



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)

Annual Preventable Services Initiatives

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

Quality preventive services and Bright Futures™: Title V continued to support and recommend local MCH grantees adhere to the Bright Futures™ guidelines for preventive care/well visits for adolescents. Title V continued state-level partnerships with the Kansas American Academy of Pediatrics (KAAP), Kansas Academy of Family Physicians (KAFFP), Immunize Kansas Coalition, and Medicaid to promote shared recommendations for health care professionals to utilize the guidelines, tools/resources, and anticipatory guidance. MCH funds were used to purchase a statewide license in 2019 for the most current edition of the Bright Futures Toolkit, eliminating cost as a barrier of conducting a complete and quality visit. The Adolescent Health Consultant became the point of contact for this training for the state, supporting local MCH programs and responded to questions or requests for technical assistance related to the use of the Bright Futures toolkit and materials. Ten local MCH staff completed the online training on the Bright Futures Tool and Resources Kit 2nd Edition. Upon completion of training, attendees were given access to online toolkit resources through a KDHE organizational account. The Bright Futures Resources and Toolkit training and access was promoted through Listserv email from KDHE and in the MCH Services Manual.

With input from the Family Advisory Council and youth, the Adolescent Health consultant developed and released the [Adolescent Well Visit brochure](#) and introductory letters in FY24. The Adolescent Well Visit Brochure provides information for youth and young adults on what well visits are, how to schedule one, and what to expect at the appointment and after. The brochure can be customized to include the doctor's office and contact information and provides links to other statewide adolescent and young adult health resources. Two well visit introductory letters, one for parents/caregivers and one for youth/young adults, were also developed. The [adolescent well visit letter for parents and caregivers](#), provides key aspects of an adolescent well visit as youth transition from well child appointments. It also reviews confidentiality and privacy considerations parents and caregivers should be aware of.



Dear Parents and Guardians,

As your child transitions into adolescence taking steps into this crucial phase of growth and development, we want to emphasize the importance of well visits for adolescents and share insights into the confidentiality and privacy considerations surrounding their health care.

Importance of Well Visits for Adolescents:

Adolescence is a transformative period, marked by physical, emotional and social changes. Well visits for adolescents are designed to provide comprehensive care during this time. These check-ups focus not only on physical health but also on addressing the unique needs and challenges faced by adolescents.

The [adolescent well visit letter](#) for youth provides an introduction to their transition to becoming an adolescent and receiving preventive care through a well visit. Providers can access all three on the Kansas Maternal and Child Health website and tailor the documents for their clinic. The Adolescent health consultant launched these materials by sending information through the BFH listserv June 2024. She was also invited to present Well Visit materials during the KDHE Local Health department monthly meeting in August 2024. The Adolescent Health consultant reminded providers about the Well visit materials after the Third Thursday webinar “Sports Physicals and Well Visits, What’s the difference?”.

The Adolescent Health consultant facilitated the quarterly Maternal and Child Health Third Thursday webinar on “The importance of Well Adolescent visits”. This webinar was presented by Dr. Elizabeth Lewis who is a clinical Assistant professor of Adolescent Medicine for the Department of Pediatrics of University of Kansas School of Medicine. We had 71 registered. The Adolescent health consultant and Program manager hosted the Importance of Well child and Well Adolescent Visits Q&A. Grantees were welcomed to attend this informal Q&A to get feedback, ask questions, and connect with other providers. We had 48 registered. The Adolescent Health consultant invited and facilitated a local Pediatrician (non MCH grantee) to present on “Sports Physicals and Well visits, What’s the difference” for another Third Thursday event. 68 registered

The adolescent Health consultant shared resources and materials from Got Transition on Health care transition were shared to grantee providers serving the Adolescent population.

Peer to Peer Awareness Campaign (WHY): The Adolescent Health consultant begun the process of revamping The Whole Healthy Youth (WHY) campaign. With respect to the youth who provided the idea and topics of focus, the WHY campaign is now a program for Health and Wellness information, resources, and materials for Adolescents, young adults, parent/caregiver, providers, and other community entities. It is an extension of the Youth Health Guide that will provide much more information and resources. The WHY campaign is now called Whole Healthy You (WHY). The Adolescent Health consultant collaborated with the Maternal and Child Behavioral Health Director to revamp the Behavioral Health tab on the KDHE webpage for WHY. The Behavioral health tab will have information on finding help, Suicide prevention, Mental health conditions, Substance use, and other resources. This continues to be developed by KDHE’s Comm team.

