

Adolescent Health

Objective 4.1 Annual Preventable Services Initiatives

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REPORT – October 2021 through September 2022

Bright Futures™: Annual preventative visits are not consistently happening for young adults, and when happening, insurance does not require documentation of all components for an annual preventative care visit, creating inconsistency in the quality of care that young adults receive. To address this issue, Title V continues to recommend that 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.

With the hire of the Child and Adolescent Health Consultant position in May 2023, planned activities will be reviewed and prioritized. Specific to this strategy, the Consultant will review available resources and offer guidance on the following: marketing strategies for preventative well visits; providing simple low-cost ideas to create youth-friendly environments through tools created by the [University of Michigan Adolescent Health Institute](#) (AHI) Adolescent Health Initiative; and supplying resources on how to incorporate appropriate procedures on transitioning youth, with and without special health care needs to adult care, starting at the age of 12. Evidence-based tools and resources through Got Transition, Bright Futures, and best practices from other states will be reviewed and included as part of the technical assistance service. Read more the CSHCN Domain.

Youth-Friendly Care: Title V intended to use the [youth-friendly care tools](#) from the University of Michigan Adolescent Health Institute (AHI) to offer youth-friendly care quality improvement strategies to MCH agencies that are targeting adolescents. Title V intended to offer local MCH programs technical assistance via the Child and Adolescent Health Consultant to support local programs in obtaining established goals to improve adolescent health outcomes, including opportunities to enhance, or improve, current policies and practices. The tools from AHI will be laid out in a chart depicting the different levels of providing youth-friendly care (e.g., SPARK trainings for staff meetings, Youth-led Health Center Assessment Tool, Creating and Sustaining a Youth Advisory Council, Adolescent-Centered Environment-Assessment Process, and Becoming an Adolescent Champion Model). With this guidance, MCH agencies will be equipped to implement youth-friendly care strategies. Due to the Child and Adolescent Health Consultant vacancy, youth-friendly care technical assistance was not offered to local MCH programs during this Report period. Youth-friendly tools are available on the Children and Families Workstation for local MCH programs to utilize. Upon successful recruitment of a qualified candidate for the position, planned activities will be reviewed and prioritized.

Adolescent Well Visits for Youth with SHCN: As part of the Kansas Special Health Care Needs (KS-SHCN) Program, adolescents and their families are provided holistic care coordination services that include helping them understand the importance of a comprehensive annual well visit. Many times, Adolescents with special health care needs (SHCN) routinely see a variety of specialty providers throughout the year, so routine well visits are not considered a high priority. Care coordinators share the value in these appointments with the youth and their parents/guardians and if needed, help locate a provider and schedule the appointment.

Adolescents and their parents/guardians are assisted by their care coordinator in preparing for the appointment in a variety of ways based on individual needs (e.g., understanding how to complete paperwork; developing questions to ask the doctor; understanding and explaining their special health need; understanding insurance; transition preparation).

