



May 25, 2022

Dear Colleague:

As leaders of agencies across the U.S. Department of Health and Human Services, from the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), the Administration for Children and Families (ACF), and the Administration for Community Living (ACL), we are committed to supporting the mental health needs of children as we continue to respond to the COVID-19 pandemic and its effects.

As part of the President's Unity Agenda as outlined in his State of the Union Address, on March 1, 2022, President Joe Biden announced a whole-of-government mental health strategy to address our national mental health crisis, by strengthening the health care system's capacity to meet mental health needs, connecting more Americans to care, and creating healthy environments with a continuum of support. To advance these goals, we write today to encourage states, tribes, and jurisdictions to maximize your efforts to support children's mental health and well-being by coordinating your use of the HRSA Title V Maternal and Child Health Services Block Grant; the SAMHSA Community Mental Health Services Block Grant (MHBG); CMS-supported mental health care provided through Medicaid and the Children's Health Insurance Program (CHIP); the ACF Title IV-E Prevention Program for children and families involved with the child welfare system, and early childhood mental health supports; CDC's evidence-based primary prevention programs and mental health resources; and ACL's programs for people with disabilities, including children with mental health issues.

At the U.S. Department of Health and Human Services, Secretary Becerra kicked off the National Tour to Strengthen Mental Health and called upon leaders across the Department to address the mental health challenges that have been exacerbated by the COVID-19 pandemic, including substance use, youth mental health, and suicide. In December 2021, the U.S. Surgeon General issued an Advisory on [Protecting Youth Mental Health](#) that reviewed the many factors driving the national youth mental health crisis. The report confirmed that mental health challenges were a leading cause of disability and poor life outcomes in young people even before the COVID-19 pandemic. The COVID-19 pandemic exacerbated the unprecedented stressors young people already faced, as they have navigated pandemic-related deaths of family and friends, illness, economic instability, and fear and loneliness. At the same time, children and youth are remarkably resilient, and we encourage states, tribes, and jurisdictions to consider how to create opportunities to collaborate across agencies and programs to support and promote resilience and well-being among children and youth.

It is imperative that we work together to implement meaningful and equitable approaches to identify and address mental health needs among children and expand access to high quality pediatric mental health care. Coordinating the planning and execution of your HRSA Maternal and Child Health block grant, SAMHSA MHBG, Medicaid state plans and waivers, ACF child welfare investments and early childhood programs, CDC public health primary prevention programs, and ACL-funded state and local disability programs will help to expand the reach of your efforts and provide opportunities to best leverage federal resources, as applicable, without duplication.

Coordination Opportunities

Partnerships between state Title V agencies that administer the HRSA Maternal and Child Health Services Block Grant and state mental health authorities that administer the SAMHSA MHBG exist in many states. Similarly, state Title V agencies and state Medicaid and CHIP agencies currently coordinate to ensure mothers, children, and families access needed care. We encourage states to broaden and expand these partnerships across these block grant programs and Medicaid and CHIP to proactively plan and implement interventions that best leverage federal resources to support children's mental health.

Opportunities include, for example:

- Developing a statewide children's mental health task force that coordinates children's mental health data across Title V, Medicaid and CHIP, Title IV-E, early childhood programs, and the state mental health authorities to identify service and benefit gaps and develop a statewide response strategy to expand mental health screening, prevention, and treatment services for children.
- Increasing the delivery of Medicaid Early and Periodic Screening, Diagnostic, and Treatment-eligible mental health screenings and services for children by:
 - Leveraging the Title V Maternal and Child Health Services Block Grant to conduct statewide training and technical assistance for pediatric and family medicine providers on integrating pediatric primary care and mental health services;
 - Expanding the capacity of pediatric practices to identify and respond to mental health needs among their patient populations by utilizing the MHBG to support the placement of mental health professionals and/or mental health navigators in pediatric practices serving a majority Medicaid and CHIP population and creating Medicaid and CHIP benefits to sustain these services;
 - Expanding mental health workforce capacity in states to promote identification, screening, referral, and implementation of effective strategies; and,
 - Expanding communities' capacity to conduct screenings across a range of accessible settings, including primary care, early childhood care and education, school, home visiting, or community-based settings.
- Supporting children's and youth's mental health needs by, for example:

- Leveraging the Title V Maternal and Child Health Services Block Grant to support access to evidence-based mental health support mobile apps and increase training of school staff on early identification of students' mental health needs;
- Using the MHBG to increase access to specialized mental health services;
- Permitting reimbursement to primary care providers who provide mental health services to children and adolescents without an established mental health diagnosis;
- Permitting reimbursement of inter-professional consultations between primary care providers and mental health specialists;
- Expanding Medicaid-supported mental health services in school-based health clinics, by making it easier for school-based health providers to seek reimbursement from Medicaid;
- Collaborating with CDC-funded state and local public health and education agencies that are engaging in increasing access to mental health services, implementing community and school-based primary prevention approaches, conducting surveillance related to child and adolescent mental health, and collaborating on strategies to prevent Adverse Childhood Experiences (ACEs) and suicide as well as promoting positive childhood experiences;
- Supporting early childhood programs to identify and provide mental health supports in infants, young children, and their parents and caregivers;
- Expanding capacity to serve children dually diagnosed with mental health needs and intellectual and developmental disabilities through partnerships between university training programs and state developmental disabilities and mental health agencies;
- Maximizing opportunities in the Title IV-E prevention program to provide and fund time-limited mental health and substance use prevention and treatment programs and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant, or parenting youth in foster care, and the parents or kin caregivers of those children and youth; and
- Engaging youth, parents, and kinship caregivers in ongoing consultation and program development, implementation, and evaluation to ensure that services are reflecting what children, youth, kinship caregivers, and families need.

HRSA, SAMHSA, CMS, CDC, ACF, and ACL will continue to work together on this important issue, and will work with states, tribes, and jurisdictions to support and facilitate state-level coordination across federal funding streams to advance and expand children's mental health services, including avoiding duplication of efforts. This work builds on examples of state coordination across program areas prior to the COVID-19 pandemic, including efforts to address the opioid and overdose crisis, perinatal substance exposure, and adolescent suicide. These existing partnerships can be further leveraged to address the current pediatric mental health crisis.

Current partnership examples include:

- Building clinical and community workforce capacity utilizing strategies such as trauma-informed care and mental health first aid;

- Identifying shared priorities and goals across programs, including suicide prevention and promotion of mental health screening;
- Strengthening community and school-based supports and social-emotional learning activities;
- Promoting school-based prevention efforts that establish safe and supportive school environments, provide quality health education that includes mental health, and link youth to school- and community-based mental health services;
- Collaborating on data collection to assess children's mental health; and
- Engaging partners and stakeholders, including youth and families, tribes, philanthropy, and community leaders, to amplify resources.

Thank you for your efforts to support children’s mental health. We are committed to working with state, tribal, and jurisdiction partners to improve children’s mental health and look forward to continuing to work together on this shared priority.

Sincerely,

/Carole Johnson/

Carole Johnson
Administrator, Health Resources
and Services Administration

/Miriam Delphin-Rittmon, Ph.D./

Miriam Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental
Health and Substance Use

/Chiquita Brooks-LaSure/

Chiquita Brooks-LaSure
Administrator, Centers for
Medicare & Medicaid Services

/Rochelle P. Walensky, MD, MPH/

Rochelle P. Walensky, MD, MPH
Director, Centers for Disease
Control and Prevention

/January Contreras/

January Contreras
Assistant Secretary, Administration
for Children and Families

/Alison Barkoff/

Alison Barkoff
Acting Administrator, Administration
for Community Living

Appendix

HRSA: Title V Maternal and Child Health Services Block Grant Overview and other HRSA Resources

The [Health Resources and Services Administration's Maternal and Child Health Bureau](#) (HRSA/MCHB) [Title V Maternal and Child Health Services Block Grant](#) is a federal/state partnership with the mission of improving the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs. Departments of Health in 59 states and jurisdictions receive the Title V Maternal and Child Health Block Grant and allocate these funds to address state-identified priority needs, as determined by a legislatively mandated needs assessment conducted every 5 years.

Many states use Title V funding to support priorities that address behavioral and mental health needs of the Maternal and Child Health population. In recently completed Title V needs assessments, 51 states and jurisdictions identified priority needs focused on mental health. States identified needs to foster protective factors, improve access to quality behavioral health services, and support behavioral health, resiliency, and primary health care integration.

