

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.

Whole Healthy You (WHY): Peer-to-Peer Awareness Campaign

In spring 2021, KS Title V launched the Whole Healthy You, or "WHY," campaign to provide health and well-being information to adolescents and young adults in a relevant manner, based on youth focus groups conducted. Over the last year, the Adolescent Health Consultant worked to update the [WHY website](#) and transition the campaign to include information for caregivers, providers, and youth-serving organizations. This shift was due to the recognition that caregivers, providers, and youth-serving organizations all play a role in adolescents' health and lifestyle decisions. That information needs to be provided to them as well. Beyond updating the website, the Adolescent Health Consultant focused on infrastructure development, both internally and externally through partnerships, and began building new campaign materials on topics such as relationships and connections, health care transition, and behavioral health.



Organizational Highlight Webinar

Title V consistently seeks opportunities to share information and resources with its ATL partners. During FFY25, the Adolescent Health Consultant was connected with [The Corner Health Center](#), an organization in Michigan that provides care to 12- to 25-year-olds (and their children). The Corner Health Clinic offers a full range of health, mental health, and supportive services for young people as they transition to adulthood, and is nationally recognized for its work. The presentation provided information on the wide range of services provided by The Corner Health Center, how they create a youth-friendly approach to health care, and practical ideas to enhance adolescent and young adult services in your own practice. The presentation was well-received and allowed the Adolescent Health Consultant to engage with youth-serving partners on challenges they were facing, including implementation support, challenges in abstinence-only school districts, retention, and staffing.



Teen Pregnancy Targeted Case Management (TPTCM)

The Teen Pregnancy Targeted Case Management (TPTCM) program provides comprehensive case management services to KanCare (Kansas Medicaid)- eligible pregnant and/or parenting adolescents (up to 12 months postpartum) in Kansas communities, with priority given to communities with greater numbers of adolescent Medicaid recipients.

The goals of the program are to reduce negative consequences of teenage pregnancy for KanCare-enrolled teens and their children; increase levels of self-sufficiency and goal-directedness relating to their own futures and that of their children; and delay

subsequent childbearing until completion of goals related to basic education/training, or until they reach 21 years of age.

During SFY25, TPTCM services were provided by ten grantee agencies, including seven health departments, a community-based organization that provides 24/7 services to pregnant women experiencing homelessness, one federally qualified health center (FQHC), one pregnancy/family clinic and a medical center providing services through community clinics. The grantees served 301 unduplicated pregnant and/or parenting adolescents during SFY25 with TPTCM funding. TPTCM program participant birth outcomes included 105 live births and four fetal or infant deaths or miscarriages (not all adolescents delivered during the reporting period). In addition to ensuring adolescents receive prenatal medical care, TPTCM case managers assist adolescents by providing linkages to healthcare resources for uninsured or underinsured teens and referring them to community resources and needed supports.

Adolescent Health and Well-being

Objective 4.2: Increase the proportion of adolescents and young adults who 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 Advisory Council

KS Title V has always emphasized the importance of integrating family voice and experience into its work. To that end, the Title V team explored developing a Youth Advisory Council, recognizing that, to effectively advance its adolescent work, adolescent voices needed to be at the forefront. After reviewing existing state youth-engagement efforts, logistical considerations, and collaboration opportunities, the team reassessed its approach to developing a new youth advisory council. The decision was made that a greater impact could be achieved by partnering with existing youth advocacy and leadership groups across Kansas, leading to more meaningful and sustainable youth engagement. This approach supports rather than competes with established youth-led spaces, avoids duplication, and strengthens the integration of youth voice into ongoing adolescent health initiatives across multiple state agencies, rather than limiting it to Title V or the BFH. Moving forward, efforts will focus on building relationships with existing youth groups, strengthening their capacity, and incorporating youth perspectives into Title V work through these partnerships.

Systems Navigation Training for Youth

During the summer of 2022, an intern from Saint Louis University assisted in developing an adolescent transition training program based on the Systems Navigation Training for Families (SNTF; see CSHCN report). The intention was to expand the training to be focused on all youth transitioning from pediatric to adult care. Based on feedback received from participants in the SNTF, the curriculum is currently being updated. The decision was made to complete revisions to the SNTF curriculum first, then align the SNTY with those changes before rolling it out. Also, as the Title V team has strived to

integrate youth voices more robustly into its work, the team intends to co-create the revised curriculum with you to ensure it meets their needs.

