

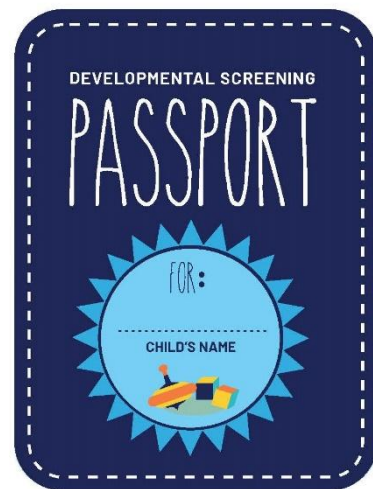
Developmental Screening Initiatives

Objective 3.1: Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening by 5% annually through 2025.

Development Milestone Cards & Passports

Developmental milestone cards, wheels, and screening passports were widely distributed through multiple channels. Distribution of these materials increased substantially after they were added to the MCH Resource Order Form. Through the form, programs requested 1,950 developmental milestone wheels, 910 developmental screening passports, and 770 milestone postcards. Materials were ordered by a diverse range of organizations across Kansas, including:

- County Health Departments (15 counties) - Wilson, Linn, Neosho, Leavenworth, Finney, Ottawa, McPherson, Cloud, Clay, and Riley Counties, among others
- WIC Programs
- Hospitals and Medical Centers - Pratt Regional Medical Center, Sabetha Community Hospital, Salina Family Health Center, Overland Park Regional Medical Center, Stormont Vail Hospital, Nemaha Valley Community Hospital, Salina Regional Health Center, and NMC Health, CKF Bridgehouse
- Early Childhood and Home Visiting Programs: Child Start, Parents as Teachers (Topeka Public Schools, Shawnee Mission, Lawrence), and BHK Early Childhood Development.
- State and Community Organizations: Department of Children and Families, K-State Research and Extension, and KCSL



The Department of Children and Families directly requested 1,000 developmental milestone wheels for distribution within their programs. These materials were also prominently distributed at the 2025 Home Visiting Conference, where resource folders reached 450 home visitors across the state. Additionally, developmental milestone materials were included in all developmental resource folders distributed at Books, Balls, and Blocks events, reaching over 200 families across Kansas.

The developmental milestone wheels and passports remain available through the MCH ordering form, allowing programs to obtain copies as needed. The Title V team continues to distribute these materials at community events and conferences, ensuring families and providers have accessible tools to track developmental milestones and understand the importance of early screening.

Other Developmental Screening Activities

Books, Balls, and Blocks Developmental Screening Events

Books, Balls, and Blocks is a Help Me Grow Kansas initiative, with materials funded through the Preschool Development Grant. Help Me Grow Kansas partners with child care programs and community groups to co-host Books, Balls, and Blocks events within their programs. These events are family engagement opportunities that introduce parents to developmental screening through the Ages and Stages Questionnaire (ASQ) in an interactive, welcoming environment. During these events, children play at age-appropriate stations with books, balls, blocks, and other developmental toys while parents complete ASQ screenings with trained staff support. Families receive take-home bags with books, puzzles, sensory toys, and developmental resources, while host programs keep the play station materials and receive ongoing training and technical assistance. The initiative experienced significant expansion this year, evolving from a single event to a statewide initiative engaging multiple communities across Kansas. Throughout the year, seven Books, Balls, and Blocks events were completed across diverse settings, including childcare centers, home-based providers, preschool programs, and family outreach events. The inaugural event took place in May 2025 at Jay's Nest in Ashland, Kansas, serving 20 families. Subsequent events reached Cloud County, McPherson County, Johnson County, Shawnee County, and Lyon County. Collectively, these events completed approximately 80 ASQ screenings and distributed over 200 developmental resource folders and take-home bags to families.



