Adolescent Work Group Packet

Priority Overview Page: This includes the priority, a list of the objectives, and the selected performance measures (NPM = National Performance Measure / SPM = State Performance Measure).

Priority State Action Plan (SAP) Table: This outlines the key strategies within each objective. This also outlines another level of measurement (ESM = Evidence-based/-informed Strategy Measure).

Priority Resources: This outlines key initiatives, partners, websites, and other resources that you might want to look at or dig into related to your priority. These include a reference of where it might align in the SAP…but may or may not be directly called out in the table.

Priority Key Acronyms and Data: A compilation of acronyms that you might come across in conversations with your priority work. The key data outlines National Outcome Measures (NOMs) that are related to your priority population. This is in addition to the NPMs, SPMs, and ESMs noted elsewhere. Another resource is the NPM-NOM_Measures Table – this is where you can find the data trends for all of the measures associated with our work.

***Priority Data Summaries*:** These are the data summaries that will be included in the 2023 MCH Services Block Grant Application that will be submitted with our plan in August 2022.

PRIORITY 4

Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.

ADOLESCENT

OBJECTIVE 4.1

Increase the proportion MCH program participants, 12 through 17 years, receiving quality, comprehensive annual preventive services by 5% annually through 2025.

OBJECTIVE 4.2

Increase the proportion of adolescents and young adults that have knowledge of and access to quality health and positive lifestyle information, prevention resources, intervention services, and supports from peers and caring adults by 10% by 2025.

OBJECTIVE 4.3

Increase the number of local health agencies and providers serving adolescents and young adults that screen, provide brief intervention and refer to treatment for those at risk for behavioral health conditions by 5% by 2025.

NPM 10: *Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)*

PRIORITY 4: Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.

Domain: Adolescent Health

NPM 10: Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)

ESM: Percent of adolescent program participants, 12 through 17, that had a well-visit during the past 12 months

OBJECTIVE 4.1: Increase the proportion MCH program participants, 12 through 17 years, receiving quality, comprehensive annual preventive services by 5% annually through 2025.

Strategy	Description
4.1.1	Engage partners to promote a stronger cross-system recommendation to conduct complete annual well visits during adolescence utilizing all elements of the Bright FuturesTM guidelines.
4.1.2	Conduct annual provider educational efforts to support provider knowledge acquisition regarding the importance of comprehensive, quality adolescent well visits and the Bright FuturesTM Guidelines.
4.1.3	Support the development of a peer-to-peer awareness campaign, developed and delivered by adolescents and young adults, to express the importance of comprehensive, quality well visits and youth-inspired environments.
4.1.4	Engage local health agencies to implement youth-friendly care approaches from the Adolescent Health Institute in their facilities.

OBJECTIVE 4.2: Increase the proportion of adolescents and young adults that have knowledge of and access to quality health and positive lifestyle information, prevention resources, intervention services, and supports from peers and caring adults by 10% by 2025.

Strategy	Description
4.2.1	Partner with adolescents and young adults to identify, develop, and disseminate standardized guidance and educational materials focused on empowerment and health promotion (e.g., healthy living and eating, physical activity, mental health, substance use, social media, healthy relationships).
4.2.2	Increase awareness of adolescents and young adults about services and programs available to them in their community that are including and accessible to them through 2-1-1 and 1-800-CHILDREN resources and disseminate/share with youth-serving organizations and partners.
4.2.3	Distribute The Future is Now THINK BIG – Preparing for Transition Planning workbooks to schools for distribution during enrollment, orientation, and/or other appropriate events.
4.2.4	Partner with prevention initiatives to provide events/programs and develop community-based education classes, designed with adolescent and young adult input, to reduce risky behaviors and support youth in gaining important skills necessary for transition to adulthood (e.g., budgeting, independent living skills, furthering education, gaining employment, stress management, healthy relationships).

