

# Community Health Needs Assessment 2016



 **KVC** Prairie Ridge Hospital  
*people matter*

# KVC Prairie Ridge Psychiatric Hospital

## Community Health Needs Assessment

### June 2016

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## Introduction

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment as well as a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the community served by the hospital facility, including those with special knowledge of or expertise in public health. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document KVC Prairie Ridge Psychiatric Hospital's compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that KVC Prairie Ridge Psychiatric Hospital (Hospital) may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and behavioral health statistics, health care resources and client use rates.
- A survey of persons who represent a) the community served by KVC Prairie Ridge Hospital b) populations of need or c) persons with specialized knowledge in children's behavioral health issues.

This *document* is a summary of all the available evidence collected during the initial cycle of community health needs assessments required by the IRS. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



### **Summary of Community Health Needs Assessment**

The purpose of the community health needs assessment is to document compliance with new federal laws outlined on page one.

The Hospital engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from March 2016 through June 2016.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of KVC Prairie Ridge Psychiatric Hospital's community health needs assessment:

- The “community” served by the Hospital was defined by utilizing inpatient data regarding client origin. This process is further described in *Community Served by the Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). An analysis of the adolescent mental health facts was prepared with information obtained from the U.S. Department of Health and Human Services as well as State of Kansas data sources. Health factors and outcomes that compared negatively to U.S. rates were identified as a mental health need for the CHNA community.
- An inventory of health care facilities and resources was prepared.
- Community input was provided through a questionnaire distributed to key stakeholders. Results and findings are described in the *Key Stakeholder Survey* section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were prioritized utilizing a method that weighs: 1) the size of the problem; 2) the seriousness of the problem; 3) the impact of the problem on vulnerable populations; and 4) an evaluation of existing hospital programs responding to the identified need. Information gaps were identified during the prioritization process and reported.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized by management taking into account the perceived degree of influence the Hospital has to impact the need. Information gaps identified during the prioritization process have been reported.

## **General Description of Hospital**

KVC Prairie Ridge Hospital is owned by KVC Hospitals, Inc. and offers Psychiatric Residential Treatment Facility (PRTF) Services designed to provide active treatment in a structured therapeutic environment for children and adolescents with severe emotional disturbances, substance abuse, or mental illness. KVC Prairie Ridge Hospital also serves as the state hospital alternative for children with psychiatric needs in Kansas, and serves children that other area hospitals cannot serve, will not serve or prematurely discharge. In this capacity KVC serves as the state wide safety-net for the most acute and at-risk population of children and adolescents. Based on its agency-wide history of accepting children with high-risk needs, KVC Prairie Ridge Hospital operates with a no-eject, no-reject philosophy for admitting children. No child is turned away due to the complexity and depth of his/her needs. KVC services are provided with safety and treatment as priority focuses to help clients develop the skills to succeed in less restrictive, permanent settings. KVC Prairie Ridge Psychiatric Hospital's treatment program offers a behavioral management component in a safe environment and all services are delineated to meet the individual needs of the clients referred. KVC Prairie Ridge Psychiatric Hospital provides 24-hour admission, 7 days a week.

Youth admitted to KVC Prairie Ridge Psychiatric Hospital typically have attempted, or are an active threat, to harm themselves or others. These safety threats require need for intensive treatment, supervision, and care in a safe and secure setting. Youth are generally in an acute state of crisis and also present with behaviors and special needs which negatively impact their home and school life, such as violence, psychosis and/or an inability to care for themselves. In addition to psychiatric diagnoses, KVC treats youth with concurrent medical conditions such as epilepsy, diabetes, multiple sclerosis, and physical limitations including speech and hearing impairments. It is common for children and youth to also present with significant chronic medical health needs. KVC assists in accessing necessary medical treatment services and blends the physical and mental health treatment plans to meet these special needs.

***Our mission is to enrich children's lives by providing comprehensive and compassionate trauma-informed psychiatric care, behavioral healthcare, education and medical services.***

KVC's specialized treatment teams include psychiatrists, primary health physicians, therapists, managers, nurses and behavioral healthcare technicians. When children come into the care of KVC's psychiatric hospitals, they receive:

- Nursing assessment within eight hours
- Psychiatric evaluation within 24 hours
- Medical assessment within 24 hours
- Psychosocial assessment within 72 hours
- Lab work as needed
- Nutritional assessment as needed

The treatment team meets regularly to review the plan and the child's progress and provide extensive services including:

- Psychiatric evaluations
- Psychological testing
- Medication management
- Recreational activities
- Individual, family and group therapies

KVC's treatment teams collaborate with clients, their families and community members to guarantee safe and healthy discharge. We have established relationships with numerous hospital liaisons and welcome the continued development of these partnerships to facilitate smooth community transitions for youth in our care. We are also committed to identifying continuing aftercare services to foster successful reintegration of youth into their homes and the long-term wellness of the family system.

KVC's psychiatric hospitals embrace family-centered practice in which parents or guardians drive all aspects of the treatment plans, including therapy, the development of the discharge plan and aftercare planning. Parents are experts on their children and KVC staff supports and encourages input and participation from family throughout the entire course of treatment.