Youth Health Guide

The Adolescent Health Consultant and Title V team began planning for an update to the Kansas Youth Health Guide in partnership with the community partner, DCCCA. The Youth Health Guide was originally developed to provide accessible, youth-centered information on key health topics, informed by direct feedback from adolescents. As youth health needs, communication preferences, and public health priorities continue to evolve, a comprehensive update is essential to ensure the Youth Health Guide remains relevant, accurate, and reflective of the lived experiences of Kansas youth.

A task order was established with community partner DCCCA to support a seven-month update process. Youth feedback and experience will be gathered through over 20 focus groups. The topics of the focus groups are designed to engage youth in positive behavior change, motivations, and understanding barriers to healthy choices. The KDHE Internal Review Board will provide final approval before focus groups proceed, ensuring that no youth are at risk of harm by participating in the sessions and that feedback is collected ethically and anonymously. We anticipate the groups and updates to the guide to take place in the subsequent block grant year.

Awareness of 1-800-CHILDREN

During FFY25, the Adolescent Health Consultant continued to share information on 1-800-CHILDREN at conferences and events throughout the State. For more information on 1-800-CHILDREN, please refer to the Child Domain Report.

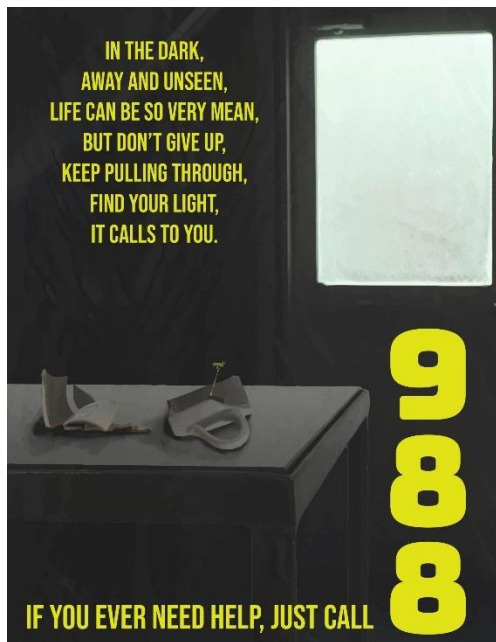


Powered by Kansas Children's Service League

Through the alignment of the Child and Adolescent Health Consultant roles, Help Me Grow Kansas efforts are becoming more intentionally connected to the adolescent domain. This integration supports plans to expand 1-800-CHILDREN services to address better adolescent and youth developmental health needs, including transition supports and resources. While 1-800-CHILDREN currently provides support to youth, intentional efforts will focus on strengthening staff knowledge of adolescent-specific resources and increasing outreach and marketing to youth to build awareness and engagement.

Kansas Suicide Prevention Coalition

The Adolescent Health Consultant served on the [Kansas Suicide Prevention Coalition](#). This coalition brings together partners from across agencies and disciplines to champion suicide prevention for all Kansans through equitable access to partnerships, advocacy, resources, ideas, and data. Each year, the KS Suicide Prevention Coalition invites youth in grades 6-12 to participate in the statewide youth art contest to raise awareness around suicide prevention. The Adolescent Health Consultant shared the information with all Title V partners to increase awareness of and participation in the contest.



Elise, 8th
Grade

Alexander, 11th Grade

Healthy Relationships

In the United States, 1 in 3 U.S. teens experience physical, sexual, or emotional abuse from someone they're in a relationship with before becoming an adult. Recognizing the importance of educating youth about what a healthy relationship looks like, the Adolescent Health Consultant updated the [Teen Dating Violence Action Alert](#) and informed Title V grantees about the resource in February, in recognition of Teen Dating Violence Awareness Month. Additionally, Title V grantees were encouraged to request Healthy Relationships cards created by [Futures without Violence](#) from the Adolescent Health Consultant to share with youth using their services.

Housing Insecurity Among Kansas Adolescents

Secure housing is vital to the health and well-being of adolescents and young adults, yet nearly 18% of youth under age 18 in the United States were unhoused or homeless during 2021. With the addition of housing instability to the Title V National Performance Measures, the Adolescent Health Consultant developed an Action Alert for Title V grantees to use during November, National Homeless Youth Awareness Month.

