

THE KIDS ARE NOT OK

COVID-19 and Children's Mental Health

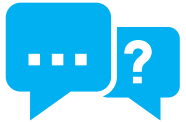


April 27, 2021 | 12:00 - 1:00PM ET

Webinar Procedures



All lines will be muted




Please submit all questions using the “Q&A” dialog box



Email Diane Engel at dengel@nebgh.org with any issues during this webinar



The recording and a PDF of the slides will be shared



Q&A

You have no question.

What h

☐ Send Anonymously

Speakers



Robin Gelburd

President
FAIR Health



Matt Kudish

Executive Director
*National Alliance on Mental Illness
of NYC (NAMI-NYC)*



Neil Leibowitz, MD

Chief Medical Officer
Talkspace



Shabana Khan, MD

Director of Telepsychiatry for the
Department of Child and
Adolescent Psychiatry
NYU Langone Health



John MacPhee

Executive Director and CEO
The Jed Foundation

FAIR Health Research Findings on Pediatric Mental Health

Robin Gelburd, President



April 27, 2021



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The FAIR Health Private Claims Repository

33+
Billion

**Medical and Dental
Claims from 2002 to
the Present**
Updated on a monthly basis

2+
Billion

**New Claims
Every Year**

493

**Regions in the
United States**

**Nationwide
Coverage**



**60+
Contributors**



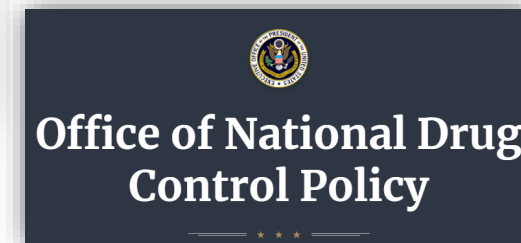
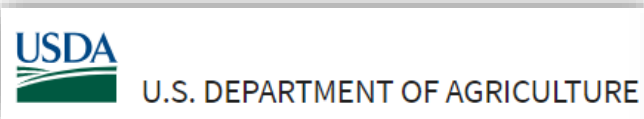
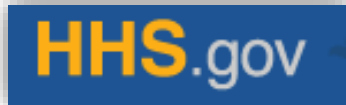
**Quality
Testing and
Control**



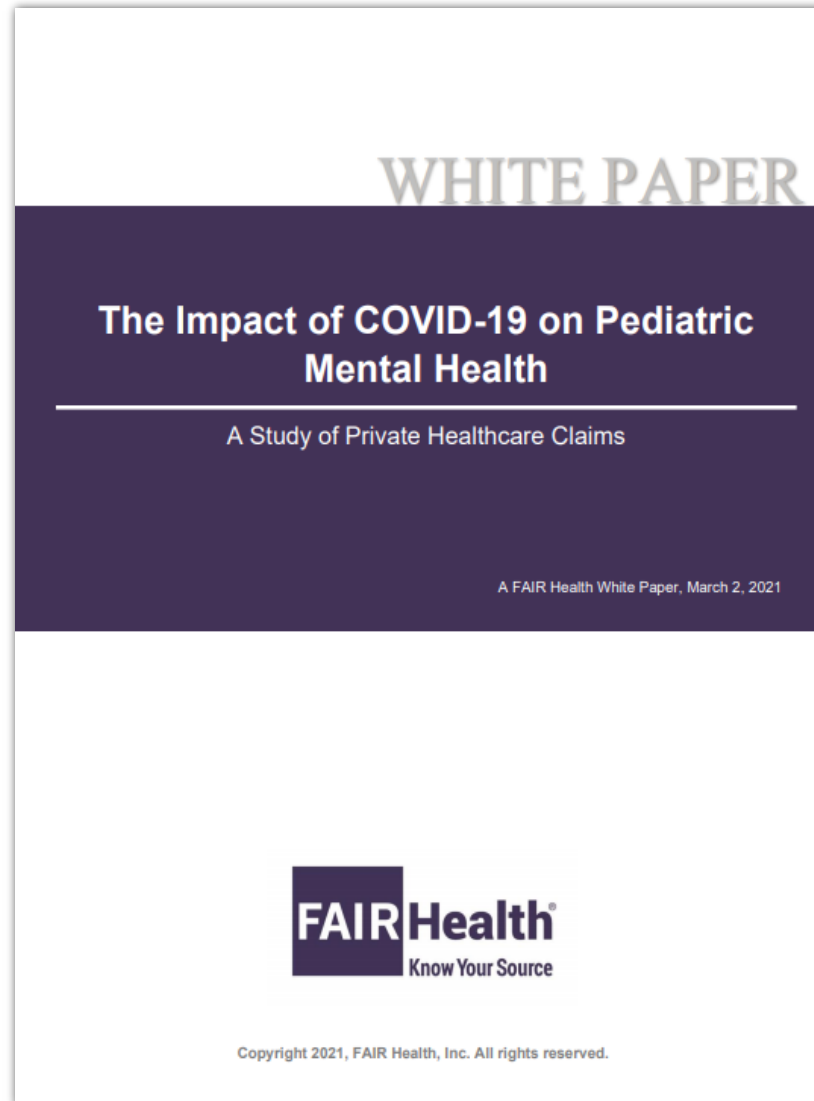
**Private
Insurance
Claims**



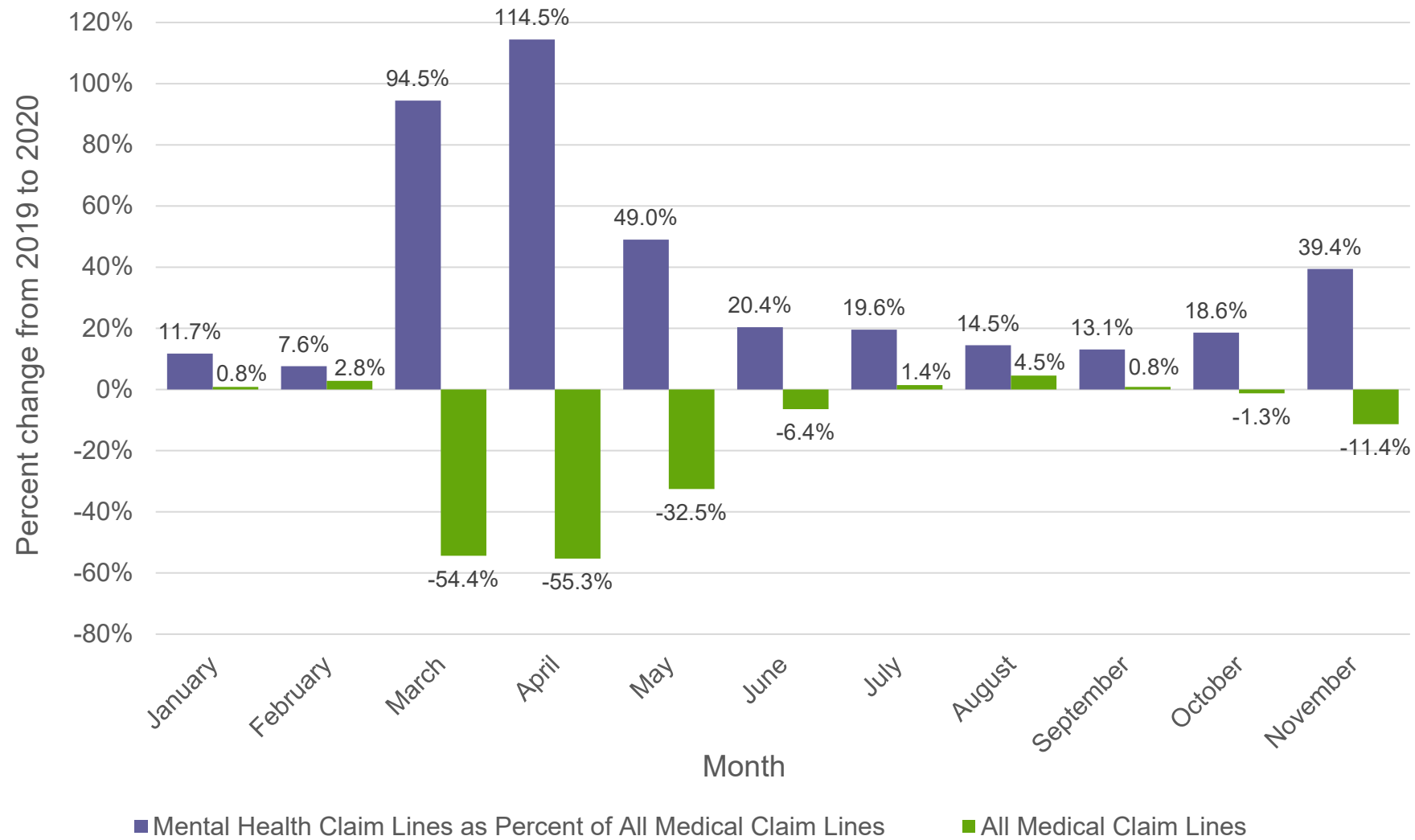
Interaction with Federal Agencies and Officials



