Title V Strategies to Engage with Adolescents and Young Adults:

Findings from a Review of 2026 Block Grant Applications

Prepared by

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The Comprehensive Systems Integration for Adolescent and Young Adult Health (HRSA-23-079) 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 $1,500,561 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Introduction

This review of the FY 2026 Title V Block Grant applications is an effort supported by the Health Resources and Services Administration (HRSA) funded project, Comprehensive Systems Integration for Adolescent and Young Adult Health, which supports the National Center for Adolescent and Young Adult Health and Well-Being that is led by the American Academy of Pediatrics. The overarching aim of the Center is to improve adolescent and young adult (AYA) health and well-being at national and state levels through systems integration of the school, health, and community sectors.

The goal of this review was to identify state strategies related to AYA engagement. This report is intended for use by state Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) programs as they work to engage with AYA in their work. Strategies and examples pulled in this report can help programs think about future efforts to engage AYA.

Methods

The FY 2026 Block Grant Application was reviewed for all 50 states and the District of Columbia. An abstraction form and a common set of decision rules were used to gather consistent information about AYA engagement from each state's needs assessment, child health action plan narrative, adolescent health action plan narrative, CSHCN action plan narrative, and technical assistance requests. The authors also abstracted the National Performance Measures (NPMs) that each state selected that relate to AYA health. The authors piloted the use of the abstraction form and decision rules before finalizing. All abstracted findings were compiled into an excel and then reviewed, sorted, and grouped by theme. The authors reviewed all strategies to identify standout examples to highlight. Standout examples were particularly illustrative approaches to AYA engagement that were distinctive, innovative, and potentially replicable compared to the other identified strategies.

It is important to note that because this review only focused on the FY 2026 Block Grant Application, any AYA engagement strategies outside of the reviewed sections are not captured in this report. States varied in the amount of detail they provided in their applications, and thus this review may not have included all states' relevant planned activities. Findings were only included if they related specifically to AYA engagement and were excluded if they were about AYA in general, family engagement that did not specify AYA engagement, youth-serving organizations that do not include or involve AYA, and state data from national surveys.

Findings

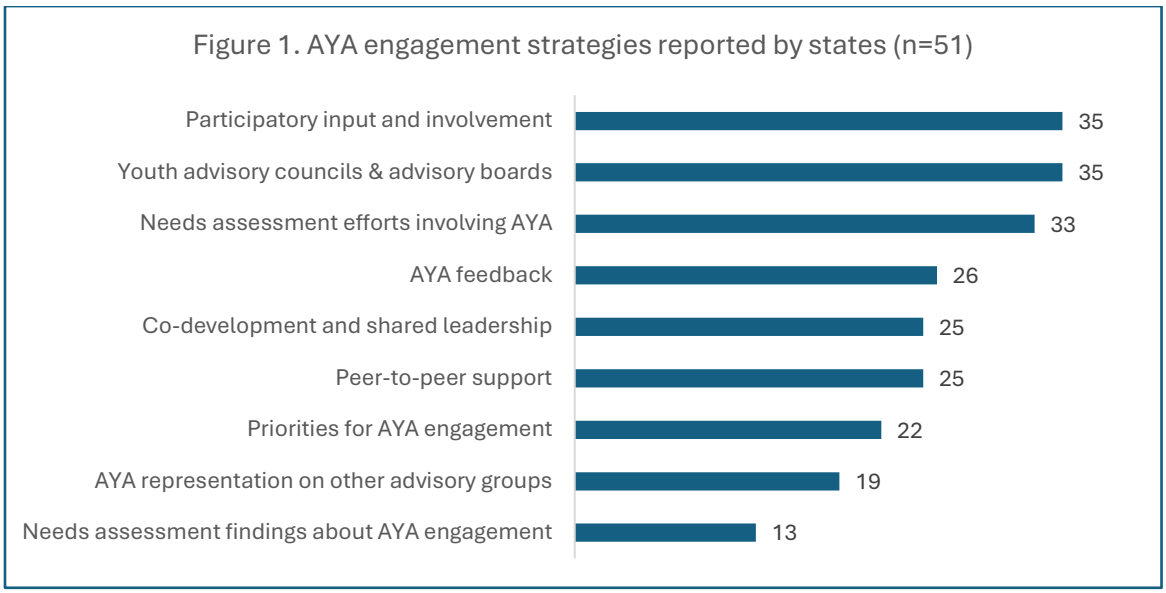
Among the NPMs that relate to AYA health, all states selected the required Universal Medical Home NPM, and about half selected Mental Health Treatment (26) and Transition to Adult Health Care (26). The full distribution of these NPMs selected by states can be seen in Table 1.