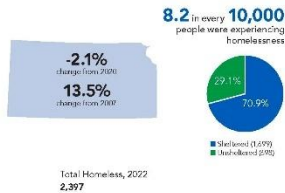
November is National Homeless Youth Awareness Month



Nine in ten people experiencing homelessness in families with children were sheltered, 143,733 people. Ten percent of people in families with children, 17,337 people, were found in unsheltered locations in 2022.¹

In 2021, youth under the age of 18, made up roughly 18% of the unsheltered or homeless population in the United States.² Persons experiencing unstable housing may potentially mean harm to children and adolescent's health and wellness. Often youth are exposed to conditions that make them more vulnerable to risks for respiratory diseases, trauma, mental illness, substance use and misuse and sexually transmitted diseases.

Kansas Data¹



Estimates of Homelessness

1,754 individuals
643 people in families with children
126 incarcerated homeless youth
218 veterans
465 chronically homeless individuals

According to the Youth Risk Behavior Surveillance System, of Kansas high school students surveyed in 2021, 5.9% reported unstable housing (that is to say, that they usually did not sleep in their parent or guardian's home) during the 30 days before the survey.²

By race and ethnicity, the percentage of Kansas high school students surveyed in 2021 who reported unstable housing during the 30 days before the survey was highest among non-Hispanic Black students 8.9%, followed by non-Hispanic students of multiple races 8.6%, non-Hispanic American Indian and Alaska Native students 7.1%, Hispanic students 5.8%, non-Hispanic Asian students 4.2% and non-Hispanic White students 4.0%.²



2023

1

Social Media Shareables



1. Every young person deserves a safe place to call home. Join us in supporting homeless youth this National Homeless Youth Awareness Month. Together, we can make a change. #YouthHomelessness #TakeAction

Todos los jóvenes merecen un lugar seguro al que puedan llamar hogar. Únase a nosotros para apoyar a los jóvenes sin hogar este Mes Nacional de Concientización sobre los Jóvenes sin Hogar. Juntos, podemos lograr un cambio. #YouthHomelessness #TakeAction

2. Homelessness can have severe health impacts on young lives. Join us in raising awareness for National Homeless Youth Awareness Month and be part of the solution. #YouthHealthMatters #EndYouthHomelessness

La falta de vivienda puede tener graves consecuencias para la salud de los jóvenes. Únase a nosotros para crear conciencia sobre el Mes Nacional de Concientización sobre los Jóvenes sin Hogar y sea parte de la solución. #YouthHealthMatters #EndYouthHomelessness

3. If you're a young person experiencing homelessness know that you are not alone. There is help and support available, contact 1-800-CHILDREN (800-332-6378) to be connected with the resources you need.

Si eres un joven sin hogar, debes saber que no estás solo. Hay ayuda y apoyo disponibles, comunícate al 1-800-CHILDREN (800-332-6378) para que te pongan en contacto con los recursos que necesitas.

4. We believe in your strength and resilience. There is hope for a brighter tomorrow, and we're here to guide you through your journey from homelessness to stability.

Creemos en tu fuerza y resiliencia. Hay esperanza de un mañana mejor y estamos aquí para guiarte en tu transición de la falta de vivienda a la estabilidad.

5. Are you a homeless youth in need of a checkup, vaccinations, or a physical exam? We're here to help! Your health is important to us and we're here to support you every step of the way. Don't hesitate to reach out.

¿Eres un joven sin hogar que necesita un chequeo médico, vacunas o un examen físico? ¡Estamos aquí para ayudar! Tu salud es importante para nosotros y estamos aquí para apoyarte en cada paso del camino. No dudes en ponerte en contacto con nosotros.

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Other Adolescent Health and Well-Being Activities

Adolescent Health Resource Distribution

Title V supported adolescent and young adult health education by distributing developmentally appropriate, youth- and caregiver-facing materials throughout FFY25. Resources addressed mental and behavioral health, crisis response, healthy relationships, and systems navigation. Whole Healthy You (WHY) branded items included crisis hotline wallet cards and relationship and well-being fold-out cards. These materials were made available through the MCH order form. Resources were distributed to local health departments and community organizations as well as conferences, trainings, and parent leadership events.