KVC's Residential Treatment Programs serve the most vulnerable and at-risk youth who may struggle with Major Depressive Disorder, Bipolar Mood Disorder, Post-traumatic Stress Disorder, ADHD and psychotic disorders.

KVC's Residential Treatment Programs offer psychiatric services including assessment, development and implementation of treatment plans, and monitoring of psychotropic medication.

Recreation and leisure activities include an indoor gym and outdoor recreation areas.

Group therapies cover a wide range of issues and include anger management therapy, men's and women's groups, boundaries groups and grief and loss groups.

In addition, Milieu groups focus on the activities of daily living, and every activity is structured with the intent of the client learning. Milieu groups include:

- Emotion regulation training
- Community meetings
- Goals group and review
- Current events
- Social skills

KVC Hospitals, Inc., a subsidiary of KVC Health Systems is a private, not-for-profit organization providing a continuum of medical and behavioral healthcare, education, and social services to children and families. KVC Health Systems is the most comprehensive behavioral healthcare network in Kansas, providing one of the most extensive continuums of care for at-risk children. KVC Health Systems began in 1970 as Wyandotte House a single group home for boys and it has grown into an organization that touches the lives of more than 60,000 children and families per year. KVC's success in improving the lives of children and families stems from the philosophies of innovation, adaptability and creativity. When KVC sees a need for children, we work toward a solution.



## **Evaluation of Prior Implementation Strategy**

The implementation strategy for fiscal years ending June 30, 2014 through June 30, 2016, focused on five priorities to address identified health needs. Based on the Hospital's most recent evaluation, the Hospital has made significant progress in meeting their goals and strategies outlined in their 2013 Implementation Strategy as reported below.

### **PRIORITY 1: Coordination with other systems of care**

KVC Wheatland and Prairie Ridge Hospitals has expanded coordination of care with other systems such as foster care, law enforcement, schools, community mental health centers, outpatient mental health providers, general practitioners and medical personnel, primary health care systems and the courts. The coordination of services provides support with a focus on helping children experience success at home, school, as well as throughout the community. Intervention is designed to prevent the need for hospitalization and assist in a child's successful transition back to home after a hospital admission. A system has been developed to electronically connect with providers and clients to share health information electronically.

### **PRIORITY 2: Lack of trauma-informed assessment and intervention strategies**

KVC Prairie Ridge and Wheatland Hospitals with parent company KVC Health Systems has teamed up with Dr. Glenn Saxe, Chair of the NYU Department of Child and Adolescent Psychiatry and founder of Trauma Systems Therapy (TST) to provide national expertise, promote development and adaptation of effective trauma treatments, and offer regional training opportunities for schools and social service organizations over the last three years.

### **PRIORITY 3: Access to services**

As the state hospital alternative for children with psychiatric needs in Kansas, KVC's Prairie Ridge and Wheatland Hospital's expanded acute hospital beds to meet the state needs. In this capacity both KVC Hospitals serve as the safety-net for the most acute and at-risk population of children and adolescents in Kansas. No child meeting admission criteria is turned away due to the complexity and depth of his/her needs or ability to pay. KVC Hospitals also supports clients and parents/guardians when resources have been exhausted with interventions such as gas and lodging vouchers, video-conferencing, and transportation.

### **PRIORITY 4: Specialists to treat children with behavioral health needs**

KVC Prairie Ridge and Wheatland Hospitals' employs numerous specialists in child and adolescent psychiatry with particular expertise in acute care treatment of youth with aggressive behaviors, traumatized history and are sexual reactive. Since 2013, KVC Hospitals have increased the number of Certified Trauma Informed/Focus clinicians and Certified Positive Behavioral Intervention Supports (PBIS) trainers on staff. In addition, KVC has added a full time pediatrician and contract certified/licensed substance abuse counselors to enhance services.



**PRIORITY 5: Coordination of care for dual diagnosis**

KVC Prairie Ridge and Wheatland Hospitals coordinate care of clients' with dual diagnosis with internal and external professions. An integrated client-centered treatment plan has been implemented with input from all relevant professions. Since 2013, the Director of Integrated Health Services position has been added to focus on integrating behavioral and primary health care. In addition, KVC Hospitals has connected to the Kansas health information exchange (KHIN) and directly with external providers like foster care contractors and Community Mental Health Centers to coordinate integrated care for dual diagnose clients and enhance sharing of care plans to community providers.

## Community Served by the Hospital

KVC Prairie Ridge Hospital is located at 4300 Brenner Drive, Kansas City, KS 66104, in Wyandotte County. Kansas City is the third largest city in Kansas and is the county seat of Wyandotte County. In fiscal year 2015 clients were admitted from 61 Kansas counties, as well as 31 Missouri counties with the majority of clients originating from Wyandotte, Shawnee, Sedgwick, Johnson, Douglas, and Montgomery Counties in Kansas and Jackson and Buchanan Counties in Missouri.