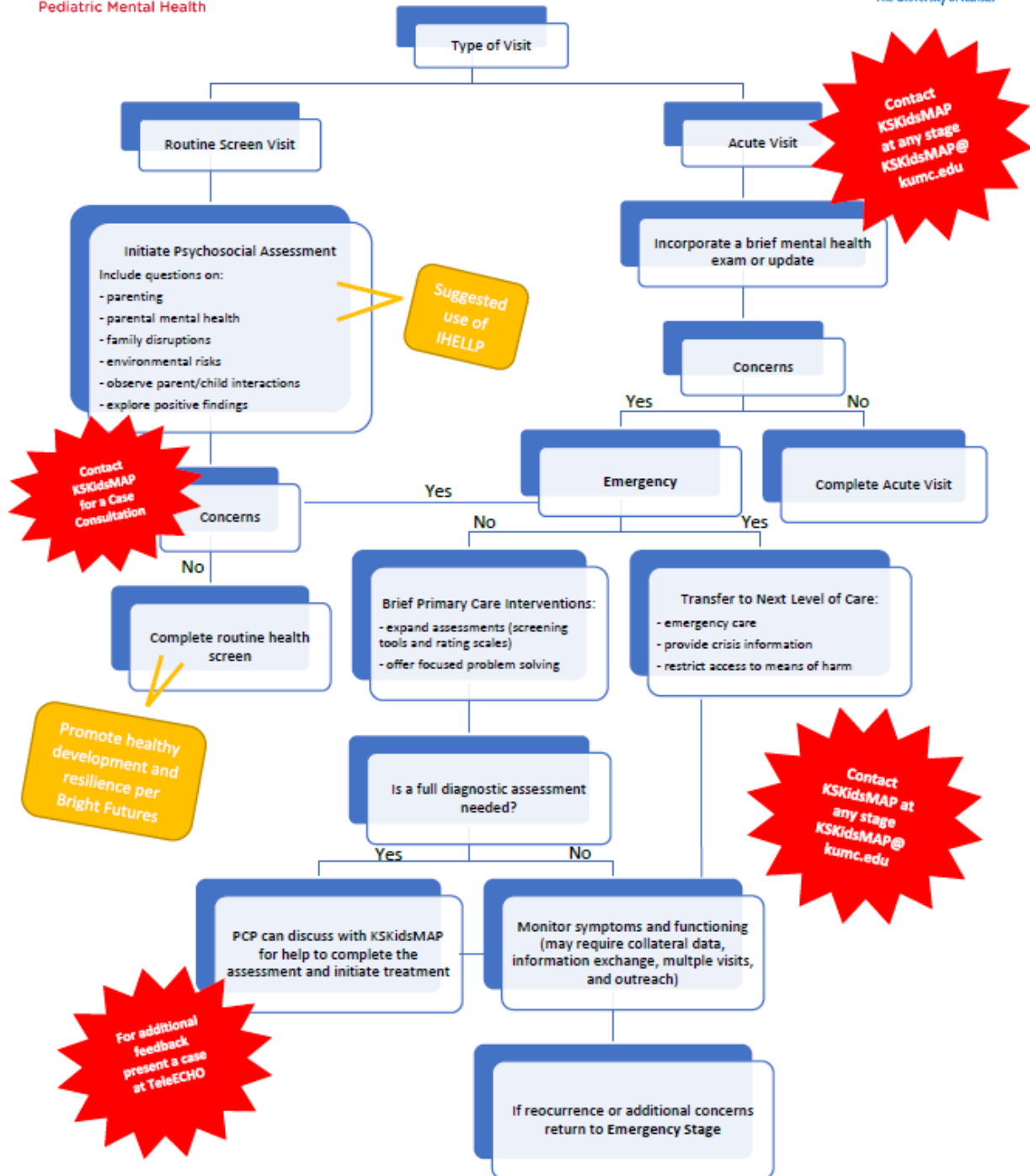
KS-SHCN Care Coordinators can identify SHCN clients who are enrolled in KanCare (Kansas Medicaid) and have not had an annual well visit through the monthly shared Medicaid report. Care Coordinators connect with these SHCN clients and encourage and assist them in scheduling the appointment. If the client has private insurance the care coordinators will assist them in locating an in-network provider accepting new patients, if they do not already have one. For uninsured clients on the KS-SHCN program who qualify for Direct Assistance Programs (DAP's) the annual well visit costs are covered by the program, so adolescents and their families do not have the barrier of cost as an obstacle to quality care.

The KS-SHCN team begins conversations and goal setting (included, which are listed on their Action Plan) with adolescents and their parents/guardians on the importance of transition when, or before the youth reach 12 years of age. All youth need quality transition planning but for youth with SHCN, there are more challenges and barriers to finding adult health care providers with knowledge and comfort in providing care for their specific medical need. This makes transition planning an even higher importance for this population, and the KS-SHCN program has been working on targeted transition strategies. While the transition work is targeted for those with special health needs the trainings, tools and resources can be used by all youth. See the CYSHCN Domain for more information.

Peer to Peer Awareness Campaign: Kansas has made youth across the state equal partners in deciding what health topics are important to address. Youth driven efforts have resulted in a set of best practice marketing strategies that get critical health information and resources into the hands, phones, and minds of adolescents. The end product was the [WHY \(Whole Healthy You\)](#) campaign that successfully launched in the spring of 2021. Title V and the 60 partnering agencies will continue to utilize the WHY campaign to bring attention to health awareness events and highlight portions of the [Youth Health Guide](#) throughout the year. Wallet-sized cards with a QR Code directing to the WHY website was available to participating schools, community mental health centers, health departments, pediatricians, and local youth clubs. Cards and frisbees were provided to attendees at the 2022 Kansas Parent Leadership Conference.