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.

Cross-agency Collaboration for Improved Adolescent Health and Well-Being

Behavioral Health Screening Tools Guidance: The guidance was published when the forms were added to DAISEY in July 2021. The guidance was reviewed, and revisions were made in 2025 to help streamline and simplify information. The guidance includes a one-page overview of each screening tool, along with scripts for introducing the tools to a client, administering the screening, scoring the screen, determining the 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: The KDHE Bureau of Family Health provides oversight to the HRSA Pediatric Mental Health Care Access (PMHCA) program, which was refunded in September 2023. 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. An annual review of the Toolkit was completed, and updates were made to correct broken links and add newly identified resources. Updated guidance documents were also integrated and published on the page. Included within this Toolkit is an adapted AAP Integrating Pediatric Mental Health into Primary Care Algorithm that Title V also continues to promote.

Through the established KSKidsMAP training program components, the Pediatric Mental Health Team facilitates TeleECHO Clinic Sessions on the first and third Tuesday of each month. During this Report Period, KSKidsMAP facilitated 25 TeleECHO Clinic sessions supporting pediatric and adolescent behavioral health care across Kansas. Sessions addressed a broad range of high-priority clinical topics, including anxiety, depression, ADHD, oppositional defiant disorder, substance use, school-related challenges, panic attacks, catatonia, pharmacogenetic testing, and pediatric psychology treatment compliance. The series combined structured didactic presentations with case-based discussion and open office hours, supporting pediatric primary care physicians and clinicians in diagnosis, treatment planning, medication management, and referral decision-making. Attendance across sessions consistently ranged from approximately 15 to 38 participants, reflecting sustained practitioner engagement and ongoing demand for accessible, case-based specialty consultation.

Attendee feedback on the KSKidsMAP TeleECHO Clinic Sessions:

- Thank you, as always, for promotion common sense conservative interventions to meet the needs of children in our communities -July 2025
- REALLY appreciated the tips in the didactics about how to work with behaviors within the clinic setting while trying to have these discussions with families! -July 2025
- Always appreciate intervention tips, down to how to phrase things, that I can use with kids on the inpatient unit and clinic (and recommend to parents!) -December 2024

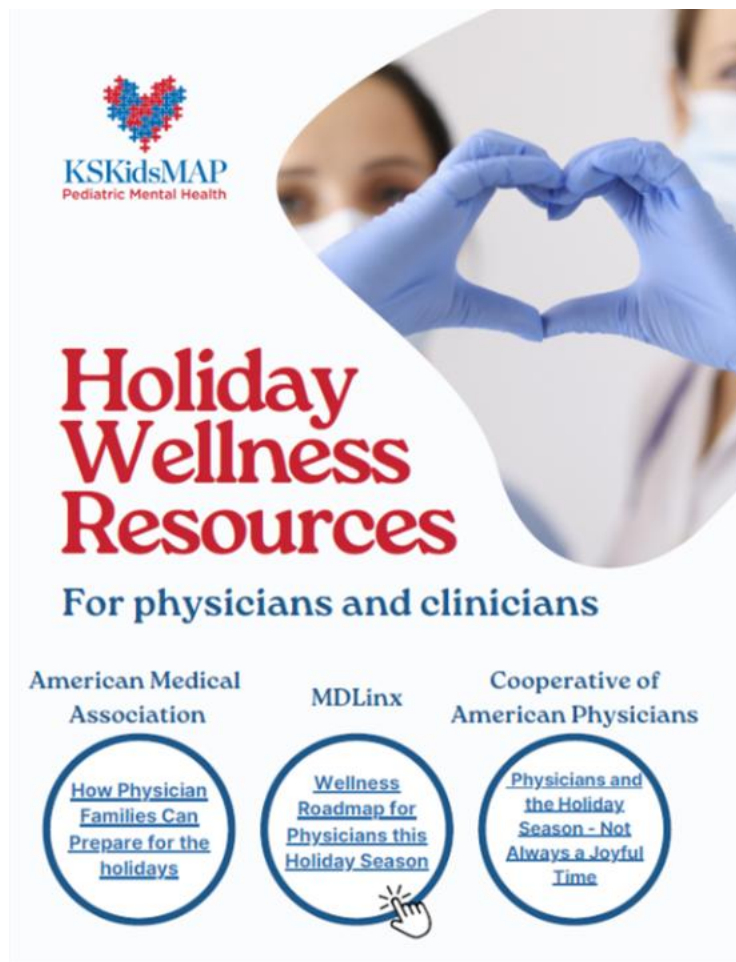
In addition to TeleECHO clinics, early childhood webinar offerings (see Child Report), and Autism-focused trainings (see CSHCN Report), KSKidsMAP delivered a range of trainings and engagement activities to expand pediatric behavioral health capacity across Kansas:

- Presented a program overview as part of the University of Kansas School of Medicine–Wichita Grand Rounds, reaching more than 70 clinicians and

increasing awareness of consultation and education services available to pediatric providers.

- Drs. Nicole Klaus and Pratibha Mainali facilitated a session on Pediatric Psychotherapy and Pharmacotherapy, reaching approximately 35 physicians at the 2025 Kansas Association of Osteopathic Medicine Conference.
- A Teenage Depression webinar, led by Zachary Blackhurst, provided practical, evidence-based strategies for supporting adolescents with depression using behavioral activation techniques and real-world case examples. Seventy providers registered, with 39 attending the live session.
- An Understanding Youth Suicide Risk webinar addressed identification and response to suicide risk in youth, incorporating Joiner's Interpersonal Theory of Suicide and the NIMH Youth Suicide Risk Screening Toolkit. Fifty-four professionals registered, and 38 attended the live session.
- To support on-demand learning and sustained provider engagement, KSKidsMAP launched a Member Portal that allows enrolled practitioners to create free accounts and access curated educational content, including select TeleECHO didactics, webinars, and additional training resources.

In addition to clinical education and consultation, KSKidsMAP intentionally integrates provider wellness as a core program component. Primary care physicians and clinicians must support their own mental health and well-being to deliver high-quality, compassionate care to children and families. During the report period, KSKidsMAP released Holiday Wellness Resources for Physicians and Clinicians, a curated resource listing designed to promote self-care, stress management, and resilience during the holiday season. This focus on wellness reinforces workforce sustainability and recognizes provider well-being as foundational to effective pediatric behavioral health care.



To increase awareness, utilization, and long-term sustainability of KSKidsMAP, the program implemented a coordinated outreach and dissemination strategy targeting primary care physicians and clinicians, as well as key stakeholders. Practitioner-focused outreach included quarterly e-newsletters distributed to over 1,250 recipients, promoting training opportunities, autism-focused workshops, and engagement tools such as the KSKidsMAP Training Recognition Badge to encourage ongoing engagement. Stakeholder-focused dissemination emphasized program impact and scalability through publication of the [2023-2024 KSKidsMAP Annual Report](#), creation of physician champion videos, and peer-reviewed publications in Hospital Pediatrics: [Perspective: Expanding Pediatric Mental Health Care Access Programs Into Hospital Settings](#), Children (MDPI): [Evaluation of a Pilot Program to Increase Mental Health Care Access for Youth – The Interprofessional Child-Centered Integrated Care \(ICX2\) Model](#), and the Journal of Primary Care & Community Health: [Primary Care Perspectives on a PMHCA Program](#).

PAX Tools Trainings: KDHE MCH partnered with the Kansas Department for Aging and Disability Services (KDADS), Kansas' Behavioral Health Authority, to contract with the PAXIS Institute to offer PAX Tools Trainings in Kansas. PAX programming comprises evidence-based preventive interventions, including PAX Tools® and the PAX Good

Behavior Game®. PAX subscribes to the System of Care model and ensures that everyone has access to evidence-based programming for working with and caring for young people. From 2024-2025: 157 educators who work with young people in schools were trained in the PAX Good Behavior Game. 27 educators who work with students needing intensive behavioral support were trained in PAX Heroes. 428 human service professionals who work directly with youth were trained in PAX Tools for Human Services. 52 health and community educators who work with parents and caregivers in their communities were trained in PAX Tools for Community Educators. 25 parents, grandparents, and foster and kinship caregivers were trained in PAX Tools for Caregivers. 85 youth workers, volunteers, and part-time staff who work directly with youth were trained in PAX Tools for Youth Workers.

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), the Kansas Department for Aging and Disability Services (KDADS), the Kansas Department of Corrections' Juvenile Services (KDOC-JS), and the 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 to apply a public health approach to addressing systemic issues. Notably, Title V is represented on the Governor's Behavioral Health Services Planning Council, the Children's and Rural and Frontier Subcommittees, the Kansas School Mental Health Advisory Council, and the Kansas Suicide Prevention Coalition. A 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 comprises 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 the state government regarding Kansas' mental health services. The Mission of the Council is to partner with others to promote prevention, treatment, and recovery services, ensuring that Kansans with behavioral health needs live safe, healthy, successful, and self-determined lives in their communities. Much of the Kansas Council's work is done by citizen volunteers who serve on 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 recommendations. 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, 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 initiatives for transitional age youth, with particular emphasis on the I/DD population and supporting families; 3) early childhood mental health services, focusing on prevention, positive childhood experiences and healthy pregnancy/postpartum impact on development as well as resourced needed through the early years; and 4) ongoing investigation into the implementation of DC:0-5, developing the state plan amendment for DC:0-5 and continuing the development of the drug endangered children coalitions across the State.
- 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 2025, the Subcommittee put forth recommendations to the GBHSPC and KDADS Secretary around: 1) increasing funding for mobile crisis services to CCBHCs; 2) supporting other treatment centers providing crisis intervention and overdose response with increased funding to provide these services in the community; 3) creating or expanding an existing central based repository for statewide evidence-based awareness campaigns for mental health, substance use, crisis services, and prevention treatment focused on rural and frontier communities that can be tailored to specific services centers; 4) return to an "Opt OUT" system for parents regarding evaluators and Kansas Communities that Care (KCTC) survey administration; 5) adopting the Mental Health Intervention Team program into statute and dedicating additional funding to rural and frontier counties across the State to support implementation into schools. Topics for future discussion were identified as: 1) utilization of resources and awareness campaigns; 2) SBIRT billing; 3) utilization of community health workers; and suicide awareness initiatives and interventions with children/adolescents.

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 meet the needs of students best; and coordinate statewide collaborative social

emotional character development partnerships with stakeholders that will benefit students.

Kansas Suicide Prevention Coalition: champions suicide prevention for all Kansans through access to partnerships, advocacy, resources, ideas, and data. Provides oversight and actively executes 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 support 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 (NAMMD), 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 – The 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 the funding request. This would include referrals for higher levels of care, placement, education, current services, justice involvement, and acute hospitalizations, among other services. 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 and evaluate how the placement of these services within agencies/departments promotes or serves as a barrier to accessing care. Leadership recognizes that all state agencies have an essential role to play in building and disseminating information to youth, families, and communities about the comprehensive Kansas system.
3. Children's Service and Treatment Continuum of Care – We have mapped children's services, indicating their availability and treatment options using a color-coded system. These documents are continually reviewed and updated as new resources are identified.

4. Kansas Youth Stepping Up – The Kansas Youth Stepping Up program has 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 of the State of Kansas and has conducted numerous 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 address some gaps within its juvenile justice system. Those recommendations were approved in November 2024 by the State Task Force and by the Joint Committee on Corrections and Juvenile Justice Oversight.
5. Psychiatric Residential Treatment Facilities Environmental Scan – The study is now finalized, and its recommendations are being reviewed for potential policy changes. First, the specialty unit is expected to open on or before February 1, 2025. State Plan Amendment and rate policy are being drafted for approval. Planning for additional specialty units is in progress.
6. Infant and Early Childhood – Two state plan amendments have been submitted to increase and improve services for children aged 0-5. These include: 1) Implementation of DC:0-5 with up to five evaluation sessions before 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 continued to meet to advance progress on these key initiatives further.

To highlight the success of these highly coordinated cross-sector initiatives, the [State of Mental Health in America Rankings Report for 2025](#) showcases significant progress in Kansas' system change efforts. The overall ranking comprises 15 unique measures, including 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 18th in 2025. Specific to the Youth Rankings, seven measures are factored into the report. Kansas improved from 50th in 2023 to 11th in 2025. Also noteworthy was the improvement in the prevalence of mental illness score, from 50th in 2023 to 14th in 2025. However, limited change was observed in the access to care ranking, which improved from 48th in 2023 to 31st in 2025.

