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 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.

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

*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


- The programs cover three quarters of children living in poverty.

- Approximately four in ten children covered under the programs have a special health care need.

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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.\(^4\)


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.

Comparing the PHE period (March 2020–August 2021) to the same period two years prior, the data show ~23% fewer (20.0 million) mental health services for children under age 19.

Note: Data for recent months are likely to be adjusted upward due to claims lag.

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

Kimberly.Proctor@cms.hhs.gov
Assessing the Effects of the Pandemic on Adolescent Mental Health

Kathleen Ethier, PhD
Director, Division of Adolescent and School Health
May 4, 2022
Adolescent Mental Health Was Moving in the Wrong Direction Before the Pandemic

<table>
<thead>
<tr>
<th></th>
<th>2009 Total</th>
<th>2011 Total</th>
<th>2013 Total</th>
<th>2015 Total</th>
<th>2017 Total</th>
<th>2019 Total</th>
<th>Trend</th>
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<tbody>
<tr>
<td>Experienced persistent feelings of sadness or hopelessness</td>
<td>26.1</td>
<td>28.5</td>
<td>29.9</td>
<td>29.9</td>
<td>31.5</td>
<td>36.7</td>
<td></td>
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<tr>
<td>Seriously considered attempting suicide</td>
<td>13.8</td>
<td>15.8</td>
<td>17.0</td>
<td>17.7</td>
<td>17.2</td>
<td>18.8</td>
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</tr>
<tr>
<td>Made a suicide plan</td>
<td>10.9</td>
<td>12.8</td>
<td>13.6</td>
<td>14.6</td>
<td>13.6</td>
<td>15.7</td>
<td></td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>6.3</td>
<td>7.8</td>
<td>8.0</td>
<td>8.6</td>
<td>7.4</td>
<td>8.9</td>
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</tr>
<tr>
<td>Were injured in a suicide attempt that had to be treated by a doctor or nurse</td>
<td>1.9</td>
<td>2.4</td>
<td>2.7</td>
<td>2.8</td>
<td>2.4</td>
<td>2.5</td>
<td></td>
</tr>
</tbody>
</table>

LEGEND

- In wrong direction
- No change
- In right direction

National Youth Risk Behavior Survey, 2009-2019
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

Adolescent Behaviors and Experiences Survey, 2021
Female students were more 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.
LGBQ students were more than 2x as likely to experience poor mental health during the pandemic.

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

Adolescent Behaviors and Experiences Survey, 2021
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.

- Experienced poor mental health during the pandemic: 28% Felt connected vs. 45% Didn’t feel connected
- Felt persistently sad or hopeless: 35% Felt connected vs. 53% Didn’t feel connected
- Attempted suicide in the past year: 6% Felt connected vs. 12% Didn’t feel connected

Adolescent Behaviors and Experiences Survey, 2021
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
Thank You
For More Information

- Web: [www.cdc.gov/healthyyouth](http://www.cdc.gov/healthyyouth)
- Twitter: [@CDC_DASH](https://twitter.com/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.
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
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.
### 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
- Children's Defense Fund
- 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

University of California Health

Make no mistake: our kids’ mental health crisis is a national emergency. Let’s @SoundTheAlarm4Kids and get children and teens the mental health services they need. @SoundtheAlarm4Kids @UCSFBenioffRAK @UCSFChildrens @UCDavisChildrens #UCALoch

Our children and teens are in a mental health crisis. This is a wake up call.

@SoundTheAlarm4Kids

This is a wake up call. Your inaction is putting our children and teens’ mental health crisis on hold. We need to act now to ensure our next generation is not left behind. Congress must fund emergency mental health services.

Cleveland Children’s
@ClevChildren

Children’s hospitals across America are dedicated to protecting the physical & mental health of kids. @SoundAlarm4Kids is a new initiative with resources to raise awareness of the mental health crisis in kids & teens: soundthealarmforkids.org, @hospitals4kids #SoundTheAlarm4Kids

Online Advocacy Centers

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!

Op-Eds

The Philadelphia Inquirer

Children’s mental health is a pandemic crisis that needs immediate solutions, CHOP’s psychiatry chief says
Pediatricians and psychiatrists declare a national emergency in youth mental health. The New York Times

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

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

Pediatric groups declare national emergency over children’s mental health. POLITICO

Providers launch kids’ mental health campaign. THE HILL

Medical organizations declare children's mental health crisis. BECKER'S HOSPITAL REVIEW
Digital Ads

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

SpeakNowforKids.org  @SpeakNowforKids
Thank you!

Gillian Ray
Gillian.Ray@childrenshospitals.org
Suicide and suicidal behavior among youth and young adults is a major public health crisis. Suicide is the second leading cause of death among people to 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.

www.aap.org/suicideprevention
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
CHILDREN’S MENTAL HEALTH IS A NATIONAL EMERGENCY

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.

FOR IMMEDIATE RELEASE

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

December 7, 2021

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 Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

American Foundation for Suicide Prevention
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.
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

www.aap.org/suicideprevention
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
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

Veteran’s 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

TransLifeLine: 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

www.aap.org/suicideprevention
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]
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](http://www.aap.org/suicideprevention)

- Dissemination opportunities:
  - Share the Blueprint for Youth Suicide Prevention with your communities and constituents

- Interested in partnering?
  - [jgorzkowski@aap.org](mailto: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
New Materials for Multicultural Outreach

Immigrant Families Fact Sheet

• Now available in 24 languages at InsureKidsNow.gov
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

 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
- eNewsletter sign up: “Campaign Notes”