SAINT LUKE'S COMMUNITY HEALTH NEEDS ASSESSMENT

2015

Crittenton Children's Center

Contact us

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Crittenton Children's Center
SAINT LUKE'S HEALTH SYSTEM

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Executive Summary

Introduction

Not-for-profit hospital status is an Internal Revenue Service ("IRS") designation established under section 501(c)(3) of the Internal Revenue Code. To meet section 501(c)(3) requirements, the Patient Protection and Affordable Care Act ("ACA") requires not-for-profit hospitals to conduct a Community Health Needs Assessment ("CHNA") at least once every three years and to adopt a corresponding implementation plan that addresses the community's health needs as identified within the CHNA.

Saint Luke's Health System ("SLHS") is a faith-based, not-for-profit health system comprised of 10 hospitals in the Kansas City metropolitan area. Crittenton Children's Center, as part of SLHS, provides behavioral and mental health treatment to children, adolescents, and their families. The facility offers a child and adolescent psychiatric hospital, specialized residential treatment, inpatient and outpatient substance abuse programs, intensive in-home services, outpatient diagnostic and therapy services, foster care case management and adoption, school-based intervention, and universal community-based trauma intervention and resilience skills development. The information contained in this assessment provides an in-depth view of the health needs – specifically behavioral and mental health needs – in the Crittenton community.

About Crittenton Children's Center

Crittenton Children's Center, a vital part of the not-for-profit foundation of our community since 1896, is considered by referrers as the region's premiere psychiatric care provider for children, adolescents, and their families. Crittenton excels at effectively treating the mental and behavioral health care needs of their patients. The facility, located on a picturesque, 96-acre campus in south Kansas City, Missouri, provides children the serenity and privacy they need to assist with their healing process. The services offered by Crittenton, coupled with the expertise of the organization's professional staff, enable children to achieve stability, experience positive mental health, and acquire the skills and resources needed to mature into healthy and productive adults.

Crittenton Children's Center:

- **Provides more actively practicing board-certified psychiatrists** than any other similar facility in the region
- **Uses multiple evidence-based therapy interventions** to ensure the best outcomes for patients
- Is **licensed as a psychiatric hospital** by the Missouri Department of Health and Senior Services

- Is licensed as a **Child Placing Agency and Residential Child Care Agency** by the Missouri Department of Social Services – Children's Division
- Created a **highly successful early childhood trauma intervention program, Trauma Smart®**, designed to strengthen patterns of resilience among children and the adults who care for them

Services provided by Crittenton include:

- **Psychiatric hospital programs** with diagnostics and acute treatment for children of all ages
- **Residential treatment** for adolescent girls and boys, such as:
    - Gender-specific intensive residential services
    - Co-occurring Mental Health and Substance Abuse Disorders
    - N-TACT neurological intervention for those who have experienced complex trauma
    - Family Focus Program to assist transition from inpatient care to home
- Intensive **in-home services –** therapy and case management supportive services
- **Foster care and adoption services** – case management, foster family training, licensing, and support, and adoption
- **Chemical dependency** intensive outpatient and after-care program
- **School-based intervention –** particularly focused on keeping at-risk youth in school
- **Trauma Smart® training, coaching and mental health intervention**

Crittenton Children's Center Mission

Crittenton Children's Center is a faith-based, not-for-profit organization dedicated to providing the highest quality innovative behavioral health services to children and families as part of the Saint Luke's Health System.

Crittenton Children's Center Vision

The best place to get care. The best place to give care.

About Saint Luke's Health System

Crittenton Children's Center is part of Saint Luke's Health System in Kansas City. The health system has 10 hospitals throughout the Kansas City region. The health system also includes home health, hospice, and behavioral health care, as well as multiple physician practices.

Community Health Needs Assessment Objectives

Crittenton Children's Center conducted its second Community Health Needs Assessment (CHNA) in order to better understand and serve the needs of the community. As part of the 2010 Affordable Care Act, all tax-exempt hospitals must complete a CHNA every three years.

The CHNA addresses the health needs in the community and prioritizes the identified needs. The hospital is then responsible for completing an implementation strategy for the community health needs identified.

Community Health Needs Assessment Summary

An effort to understand and create a healthier community requires collaboration and input from many community stakeholders. Through data research and key conversations in Crittenton's six-county service area, this CHNA pulls together community findings and addresses top health priorities to help improve community health over the next three years. The document is structured in such a way that data is presented on the current demographic and health status of the community, then a summary of findings is presented through an analysis of prioritized needs for the community.

Community Health Needs

A wide range of primary and secondary data was used to identify six health priorities in Crittenton's community, all of equal importance.

Priority 1: Increased Integration Across Systems

- Children with mental and behavioral health diagnoses often encounter multiple "systems of care," which can lead to fragmentation of services and uncoordinated care.
- The education system, social welfare, the judicial system, primary care providers, mental health providers, community-based prevention programs, and others impact the effectiveness and efficiency of behavioral and mental health treatment.

Priority 2: Family Engagement

- Family and caregiver engagement in the mental health of children can contribute to the success of interventions.
- Examples of barriers to family involvement in child mental health care are lack of transportation, work conflicts, untreated parental mental illness or substance abuse issues, and stigma associate with receiving mental health services.
- Family education, involvement in treatment, and support services for the family should be integrated into treatment of behavioral and mental health diagnoses in children.

Priority 3: Treatment for Co-Occurring Substance Abuse and Mental Health Disorders

- Co-occurring substance abuse and mental health disorders lends complexity to accurate diagnosis and treatment.
- Traditionally, substance abuse programs have not offered treatment for mental health disorders, and mental health disorder treatment programs have not addressed substance abuse.

- Studies show that more than half of young persons with a substance abuse diagnosis also have a diagnosable mental illness.
- Best practice suggests the ideal way to treat co-occurring substance abuse and mental health disorders is through specialized programs that simultaneously address both.

Priority 4: Systemic Interventions that Impact Community-Wide Change

- Though individualized interventions are necessary after a mental health disorder is detected, truly preventive measures often involve whole communities.
- Programs offering practical resiliency skills to whole communities can reduce mental and physical health care costs while increasing individual and collective awareness and knowledge of how to manage intensive situations that arise.

Priority 5: Targeted and Research-Based Interventions

- Evidence-based practices for child mental and behavioral health interventions are increasingly discussed as a standard by which care should be provided.
- Increased remuneration for providers adhering to best practice protocol is a means of expanding use of evidence-based tools, thereby improving efficacy and safety of treatment.
- Continued research and communication of findings is critical to continue enhancing the value of care provided.

Priority 6: An Increase in Specially-Trained Providers to Address a Qualitative Gap in Treatment

- Accurate diagnosis of behavioral and mental health disorders in children is most effective when targeted evaluation is completed by a specially-trained provider.
- When specially-trained provider resources are lacking, access to care is often delayed or suffers from a quality standpoint.

Key Contributors

Hospital Leadership

Chief Executive Officer – Janine M. Hron
Chief Financial Officer – Will Staron
Chief Nursing Officer – Belva Giesing, R.N., M.S.N., P.C.C.N.
Medical Director – Eileen Duggan, M.D.