Table 1. State selection of adolescent-related NPMs

National Performance Measure (NPM)	# of states
Medical Home	51
Medical Home - Care Coordination	16
Medical Home - Family Centered Care	3
Medical Home - Personal Doctor	3
Medical Home - Referrals	3
Medical Home - Usual Source of Sick Care	1
Mental Health Treatment	26
Transition To Adult Health Care	26
Preventive Dental Visit	15
Adolescent Well-Visit	10
Adult Mentor	10
Bullying	10
Tobacco Use	1

The abstracted strategies were sorted into nine identified themes, as shown in Figure 1. Most states involve AYA as participants in activities (35), have a youth advisory council or advisory board (35), and involved AYA in their five-year needs assessment (33). About half of states elicit feedback from AYA (26), co-develop resources with AYA or provide shared leadership opportunities (25), and offer peer-to-peer support programs (25). The following sections provide summaries of findings and selected standout examples for each theme.

Figure 1. AYA engagement strategies reported by states (n=51)



Participatory Input and Involvement

In total, 35 states described engaging AYA as active participants in initiatives. Unlike youth-led activities, these strategies focused on incorporating AYA perspectives into initiatives without requiring AYA to lead or create an activity themselves. The areas or methods of engagement included:

- AYA involvement in program or service planning (22)
- AYA participation in strategy, policy, and decision-making efforts (18)
- formal consultation roles (14 states) such as paid staff, interns, youth consultants, youth leaders, and other advisor positions
- input into materials and resources (11 states) such as websites, public health messaging campaigns, social media content, and health care transition resources including videos, guides, and workbooks
- incorporation of AYA perspectives into training and educational activities (8 states), including the development of curricula, presentations, and trainings for schools, parents, health care professionals, and adult mentors, or will involve AYA in planning summits, conferences, fairs, and workshops

The examples in Box 1 highlight distinct approaches to participatory input and involvement.

Box 1. Standout State Strategies for Participatory Input and Involvement

Alabama engages youth through its Youth Connection Program, which facilitates youth involvement in policy development and decision-making. The program employs two part-time Youth Consultants (YCs) who provide recommendations on policies that impact YSHCN. The YCs coordinate outreach efforts such as social media to engage with YSHCN across the state and share their experience with health care transition. The YCs also present at the Annual Alabama Governor's Youth Leadership Forum.

Idaho has partnered with a community-based organization to capture youth voice through a variety of engagement activities that can inform program strategies to improve adolescent health. Engagement activities that have been explored include photovoice, podcasts, murals, and writing. Idaho seeks to gather adolescent perspectives and input on potential projects to inform future program strategies to improve adolescent health.

Illinois will partner with its Youth Advisory Council and other stakeholders to review and disseminate resources about transitioning to adulthood statewide. The council will also provide input to inform new transition tools and educational materials for medically complex YSHCN, Illinois state waiver options, and health care transition tools for school nurses and educators.

New York will establish a youth-led and youth-run advisory group to provide ongoing input on Title V programs, policies, and initiatives. The mission of the group is to serve as a permanent, sustainable source of youth voice that is integrated into the design and implementation of youth-related programs, policies, and initiatives, including School-Based Health Centers, Comprehensive Adolescent Pregnancy Program, Personal Responsibility Education Program, Sexual Risk Avoidance Education, Children and Youth with Special Health Care Needs, and Sexual Violence prevention programs.

North Carolina plans to engage with YSHCN and parents/caregivers in developing content for presentations delivered to health care professionals at local health departments, hospitals, and other settings where children receive care. This content would be used to highlight the importance of meaningful family and youth engagement in a variety of health care topics.

Note: Summaries have been modified for this report. Please click here for the original wording of each strategy.

Youth Advisory Councils & Advisory Boards

In total, 35 states were found to have a dedicated Youth Advisory Group or Youth Advisory Council made up of AYAs. These 35 states' youth advisory entities include both paid and volunteer AYAs. Of the 35 states, 12 explicitly mention having children or youth with special health care needs (CYSHCN) represented on those advisory entities. While many states' youth advisory entities were interested in general adolescent health, or did not specify a specific topic of focus, several states described topics that their youth advisory entities would address. The most common topics mentioned by states were:

- reproductive/sexual health/teen pregnancy (10)
- mental health/suicide prevention (10)
- health care transition (9)
- school health services or school-based health centers as a location for their youth advisory entities' activities (6)
- anti-bullying measures (5)
- substance abuse/nicotine prevention (5)

Box 2 highlights distinct approaches to AYA advisory entities.

