

Adolescent Health: Adolescent Behavioral Health and Suicide Prevention

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 of experiencing behavioral health conditions by 5% by 2025.

Activities During Federal Fiscal Year 2023

Behavioral Health Screening Tools Guidance: The behavioral health screening [guidance](#) was published when the forms were added to DAISEY in July 2021 and continue to be used and updated, as needed. The guidance includes a 1-page overview of each screening tool and scripts for introducing the tools to a client, administering the screening, details on scoring the screen, determining risk-level, and appropriate interventions. Additionally, 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.

Partnership with the Kansas PMHCA Program: KDHE Bureau of Family Health provides oversight to the HRSA Pediatric Mental Health Care Access (PMHCA). The established Kansas program, KSKidsMAP, offers mental health case consultations, training, and physician wellness support to pediatric primary care practitioners. KSKidsMAP expanded upon the developed [Pediatric Mental Health Toolkit's](#) depression resources to include video didactics and resources for ADHD and Anxiety. Included within this Toolkit is an adapted AAP [Integrating Pediatric Mental Health into Primary Care Algorithm](#) that Title V continues to promote. More details about KSKidsMAP are included in the Cross Cutting Section.

Prevention and Education Activities: Title V has continued support the social media prevention and promotion activities around the [#BeThe1To's - 5 Action Steps for Helping Someone in Crisis](#) campaign during the Suicide Prevention (September) and Mental Health Awareness (May) months.

Per interest and recommendation from the Family Advisory Council (FAC), the Kansas Special Health Care Needs (KS-SHCN) program planned to partner with the Kansas Chapter of the National Alliance for Mental Illness (NAMI) to provide the [Ending the Silence](#) training for adolescents experiencing mental health needs. NAMI provides trainings in school settings to support adolescents in understanding the importance of taking care of their mental health needs, when to seek help, and resources/tools to respond in a positive manner to those experiencing a mental health situation. However, this did not happen in FY2023 due to staffing capacity issues. Upon hire of a new CYSHCN Director, this plan will be revisited in partnership with the MCH Behavioral Health Director to determine feasibility in the coming year.

Local MCH Agencies: The following are examples of how some of the local MCH grantee agencies have made progress toward objective 4.3 during the reporting period.

- Community Health Center of Southeast Kansas (CHC/SEK) screened all adolescents in the MCH program for depression and substance use. Age-appropriate screening tools are embedded in their EMR for those receiving primary care.
- Labette County Health Department provided the PHQ-A screening tool to 15 adolescents during immunization appointments.
- Riley County Health Department's MCH program partnered with their public health clinic to serve a combined 2,334 adolescents. All were educated and provided information on behavioral health services and supports in the community including free services from Kansas State University's (KSU) Family Center Student Therapists, located onsite at the health department. They also helped the public health clinic select a screening tool and develop a process for screening their clients. The public health clinic implemented universal mental health screening for Family Planning clients using the PHQ-9 screening tool and referred 27 clients to the KSU student therapists. Goal achieved!
- Saline County Health Department added the Preventing Youth Suicide, Do You Know What to Do handout for teens to educational packets for their adolescent clients that is discussed at the time of service. Additionally, the Preventing Youth Suicide, Do You Know What to Do handout for parents was added to MCH program education packets and distributed to parents who have an adolescent residing in their home at the time of the MCH Home Visiting service. They continued to post adolescent health messaging on social media which has a sizeable parent audience. Posts included education about adolescent well-being, behavioral health screenings and community resources.

Plans for Federal Fiscal Year 2025

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 will continue 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 previously partnered with Wichita State University's Community Engagement Institute (WSU-CEI) to create 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. This project was put on hold due to the global COVID-19

pandemic and restraints on the local MCH workforce. Contents of the Adolescent SBIRT Toolkit will be reviewed and updated, as needed based on new information and research. Once finalized, the resource will be published to the MCH Integration Toolkits [webpage](#).

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.

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 patient health questionnaire 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 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 MCH Behavioral Health Director will provide technical assistance to ATL programs to help improve internal program workflows and referral processes, as needed.

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 Certified Community Behavioral Health Clinics (CCBHCs), schools, and community youth-serving organizations to support holistic adolescent health in their communities. Title V will continue its partnerships with the Kansas Department for Children and Families (DCF), Kansas Department for Aging and Disability Services (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 Governor's Behavioral Health Services Planning Council Children's and Prevention Subcommittees, the Kansas School Mental Health Advisory Council, the Juvenile Justice Oversight Committee's Behavioral Health Workgroup, and the Kansas Suicide Prevention Coalition. A brief summary of these Councils/Committees is included below.