State Title V agencies partner within their states to improve public health services and systems of care to address Maternal and Child Health needs. Their pediatric mental and behavioral health efforts for younger children have included:

- Leading the development of a robust system for developmental screening, referral, and access to services.
- Increasing developmental screening outside of clinical settings through home visiting and the Special Supplemental Nutrition Program for Women, Infants, and Children.
- Providing training/consultation on trauma and bereavement to key partners.
- Implementing trauma-informed programs and services.

For adolescents, State Title V agencies have focused on:

- Promoting mental health and substance use screening in well-visits.
- Incorporating screening and treatment into school-based health centers.
- Promoting positive youth development and social connectedness.
- Implementing evidence-based/informed suicide prevention programs and trainings in schools and communities.
- Developing and working with youth councils.
- Convening statewide partners around adolescent suicide prevention efforts.

Several State Title V agencies are actively involved in their states' HRSA/MCHB-funded [Pediatric Mental Health Care Access](#) program, which seeks to promote behavioral health integration into pediatric primary care by supporting pediatric mental health care telehealth access programs. This program was recently expanded to include 40 states, the District of Columbia, two jurisdictions, and two tribal communities.

HRSA's [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Program](#) supports voluntary, evidence-based voluntary home visiting services for pregnant women and parents with young children up to kindergarten entry across all 50 states, the District of Columbia, and five additional Jurisdictions. Home visitors promote positive, responsive caregiver-child relationships that lay the foundation for children's lifelong health and well-being, and support families in accessing needed supports. MIECHV programs train home visitors in providing trauma-informed care, and collaborate with state and community mental health, substance use, and child welfare agencies.

HRSA's [National Survey on Children's Health](#) provides information on the health and well-being of children ages 0-17 years in the United States and is the largest national and state-level survey on the health and health care needs of children, their families, and their communities. Topics covered in the survey include: physical and mental health status and diagnosed conditions, access to health care services, preventive and specialty care, including mental health treatment and medication, and family and community-level factors that can influence children's health and well-being such as ACEs, and parental mental health and stress.

HRSA also operates nearly 1,400 [health centers](#) nationwide, which helps provide primary care in underserved communities across the country and are increasingly focused on integrating behavioral health into primary care services. HRSA also supports multiple programs to grow and sustain the [health care workforce](#), including providing scholarship and loan repayment assistance to clinicians in return for working in underserved communities and investing in recruiting, training, and retaining a wide range of health professionals, from community health workers to psychiatrists to advance practice nurses.

SAMHSA: Community Mental Health Services Block Grant (MHBG), Children's Mental Health Initiative (CMHI) and Project AWARE (Advancing Wellness and Resiliency in Education) Overview

The [MHBG](#) program is designed to provide comprehensive community mental health services to adults with Serious Mental Illness (SMI) or children with Serious Emotional Disturbance (SED). The Secretary of U.S. Department of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, awards these funds for obligation and expenditure¹ to plan, carry out, and evaluate activities and services for children with SED and adults with SMI; adolescents and adults with co-occurring SMI/SED and Substance Use Disorders (SUDs); and the promotion of recovery among persons with SED, SMI, or co-occurring SMI/SED and SUD.

In order to ensure that the MHBG program supports the needed and necessary services for the target population, [SAMHSA](#) has indicated that block grants may be used to fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time; and fund those priority treatment and support services that

¹ Title XIX, Part B, Subpart I of the Public Health Service Act, <http://www.samhsa.gov/grants/block-grants/laws-regulations>

demonstrate success in improving outcomes and/or supporting recovery and are for low-income individuals not covered by CHIP, Medicaid, Medicare, or private insurance.