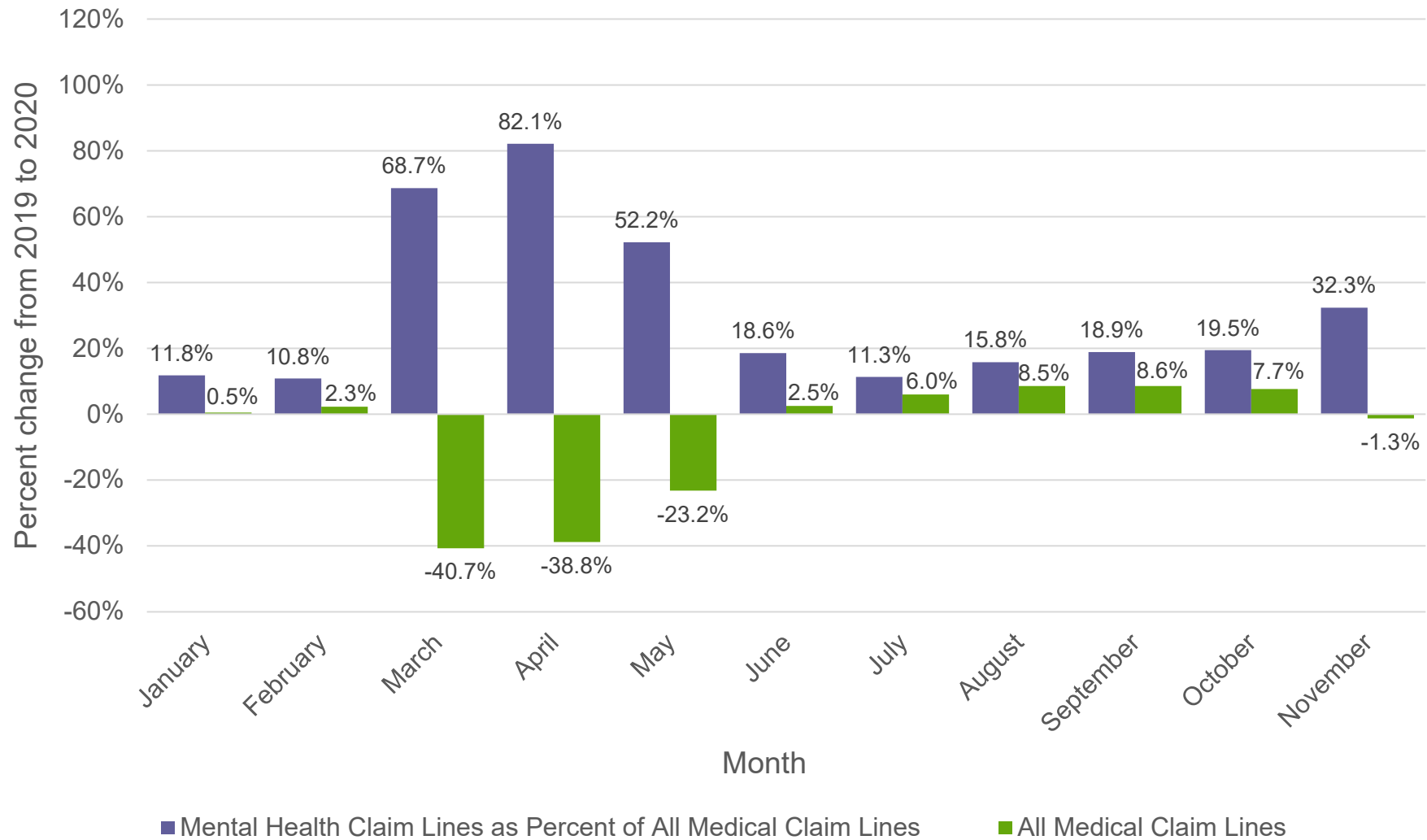
FAIR Health White Paper on Pediatric Mental Health



Mental Health as Percent of All Medical Claim Lines in the Northeast, 13 to 18 Years of Age, 2019 to 2020



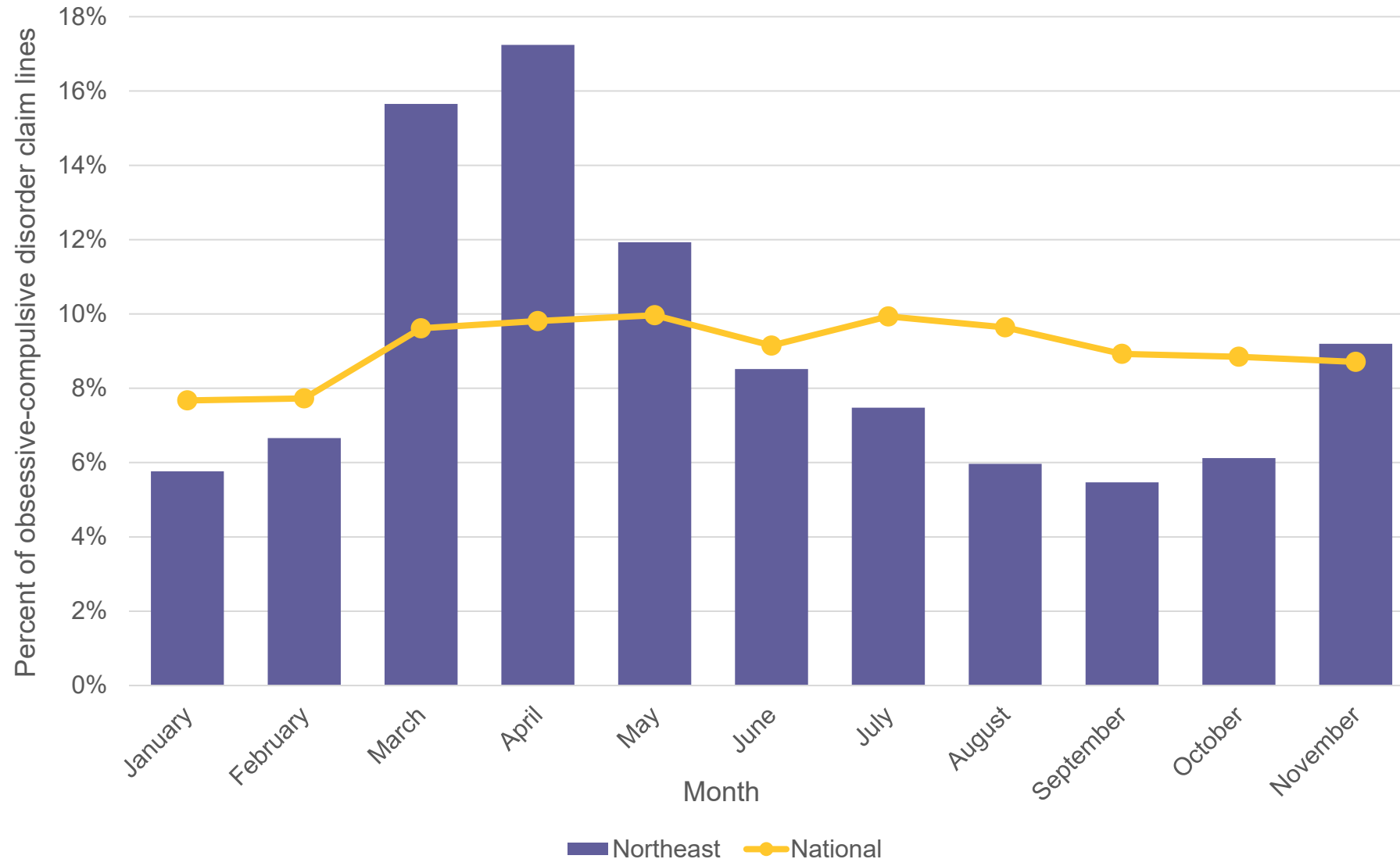
Mental Health as Percent of All Medical Claim Lines in the Northeast, 19 to 22 Years of Age, 2019 to 2020



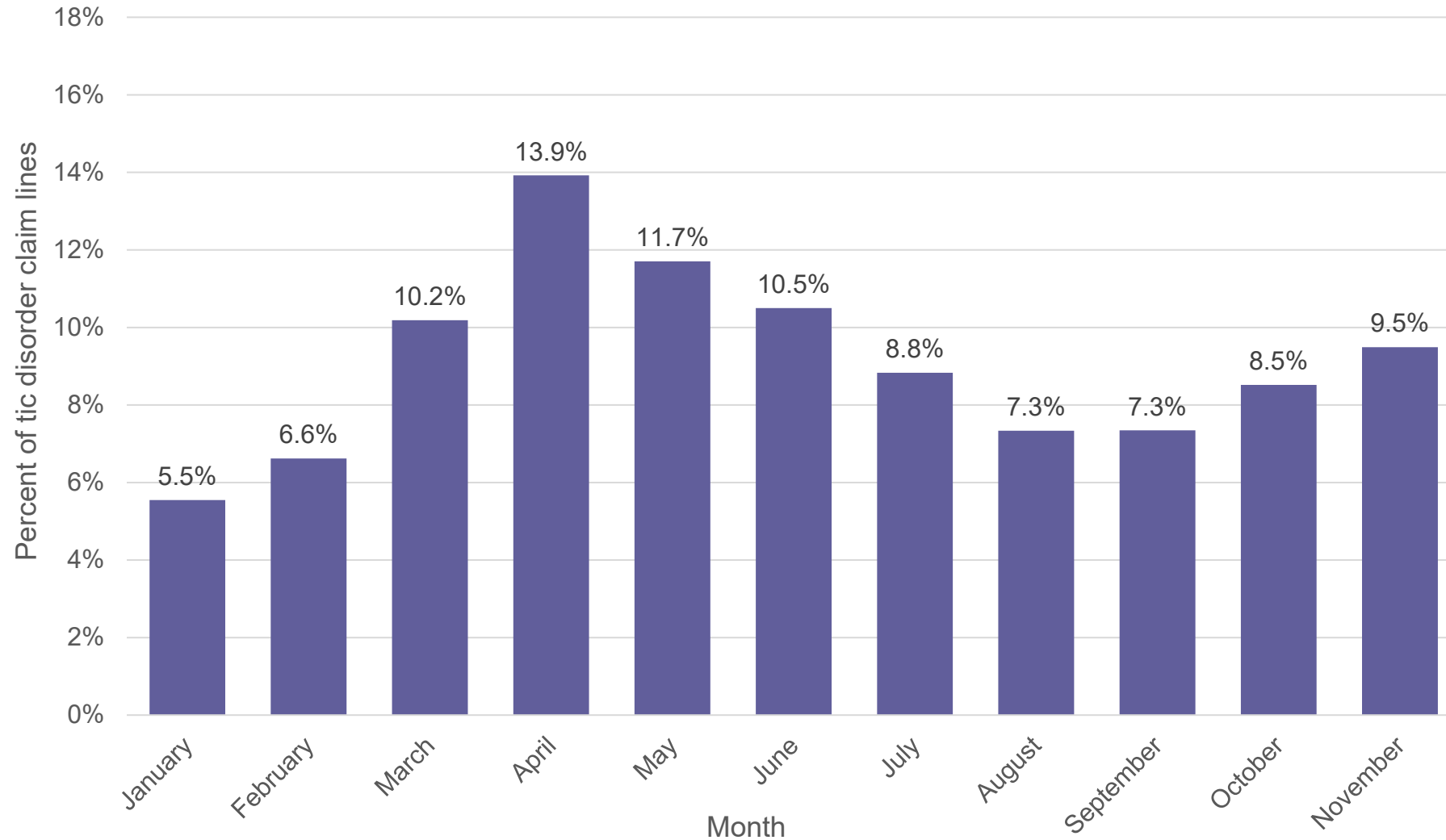
Attention-Deficit Hyperactivity Disorder in the Northeast and Nationally, 6 to 12 Years of Age, 2020



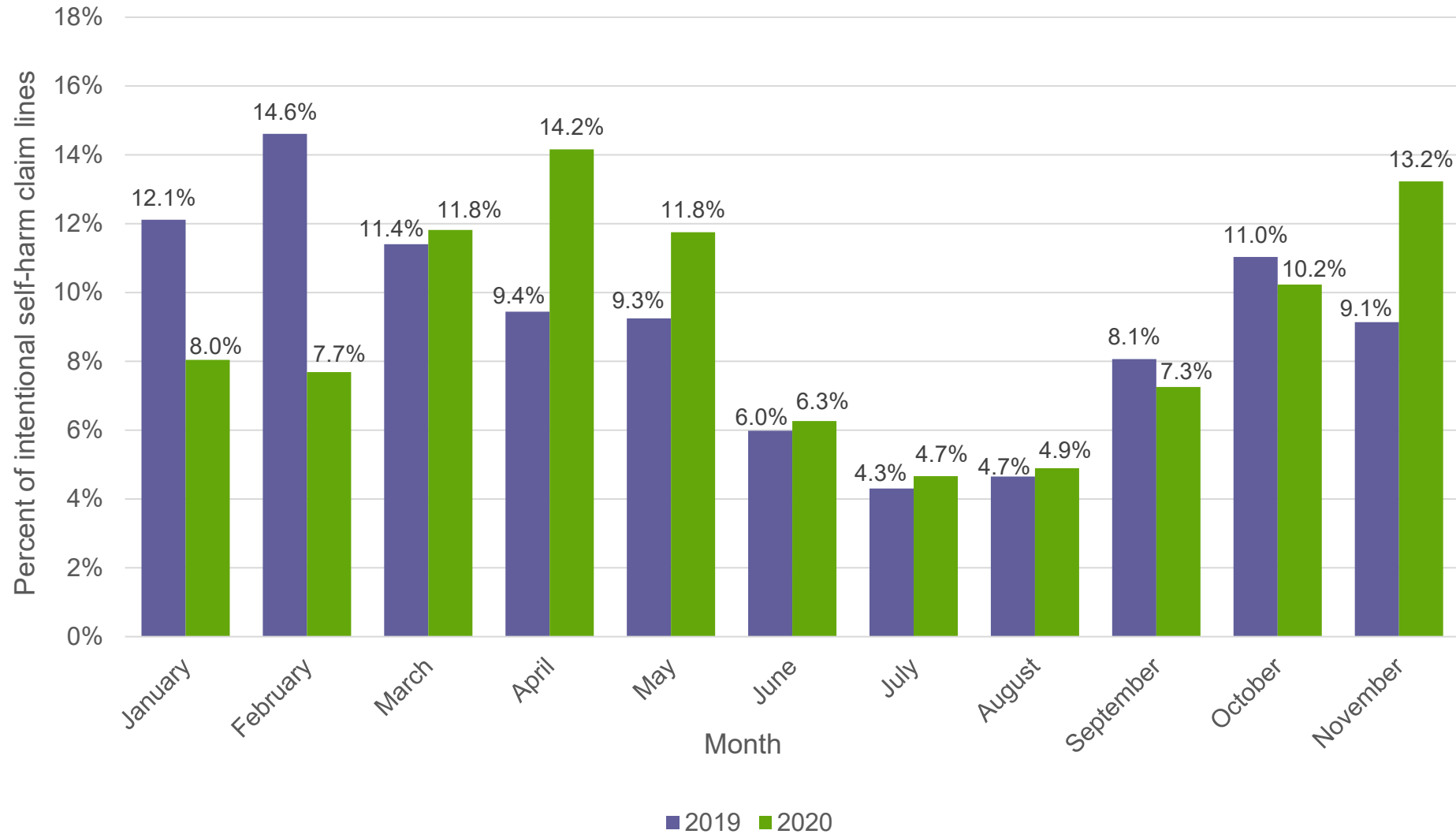
Obsessive-Compulsive Disorder in the Northeast and Nationally, 6 to 12 Years of Age, 2020



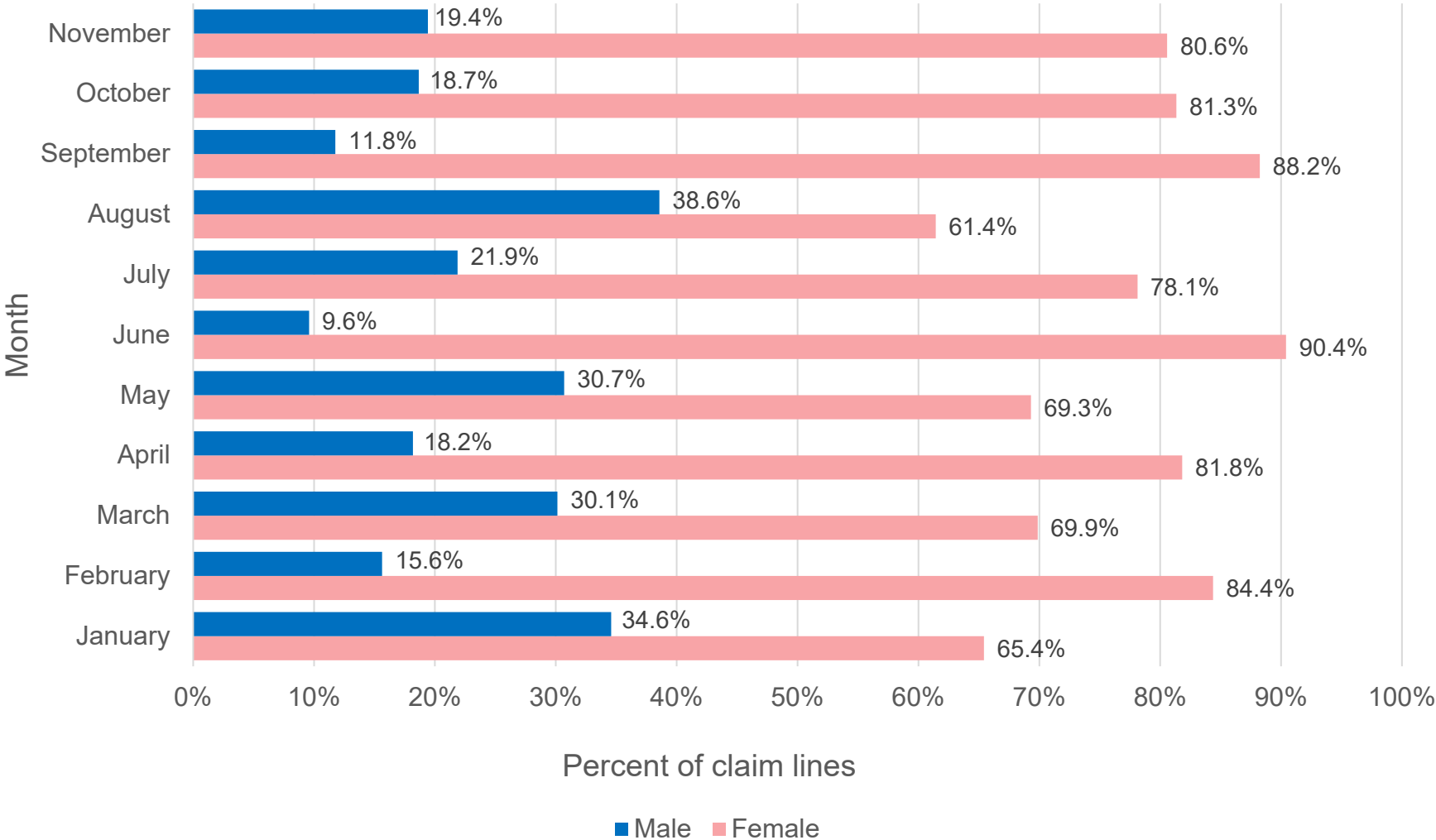
Tic Disorders in the Northeast, 6 to 12 Years of Age, 2020



Intentional Self-Harm in the Northeast, 13 to 18 Years of Age, 2019 vs. 2020



Intentional Self-Harm by Gender in the Northeast, 13 to 18 Years of Age, 2020



Top Procedure Codes via Telehealth by Month, Northeast 2020

January

CPT®/HCPCS	DESCRIPTION
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES
90834	PSYCHOTHERAPY, 45 MINUTES
99441	PHYSICIAN TELEPHONE PATIENT SERVICE, 5-10 MINUTES OF MEDICAL DISCUSSION
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES

April

CPT/HCPCS	DESCRIPTION
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 25 MINUTES
90834	PSYCHOTHERAPY, 45 MINUTES
90837	PSYCHOTHERAPY, 60 MINUTES
99442	PHYSICIAN TELEPHONE PATIENT SERVICE, 11-20 MINUTES OF MEDICAL DISCUSSION

August

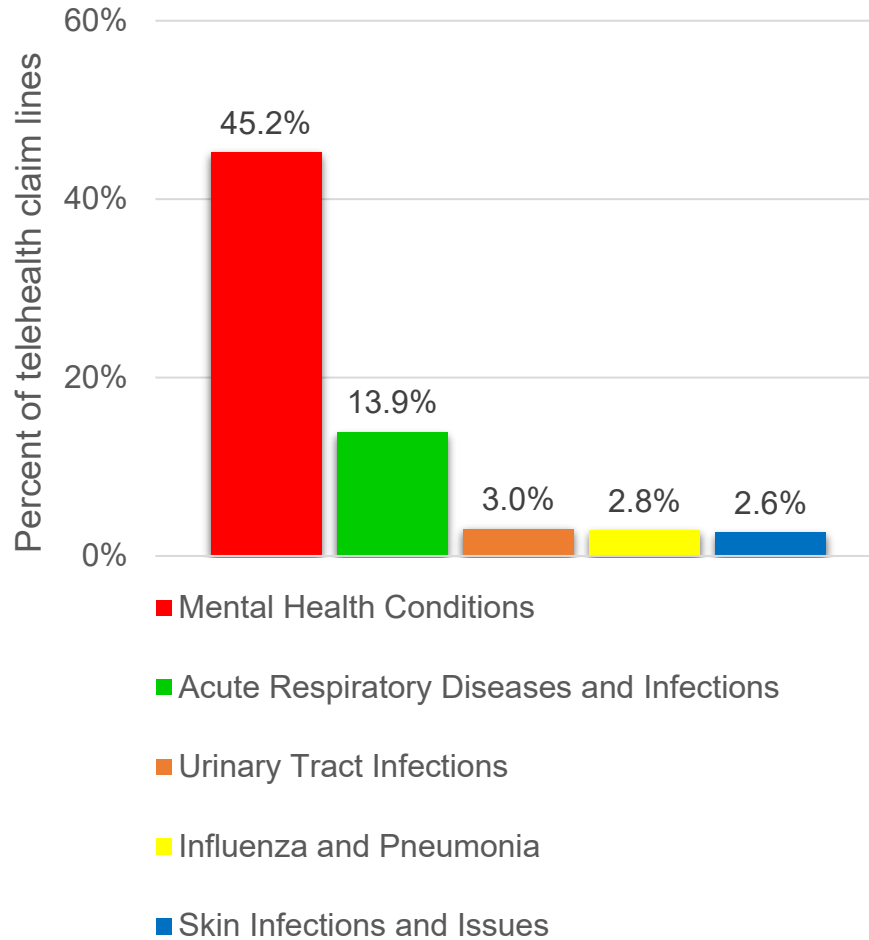
CPT/HCPCS	DESCRIPTION
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
90834	PSYCHOTHERAPY, 45 MINUTES
90837	PSYCHOTHERAPY, 60 MINUTES
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 25 MINUTES
99442	PHYSICIAN TELEPHONE PATIENT SERVICE, 11-20 MINUTES OF MEDICAL DISCUSSION