Public Health Collaborations

Missouri Department of Social Services - Children's Division
Missouri Department of Mental Health
Missouri Department of Health and Senior Services
Kansas Department for Aging and Disability Services (KDADS)
Missouri Coalition for Community Behavioral Healthcare
Missouri Coordinating Board for Early Childhood

Community Partners

Greater Kansas City Area School Districts
Greater Kansas City Area Law Enforcement and Crisis Intervention Team (CIT) Officers
Creating Community Solutions/Consensus Kansas City
Trauma Matters KC
Mid-America Head Start/Mid-America Regional Council
Jackson County Family Court and Guardian ad Litem Office
Jackson County Drug Court
Jackson County Mental Health Fund
COMBAT (Community Backed Anti-Drug Tax)
Johnson County Mental Health Center
Tri-County Mental Health Center
Wyandotte County Mental Health Center
Health Care Foundation of Greater Kansas City

Assessment Methodology

To prepare the CHNA, both primary sources and secondary data were compiled and analyzed. The CHNA team conducted multiple interviews with hospital leadership and community stakeholders to better understand the needs in the community. Secondary quantitative data was pulled and analyzed from multiple community and hospital sources to better understand the impact of each of the identified needs.

Primary Data

Primary data was collected by connecting with community stakeholders to discuss the needs of the six-county population. Stakeholders were chosen to represent broad interests of the community, including underserved populations. Information provided by stakeholders was used to help identify and prioritize community needs.

Primary Data Sources

- Crittenton Children's Center Senior Leadership
- Missouri Coalition of Children's Agencies
- Consensus KC – Creating Community Solutions Conference
- Kansas City Public Schools
- University of Missouri Kansas City
- Jackson County Health Department
- Johnson County Mental Health Center

Secondary Data

Secondary data was collected through multiple community resources. The most current data available was compiled and analyzed for key population health indicators.

Secondary Data Sources

- Hospital Industry Data Institute (HIDI)
- Sg2 Nielsen Population and Demographic Data
- U.S. Census Bureau
- Kids Count Data Center
- County Health Rankings & Roadmaps
- FBI Uniform Crime Reports
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Missouri Student Survey
- Communities that Care Survey
- KC Health Matters
- MU Institute of Public Policy

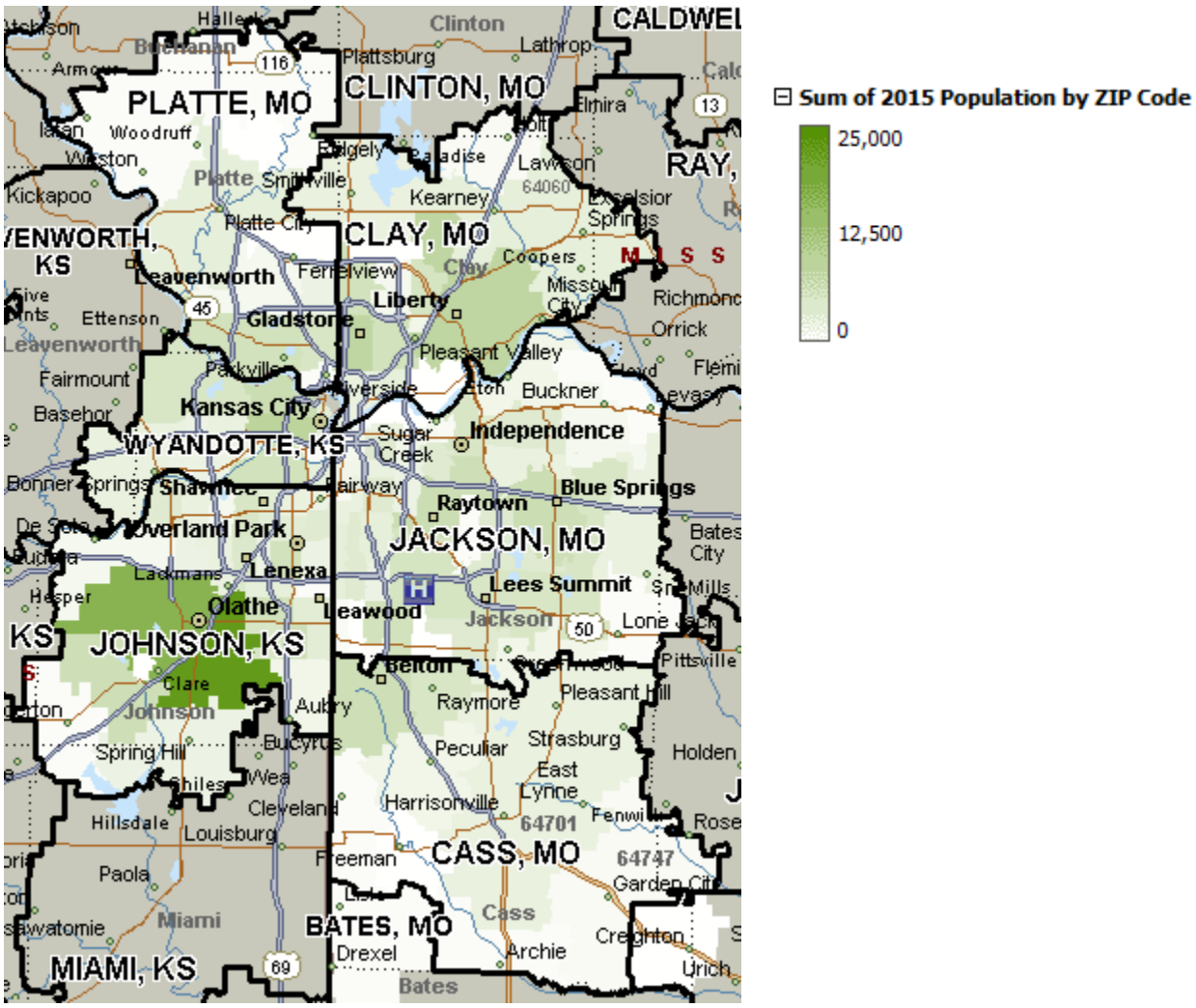
Demographic Profile

This section outlines the demographic profile for the Crittenton Children's Center's defined community.

Geography

Crittenton's community is defined as Cass, Clay, Jackson, and Platte counties in Missouri and Johnson and Wyandotte counties in Kansas. There are 138 zip codes in this community.

Figure 1: Crittenton Children's Center Defined Community – Population Density, Ages Birth-17 years



*Source: Sg2 Population and Demographic Data

Figure 2: Crittenton Community Geography

County	Land area in square miles, 2010	Persons per square mile, 2010	FIPS Code (Federal Information Processing Standard)	Metro- or Micropolitan Statistical Area
Missouri	68,741.52	87.1	29	
Cass	696.84	142.8	29037	Kansas City, MO - KS Metro Area
Clay	397.3	558.6	29047	Kansas City, MO - KS Metro Area
Jackson	604.46	1,115.30	29095	Kansas City, MO - KS Metro Area
Platte	420.19	212.6	29165	Kansas City, MO - KS Metro Area
Kansas	81,758.72	34.9	20	
Johnson	473.38	1,149.60	20091	Kansas City, MO - KS Metro Area
Wyandotte	151.6	1,039.00	20209	Kansas City, MO - KS Metro Area

*Source: US Census Bureau, 2015

Population Characteristics

As of 2015, the total six-county Crittenton Children's Center community population is 1,865,714. Crittenton's population age group of interest, individuals ranging from birth to 17 years of age, is 464,675. These individuals make up 25% of the overall population of Cass, Clay, Jackson, Platte, Johnson, and Wyandotte counties.