Mental and SUDs in children and adolescents are complex, typically involving multiple challenges. These children and youth are frequently involved in more than one specialized system, including mental health, substance abuse, primary health, education, child care, child welfare, or juvenile justice. This multi-system involvement often results in fragmented and inadequate care, leaving families overwhelmed and children's needs unmet. SAMHSA expects the states through the MHBG to provide a system of integrated services to address the multiple needs of children with SED. Services should be integrated into a comprehensive system of care, including social services; educational services, including services provided under the Individuals with Disabilities Education Act; juvenile justice services; substance abuse services; and health and mental health services. States should use a system of care approach that has been well established for children with SED and co-occurring SUDs. This approach should be used statewide, coordinating care with other state agencies (e.g., schools, child welfare, juvenile justice, primary care, etc.) to deliver evidence-based treatments and supports through a family-driven, youth-guided, culturally competent, individualized treatment plan.

SAMHSA's Children's Mental Health Initiative (CMHI) was authorized by Public Law 102-321 to provide funds to government entities to deliver comprehensive community-based mental health services to children, youth, and young adults who have a SED, and their families. States, communities, territories, Native American tribes, and tribal organizations receive grants to create, expand, and sustain services and supports to improve the lives of young people and their families.

CMHI is based on the Systems of Care framework, defined as a comprehensive spectrum of mental health and other necessary support services organized into a coordinated network to meet the multiple and changing needs of children, youth, and young adults with SED and their families/caregivers. The goals of CMHI are to build upon progress made in developing comprehensive Systems of Care by focusing on sustainable financing, cross-agency collaboration, the creation of policy and infrastructure, and the development and implementation of evidence-based and evidence-informed services and supports. This is necessary to ensure children, youth, and young adults with SED and their families receive effective services within their communities and that providers work together to coordinate care in a family-friendly and culturally responsive manner.

[Project AWARE \(Advancing Wellness and Resiliency in Education\)](#) builds or expands the capacity of State Educational Agencies (SEA), in partnership with State Mental Health Agencies overseeing school-aged youth and local education agencies, to: (1) increase awareness of mental health issues among school-aged youth; (2) provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and (3) connect school-aged youth, who may have behavioral health issues, SED, or SMI, and their families to needed services. The program focuses on partnerships and collaboration between state and local systems to promote the healthy development of school-aged youth and prevent youth violence.

Lastly, the AWARE-SEA program supports the development and implementation of a comprehensive plan of activities, services, and strategies to decrease youth violence and support the healthy development of school-aged youth. This program builds upon the successful strategies of the Safe Schools/Healthy Students Initiative that have been effective in creating safe and secure schools and promoting the mental health of students in communities across the country. These strategies include facilitating a closer relationship between state and local implementation of policies and programs and supporting the development of integrated systems that create safe and respectful environments for learning and promote the mental health of school-aged youth.

CMS: Medicaid, CHIP, and Mental Health Services

Medicaid and CHIP collectively provide healthcare coverage for nearly 40 million children in the United States. Medicaid is the single largest payer for mental health services in the United States and plays an important role for many children with behavioral health needs. A 2019 [analysis](#) of deaths by suicide among youth aged 10 to 18 years in 16 states found that 40 percent of those deaths occurred among youth enrolled in Medicaid, underscoring the importance of mental health services in this population. Between March through July 2020, compared to data from the same period in 2019, CMS found that children insured by Medicaid and CHIP participated in fewer routine care visits, which includes 8.4 million (35 percent) fewer outpatient mental health services, even after accounting for the increased use of telehealth. And since 2019, the role of Medicaid and CHIP in supporting the behavioral health of children and youth has only grown — as [enrollment in Medicaid and CHIP](#) has grown since the beginning of the COVID-19 pandemic, and [behavioral health needs have increased](#).

The [Connecting Kids to Coverage National Campaign's](#) mission is to promote the enrollment of eligible children in Medicaid and CHIP. These programs cover much needed mental health services in addition to preventative care. Specifically, Medicaid's Early, Periodic Screening, Diagnosis, and Treatment ([EPSDT](#)) benefit for children provides comprehensive and preventive health services for children under age 21 enrolled in Medicaid. Under this benefit, states must provide access to behavioral health care, including screenings, assessments, and treatments. By law, children diagnosed with behavioral health conditions should receive any Medicaid coverable, appropriate, and medically necessary service to treat the condition, even if the state does not cover the service for adults.