OBJECTIVE 4.3: Increase the number of local health agencies and providers serving adolescents and young adults that screen, provide brief intervention and refer to treatment for those at risk for behavioral health conditions by 5% by 2025.

Strategy	Description
4.3.1	Develop protocols for MCH local agencies to identify when an adolescent or young adult might need behavioral health services, make referrals to treatment when needed, assure timely access to care, and offer support to families throughout the process.
4.3.2	Partner with other state agencies and community-based organizations to promote resources that reduce the stigma and embarrassment often perceived as associated with mental illness, emotional disturbances, and seeking treatment.
4.3.3	Promote evidence-based suicide prevention initiatives and accessible crisis services through school and out-of-school activities.

Adolescent Resources

See also the Child, Adolescent, and CSHCN Supporting Document from the recent MCH Block Grant Application.

https://www.kdhe.ks.gov/DocumentCenter/View/5321/Program-Activities-Children-Adolescent-and-CSHCN-PDF

Obj	Description	Website
4.1.1	**Bright Futures:** A national health promotion and prevention initiative, led by the AAP. Supports for primary care practices (medical homes) in providing well-child and adolescent care according to the "Guidelines for Health Supervision of Infants, Children, and Adolescents."	https://brightfutures.aap.org/Pages/default.aspx
4.1.1	**GotTransition:** National resource center to assist youth and young adults transition from pediatric to adult health care (i.e., health care transition/HCT).	https://www.gottransition.org/
4.1.2	**Bright Futures Pediatric Symptoms Checklist (PSC):** Screening tool designed to facilitate recognition of cognitive, emotional, and behavioral problems. Two versions: Parent-Completed (PSC) and Youth Self-Reprot (Y-PSC).	https://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf
4.1.2	**Patient Health Questionnaire (PHQ-9):** The AAP Periodicity Table recommends screening for depression beginning at age 12 years. Title V staff will encourage and promote the PHQ. KSKidsMap created an algorithm that supports primary care providers with behavioral health screening during well visits and how to respond appropriately based on the results. There is also a specific version of this questionnaire modified for adolescents.	https://www.kdhe.ks.gov/DocumentCenter/View/2889/PHQ-9-Screening-Guidance-PDF
4.1.4	**Youth Friendly Care:** Title V will use these youth-friendly care tools to offer youth-friendly care quality improvement strategies to MCH agencies to support access to high-quality, youth-friendly health care (eg.g., aministering counseling, anticipatory guidance, health care services) that is age and developmental stage-appropriate to help young people establish life-long healthy habits.	https://umhs-adolescenthealth.org/improving-care/youth-friendly-care/
4.2.1	**Youth Health Guide:** A guide designed to help teens navigate various aspects of health (healthy eating, fitness/physical activity, mental wellness, substance use prevention, managing stress, technology/social media, healthy relationships, and well visits). Guide gives facts and provide youth with easy steps to take to live a healthy life physically, mentally, and emotionally.	https://www.kdhe.ks.gov/DocumentCenter/View/5629/Youth-Health-Guide-PDF
4.2.1	**WHY Campaign:** Youth-driven marketing strategies that get critical health information and resources into the hands, phones, and minds of adolescents and raise awareness of the Youth Health Guide. There are 2 toolkits available - one for adults and one for teens to implement this campaign locally.	https://www.kdhe.ks.gov/671/Whole-Healthy-You
4.2.2	**1-800-CHILDREN:** Resource line available 24/7 in English, Spanish, and 200 additional languages to connect with information, local resources, and supports needed; For families, parents, providers, and community members; Can also connect through text/email (1800children@kcsl.org), online at 1800CHILDRENKS.org, or mobile app (1800ChildrenKS in iOS/Android)	https://1800childrenks.org/
4.2.3	**The Future is Now, THINK BIG!:** A series of transition planning booklets to help teens prepare for transition to adult living. The booklet consists of an easy-to-use checklist on: Self-advocacy; Health & Wellness; Healthcare System; Social & Recreation, Independent Living Skills; and School & Work. *This was designed for youth with disabilities/SHCN. Title V has goals to review and assure it meets the needs for all youth.*	https://kansasmch.org/fac-materials.asp#future-now
4.3.1	**KSKidsMAP:** Kansas' pediatric mental health care access program for primary care physicians and clinicians. KSKidsMAP is developing a Pediatric Mental Health Toolkit for providers that will cover the SBIRT process for several mental health conditions.	https://www.kumc.edu/school-of-medicine/campuses/wichita/academics/psychiatry-and-behavioral-sciences-wichita/research/kskidsmap.html