Figure 3: Crittenton Community Age Profile, 2015

Age Group	2015	
	Population	% of Total
Birth - 17	464,675	25%
18 - 44	663,081	36%
45 - 64	490,440	26%
65+	247,518	13%
Total	1,865,714	100%

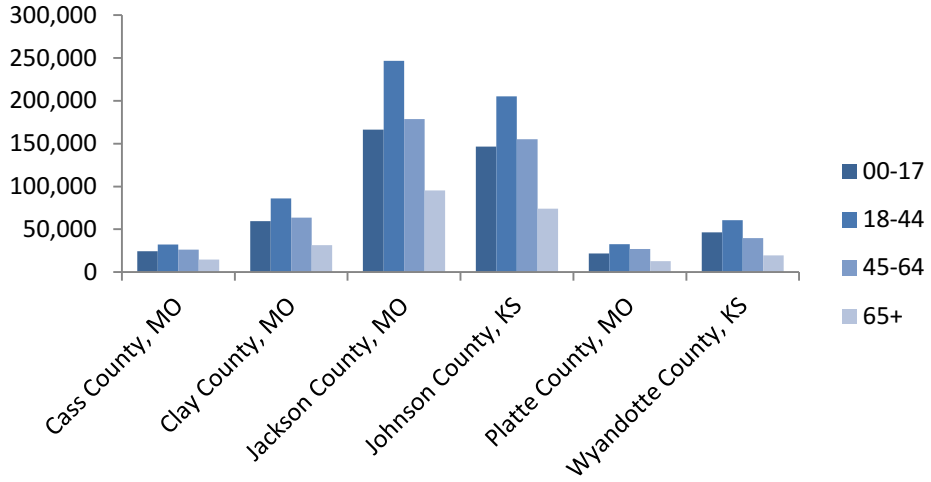
*Source: Sg2 Population and Demographic Data

Figure 4: Age Birth-17 Population by County

County	Age 00-17, 2015
Cass County, MO	24,190
Clay County, MO	59,390
Jackson County, MO	166,306
Johnson County, KS	146,558
Platte County, MO	21,725
Wyandotte County, KS	46,506
Total	464,675

*Source: Sg2 Population and Demographic Data

Figure 5: Age Distribution by County, 2015

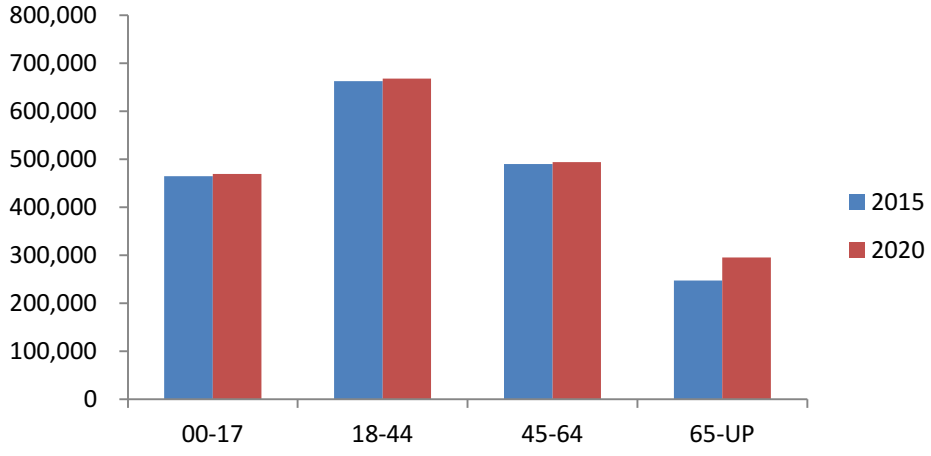


*Source: Sg2 Population and Demographic Data

Population Growth

The six-county Crittenton community is expected to grow by 3.3%, or 61,981 people in the next five years. The birth – 17 years age group is expected to grow by an additional 5,126 people by 2020, an increase of about 1.1%.

Figure 6: Projected Population Growth by Age Group 2015 - 2020



*Source: Sg2 Population and Demographic Data

Gender

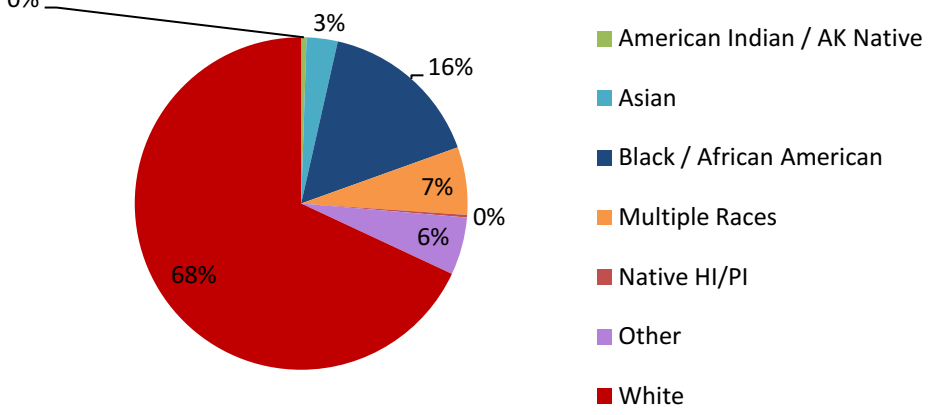
The six-county community for Crittenton Children's Center has a slightly higher ratio of age 00-17 males to age 00-17 females at 51.04% (or 237,192) to 48.96% (or 227,483). The population in each gender group is expected to grow by about .55% over the next five years.

The gender breakdown of Crittenton's community is important to note because of Crittenton's gender specific service offerings.

Ethnicity

The majority of the Crittenton six-county birth to age 17 community is white (68%), which is expected to increase 1.06% by 2020. The birth to age 17 African-American population is the next largest, making up 16% of the six-county community. The African American population is expected to grow 1.62% in the next five years. The ethnic group with the fastest rate of growth in the next five years is expected to be the Asian population (7.38%), followed by multiple races (6.33%) and then Native Hawaiian and Pacific Islander (5.19%).

Figure 7: Age Birth-17 Population Breakdown by Ethnicity, 2015



*Source: Sg2 Population and Demographic Data

Figure 8: Projected Growth by Ethnicity in all six-counties *for all ages*, 2015-2020

Race	2015 Population		2020 Population		Population Change	
	Population	% of Total	Population	% of Total		
American Indian/AK Native	9,332	0.50%	9,811	0.51%	479	2.50%
Asian	52,612	2.82%	61,002	3.16%	8,390	7.38%
Black/African American	252,783	13.55%	261,097	13.54%	8,314	1.62%
Multiple Races	58,122	3.12%	65,973	3.42%	7,851	6.33%
Native HI/PI	3,346	0.18%	3,712	0.19%	366	5.19%
Other	71,838	3.85%	78,089	4.05%	6,251	4.17%
White	1,417,681	75.99%	1,448,011	75.12%	30,330	1.06%

*Source: Sg2 Population and Demographic Data

Language

Currently 89.82% of the six-county Crittenton population speaks only English. The next largest population is the Spanish-speaking population at 5.90%. Of the individuals who speak a language other than English, about 60% consider themselves able to speak English very well.

Figure 9: Language, 2015

Language	2015 Population	
	Population	% of Total
Only English	1,560,979	89.82%
Spanish	102,601	5.90%
Indo-European	29,067	1.67%
Asian-Pacific	31,266	1.80%
Other	14,011	0.81%
Total	1,737,924	100.00%

*Source: Sg2 Population and Demographic Data

Figure 10: Ability to speak English (of individuals who speak another language), 2015

Language	2015 Population	
	Population	% of Total
English - Very Well	106,998	60.47%
English - Well	34,855	19.70%
English - Not Well	26,317	14.87%
English - Not at All	8,775	4.96%
Total	176,945	100.00%

*Source: Sg2 Population and Demographic Data

Education

In the age 25+ population of the Crittenton six-county community, about 25% have a terminal education level of a high school diploma. About 34.7% of the population has a college or graduate degree. Although only 8.91% of the population did not graduate high school, this is still a significant amount of the population, and nearly 10,000 individuals in the community have had no formal education at all.

