

## **Developmental Screening Initiatives**

*Objective 3.2—By 2030, increase the percent of children, ages 9 through 35 months, who received a parent-completed developmental screening using a parent-completed screening tool in the past year to 45%.*

**System Enhancements:** Title V will continue to support and strengthen Kansas's Centralized Access Point (CAP), 1-800-CHILDREN, as a foundational element of the state's developmental screening and referral infrastructure. In 2025, the CAP will undergo a significant upgrade, including the launch of a new call log and referral management system. These improvements are being made with direct input from Title V reporting needs, Help Me Grow Kansas (HMG KS) data priorities, and community feedback.

The enhanced system will allow for more targeted referrals, improved follow-up on outcomes, and better capture of family needs. This will position 1-800-CHILDREN as a stronger bridge between families and local resources

To maximize the effectiveness of these updates, call line staff will receive comprehensive training on child developmental screening and early childhood programs. This includes how to recognize potential developmental concerns, refer families for screenings using tools like the Ages and Stages Questionnaires (ASQ), and connect them to appropriate services. Staff will also be trained on the Bureau of Family Health (BFH) and Title V program offerings, ensuring they are well-equipped to guide families toward available supports across the maternal and child health system.

**ATL Centralized Access Point Support:** Title V will partner with Aid to Local (ATL) grantees to review and update their program profiles within the 1-800-CHILDREN referral system and activate referral functionality where possible. This will strengthen local connections and allow the CAP to function more dynamically as a central hub for screening referrals and system navigation.

**Books, Balls, And Blocks Developmental Screening Model:** Books, Balls, and Blocks (BBB) events, a family-friendly developmental screening model designed to make developmental screenings more accessible, convenient, and supportive for families, will continue expanding in 2025 in partnership with the Kansas Child Care Training Opportunities (KCCTO). As part of this expansion, KCCTO will provide technical assistance and training to child care providers on the Ages and Stages Questionnaire. Childcare providers will then work with Help Me Grow Kansas to use BBB as a tool for family engagement and developmental promotion.

During the events, families will have the opportunity to complete the ASQ on-site. A Help Me Grow representatives will be available to provide real-time support and troubleshooting as needed. After completing the screening, families will receive developmental resources, age-appropriate books, and a printed copy of their child's ASQ results to take home. Help Me Grow and 1-800-CHILDREN will follow up with families to offer additional support, referrals, and guidance based on screening outcomes. Childcare providers will also be encouraged to contact the call line for continued assistance and resource navigation after the event.

**Infant and Early Childhood Mental Health Financing Policy Project:** Kansas continues to participate in the Infant and Early Childhood Mental Health Financing Policy Project (IECMH-FPP) through Zero to Three (ZTT), a multi-state initiative designed to support policy advancement and financing strategies for IECMH systems. The IECMH-FPP centers equity, financing, and system alignment, with an emphasis on supporting the full continuum of services

for young children and their families—promotion, prevention, assessment, diagnosis, and treatment.

The Kansas team—comprising representatives from KDHE/Bureau of Family Health (BFH), Medicaid, Kansas Department for Aging and Disability Services (KDADS), Department for Children and Families (DCF), the State Interagency Coordinating Council (SICC), Kansas Inservice Training System (KITS), Kansas Association for Infant and Early Childhood Mental Health (KAIMH), and community providers—continues to collaborate to advance a coordinated IECMH system that supports workforce development, system financing, and family access. In 2024, the Kansas IECMH team identified a system financing map completed by the Children's Funding Project (CFP) in 2022. The FPP workgroup will explore usage of this map and meet with the CFP team to discuss future updating and collaborations. The Kansas IECMH team will identify funding gaps and potential policy levers to support an expanded IECMH workforce, increase access to services, and ensure Medicaid reimbursement mechanisms align with clinical best practices, including the use of DC:0–5.