Governor's Behavioral Health Services Planning Council (GBHSPC): The federal government mandates that all states have a mental health services planning and advisory council. The Governor's Behavioral Health Services Planning Council fulfills that mandate for Kansas. The Council 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 Mission of the Council is to partner to promote prevention, treatment, and recovery services to ensure Kansans with behavioral health needs live safe, healthy, successful, and self-determined lives in their communities. Much of the work of the Kansas Council is done by citizen volunteers that are members of subcommittees established to report and make recommendations to the Council. The work of these subcommittees has been vital to recommendations of multiple legislative commissions, including the Mental Health Modernization and Reform Committee. Through the Council, these Subcommittee recommendations are reported to the Secretary of KDADS. The Council may also form special task forces to make recommendation. There are currently twelve Subcommittees: Children's, Employment, Evidence-Based Practices, Housing & Homelessness, Justice Involved Youth & Adults, Kansas Citizens' Committee on Alcohol and Other Drugs, Peer, Problem Gambling, Prevention, Rural & Frontier, Service Members, Veterans, and Family Members, and Tobacco. Title V has representation on the Children's and Prevention Subcommittees:

- 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 CCBHCs, 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. Goals/priority areas for SFY2024 include: 1) continue serving as the KSKidsMAP Advisory Council; help support program expansion and sustainability efforts; 2) transitional aged youth with an emphasis on IDD populations and family supports; and 3) early childhood mental health services. The annual recommendations report will be drafted and submitted to the

GBHSPC and KDADS Secretary in September 2024. Goals for SFY2025 will be established at the July 2024 meeting.

- Prevention Subcommittee: Mission is to provide engagement, feedback, guidance, and advocacy at the State level for related behavioral health prevention outcomes and identification of systems changes to address challenges, barriers, issues, and needs at the State, regional, or community level. Priorities and indicators for SFY2024 include increasing access to mental health services for underserved populations, reducing stigma surrounding mental health and substance use disorders, improving support for individuals experiencing a mental health crisis, and enhancing education and awareness about mental health and substance use disorders. Additionally, the Subcommittee identified data priorities for SFY2024: Alcohol use in the past 30-days, binge drinking for youth, young adults, and adults; DUIs for any substance for young adults and rates of arrests for adults; marijuana use in the past 3-days for youth and young adults; illicit drug use in the past 30-days for youth, young adults, and adults; suicide ideation for youth, young adults, and adults; depression in the past year for youth, young adults, and adults. Goals and priority areas for SFY2025 will be established at the July 2024 meeting.

Kansas School Mental Health Advisory Council (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.

Juvenile Justice Oversight Committee's (JJOC) Behavioral Health Workgroup: 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 Reinvestment 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.

In 2021, JJOC requested technical assistance from SAMHSA's Opioid Response Network (ORN) to explore gaps in services and access, racial equity, and a more in depth understanding of challenges, opportunities and reduce identified barriers to expand access. ORN completed site visits in several locations in Kansas and compiled a summary report. Findings include: SB367 (Kansas Juvenile Justice Reform Act) has reduced the number of youth in locked facilities and has shifted service provision to local communities; Kansas does not have the behavioral health workforce and

infrastructure to provide for youth and families in all communities; and the COVID-19 pandemic further strained the behavioral health system and created new challenges.

ORN reflected that there are barriers to accessing evidence-based treatment, particularly among low-income and rural families. While there is a growth in telehealth treatment opportunities, those have complications. While growth in telehealth services is often a good thing, the outcomes, experience, and quality of the treatment experience vary. The ability to engage and benefit from virtual treatment is dependent on the personality of the youth, internet speed, access to quality video equipment, level of privacy in the youth's home, and the engagement skills and comfort of the provider. Providers who are not familiar with the communities they are serving, may lack the cultural context that is relevant in developing a treatment plan.

In response to these findings, the JJOC Reinvestment Subcommittee established a Behavioral Health Workgroup with members from key state agencies (e.g., KDOC-JS, DCF, KDADS, and KDHE/Title V). The Workgroup will continue convening to address systematic barriers and identify opportunities for improved access while also monitoring progress from the recently established Stepping Up Initiative. In November 2023, Governor Kelly [announced](#) investment in a partnership with the Council of State Governments' Justice Center's Stepping Up Initiative "to reduce the over-incarceration of Kansans with mental illness and substance abuse disorders. The initiative provides KDOC staff at juvenile justice system facilities with training and other technical assistance to identify youth who could benefit from behavioral health supports and services to avoid reincarceration."

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](#).

Partnership with the Kansas PMHCA Program: KDHE Bureau of Family Health was re-awarded the HRSA Pediatric Mental Health Care Access (PMHCA) Program in 2024. The established Kansas program, KSKidsMAP, offers mental health case consultations, training, and physician wellness support to pediatric primary care practitioners. As part of the KSKidsMAP program, the MCH Behavioral Health Director facilitates a Bi-Monthly Partner Call to discuss system improvement opportunities, available resources, and make connections with state agency leaders for improved linkage to care needs. Partner calls in 2023-2024 have focused on the Kansas Home and Community Based Services (HCBS) Waivers, specifically the Autism Waiver, Intellectual/Developmentally Disabled Waiver, and Serious Emotional Disturbance Waiver. Discussion has focused on waiver eligibility, access, wait list, gap-filling services, and services available through each waiver program. Information shared by state partners and community providers has been so valuable that representatives from the Kansas Chapter of the American Academy of Pediatrics (KAAP) would like to replicate the meetings as part of a webinar series for Kansas pediatricians and family medicine physicians to occur during this Plan year (2024-2025). More details about KSKidsMAP are included in the Cross Cutting Section.