Figure 11: Education Level, 2015

Level of Schooling Completed	Population Age 25+	% of Population
No Schooling Completed	9,274	0.75%
Nursery - 4th Grade	3,698	0.30%
5th - 6th Grade	8,645	0.70%
7th - 8th Grade	13,324	1.08%
9th Grade	14,146	1.14%
10th Grade	19,235	1.55%
11th Grade	24,039	1.94%
12th Grade No Diploma	17,925	1.45%
High School Graduate	316,379	25.53%
Some College	289,336	23.35%
Associate's Degree	93,225	7.52%
Bachelor's Degree	275,679	22.25%
Doctorate Degree	12,889	1.04%
Master's Degree	113,953	9.20%
Professional Degree	27,360	2.21%
Grand Total	1,239,107	100.00%

*Source: Sg2 Population and Demographic Data

Housing Profile

Figure 12: Housing Profile

	Cass County, MO	Clay County, MO	Jackson County, MO	Platte County, MO	Johnson County, KS	Wyandotte County, KS
Housing Units, 2013	40,245	94,194	312,803	39,756	229,817	66,831
Homeownership Rate, 2009-2013	77.60%	71.00%	61.10%	64.30%	70.10%	60.30%
Persons per Household, 2009-2013	2.65	2.56	2.45	2.45	2.53	2.74

*Source: U.S. Census Bureau, 2013

Poverty Rate

For the purpose of this assessment, the community was broken down into "households with children under age 17" to analyze poverty status. The county with the highest rate of poverty (defined as families earning an income below the federal poverty level) in Crittenton's six-county community is Wyandotte County, KS with a rate of 37.58%. Jackson County, MO also has a relatively high poverty rate of 34.93%. The county with the lowest rate of poverty is Johnson County, KS at 11.56%.

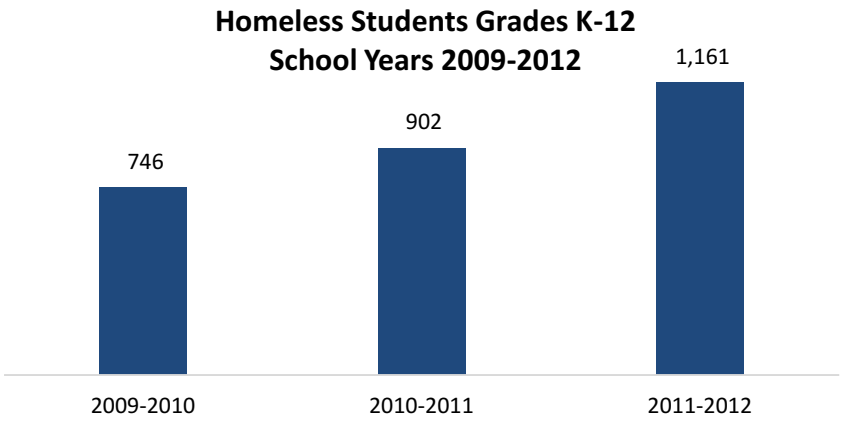
Figure 13: Poverty Status of Households with Children Under Age 17, 2015

County	Number of Families	Percent of All Families
Cass County, MO	247	12.16%
Clay County, MO	991	18.88%
Jackson County, MO	6,107	34.93%
Platte County, MO	288	11.59%
Johnson County, KS	1,499	11.56%
Wyandotte County, KS	2,027	37.58%

*Source: Sg2 Population and Demographic Data

Homelessness

Figure 14: Homeless Students Grades K-12 in KC Metro, 2009-2012



*Source: Homelessness Task Force of Greater Kansas City

Out-of-Home Placement and Foster Care

There is evidence that indicates children in out-of-home placement situations tend to have developmental, behavioral, and emotional issues (Pecora et al., 2009). Crittenton provides treatment to a significant number of children who are in out-of-home placement in the four Missouri counties of the community.

The data in the chart below is displayed as the average number of children in care at any point in fiscal year 2014.

Figure 15: Missouri Out-of-Home Placement, FY 2014

	Adoptive Home	Foster Home	Relative Home	Group Home/Res. Care	Other	Total Children	Children per 1,000	Average Age
Cass County	2	73	177	78	37	**367**	14	11.2
Clay County	5	93	80	17	18	**213**	4	7.8
Jackson County	75	992	1077	277	274	**2695**	16	9.2
Platte County	0	18	18	5	4	**45**	2	10.5

*Source: Missouri Children's Division FY 2014 Report

Figure 16: Missouri Children Exiting Out-of-Home Placement, FY 2014

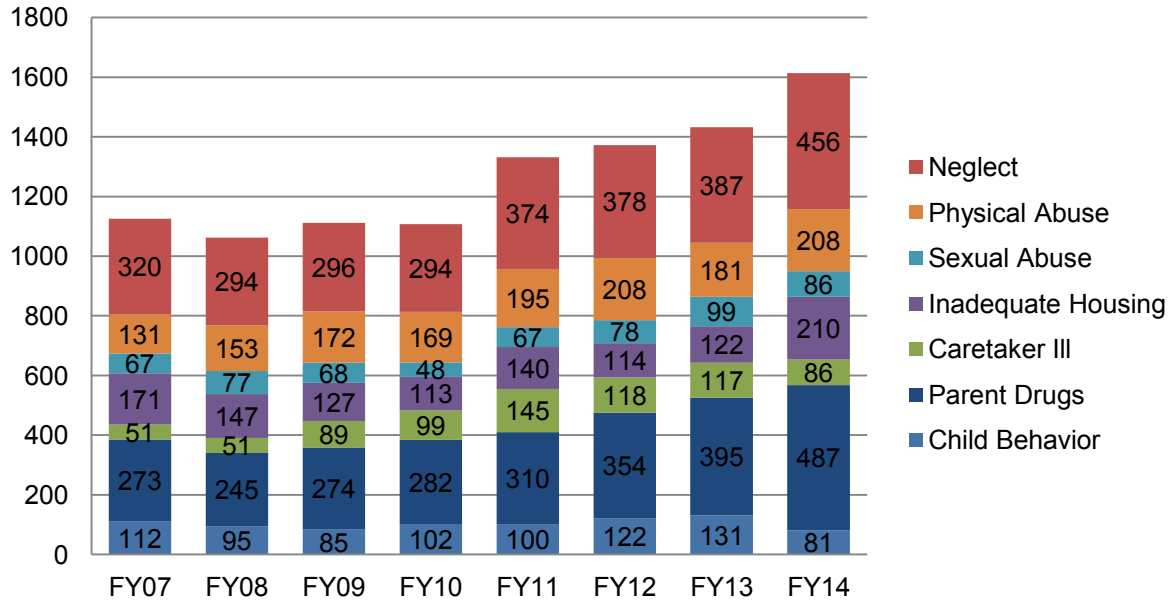
	Adoptive Home	Foster Home	Relative Home	Group Home/Res. Care	Other	Total Exits
Cass County	0	17	42	21	14	94
Clay County	2	29	25	1	10	67
Jackson County	29	250	396	65	84	824
Platte County	0	1	9	0	1	11

*Source: Missouri Children's Division FY 2014 Report

Jackson County – Out-of-Home Placement Statistics

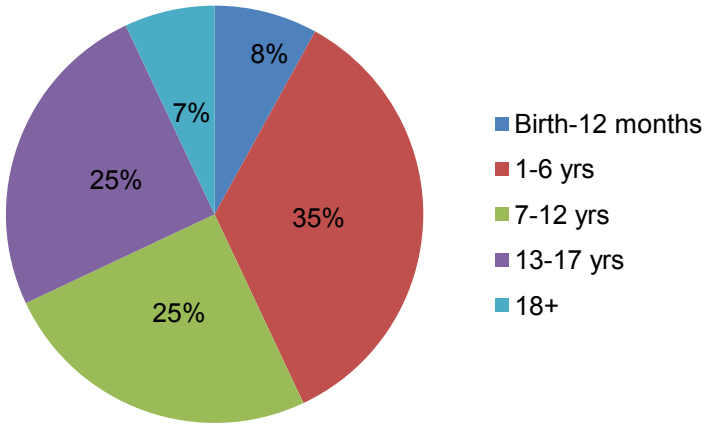
The majority of Crittenton's patients who are in out-of-home placement are from Jackson County, MO. Jackson County Children's Division, the Missouri Department of Social Services, and the State of Missouri provide a breakdown of reasons for out-of-home placement and age of youth in foster care in 2015.