The program successfully partnered with the Kansas Child Care Training Opportunities Infant-Toddler Specialist Network (KCCTO-ITSN) to provide wraparound support for childcare providers implementing the ASQ. This collaboration ensured participating providers received ASQ training, screening kits, and ongoing technical assistance before and after hosting their Books, Balls, and Blocks events.

An informational flyer was created and widely distributed in July 2025, generating substantial community interest, with over 30 inquiries from childcare programs and local

organizations for the coming year. Help Me Grow Kansas developed a standardized onboarding process and collaborated with KU-CPPR to create evaluation tools, including parent and provider surveys, and data-collection forms.

Care Coordination Survey

Following feedback from the 2023 Help Me Grow Fidelity Report, which identified opportunities to strengthen linkage to care, referral processes, and follow-up, Help Me Grow Kansas conducted an exploratory care coordination survey to understand better how screening, referral, intake, and follow-up activities are implemented across programs. A care coordinator survey and a family survey were distributed through KDHE's Bureau of Family Health programs, ATL program managers, and home visiting organizations. The surveys were available in English and Spanish. Responses have been received from more than 90 providers and 50 families. Additional responses from the Spanish-language family survey are pending, as it was disseminated later.

Preliminary findings indicate variation in care coordination roles and responsibilities across programs and highlight opportunities to leverage provider skills and expertise better to support a coordinated intake system that meets Kansas's needs.

Survey findings indicate strong foundational practices across providers. 77% of respondents reported conducting screenings with individuals and families, and providers consistently reported using screening results to inform education, resources, interventions, and referrals. The majority of respondents (86%) reported providing referrals, and families strongly agreed that referrals met their needs. Both providers and families reported high levels of trust and satisfaction. Providers strongly agreed they could build trusting relationships with families, and families reported that providers were supportive, understanding, and trustworthy. Families also reported high satisfaction with the services received.

Survey results highlighted differences in responsibilities between care-coordination and non-care-coordination roles. Providers in care-coordination roles reported broader responsibility for follow-up, referrals, scheduling, and service coordination, whereas intake activities were less consistently assigned across roles. These findings help clarify where system roles are well-defined and where additional alignment or support may be needed.


Findings from the care coordination surveys are being used to inform ongoing systems improvement efforts, including refinement of referral pathways, follow-up practices, and care coordination strategies.

77% of KDHE staff that responded to the survey reported they provide screenings to individuals or families

“As a parent, this is one of the most valuable supports I've had. It has made me more confident as a parent and helps me better support my child.”

KDHE providers strongly agreed that they are able to **build trust with each individual or family**

90% of KDHE staff who reported providing screenings said they use the results to inform what services and referrals they provide

Families who received services from KDHE strongly agreed that their **provider was supportive, understanding, and trustworthy**, and said that they were **extremely satisfied** with their provider. 

Families strongly agreed that referrals received from providers met their needs. 

Well-Child Preventive Services

Objective 3.3: Increase the proportion of MCH program participants, 1 through 11 years, receiving quality, comprehensive annual preventive services by 10% annually through 2025.

Help Me Grow Integration

Help Me Grow (HMG) Kansas focused on strengthening system structure, provider capacity, and data use to support statewide implementation of the HMG framework. The Child Health Consultant continued to serve as the State HMG Lead. To support coordination and accountability, Help Me Grow Kansas established a Core Leadership Team with designated leads for each of the four HMG core components—Centralized Access Point, Provider Outreach, Family & Community Outreach, and Data Collection & Analysis. The leadership team includes the Family Systems Consultant and MCH Advanced Data Analyst, with support from external partners, KU CPPR, and 1-800-CHILDREN. This structure supported clearer role delineation and routine cross-component coordination.

Centralized Access Point (CAP): Help Me Grow Kansas continued collaboration with KCSL and the 1-800-CHILDREN Centralized Access Point to support referral processes, follow-up, and family access to services. In 2024, 1-800-CHILDREN served 1,618 families statewide, providing resource navigation, education, and developmental screenings. During this period, CAP staff conducted 37 presentations, attended 49 vendor events, and distributed 47,432 resources.