4.3.1	**Substance Use and Mental Health Screenings for Adolescents:** Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Screening tool to assist with early identification of substance use related to risks and substance use disorders in primary health care. CRAFFT: Screening tool designed to identify substance use, substance-related riding/driving risk, and substance use disorder among youth ages 12-21. Generalized Anxiety Disorder (GAD-7): Screening tool used to measure the existence and severity of generalized anxiety disorders.	**Resources on these screening tools are under development.** Google searches can provide extensive research and implementation across the nation.
4.3.2	**2021 Suicide Prevention Art Contest:** Opportunities for youth to talk to other youth and help state agencies shape suicide prevention messages. The goal was to raise awareness of the possibility of hope and healing while working to provide enough support to Kansas youth so that no one ever walks alone in crisis.	https://www.ksphq.org/artcontest/
4.3.2	**Mental Health and Suicide Prevention Awareness:** KMCHC designed a series of social media posts based on the "#BeThe1To" (https://www.bethe1to.com/) action steps for helping someone in crisis.	http://www.kansasmch.org/adolescent_mental_wellness.asp

Adolescent Key Acronyms	
AAP	American Academy of Pediatrics
AHI	Adolescent Health Institute
ASSIST	Alcohol, Smoking and Substance Involvement Screening Test
CMHC	Community Mental Health Center
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
GAD	Generalized Anxiety Disorder
HCC	Holistic Care Coordination
IKC	Immunize Kansas Coalition
IRIS	Integrated Referral and Intake System
KBH	KanBeHealthy
PHQ	Patient Health Questionnaire
PSC	Pediatric Symptoms Checklist
SBIRT	Screening, Brief Intervention, Referral, and Treatment
SEL	Social Emotional Literacy
SPRC	Suicide Prevention Resource Center
WHY	Whole Healthy You

Adolescent Key Data (Related to NPMs 8, 9, and 10)

Alignment based upon Table 3 in the Block Grant Guidance Appendices

Column1	Column2
NOM 16.1	Adolescent mortality rate, ages 10 through 19, per 100,000
NOM 16.2	Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000
NOM 16.3	Adolescent suicide rate, ages 15 through 19, per 100,000
NOM 17.2	Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
NOM 18	Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
NOM 19	Percent of children, ages 0 through 17, in excellent or very good health
NOM 20	Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)
NOM 22.2	Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza
NOM 22.3	Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine
NOM 22.4	Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine
NOM 22.5	Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine
NOM 23	Teen birth rate, ages 15 through 19, per 1,000 females

Table 3. Evidence-based/informed National Performance and Outcome Measure Linkages*