December

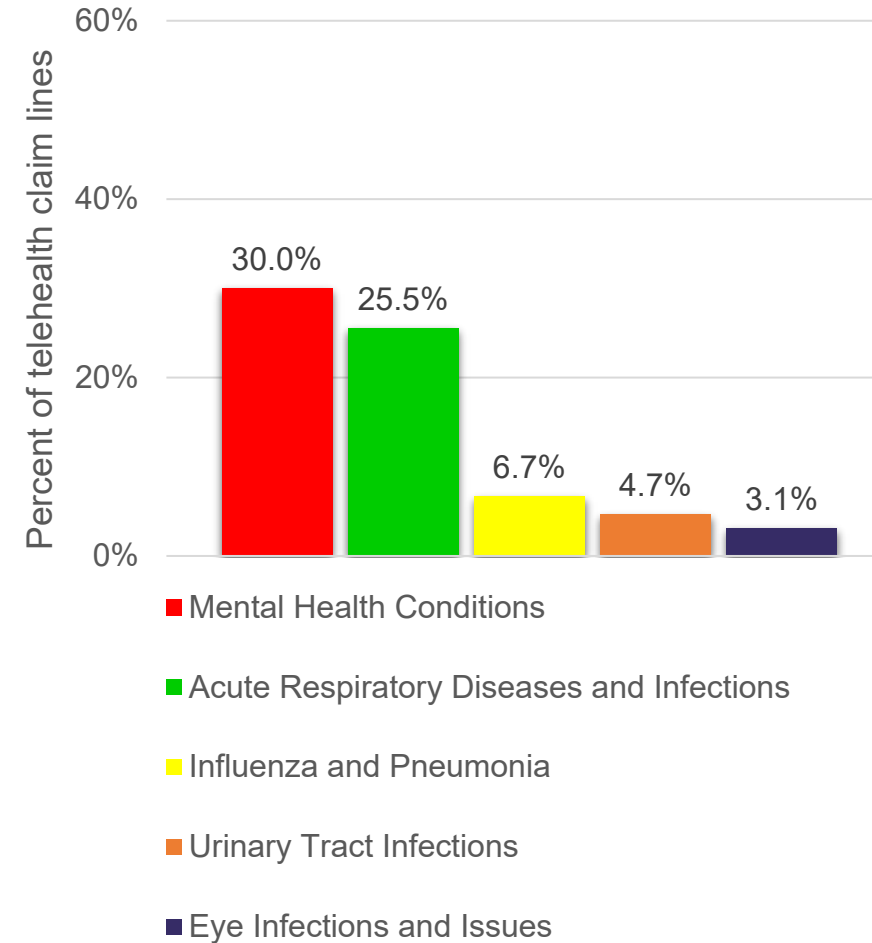
CPT/HCPCS	DESCRIPTION
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
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99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 25 MINUTES
99442	PHYSICIAN TELEPHONE PATIENT SERVICE, 11-20 MINUTES OF MEDICAL DISCUSSION