The Adolescent Health Consultant updated the [WHY Social Media tool kit](#) and produced summer social media tip cards for youth after receiving feedback from clinical physicians about concerns of youth interacting on social media.

Kansas School Nurses Organization: The Family Planning and Reproductive Health Program Manager spoke at the KSNO conference and had a lot of engagement with Nurses who attended her session. They seemed interested in partnering with LHDs and using Well Visit Materials as well as an interest in Sex education materials and cultural competency, especially for LGBTQIA youth.

Adolescent Health and Well-being

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.

Youth Work Group: Planning began for the Youth Advisory Council. The Adolescent Health Consultant and Children with Special Healthcare needs director partnered with setting the foundation for the Youth Advisory Council. Initially, they had planned on making this an interstate agency collaboration with KDADs, DCF, DCCCA, and the Kansas department of correction however, faced a substantial set back in effort of collaboration. Fortunately, The Family Systems Consultant was hired and joined planning for establishing the YAC. It was decided the YAC will be named “Whole Healthy Youth” and be under the WHY program.

Systems Navigation Training for Youth: The Adolescent Health Consultant met with DCF independent living to get feedback on things to consider when including Foster care and justice involved youth in creating systems navigation and reviewed their Transitional Aged Youth booklet for foster care youth receiving Independent living services. The Adolescent health consultant created a membership with American Association of Family and Consumer Sciences (AAFCS). Never heard back from AAFCS

Youth Transition Booklet: The Adolescent Health consultant continued to promote “The Future is now: Thinking Big” transition planning booklets by passing them out at the Kansas American Academy of Pediatrics summit and sending information about them through the MCH listserv.

Youth Health Guide: After receiving feedback from parents at the Parent Leadership Conference, The Adolescent Health consultant worked with the KDHE comms team in making the [Youth Health Guide](#) accessible for youth who may use reading assistance technology. Youth who use technology to read now can do so.



Awareness of 2-1-1 and 1-800-CHILDREN: The Adolescent Health consultant continued to share information on 1-800-CHILDREN with those on the network. The Maternal Child Health consultant team hosted a presentation on 1-800-CHILDREN by KCSL to grantees. There were 19 grantees that attended. Grantees were required to review and update their information in the 1-800-Children data base.

The Adolescent Health Consultant also participated in the 1-800-CHILDREN (KCSL) Parent leadership conference. The Adolescent Health consultant shared information regarding Adolescent health and wellness and WHY with parents/Caregivers, and home visiting providers. They also helped the newly hired the Child Health consultant, the Family systems consultant,

and the Children with Special Health care needs director pass out resource information to parents/caregivers that had information on 1-800-CHILDREN.

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.

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), which was refunded in September 2024. The established Kansas program, KSKidsMAP, offers mental health case consultations, training, and physician wellness support to pediatric primary care practitioners. KSKidsMAP and Title V continued promotion of the developed [Pediatric Mental Health Toolkit](#) which includes video didactics and resources for ADHD, Anxiety, and Depression. Included within this Toolkit is an adapted AAP [Integrating Pediatric Mental Health into Primary Care Algorithm](#) that Title V also continues to promote. More details about KSKidsMAP are included in the Cross Cutting Section.

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, and recently joined the Rural and Frontier Subcommittee:

- 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. In September 2024, the Subcommittee put forth recommendations to the GBHSPC and KDADS Secretary around: 1) sustainability of the KSKidsMAP program; 2) support the Community Support Waiver to assist families accessing services to maintain their child(ren) in the community; 3) fund and develop specialty psychiatric residential treatment facilities for the difficult to treat complex populations; and 4) ongoing investigation into the implementation of DC 0-, developing the state plan amendment for EC/DC 0-5 and continue the development of the Drug Endangered Children Coalitions across the state. Goals/priority areas were set for SFY2025: 1) Continue to serve as the KSKidsMAP Advisory Council and support the sustainability of the program; 2) Support initiatives for Transitional Ages Youth, with particular emphasis on the I/DD population and supporting families; and 3) early childhood mental health services, focusing on prevention, positive childhood experiences and healthy pregnancy/postpartum impact on development and what resources are needed for development in the early years.
- 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. In September 2024, the Subcommittee put forth recommendations to the GBHSPC and KDADS Secretary around: Hiring a centralized Prevention Science Practitioner, KDADS hiring and employing a centralized Epidemiologist, enhancing liaison and relationship with State government liaison officials, and strengthening and streamlining an Advocacy and legislative Subcommittee.
- Rural and Frontier Subcommittee: Dedicated to utilizing data-driven and needs assessment approaches to address the unique behavioral health challenges and requirements of rural and frontier counties to assure the accessibility, availability, and acceptability of behavioral health services for all Kansans. In September 2024, the Subcommittee put forth recommendations to the GBHSPC and KDADS Secretary around: 1) explore opportunities to expand training options for providers in Screening, Brief Intervention, and Referral for Treatment (SBIRT); 2) support adopting the Mental Health Intervention Team (MHIT) program into statute and dedicate additional funding to rural and frontier counties across the state to support implementation in schools; 3) advocate for changing the timeframe for parent/guardian notification of content and consent process for non-academic surveys from four months to six months prior to the