### Defined Community

A community is defined as the geographic area from which a significant number of the clients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of pediatric psychiatric services. For this reason, the utilization of Hospital services provides the clearest definition of the community.

Based on the client origin of discharge from fiscal year 2015, management has identified the primary community to include the counties listed in *Exhibit 1*. As reported in *Exhibit 1*, the primary CHNA community represents 58.1% (47% Kansas, 11.1% Missouri) of the total discharges. The remaining 41.9% of client discharges originate in 46 counties in Kansas and 23 counties in other states. *Exhibit 1* presents the Hospital's client origin for each of the counties in its community which have over 50 discharges. Page 7 presents a detailed map of the Hospital's geographical location and the footprint of all discharges by county. Those counties shaded in the darkest green represent the county areas that comprise the Hospital's primary community. These counties are listed with corresponding demographic information in *Exhibits 2.1* and *2.2*.

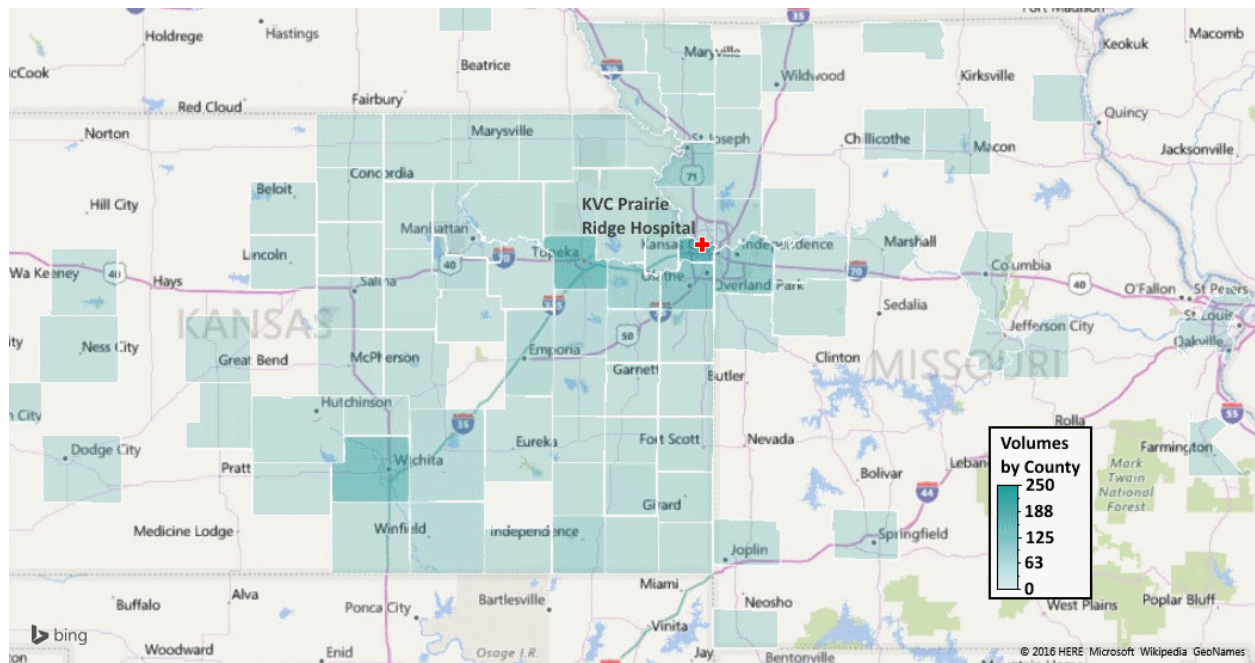
Exhibit 1 KVC Prairie Ridge Psychiatric Hospital Summary of Inpatient Discharges by County 7/1/2014 - 6/30/2015				
State	County	Discharges	Percent of Total State	Percent of Total Discharges
<b>Kansas:</b>				
	Wyandotte	250	18.2%	13.5%
	Shawnee	191	13.9%	10.3%
	Sedgwick	161	11.7%	8.7%
	Johnson	137	10.0%	7.4%
	Douglas	78	5.7%	4.2%
	Montgomery	51	3.7%	2.8%
	Kansas CHNA Community	868	63.2%	47.0%
	Other Kansas Counties	505	36.8%	27.4%
	<b>Total Kansas</b>	<b>1,373</b>	<b>100.0%</b>	<b>74.4%</b>
<b>Missouri:</b>				
	Jackson	108	33.1%	5.9%
	Buchanan	96	29.4%	5.2%
	Missouri CHNA Community	204	62.6%	11.1%
	Other Missouri Counties	122	37.4%	6.6%
	<b>Total Missouri</b>	<b>326</b>	<b>100.0%</b>	<b>17.7%</b>
	<b>Other States</b>	<b>147</b>	<b>N/A</b>	<b>8.0%</b>
<b>Total Discharges</b>		<b>1,846</b>	<b>N/A</b>	<b>100.0%</b>

Source: KVC Prairie Ridge Psychiatric Hospital

## Community Details

### Identification and Description of Geographical Community

Prairie Ridge Hospital is located in Kansas City, Kansas (KCK) in Wyandotte County. Kansas City is the third largest city in Kansas and is the county seat of Wyandotte County. Kansas City, Kansas is accessible from I-70 and I-635. Vlients primarily originate from Kansas and Missouri.



## Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2.1* below illustrates the total population of the CHNA community as well as the population of those under age 18. The relative age of the community population can impact community health needs. The percentage of people in the community ages 0-17 make up 25% of the total population in the CHNA community.

**Exhibit 2.1**  
**KVC Prairie Ridge Psychiatric Hospital**  
**Demographic Snapshot**

County	Total	0-17 Years	0-17 Percentage	Male	Female
<b>Kansas:</b>					
Wyandotte	161,636	45,824	28.4%	49.3%	50.7%
Shawnee	178,406	43,353	24.3%	48.5%	51.5%
Sedgwick	508,803	134,731	26.5%	49.5%	50.5%
Johnson	574,272	145,463	25.3%	48.9%	51.1%
Douglas	116,585	22,128	19.0%	49.9%	50.1%
Montgomery	34,065	8,135	23.9%	49.3%	50.7%
<b>Missouri:</b>					
Jackson	681,225	163,494	24.0%	48.3%	51.7%
Buchanan	89,667	20,713	23.1%	50.0%	50.0%
<b>Provider Service Area</b>	<b>2,344,659</b>	<b>583,840</b>	<b>24.9%</b>	<b>49.2%</b>	<b>50.8%</b>
<b>Kansas</b>	<b>2,904,021</b>	<b>722,811</b>	<b>24.9%</b>	<b>49.7%</b>	<b>50.3%</b>
<b>Missouri</b>	<b>6,063,589</b>	<b>1,392,623</b>	<b>23.0%</b>	<b>49.0%</b>	<b>51.0%</b>
<b>United States</b>	<b>318,857,056</b>	<b>73,583,618</b>	<b>23.1%</b>	<b>49.2%</b>	<b>50.8%</b>

Source: Community Commons (ACS 2010-2014 data sets)/2015 Kids Count Census

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. *Exhibit 2.2* shows the population of the CHNA community by race and illustrates different categories of race such as, White, African American, Asian, other and multiple races. White non-Hispanics make up over 63% of the community while Hispanics make up approximately 15% of the CHNA community.

<b>Exhibit 2.2</b> <b>KVC Prairie Ridge Psychiatric Hospital</b> <b>Demographic Snapshot for Children Under 18</b>							
State	County	White	Hispanic	African American	American Indian/Alaskan Native	Asian, Native Hawaiian & other Pacific Islander	Two or more races
<b>Kansas:</b>							
	Wyandotte	29.84%	38.05%	23.20%	0.33%	4.05%	4.53%
	Shawnee	62.22%	19.19%	9.10%	0.86%	1.23%	7.40%
	Sedgwick	57.09%	21.90%	10.03%	0.81%	3.83%	6.34%
	Johnson	73.56%	11.20%	5.45%	0.28%	4.78%	4.73%
	Douglas	73.19%	8.74%	4.84%	2.49%	3.71%	7.03%
	Montgomery	70.91%	10.63%	6.58%	3.26%	0.89%	7.73%
<b>Missouri:</b>							
	Jackson	62.96%	8.55%	23.58%	0.48%	1.96%	2.47%
	Buchanan	85.08%	5.69%	3.37%	0.35%	1.03%	4.48%
<b>CHNA Community</b>		<b>63.41%</b>	<b>14.87%</b>	<b>13.12%</b>	<b>0.66%</b>	<b>3.18%</b>	<b>4.76%</b>
<b>Kansas</b>		<b>67.37%</b>	<b>17.62%</b>	<b>6.50%</b>	<b>0.80%</b>	<b>2.70%</b>	<b>5.01%</b>
<b>Missouri</b>		<b>74.00%</b>	<b>6.00%</b>	<b>13.50%</b>	<b>1.00%</b>	<b>2.50%</b>	<b>3.00%</b>
<b>United States</b>		<b>52.00%</b>	<b>23.50%</b>	<b>14.00%</b>	<b>1.00%</b>	<b>5.50%</b>	<b>4.00%</b>

Source: Community Commons (ACS 2010-2014 data sets) (MO) 2015 Kids Count Census (KS)

## Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way clients access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes economic indicators, employment rates, insured status and educational attainment for the community served by the Hospital. These standard measures will be used to compare the socioeconomic status of the county internally as well as to the state. Rates or percentages shaded red compare negatively to state rates. Rates or percentages shaded green are favorable to state rates.

### Economic Indicators

Exhibit 3 presents the economic indicators relevant to a child's health. This includes the median household income in each county along with poverty percentages and other important factors. More information on these indicators can be seen in the *Appendices*.

