules helped prevent people with Medicaid and CHIP from losing their coverage during the pandemic. However, as of April 1st last year, states are required to restart eligibility reviews, meaning that some people could lose their coverage and others will need to renew.

Helen Gaynor: So CMS and the Campaign are encouraging beneficiaries to make sure their address, email, phone number, all contact information is up to date with their state Medicaid offices so that they don't miss out on important reminders. They can fill out that renewal form and return it right away. So resources to support families in your communities are available, including a communications toolkit that is available in several languages, toolkits for specific populations such as healthcare settings. These include social, graphics, copy, key messages, drop-in articles and more. And you can find this toolkit at medicaid.gov/unwinding. There's also a consumer-facing site, medicaid.gov/renewals, to help families connect with their state Medicaid office directly.

Helen Gaynor: So in terms of accessing resources, InsureKidsNow.gov, all of the mental health materials and resources available and discussed today are there. You can see the home page on the screen. The resources can be accessed either by going to the outreach tool library on the left where you can explore all of the resources across all of our different initiatives. Or you can click on the initiatives tab on the right, which will bring you to a drop-down menu of topic options. So you can click on mental health from there.

Helen Gaynor: Other items in the outreach tool library include PSAs, videos, social media content, newsletters, and more. It's updated frequently with new items to help organizations enhance outreach and get more children and families enrolled. A lot of these resources are customizable. So we have a customization guide that details how organizations can request free versions, or free customized versions rather, of many Campaign resources by adding your name, logo, or any other relevant state specific information. So to request customization and review the available materials, you can visit the outreach tool library, review the guide, and email the CMS division of multimedia services with your requests and information. So this is an example of a

customizable piece where your name could go, your website, phone number, and up to two logos. And again, this email will be available in the slide deck when we post and is available in the customization guide.

Helen Gaynor: So if you'd like to learn more about the Campaign and our resources or have any questions that come up after today's webinar, you can connect with us at connectingkids@cms.hhs.gov. You can also follow us on Twitter or X: @IKN.gov. And you can sign up for our Campaign notes e-newsletter. This is available on InsureKidsNow.gov where you can go and subscribe. We send out other webinar invitations, monthly newsletters, sharing new resources and new materials. So if you do share any of the Campaign's resources on Twitter, we encourage you to tag us and use the hashtag #Enroll365.

Helen Gaynor: But that covers it for our presentations today. Thank you again. We do have time for 10 minutes of questions, so I am going to open it up to our panelists and we'll pose some of the questions that came through during the presentation today. So apologies if we do not get to your question. We will try after the fact. We can't promise anything, but we will try to reach out to folks if we're unable to get to your question. But the first one I believe would either be for Dr. Patterson or Dr. Hoover. Dr. Patterson, when you spoke about family engagement, there's a question about how can parents and caregivers be proactive in terms of helping to provide extra support when it comes to working together for school-based mental health.

Dr. Britt Patterson: Thank you so much. I really appreciate that question. I have a bias toward looking at power differentials when it comes to engaging families, and so I can come back to what parents can do, but I kind of want to go back to what community-based organizations can do. That community-based organizations need to make sure information is accessible to parents. That may mean using different methods for outreach. That could be sending information home in book bags, posting on online platforms like Google Classroom, whatever the school has access to, but also attempting to show up to community events where parents are likely to be. Giving parents access to information allows them access to the resources they need to know help is available.

Dr. Britt Patterson: When it comes to parents, I would say I hope that parents feel encouraged and empowered just to ask questions, to acknowledge when their child needs help, and to reach out to folks who they've identified within their community as potential supporters of their child's care. I would say, if this is a parent asking the question, if you have a concern, feel free to raise it with anyone in the school building. We're at a point that makes me really excited where conversations around youth mental health are more prevalent, there's far less stigma, and oftentimes people have even begun to access their own resources around mental health. So if they have a question, if you just want to know is this typical or other kids having this problem, or how can I just help my child to be a better version of themselves? They're already great. I want them to have access to more embellish resources. Just reach out to anyone at the school level and ask for support. So I put the onus first on us as providers, but then also encourage parents to ask the questions when they have them. Dr. Hoover, anything to add?

Dr. Sharon Hoover: I agree with everything you just said, and the one thing I'll also add is that it can be intimidating as a parent. Having been a parent myself, sitting at a 504 meeting or an IEP meeting, it can be very helpful to have an advocate by your side. So I do encourage family members to look into whether there are parent and family support organizations, a local chapter of NAMI, a local chapter of a Federation of Families, or other family navigation supports that may be in your state or in your local community. It can really help to have somebody who is aware of your rights as a family and as students and to sit with you when you're trying to navigate what can be a very complex system.

Helen Gaynor: Thank you both. One question that just came in that may relate, do kids need parental permission to receive services in school?

Dr. Sharon Hoover: There are different requirements by state, and there are some states that allow, for example, for certain topic areas, whether it's sexual health, substance use for students to receive care without parent consent. There are other states where the age of consent, it varies. I'll just leave it at that. But what I will

say is that we do encourage in School Mental Health for providers to be partnering with families. As Britt said, we know that some young people need to be able to receive care from providers, and it may be difficult for them to engage their families. So again, it varies across the state, but we always try to encourage family engagement when it's possible.

Helen Gaynor: Awesome, thank you. And then this question may be for Kate. So with the recent passage of legislation requiring that telehealth be permitted in schools, how do we see this impacting school-based mental health services who are providing?