Through the Medicaid program, states also have a range of options to pursue alternative care and payment models in service of children with behavioral health needs. For example, using Section 1915(c) waiver authority, states can cover home and community-based services. In May 2021, CMS issued [guidance](#) to states on implementing Section 9817 of the American Rescue Plan Act (ARP) (P.L. 117-2), which provides for enhanced federal funding to enhance, expand, or strengthen Medicaid home and community-based services, such as case management, school-based services, and rehabilitative services for mental health and SUD. In December 2021, CMS also issued [guidance](#) to states on implementing ARP Section 9813, which authorized a state plan option to provide qualifying community-based mobile crisis intervention services for a period of

up to 5 years beginning April 1, 2022. A number of states have also chosen to pursue innovative service delivery systems for children with SED using 1115 demonstration authority, pursuant to 2018 CMS [guidance](#) required by Section 12003 of the 21st Century Cures Act (P.L. 114-255). Under the Medicaid Services Investment and Accountability Act of 2019 (P.L. 116-16), beginning October 1, 2022, states will also have the option to provide health home services for Medicaid-eligible children with medically complex conditions, including severe autism spectrum disorder, SED, or SMI.

CDC: Mental Health Resources

CDC is funding 11 recipients to implement and evaluate a [comprehensive public health approach to suicide prevention](#) with attention to populations who are at increased risk for suicide, including youth. In addition, six states are supporting ACEs monitoring and prevention through the [Preventing Adverse Childhood Experiences: Data to Action](#) cooperative agreement. Through local partnerships, the National Centers of Excellence in Youth Violence Prevention develop, implement, and rigorously evaluate innovative strategies to prevent violence and create safer, healthier family and community environments for youth. The Preventing Violence Affecting Young Lives program addresses youth violence, ACEs, and conditions that put communities at greater risk for violence. Together, these programs address important public health issues that are intrinsically linked to mental health challenges and promote well-being and resilience with individuals, families, and communities.

CDC supports a network of leaders in primary prevention by funding education agencies that reach nearly two million students. School environments – including classroom management, social and emotional learning, and policies that support LGBTQ youth – have a strong and life-long impact on mental health. The CDC “[What Works in Schools](#)” evidence-based approach to primary prevention in local school districts improves health education, connects youth to services, and creates safer and more supportive school environments. CDC’s approach is a highly effective program that has wide-reaching impact on students by reducing risk and fostering better health outcomes, including decreasing substance use, sexual assault, and experience of violence, and improving mental health. In addition, CDC recently announced a [funding opportunity](#) to improve the mental health and well-being of children, adolescents, and school staff in underserved and disproportionately affected communities.

Lastly, CDC works with professional disability and other national organizations to build health care capacity to assess and improve child and adolescent mental health through educational modules, population-level surveillance, and implementing data-informed interventions and policies. CDC provided funding to the National Resource Center of Children and Adults with Attention-Deficit/Hyperactivity Disorder and the Tourette Association of America to increase the capacity of health care providers and educators to support the health, mental health, and education of children with ADHD, Tourette syndrome, and associated conditions. CDC provided funding to the Association of University Centers on Disabilities to pilot [Children’s Mental Health Champions](#) with the goal of expanding mental health workforce capacity to promote identification, screening, referral, and intervention of effective strategies.

ACF: Title IV-E Prevention Program Overview and Early Childhood Mental Health Resources

Title IV-E prevention program: The Family First Prevention Services Act (FFPSA), enacted as part of Public Law (P.L.) 115-123, authorized new optional Title IV-E funding for time-limited child welfare-related prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant, or parenting youth in foster care, and the parents or kin caregivers of those children and youth. These flexible prevention services are intended to support at-risk families so that children and youth can remain safely at home with parents instead of being removed from home and placed into foster care.

The implementation of Title IV-E Prevention Programs provides an important opportunity to collaborate with other agencies, including Medicaid, Title V Maternal and Child Health Services Block Grant, home visiting, and the MHBG. We encourage all Title IV-E agencies to maximize the opportunity to provide evidence-based, culturally adapted mental health services to children, parents, and kinship caregivers to prevent unnecessary entry into foster care.

Title IV-E Prevention Services Clearinghouse: FFPSA established the Title IV-E Prevention Services Clearinghouse, which conducts an independent, systematic review of research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. The Clearinghouse, administered by ACF, rates and classifies programs and services as “well-supported,” “supported,” “promising,” and “does not currently meet criteria.” These ratings determine whether a prevention program can receive federal funding support.