In 2025, the statewide CAP contract was successfully amended to include structured follow-up, short-term care coordination, and a stronger focus on developmental health. These enhancements allowed CAP staff to more systematically check in with families after referrals, provide targeted support for navigating services, and address

developmental needs more proactively. Additionally, work began to update call logs and referral-tracking systems to improve consistency in data collection on family needs and referral outcomes.

Help Me Grow Kansas and 1-800-CHILDREN also conducted joint presentations to increase awareness of the Centralized Access Point and referral processes among Title V-funded programs, community-based providers, and state partners.

Provider Outreach (Education, Training, Awareness): Provider outreach activities expanded through the establishment of a collaboratively funded Physician Champion position, supported in partnership with KSKidsMAP. The Physician Champion is responsible for developing and delivering physician-facing training on developmental surveillance and use of the Ages & Stages Questionnaires (ASQ) for pediatric and primary care providers statewide. The Provider Champion role is hosted at the KU School of Medicine – Wichita within the Department of Pediatrics. The Provider Champion plans to enroll in the ASQ Training of the Trainer Institute and begin developing a provider-focused ASQ training within the next year.

Family & Community Outreach: Family and community outreach activities focused on increasing access to information and incorporating family input into system activities. Help Me Grow Kansas collaborated with partners on Parent and Caregiver Fireside Chats and participated in the Kansas Children's Service League Parent Leadership Conference, where it co-facilitated a Family Engagement Brainstorming Session. This session gathered feedback on family engagement, screenings, referrals, and perceived service gaps.

Help Me Grow Kansas also worked with partners to present on 1-800-CHILDREN and available resources at conferences, community meetings, and state-level convenings, including events attended by Maternal and Child Health and care coordination programs. As part of these outreach efforts, FAC recruitment flyers were shared with families as a resource, raising awareness of family leadership opportunities and encouraging participation in the Family Advisory Council.

Data Collection & Analysis: The 2024 Help Me Grow Fidelity Assessment indicated full implementation across all four core components, marking the first time since the program's launch in 2012 that HMG Kansas met national fidelity expectations statewide. Data sources included KDHE program data, 1-800-CHILDREN systems, and ASQ Online Enterprise. Help Me Grow Kansas also released its first statewide End-of-Year Report, summarizing activities, screening data, referral activity, and outreach efforts across all four components. The report established a baseline for future monitoring and planning.

Help Me Grow Kansas also obtained administrative access to ASQ Online Enterprise, allowing the HMG team to directly register programs, provide technical assistance and ongoing support, and generate system-level reports. This access supported the

onboarding of programs into ASQ Online and facilitated the monitoring of screening activity across early childhood and health systems.

Other Child Preventive Services Work

Infant and Early Childhood Mental Health

Policy Development and Systems Alignment: To advance systems-level approaches to infant and early childhood mental health (IECMH), the Behavioral Health Consultant was invited to review and provide subject-matter input on a policy brief developed by the Kansas Health Institute and funded by the United Methodist Health Ministry Fund. The policy brief, *Leveraging the CCBHC Model to Address Infant and Early Childhood Mental Health in Kansas*, was published on November 1, 2024, and examines opportunities to use the Certified Community Behavioral Health Clinic (CCBHC) model to expand access to coordinated, developmentally appropriate mental health services for infants, young children, and their families. Kansas-specific considerations and policy implications highlighted in the brief support ongoing efforts to strengthen early childhood mental health infrastructure and cross-system coordination statewide.

