

## Adolescent Health

### Objective 4.3 Adolescent Behavioral Health & Suicide Prevention

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#### REPORT – October 2021 through September 2022

**Screening, Brief Intervention, and Referral to Treatment (SBIRT) Process:** Title V promotes universal education and a universal screening, brief intervention, and referral to treatment (SBIRT) approach to identifying health risks across MCH programming and health care providers. The [SBIRT process](#) is used as the comprehensive, integrated, public health approach for the early identification and intervention of MCH patients exhibiting health risk behaviors. To further support the integration of behavioral health SBIRT into pediatric primary care settings and well-adolescent visits, Title V continued to promote the modified AAP algorithm developed by KSKidsMAP (Kansas' pediatric mental health care access program for primary care physicians and clinicians; more details found in the Cross-Cutting Report/Plan).

The Health Consultant Unit partnered with Wichita State University's Community Engagement Institute (WSU-CEI) to create additional SBIRT resources focusing on adolescent behavioral health. During this reporting period, WSU-CEI planned to: a) customize a SBIRT 101 Resource Guide and Toolkit for the adolescent population based on nationally recognized evidence-based resources, AAP/Bright Futures™ recommendations, Kansas-approved SBIRT trainings, organizational policies and procedure development and implementation guidance among other items; b) present the new adolescent SBIRT resources to the MCH grantees during a lunch and learn webinar in November; and c) recruit up to five grantees to participate in an Adolescent SBIRT Implementation Learning Collaborative and provide virtual learning events along with monthly technical assistance check-in meetings. WSU-CEI staff and the learning collaborative participants will present the ongoing work and lessons learned regarding this project at the Governor's Public Health Conference in Spring 2022.

WSU-CEI successfully developed the SBIRT 101 Resource Guide and Adolescent Substance Use Toolkit, which are currently pending graphic design work before being published on the MCH Integration Toolkits webpage. A draft version of the resources was shared during the November 2021 MCH Third Thursday Webinar Session and modified based on feedback received from providers during the session. Due to limited capacity at the local MCH program level, providers shared they would not be able to participate in an Adolescent SBIRT Implementation Learning Collaborative at this time. They expressed interest in this type of workforce development activity in the future, once they were able to fill position vacancies and program operations returned to "normal" post-pandemic.

**Focusing on the 'S' in SBIRT:** Identifying needs is a critical first step to connecting individuals and families with appropriate services. Universal screening is the optimal approach to identifying individuals who are experiencing, or at risk of experiencing, a behavioral health condition. In support of best practice recommendations, Title V strives to assure adolescents are screened for mental health, substance use, and suicide risk annually, as part of the comprehensive well-adolescent visit.

Effective July 2022, Title V added three evidence-based behavioral health pre-screening questions into the DAISEY KDHE Program Visit Form ensuring that all individuals served by Kansas MCH ATL programs are screened for anxiety, depression and substance use. The Visit Form is completed at every ATL program (e.g., Title V, PMI, TPTCM, Title X) service visit. Title V updated the [Behavioral Health Screening Guidance for Kansas MCH Programs](#) to reflect the changes as a resource for ATL providers.

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The Guidance includes an overview of the DAISEY form changes, outlining suggested protocols for positive responses to the pre-screening questions. All protocols include a recommendation to administer a full screen that is validated for the population group and health risk topic. For example, an adolescent responded to the Patient Health Questionnaire - 2 (PHQ-2) prescreening questions as part of their well visit. Following the protocol, the provider would administer the modified for adolescents (PHQ-A) to help determine if further support, intervention, or treatment might be needed. Several behavioral health full screening tools were integrated into DAISEY in July 2021. As part of this integration, a Plan of Action form is populated in DAISEY for moderate or high-risk screening results. This form allows for local MCH staff to document that a brief intervention was conducted, the type of brief intervention provided, indicate referral(s) made, and summarize any emergency or support services initiated for a client experiencing a crisis.

The Guidance also includes a 1-page overview of each of the screening tools available in DAISEY and scripts for introducing the tool to a client, administering the screening, details on scoring the screen, determining risk-level and appropriate interventions. With the 2022 updates, the Guidance resource was expanded to include universal screening framework, behavioral health screening workflow, virtual screening considerations, and crisis information. The Behavioral Health Consultant also provides technical assistance to ATL programs to help improve internal program workflows and referral processes, as needed.