Behavioral Health Integration: Title V continued to promote the KSKidsMAP, Kansas' Pediatric Mental Health Care Access (PMHCA), a HRSA-funded program, [modified AAP algorithm for integrating pediatric mental health into well-adolescent visits](#). This algorithm demonstrates how the Bright Futures behavioral health screening recommendations can be integrated into well visits, and highlights decision points in which the KSKidsMAP Pediatric Mental Health Team could be contacted via Provider Consultation Line to support the practitioner in identifying next steps for appropriate care and treatment.

KSKidsMAP Integrating Pediatric Mental Health into Primary Care Algorithm





Consultation Line

- Mental health resources for referral
- Referrals for community and telehealth resources
- Case consultation services with any/all members of the Pediatric Mental Health Team including board certified child and adolescent psychiatrist, board certified child and adolescent psychologist, board certified pediatrician, and social work care coordinator.

Physician Wellness

- Resources for burnout and physician mental health
- Referrals to treatment

TeleECHO Clinic

- All Teach/All Learn environment
- Focus on screening, diagnosing, and treatment of mental and behavioral concerns in children and adolescents in the primary care setting
- Mentorship from each other and expert team through case-based learning

For more information on KSKidsMAP, to learn how to enroll for Consultation Line services, or how to register for the TeleECHO Clinic call 1-800-332-6262 or email KSKidsMAP@kumc.edu



Adapted from the American Academy of Pediatrics Algorithm: A Process for Integrating Mental Health Care into Pediatric Practice. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,134,666 with 20% financed with non-governmental source. The contents are those of the authors and do not necessarily represent the official views or, nor an endorsement, by HRSA, HHS, or the U.S. Government.

The KSKidsMAP Team presented and shared this algorithm during the MCH Third Thursday Webinar Series, *KSKidsMAP: A Resource for Responding to the Pediatric Mental Health Crisis*. Title V and KSKidsMAP partnered to develop a [Pediatric Mental Health Toolkit](#) to be included as part of the MCH Toolkits. The Pediatric Mental Health Toolkit includes several health-risk topics and recordings of video didactic presentations from the KSKidsMAP TeleECHO Clinic sessions, as well as other resources. The first topic, depression, was published on the MCH Toolkits page in February 2022. Content was developed for Anxiety and Attention-deficit hyperactivity disorder (ADHD) topics, and work is underway to ensure the videos and resources are accessible and are American with Disabilities Act compliant before being published as part of the Toolkit. More information about KSKidsMAP can be found in the Cross-Cutting Report.

Local MCH Agencies:

- Barton County Health Department held two events for adolescents. In the fall of 2021, they hosted a back-to-school event where health education was provided on the importance of well visits and which providers in the community offer them. In addition, immunizations were provided to 81 adolescents. Their community health coalition, Central Kansas Partnership, formed a new task force called Youth Crew. The task force is made up of adolescents working on tobacco/nicotine and other youth drug use issues in the community. The Youth Crew led a “Kick the Habit” kickball tournament where education on tobacco and vaping was provided. Approximately 90 youth participated in the event.
- Community Health Center of Southeast Kansas (CHC-SEK) ensured that all adolescents served by MCH had a well visit. CHC-SEK is a federally qualified health center located in 13 communities in southeast Kansas, a region of the state with some of the highest rates of poverty and poor health outcomes. CHC-SEK reached this goal by having their Population Health staff run reports through Medicaid databases to identify (and contact) those without an annual wellness visit. Additionally, they overcame barriers for parents whose work schedules don’t allow to take off and travel to medical appointments by seeing adolescents in their School Based Health Clinics.
- Kearny County Hospital providers educated parents and family members of adolescents about the importance of well visits.
- Sedgwick County Health Department met their SFY 2022 goal of completing 290 adolescent well visits.

PLAN – October 2023 through September 2024

Bright FuturesTM: Kansas Title V programs support and promote the use of the Bright Future Guidelines to MCH partners and grantees. As a partner to Medicaid, it is Title V staff’s best practice to make sure all partners /grantees are familiar with the guidelines and when and how to implement them. Many of the MCH Aid to Local (ATL) grantees fill in gaps for adolescents when they identify these needs and provide services according to Bright Futures. Vision and hearing screenings are good example of that. Many times, the adolescent’s Primary Care Provider will do some of the recommended screenings, such as depression screenings but stop short of doing hearing and vision screenings. That is where the MCH ATL grantees can step up and fill that service gap by providing these screenings as part of their MCH work.

Title V is currently recruiting qualified candidate for the vacant Child and Adolescent Health Consultant position. Once a candidate is hired, they will review the 2022 American Academy of Pediatrics’ Bright Futures Recommendations for Preventive Pediatric Health Care Periodicity Schedule and guidance materials. The Consultant will determine promotional opportunities and quality improvement strategies for ensure that MCH ATL, Title X, home visiting, and pediatric primary care physicians and clinicians have the training, skills, and comfort to provide well-visits following these best-practice standards. Further, MCH staff will work closely with the Kansas chapter of American Academy of Pediatrics to ensure that both public and private provider networks that serve children are knowledgeable regarding the new recommendations. MCH will continue the following efforts:

- Access for local MCH agencies to the Bright Futures toolkit and statewide Bright Futures website
- Access to Bright Futures training and free handouts and resources to provide to clients and families
- Integration of Bright Futures behavioral health screening recommendations in well-visits
- Promotion of the [Pediatric Mental Health Toolkit](#)
- Partnership with [KSKidsMAP](#) to support case consultation for adolescent health providers
- Promotion of the GotTranstion Health Care Transition Quiz for those serving the adolescent population
- Partnership with KS-SHCN to align these efforts with the Transition Direct Assistance Program being developed for youth with special health care needs

Peer to Peer Awareness Campaign: The Whole Healthy You (WHY) will continue to be promoted so adolescents can access resources and tools they need to be empowered. Wallet-size cards with a QR code linking youth to the WHY website will continue to be distributed to schools, health departments, ATL grantees, partners, community events and during the SNTY trainings.

The Family Consumer Partnership Coordinator will be researching what types of adolescent peer support groups are offered in Kansas and developing a proposal to present to the MCH leadership on how Kansas can engage with youth voices to help drive positive change for this population. Leadership will then determine next steps for activities, program development, or partnerships based on these recommendations. Information from these findings will also be used to help guide leadership in brainstorming on how to reach this population for input in the next 5-year needs assessment.

Adolescent Well Visits for Youth with SHCN: As part of the System Navigation Training for Youth, the importance of well visits will be discussed and how they are different from a sports exam. The need for reoccurring yearly exams will be one of the curriculum topics along with a variety of transition components (e.g., finding an adult doctor, scheduling a medical appointment, filling out medical forms, insurance) that youth need to know. Special emphasis will be given on transition for those with special needs during these trainings.

Local MCH Agencies:

- CareArc staff will provide education to parents on the importance of beginning the habit of preventative care at an early age and work to schedule appointments for these as they see they are needed. 80% of clients aged 12-17 years seen by MCH providers will have an annual wellness visit on file within the last year. The current measure is only 58.5% but has been as high as 77% but they will provide training to staff on how to document well visits in DAISEY and monitor progress toward the goal during monthly meetings.
- Community Health Center of Southeast Kansas (CHC-SEK) will increase the percentage of adolescent clients with an annual well-child visit from 67% to 85%. To achieve this, they will acquire adolescent-appropriate incentives to encourage completion of the exams, search the Medicaid data base to identify those without an annual well visit in the last two years, work with school nurses and behavioral health staff to create an advisory group of adolescents, and pilot an evidence-based initiative on improving self-image in USD 250.
- Dickinson County Health Department will ask adolescents that come in for immunizations if they've had a well-child visit in the last year. They will educate them on the importance of have a well visit each year. During the most recent full program year, 95% (148/156) of adolescents reported having an annual well visit. The goal is to increase the percentage of adolescent clients with a current annual well visit to at least 96%.
- Pawnee County Health Department will provide well visits for three adolescents. The baseline is 0. They have not had many adolescent clients since the COVID pandemic. They will promote the well visit as a service provided by the health department so three adolescent well visits is a realistic goal.
- Southeast Kansas Multi-County Health Department will work toward a higher rate of completion for adolescent immunization appointments. Currently 84% of schedule appointments for adolescents that include immunizations are completed. Their goal is to increase to 95% completion. They will use Appointments Plus to monitor progress of scheduled appointments.
- Sumner County Health Department will provide 30 well adolescent visits, from a baseline of 0 in the previous year. They will promote the service on social media and written publications to let the community know it's available at the health department. They will follow Bright Futures guidelines and have the staff with credentials to complete well visits.

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