Figure 17: Reasons for Out-of-Home Placement Jackson County



*Source: Jackson County Children's Division, Missouri Department of Social Services, and the State of Missouri, 2015

Figure 18: Age of Youth in Foster Care



*Source: Jackson County Children's Division, Missouri Department of Social Services, and the State of Missouri, 2015

Free and Reduced Lunch Program

In the Crittenton community, both Jackson County, MO and Wyandotte County, KS have higher percentages of children enrolled in the free and reduced lunch program than the state benchmarks.

Figure 19: Percent of Students Enrolled in Free/Reduced Price Lunch, 2015

County	2009	2010	2011	2012	2013
Missouri	**43.60%**	**46.80%**	**47.70%**	**49.40%**	**49.80%**
Cass County, MO	31.00%	35.50%	36.20%	38.50%	39.10%
Clay County, MO	29.40%	32.10%	33.60%	35.10%	35.70%
Jackson County, MO	49.10%	51.50%	53.90%	56.40%	57.50%
Platte County, MO	21.10%	23.30%	24.60%	26.50%	27.90%
Kansas	**45.70%**	**47.43%**	**48.68%**	**49.51%**	**50.03%**
Johnson County, KS	20.98%	22.90%	24.25%	24.90%	25.53%
Wyandotte County, KS	76.42%	77.83%	77.89%	79.13%	80.75%

*Source: Kids Count Data Center

Uninsured Population

Data on the percentage of the population that does not have health insurance coverage in Crittenton's community is reported in the chart below. The 2012 national percentage of total uninsured was 14.7%, and the percentage of uninsured children (under age 18) was 6.6% (CDC,2012).

Figure 20: Uninsured Rate, 2012

County	Total Percent Uninsured	Uninsured Children
Cass County, MO	13%	7%
Clay County, MO	13%	6%
Jackson County, MO	18%	8%
Platte County, MO	11%	6%
Johnson County, KS	10%	5%
Wyandotte County, KS	21%	8%

*Source: County Health Rankings & Roadmaps

Crime Statistics

Although the chart below does not break county-crime statistics down to the "juvenile offense" level, the statistics do help to describe the general climate in the Crittenton community. An "unsafe" environment can lead to mental and behavioral health issues for children and adolescents, and therefore it is relevant to look at the crime rates of the area from a more global point-of-view.

According to the latest available FBI data from 2013, Kansas City is the fourteenth most dangerous city in the country. Jackson County had the highest number of offenses reported in 2013 with 1,266. The Kansas City area had a rate of 1,268 violent crimes per 100,000 people. The national average in the same year was roughly a third of that at 336 (FBI Uniform Crime Reports, 2013).

Figure 21: Offenses Known to Law Enforcement, 2013

County	Violent Crime	Murder & Non-Negligent Manslaughter	Rape	Robbery	Aggravated Assault	Property Crime	Burglary	Larceny-theft	Motor Vehicle Theft	Arson
Cass	29	0	1	2	26	344	100	207	37	0
Clay	13	0	3	2	8	216	72	114	30	3
Jackson	37	1	1	5	30	595	170	352	73	2
Platte	43	0	6	1	36	318	64	223	31	4
Johnson	34	1	5	0	28	247	61	161	25	5
Wyandotte	35	0	2	2	31	38	7	27	4	2

*Source: FBI Uniform Crime Reports, 2013

Health Status of the Population

The following section focuses on measures related to the health status of the population that is served by Crittenton Children's Center. The measures are specific to Cass, Clay, Jackson, and Platte counties in Missouri and Johnson and Wyandotte counties in Kansas. The measures are compared against national and state averages or Healthy People 2020 goals in order to assess the specific health needs of the population.

Provider Access

According to County Health Rankings and Roadmaps, the counties in the Crittenton community that are "underserved" when it comes to mental health provider access compared to state benchmarks are Cass, Clay, and Platte County, MO and Wyandotte County, KS.

Counties in the 90th percentile when it comes to provider access have a population to Primary Care Provider ratio of 1,045:1, and a population to mental health provider ratio of 386:1. Using this national benchmark, all of the Crittenton community county provider statistics reflect a

need for more providers. Additionally, the "mental health providers" in this data includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care (County Health Rankings and Roadmaps, 2015). In reality, not all of these types of mental health providers have the specialization to treat the needs of the children Crittenton serves, and therefore the need for specialized providers is even higher than this statistic suggests.

Figure 22: PCP and Mental Health Provider Access, 2015

	Primary Care Physicians	Mental Health Providers
Missouri	**1,439:1**	**632:1**
Cass County	4,015:1	1,766:1
Clay County	1,591:1	1,011:1
Jackson County	1,360:1	495:1
Platte County	1,334:1	943:1
Kansas	**1,353:1**	**581:1**
Johnson County	906:1	475:1
Wyandotte County	1,829:1	862:1

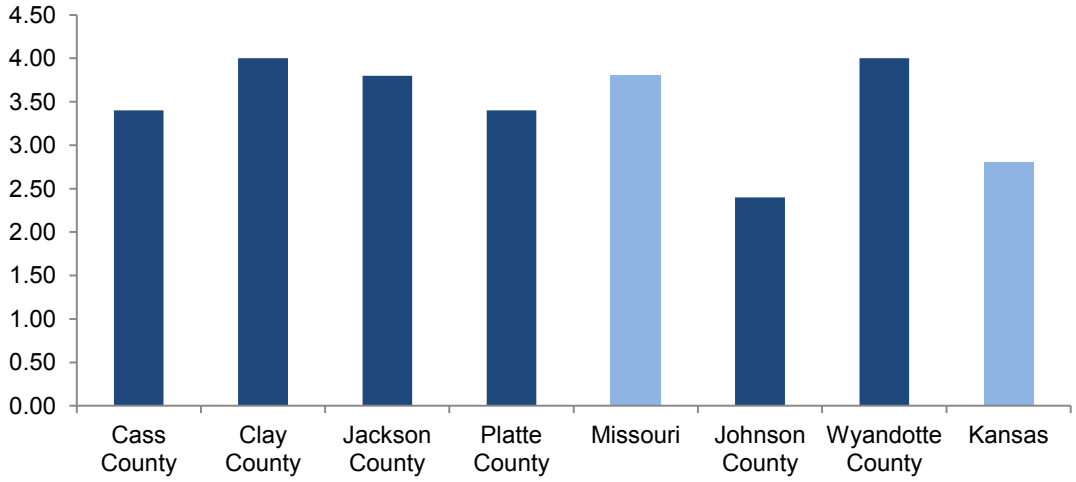
*Source: County Health Rankings and Roadmap

Poor Mental Health Days

In the 2015 County Health Rankings and Roadmaps survey, one question asked, "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The measure was then averaged and age-adjusted to the 2000 U.S. population, and the results for Crittenton's community counties are portrayed in the graph below.

This metric is not specifically *child and adolescent* poor mental health days, however, it could be an indication of the mental health needs of the community at large, including childrens' caregivers.

Figure 23: Average Poor Mental Health Days (in past 30 days), 2015



*Source: County Health Rankings and Roadmaps, 2015

Child Abuse and Neglect

County-level data on child abuse and neglect was only available for the Missouri counties of Crittenton's community. Of the four Missouri counties, Jackson County had the highest number of substantiated incidents of child abuse and/or neglect in fiscal year 2014 with 372. Jackson County was followed by Clay with 81, Cass with 52, and Platte with 37 incidents. There are widespread impacts of child abuse and neglect, including mental health disorders, addictions, and other related issues. According to one study, 80% of 21-year-olds who reported childhood abuse met the criteria for at least one psychological disorder.

Substance Use and Abuse

In the Kansas City Metropolitan Statistical Areas, an annual average of 239,000 persons aged 12 or older used an illicit drug in the past year. This is 13.1% of the MSA population with a national average of 14.7%. About 9.6% of the Kansas City MSA population used marijuana (national average – 10.7%), and about 4.7% used prescription-type pain relievers for a non-medical reason (national average – 4.9%). Of the Kansas City MSA population aged 12 and older, 28.4% used cigarettes in the past month (national average – 24.1%) and 25.2% reported binge drinking at least once in the past month (national average – 23.2%). About 8.6% of the population is classified as having a substance use disorder, while the national average is 9.0% (SAMHSA, 2015).

The chart below displays data from student surveys conducted in the Crittenton community counties in 2012 (MO) and 2013 (KS). The individuals surveyed were junior high and high school students.

Figure 24: Substance Perception and Use, 2012 & 2013

		Alcohol	Cigarettes	Marijuana
Cass County (2012)	Perceive use as "wrong"	61.79%	83.26%	88.54%
	Have used in the past 30-days	11.59%	6.94%	3.19%
Clay County (2012)	Perceive use as "wrong"	64.93%	83.20%	81.41%
	Have used in the past 30-days	15.99%	8.26%	8.33%
Jackson County (2012)	Perceive use as "wrong"	61.10%	81.26%	76.95%
	Have used in the past 30-days	14.91%	9.22%	10.23%
Platte County (2012)	Perceive use as "wrong"	60.60%	82.37%	76.96%
	Have used in the past 30-days	17.97%	8.78%	10.16%
Johnson County (2013)	Perceive use as "wrong"	91.55%	94.92%	90.56%
	Have used in the past 30-days	21.09%	5.43%	9.50%
Wyandotte County (2013)	Perceive use as "wrong"	93.38%	96.20%	91.00%
	Have used in the past 30-days	19.70%	6.03%	11.17%

*Source: University of Missouri Institute of Public Policy (Missouri Student Survey (2012) and Communities that Care Survey (2013))

Mental and Behavioral Needs in the Crittenton Community

"In July 2011, the Children's System Change Committee, working through the Mid-America Regional Council's (MARC) Regional Health Care Initiative, commissioned a Children's Behavioral Health Needs Assessment for Greater Kansas City to evaluate gaps and barriers to care and Primary research included a consumer survey of 602 children and caregivers; a survey of 30 behavioral health care providers, and nine intensive interviews. A limitation of the consumer survey is that it focused on children receiving behavioral health care, rather than a random sample of the population" (MARC, 2012).

The population was defined as individuals aged birth to 25 in Allen, Johnson, and Wyandotte counties in Kansas and Cass, Jackson, and Lafayette counties in Missouri, along with portions of Clay and Platte counties.

Results of the 2012 MARC Consumer Survey help to classify the types of behavioral health issues for which children in the community are seeking treatment – or at least for which they are obtaining psychological testing.

From the numbers, it is apparent that there is a large gap between the number of children diagnosed with a behavioral health issue and the number of those actually receiving treatment. This represents a huge need in the community for resources and awareness to address these issues. The breakdown of behavioral health issues from the survey respondents are in the table below.

Figure 25: MARC Consumer Survey, 2012 - Psychiatric Epidemiology

Behavioral Health Issue	Suspected	Diagnosed	Treated	Delta
Mood Disorders (Including Anxiety)	310	272	151	121
Personality Disorders	98	91	88	3
Depression	115	103	40	63
ADHD/ADD	174	105	65	40
Substance Abuse	87	63	46	17
Autism Spectrum Disorders (Including Aspergers)	90	76	64	12
Developmental Delay	109	93	91	2
Eating Disorder	26	18	15	3

*Source: MARC Children's Behavioral Health Needs Assessment, 2012

Of children with behavioral health issues in the defined community, the largest group is made up of children with mood disorders. The breakdown of mood disorders is in the table below.

Figure 26: Breakdown of Mood Disorders

Mood Disorder	Suspected	Diagnosed	Treated
Panic Disorder	13	12	7
Obsessive/Compulsive Disorder	5	4	3
Post-Traumatic Stress Disorder	19	19	19
Anxiety Disorder	144	130	82
Phobias	86	78	36
Social Phobia	30	23	3
Agoraphobia	13	6	1

*Source: MARC Children's Behavioral Health Needs Assessment, 2012

The age of onset of behavioral health needs was also assessed in the survey. It is important to note that children in Crittenton's community are experiencing a younger age of onset than the national average – which makes programs like Trauma Smart® targeted at young children imperative resources to have for the community.

Figure 27: Age of Onset

Mental Disorder	Age Onset (Literature Review)	Age Onset (Consumer Survey)
Anxiety Disorder	6	5
Behavior Disorder	11	9
Mood Disorder	13	13

*Source: MARC Children's Behavioral Health Needs Assessment, 2012

National Priorities

Healthy People 2020

The Healthy People 2020 initiative identifies 10-year national objectives to improve the health of the United States population. According to the United States Department of Health and Human Services, the mission of Healthy People 2020 is to strive to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

This mission is achieved through the development of Leading Health Indicators (LHIs). The United States Department of Health and Human Services developed an LHI framework that analyzes both determinants of health and health disparities and health across the life stages. The Healthy People 2020 LHIs include the following, and are integrated into the population Crittenton Children's Center serves:

- Access to health services
- Clinical preventive services
- Environmental quality
- Injury and violence
- Maternal, infant, and child health
- Mental health
- Nutrition, physical activity, and obesity
- Oral health
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco

Local Priorities

Healthy Kansans 2020

Healthy Kansans 2020 is an initiative in the state of Kansas, which is focused on identifying and adopting health priorities for the people of Kansas to improve the overall health in the state. These priorities focus on ways the state can improve the well-being of all residents of the state.

This initiative builds off the Natural Healthy People 2020 initiative. The priorities identified for Healthy Kansans 2020 are the following:

- Access to Health Services
- Chronic Disease
- Disability and Health
- Environmental Health
- Immunization and Infectious Disease
- Injury Prevention
- Lifestyle Behaviors
- Maternal, Infant, and Child Health
- Mental Health
- Oral Health
- Social Determinants of Health
- Violence Prevention

Missouri Health Improvement Plan – 2013-2018

The Missouri Health Improvement Plan addresses the primary health needs in the state through the year 2018 (Missouri Department of Health and Senior Services, 2014). The report is developed by the Missouri Department of Health and Senior Services, with the end goal of being "top 10 in 10," or a state rated in the top 10 for health outcomes within 10 years. The highest priorities in the improvement plan are as follows:

1. Access to health care

- Health care access, high cost of health care and high rate of uninsured
- Economy – access to resources necessary to be healthy including affordable options for good nutrition, physical activity and preventive health care services

2. Modifiable risk factors

- Obesity
- Smoking
- Mental health/substance abuse

3. Infrastructure issues

- Mobilizing partnerships
- Performance management/quality improvement
- Workforce development

Summary of Findings

Community Health Needs

Priority 1: Increased Integration Across Systems

Overview

Children with mental and behavioral health needs often are a part of many systems, including various providers of physical and mental health care, education systems, courts, state health agencies, child welfare, and substance abuse programs, just to name a few. Coordination among these systems is often lacking or prohibitive due to policy and structural concerns. Services can easily become fragmented when the child is not placed at the center of all the sources of "care." The "System of Care" concept requires evidence-based structures and mechanisms by which care for children with mental health disorders can be coordinated to be most effective (NIHCM Foundation, 2005).

Prevalence

There are well-recognized barriers to receiving mental health services, which include, but are not limited to, inadequate insurance coverage, socioeconomic disparities, and lack of providers in a community. These barriers to care only become more complex when children and their families live in multiple communities. Every child encounters multiple systems on a daily basis, between school, the family network, and health providers, and there is a potential issue of fragmentation for every child with a mental and behavioral health disorder seeking treatment.

Impact

"Children and youth with mental health disorders and their families need access to a comprehensive array of interventions, treatments, and supports. These services include: outpatient treatment, medication and monitoring crisis intervention services, outpatient services, hospitalization and inpatient services, and respite and support services for families" (NIHCM Foundation, 2005). When systems are fragmented and communication between them is lacking, the child is at risk of not receiving necessary treatment, receiving duplicate treatment, miscommunication amongst providers or between providers and the family – and ultimately, can cause delays in treatment or result in less effective interventions.

Priority 2: Family Engagement

Overview

Family engagement is often a crucial element in obtaining appropriate and adequate services for children with mental and behavioral health disorders. According to Gopalan, et. al. (2010), "…engagement generally encompasses a multi-phase process beginning with (1) recognition of children's mental health problems by parents, teachers, or other important adults; (2) connecting children and their families with a mental health resource; and (3) children being brought to mental health centers or being seen by school-based mental health providers" (Gopalan et al., 2010).

Prevalence

Many barriers exist to family engagement in child mental health. Among these barriers are insufficient time, lack of transportation, community violence, lengthy waiting lists, lack of mental health providers, untreated parental mental health issues, and stigma associated with mental health care.

Impact

Family engagement reduces stigma and distrust by improving communication (Linhorst & Eckert, 2003), improves activation in seeking care (Alegria et al., 2008), improves self-efficacy (active participation in decision-making) (Brannan, Heflinger & Bickman, 1997), and improves knowledge and beliefs about children's mental health – associated with use of higher quality services for children (Brown et al., 2008; McKay, M., 2012).

Priority 3: Treatment for Co-Occurring Substance Abuse and Mental Health Disorders

Overview

Adolescents are often referred to treatment for substance abuse, but are not referred to a mental health professional for appropriate diagnosis and treatment of any underlying cause for drug and alcohol abuse. The issue is worsened by the fact that many teens who have symptoms of a mood disorder may attempt to self-medicate with street drugs and alcohol (NAMI, 2015).

Traditionally, programs intended to treat mental health disorders do not treat individuals with active substance abuse problems, and programs for substance abuse do not provide services for people with mental illness. Adolescents with co-occurring disorders are often caught in this treatment or services gap (NAMI, 2015).

Prevalence

"The combination of mental illness and substance abuse is so common that many clinicians now expect to find it. Studies show that more than half of young persons with a substance abuse diagnosis also have a diagnosable mental illness" (NAMI, 2015).

Impact

Mental health and drug counseling professionals agree that both substance abuse and psychiatric disorders be treated simultaneously. Studies have shown that when mental illness and substance abuse are treated together, suicide attempts and psychotic episodes decrease rapidly (NAMI, 2015).

Once a dual diagnosis of mental illness and substance abuse has been confirmed, mental health professionals – both psychiatric and substance abuse specialists – and family members should work together on a strategy for integrating care and motivating the "patient" (NAMI, 2015). It has been determined that support groups can be an effective and integral part of treatment for co-occurring substance abuse and psychiatric disorders.

Priority 4: Systemic Interventions that Impact Community-Wide Change

Overview

An important piece of preventing child mental health issues is community-focused interventions focused on the health of an entire population. Although individually based interventions are necessary for children who already have mental and behavioral health issues, community-wide programs, services, and education are important services, as well. In communities where access to mental health services for children is an issue, community programs in public facilities or schools are crucial to provide some type of support to those children and their families. These programs can also serve as some of the most effective means of prevention for mental health issues.

Prevalence

There are community-wide public forums for mental health in Kansas City, such as the Creating Community Solutions Conference in September 2013 held by Consensus KC, and subsequent smaller gatherings. It is recognized that public programs to enhance mental health education and awareness are valuable to the community; however, there is opportunity for many more community venues to provide these types of events and services.

Impact

Community interventions increase availability, accessibility, and cost efficacy of mental health services for children and families (Greenburg et al., 2001).

Priority 5: Targeted and Research-Based Interventions

Overview

The use of evidence-based practices in child and adolescent mental and behavioral health services is becoming increasingly important. A focus on research based interventions can help to improve outcomes for children undergoing behavioral and/or mental health treatments.

Prevalence

“In the child and adolescent mental health services field, the term "evidence-based" is most often used to differentiate therapies—generally psychosocial—that have been studied with varying degrees of rigor from therapies that are used but have not been studied or have not been studied well” (Hoagwood et al., 2001). The literature around best practices for child mental health is constantly growing and improving, and it is crucial that treatment facilities are consistently reviewing and integrating these research-based interventions into their daily work.

Impact

Utilization of evidence-based practices can enhance effectiveness and efficiency of treatment, as well as patient safety. Using best practices often increases the value of care provided, as it heightens the likelihood that the treatment will produce the desired outcome for the patient (Stevens, 2013).

Priority 6: An Increase in Specially-Trained Providers to Address a Qualitative Gap in Treatment

Overview

Obtaining an accurate and timely diagnosis for children with mental and behavioral health needs can be challenging. It is important that highly trained specialists are available to provide psychological evaluation.

Prevalence

Many factors come into play when evaluating a child for a mental or behavioral health issue. The complexity of psychological evaluation is increased with child and adolescent patients, as factors such as rapid developmental changes or an inability of the child to thoroughly describe thoughts and feelings can lead to incorrect diagnoses.

Many psychiatric symptoms are easily (and commonly) misinterpreted in children and teenagers, leading to misdiagnosis. Issues such as inattention, repetitive distressing thoughts, restricted speech, sadness, fatigue, difficulty thinking clearly, and disruptive behavior can be diagnosed in such a way that over- or under-estimates the needs for treatment (Child Mind Institute, 2015). The presence of these issues reinforces the importance of diagnostic testing by specialists in the field.

Impact

There is a great deal of research that concludes that early detection, assessment, and linkage with appropriate treatment can prevent mental health problems and poor outcomes in the future (President's New Freedom Commission on Mental Health, 2015). "Early childhood is a critical period for the onset of emotional and behavioral impairments," and continuously working to ensure the specialized resources are available for assessment and treatment is an ongoing need in the Crittenton community (President's New Freedom Commission on Mental Health, 2015).

Appendices

Appendix A: Key Contributors-Additional Information

Consensus KC: Jen Wilding

Consensus is the nonprofit organization that helps to engage the Kansas City public in public policy. Consensus provides the information, process and safe, neutral space where people can deal with public issues. Since its founding in 1984, Consensus has involved citizens in many ways and on a range of issues. Their work has led to new laws and programs, new community leaders with a regional perspective, and a stronger civic fabric. Today, they work on behalf of the local community, and for clients in Kansas City and around the U.S.

Consensus conducted a conference called "Creating Community Solutions" in September 2013 for individuals who were either mental health professionals or have had direct experience with mental health issues – either themselves or with a family member. The objectives of the conference were the following:

- Get Americans talking about mental health to break down misperceptions and promote recovery and healthy communities
- Find innovative, community-based solutions to mental health needs, with a focus on helping young people
- Develop clear action steps for communities to move forward in a way that complements existing local activities

Findings from the conference were integrated throughout the CHNA report.