Exhibit 3 KVC Prairie Ridge Psychiatric Hospital Economic Indicators						
State	County	Median Household Income	Percent of Children under 18 in Poverty	# of Children under 18 in Poverty	Percent of Public School Children Participating in Free and Reduced Lunch	Maternal Education (Percent of Live Births to Mothers Without a High School Diploma)
<b>Kansas:</b>						
	Wyandotte	\$38,728	38.33%	17,564	81.21%	30.62%
	Shawnee	\$50,042	22.21%	9,629	54.56%	15.69%
	Sedgwick	\$48,671	22.06%	29,722	59.84%	16.17%
	Johnson	\$74,135	7.00%	10,182	25.63%	5.10%
	Douglas	\$51,221	15.16%	3,355	38.88%	6.07%
	Montgomery	\$39,045	24.97%	2,031	63.17%	16.39%
<b>Missouri:</b>						
	Jackson	\$51,691	27.60%	45,124	57.50%	17.40%
	Buchanan	\$39,737	25.10%	5,199	58.40%	18.60%
<b>Kansas</b>		<b>\$50,892</b>	<b>18.40%</b>	<b>132,997</b>	<b>49.97%</b>	<b>14.09%</b>
<b>Missouri</b>		<b>\$44,094</b>	<b>22.30%</b>	<b>310,555</b>	<b>49.80%</b>	<b>14.40%</b>
<b>United States</b>		<b>\$62,100</b>	<b>22.00%</b>	<b>16,188,396</b>	<b>N/A</b>	<b>N/A</b>

Data Source: 2015 Kids Count Census

## Unemployment Rate

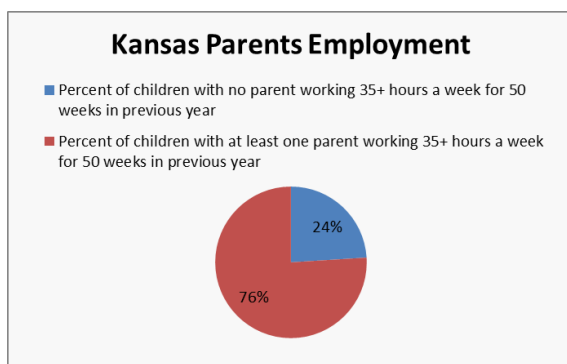
*Exhibit 4* presents the average annual client unemployment rates for the selected Counties in Kansas and Missouri, and compares the county rates to the respective states and the United States. As *Exhibit 4* illustrates, unemployment rates peaked in 2010 and have been improving in recent years. Shawnee and Sedgwick Counties are comparable to the State of Kansas and lower than the rate for the United States. Johnson County rates are comparable or lower than state and national rates. Wyandotte County unemployment rates are consistently higher than both state and national rates.

<b>Exhibit 4</b> <b>KVC Prairie Ridge Psychiatric Hospital</b> <b>Unemployment Rate 2010-2015</b>						
County	2010	2011	2012	2013	2014	2015
<b>Kansas:</b>						
Wyandotte	10.1	9.5	8.4	8.0	6.9	6.1
Shawnee	7.0	6.8	6.2	5.8	4.8	4.3
Sedgwick	8.8	8.0	6.9	6.2	5.4	4.8
Johnson	6.1	5.4	4.6	4.3	3.8	3.4
Douglas	5.9	5.7	5.1	4.8	4.1	3.7
Montgomery	10.6	9.9	7.7	6.8	5.8	6.5
<b>Missouri:</b>						
Jackson	10.7	9.5	7.8	7.7	7.1	5.9
Buchanan	9.2	8.1	6.3	6.2	5.7	4.6
<b>Kansas</b>	7.1	6.5	5.7	5.3	4.6	4.2
<b>Missouri</b>	9.6	8.5	7.0	6.7	6.2	5.0
<b>United States</b>	9.7	9.0	8.1	7.4	6.2	5.3

Data Source: US Department of Labor, Bureau of Labor Statistics. 2016 - February. Source geography: County

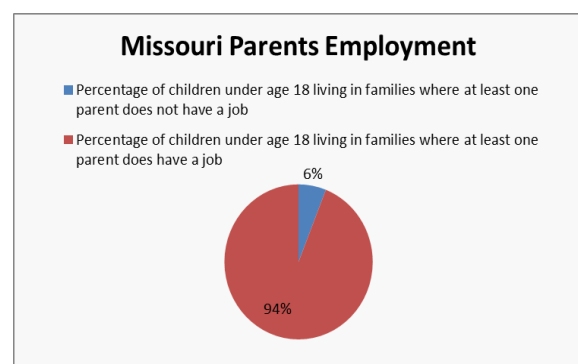
While the rates for the population as a whole is an important indicator, KIDS COUNT reports that 24% of children in Kansas have no parent working 35+ hours a week for 50 weeks in the previous year, while 6% of children in Missouri live in a family where at least one parent does not have a job.

**Exhibit 5.1**



Source: 2015 Kids Count Census

**Exhibit 5.2**



Source: 2015 Kids Count Census



## Uninsured

*Exhibit 6* reports the percentage of children under the age of 19 without health insurance coverage for each county versus the states of Kansas, Missouri, and the United States. Lack of health insurance is considered a key factor in the health status for a community. Lack of insurance is a major barrier to healthcare access for regular primary care, specialty care, and other health services.

Exhibit 6 KVC Prairie Ridge Psychiatric Hospital Uninsured Children				
State	County	Total Population Under Age 19	Children Under Age 19 Without Medical Insurance	Percent of Children Under Age 19 Without Medical Insurance
<b>Kansas:</b>				
	Wyandotte	46,209	3,754	8.12%
	Shawnee	44,777	2,588	5.78%
	Sedgwick	138,301	8,147	5.89%
	Johnson	150,088	7,051	4.70%
	Douglas	22,471	1,354	6.03%
	Montgomery	8,360	617	7.38%
<b>Missouri:</b>				
	Jackson	166,923	12,043	7.21%
	Buchanan	21,261	1,341	6.31%
<b>Kansas</b>				
		745,777	46,002	6.17%
<b>Missouri</b>				
		1,434,519	101,182	7.05%
<b>United States</b>				
		76,195,402	5,724,663	7.51%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2013. Source geography: County

As seen in *Exhibit 6*, Wyandotte and Montgomery Counties in Kansas rank unfavorably compared to state and national averages as does Jackson County in Missouri.

## Education

Exhibit 7.1 presents educational attainment by year for individuals in each county versus the state of Kansas.

Exhibit 7.1 KVC Prairie Ridge Psychiatric Hospital High School Graduation Rates by Year						
State	County	2010	2011	2012	2013	2014
<b>Kansas:</b>						
	Wyandotte	65.01%	73.76%	71.27%	71.84%	71.16%
	Shawnee	78.37%	81.77%	81.12%	81.69%	82.03%
	Sedgwick	72.02%	76.23%	80.64%	82.16%	82.28%
	Johnson	87.69%	90.37%	89.87%	89.85%	91.12%
	Douglas	83.19%	86.79%	87.78%	84.74%	86.20%
	Montgomery	77.43%	79.82%	80.09%	79.81%	82.26%
<b>Kansas</b>		<b>80.67%</b>	<b>84.77%</b>	<b>84.92%</b>	<b>85.83%</b>	<b>85.84%</b>

Data Source: Kansas State Department of Education, Kansas Action for Children. 2010-14

Exhibit 7.2 presents the rate at which students are receiving their high school diploma within four years for each county versus the State of Missouri.

Exhibit 7.2 KVC Prairie Ridge Psychiatric Hospital High School Graduation Rates by Year				
State	County	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
<b>Missouri:</b>				
	Jackson	6,569	5,568	84.8
	Buchanan	793	737	92.9
<b>Missouri</b>		<b>64,125</b>	<b>57,646</b>	<b>89.9</b>
<b>United States</b>		<b>3,127,886</b>	<b>2,635,290</b>	<b>84.3</b>

Data Source: US Department of Education, EDData, Accessed via Data.gov, Additional data analysis by CARES. 2013-14

Education levels obtained by community clients may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. Wyandotte County graduation rates have been consistently lower than state averages.

## **Health Outcomes and Factors**

### ***Mental Health Statistics***

This section of the assessment reviews the mental health status of Kansas clients who utilize KVC Prairie Ridge's services. As in the previous section, comparisons are provided with the state of Kansas and the United States.

Good mental health can be defined as a state of successful performance of mental function. This includes fulfilling relationships with people, ability to adapt to change and contributing in a positive matter to the community. According to Healthy People 2020; the national health objectives released by the U.S. Department of Health and Human Services individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's mental health status. According to Healthy People 2020, mental health and physical health are closely related. Good mental health allows individuals to maintain good physical health. However, problems with physical health can have a direct impact on one's mental health and ability to participate in healthy behaviors. Young children, adolescents, and adults are all affected by mental distress as a result of poor mental health.

The interrelationship among lifestyle/behavior, personal health attitude, and poor health status is gaining recognition and understanding by both the general public and health care providers. The prevention of mental, emotional and behavioral disorders can come from a variety of strategies and can decrease the development of chronic diseases due to poor mental health.

Mental health is important to overall health. Mental disorders can be chronic health conditions that continue through the lifespan. Mental disorders in children that go undiagnosed can lead to problems at home, school, and social life.

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that approximately 61 percent of children (aged 2-17) with emotional or behavioral problems received mental health care (Kaiser Family Foundation, 2011). Further, as seen from *Exhibit 8* below, 1 in 5 children ages 13-18 have, or will have, a serious mental illness.

### Exhibit 8



Data Source: National Institute of Mental Health, National Alliance on Mental Illness

The National Institute of Mental Health compiled many warning signs of a child who may be in need of mental health care and conclude that:

- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24
- 50% of students age 14 and older with a mental illness drop out of high school
- 70% of youth in state and local juvenile justice systems have a mental illness

The warning signs include, but are not limited to:

- Feeling very sad or withdrawn for more than 2 weeks
- Trying to harm or kill oneself or making plans to do so
- Severe mood swings that cause problems in relationships
- Repeated use of drugs or alcohol
- Drastic changes in behavior, personality, or sleeping habits

Mental Health America (MHA), formerly known as the National Mental Health Association was founded in 1909 and has been dedicated to helping all Americans achieve wellness by living mentally healthier lives. An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work, and play. And, a better understanding of the factors that affect the mental health of the community will assist in developing strategies to improve the community's habits, culture and environment. As part of this community health needs assessment the relative health status of the state of Kansas and Missouri are compared to a national benchmark. *Exhibit 9* presents many different mental health factors and compares them to the national rates.

<b>Exhibit 9</b> <b>KVC Prairie Ridge Psychiatric Hospital</b> <b>Mental Health Statistics</b>								
Indicator	Kansas			Missouri			United States	
	Percent	Number	Rank	Percent	Number	Rank	Percent	Number
Children with Emotional Behavioral Development Issues (EBD)	8.27%	53,084	15	8.39%	105,290	16	8.50%	6,250,020
Youth Dependence or Abuse of Illicit Drugs or Alcohol	5.88%	14,000	13	6.31%	30,000	22	6.48%	1,618,000
Youth with at Least One Major Depressive Episodes	8.28%	20,000	17	7.62%	36,000	6	8.66%	2,161,000
Youth Attempted Suicide	8.40%	N/A	23	6.91%	N/A	11	8.01%	N/A
Children with EBD Who Were Consistently Insured	87.10%	40,042	36	88.10%	84,243	31	88.60%	4,656,217
Children Who Needed but Did Not Get Mental Health Services	27.80%	14,768	5	36.50%	38,434	25	39.00%	2,410,591
Children with Ongoing EBD Reporting Inadequate Insurance	26.40%	12,164	13	32.90%	30,813	29	32.30%	1,638,262
Mental Health Workforce Availability		1 mental health worker per 861 persons	32		1 mental health worker per 947 persons	36		

Data Source: Mental Health America, Parity or Disparity: The State of Mental Health in America 2015

As the table indicates, Kansas' statistics are comparable to the rest of the country and many of the indicators rank favorably compared to the greater United States. The same is true for Missouri. Approximately 8.5 percent of children in America suffer from an Emotional Behavioral Development issue. Mental health issues are associated with depression and suicide. Almost twice as many females attempt suicide (10.6%) as compared to males (5.4%). Protecting youth against mental health problems is of the utmost importance. As previously stated, symptoms present themselves at a young age and can continue throughout a lifetime.

### Leading Risk Factors of Mental Health Disorders

According to the national Center for Chronic Disease Prevention and Health Promotion, there is no single factor that leads to individuals developing a mental health disorder. However, there are certain factors that increase the likelihood of mental health disorders, many of which can be considered chronic diseases. *Exhibit 10* lists common risk factors for mental health and chronic diseases:

Exhibit 10 KVC Prairie Ridge Psychiatric Hospital CHNA Community Common Risk Factors		
Mental Health	Chronic Disease	
<i>Risk Factors</i>	<i>Modifiable Risk Factors</i>	<i>Non Modifiable Risk Factors</i>
Family History	Poor Eating Habits	Age
Stressful life conditions	Lack of Physical Activity	Family History
Having a chronic disease	Tobacco Use	
Traumatic experience	Excessive Alcohol Use	
Use of illegal drugs	Environmental Factors	
Childhood abuse or neglect	Socioeconomic Status	
Lack of social support		
Source: National Center for Chronic Disease Prevention and Health Promotion		

Based on the risk factors reported in *Exhibit 10*, additional county-level data is presented in *Exhibit 11.1* & *Exhibit 11.2* for the primary counties served by KVC Prairie Ridge Psychiatric Hospital. The data which follows is a snapshot for the six counties in Kansas for each risk factor. The source for this data is primarily from Kansas Action for Children as referenced in the KIDS COUNT project of the Annie E. Casey Foundation. Rates or percentages shaded in red compare negatively to state rates.

Exhibit 11.1 KVC Prairie Ridge Psychiatric Hospital Risk Factors						
State	County	Teen Violent Deaths	Youth Tobacco Use	Uninsured Children	Mental Health*	Medicaid Enrollment
<b>Kansas:</b>						
	Wyandotte	9.57	N/A	8.12%	0.92	27,220
	Shawnee	0.00	7.28%	5.78%	11.72	17,561
	Sedgwick	20.52	N/A	5.89%	4.47	52,682
	Johnson	13.55	N/A	4.70%	1.18	22,497
	Douglas	9.71	3.58%	6.03%	4.70	5,847
	Montgomery	40.97	9.92%	7.38%	4.18	3,774
<b>Kansas</b>		<b>39.32</b>	<b>8.45%</b>	<b>7.07%</b>	<b>3.06</b>	<b>220,300</b>
Based on most recent data available						
*Mental Health is the number of child hospital discharges of mental health diagnoses per 1,000 children under age 18						
Data Source: 2015 Kids Count Census						

The trend data which follows is a snapshot for Jackson and Buchanan County, Missouri for each risk factor. The source for this data is primarily from Partnership for Children as referenced in the KIDS COUNT project of the Annie E. Casey Foundation.