assessment (Senate Sub for HB 2567); 4) support the GBHSPC's recommendation to return to an "Opt OUT" system for parents regarding evaluations and surveys that are conducted in the state's schools regarding behavioral health issues; and 5) increase the effectiveness and utilization of Community Health Workers (CHWs), comprehensive training should be expanded to include mental health, crisis intervention, and substance use with an emphasis on building expertise in agricultural and rural-frontier communities. Overarching goals for SFY2025 include: 1) increase behavioral health prevention efforts throughout Kansas; 2) expand access to behavioral health treatment throughout Kansas; and 3) supporting and enhancing the behavioral health workforce throughout Kansas.

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." With this adoption and steady implementation, the Workgroup concluded their convenings in 2024 with Stepping Up Initiative updates to be made available in the various other stakeholder meetings (e.g., GBHSPC and School Mental Health Advisory Council).

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](#).

Cross-Agency Leadership Collaboration: In February 2024, Kansas leadership from KDHE BFH, KDADS, DCF, KDOC-JS and KSDE participated in a multi-state policy lab to supports dialogue and planning among state agencies and stakeholders working to improve outcomes for children, youth with complex behavioral health needs and their families. The effort was developed and supported by Health Management Associates (HMA) in partnership with the National Association of State Mental Health Program Directors (NASMHPD), National Association of Medicaid Directors (NAMD), Child Welfare League of America (CWLA), and American Public Human Services Association (APHSA), with support from the Annie E. Casey Foundation, Casey Family Programs, Health Management Associates and Centene's philanthropic organization.

The Kansas Team's mission is to improve children's behavioral health through policy, systems, and environmental changes, guided by a vision to eliminate barriers to supportive services for children and families. We believe in a family systems approach, addressing state policy barriers, and empowering children and families as experts in their own lives. By fostering collective impact and amplifying their voices, we aim to build champions for change, develop and implement prevention plans, and create system and finance mapping tools through various initiatives. The Kansas Team continues to work on a 'Kansas Prevention Plan' as part of this leadership collaboration:

1. Data Development and Data Sharing – Requested state funding to develop a system that would allow all child serving agencies to update, track and monitor children being served in Kansas has been approved to move forward with funding request. This would include referrals for higher level of care, placement, education, current services, justice involvement, acute hospitalizations, etc. Awaiting approval and contract completion.
2. Continuum of Care/Service Array – Kansas developed a service continuum of current available services and treatment provided through the state agencies. This continuum is intended to assess gaps in services as well as evaluate how the placement of these services within agencies/departments promotes or serves a barrier to accessing care. Leadership recognizes all state agencies have an essential role to play in building and dispensing information to youth, families and communities on the comprehensive Kansas system.
 - a. Children's Service and Treatment Continuum of Care – We have mapped children's services and mapped a color indicating availability of services and treatment. These documents are in continual review and updates as new resources are identified often.

- b. Kansas Youth Stepping Up – Kansas Youth Stepping Up program with a focus on supporting policies and programs that improve outcomes for youth with mental illnesses and co-occurring substance use disorders in jails. Kansas is the first state to tackle a Juvenile Justice Stepping Up program. This work will build upon the Mental Health in Jails 2020 State Action Plan. The Council of State Governments (CSG) has completed a system mapping/landscape analysis on the state of Kansas as well as conducted many listening sessions with over 100 stakeholders across the state. From that work, CSG has compiled a list of recommendations for the state of Kansas to be able to address some gaps within our juvenile justice system. Those recommendations were approved on in November 2024 by State Task Force and by the Joint Committee on Corrections and Juvenile Justice Oversight.
- c. Psychiatric Residential Treatment Facilities Environmental Scan – Study is finalized and reviewing recommendations for possible policy changes. First, specialty unit is expected to open by February 1, 2025. State Plan Amendment and rate policy are being drafted for approval. Planning for additional specialty units is in progress.
- d. Infant and Early Childhood – Two state plan amendments have been submitted that would increase and improve services to children ages 0-5. These include: 1) Implementation of DC:0-5 with up to five evaluations sessions prior to diagnosis; and 2) Expanding the provider base for providing in home PBS services. We are awaiting state approval to move these state plan amendments to CMS for review, approval and implementation.