**Youth-Driven/Centered Approaches:** Increasing youth voice to address youth mental health across the state continues to be a top priority. Across the child/adolescent system, significant progress was made, led by the KDADS, the Behavioral Health Authority in Kansas. During this Report period, KDADS established a Youth Advisory Council, as part of their Governor’s Behavioral Health Services Planning Council (GBHSPC) infrastructure. The GBHSPC is made up of a cross section of mental health consumers, family members of mental health consumers, mental health service providers, state agency staff, and private citizens. The Council is actively involved in planning, implementing, monitoring, evaluating, and advising state government regarding Kansas’ mental health services. The Council initially convened to ensure Kansas met the federal government mandate of all states to have a mental health services planning and advisory council. Since the initial convening, the GBHSPC has expanded to include thirteen subcommittees, including the recently established Youth Advisory Council. Members of the Youth Advisory Council represent the voice of Gen Z from all over Kansas, advocate for their generation, advise the GBHSPC, and create real and lasting change in Kansas. Requirements for Youth Members include being 14 to 19 years old (eligible until the end of summer after high school graduation), commitment to attend bi-monthly meetings, and being passionate about voicing needs of youth at the state level. Youth interested in serving on the Council were invited to submit an online application to KDADS.

Despite staff turnover in their Youth Engagement Specialist position, KDADS also supported the expansion of the Youth Leaders in Kansas (YLinK) Program. YLinK offers an opportunity for young adults (12-18 years old) to develop community awareness and youth leadership skills. YLinK provides youth a unique learning experience while interacting with peers, supportive adults, and their communities in positive ways which lays the foundation for successful future endeavors as they learn and explore the real world and their ability to contribute. They operate with the local support and guidance of caring adult volunteers, community partners, and alongside the youth's primary caregiver(s), especially parents. YLinK is a great resource for young adults with information on the importance of education and development of individual and group leadership skills in their local community, statewide and even nationally. The program provides an array of experiences which includes, but is not limited to, improving family and peer relationships, community engagement, incorporating knowledge and training for employment and/or vocational education and self-advocacy skills. There are also opportunities for youth to participate in the state legislative process and learn about politics and advocacy at every level. There are now over 30 YLinK chapters across Kansas.

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In partnership with KDADS and other state agencies (e.g., Department of Children and Families, State Department of Education, Attorney General's Office), Title V continued promotion activities for the annual statewide youth suicide prevention art contest. KDHE posted messages on various social media accounts promoting the launch of 988 (Suicide and Crisis Hotline) and encouraging youth in grades 6-12 to use any creative medium that resonates with how they express themselves and communicates a message of hope and healing, while including promotion of use of 988. Kansas Suicide Prevention HQ compiled submissions and published images of submitted artwork on their website by grade level: [6<sup>th</sup> and 7<sup>th</sup> Grade Submissions](#); [8<sup>th</sup> and 9<sup>th</sup> Grade Submissions](#); and [10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> Grade Submissions](#).

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**Peer to Peer Supports:** The KS-SHCN Program Manager and Supporting You Peer Support Administrator planned to explore expansion opportunities for the [Supporting You Network](#) to include programs serving adolescents to connect youth in need with peers who can listen and identify with life's challenges, anxiety, depression, and thoughts of suicide. With Supporting You not being a screening or crisis program, significant progress occurring by behavioral health system partners, and limitations on peer volunteer availability, training, and crisis infrastructure support within the Supporting You Network, it was decided that this expansion project would not immediately be pursued.

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**Cross-agency Collaboration for Improved Adolescent Health and Well-being:** Highly collaborative, ongoing work across agencies and systems will specifically assist with the creation of a unified cross-agency standardized list of best practices to be disseminated to health care providers, Kansas Community Mental Health Centers (CMHCs), schools, and community youth-serving organizations to support whole adolescent health in their communities. As previously mentioned, Title V has continued its partnerships with the DCF, KDADS, Kansas Department of Corrections' Juvenile Services (KDOC-JS), and Kansas State Department of Education (KSDE). Title V is involved in several key stakeholder groups to ensure coordination of information/resource sharing with local MCH programs and public health approach is applied to addressing systemic issues. Of note, Title V is represented on the GBHSPC Children's Subcommittee, the Kansas School Mental Health Advisory Council (SMHAC), the JJOC Reinvestment Subcommittee, and the Kansas Suicide Prevention Coalition. A brief summary of these Councils/Committees is included below.

- GBHSPC Children's Subcommittee: devoted to the behavioral health needs of children and their families. The Subcommittee examines and makes recommendations to improve the array of behavioral health services offered to children and their families through CMHCs, substance use treatment providers, and other children's service systems and collaboration between systems of care such as Psychiatric Residential Treatment Facilities (PRTFs), hospitals, juvenile justice services, and schools. For SFY2022 (July 2021-June 2022), the Children's Subcommittee identified three goals/topic areas. They drafted and submitted their annual recommendations report to the GBHSPC and KDADS Secretary in September/October 2022. Recommendations were:
  - Children and Dual Diagnoses: state agency (and other groups) should advocate to fully fund the HCBS Waiver waiting lists. State agency should look into implementing and funding a dedicated acute inpatient service, and intensive outpatient services targeting this population (IDD/MH, ASD/BH, etc.). Offer specialty trained (with reimbursement) foster families to support this population in foster care.
  - KSKidsMAP: make pediatric primary care workforce development opportunities (e.g., training, technical assistance) widely available. These efforts will ensure gap-filling treatment services in mental health professional shortage areas are high-quality and follow best practice guidelines. Fully fund a statewide psychiatric access program (e.g., KSKidsMAP) to lead these activities. Fund initiatives that enhance the number of highly trained professionals practicing in Kansas, including child and adolescent psychiatrists and child psychologists.
  - Continuum of Care & Parent and Community Engagement: As the system transitions from CMHCs to CCBHCs, the state needs to work to ensure family and individual therapy is made available and provided in the most accessible and family supportive way while being reimbursed at adequate and equitable rates; programs should focus on the family systems;

invest more in Therapeutic Foster Homes for children in foster care; sustaining and fully funding the Mental Health Intervention Team (MHIT) Program throughout the state; require Mental Health First Aid training in various university degrees programs so that professionals working with children come to jobs with basic skills' remove barriers to behavioral health and physical systems from billing across systems to support integrated care practices; support local communities in convening and planning to build connectivity between current providers. The state could provide guidance regarding confidentiality and protected health information to communities working to partner to overcome this common barrier; and seek funding opportunities to invest in mental health and the behavioral health workforce.

- Topic/goal areas for SFY2023 include continuing to serve as the KSKidsMAP Advisory Council, parent engagement, and diversity, equity and inclusion.
- SMHAC: The SMHAC was formed by the Kansas State Board of Education in 2017 to advise the Kansas State Board of Education of unmet needs within the state in the area of school mental health; coordinate with legislators and stakeholders to address relevant issues effectively to best meet the needs of students; and coordinate statewide collaborative social emotional character development partnerships with stakeholders that will benefit students.
- JJOC Reinvestment Subcommittee: focuses its work on the Evidence-Based Programs Account, which was created by SB 367 (Juvenile Justice Reform Act), to capture cost savings that the state saved by keeping youth out of locked facilities and in their communities. These savings must be used “for the development and implementation of evidence-based community programs and practices for juvenile offenders, juveniles experiencing mental health crisis and their families...” The subcommittee ensures that access to funding is clear to JJOC members, other system stakeholders, and the public; identifies grant recipients to record testimonials about their program/successes/ outcomes/individual stories of youth participants; strengthens communication of details on how evidence-based fund dollars have been spent; and facilitates discussions about potential new spending areas.
- Kansas Suicide Prevention Coalition: champions suicide prevention for all Kansans through equitable access to partnerships, advocacy, resources, ideas, and data. Provides oversight and actively works to execute the [Kansas Suicide Prevention Plan](#).

**Suicide Prevention:** The Kansas MCH Council (KMCHC) designed two series of social media posts based on the [#BeThe1To's](#) - 5 Action Steps for Helping Someone in Crisis. One series targets adult and the other adolescents; however, both have the same message: “Be the one to help save a life.” These images/resources are available on the KMCHC [website](#). Increased promotion of the images occurred during Suicide Prevention (September) and Mental Health Awareness (May) months. The “[Preventing Youth Suicide: Do You Know What To Do?](#)” graphics also continued to be promoted. Both graphic series/promotional resources were updated from the National Suicide Prevention Lifeline’s 800# to ‘988’ when the mental health crisis hotline launched in July 2022.

DCF contracted with Beacon Health Options to launch a Family Mobile Crisis Helpline in October 2021. Services offered by the Helpline are available for all Kansans 20 years old or younger, including, but not restricted to, anyone currently or formerly in foster care. Families experiencing a crisis receive support over the phone to help problem solve a child’s behavioral health crisis. Helpline staff make referrals to community resources and/or recommendations to the family for stabilization services. In-person support via mobile crisis response is made available if the crisis cannot be resolved over the phone. In emergency situations, EMS, law enforcement, and/or the mobile crisis response unit is contacted to further assist. In support of these services, KDHE approved use of their agency logo on Helpline resources as an “endorsement.” Title V shared promotional flyers in English, Spanish, Marshallese, and Vietnamese with all MCH programs several times since services launched as a reminder to providers of availability of these important support services.

The State Child Death Review Board reported that in 2019, 28 children in Kansas between the ages of 10-17 died by suicide. Between the years of 2015 and 2018, suicide deaths for Kansas youth, ages 10-17, increased by 70%. This disturbing trend led the Kansas Attorney General, along with the Tower Mental Health

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Foundation, to form a Youth Suicide Prevention Task Force in spring 2018. In 2019, the Task Force issued a report, which among other recommendations, included the recommendation of creating a youth-focused app that would connect Kansas youth to critical resources and information, as well as creating the position of Youth Suicide Prevention Coordinator within the Office of the Attorney General. The position has focused on the coordination of multidisciplinary and interagency strategies to help communities, schools, and professionals to synchronize efforts to prevent and address youth suicide. The app launched in September 2022, coinciding with National Suicide Prevention Awareness Month, National Suicide Prevention Week, and observance of World Suicide Prevention Day. The free app, called “Kansas – A Friend AsKS,” was developed in partnership with The Jason Foundation, a national suicide prevention organization, and can be found in both the Apple App Store and the Google Play Store. The app connects youth to tools and resources to help a friend, or themselves, who may be struggling with thoughts of suicide. The app also offers the option for users to call or text the 988 mental health crisis line.

Reducing access to lethal means, such as firearms and medication, can determine whether a person at risk for suicide lives or dies. Through KSKidsMAP, Kansas’ Pediatric Mental Health Care Access, a HRSA-funded program, six sessions of Counseling on Access to Lethal Means (CALM) training was offered to physicians and clinicians in primary care settings. This virtual training focuses on how to reduce access to the methods people use to kill themselves. It covers how to: (1) identify people who could benefit from lethal means counseling, (2) ask about their access to lethal methods, and (3) work with them—and their families—to reduce access. 35 primary care providers were trained as part of this KSKidsMAP workforce development opportunity. More information about KSKidsMAP can be found in the Cross-Cutting Report.

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### ***Kansas Youth Behavioral Health System Transformations:***

*Special Committee on Kansas Mental Health Modernization and Reform:* The Behavioral Health Consultant served as the KDHE Secretary’s designee representing KDHE and Kansas Title V in the 2020 and 2021 Special Legislative Committee on Kansas Mental Health Modernization and Reform (MHMR) and its Services and Workforce Working Group. Through successful advocating work, the Kansas Title V Family Delegate joined the MHMR Committee during the Fall 2021 convening. The Services and Workforce Work Group presented several recommendations to the full Committee that were then included in the [Report to the 2022 Kansas Legislature](#).

*CCBHC Transition:* Through behavioral health needs assessment activities, other state’s successes, and through championing system advancement through advocacy and convening and recommendation of the MHMR, the [Certified Community Behavioral Health Clinic \(CCBHC\) model](#) was identified as an opportunity to improve the “whole health” of Kansans. CCBHCs are a specially designated clinic that provides a comprehensive range of mental health and substance use services. CCBHCs represent an opportunity for states to improve behavioral health outcomes by providing community-based mental health and substance use services, advancing integration of behavioral health with physical health care, integrating and utilizing evidence-based practices on a more consistent basis, and promoting improved access to high quality care. Care coordination is the linchpin of the CCBHC model. Care coordination will require the CCBHC’s to deliberately organize patient care activities and sharing of information among all participants concerned with the patient’s care to achieve safer and more effective care.

The Kansas Legislature carried out the Special Committee’s recommendation and Kansas Governor Kelly signed HB2208 into law in April 2021. While other states are implementing the CCBHC model, Kansas was the first state to pass legislation! Legislation outlined that six community mental health centers (CMHCs) would become certified as a CCBHC by May 1, 2022. Three additional CMHCs would achieve preliminary certification by July 1, 2022, with nine additional by July 1, 2023, and the final eight by July 1, 2024. Kansas has met 2022 goals and is on track to meet the 2023 goal.

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**Medicaid Policy Change – Family Therapy:** A State Plan Amendment provided a policy change, effective May 1, 2022, that family psychotherapy without the patient present will be a covered Medicaid service. This service is covered based on clinical judgment. When the member is not present at the time the service is delivered, the identified member must remain the focus of the service. Family therapy services involving the participation of a non-Medicaid eligible individual(s) must be documented in the medical records as having a direct benefit for the Medicaid eligible member. The documentation must address the identified member’s individual needs on the treatment plan and outline the expected interventions and improvements in behavioral health. This policy change aligns with research and best practices of helping the family system and not just an individual child and was widely celebrated by the Kansas child-serving system!