DC:0-5 Medicaid Policy: Title V participates in the Zero To Three (ZTT) Infant and Early Childhood Mental Health (IECMH) Workgroup. In Kansas, this is a collaboration 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. The group was successful in advancing Medicaid adoption of a DC: 0-5 policy. DC: 0-5: The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood is a diagnostic classification system for infants and young children, ranging from birth through five years of age. 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 individuals aged 18 and older. 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 designed to focus on the adaptive qualities of the infant/young child and their primary caregivers. With a target effective date of January 1, 2026, the Kansas Medicaid policy would support an unlimited number of assessment and clinical observation appointments before a diagnosis is made for children ages 0-5 as part of the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

In support of policy implementation, Title V partnered with KDADS and ZERO TO THREE 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 provides 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 competent diagnostic practices. The 90-minute virtual training was limited to 100 participants; we received confirmation from 100 "key system stakeholders" of participation, and 80 attended the live session.

More information about planned partnerships to ensure the success of policy implementation and adequate workforce training aligned with the policy is included in the Child Plan.

Partnership with Kansas PMHCA: The KDHE Bureau of Family Health provides oversight to the HRSA Pediatric Mental Health Care Access (PMHCA) program, KSKidsMAP. KSKidsMAP offers mental health case consultations, training, and physician wellness support to pediatric primary care practitioners. More details about KSKidsMAP are included in the Adolescent Section.

During this Report Period, KSKidsMAP received supplemental funding from the Preschool Development Grant (PDG) to expand the team's expertise in infant and early childhood mental health training and consultation. After a short planning and team development period, KSKidsMAP launched the expansion by facilitating a three-part Early Childhood Mental Health Webinar Series designed to support providers working with young children and their caregivers by strengthening foundational parenting and behavior-management skills. The series emphasized developmentally appropriate, relationship-based strategies to promote social–emotional development in early childhood.

The first session focused on positive parenting strategies that strengthen caregiver–child relationships in early childhood. Facilitated by Nicole Klaus, the one-hour webinar highlighted evidence-based approaches to fostering secure attachment and responsive caregiving. Continuing education credits were offered—a total of 88 providers registered, with 40 attending the live session.

The second session addressed building compliance in young children, exploring the developmental roots of compliance and sharing effective, age-appropriate limit-setting strategies. Facilitated by Dr. Klaus, the session emphasized supporting caregivers in setting clear, consistent boundaries while maintaining positive, nurturing relationships. Continuing education credits were provided. Ninety providers registered, and 38 attended the live session.

The third session focused on infant and early childhood mental health assessment and diagnosis, highlighting how mental health presentations, assessment processes, and diagnostic considerations differ in early childhood compared to older children and adults. Facilitated by Susanna Ciccolari-Micaldi, the one-hour webinar provided foundational IECMH content to support appropriate identification and referral. Continuing education credits were offered. 101 providers registered, with 40 attending the live session.

Other Childhood Activities

Medical Home

Help Me Grow Incubator Hub: Help Me Grow Kansas was selected to participate in the Continuous Systems Improvement (CSI) branch of the Help Me Grow National Incubator Hub Initiative, a year-long effort focused on strengthening family-centered care coordination and improving how systems respond to families' needs. The overarching goal of the project is to ensure every child in Kansas has access to a pediatric medical home.

Help Me Grow Kansas engaged in structured learning sessions, targeted technical assistance sessions, and ongoing office hours with the Incubator Hub mentor team from SEED Collaborative. These activities are centered on strengthening data collection practices, building capacity to identify and analyze priority segment groups, and applying continuous improvement methods to system design.

The team analyzed system and referral data to identify access gaps and service patterns. To support the universal goal of pediatric medical homes for all Kansas children, Help Me Grow Kansas identified a priority segment group for targeted system improvement efforts: uninsured or underinsured children ages 0–17 living in rural Kansas.

Collected data and preliminary analyses are being shared with family feedback groups to assess how families relate to the findings and to identify where lived experiences align with—or differ from—what the data reflects. These feedback sessions are designed to surface context, barriers, and system challenges that may not be captured through quantitative data alone and to ensure that family perspectives directly inform system improvement efforts.

