

I wonder if you could recommend to me, because the Congress wants to do something on this, everybody is interested in this, this is—how do you think we ought to deal with children who—6,100 kids were removed from school last year for bringing a gun to school. I'd be very surprised if more than 10 percent of them got some sort of comprehensive mental health analysis as a result of it.

We have—goodness knows how many kids made threats that they had no earthly intention of doing anything about it, but in one of these school shootings there was an explicit threat made beforehand. What advice can you give us about what the role of mental health ought to be and, sort of, early warning systems, preventive care, and that sort of thing, and particularly—like I said, I don't want to put you on the spot on the Springfield thing, but it's very much on my mind because of what was told to me out there about the facts, and because the young man did have a gun in the school the day before and was sent home.

**Sheila Savannah.** Well, one of the responses that we have pulled together is we have a family resource center in an elementary school and so we work with the teachers. And we've had to a lot of training of teachers, of youth development workers, of child care workers, to really identify the early signs of mental health needs.

There are so many children with unmet needs. And so often those—their activities get interpreted as behavior problems, as discipline actions, and we don't ever stop and do a strong assessment of what are the needs of these children.

Children that carry guns are afraid. They really have very strong reasons for carrying them. And we work with a lot of children that have been suspended or expelled because they've been carrying weapons to school, and we've been real fortunate in Houston. But I know it's of growing concern because there are so many children that don't think that they'll live to see 20. And so those are kids that carry guns to protect themselves.

Or, we've spent a lot of time and a lot of prevention efforts that focus on children being okay. And so I've seen a lot of children

who suppress their emotional disturbance. They see violence on the streets; they see violence in their homes; and rather than being emotionally disturbed, they're being trained to be okay. And so when children respond that way, their sensitivity becomes dull, and they can act out in those kinds of ways that really hurt humanity.

And I think one of the things we need to do is make sure that everyone is well aware of some of the signs of mental health needs and really work to make sure that we remove the stigmatism to receiving mental health services.

**The President.** Thank you.

NOTE: The President spoke at approximately 2:15 p.m. in Langford Auditorium at Vanderbilt University. In his remarks, he referred to discussion participant Anthony Watson, chairman and chief executive officer, New York HIP Health Plans. Julie Moretz is chair, Family Advisory Council, Medical College of Georgia Children's Medical Center, and Sheila Savannah is executive director, People in Partnership, a nonprofit organization that consults recipients of mental health services.

### **Memorandum on Actions To Improve Children's Health Insurance Outreach**

*June 22, 1998*

*Memorandum for the Secretary of the Treasury, the Secretary of Agriculture, the Secretary of the Interior, the Secretary of Labor, the Secretary of Health and Human Services, the Secretary of Housing and Urban Development, the Secretary of Education, the Commissioner of Social Security*

*Subject: Federal Actions to Improve Children's Health Insurance Outreach*

Last year, with bipartisan support from the Congress, I was pleased to sign into law the Children's Health Insurance Program (CHIP). This new program will help millions of children of working families obtain affordable and much-needed health insurance. As of today, 20 States have had their CHIP plans approved and most States have applied for approval.

Yet, as recent studies show, rapidly implementing CHIP and ensuring that all eligible children are enrolled in this new program

or Medicaid has never been more important. This month, a major report from the Institute of Medicine confirmed that children without health insurance are more likely to be sick, less likely to be immunized, and less likely to receive medical treatment for illnesses, such as recurrent ear infections and asthma. Without treatment, these diseases can have lifelong consequences. Another study by the Agency for Health Care Policy and Research concluded that there are 4.7 million uninsured children who are eligible but not enrolled in Medicaid. Several million more will become eligible for CHIP as States implement their programs.

Only an intense, sustained campaign in both the public and private sectors can address the significant challenge of uninsured children. On February 18, 1998, I requested children's health outreach proposals from eight Federal agencies on how the executive branch of the United States Government can assist in children's health insurance outreach.

In response, I received the *Report to the President: The Interagency Task Force on Children's Health Insurance Outreach*, which contains proposals on how to engage the executive branch in children's health outreach. I have reviewed this report and found these proposals sound, innovative, and worth undertaking.

Therefore, I hereby direct you to take the following actions to promote children's health insurance outreach, consistent with the missions of your agencies and the content and timelines of each potential initiative described in the *Report*.

The Secretary of Health and Human Services shall ensure that the:

- Health Care Financing Administration, among other proposed actions, creates an on-line clearing house for outreach information and facilitates relationships between State Medicaid and CHIP agencies and community-based and private organizations to identify, educate, and enroll uninsured children in State health insurance programs;
- Health Resources and Services Administration, among other proposed actions, trains health care providers to help identify and enroll children in health insurance through its National Health Service Corps and Area Health Education Centers, which trains students and health providers and distributes information to families that use the community clinics that it funds;
- Administration for Children and Families, among other proposed actions, distributes promotional material and applications for Medicaid and CHIP to the families they serve through Temporary Assistance to Needy Families (TANF), Head Start sites, and subsidized child care sites;
- Agency for Health Care Policy and Research, among other proposed actions, supports investigator-initiated evaluations of outreach activities to better understand which outreach and enrollment strategies work best and to disseminate results to improve outreach performance;
- Centers for Disease Control and Prevention, among other proposed actions, puts outreach referral information in its public health publications and pamphlets;
- Indian Health Service, among other proposed actions, integrates "train the trainer" techniques to educate select community members who can then provide information on health insurance to the rest of the community;
- Substance Abuse and Mental Health Services Administration, among other proposed actions, develops and implements an educational campaign for uninsured children with special needs.

The Secretary of Agriculture shall, among other proposed actions:

- Educate Regional and State directors of the Women, Infants, and Children (WIC) program and other Food and Nutrition Service programs on health care programs that are available to families with uninsured children and determine what information to give to these families; how to coordinate the application process to facilitate enrollment in CHIP and Medicaid; and how families applying for school lunch programs can receive information on health insurance;

- Provide information to the Cooperative State Research, Education, and Extension Service regional and State program staff and grantees and encourage dissemination of information to families regarding the CHIP and Medicaid programs.

The Secretary of Education shall, among other proposed actions:

- Educate and assist families through its Partnership for Family Involvement program, which promotes family involvement in education, and includes employers, schools, education organizations, and community and religious groups.

The Secretary of Housing and Urban Development shall, among other proposed actions:

- Provide information on children's health outreach to applicants for competitive grants, and ask its directors of Public Housing Authorities and Empowerment Zones/Enterprise Communities to post or distribute this information.

The Secretary of Interior shall, among other proposed actions:

- Develop and distribute culturally relevant referral information to Native American families through the Bureau of Indian Affairs, especially focusing on tribal schools, colleges, and social services agencies.

The Secretary of Labor shall, among other proposed actions:

- Distribute Medicaid and CHIP outreach information through its Job Corps Centers, One-Stop Career Centers, welfare-to-work grant programs, and small businesses contacts.

The Secretary of the Treasury shall, among other proposed actions:

- Post children's health outreach information for families at IRS walk-in centers and provide this information to Voluntary Income Tax Assistance sites.

The Commissioner of Social Security shall, among other proposed actions:

- Distribute information and/or applications for children's health insurance in its SSA field office reception areas and provide to States names of families of

children denied SSI so that States can send these families educational information and applications for children's health insurance programs.

I also direct the Secretary of Health and Human Services to continue to work with the above mentioned agencies to assist them in fulfilling these commitments, to engage new agencies and develop other commitments, and report back to me in 1 year on agency accomplishments.

**William J. Clinton**

### **Letter to Congressional Leaders Transmitting a Report on the Conventional Armed Forces in Europe Treaty**

*June 22, 1998*

Dear \_\_\_\_\_:

In accordance with Condition (5)(C) of the resolution of advice and consent to ratification on the Document Agreed Among the States Parties to the Treaty on Conventional Armed Forces in Europe (CFE) of November 19, 1990, adopted by the Senate of the United States on May 14, 1997, enclosed is the Report on CFE Compliance.

The Report is provided in both a classified and unclassified version.

Sincerely,

**William J. Clinton**

NOTE: Identical letters were sent to Newt Gingrich, Speaker of the House of Representatives; Richard A. Gephardt, House minority leader; Jesse Helms, chairman, and Joseph R. Biden, Jr., ranking member, Senate Committee on Foreign Relations.

### **Remarks on Signing the Agricultural Research, Extension, and Education Reform Act of 1998 and an Exchange With Reporters**

*June 23, 1998*

**The President.** Thank you very much. Thank you. Thank you Mr. Carlson for your very eloquent and enlightening statement and for the work you do every day as a farmer, both with your crops and with the bison.