Box 2. Standout State Strategies for Youth Advisory Councils & Advisory Boards

The recently formed **Indiana** Youth Advisory Board (IYAB) assesses and promotes youth-targeted public health, mental health and suicide prevention initiatives. After its first two-year term ended in 2024 with a cohort of 25 youth, the IYAB returned in 2025 with a new cohort of 54 youth. The IYAB also initiated an application process for previous members to take part in a Leadership Committee, which allowed 6 individuals to return to IYAB in a leadership role (running meetings, bringing experiences of individuals to the board, and mentoring the new group of IYAB members).

Massachusetts Department of Public Health's (MDPH) Youth Advisory Board helps identify barriers to sexual health care by reviewing programs, policy, and priorities and offering input on opportunities to improve youth health outcomes statewide. The Bureau of Family Health and Nutrition within the Division for Children & Youth with Special Health Needs (DCYSHN) works with a Young Adult Advisory Council to obtain feedback about health care transition wants and concerns. The DCYSHN is planning to connect its Young Adult Advisory Council to the Bureau of Community Health and Prevention to ensure that CYSHN's perspectives are part of the STRIVE (Successful Teens: Relationship, Identity, and Values Education) program and Personal Responsibility Education Program.

The **Ohio** Department of Health Teen Wellness Team (TWT) began in 2023 with 21 teenagers from 16 counties in Ohio. The group met monthly to learn about public health and to provide feedback on programs that are designed for young people. The monthly sessions were 2 hours in length, and students were paid $14 an hour to participate. Subsequent iterations of the TWT have included a mix of returning and new members.

The **Tennessee** Stop Tobacco and Revolutionize Our New Generation (TNSTRONG) Program is a youth-led, statewide movement dedicated to raising awareness about the dangers of tobacco and combating the tobacco industry's influence on Tennessee's youth. TNSTRONG Ambassadors are a group of youth aged 13-19 who have committed to a two-year program focused on advocating for nicotine prevention and cessation within their communities. The state also established an alumni program for those who have completed their two-year commitment but wish to continue their empowerment work.

Vermont Afterschool and the Youth Services Advisory Council are committed to improving adolescent health and wellbeing. Vermont Afterschool houses the Youth Voice Project, which supports multiple regional Youth Councils across the state that collect proposals from youth statewide for small projects and initiatives that help improve the lives of youth in Vermont. The Youth Services Advisory Council works to achieve positive outcomes for youth and young adults by promoting, advocating for, and monitoring the continued evolution of a holistic, strengths-based service system that meets the needs of all youth and young adults.

Note: Summaries have been modified for this report. Please click here for the original wording of each strategy.

Needs Assessment Efforts Involving AYA

In total, 33 states involved AYA in their needs assessment. Thirty-one of these states mentioned specific involvement of AYA in their needs assessment through advisory groups, interviews, focus groups, and surveys, and six states mentioned general engagement of AYA in their needs assessment without specific details.

While states used a variety of methods to involve AYA in their needs assessment, the most common methods used by states (25) were interviews and focus groups that included AYA. Box 3 highlights distinct efforts to engage AYA in interviews or focus groups as part of the needs assessment.

Box 3. Standout State Strategies for Needs Assessment Interviews and Focus Groups with AYA

Kansas maintained its ongoing commitment to engage all voices through conversations with conveners and facilitators who played a direct role in the needs assessment. They conducted a series of focus groups with key stakeholders, separated by age. The young adult focus group included individuals 18-25 years, the adolescent focus group involved those 14-18 years, and the youth focus group included those 12-18 years.

Maine held focus groups with members of Latino/a, Khmer, and Somali communities, including youth, facing limited access, to solicit their perspectives on the major health issues they experience and discuss potential solutions.

New York conducted interviews in English, Spanish, and Mandarin with CYSHCN and their families to explore access to services and specifically asked about their interactions with local CYSHCN programs.

Oklahoma paid a graduate school intern to help design and lead a Youth Listening Session. Several youth leaders from the session were then asked if they would like to continue to partner with Title V MCH for the Adolescent Health Summit. Three of the youth leaders continued to participate throughout the school year to add youth voice to the planning committee and create a youth-led plenary session for the Summit. The graduate school intern was able to continue a few hours per week post internship to lead the youth summit work.