Top Diagnoses via Telehealth in January 2020, Northeast vs. National

Northeast

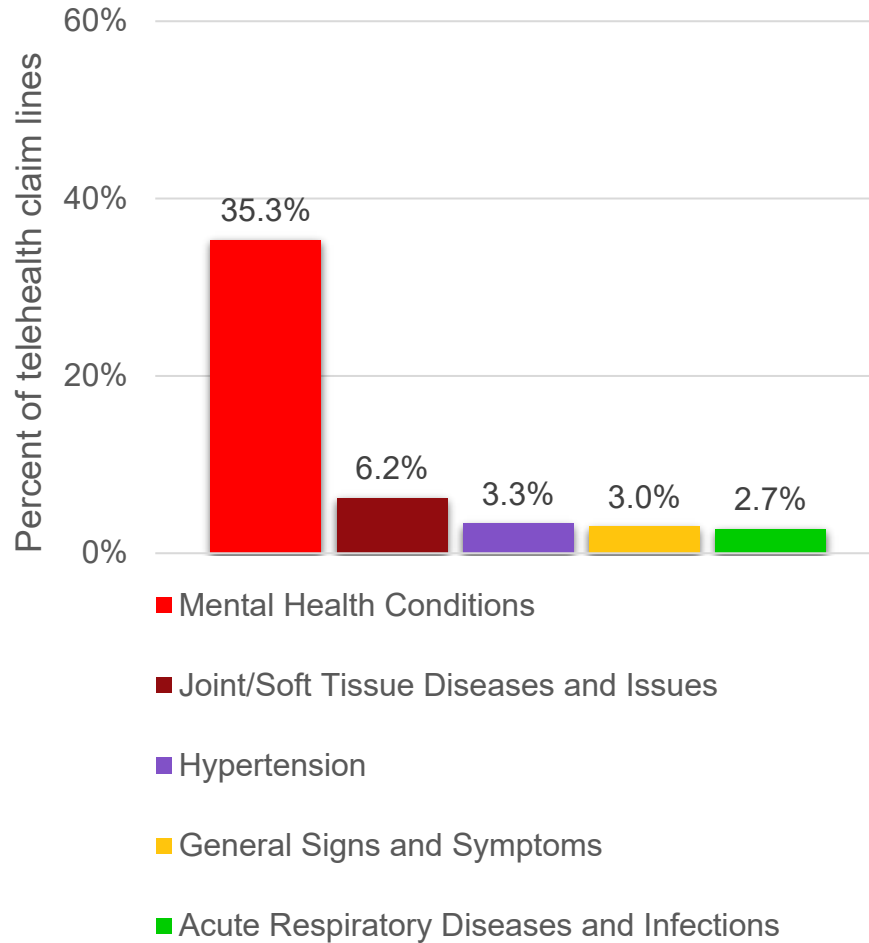


National

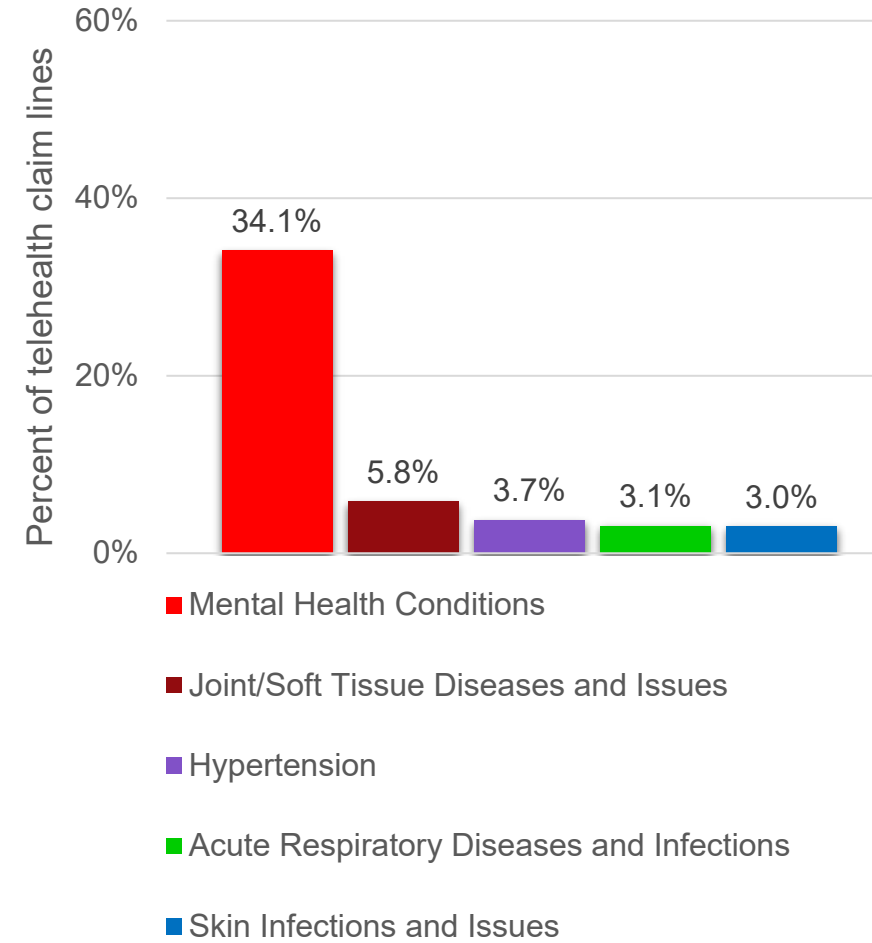


Top Diagnoses via Telehealth in April 2020, Northeast vs. National

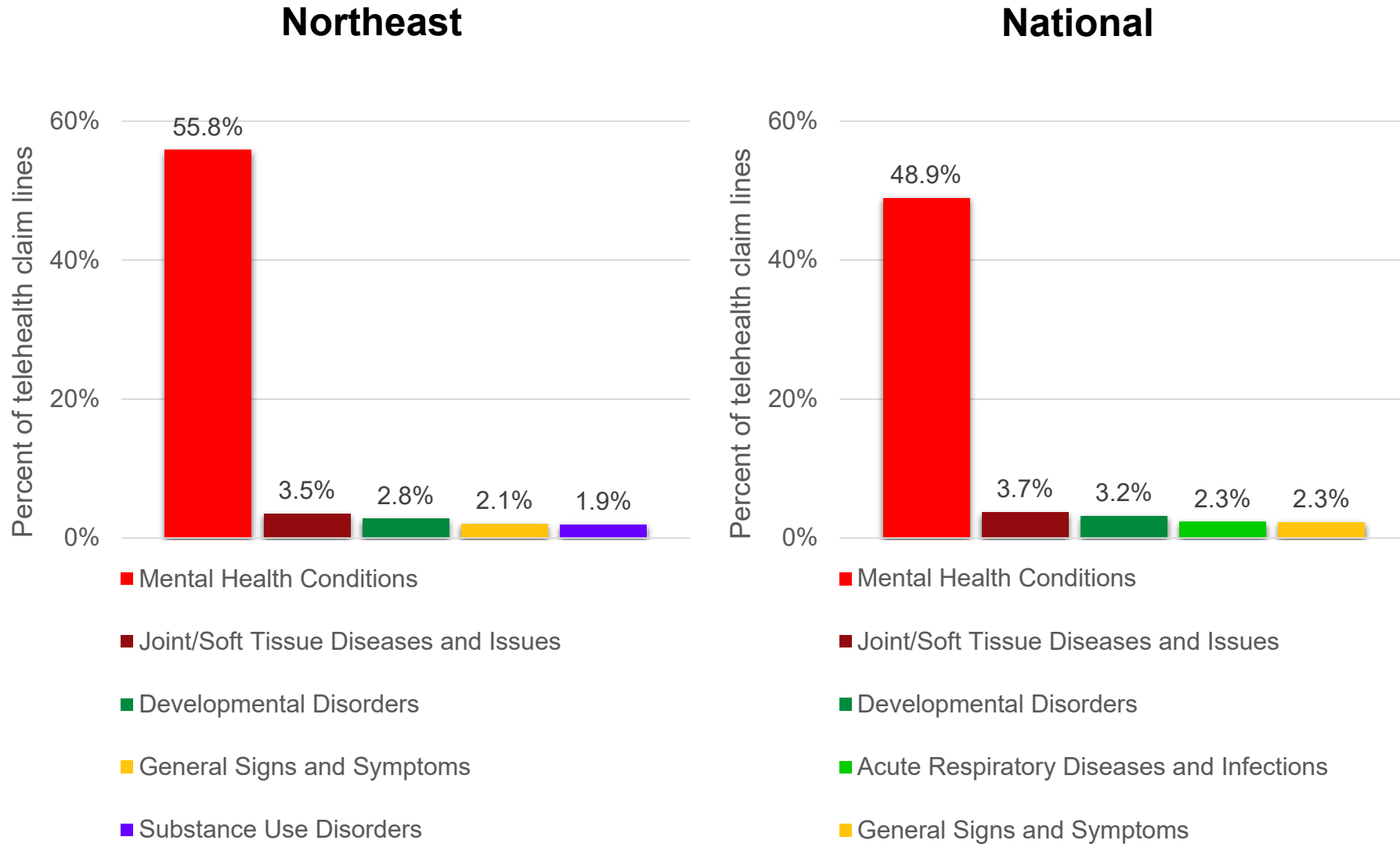
Northeast



National

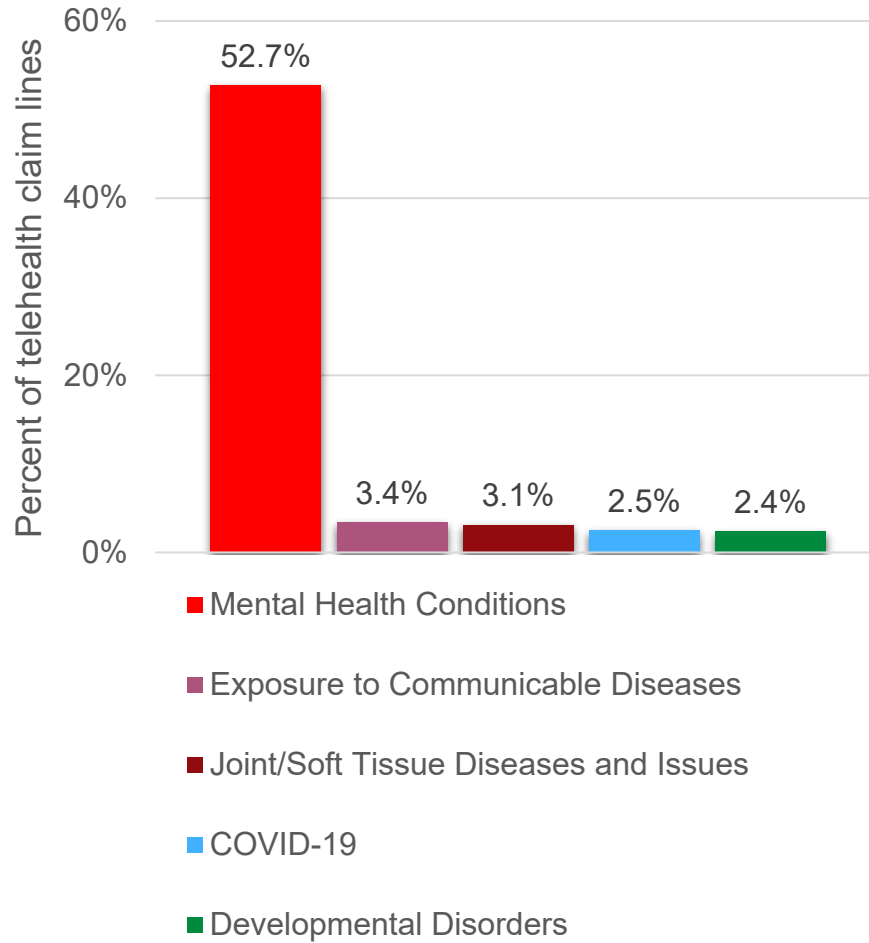


Top Diagnoses via Telehealth in August 2020, Northeast vs. National

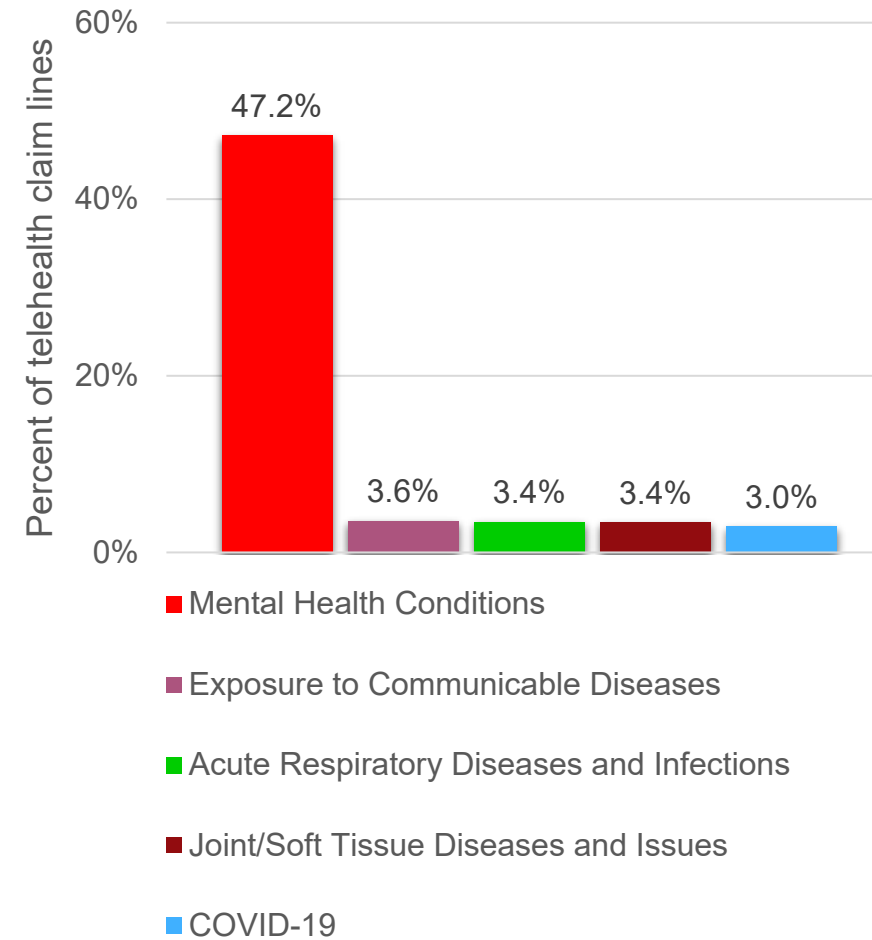


Top Diagnoses via Telehealth in December 2020, Northeast vs. National

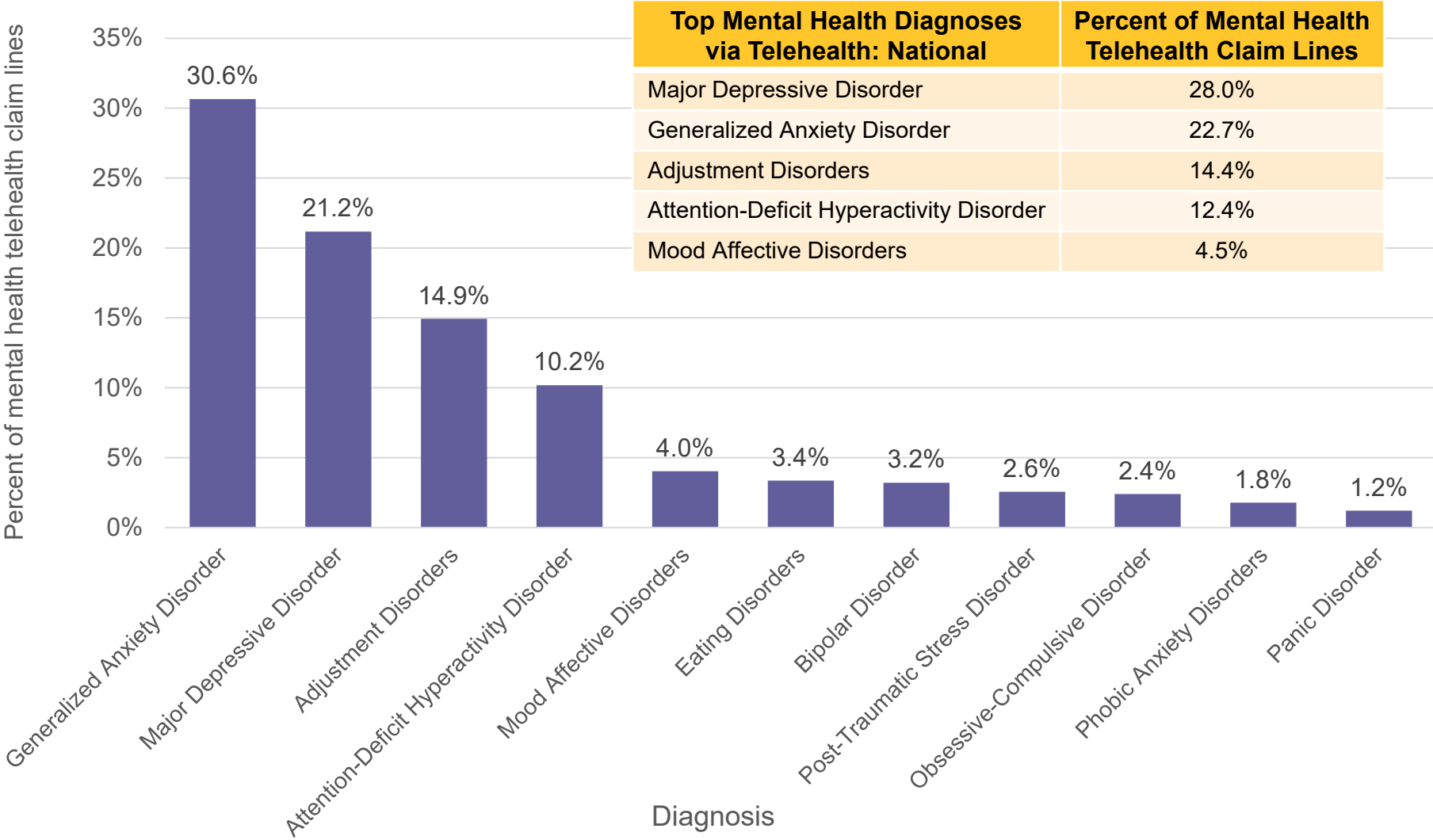
Northeast



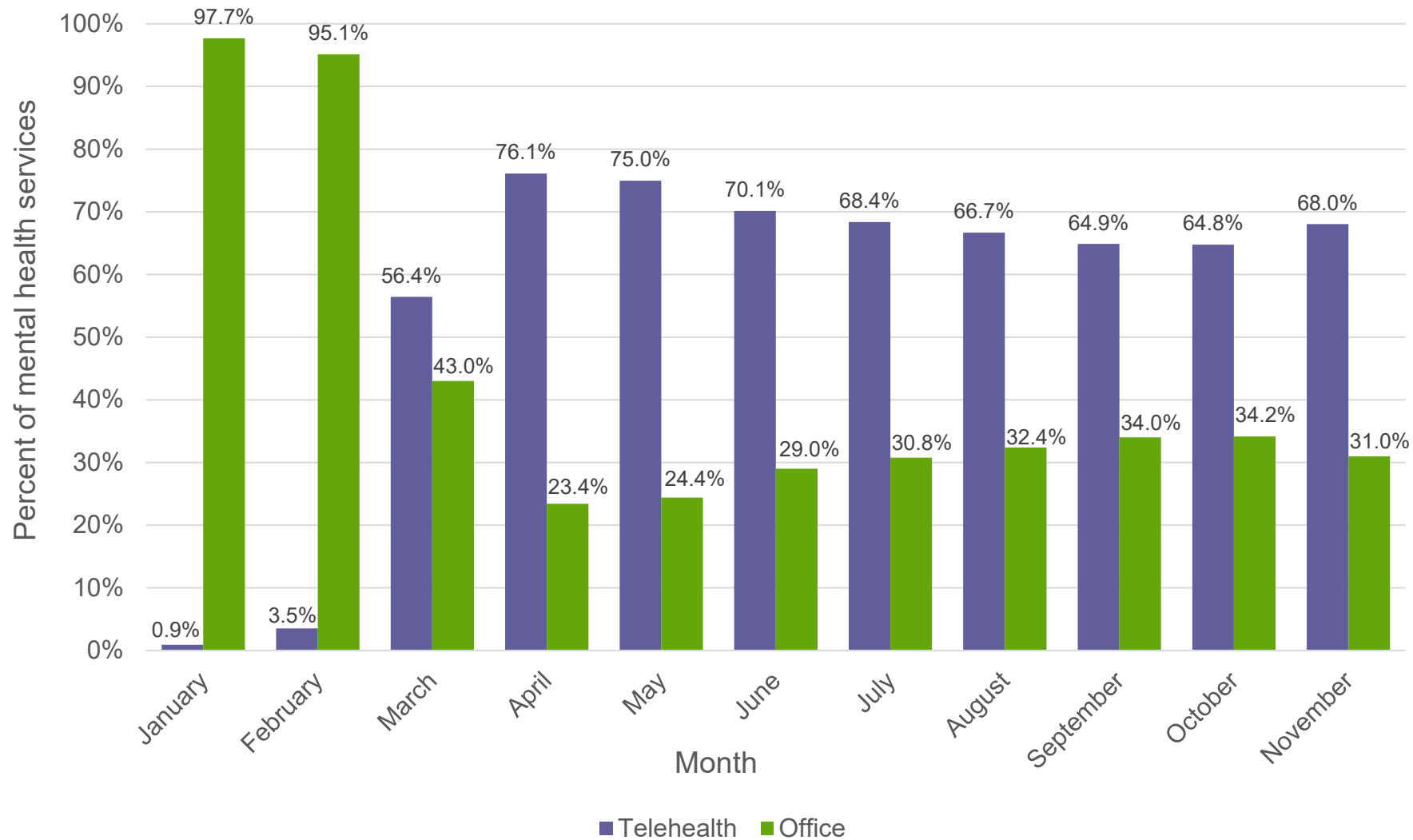
National



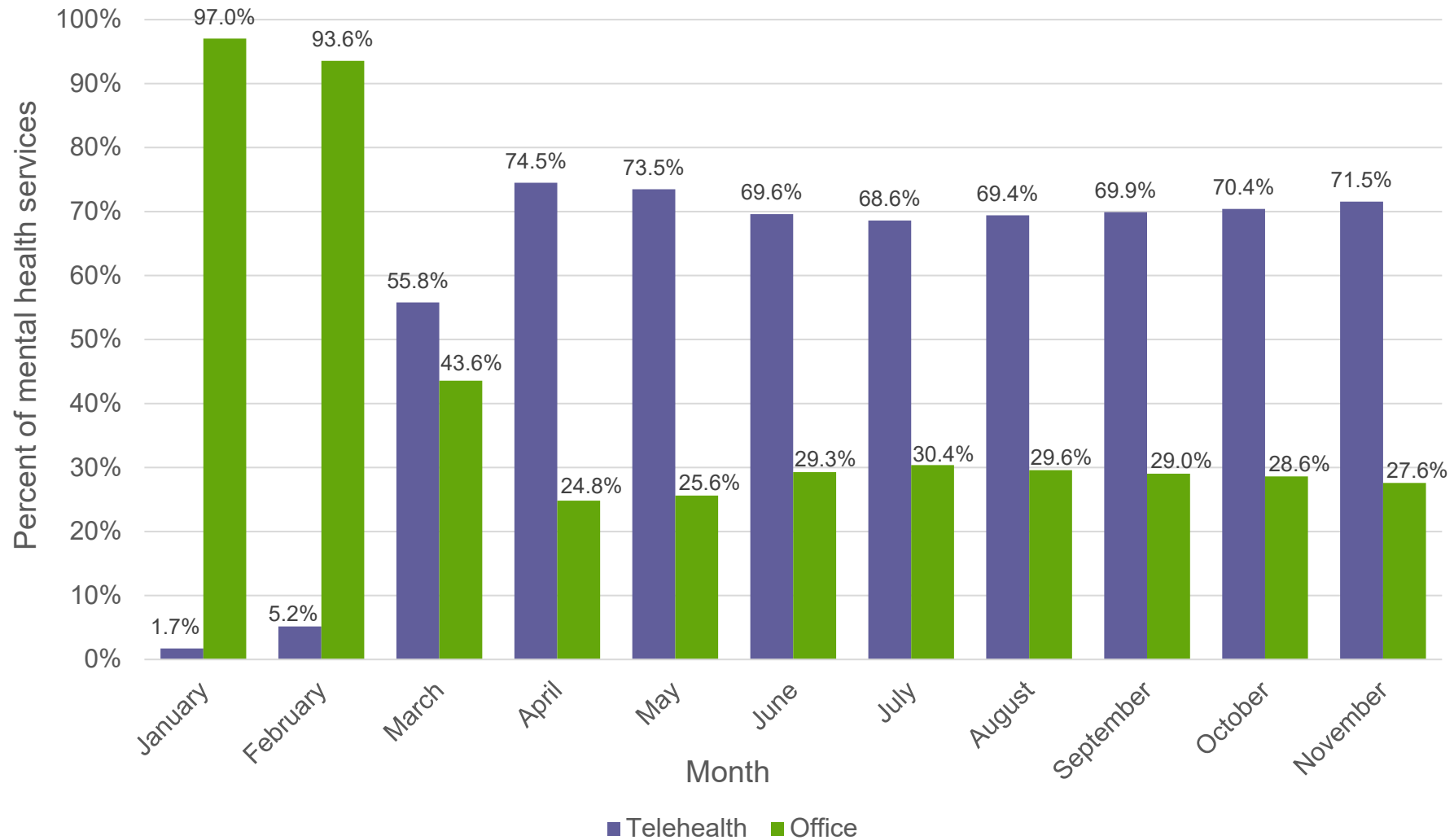
Top Mental Health Diagnoses via Telehealth in the Northeast, 13 to 18 Years of Age, 2020



Mental Health Services – Telehealth vs. Office, Northeast, 13 to 18 Years of Age, 2020



Mental Health Services – Telehealth vs. Office, Northeast, 19 to 22 Years of Age, 2020



Questions/Discussion



Robin Gelburd
President
rgelburd@fairhealth.org

**For more information, contact
855-301-FAIR (3247) or info@fairhealth.org.**



Shabana Khan, MD

Director of Telepsychiatry for the Department of
Child and Adolescent Psychiatry
NYU Langone Health

Youth Mental Health Initiative

Ending the Silence

NAMI Basics

Parent Match

Parent of Children & Adolescents Support Group

HELPLINE: 212-684-3264 or helpline@naminyc.org

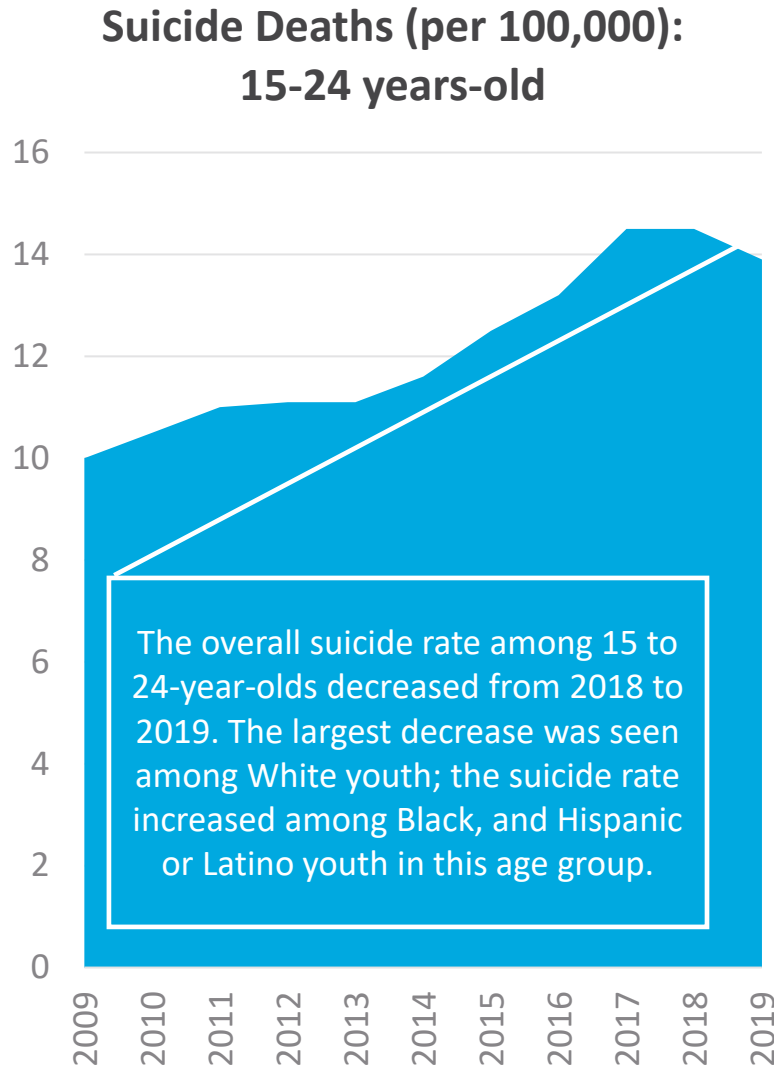


The Jed Foundation

THE JED FOUNDATION

John MacPhee, Executive Director and CEO

The Problem: Rising teen and young adult mental health challenges and suicide risk



Young adulthood is a time of growth, learning and exploration. Yet, for an increasing number, transitioning into adulthood can be a time of significant change and intense challenges:

- One in four young adults experienced a mental illness in 2019, over a 42% increase since 2011. More than half received no care.
- Suicide is the second leading cause of death among emerging adults with 17% of high school and 12% of college students having serious thoughts of suicide in 2018. (SAMHSA)
- Over 40% of all youth deaths (ages 13 to 30) are by suicide or accidental poisoning (overdose).
- LGBTQ+ youth, youth from low-income households, BIPOC youth, international students, first-generation students, and other potentially marginalized populations, experience additional mental health stressors that can place them at incremental risk for adverse outcomes. (Various sources; available upon request)

The Problem: Most high schools, colleges and universities do not have a Comprehensive Plan for protecting student mental health

Among 247 colleges and universities surveyed by JED between 2014 and 2020, **many were not implementing recommended practices for protecting student mental health and reducing risks for suicide.** Examples include:

86% did not have . . .	a written strategic plan guiding mental health programming
At 51% of schools . . .	student mental health is not seen as a campus wide issue with significant involvement from multiple campus departments
44% did not have . . .	a task force overseeing student mental health strategy and programming
41% did not have . . .	a well-publicized amnesty policy
43% did not . . .	ask incoming students to provide health histories
39% did not have . . .	a postvention protocol to address tragedies should they occur
70% did not have . . .	messaging campaigns educating students about the dangers of opiates
57% never . . .	conducted an environmental scan of campus for potential deadly means

And according to the National Association of Secondary School Principals, **most high schools do not have comprehensive mental health support services and suicide prevention programs.**

This is where JED comes in.

The Jed Foundation: Mission and vision

Mission: The Jed Foundation protects emotional health and prevents suicide for our nation's teens and young adults.

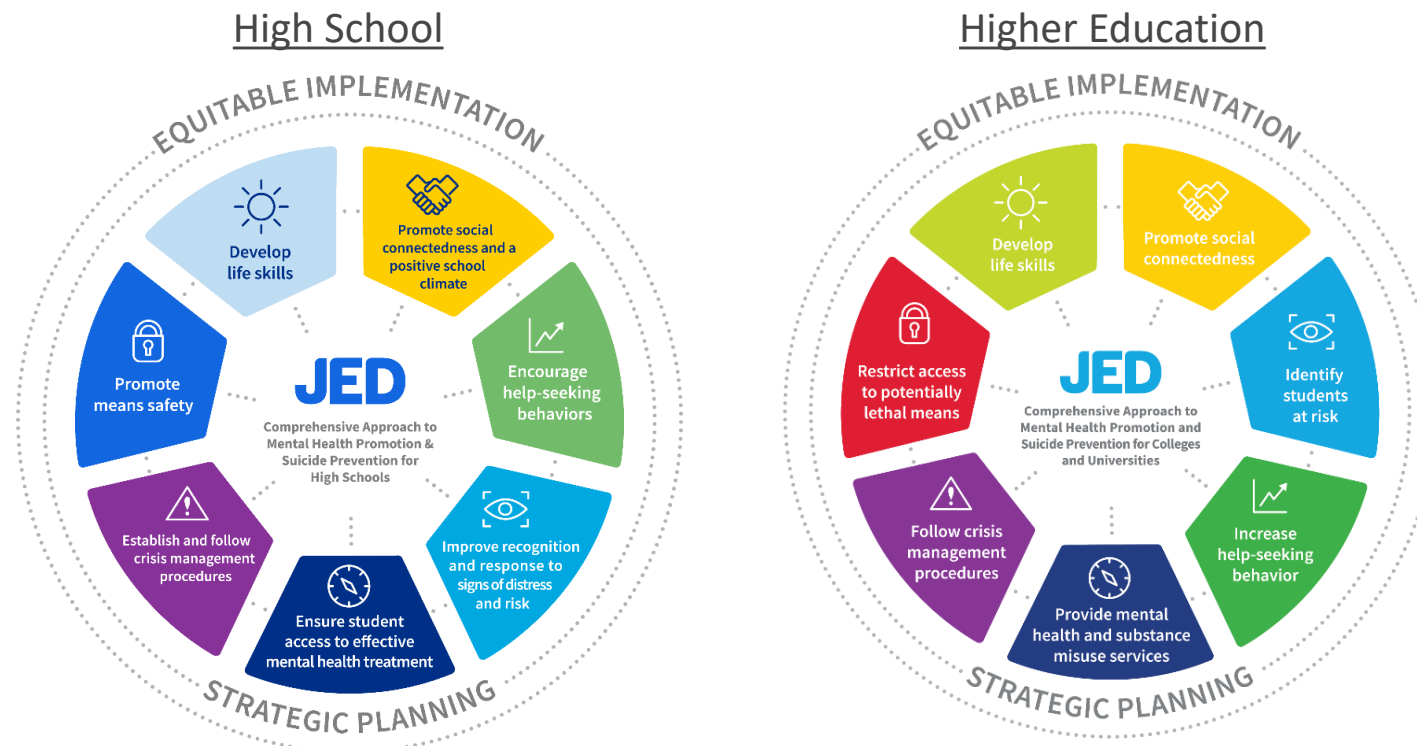
Vision: At JED, we envision a future where:

1. All teens and young adults are supported and equipped to navigate mental health challenges, to seek and give help, and emotionally prepared to enter adulthood and fulfill their potential.
2. Every high school and college has a comprehensive system that supports and improves emotional health and reduces the risks of mental health challenges, substance misuse and suicide.
3. Our families, larger social groups and community systems demonstrably support the emotional well-being and mental health of teens and young adults.
4. Mental health is recognized as part of general health and wellness and is not associated with shame, secrecy, uncertainty or prejudice.

JED's Impact Framework: Comprehensive Approach to Mental Health Promotion & Suicide Prevention

JED's programs are grounded in our Comprehensive Approach to Mental Health Promotion and Suicide Prevention. This evidence-based model describes the actions that schools should take to increase protective factors for mental health and wellbeing, and to reduce risk factors for substance misuse and suicide. We use it to assess efforts currently being made by schools, identifying existing strengths and areas for improvement. See [here](#) for a detailed overview of the research behind our Comprehensive Approach. See [here](#) for a general overview of the research and examples of college campus programming within our Comprehensive Approach.

JED's Comprehensive Approach is consistent with recommendations from [the Suicide Prevention Resource Center](#), [CDC](#), [National Academies of Sciences](#), [New York State](#), [American Council on Education](#), and [Mental Health Technology Transfer Center Network Coordinating Office and the National Center for School Mental Health](#), among others.

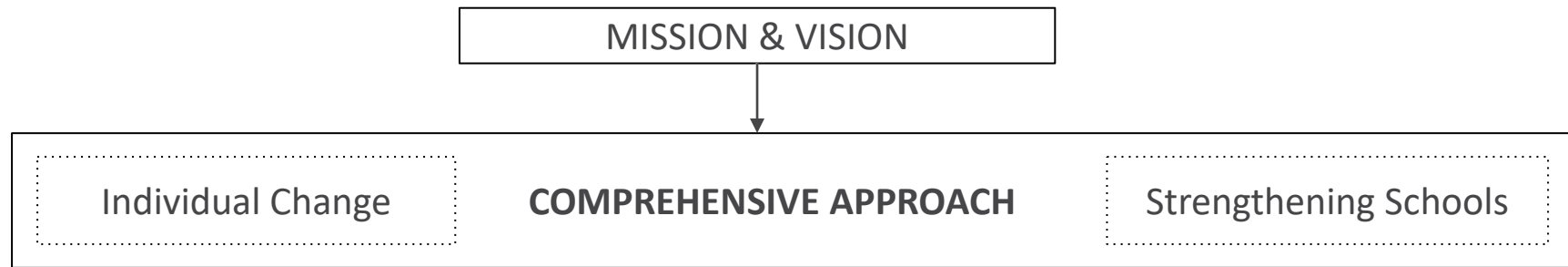


The Comprehensive Approach is about creating a culture of caring – a mental health safety net under and around students

This image, created by students at Virginia Commonwealth University, captures the concept that **implementing a Comprehensive Approach to Mental Health Promotion and Suicide Prevention is about creating a “culture of caring.”**



The Jed Foundation: Key Initiatives and resources



Campaigns to strengthen attitudes & behaviors:

- [Seize the Awkward](#)
- [JED Voices](#)

Educational resources & curricula:

- [JED Mental Health Resource Center](#)
- Community Workshops
- [“You Can Help” trainings](#)

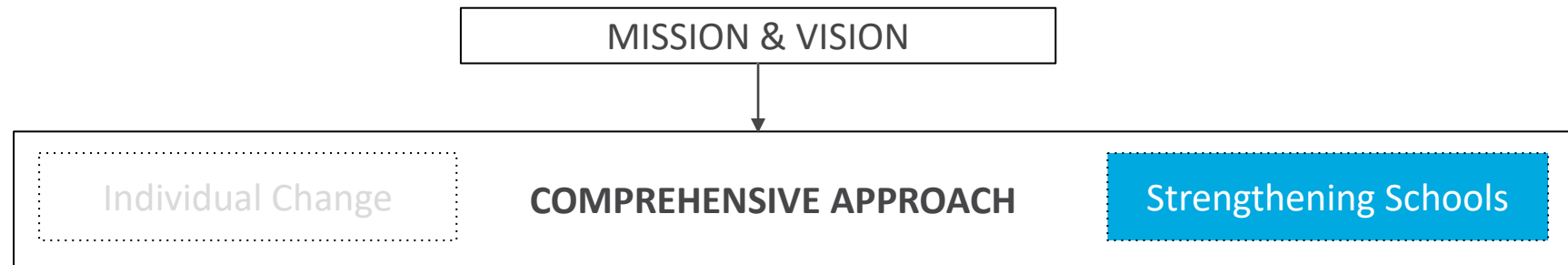
Guidance and education to school and mental health professionals:

- [Comprehensive Approach](#)
- [Equity in Mental Health Framework](#)
- Numerous other guidance and trainings

Partnership with high schools, colleges and universities to assess and strengthen mental health and suicide prevention approaches:

- [JED High School](#)
- [JED Campus and JED Fundamentals](#)
- [Acute advising to schools](#)

Strengthening Schools: Creating school system change in mental health promotion and suicide prevention through JED Campus & JED High School



JED High School (launched 2020) and JED Campus (launched 2014) are national initiatives that help high schools and colleges implement a Comprehensive Approach. JED partners with a school to:



- Establish student mental health as a priority
- Form a school leadership team, including students, to oversee mental health and suicide prevention planning
- Survey students to understand their baseline mental health and perceptions about school supports
- Assess current programs, policies & systems for mental health and suicide prevention
- Provide a feedback report and assist the school in developing a strategic plan for improvement
- Provide ongoing technical assistance and support as the school implements the plan
- Provide access for the school to participate in JED's Learning Community
- At the conclusion of the program, repeat the assessments to track progress and identify ongoing areas of focus; and develop a sustainability plan
- Provide ongoing supports and Learning Community for the school when they become "alumni"

Talkspace: leading virtual mental health care for 10 years

We support 2MM+ members and 40MM lives covered



- Adults
- Teens
- Couples
- Employers
- Schools
- Health plans

We provide Convenient and private quality care

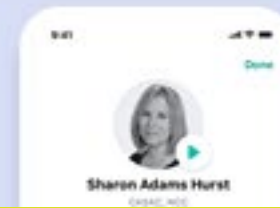
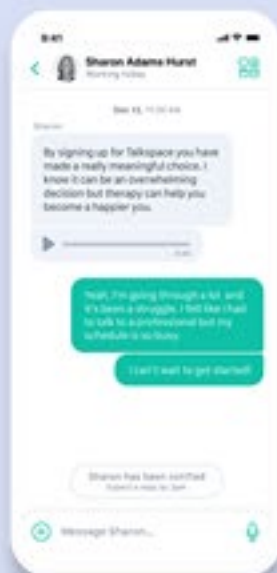
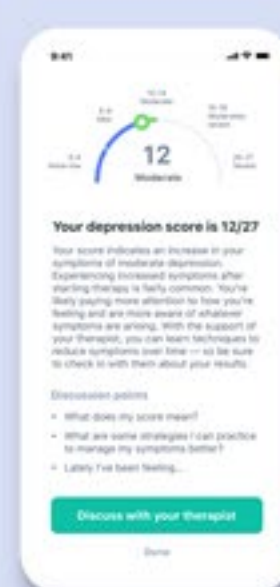


- Therapy
- Medication
- Assessment
- Self-help tools
- Education
- Reporting

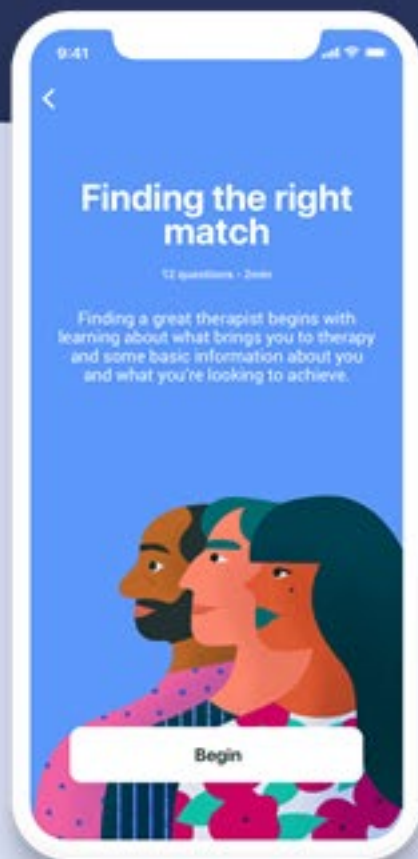
We are A safe, proven and dynamic solution



- Multi-modality
- Managed network
- Published research
- HIPAA-compliant
- SOC-2-compliant
- Bank-grade security



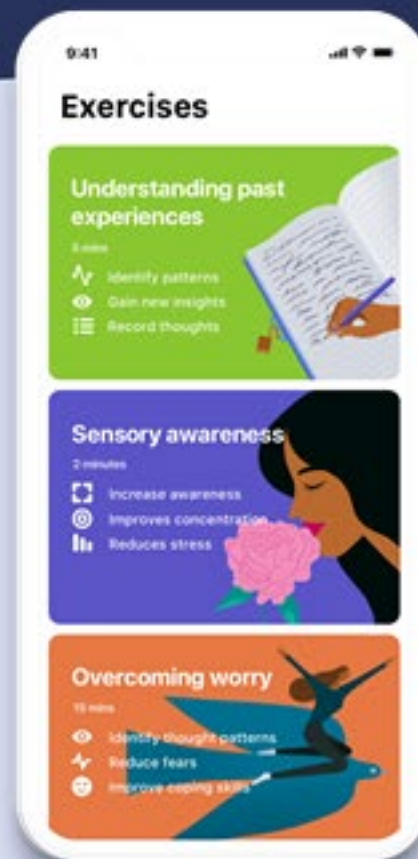
How we provide comprehensive mental health support for employees and their dependents



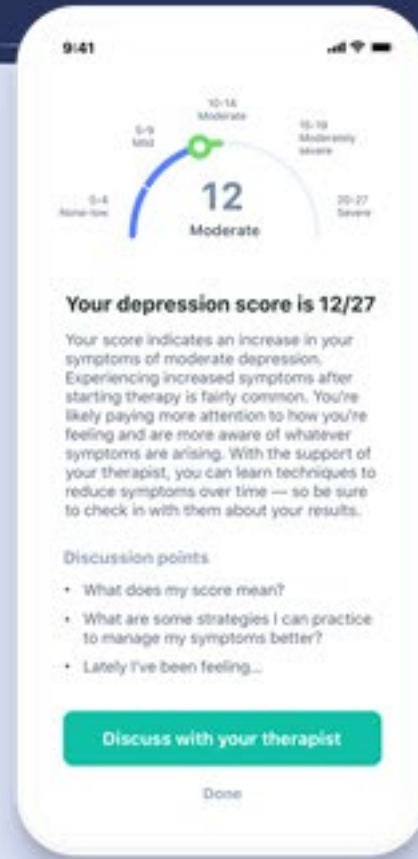
Matching



Member Experience



Support Plan

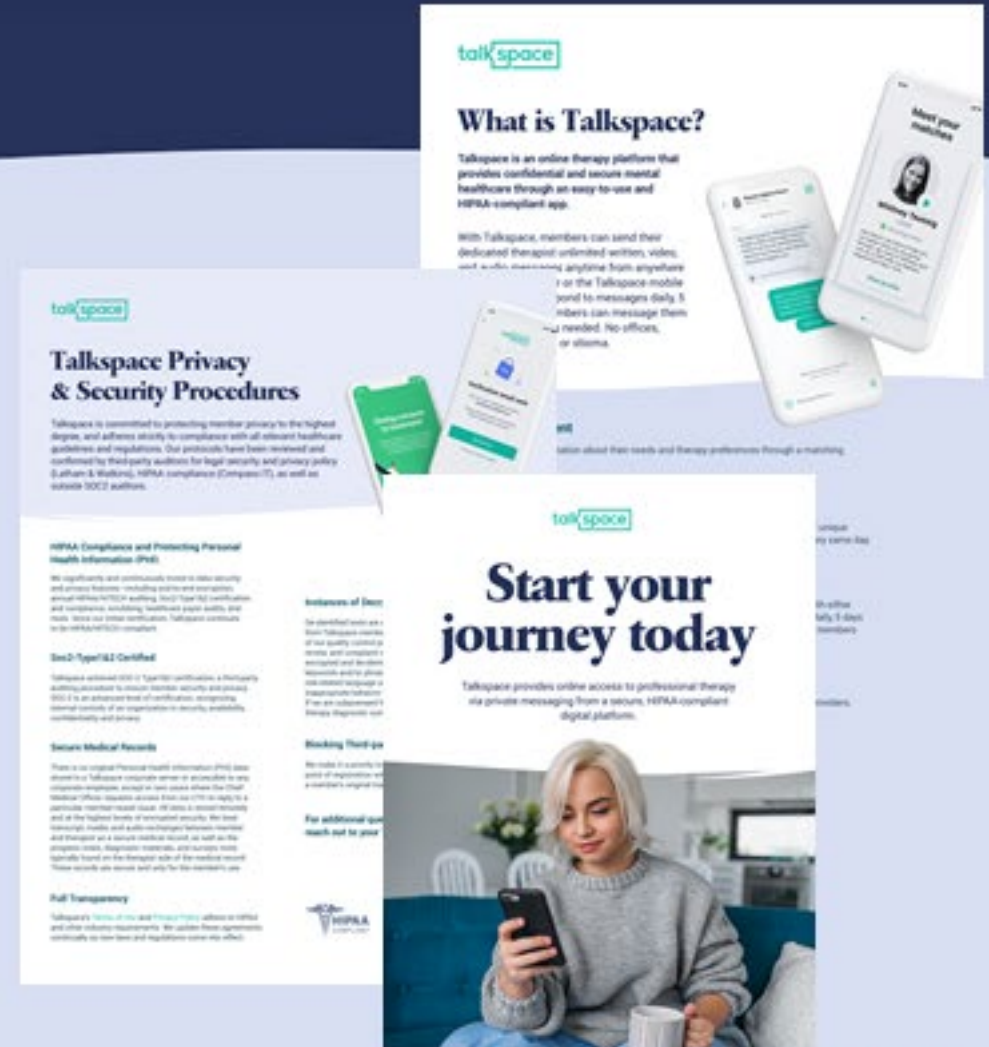


Outcomes

Employee and dependent resources, personalized toward organizational needs

Driving utilization and education

- Marketing materials at no cost
- Targeted educational material based on employee population
 - Dependent and adolescent resources created by request
- Dedicated landing pages for all employee groups and dependents



Dependent usage is impacted by access to technology and willingness to participate without parental support

Dependent usage is highest in the 18+, young adult age range, rather than children 13-17 years old

Patterns of usage are highly impacted by industry

- Industrial workers have the highest dependent usage than other industries
- Unions and member organizations have higher dependent usage than employee usage

>90%

of employer plans offer
Talkspace to employee
dependents over the age of 13



Have a question? Use the Q&A box!

Follow NEBGH:



Upcoming NEBGH virtual events:

- **May 3:** NEBGH Medical Director's Weekly Monday COVID-19 Update
- **May 5:** Benefits Communications: Lessons from a Purpose-Driven Ad Agency
- **Jun. 10/17:** Where Do We Go From Here? Employee Health & Wellbeing for a New Era