National Outcome Measure		National Performance Measure														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
#	Short Title	Well-woman visit	Low-risk cesarean delivery	Risk-appropriate perinatal care	Breastfeeding	Safe sleep	Developmental screening	Injury hospitalization	Physical activity	Bullying	Adolescent well-visit	Medical home	Transition	Preventive dental visit	Smoking	Adequate insurance
1	Early prenatal care															
2	Severe maternal morbidity	X	X												X	
3	Maternal mortality	X	X												X	
4	Low birth weight	X													X	
5	Preterm birth	X													X	
6	Early term birth	X													X	
7	Early elective delivery															
8	Perinatal mortality	X		X											X	
9.1	Infant mortality	X		X	X	X									X	
9.2	Neonatal mortality	X		X											X	
9.3	Postneonatal mortality	X			X	X									X	
9.4	Preterm-related mortality	X		X											X	
9.5	SUID mortality				X	X									X	
10	Drinking during pregnancy	X														
11	Neonatal abstinence syndrome	X														
12	New born screening timely follow-up															
13	School readiness						X									
14	Tooth decay/cavities													X		
15	Child mortality							X								
16.1	Adolescent mortality							X		X	X					
16.2	Adolescent motor vehicle death							X			X					
16.3	Adolescent suicide							X		X	X					
17.1	CSHCN															
17.2	CSHCN systems of care										X	X	X	X		X
17.3	Autism															
17.4	ADD/ADHD															
18	Mental health treatment										X	X				X
19	Overall health status						X		X		X	X		X	X	X
20	Obesity								X		X					
21	Uninsured															
22.1	Child vaccination															X
22.2	Flu vaccination										X					X
22.3	HPV vaccination										X					X
22.4	Tdap vaccination										X					X
22.5	Meningitis vaccination										X					X
23	Teen births	X									X					
24	Postpartum depression	X														
25	Forgone health care											X				X

* Includes linkages based on expert opinion or theory in the absence of empirical scientific evidence. Associations with available empirical scientific evidence that is mixed or inconclusive are not included. This table is subject to revision as new scientific evidence becomes available. By definition, NPMs must be linked to at least one NOM; however, not all NOMs must have linked NPMs, as they may be important to monitor as sentinel health indicators regardless.

NPM10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year

According to the 2019-2020 National Survey of Children's Health (two years combined), 75.6% of Kansas adolescents, 12-17 years of age, had a preventive medical visit in the past year (95% confidence interval [CI]: 69.3%-81.1%). This was the same as the U.S. estimate (75.6%; 95% CI: 74.4%-76.8%).

The percentage of adolescents with a preventive medical visit in the past year differed significantly by special health care needs status, whether the adolescent had a medical home, and the education level of an adult in the household. Among adolescents with special health care needs, 89.5% had received a preventive medical visit in the past year (95% CI: 82.9%-93.8%), compared to 70.4% among those without special health care needs (95% CI: 62.3%-77.3%). For adolescents whose care met the criteria for being a medical home, 84.1% had had a preventive visit in the past year (95% CI: 76.9%-89.4%), compared to only 66.4% of those whose care did not meet the criteria for being a medical home (95% CI: 56.0%-75.4%). Across adult education categories, the percentage of adolescents with a preventive medical visit in the past year was highest (83.2%) among those for whom an adult in the household reported having a college degree or higher education (95% CI: 76.4%-88.4%) – which was significantly higher than the estimate among those for whom an adult in the household reported that their highest level of education was a high school diploma or GED* (65.5%; 95% CI: 50.1%-78.2%).