Title IV-E Prevention Program Five-Year Plan: Title IV-E agencies that elect to implement the Title IV-E prevention program must submit a five-year plan for their Title IV-E prevention program to the Children’s Bureau for review and approval ([ACYF-CB-PI-18-09](#)). The status of submitted Title IV-E prevention program five-year plans may be accessed at: <https://www.acf.hhs.gov/cb/data/status-submitted-title-iv-e-prevention-program-five-year-plans>.

ACF’s Office of Head Start administers grant funding and oversight to 1,600 public and private nonprofit and for-profit agencies that provide Head Start services in local communities. Head Start and Early Head Start grantees provide services to over a million children every year, in every U.S. state and territory, in farm worker camps, and in over 155 tribal communities. Head Start and Early Head Start programs support the mental health of children, families, and staff every day. Several mental health resources are available at the Head Start Early Childhood Learning and Knowledge Center.

[Head Start Heals](#) is a campaign that supports increased awareness about how early childhood programs can help support the social, emotional, and mental health of children and families.

The Office of Head Start also manages the [National Center on Health, Behavioral Health and Safety](#) in partnership with the Office of Child Care and HRSA/MCHB. The Center designs

evidence-based resources and delivers innovative training and technical assistance to build the capacity of Head Start and other early childhood programs to support children’s healthy development and school success. Child Care and Development Fund (CCDF) Stabilization Grants and CCDF Supplemental funds include mental health services as allowable use of funds.

For more information, see *Information Memorandum (IM) American Rescue Plan Act (ARP) Child Care Stabilization Funds* here:

<https://www.acf.hhs.gov/sites/default/files/documents/occ/CCDF-ACF-IM-2021-02.pdf> and *IM*

ARP Act CCDF Discretionary Supplemental Funds here:

<https://www.acf.hhs.gov/sites/default/files/documents/occ/CCDF-ACF-IM-2021-03.pdf>.

ACF also administers the [Tribal Maternal, Infant, and Early Childhood Home Visiting Program](#). We encourage states to coordinate closely with tribes to ensure that these programs are identifying and supporting children and families with the services and supports for which they are eligible.

ACL: Resources for Supporting Children with Mental Health Disabilities

ACL’s [Protection and Advocacy Systems \(P&As\)](#) grantees are a nationwide network of congressionally mandated agencies that provide a range of legal advocacy services to protect the rights of individuals with disabilities (e.g., those denied access to a service or an opportunity to take part in an activity). P&As also use a range of strategies to promote the rights of individuals with disabilities, including legal advocacy, information and referral, training and technical, self-advocacy training, and public awareness. Many P&As have worked to ensure adequate school-based mental health services are in place to reduce reliance on seclusion and restraint for children with behavioral and mental health needs, and additionally P&As have advocated for children with disabilities, including mental health disabilities, to receive the school-based health services needed to attend and participate in school daily.

Funded by ACL’s National Institute on Disability, Independent Living, and Rehabilitation Research, the [ADA National Network](#) provides information, guidance, and training on how to implement the Americans with Disabilities Act (ADA) in order to support the mission of the ADA to “assure equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.” There are 10 Regional ADA Centers located throughout the United States and an ADA Knowledge Translation Center, providing technical assistance about Title II of the ADA which pertains to public schools, Title III of the ADA which pertains to private schools, Section 504 of the Rehabilitation Act which applies to all public or private schools that receive federal funding, and Individuals with Disabilities Education Act which applies to all public primary and secondary schools.

ACL’s [State Councils on Developmental Disabilities](#) grantees are governor-appointed councils of individuals with developmental disabilities, their families, and other key groups. There are 56 [State Councils on Developmental Disabilities](#), which are in every state and territory. They identify gaps in services and implement strategies to address needed system-level changes.

ACL's [University Centers for Excellence in Developmental Disabilities](#) grantees serve individuals with developmental disabilities, including children with mental health disabilities, and their families. There are 68 University Centers for Excellence in Developmental Disabilities nationwide that conduct interdisciplinary training, community services, research, and knowledge translation in a range of areas, including emergency management.