Missouri Coalition of Children's Agencies: Mary Chant

The Missouri Coalition of Children's Agencies (MCCA) advocates for at-risk, abused, and neglected children in the state of Missouri, and the people who care for them. There are 50 members of the organization, most of which are child and family serving organizations such as community based prevention programs, individual and family counseling, foster care support and case management, short term crisis respite, residential treatment, early childhood education, and more.

Johnson County Mental Health Center: Sue Matson

Johnson County Mental Health Center offers mental health and substance abuse services to residents of Johnson County. The organization is a safety net for individuals with the most severe forms of mental illness, as well as those who are unable to afford or access care through other venues in the community. Johnson County Mental Health Center also provides services to children with mental health issues and their families, and their specific "Family Focus Children Services" program is targeted at this pediatric population in the community.

Appendix B: Secondary Data Analysis

County Health Rankings

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. *County Health Rankings* measure vital health factors in nearly every county in America with the goal of building awareness of the factors that influence health and providing a sustainable source of local date to help communities improve their health.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People 2020 strives to identify nationwide health improvement priorities, increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress, provide measurable objectives and goals, engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge, and identify critical research, evaluation, and data collection needs.

KCHealthMatters

The KCHealthMatters website is a project of the Health Care Foundation of Greater Kansas City (HCF) and aims to provide information and data on health determinants and indicators for communities in the HCF service area. This project strives to help communities better understand health issues and develop strategies for improvement.

Mid-America Regional Council (MARC)

The Mid-American Regional Council (MARC) is a nonprofit association of city and county governments and the metropolitan planning organization for the bistate Kansas City region. Funded by grants, local contributions, and earned income, the association serves nine counties and 119 cities. MARC provides a forum for the region to work together to advance social, economic, and environmental progress by developing innovative solutions.

Missouri Department of Health and Senior Services (MDHSS)

The Missouri Department of Health and Senior Services plans, coordinates, and delivers a variety of public health services to the residents of Missouri. These services, which are primarily delivered by agencies or organizations funded by the Department, include disease surveillance, home health care programs, chronic disease prevention programs, community sanitation, and nutrition education.

U.S. Census Bureau American Community Survey (ACS)

The American Community Survey (ACS) is an ongoing statistical survey by the U.S. Census Bureau, sent to approximately 250,000 addresses monthly. Data is published every year and the results give communities the current information they need to plan investment and services. Information from the survey generates data the help determine how more than $400 billion in federal and state funds are distributed each year.

Hospital Industry Data Institute (HIDI)

The Hospital Industry Data Institute is the data company of the Missouri Hospital Association and provides timely access to data and information services for hospitals to support their strategic planning, advocacy and health policy initiatives. HIDI offers high quality data resources through its data collection, analysis and dissemination to more than 800 hospitals nationwide.

Sg2 Nielsen Population and Demographic Data

Sg2's market demographics module is powered by Nielsen Pop-Facts® which relies on rich data input from public and private agencies as well as national compilers and service bureaus. Nielsen's methodology incorporates knowledge gained through the decennial Census, the American Community Survey (ACS) and the Bureau's Current Population Survey (CPS). The data used for the purpose of this CHNA is from FY 2014.

KIDS COUNT Data Center

KIDS COUNT is a project of the Annie E. Casey Foundation to track the well-being of children in the United States. The Foundation seeks to enrich local, state and national discussions concerning ways to secure better futures for all children — and to raise the visibility of children's issues through a nonpartisan, evidence-based lens. In addition to including data from the most trusted national resources, the KIDS COUNT Data Center draws from more than 50 KIDS COUNT state organizations that provide state and local data, as well publications providing insights into trends affecting child and family well-being. Through its National KIDS COUNT Project, the Foundation develops and distributes reports on important well-being issues. Much of the data from these nationally recognized publications, including the KIDS COUNT Data Book, are featured on the KIDS COUNT Data Center.

FBI Uniform Crime Reports

The Uniform Crime Reporting (UCR) Program has been the starting place for law enforcement executives, students of criminal justice, researchers, members of the media, and the public at large seeking information on crime in the nation. The program was conceived in 1929 by the International Association of Chiefs of Police to meet the need for reliable uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics.

Today, four annual publications, *Crime in the United States, National Incident-Based Reporting System*, *Law Enforcement Officers Killed and Assaulted,* and *Hate Crime Statistics* are produced from data received from over 18,000 city, university/college, county, state, tribal, and federal law enforcement agencies voluntarily participating in the program. The crime data are submitted either through a state UCR Program or directly to the FBI's UCR Program.

Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Missouri Student Survey

The Missouri Student Survey (MSS) is conducted in even-numbered years to track risk behaviors of students in grades 6-12 attending public schools in Missouri. The survey includes questions on alcohol, tobacco, and drug use and other behaviors that endanger health and safety. The first MSS was conducted in 2000 by Research Triangle Institute. Since 2004, the survey has been conducted jointly by the Missouri Department of Elementary and Secondary Education and the Missouri Department of Mental Health, Division of Behavioral Health (DBH), formerly the Divisions of Alcohol and Drug Abuse and Comprehensive Psychiatric Services. The Missouri Institute of Mental Health analyzes the survey data and summarizes the results in the MSS reports.

Kansas Communities That Care Student Survey

The Kansas Communities That Care (KCTC) Student Survey is a vehicle for schools to track teen use of harmful substances such as alcohol, tobacco and other drugs, in addition to teen perceptions about school and community involvement, bullying, gambling, and guns. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both pro-social and anti-social behavior at the peer, school, family and community levels.

The survey gathers information from students in the sixth, eighth, tenth and twelfth grades, by asking their opinions on various subjects, including sections on demographics and school climate, peer influences, drug/alcohol/tobacco usage, community-based perceptions, and family domain. Resulting data is used to help school and community leaders assess current conditions and prioritize areas of greatest need in order to plan prevention and intervention programs.

University of Missouri Institute of Public Policy

The University of Missouri (MU) Institute of Public Policy (IPP) provides independent, nonpartisan public policy analysis for the state of Missouri. The Institute was established in 2000 as a part of the Truman School of Public Affairs, and works to examine critical public policy issues for policy makers and citizens. The IPP focuses on six main areas, including education, healthcare reform, public health, public safety, regional & economic development, and social services.

Appendix C: Available Resources

Alcoholics Anonymous
816-471-7229
www.kc-aa.org

Child Abuse and Neglect Hotline
800-392-3738

Children's Mercy Hospitals and Clinics
Teen Clinic 3101 Broadway, Kansas City, Missouri, 64111 816-234-3000
Hospital Hill 816-234-3000
South Campus 913-696-8000

Domestic Violence Hotline (answered 24/7)
816-HOTLINE (816-468-5463)

Kansas City CARE Clinic (formerly Kansas City Free Clinic)
3515 Broadway, Kansas City, MO 64111
816-753-5144

MOCSA (Metropolitan Organization to Counter Sexual Assault)
3100 Broadway, Suite 400, Kansas City, MO 64111
816-931-4527
www.mocsa.org

Narcotics Anonymous
800-561-2250
www.kansascityna.org

NAMI (National Alliance on Mental Illness)
406 W 34th St, Ste 506, Kansas City, MO 64111
(816) 931-0030
www.namikc.org

National Suicide Hotline
800-273-8255 or 800-784-2433

Runaway Hotline
800-621-4000

United Way 211 (resources connections – job training, health clinic, food pantry, counseling, etc.)
www.unitedwaygkc.org

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