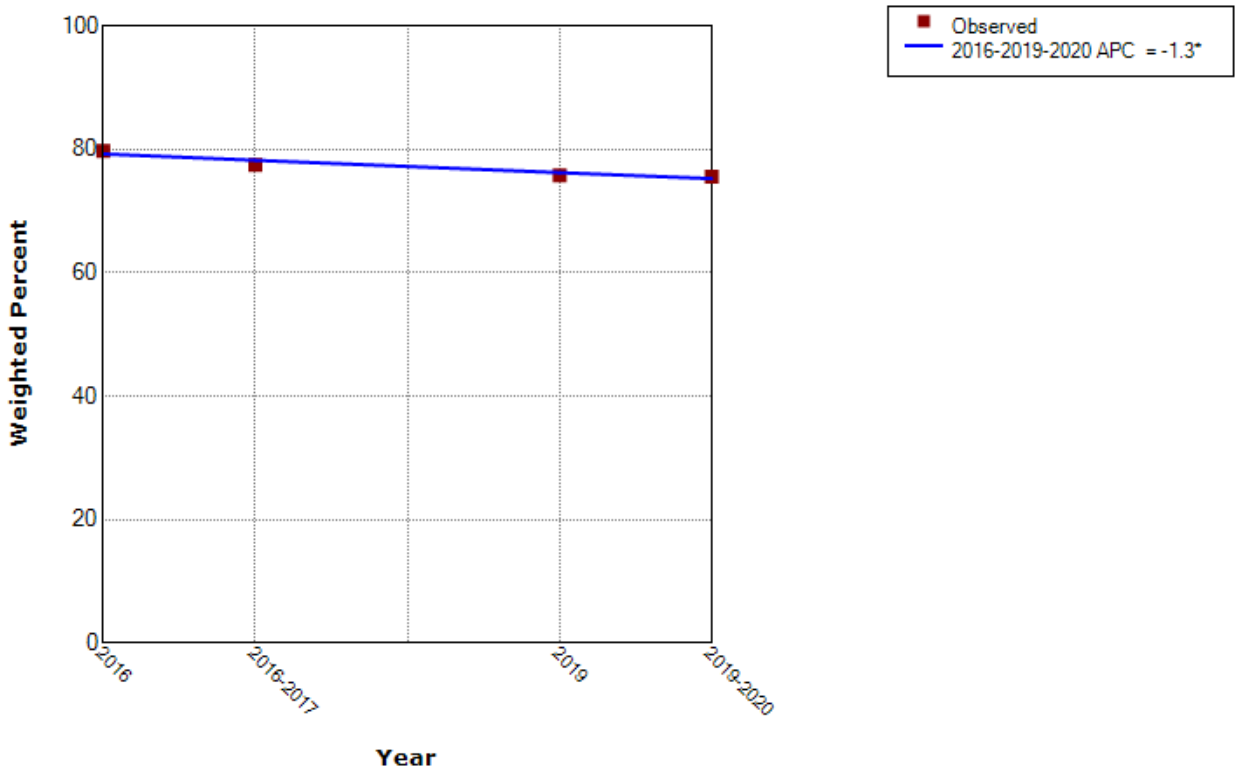
There was not enough evidence to show that the percentage of adolescents with a preventive medical visit in the past year differed significantly based on whether they currently had adequate health insurance and were continuously insured in the past year. The estimate among those with current, adequate, and continuous insurance in the past year was 73.4% (95% CI: 64.6%-80.6%), compared to 81.2% among those who either currently had inadequate or no insurance and/or had a gap in insurance coverage in the past year (95% CI: 73.1%-87.3%).

The percentage of adolescents with a preventive medical visit in the past year also did not differ significantly by household income level or by metropolitan status. For instance, among those not living in metropolitan statistical areas, 75.9% had received a preventive medical visit in the past year* (95% CI: 63.8%-84.8%). Among those living in a metropolitan statistical area and in a principal city, 68.8% had received a preventive medical visit in the past year* (95% CI: 56.6%-78.9%). The estimate among those living in a metropolitan statistical area but not in a principal city was 83.6% (95% CI: 76.6%-88.8%).

* Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution.

From 2016 (one-year estimate) to 2019-2020 (two-year estimate), this indicator experienced a statistically significant decrease, with an annual percent change of -1.3% (95% CI: -2.5%, -0.01%). Note that due to a difference in wording for this indicator in 2018, data are not available for 2017-2018 or 2018-2019.

Weighted Percent of Kansas Adolescents, Ages 12-17, with a Preventive Medical Visit in the Past Year, 2016-2020†‡



* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
† After 2016, state-level estimates have been produced using two-year combined data. However, due to a difference in wording in the 2018 version of this question, data for 2017-2018 and 2018-2019 are not available.
‡ The 2019 estimate has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution