



InsureKidsNow.gov



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

Webinar:
May 4, 2022
3:00 – 4:00 p.m. ET

Agenda

- **Medicaid and CHIP Data Snapshot**
 - Kim Proctor, Technical Director, Data and Systems Group, Centers for Medicare & Medicaid Services
- **The State of Adolescent Mental Health in the U.S.**
 - Kathleen Ethier, PhD, Director, Division of Adolescent and School Health, Centers for Disease Control and Prevention
- **Sound the Alarm: Update from Children's Hospital Association**
 - Gillian Ray, Vice President, External Relations, Children's Hospital Association
- **Blueprint for Youth Suicide Prevention**
 - Julie Gorzkowski, MSW, Director, Adolescent Health Promotion, American Academy of Pediatrics
- **Connecting Kids to Coverage National Campaign Resources**
 - Helen Gaynor, MPH, Connecting Kids to Coverage National Campaign
- **Questions and Answers**

CMS Behavioral Health Strategy

- 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.
- Strategy transforms and addresses the mental health challenges that have been exacerbated by the COVID-19 pandemic; focus on youth mental health and crisis intervention/suicide prevention.

- Review the Strategic Plan, fact sheet and other resources at www.cms.gov/About-CMS/Story-Page/behavioral-health



Medicaid and CHIP Data Snapshot



Kim Proctor

Technical Director, Data and Systems Group
Centers for Medicare & Medicaid Services





Medicaid and CHIP and the COVID-19 Public Health Emergency



***Preliminary Medicaid and
CHIP Data Snapshot***

Services through August 31, 2021

State variation in other services claims lag

Claims Lag: Use caution when interpreting the data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay, or “claims lag,” between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. For Medicaid and CHIP data, no claims are submitted to CMS in the same month the service was delivered.

Other Services file: The Other Services file contains outpatient facility claims and professional claims. This includes, but is not limited to physician services, outpatient hospital services, dental services, other physician services (e.g., chiropractors, podiatrists, psychologists, optometrists, etc.), clinic services, laboratory services, X-ray services, sterilizations, home health services, personal support services, and managed care capitation payments. Historically, 90% of both FFS claims and encounter records in this file are submitted within 6 months. There is significant variation across states in terms of claims submissions. Some states submit 90% of all other services claims within only 3 months, while other states take nearly a year.

Percent of Medicaid and CHIP Other Services claims received by months after service was delivered (based on March 2018 service date)					
Months after service	1	3	6	9	12
Fastest claims submission, Other Services claims %					
Colorado	58.0	91.6^	97.0^	98.6^	99.3^
Nebraska	49.7*	90.9^	96.4^	98.4^	99.2^
South Dakota	40.3*	92.8^	98.4^	99.5^	99.8^
Arkansas	39.2*	87.8	96.1^	97.6^	98.3^
Longest claims submission, Other Services claims %					
Puerto Rico	1.1*	87.7	99.2^	99.6^	99.8^
Missouri	2.9*	79.7	90.0^	92.5^	93.4^
Illinois	4.9*	48.7*	74.2	86.8	93.2^
Hawaii	5.0*	76.6	89.7	94.1^	95.7^

*Less than 50 percent of claims submitted.

^Greater than 90 percent of claims submitted.

Medicaid and CHIP cover more than 4 in 10 children nationally and provide critical services

- Medicaid and CHIP covered nearly 48 million children during the COVID-19 Public Health Emergency (PHE) between March 2020 and August 2021
- The programs cover three quarters of children living in poverty¹
- Approximately four in ten children covered under the programs have a special health care need²

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

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

Mental health and substance use disorder (SUD) care in Medicaid and CHIP

- Medicaid is the largest payer for behavioral health services, including both mental health and SUD services, in the US.¹
- Individuals suffering from mental health conditions or SUD face many challenges accessing care and often do not seek treatment.^{2,3}
- As of 2019, nearly a quarter of adult Medicaid and CHIP beneficiaries received mental health or SUD services. Nearly four times as many beneficiaries received mental health services as compared to SUD services.⁴

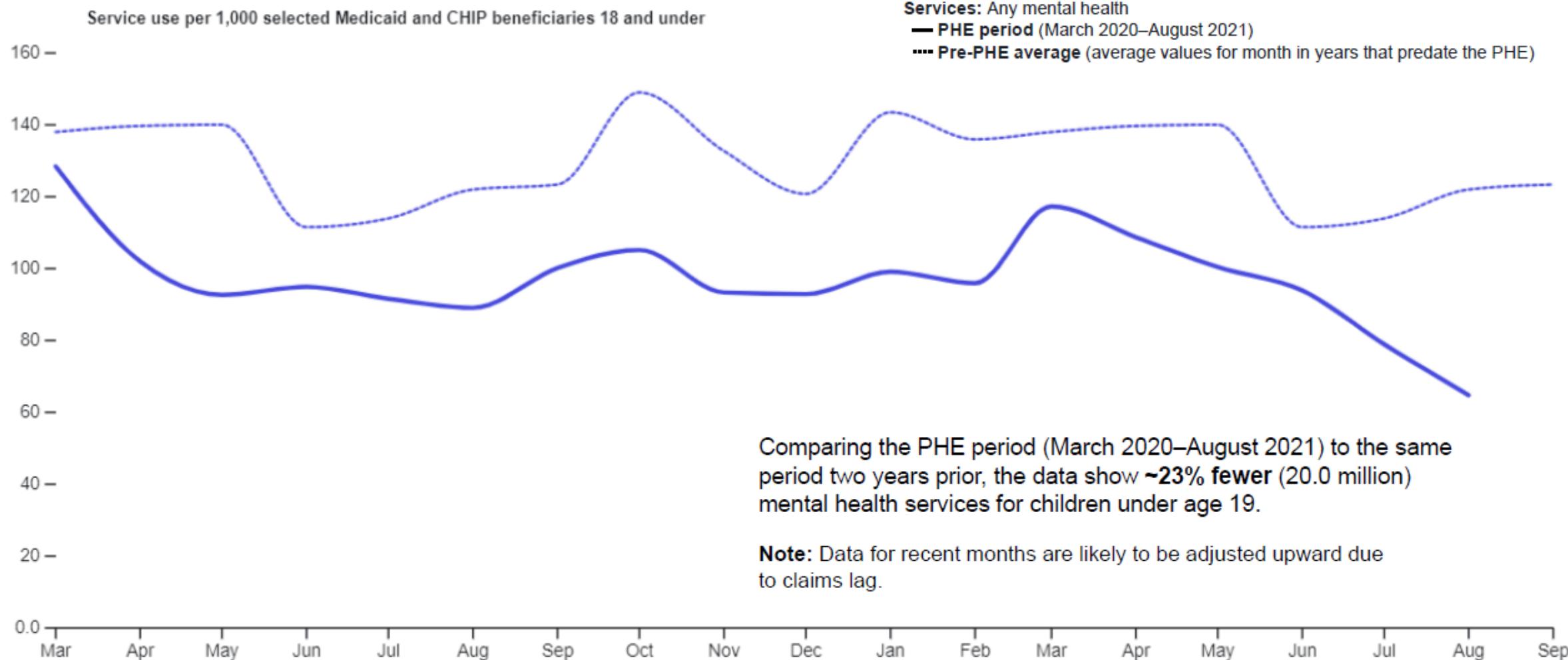
1. Nardone, M., Snyder, S., and Paradise, J. "Integrating Physical and Behavioral Health Care: Promising Medicaid Models." Menlo Park, CA: The Kaiser Commission on Medicaid and the Uninsured, 2014. Available at <https://www.kff.org/wp-content/uploads/2014/02/8553-integrating-physical-and-behavioral-health-care-promising-medicaid-models.pdf>.

2. Medicaid and CHIP Payment and Access Commission. "Chapter 2: Medicaid and the Opioid Epidemic." In *June 2017 Report to Congress on Medicaid and CHIP*. Washington, DC: MACPAC, 2017. Available at <https://www.macpac.gov/wp-content/uploads/2017/06/June-2017-Report-to-Congress-on-Medicaid-and-CHIP.pdf>. Accessed October 19, 2020.

3. Mojtabai, R., Olfson, M., Sampson, N. A., Jin, R., Druss, B., Wang, P. S., ... & Kessler, R. C. (2011). Barriers to mental health treatment: results from the National Comorbidity Survey Replication (NCS-R). *Psychological medicine*, 41(8), 1751.

4. Mathematica analysis of 2019 TAF data. October 2020.

Preliminary data show the rate of mental health services for children under age 19 declined starting in March 2020 and continue to be lower than prior years' levels through August 2021



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v6 in DataConnect using final action claims. They are based on October T-MSIS submissions with services through the end of September. Recent dates of service have very little time for claims runout, and we expect large changes in the results after each monthly update. Because data for September are incomplete, results are only presented through August 31, 2021. The PHE period includes data for March 2020 through August 2021. The pre-PHE average is the average of all values for that month in the years that predate the PHE, including data from January 2018 through February 2020.

Questions?



Kim Proctor

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National Center for HIV, Viral Hepatitis, STD, and TB Prevention

Assessing the Effects of the Pandemic on Adolescent Mental Health

Kathleen Ethier, PhD
Director, Division of Adolescent and School Health
May 4, 2022



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Adolescent Mental Health Was Moving in the Wrong Direction Before the Pandemic



New CDC Data Reveal the Magnitude of Adolescents' Challenges During the Pandemic



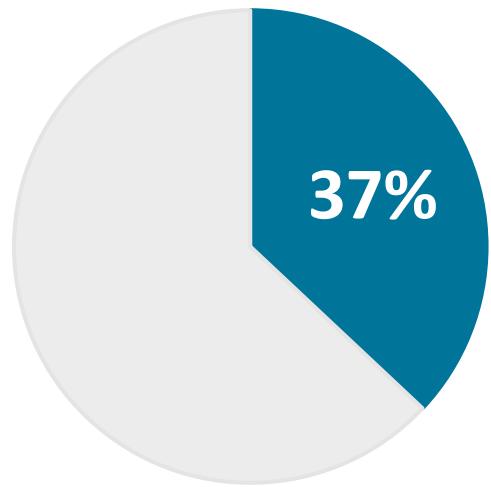
- CDC developed the Adolescent Behaviors and Experiences Survey following school building closures in 2020.
 - Online survey
 - Nationally representative
 - Assesses the impact of the pandemic on adolescent health and well-being



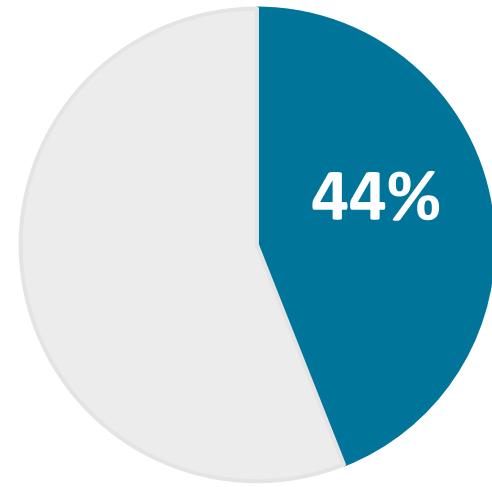
Adolescents Are Now Experiencing a Mental Health Crisis



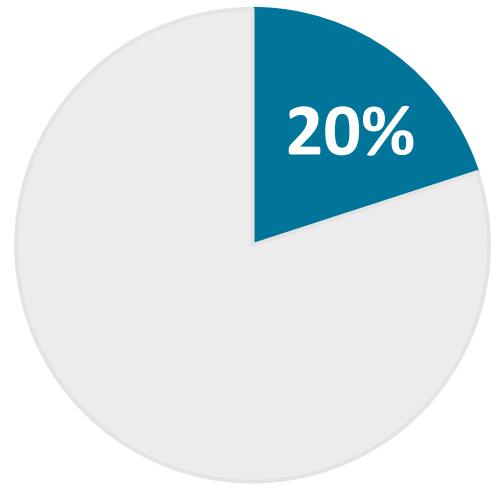
More than 1 in 3 had **poor mental health during the pandemic**



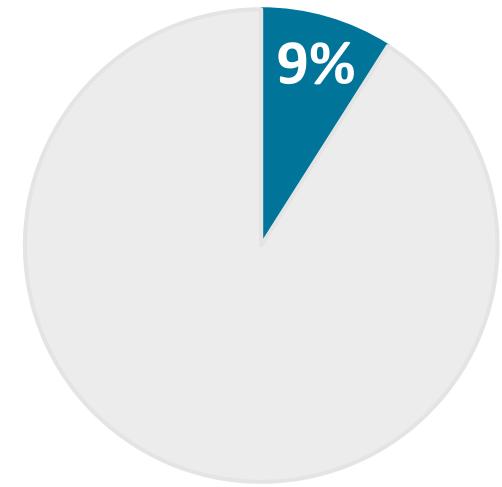
Nearly half **felt persistently sad or hopeless** in the past year



2 in 10 **seriously considered suicide** in the past year



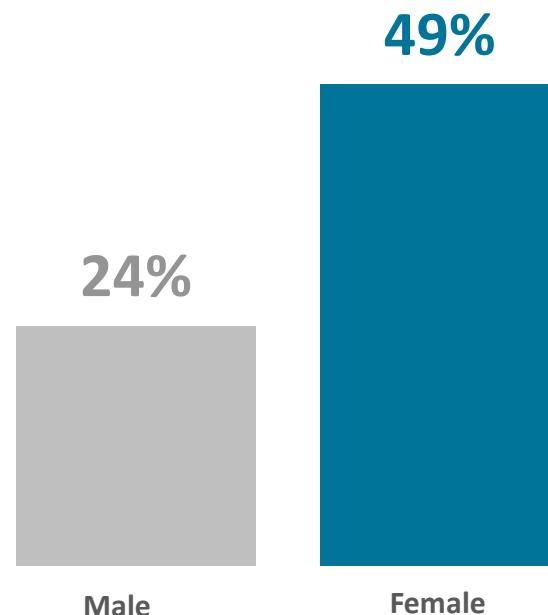
1 in 10 **attempted suicide** in the past year



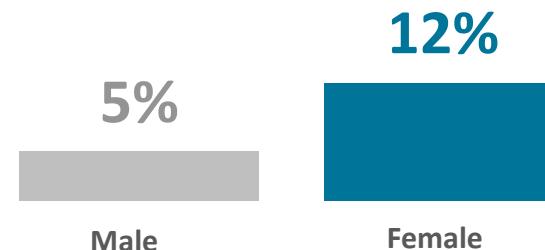
Female Students Are More Likely to Experience Poor Mental Health and Suicidality



Female students were **2x** as likely to experience poor mental health during the pandemic.



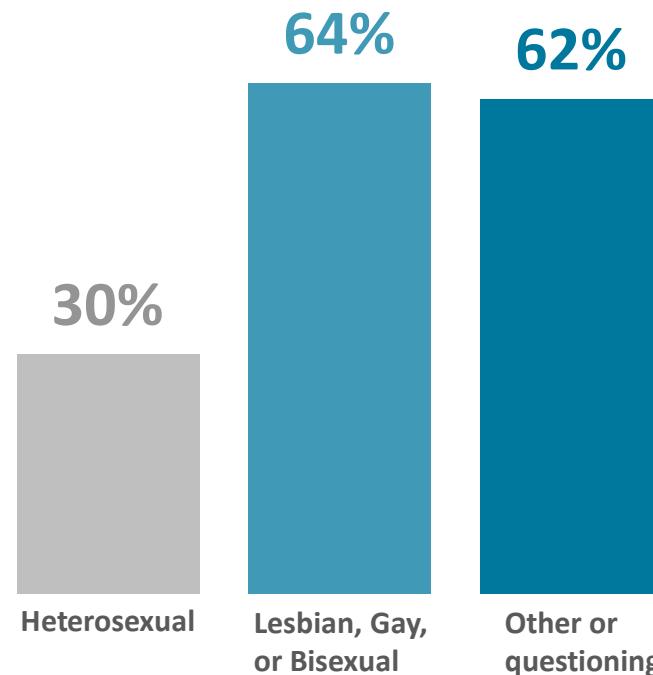
Female students were more than **2x** as likely to have attempted suicide in the past year.



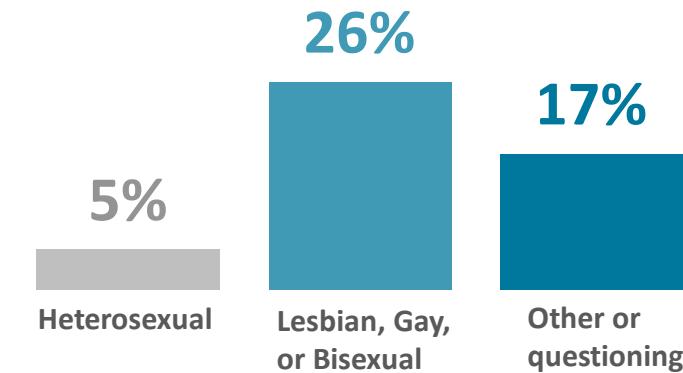
LGBTQ Students Are More Likely to Experience Poor Mental Health and Suicidality



LGBTQ students were more than 2x as likely to experience poor mental health during the pandemic.



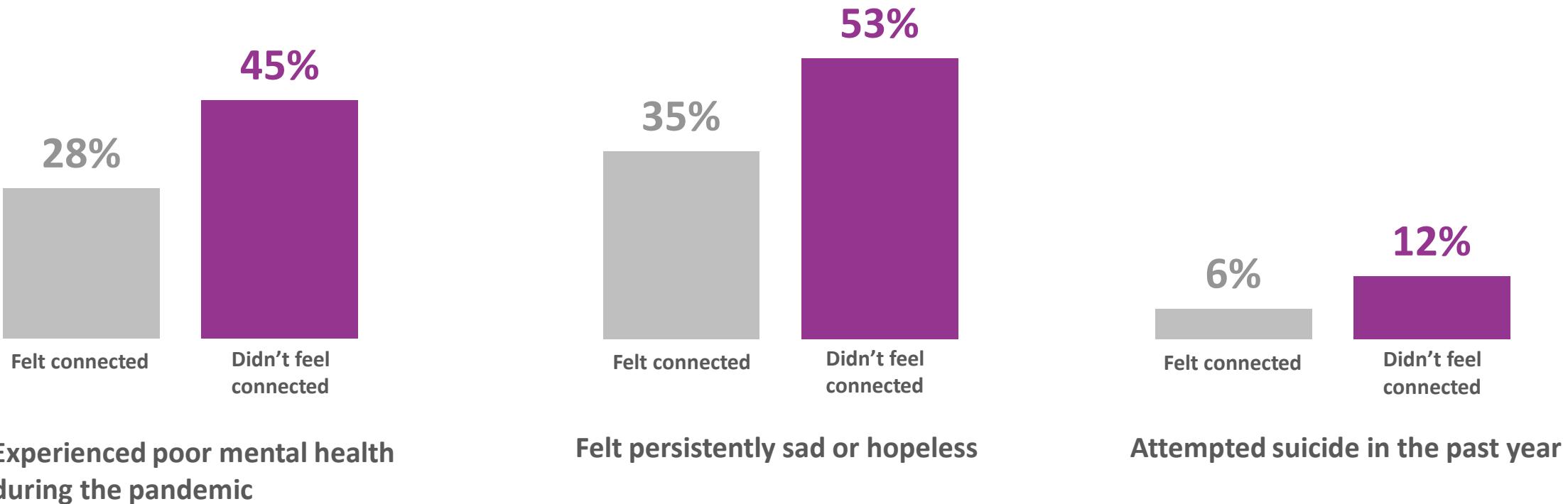
LGBTQ students were more than 3x as likely to have attempted suicide in the past year.



The Power of School Connectedness Is Clear



Students who **didn't feel close to people at school** had higher levels of poor mental health and suicide-related behaviors.



Schools Play a Critical Role in Promoting the Health and Well-being of Adolescents

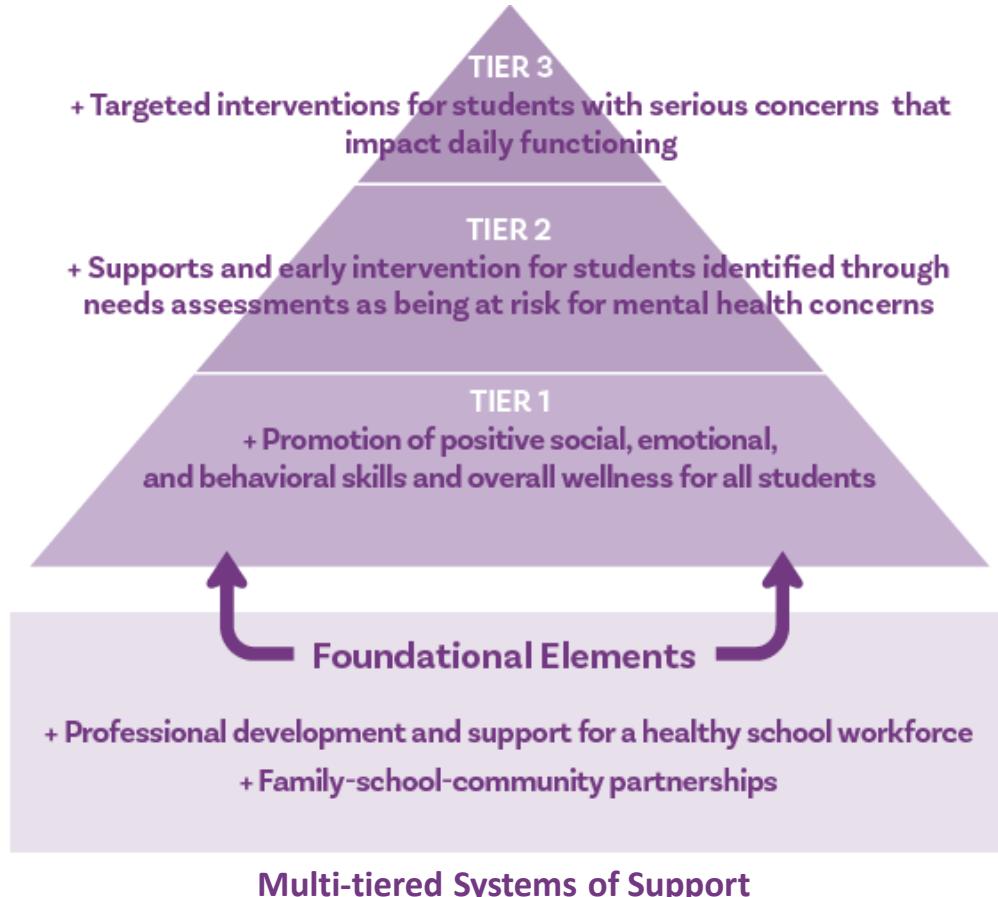
**56 million U.S.
students attend K-12
school**

**95% of youth ages 7-17
attend school**

Youth spend at least
6 hours a day in school

15% of high school
students receive mental
health services in an
educational setting

Supporting Students in Schools



- **Tertiary Prevention:** Supports students with diagnosed mental health condition
- **Secondary Prevention:** Supports students who are at increased risk
- **Primary Prevention:** Supports all students

How Can Communities and Providers Support Youth and Families?



- **Strengthen connections between schools and community sources of care**
 - Develop and maintain relationships
 - Define roles
 - Coordinate resources and strategies to supplement school-based care
 - Champion the role of schools in supporting students' mental health



[Supporting Mental Health in Schools](#)

Thank You



For More Information



- Web: www.cdc.gov/healthyyouth
- Twitter: @CDC_DASH
- E-mail: nccddashinfo@cdc.gov
- Telephone: 1-800-CDC-INFO (1-800-232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Sound the Alarm:

Update from Children's Hospital Association

Gillian Ray, Vice President, External Relations
May 4, 2022



Sound the Alarm for Kids

A joint advocacy initiative by Children's Hospital Association, the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry

Launched on Oct. 19, 2021

Declared a National Emergency for Children's Mental Health



CHILDREN'S
HOSPITAL
ASSOCIATION

American
Academy of
Pediatrics



AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

**SOUND THE
ALARM
FOR KIDS**

Sound the Alarm for Kids

What is Sound the Alarm for Kids' Role?

- Raise awareness of the emergency in child and adolescent mental health.
- Amplify our expert partners' voices.
- Provide opportunities for collective engagement.
- Elevate the unique needs of kids in mental health policy discussions.



The American kids' mental health crisis is a national emergency.