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The next most common strategy (16 states) was conducting a survey of AYA for the needs assessment. Box 4 includes examples that highlight distinct efforts from states.

Box 4. Standout State Strategies for Needs Assessment Surveys of AYA

Florida collected input regarding needs specific to CYSHCN and their families across the state through two surveys as part of Children's Medical Services (CMS) electronic community needs assessment. One survey was for CMS caregivers and one for CMS youth. The surveys were consistent with the National Survey of Children's Health survey.

Hawaii collected an online survey of AYA, ages 12-22 years, including CYSHCN. Questions were adapted from the National Survey of Children's Health. The survey was translated into Tagalog, Ilokano, and Hawaiian to collect specific and more useful data from underrepresented and disparate health populations. The CYSHCN survey was disseminated widely through targeted outreach via various community programs for youth with special needs, including students who were currently receiving special education services. Survey responses were used to create a ranked issues list for each MCH domain and the respondents' roles (families, youth, clinicians) were given significant consideration throughout the priority selection process.

In **Rhode Island** there was a survey of Tribal and American Indian families conducted by the Tribal Youth Empowerment Corporation to better understand the needs of urban, non-tribal recognized Tribal/American Indian families and youth, and to identify potential strategies to address issues faced by these populations.

Texas conducts a survey in English and Spanish every two years to understand current and emergent needs of young adults with disabilities (ages 18-26). This is a different questionnaire than the questionnaire given to parents of CYSHCN. They use social media and outreach to youth serving organizations to invite participants.

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Thirteen states included that their needs assessment findings highlighted AYA engagement. States used varying language to describe these findings including needs for "youth-driven community engagement," "youth voice in the planning, design, and delivery of all programs," and "well-integrated youth participation in the evaluation of MCH programs." Twenty-two states included specific priorities around AYA engagement.

AYA Feedback

In total, 26 states described approaches for gathering feedback from AYA on existing programs, services, and resources, or for identifying needs and priorities. Common methods for collecting feedback include advisory councils, surveys, focus groups, listening sessions, and program evaluations. Among these approaches for gathering feedback, the activities described included:

- gathering AYA perspectives on needs, concerns, barriers, or priorities (22 states), outside of the five-year needs assessment
- evaluating existing programs or services (17 states) such as clinical services, mental health programs, health care transition initiatives, bullying prevention efforts, school-based health programs, suicide prevention, or other Title V initiatives
- obtaining feedback on specific tools and resources (11 states) such as websites, health care transition tools, curricula/trainings, a youth engagement toolkit, and other educational resources

Box 5 highlights examples with distinct approaches to obtaining feedback from AYA.

Box 5. Standout State Strategies for AYA Feedback

The **District of Columbia** has engaged Youth Advisory Council (YAC) members in evaluating the accessibility and content of school-based and community clinic websites. The project was designed to better understand their needs and inform improvements to clinic websites while also providing youth with experience in data analysis, collection, and evaluation activities.

Florida will engage youth or parents of CYSHCN as partners in identifying needs and developing services and supports. Youth and parents participate in program planning, implementation, evaluation, and decision-making activities and help maintain the state's Youth 2 Adult Transition (FLY2AT) website, the state's clearinghouse for health care transition resources.

Iowa plans to strengthen YSHCN-centered programming by gathering more intentional feedback from youth about the transition from pediatric to adult health care, with a focus on feedback for clinical activities. Planned activities include reconvening the Youth Advisory Council, collecting statewide input from YSHCN about health care transition challenges, and developing a mechanism for gathering direct feedback from YSHCN through clinical services. Feedback will inform improvements to both clinical and programmatic activities.

Vermont partners with Vermont Raise Awareness for Youth Services (VT RAYS) to incorporate AYA perspectives into services, resources, and project activities. AYA will provide feedback on educational materials related to youth-provider relationships and substance misuse, present about youth voice and youth-centered care to the pediatric medical community, and use Youth Risk Behavior Survey data to inform their work.

Note: Summaries have been modified for this report. Please click here for the original wording of each strategy.

Co-Development and Shared Leadership Activities

In total, 25 states described efforts to engage AYA through co-development or shared leadership activities. For these activities, AYA will lead or work alongside partners to create, design, and implement projects. Forms of co-development included:

- youth-led projects or programs (14 states), including youth-led advisory groups, health promotion activities, community-based projects, leadership opportunities, peer education and peer support efforts, and youth participatory action research activities
- co-creation of resources (13 states), including educational materials, websites and website content, training content and curricula, health care transition tools, and care models and frameworks
- youth-led messaging strategies (13 states), including campaign development, public health messaging, presentations, and creation of social media content or other outreach materials

Examples in Box 6 highlight distinct approaches to co-development and shared leadership activities.