ACL's [Centers for Independent Living](#) (CILs) programs serve individuals with significant disabilities of all types. There are 354 CILs in communities in every state and territory. CILs offer the following core services (at a minimum): information and referral, independent living skills training, peer counseling, individual and systems advocacy, transition and diversion from institutional settings back into the community, and transition of youth with disabilities, including mental health disabilities, to postsecondary life.

Additional Resources:**HRSA/Maternal and Child Health Bureau**

- Find your [State and Jurisdiction Title V Maternal and Child Health and CSHCN Directors](#)
- [Maternal and Child Health Block Grant/Title V Information System](#)
- Pediatric Mental Health Care Access Program [Awardees](#) and [Teleconsultation Lines](#)
- [Bright Futures](#)
- [National Center for School Mental Health](#)
- [Adolescent and Young Adult Health National Resource Center](#)
- [Children's Safety Network](#)
- [Maternal, Infant, and Early Childhood Home Visiting Program](#)
- [National Survey of Children's Health](#)
- [MCHB Bullying Prevention](#)
- [HRSA MCHB Mental and Behavioral Health](#)
- [HRSA Behavioral Health](#)

SAMHSA/Center for Mental Health Services

- [Treatment Locator](#)
- [Early Serious Mental Illness Treatment Locator](#)
- Early Psychosis Intervention Network: [EPINET](#)
- Mental Health Block Grant: [Mental Health Block Grant](#)
- Statutory Authority: [MHBG Statute](#)
- CMHC Grantees: [Community Mental Health Center Grantees](#)
- [Data on Children with SED](#)
- [MHBG-ARP Funding for COVID Mitigation](#)
- [ESMI Resources](#)

Medicaid and CHIP

- Medicaid and CHIP [Enrollment Trend Snapshot](#)
- [Connecting Kids to Coverage](#) National Campaign
- Early and Periodic Screening, Diagnostic, and Treatment ([EPSDT](#)) benefit
- State Medicaid Director Letter [#18-001](#): 1115 SUD/SMI Demonstration Opportunity
- State Medicaid Director Letter [#21-003](#): ARPA Section 9817 for Medicaid Home and Community-Based Services
- State Health Official Letter [#21-008](#): ARPA Section 9813 for Qualifying Community-Based Mobile Crisis Intervention Services

CDC

- [What Works: Overview | Adolescent and School Health | CDC](#)
- [Mental Health | Adolescent and School Health | CDC](#)
- [Adolescent Behaviors and Experiences Survey \(ABES\) | CDC](#)
- [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)

- [Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence](#)
- [A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors](#)
- AUCD's [Children's Mental Health Champions](#) Pilot Program
- Health Education [Curriculum](#) Analysis Tool
- [Supporting Mental Health in Schools](#)
- [Tips for Promoting School Employee Wellness](#)
- [School-Based Physical Activity Improves the Social and Emotional Climate for Learning](#)
- [School Nutrition and the Social and Emotional Climate and Learning](#)
- [Adolescent Connectedness](#)
- [CDC COVID-19 Parental Resources Kit](#)
- [CDC Children's Mental Health](#)
- [CDC Mental Health](#)

ACF

- [Title IV-E Prevention Services Clearinghouse](#)
- [Planning Title IV-E Prevention Services: A Toolkit for States](#)
- [Head Start Early Childhood Learning and Knowledge Center Mental Health Resources](#)
- [Tribal Maternal, Infant, and Early Childhood Home Visiting](#)
- [IM ARP Act Child Care Stabilization Funds](#)
- [IM ARP Act CCDF Discretionary Supplemental Funds](#)
- [Resource Guide for Developing Integrated Strategies to Support the Social and Emotional Wellness of Children](#)
- [Child Welfare Information Gateway](#)

ACL:

- [Funding Opportunity for Increasing Capacity to Serve Individuals with Co-Occurring Intellectual and Developmental Disabilities and Mental Health Disabilities](#)
- [Find a Protection and Advocacy Systems \(P&As\)](#)
- [Connect with the ADA National Network](#)
- [Find a local Developmental Disabilities Council](#)
- [Find a local University Center for Excellence in Developmental Disabilities](#)
- [Find a local Center for Independent Living](#)