Partner Organizations

- American Academy of Family Physicians
- AIDS Alliance for Women, Infants, Children, Youth & Families
- American Foundation for Suicide Prevention
- American Hospital Association
- American Mental Health Counselors Association
- American Muslim Health Professionals (AMHP)
- American Psychiatric Association
- American Psychological Association
- America's Essential Hospitals
- Association of Children's Residential & Community services (ACRC)
- Catholic Health Association
- Center for Law and Social Policy (CLASP)
- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
- Children's Defense Fund
- Child Welfare League of America
- Clinical Social Work Association
- Eating Disorders Coalition for Research, Policy & Action
- Exceptional Families of the Military
- Family Voices
- Federation of American Hospitals
- First Focus on Children
- Global Alliance for Behavioral Health & Social Justice
- International Society of Psychiatric Mental Health Nurses
- Juvenile Protection Association (JPA)
- National Alliance on Mental Illness (NAMI)
- The National Alliance to Advance Adolescent Health
- National Association for Behavioral Healthcare
- National Association for Children's Behavioral Health
- National Association for Rural Mental Health
- National Association of County Behavioral Health and Developmental Disability Directors
- National Association of Pediatric Nurse Practitioners
- National Association of School Psychologists
- National Association of State Mental Health Program Directors
- National Council for Mental Wellbeing
- National Latinx Psychological Association
- National League for Nursing
- National Military Family Association
- Psychotherapy Action Network (PsiAN)
- REDC Consortium
- RI International, Inc.
- Sandy Hook Promise
- School-Based Health Alliance
- School Social Work Association of America
- Social Current
- Society for the Prevention of Teen Suicide
- Society of Adolescent Health and Medicine
- The Barry Robinson Center
- The Jed Foundation
- The Kennedy Forum
- The Trevor Project
- Tricare for Kids Coalition
- Trust for America's Health
- United Way Worldwide
- WellSpan Health
- Youth Villages

Policy Principles

- Sound the Alarm for Kids seeks to raise awareness of the national emergency in **child and adolescent mental health**.
- We support policies which promote social and emotional health for children from infancy through adolescence and enhance their access to **culturally and developmentally appropriate mental health care when they need it**.
- As partners, we **stand together** to call for bold action to meet the challenges of this crisis and build a future where all children can receive the mental health support they need to learn, grow and thrive.

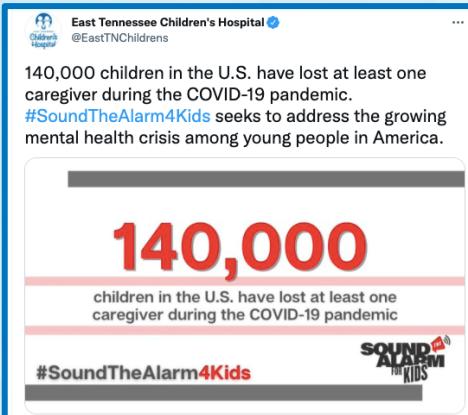
Sound the Alarm for Kids Website



Content available in English and Spanish

Message Amplification

Social Media @SoundAlarmforKids



Online Advocacy Centers

UCSF

About Patient Care Research Education News & Media

Urge Congress to Prioritize Pediatric Mental Health

Our children and teens are facing a mental health crisis and desperately need help. Join UCSF Benioff Children's Hospitals and the Children's Hospital Association and urge Congress to declare a national emergency and fund children's mental and behavioral health services now. Take action using this customizable email template:

Send an email to your officials with one click!

Title: Title

Your full name:

Street address:

Op-Eds

The Philadelphia Inquirer

Children's mental health is a pandemic crisis that needs immediate solutions, CHOP's psychiatry chief says

Media Highlights

Pediatricians and psychiatrists declare a national emergency in youth mental health. 



Children's mental health crisis a 'national emergency,' pediatric groups declare

Pediatricians say the mental health crisis among kids has become a national emergency

The New York Times



POLITICO

PROVIDERS LAUNCH KIDS' MENTAL HEALTH CAMPAIGN

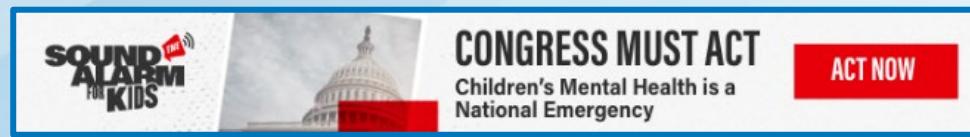
Pediatric groups declare national emergency over children's mental health

THE HILL

BECKER'S
HOSPITAL REVIEW

Medical organizations declare children's mental health crisis

Digital Ads



POLITICO

The Washington Post

wtop
news 103.5 FM
WTOP.COM

3.98M+ impressions in less than two months

Roundtable Series Spotlighting the National Emergency in Child and Adolescent Health

March: Congressional Black Caucus

Find recording at childrenshospitals.org under Education

April: Congressional Hispanic Caucus

May: Children's Health Care Caucus

In recognition of Mental Health Awareness Month, this roundtable will focus on patient voices

June: Equality Caucus

CHA's Speak Now For Kids Mental Health Awareness Month

SPEAK NOW
FOR KIDS

RESOURCES

CONTACT US

SHARE YOUR STORY

STORY GALLERY



Claire R

Le Bonheur Children's Hospital

Comments (0) | [ADD YOUR REPLY](#)



Kim P

Children's Specialized Hospital

Comments (0) | [ADD YOUR REPLY](#)

SpeakNowforKids.org

@SpeakNowforKids



Thank you!

Gillian Ray
Gillian.Ray@childrenshospitals.org

Children's Hospital Association
600 13th St., NW | Suite 500 | Washington, DC 20005 | 202-753-5500
16011 College Blvd. | Suite 250 | Lenexa, KS 66219 | 913-262-1436
www.childrenshospitals.org

BLUEPRINT FOR YOUTH SUICIDE PREVENTION

Julie Gorzkowski, MSW
Director, Adolescent Health Promotion
American Academy of Pediatrics

American Academy
of Pediatrics



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American Academy of Pediatrics
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Blueprint for Youth Suicide Prevention

Home / Blueprint for Youth Suicide Prevention



Suicide and suicidal behavior among youth and young adults is a major public health crisis. Suicide is the 2nd leading cause of death among people 10-24 years of age in the United States (US), and rates have been rising for decades.