Box 6. Standout State Strategies for Co-Development and Shared Leadership

Alaska will support a youth-led violence prevention campaign that includes youth-designed public messaging, social media toolkits, and in-person community dialogues. The campaign aims to shift social norms around violence while promoting protective factors such as healthy relationships, suicide prevention, and healing-centered responses.

Florida has engaged youth as partners in community-driven mental health initiatives aimed at increasing awareness and reducing stigma. Through school-based advisory councils and youth leadership programs, adolescents worked with community organizations to co-design materials and peer-led campaigns focused on mental health literacy, suicide prevention, and bullying. These efforts also created safe spaces for peer support and opportunities for youth leadership.

Georgia's Youth Healthcare Leadership Council engages youth in shaping public health messaging, resources, and youth engagement strategies. Youth members help develop social media and website content and design health care transition educational materials such as visual storytelling materials. They also serve as peer advocates and contribute to planning, facilitation, staff recruitment, and other activities that shape youth engagement strategies.

Michigan will partner with the Michigan Department of Education to provide schools with training on bullying prevention, positive school climate, and student well-being. The training content will be developed with youth advisory councils to ensure that youth perspectives help shape the content and approach.

New Mexico will establish a youth-adult committee to co-lead the planning, implementation, and evaluation of the Youth Empowerment Action (YEA) Summit. The initiative is designed to elevate youth voice, strengthen collaborative leadership, and co-create lasting change goals while promoting positive youth development and collaborative leadership.

North Carolina engages youth through its Youth Health Advisor (YHA) Team, which shapes public health messaging, website content, outreach materials, and adolescent health initiatives, and connects with other youth leadership organizations throughout the state. The YHAs have launched a social media account in partnership with the Department of Health and Human Services to promote healthy living for teens. The YHAs provide guidance on youth messaging related to various topics including tobacco and vaping prevention, reproductive health, suicide prevention, and adolescent well-visits, while also participating in Youth Participatory Action Research projects to inform adolescent health programming and outreach efforts.

Note: Summaries have been modified for this report. Please click here for the original wording of each strategy.

Peer-to-Peer Support

In total, 25 states described peer-to-peer support programs for AYA to help and mentor each other. Peer-to-peer support programs in nearly half (11) of those states occur within school settings, from large school systems to individual middle schools, high schools, and school-based health centers. While many of these peer-to-peer support programs address general adolescent health topics, several are designed to address specific topics. The most common topics mentioned by states were:

- mental health/suicide prevention (10)
- anti-bullying (5)
- behavioral health (5)

- sexual health (5)
- health literacy (5)
- tobacco/substance use and prevention (4)
- health care transition (4)
- creating community (3)

Examples in Box 7 highlight distinct approaches to peer-to-peer support programs.

Box 7. Standout State Strategies for Peer-to-Peer Support Programs

Kentucky's Youth Cafés encourage young people to grow and build relationships with others in a fun and supportive atmosphere utilizing conversation card decks that increase leadership, confidence and resilience. Youth leaders who received the Youth Café training were provided guidelines for running a Youth Café. The Café Collective social media group, which was created by the Western KY Team to help with advertising cafés to families, has been made public and is promoted as the one-stop page for locating a café.

In **Massachusetts**, previous participants of the state's Child and Youth Violence Prevention (CYVP) programs are hired as staff or peer leaders to mentor younger members in alignment with the Positive Youth Development model. In FY24 alone, 638 youth were employed as direct care staff by CYVP programs, which contributed to the continued development of these young people as leaders in their communities.

Michigan's Children's Special Health Care Services (CSHCS) provides grants to school systems to implement peer-to-peer programs aimed at reducing bullying for students with special health care needs. The number of CSHCS Bullying Prevention Initiative grantees has increased from 11 schools to 24 schools in four years.

In **Montana**, the Children's Special Health Services (CSHS) Youth Peer Support project matches a Leadership High School (LHS) student with a student with special needs enrolled in the public school system or living in the community. The program is intended to help special education students reach transition goals and increase exposure to youth peer support for LHS students.