*Infant and Early Childhood Mental Health (IECMH):* Title V also participates in the Zero To Three (ZTT) Infant and Early Childhood Mental Health (IECMH) Workgroup. In Kansas, this is a collaborative between KDHE/BFH, KDHE/Medicaid, Kansas Department for Aging and Disability Services (KDADS), Kansas Department of Children and Families (DCF), State Interagency Coordinating Council (SICC), Kansas Inservice Training System (KITS), Kansas Association for Infant and Early Childhood Mental Health (KAIMH), and local providers. Information on current goals and progress to date can be found in the Child Report. However, substantial progress has been made for Medicaid adoption of a DC: 0-5 policy. DC: 0-5: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood is a diagnostic classification system for infants and youth children, birth through five years old. It was created to provide developmentally specific diagnostic criteria and information about mental health disorders in infants and young children. The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) is a comparable classification system for older children, adolescents, and adults. DC:0-5 is specifically designed to account for the rapid and ongoing development of infants and young children. Because infants and young children grow in the context of relationships with adult caregivers and each relationship is unique, DC:0-5 is constructed to focus on the adaptive qualities between the infant/young child and their primary caregivers. With a target effective date of January 1, 2026, the draft Kansas Medicaid policy would support up to five appointments for assessment and clinical observation prior to making a diagnosis for children ages 0-5 as part of the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. There would be a three-year phased-in approach before providers would be required to adopt DC:0-5 billing practices.

In support of policy implementation, Title V is partnering with KDADS and ZTT to offer a DC:0-5 Overview Training in June 2025. This training helps administrators and allied professionals gain a foundation for understanding the DC:0-5 diagnostic system. The training offers an overview of the background, approach, and content areas of DC:0-5. It is particularly geared to support allied professionals in understanding the importance of developmentally informed, relationship-based, and contextually and competent diagnostic practices. The training will be offered virtually for 100 identified key individuals in the IECMH system.

Title V will contract with ZTT to offer twelve DC:0-5 Clinical Training sessions for up to 50 participants per session, training up to 600 Kansas providers. This comprehensive training supports clinicians from fields of mental health, health, and early intervention in gaining in-depth knowledge of the approach and content of DC:0-5 and to practice application of this nosology.

The training provides history and background around the need and development of a specialized diagnostic classification system of infancy and early childhood disorders, approaches in diagnosis from an IECMH perspective which is developmentally informed, relationship-based, contextual, and culturally responsive. Participants learn about the multi-axial approach to diagnosis as well as understanding the contents of each axis, including Axis I Clinical Disorders. The training series is facilitated by select faculty or local ZTT Certified DC:0-5 Trainers who have the highest clinical, diagnostic, and training expertise. Working in both large and small groups throughout this training experience, the faculty support, guide, and clarify content for participants through group discussions, encouraging questions and reflections, and preparing examples that are clear and relevant in clarifying content. Upon completion of the DC:0-5 virtual training, clinicians will have a thorough understanding of the approach and content of DC:0-5 and will be able to begin using this nosology in their practice, as their license/role allows. The training is comprised of ten modules totaling 12 hours and is typically delivered in three 4-hour sessions.

Title V and KDADS staff will be strategic in identifying early adopters to attend first scheduled DC:0-5 Clinical Training, as it is required for clinicians to be utilizing DC:0-5 for at least one year prior to attending and becoming a certified trainer. Title V will work with IECMH system partners to identify clinicians to become trainers from all geographic regions, licensure types, and professional affiliations (e.g., school of medicine programs, CCBHCs, KAIMH) to ensure sustainability of trainers in Kansas. A health foundation, the United Methodist Health Ministry Fund, has agreed to partner and fiscally support DC:0-5 Training-of-Trainers cohort that supports 15 clinicians to become certified trainers in 2027.

*ASQ Partnership with KSDE:* The Child Health Consultant will partner with the Kansas State Department of Education (KSDE) to broaden access to the ASQ Online Enterprise system and support the onboarding of additional programs into the regionally administered platforms overseen by Part C.

In collaboration with KSDE ASQ trainers, the Child Health Consultant and select KDHE Bureau of Family Health staff will complete the ASQ Training of Trainers course. This will allow KDHE to expand training opportunities for child care providers, MCH grantees, health care providers, and community partners. These trainings will be offered regularly and at no cost to participants. This initiative will strengthen statewide readiness to implement developmental screening using ASQ and improve the integration of screening data into care coordination efforts by enhancing data collection and use across systems