Other Adolescent Behavioral Health and Suicide Prevention Activities

Kansas Youth Behavioral Health System Transformation

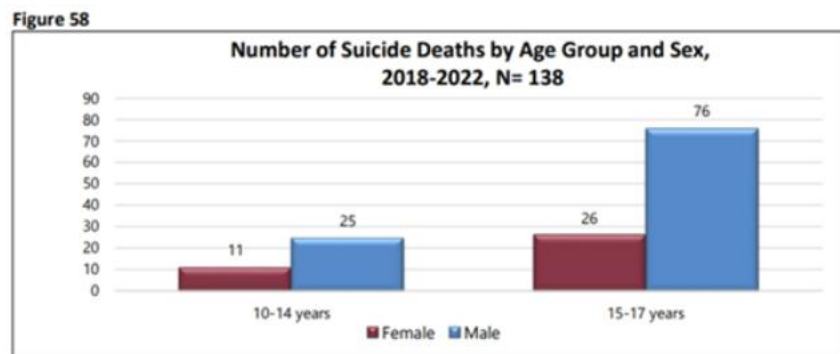
A Good Samaritan Law ([SB419](#)) was passed in the 2024 Legislative Session, providing immunity from prosecution when a person seeks or provides medical assistance related to the use of a controlled substance for lifesaving measures. The Kansas Prescription Drug and Opioid Advisory Committee is establishing a messaging committee to increase awareness of the law. A Q&A resource is deemed the most informative way to provide education to community members. However, a youth messaging subcommittee was established to determine how to increase awareness of the law and to provide

education on harm-reduction resources available (e.g., fentanyl test strips, Naloxone). The youth created a short [educational and promotional video](#), which 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.

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 on the adolescent and perinatal populations, along with 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.



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Kansas Maternal and Child Health Council (KMCHC) Adolescent Work Group

The Kansas Maternal and Child Health Council (KMCHC) Adolescent Work Group developed a special project to help advance civic health for youth leadership. The work group members created an agreement with the Kansas Leadership Center (KLC). The funding provided by the agreement was for editing, design, and printing of the *When Everyone Leads Reflection and Discussion Guide for Young People*, a 12–16-page spiral notebook and set of tools for students to practice leadership skills, record learning

and insights, and plan ways to engage civically to increase civic health after the training. This request supported part of the larger Mobilizing Youth to Lead initiative through which KLC is building a youth-focused adaptation of its *When Everyone Leads* curriculum and an accompanying train-the-trainer program. Following the pilot phase, KLC anticipates reaching 800-1000 students in 18 to 24 months, starting in the first half of 2025. The reflection and discussion guide will be a valuable resource for youth as they engage in this leadership development experience and begin to apply what they learn to improve the civic health of Kansas communities. Furthermore, KDHE and Kansas MCHC will be acknowledged in the Reflection and Discussion Guide as supporters of the project.

Why did the KMCHC Adolescent work group pick KLC to lead their project? KLC is ideally equipped to advance the field of youth development by empowering youth with the first comprehensive leadership and civic skills curriculum backed by research and proven pedagogy, delivered by experienced youth developers. The KLC Leadership Framework provides young people with the core principles, skills, and behaviors they need to understand and take action on the challenges they care about.

KLC provided initial training to four groups of youth and young adults as a part of their pilot phase. The four groups were Wichita Collegiate Upper School, Camp Destination Innovation, Young Women on the Move, and WSU TRIO Upward Bound Wichita Prep. The pilot phase was completed in July of 2025. Based on feedback from the youth who attended, they made some revisions to the curriculum. KLC then turned its attention to the train-the-trainer/facilitator certification component and planned to start facilitation in early FFY26. To continue this project, they were seeking additional funding.

Other Adolescent Updates

Staffing Change

The Adolescent Health Consultant position was vacated in August 2025, prompting a strategic assessment of how best to align work across the Title V domains. Given the historical structure of the Child and Adolescent Consultant roles, the decision was made to recombine the positions into a single role. This approach supports continuity of existing work across domains while creating capacity to develop new initiatives in a more integrated and intentional way. The Child Health Consultant transitioned to the combined Child and Adolescent role in September 2025.