The **New Mexico** Youth Peer to Peer Helper (YP2PH) Program has reached approximately 300-500 students in 40 program sites statewide. Founded upon the positive youth development approach, the YP2PH program ensures that youth have a voice and agency in addressing issues affecting their lives, families, schools, and communities. It empowers peer helpers to decide on what health promotion and service learning projects they will implement (based on the needs of their school or community) and equips them with training, tools, and guidance to strengthen their roles as natural helpers.

Note: Summaries have been modified for this report. Please click here for the original wording of each strategy.

AYA Representation on Other Advisory Groups

In addition to the states that have specific youth advisory entities, 19 total states have AYA representation on broader advisory groups that are not specifically youth advisory entities. These include MCH advisory councils and steering committees, condition- or activity-specific workgroups, family advisory groups or councils, interagency advisory groups, and Collaborative Improvement & Innovation Networks (CoIINs). Four of the 19 states explicitly mentioned including CYSHCN in these advisory groups. Many of these advisory groups with AYA representatives have specified their proposed activities of focus. The most common activities mentioned by states were:

- needs assessment activities (4)
- adolescent health conferences/summits (4)
- health care transition (3)
- mental health/suicide prevention (3)
- peer-to-peer curricula or programs and work in school health/school-based health centers (2)

Box 8 has examples highlighting distinct approaches to AYA representation on separate advisory entities.

Box 8. Standout State Strategies for AYA Representation on Other Advisory Groups

The **District of Columbia**'s MCH Advisory Council convenes healthcare providers, public health, community leaders, advocates, DC Title V leadership and core staff every quarter to advise on initiatives, programming, and strategies to improve MCH outcomes. The District has developed pathways for a DC Youth Leader, age 17-21, to bring subject matter expertise to the MCH Advisory Council.

Florida requires paid youth consumer participation in many of its advisory entities, including its Statewide Networks of Access and Quality (SNAQs) in identifying, implementing, and evaluating quality improvement activities in health care transition programming. The state also emphasizes youth presence and youth champions in existing partnerships with Florida Independent Living Council's Florida Youth Leadership Forum, Family Network on Disabilities (FND), Family Voices, and other Family to Family Health Information Centers.

New Mexico's Office of School and Adolescent Health (OSAH) believes youth voices are vital for program quality improvement. The state's Adolescent & Young Adult Health (AYAH) Collaborative Improvement & Innovation Network (CoIIN), which consists of members from a variety of state organizations, has infused youth input into the implementation and evaluation of the NM Youth Peer to Peer Helper (YP2PH) Program.

Note: Summaries have been modified for this report. Please click here for the original wording of each strategy.

Technical Assistance

Sixteen states included a technical assistance request around AYA engagement. These requests can be seen in the supplementary spreadsheet here.

Conclusion and Recommended Next Steps

This report highlights a variety of strategies state Title V agencies are undertaking to engage AYA in their work. While this report identifies many commendable AYA engagement activities undertaken by state Title V agencies, it also offers an opportunity for states to further analyze and to strengthen their AYA engagement strategies going forward. Several recommended next steps for states include:

- Measure the Strength of their AYA Engagement: States may consider analyzing the strength of their engagement to assess the current level of youth involvement in current work and identify ways to move towards more meaningful youth participation. Using this spreadsheet, states can locate their strategies across each of the themes described in this report and map each activity using a measurement framework. One option to use is The Ladder of Youth Involvement, which has been adapted from Hart's Ladder of Youth Participation. This can help to ensure that AYA voices are heard and perspectives are actively incorporated, leading to more effective and sustainable outcomes for everyone.
- Prioritize Equitable Engagement: States are encouraged to engage disadvantaged AYA populations that may need their voices elevated. States should consider intentional involvement of those AYA with special health care needs, with disabilities, from multilingual communities, from local Tribal/American Indian populations, and from other underserved communities. Some standout examples in this report focus on this type of engagement.
- Elevate Youth Input and AYA Roles in Statewide Programming: We encourage states to continue to elevate youth voices in state priorities, program design, resource development/evaluation, and funding decisions. As states form future AYA engagement strategies, they should consider the exact role played by AYAs (i.e., respondents, advisors, peer leaders, co-creators, or partners in implementation and evaluation). States may benefit from utilizing the AAP's "Partnering for AYA Health: A Toolkit for Cross-Sector Collaboration" to strengthen their AYA engagement in this future planning.

For technical assistance or additional information about the findings, please contact The National Center for Adolescent and Young Adult Health and Well-Being at collab4youth@aap.org.