The American Academy of Pediatrics (AAP) and American Foundation for Suicide Prevention (AFSP), in collaboration with experts from the National Institute of Mental Health (NIMH), created this Blueprint for Youth Suicide Prevention as an educational resource to support pediatric health clinicians and other health professionals in identifying strategies and key partnerships to support youth at risk for suicide.

Youth Suicide Prevention: A Call to Action

www.aap.org/suicideprevention



American
Foundation
for Suicide
Prevention

SUICIDE RISK AMONG YOUTH

- Suicide is 2nd leading cause of death in youth ages 10-24¹
- Suicide rates among youth have been rising for decades²
- Disparities in suicide risk and suicide rates³
- COVID-19 pandemic seems to have exacerbated this crisis:
 - Increase in youth suicidal ideation and attempts⁴
 - Increase in Emergency Department visits for pediatric mental health emergencies⁵
 - Risks may be increased for youth already at higher risk for suicide⁶
 - 1 in 3 adolescents reported poor MH during pandemic⁷



1. CDC. Suicide Prevention. www.cdc.gov/suicide/facts/index.html

2. National Vital Statistics Reports 2020. <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSER-69-11-508.pdf>

3. CDC WISQARS, 2018, www.cdc.gov/injury/wisqars/index.html

4. Hill RM et al. Suicide Ideation and Attempts in a Pediatric Emergency Department Before and During COVID-19. *Pediatrics*. March 2021

5. Leeb RT et al. Mental Health Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic—US January 1 – October 17 2020. *MMWR*. November 2020.

6. Silliman-Cohen RI et al. Vulnerable Youth and the COVID-19 Pandemic. *Pediatrics*. July 2020.

7. CDC Adolescent Behaviors and Experiences Survey 2022 <https://www.cdc.gov/healthyyouth/data/abes.htm>

CHILDREN'S MENTAL HEALTH IS A NATIONAL EMERGENCY

Advocacy

Blueprint for Children Advocacy Issues State Advocacy Focus Advocacy Resources

AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

[Home](#) / [Advocacy](#) / [Child and Adolescent Healthy Mental Development](#) / AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association:

As health professionals dedicated to the care of children and adolescents, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic. Children and families across our country have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.

This worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020. Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018 suicide was the second leading cause of death for youth ages 10-24. The pandemic has intensified this crisis: across the country we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies including suspected suicide attempts.

American Academy
of Pediatrics



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HHS.gov

FOR IMMEDIATE RELEASE
December 7, 2021

Contact: HHS Press Office
202-690-6343
media@hhs.gov

U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic

Today, U.S. Surgeon General Dr. Vivek Murthy issued a new Surgeon General's Advisory to highlight the urgent need to address the nation's youth mental health crisis. As the nation continues the work to protect the health and safety of America's youth during this pandemic with the pediatric vaccine push amid concerns of the emerging omicron variant, the U.S. Surgeon General's Advisory on Protecting Youth Mental Health outlines the pandemic's unprecedented impacts on the mental health of America's youth and families, as well as the mental health challenges that existed long before the pandemic.



American
Foundation
for Suicide
Prevention

YOUTH SUICIDE PREVENTION: CALL TO ACTION

We all have a role to play in supporting youth at risk for suicide.

- Children and adolescents live, learn, play, and seek care in many different settings.
- Cross-sectoral partnerships are critical to building a safety net for youth.

Schools, Colleges, and Universities	Community, Faith, or Parent Organizations	Sporting, Scouts, or Youth Groups	Medical Professionals or Groups	Juvenile Justice System	Child Welfare System	Lawmakers or Policy Organizations
						

BLUEPRINT FOR YOUTH SUICIDE PREVENTION

- Educational resource
- Designed for:
 - Clinicians, public health professionals, educators, advocates
- Strategies to support youth via:
 - Clinical pathways
 - Community partnerships
 - Policy and advocacy
- Co-authored by AAP and AFSP, in collaboration with experts from NIMH
- Endorsed by 18 medical/public health organizations

The screenshot shows the homepage of the American Academy of Pediatrics (AAP) website. At the top, the AAP logo and the tagline "DEDICATED TO THE HEALTH OF ALL CHILDREN®" are visible. A search bar with the placeholder "Search All AAP" is on the right. Below the header, a blue banner reads "Blueprint for Youth Suicide Prevention". Underneath the banner, there is a photograph of a young man sitting in a chair, looking down. To the right of the photo, a text box states: "Suicide and suicidal behavior among youth and young adults is a major public health crisis. Suicide is the 2nd leading cause of death among people 10-24 years of age in the United States (US), and rates have been rising for decades." Another text box below it says: "The American Academy of Pediatrics (AAP) and American Foundation for Suicide Prevention (AFSP), in collaboration with experts from the National Institute of Mental Health (NIMH), created this Blueprint for Youth Suicide Prevention as an educational resource to support pediatric health clinicians and other health professionals in identifying strategies and key partnerships to support youth at risk for suicide." At the bottom of the page, the text "Youth Suicide Prevention: A Call to Action" is visible.

www.aap.org/suicideprevention

American Academy
of Pediatrics



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Prevention

EVIDENCE-INFORMED SUICIDE PREVENTION STRATEGIES

- Increase access to mental health care, substance use programs
- Infuse evidence-based clinical pathways into healthcare
- Increase interpersonal connectedness
- Reduce access to lethal means
- Coping, problem solving skills, resilience
- Identify suicide risk and support youth who are struggling
- Focus on equity and lived experience
- Environmental, social, family, economic supports
- Postvention = Prevention

PROMOTING EQUITY IN SUICIDE PREVENTION

Identity on its own is not thought to lead to higher risk of suicide.

Rather, experiences of discrimination and inequities impact youth's development, mental health and risk for suicide.

We can promote equity in these ways:

- Educate clinical, school, community leaders about health disparities
- Differences in expression of distress between populations
- Provide examples such as those in Blueprint (school to prison pipeline)
- Promote trauma-informed approaches in schools/orgs/health systems
- Meaningful engagement of community members, lived experience

COMMUNITY AND SCHOOL PARTNERSHIPS

Practical Tips for Clinical-Community Partnerships

- Tools to support clinical-community partnerships to prevent youth suicide
 - Team-based, collaborative care models
 - Suicide prevention strategies for schools, universities, community organizations
 - Supporting youth in the juvenile justice system or child welfare system
 - Tips for making your voice heard at the community level
 - Promoting equity in suicide prevention efforts



www.aap.org/suicideprevention

EXAMPLES: COMMUNITY AND SCHOOL RESOURCES

Educational Programs and Community Resources:

- Links to evidence-based suicide prevention education programs
- Links to community-based mental health & suicide prevention resources, tailored for use with diverse populations and identities

www.aap.org/suicideprevention

American Academy
of Pediatrics



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Organizations with Community- and School-Based Suicide Prevention Programs & Resources

^

Partnering with organizations that have expertise in suicide prevention can be very beneficial to building youth suicide prevention efforts in your community.

A selection of organizations that provide programs and resources for community-based suicide prevention activities is listed below. Please note that this list is not intended to be exhaustive, and that inclusion of programs below should not be interpreted as official endorsement by AAP, AFSP, or NIMH.

National Hotlines for Immediate Support

[National Suicide Prevention Lifeline](#): 1(800)273-TALK; phone, chat, and text

[Veterans Crisis Line](#): 1(800)273-TALK; Press "1" for veterans or active-duty military

[Crisis Text Line](#): Text TALK to 741741 in US or Canada

[Trevor Project](#): Text START to 678-678 or call 1(866)488-7386 or [chat](#)

[Trans Lifeline](#): 1(877)565-8860 in US, 1(877)330-6366 in Canada

AAKOMA Project

- Organization focused on the emotional and behavioral health needs of youth and communities of color
- Youth can register for [free virtual therapy and participate in events](#)

Active Minds

- [Active Minds Chapters in Colleges & Universities](#)



American
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for Suicide
Prevention

TEMPLATE OUTREACH LETTER

American Academy
of Pediatrics

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Blueprint for Youth Suicide Prevention: Letters to the Editor

How to Send a Letter to an Editor

- Published letters are usually 150 - 250 words
- Call your local newspaper or look on their website for length limit and submission information; there often is a special email address specifically for submissions (eg, letters@newspaper.com)
- The draft below is about 150 words. You can make it your own by filling in personal information about why you are advocating for suicide prevention; be sure to stay within the length limit
- Be selective. Because letters are so short, choose 1 or 2 key messages. Including a data point can strengthen your position.
- Put the letter in the text of the email; do not send it as an attachment, or it will not be accepted
- Include your name, city or town, and daytime phone number (preferably cell phone) so a paper can verify information
- A newspaper may propose edits or cuts to shorten it; that is ok, as long as the message meaning is not altered

Letter to the Editor Template

Dear Editor,

«Customize your opener to reflect the priorities of your community»

[Open by explaining why the issue is important, eg: “After years of living with the COVID-19 pandemic, young people in our community are struggling with their mental health,” or “The current generation of youth in Smith County are facing unprecedented stressors impacting their day to day lives”]. Research shows that building resiliency and life skills, promoting connectedness, and encouraging help-seeking behaviors in adolescents and young adults supports overall well-being, helps them thrive, and protects their mental health.

Each of us can help support our young people by reaching out to those around us and checking in, asking “how are you, really?” and being available for a conversation by listening and showing support.

«Personalize your message with your story and action»

One action I’m taking this month is to [provide an example action here, eg: “speak to my local school board about steps they can take in preventing suicide,” or “implement a new training program at my clinical practice to ensure all staff know how to ask the right questions about suicide risk,”] in partnership with my local [doctor’s office, school or community or faith center].

«Close with a strong call to action for people in your community»

Together, we can help protect our children and ensure we are all doing our part to prioritize and practice good mental health just as we approach our physical health.

Sincerely,

[NAME]



American
Foundation
for Suicide
Prevention

GUIDING PRINCIPLE FOR YOUTH SUICIDE PREVENTION

- Suicide is complex and tragic. It can also be **preventable**.
- Efforts are needed to:
 - Support youth at immediate risk of suicide
 - Address upstream risk and protective factors
 - Promote equitable access to health and health care



KEY PRIORITIES FOR YOUTH SUICIDE PREVENTION

- Build the evidence base to address disparities in youth suicide
- Increase access to affordable, effective care for all youth
- Promote payment and insurance coverage for mental health services
- Build the mental and behavioral health workforce
- Address lethal means access to reduce suicide risk
- Address disparities in suicide risk via education and policy change
- Foster healthy mental development in children and adolescents
- Support children and adolescents in crisis



NEXT STEPS

- Full Blueprint available at: www.aap.org/suicideprevention
- Dissemination opportunities:
 - Share the Blueprint for Youth Suicide Prevention with your communities and constituents
- Interested in partnering?
 - jgorzkowski@aap.org
 - Julie Gorzkowski, Blueprint program lead at AAP



Connecting Kids to Coverage National Campaign Resources



Helen Gaynor, MPH

Outreach Contractor, Connecting Kids to
Coverage National Campaign
Porter Novelli Public Services, Inc.

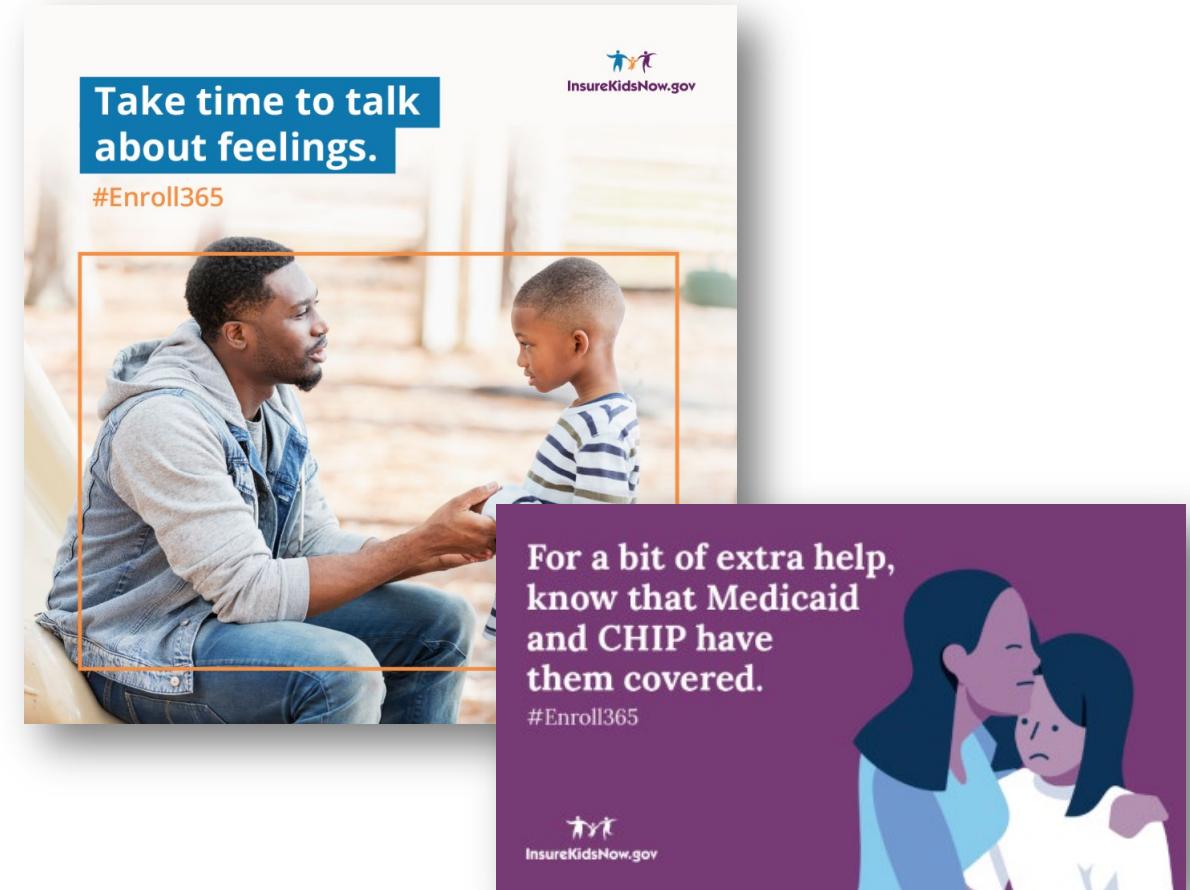


Mental Health Awareness Month

Resources

- Digital videos
- Social media posts and graphics
- eSignatures
- Live reads
- Newsletter templates
- Text messages

Coming soon: New Poster



Current Priorities

- Multicultural Outreach
- Missed Care
- Public Health Emergency Unwinding

Missed Care

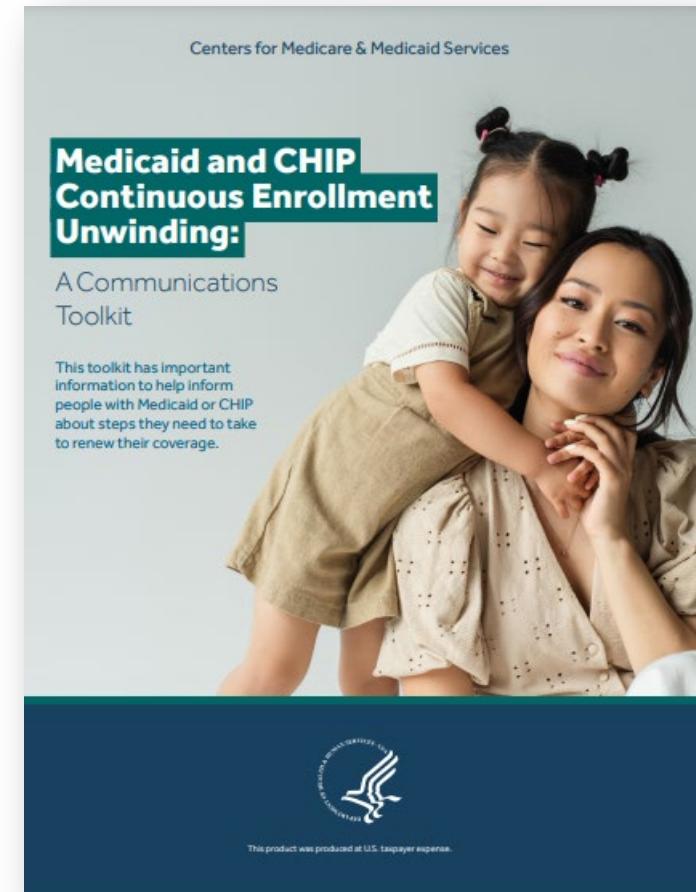
Missed Care Outreach Resources

- Digital videos
- Social media posts and graphics
- Infographic



Public Health Emergency

- The Public Health Emergency, which enables temporary waivers of certain Medicaid and CHIP requirements and is linked to certain requirements for states, is currently extended to July 15, 2022:
 - Following the end of the Public Health Emergency, states will begin to resume normal eligibility and enrollment actions, including terminations of coverage.
 - Resources and additional information are available at Medicaid.gov/Unwinding, including a new [Communications Toolkit](#) and [graphics](#) in [English](#) and [Spanish](#)



Additional & Upcoming Initiatives

- Youth Sports
- Back-to-School
- Vision



Outreach Tool Library

Visit the Outreach Tool Library for more Campaign materials including:

- Ready-to-print posters
- Palmcards
- Social media posts
- Text messages
- Videos



InsureKidsNow.gov

The website for Campaign information and resources

The screenshot shows the InsureKidsNow.gov website with a purple header. The header includes the logo (two stylized figures), the website name "InsureKidsNow.gov", a search bar, and links for "Get Email Updates" and "En Español". Below the header is a purple navigation bar with the following items:

- Find Coverage for Your Family ▾
- Campaign Information ▾
- Outreach Tool Library ▾** (highlighted with an orange circle and arrow)
- Webinars & Videos ▾
- Campaign Notes eNewsletter ▾
- Initiatives ▾** (highlighted with an orange circle and arrow)
- 1-877-KIDS-NOW (1-877-543-7669)

Below the navigation bar is a large image of a healthcare professional in a blue shirt and mask giving a vaccine to a young girl. To the left of the image is a white callout box containing text about Medicaid and CHIP coverage.

Millions of children and teens qualify for free or low-cost health and dental coverage through Medicaid & the Children's Health Insurance Program (CHIP).
[Learn about coverage options](#) for your family or help us [spread the word](#) about free or low-cost health insurance coverage!

Keep in Touch

Interested in learning more about the Campaign and its resources?

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



Questions?