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**Medicaid Policy Change – Parent Peer Support:** Through advocacy and numerous recommendations by several committees, Kansas Medicaid submitted a State Plan Amendment (SPA) to increase access to parent peer support services. Currently, “Parent Support and Training” is a Medicaid covered service for families with a youth enrolled in the Home and Community-Based Services (HCBS) Serious Emotional Disturbance (SED) Waiver Program. Effective January 1, 2023, Parent Peer Support is covered for both individual and group services. Parent Peer Support providers must self-identify as a person with lived experience raising a child with a SED, substance use disorder, or co-occurring mental health diagnosis. There will be no age restrictions for the parent receiving services, however the standard of 3 years age difference between the parent and provider applies. This service is covered, when based on clinical judgement, the member may not be present at the time the service is delivered, but the identified member remains the focus of the service. Parent Peer Support services involving the participation of a non-Medicaid eligible individual(s) must be documented in the medical record as having a direct benefit for the member. This documentation must demonstrate that the service is designed to address the identified member’s individual needs on the treatment plan and outlining the expected interventions and improvements in behavioral health. This service connects the parent/guardian with an individual with lived experience to guide and support the parent/guardian in advocating for their member.

Wichita State University’s Community Engagement Institute has worked via contract with KDADS to develop Parent Peer Support training. The training pilot with existing parent peer support providers began in November 2022 and launched in December 2022/January 2023. The training will be published on [Learn Worlds](#), the host site for Kansas’ Certified Peer Specialist (mental health) and Peer Mentor (substance use) trainings.

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**Local TPTCM (Teen Pregnancy Targeted Case management) Agencies:**

- Barton County Health Department reported that during SFY2022, all TPTCM clients were screened using the One Key Question and educated on their pregnancy intentions that was documentation during the post-partum visit or in the last trimester. The Coordinator uses One Key Question as a tool to start the conversation about birth control and childbirth spacing during the third trimester.
  - Delivering Change reported that the navigator assessed and screened clients for socio-economic needs, along with health and mental health needs. Clients were asked about prior and current mental health concerns and provided education and referrals as necessary to mental health providers. Throughout the client’s pregnancy, navigators continued to assess mental health concerns. Clients are additionally screened for mental health concerns utilizing the Edinburgh Postnatal Depression Screening at least once during their pregnancy, and twice during their postpartum period.
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## PLAN – October 2023 through September 2024

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**Cross-agency Collaboration for Improved Adolescent Health and Well-being:** Partnerships across sectors at both the state and local level are essential for improving health outcomes. Title V intends to continue collaboration activities outlined within the Adolescent Report. As Title V staff capacity increases through successful recruitment of leadership and Health Consultant positions, staff will explore additional opportunities for collaborative partnerships to address gaps in services and supports for adolescents and young adults.

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**Suicide Prevention:** Title V intends to continue promotional activities and involvement in the Kansas Suicide Prevention Coalition. See the Adolescent Report for more information about this work.

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### **Local MCH Agencies:**

- Community Health Center of Southeast Kansas (CHC-SEK) will screen 100% of their adolescent clients for depression and substance use with the Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) and Patient Health Questionnaire for Adolescents (PHQ-A) screening tools. Screening will be completed annually during routine well visits. Referrals will be made when scores indicate need. CHC-SEK will also incorporate an online screening tool on their website for self-identification of depression with information on how to connect to services. Immediate access to medication management through the Psychiatry Department will be available at no cost. They will work with local school nurses and behavioral health staff to create an adolescent-age advisory group. They will open two additional school-based health centers and expand partnerships with Pittsburg State University and community colleges in their 15-county service area.
  - Finney County Health Department will develop a memorandum of understanding (MOU) with Compass Behavioral Health for treatment of adolescents with behavioral health concerns. The MOU will cover services to be provided, referral processes and data sharing for coordinated care.
  - Leavenworth County Health Department staff will administer the PHQ-A to all well-adolescent visit clients. This will be the first year Leavenworth County Health Department implements use of the PHQ-A. Scores will be documented in the client EHR and DAISEY and will be referred for diagnosis and treatment when needed.
  - Pawnee County Health Department will begin screening adolescents for behavioral health needs using the Pediatric Symptom Checklist (PSC-17). They will incorporate screening as part of adolescent well visits. They will go from having 0 screens in the current year to 10 in the SFY24 plan year.
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