The Team will continue meeting throughout 2025 to continue progress on these key initiatives. To highlight success of these highly coordinated cross-sector initiatives, the [State of Mental Health in America Rankings Report for 2024](#) showcase markable success for Kansas' system change efforts. There are 15 unique measures that make up the overall ranking, which includes both adult and youth measures as well as prevalence and access to care measures. The over ranking for Kansas improved from 51st in 2023 to 22nd in 2024. Specific to the Youth Rankings, there are seven measures that are factored into the report. Kansas improved from a ranking of 50th in 2023 to 16th in 2024. Also noteworthy was improvement made in the prevalence of mental illness score from 50th in 2023 to 19th in 2024. However, limited change was observed in the access to care ranking, 48th in 2023 to 35th in 2024.

Other Adolescent Activities

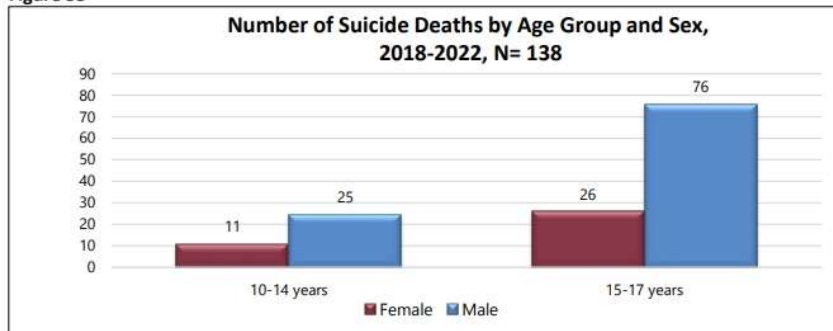
Kansas Youth Behavioral Health System Transformation: A Good Samaritan Law ([SB419](#)) was passed in the 2024 Legislative Session providing immunity from prosecution when a person seeks or provides medical assistance related to the use of a controlled substance for live saving measures. The Kansas Prescription Drug and Opioid Advisory Committee is establishing a messaging committee to increase awareness of the law determining a Q&A resource would be the most informative way of providing education to community members. However, a youth messaging subcommittee was established to determine how to increase awareness of the law and provide education about harm reduction resources available (e.g., fentanyl test strips,



Naloxone). Youth created a short [educational and promotional video](#) that is available on the Safer Kansas [webpage](#). Also on the page, individuals can request Naloxone Kits and fentanyl test strips, locate available Naloxone vending machines, take Naloxone training to learn how to use Naloxone, and request medication disposal bags and lock boxes.

Suicide Prevention Suicide continues to be a leading cause of death for children and adolescents. According to the Centers for Disease Control and Prevention, in 2022, suicide was the second leading cause of death for children ages 10-14 and the third leading cause of death for children 15-19. Consistent with national studies, adolescent females are more likely to attempt suicide, but adolescent males are more likely to complete suicide.

Figure 58



To increase awareness of the critical public health issue, an [Action Alert](#) was created recognizing September as Suicide Prevention Awareness Month. The Action Alert highlighted Kansas specific data for the adolescent and perinatal populations and key resources. There was a call for action that integrated the #BeThe1To five action steps to help someone who might be experiencing a crisis. These steps have been proven to help others find hope and support. Several social media posts, in English and Spanish, were also included in the Action Alert.

Call to Action

Everyone has a role to play in prevention suicide. Use the #BeThe1To five action steps to help someone who might be experiencing a crisis. These steps have been proven to help others find hope and support.



Research shows that people thinking about suicide feel better when someone cares and asks about them. Talking about suicide can help make those thoughts go away.

Las investigaciones demuestran que las personas que piensan en el suicidio se sienten mejor cuando alguien se preocupa y les pregunta como están. Hablar del suicidio puede ayudar a que esos pensamientos desaparezcan.



Studies show that when lethal items are harder to get, fewer people die by suicide, and sometimes, fewer people try to end their lives.

Los estudios muestran que cuando los objetos letales son más difíciles de conseguir, menos personas mueren por suicidio y, a veces, menos personas intentan acabar con sus vidas.



People feel less down, less like hurting themselves, less stressed, and more hopeful after talking to someone who listens without judgement.

Las personas se sienten menos deprimidas, con menos ganas de hacerse daño, menos estresadas y más esperanzadas después de hablar con alguien que escucha sin juzgar.