The Continuous Systems Improvement project runs through April 2026. Findings from data analysis and family feedback sessions will be used to co-develop a new intervention strategy, which will be finalized and implemented in 2026.

Leadership Education in Neurodevelopmental and Related Disabilities (LEND)

Since 2023, KDHE's Child Care Licensing and Title V departments have partnered with the Kansas Leadership Education in Neurodevelopmental and related Disabilities (LEND) to provide childcare providers in the state of Kansas with monthly training on developmental disability topics such as autism red flags and screening, speech language development, positive behavioral supports, and many others. LEND worked with the Kansas Department of Health and Environment, Bureau of Family Health/Child Care Licensing Section, to have the trainings approved for clock hours that providers are required to complete each year to maintain their license. These trainings are delivered through accessible webinars so providers can attend no matter where in the state they reside or provide services.

Addressing the Mental Health Needs of Mothers of Children Receiving Kansas Infant-Toddler Services (Part C)

Partnership with the Kansas MMHSUD Program: The KDHE Bureau of Family Health provides oversight to Kansas Connecting Communities (KCC), Kansas' perinatal psychiatric access program. The program increases provider capacity through psychiatric consultation, training, technical assistance, care coordination support, and referral resources to providers serving perinatal populations across the state. More about KCC can be found in the Women/Maternal Report.

During this Report period, the KCC Team received several requests for training support from early childhood programs to support the implementation of perinatal mental health screening, referral, and resource navigation. Initial activities focused on increasing awareness of available policies, billing mechanisms, and perinatal mental health resources. They revealed a need for more sustained, structured support tailored to the Part C context:

- Provided KanCare Maternal Depression Screening (MDS) Policy and Billing technical assistance to Part C Coordinators during a monthly Coordinators meeting. This session included an overview of the KanCare MDS policy and available perinatal mental health resources, including the Perinatal Mental Health Toolkit, MDS billing and policy guidance, screening tool demonstrations, screening guidance, and access to the provider consultation line. Approximately 25 coordinators attended, with discussion and questions primarily focused on screening documentation and record retention requirements.
- Presented a Perinatal Mental Health Resources and KCC Services Overview to Greenbush Part C affiliate organizations, including program leadership and early intervention service providers. The presentation highlighted available perinatal mental health resources and KCC supports, with time dedicated to soliciting feedback from participants. Eleven individuals attended this session.
- Facilitated an in-person training for the Marysville Interagency Coordinating Council focused on building community skills to support families impacted by perinatal mental health disorders. The training emphasized awareness of perinatal mental health conditions and the role of community systems in helping families navigate screening, referral, and care. This training sparked two additional training requests from attendees.

These early engagements indicated a clear need for more direct, sustained implementation support for Part C programs statewide. The KCC Team launched a Perinatal Mental Health Learning Collaborative for Part C Programs, designed to support program-level implementation of screening, billing, and referral practices. The Learning Collaborative was organized into three cohorts, each participating in seven structured training sessions. Session topics included:

1. Orientation and screening implementation (supervisors/administration)
2. MDS policy and screening quality improvement (supervisors/administration)

3. Billing guidance and procedures (supervisors/administration)
4. All-team policy implementation training (supervisors/administration train all program staff on the developed policy and procedure)
5. Screening tools and brief interventions (all program staff)
6. Resources and referral navigation (all program staff)
7. Crisis response and staff self-care (all program staff)

The first cohort launched in June 2025, with the third cohort concluding in September 2025. Cohort participation included 4 programs in Cohort 1 (concluded July 31), 8 programs in Cohort 2 (concluded August 19), and 16 programs in Cohort 3 (concluded September 25). Throughout all cohorts, the KCC Team also facilitated weekly office hours to provide additional individualized support to program staff between training sessions.

In total, all but one Part C program statewide participated in the Learning Collaborative, with approximately 150 Part C staff attending across cohorts. Evaluation of the Learning Collaborative is ongoing.