Kate Ginnis: Can you repeat the first part of that question for me? There is a very loud noise behind me.

Helen Gaynor: Sorry. With the recent passage of legislation requiring that telehealth be permitted in schools, how do you see that impacting school-based mental health services?

Kate Ginnis: We're very excited about telehealth as what I will call a modality to reach more kids. And in particular, in rural or other hard-to-reach districts or where there's not that many providers and there's big geography, so some of our states out west, I think telehealth is a critical way for providers to be able to reach kids and for schools to be able to engage providers where previously if there wasn't somebody in the community or in the school, they might not have been able to. So I think that it is a modality that really can help close that equity gap that we often see where there just are not enough providers geographically. I don't know if Drs. Hoover, Patterson have anything to add.

Dr. Sharon Hoover: I'll add a couple quick things. Totally agree, Kate, with what you just said. And it also affords the opportunity to access a more representative workforce in terms of the diversity of providers that you can access through telehealth. And we've been using telemental health supports to access our child mental health specialists, including psychiatry, even in our urban settings in Maryland for a number of years now. The only thing I'll add is that it's complex to bring telemental health into schools. There are a lot of things that school leaders need to consider as this is happening. So I would just encourage our healthcare system to really be engaging our school leadership in some of those considerations. So we're seeing state legislation that's requiring telemental health in schools without thoughtfulness about what needs to be in place in the school and without staffing and resources for the school to be adequately ready for telemental health to come in. So what happens if there's a crisis over telemental health? Is there somebody in the school who's equipped and funded and supported to play that role? So those are just some things to keep in mind. We're about the opportunity, but there is some thoughtfulness that needs to go into it.

Helen Gaynor: Thank you. Another question for the group. Any particular ideas, recommendations, or experience from rural areas with helping or supporting rural schools with low enrollment?

Kate Ginnis: I think I'll start. Certainly I think what we just talked about, which is the telehealth as a way to just reach those communities. And I know that there are also efforts to sort of group for rural communities to be partnering with one another in terms of providers, but we know that it's a really tough situation to try to make sure that there is enough behavioral health coverage in schools and outside of schools in rural communities. Dr. Patterson, you look like you're about to come off mute also.

Dr. Britt Patterson: I was actually going down a similar line of thought around the importance of using telemental health to support rural communities. In terms of interventions, looking towards some of those evidence-based practices that have been adapted for tele use. The mental health literacy program I referenced earlier, The Guide for example, that's a classroom-based intervention, but that was adapted for use via tele. And there are lots of practices that can feasibly be supported through tele methods. In addition to that, in terms of workforce support and supervision, the ECHO model or the model bringing professionals together virtually to discuss problem solving and resource sharing is another way in which we can support rural communities. There are more resources out there, but if you have specific questions, I'm happy to connect with you outside of this space today.

Dr. Sharon Hoover: And I'll share a couple of rural school mental health resources in the chat. I just shared one from the Mental Health Technology Transfer Center Network. There's also a great book on rural school mental health and a National Center on Rural School Mental Health devoted to this topic. But I do think when we think about rural mental health, in addition to telemental health, we also have to be really thinking about expanding our service provider array. There are not enough child mental health specialists in many settings, but especially in our rural and small districts. So we need to be expanding coverage for and training for to grow a pipeline of workforce that includes our community health workers, our health educators, our peer support professionals. So just thinking beyond some of the traditional mental health providers.

Helen Gaynor: Awesome, thank you so much. I think we have time for one more question and then we'll wrap up. Dr. Hoover, I think these came through during your presentation. Are there costs associated with the trainings for the mental health collaborative and can you provide any information about evidence-based practices and interventions that are no or low cost?

Dr. Sharon Hoover: Yep. So I can't speak directly to the cost for the Mental Health Collaborative. I do know that there are mental health literacy resources that are available at no cost. So for example, The Guide that Britt mentioned that was developed in Canada, that resource itself is actually available at no cost online. My understanding is the Mental Health Collaborative has adapted that guide for use and they provide what I believe to be relatively low-cost training. Some of their materials may be no cost as well. A number of the resources that we did share today are free, are freely available. So you can find many of those on our SHAPE System or on schoolmentalhealth.org. I know that there are other tools that I mentioned today that are free as well. Closegap, the STRONG intervention, all of those materials are freely accessible. So many of these are freely accessible. As a federally-funded center, we are committed to providing public domain resources, so hopefully what we provided today will be freely accessible to folks.

Helen Gaynor: Awesome. Thank you so much. And I think that's all we have time for in terms of Q&A. I wanted to pass it back to Kate for a quick wrap-up and then we will close things out.

Kate Ginnis: Thanks, Helen. I just wanted to take a minute, first of all, to thank my colleagues and also really to thank all of you who have been with us for the past hour because we know that you're from a variety of spaces, but dedicated to making sure kids get what they need. Whether that's that you're working directly on getting kids covered or you're engaged around school mental health more directly in a school, in a community, but just really appreciate your attendance and the work that you're doing on behalf of kids and their families.

Helen Gaynor: Awesome. Thank you so much. We can't thank our three panelists enough for sharing their time and expertise. Again, we'll be posting the recording, the slides on InsureKidsNow.gov in the coming weeks, and we will send out an email via our Campaign notes when those are available. All of the resources shared today will be available via that slide deck. And once again, thank you so much for your engagement, the questions, we got so many that we weren't able to get to, but we appreciate the work that you do and for engaging and joining us today. So thank you, everyone, and have a great rest of your afternoon.