

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%.

State Systems Enhancements

Title V will partner with 1-800-CHILDREN to fully implement and leverage the updated 1-800-CHILDREN call log and referral system to strengthen developmental screening coordination and improve family connection to services. With the new system in place, efforts will center on enhancing the quality, timeliness, and consistency of referrals, as well as improving the ability to track follow-through and outcomes.

A key priority will be strengthening partnerships between 1-800-CHILDREN and the Aid to Local (ATL) programs by ensuring their profiles are up to date, referral pathways are active, and communication between programs is maintained. Cross-training will be expanded between call line staff and ATL partners to build shared understanding of available services, eligibility criteria, and referral processes. This will support more accurate referrals and a more coordinated experience for families navigating services.

KDHE and 1-800-CHILDREN will expand the use and support of developmental screening tools, including ASQ, by increasing training opportunities and building internal capacity to support systems integration. Additional staff will be trained. On facilitation of trainings and managing the ASQ Online system to offer technical assistance to local programs and communities.

Books, Balls, and Blocks Developmental Screening Events

Books, Balls, and Blocks (BBB) developmental screening events will continue to evolve into a sustainable and scalable model for community-based developmental screening and family engagement.

The BBB Implementation Manual will be finalized and disseminated to support consistent delivery across communities. HMG KS will engage in sustainability planning to identify funding strategies, partnership models, and infrastructure needed to maintain and expand the model over time.

BBB events will continue to provide families with opportunities to complete developmental screenings, receive real-time support, and access resources. Strengthened follow-up processes through Help Me Grow and 1-800-CHILDREN will ensure families are successfully connected to services after screening, reinforcing BBB as a key entry point into the early childhood system.

Training Coordination

Title V / KDHE will assume a more central and sustained role in providing ASQ training to healthcare providers and Title V-funded programs. Bureau of Family Health leadership will identify staff roles that align with the development and facilitation of trainings and formally integrate ASQ training responsibilities into those positions.

The Kansas State Department of Education will continue to focus on kindergarten readiness and school-based screening initiatives. At the same time, Kansas Child Care Training Opportunities (KCCTO) will lead training efforts for child care providers through infant and toddler specialist networks.

By embedding training functions within designated roles rather than relying on individual staff, Kansas will strengthen the consistency, continuity, and long-term sustainability of ASQ training efforts across the state.

ASQ Library Pilot

Three libraries have been selected to participate in a pilot program focused on expanding access and availability of developmental screenings. Recognizing that libraries serve as accessible and non-stigmatizing environments for families, this initiative is designed to reach those who may not otherwise engage with traditional healthcare or early childhood systems.

Participating libraries will integrate ASQ family access links onto public computers, allowing families to complete developmental screenings on-site. Libraries will also be equipped with tailored developmental resources to support family understanding of child development and the purpose of developmental screenings.

Libraries will either provide their local Part C programs' ASQ Online link or use the 1-800-CHILDRENS Family Access link to complete the screenings. Parents will receive a follow-up call with a summary results sheet, learning activities, and referrals as appropriate. This approach strengthens the connection between informal community settings and formal service systems, positioning libraries as an entry point into the broader early childhood infrastructure.

The pilot will be used to develop a process and to allow 1-800-CHILDREN to train more staff and increase capacity for screening follow-up. The pilot findings and capacity-building will open the door to expansion into additional communities.

KSKidsMAP IECMH Expansion

If funding is secured (HRSA PMHCA and Preschool Development Grant funding is scheduled to expire in September 2026), Kansas will continue its KSKidsMAP focused infant and early childhood mental health (IECMH) expansion component aimed at strengthening primary care capacity to identify and address developmental, behavioral, and mental health concerns among children ages 0–5. Early childhood represents a critical window for intervention, yet IECMH needs are often under-recognized in pediatric settings due to limited practitioner training, time constraints, and gaps in confidence. This expansion will leverage the existing KSKidsMAP infrastructure, delivered in partnership with the University of Kansas School of Medicine–Wichita's Departments of Psychiatry and Behavioral Sciences and Pediatrics, to integrate IECMH-informed practices into routine pediatric care and improve early identification and intervention.

The proposed expansion will provide pediatric primary care physicians and clinicians (PCPs) with targeted training, real-time consultation, and resource support to better identify, assess, and respond to early childhood mental health needs. Activities will include development and delivery of IECMH-focused continuing education opportunities, including webinar series and TeleECHO sessions, as well as training on validated developmental screening tools (e.g., Ages and Stages Questionnaire). A Help Me Grow (HMG) Physician Champion will play a key role in supporting screening implementation, delivering training, and promoting alignment between developmental screening efforts and mental health consultation services. PCPs will also be supported with practical tools and implementation resources to increase uptake of screening and early intervention practices in clinical workflows.

To enhance clinical support, the KSKidsMAP consultation line will be expanded to include a dedicated pathway for early childhood concerns, ensuring timely access to expert guidance for providers caring for young children. Efforts will also focus on strengthening referral pathways and cross-sector coordination by formalizing connections with specialty services such as autism evaluation and Parent-Child Interaction Therapy (PCIT) programs. These activities aim to improve care coordination and ensure that children and families are connected to appropriate services earlier in the course of need.

In addition to provider-facing supports, the expansion will include opportunities to strengthen family and caregiver capacity through evidence-based education and skill-building initiatives, such as Child-Adult Relationship Enhancement (CARE) workshops. These workshops will promote positive caregiver-child relationships and support healthy social-emotional development.

By leveraging existing psychiatric access program infrastructure and partnerships, this expansion is designed to maximize impact, reduce fragmentation between developmental and behavioral health systems, and promote a more integrated, prevention-oriented model of care. Strengthening IECMH capacity within primary care will support earlier identification, reduce long-term adverse outcomes, and improve overall child and family well-being across Kansas.

DC:0-5 Implementation and System Support

Kansas will continue to advance implementation of DC:0–5™ (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood) as a foundational strategy to improve identification, diagnosis, and treatment of mental health conditions in children ages 0–5. DC:0–5 provides a developmentally appropriate, relationship-based diagnostic framework that addresses limitations of traditional diagnostic systems when applied to young children and supports more accurate, early identification of mental health needs.

Planned activities will focus on aligning Medicaid policy, workforce development, and clinical practice to support sustainable implementation of DC:0–5 across systems. This

includes expanding access to DC:0–5 Clinical Trainings and supporting the development of Kansas-based certified trainers to ensure long-term training capacity within the state. To reinforce implementation beyond initial training, Kansas will establish a DC:0–5 Community of Practice to provide ongoing peer learning, case discussion, and technical assistance to clinicians applying DC:0–5 in practice.

In parallel, efforts will continue to advance Medicaid policy alignment, including development of guidance on billing, documentation, and provider eligibility to support appropriate use of DC:0–5 diagnoses within Kansas' Medicaid system. These activities aim to reduce barriers to reimbursement, increase clinician confidence in diagnosing early childhood mental health conditions, and promote consistency in clinical practice across settings.

DC:0–5 implementation will be closely coordinated with broader infant and early childhood mental health (IECMH) efforts, including KSKidsMAP training and consultation services, to ensure clinicians have access to both diagnostic frameworks and real-time consultation support. Together, these efforts will strengthen the early childhood behavioral health workforce, improve diagnostic accuracy, and increase access to developmentally appropriate services for young children and their families.