Exhibit 11.2					
Source: KVC Prairie Ridge Psychiatric Hospital					
Risk Factors					
State	County	Teen Violent Deaths (rate)*	Maternal Education (Percent of Live Births to Mothers without a High School Degree)	Child abuse and neglect (rate)*	Mental Health**
Missouri:					
	Jackson	66.90	17.40%	46.80	3,583
	Buchanan	36.60	18.60%	71.70	578
Missouri		49.3	14.00%	40.8	24,217
*Based on a five year period to provide more stable rates					
*Rate per 100,000 teens ages 15-19					
**Children receiving public mental health services					
Data Source: 2015 Kids Count Censuses					

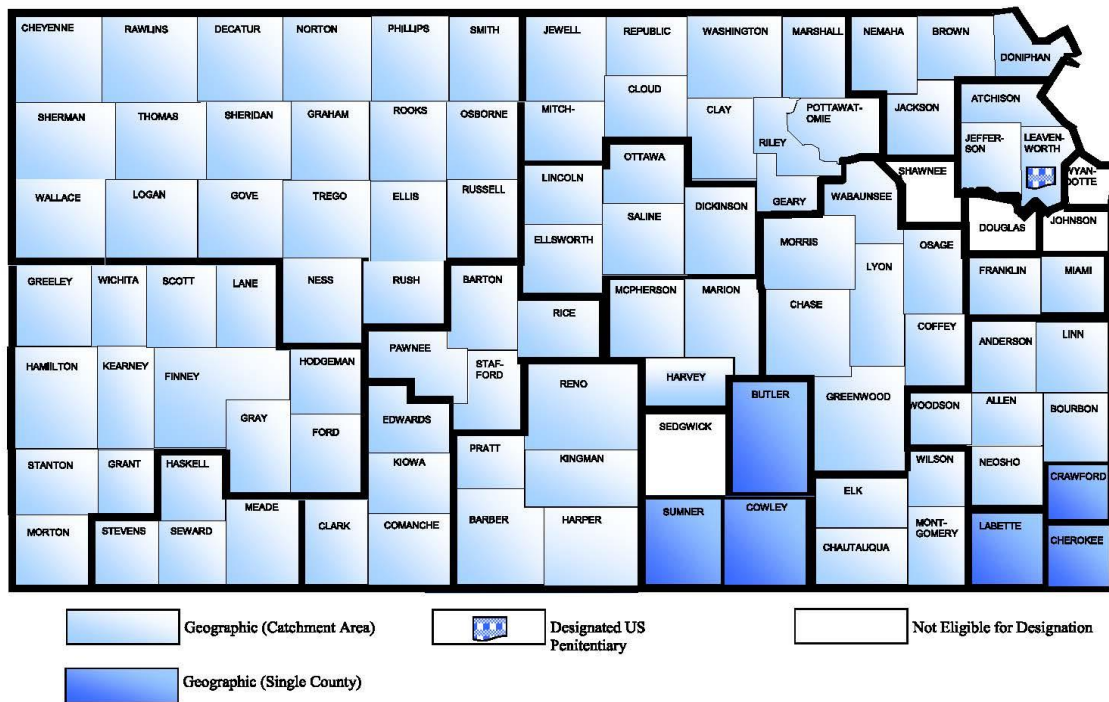


## Health Care Resources

The availability of health resources is a critical component to the health of a community's clients and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. This section will address the availability of mental health care resources to the clients of the Hospital's community.

Nearly every county in Kansas is designated as a Health Provider Shortage Area (HPSA) for mental health. As of February, 2014, there are 146 Mental Health HPSA's in the state.

### Kansas Department of Health and Environment Bureau of Community Health Systems Mental Health HPSAs as of February 2014



## Inpatient Facilities

Exhibit 12 lists the inpatient facilities available to the residents of Kansas.

**Exhibit 12**  
**KVC Prairie Ridge Psychiatric Hospital CHNA Community**  
**Pediatric Inpatient Treatment Facilities**

Name	Type of Facility	State
Cottonwood Springs	Inpatient Psychiatric Hospital	Kansas
Crittenton	Inpatient Psychiatric Hospital	Missouri
	Residential Services	
Gillis	Residential Services	Missouri
Heartland Hospital	Inpatient Psychiatric Hospital Residential Services	Missouri
KVC Prairie Ridge Hospital	Inpatient Psychiatric Hospital/STAR Acute/PRTF	Kansas
KVC Wheatland Hospital	Inpatient Psychiatric Hospital/State Hospital Alternative/PRTF	Kansas
Marillac	Inpatient Psychiatric Hospital/ PRFT	Kansas
Research Psychiatric Center	Inpatient Psychiatric Hospital	Missouri
Stormont Vail	Inpatient Psychiatric Hospital	Kansas
Florence Crittenton	PRTF	Kansas
Lakemary Center	PRTF	Kansas
Niles Home for Children	Residential Services	Missouri
Ozanam	Residential Services	Missouri
Pathways	PRTF	Kansas
Prairie View	PRTF	Kansas
Spofford	Residential Services	Missouri
St. Francis- Salina	PRTF	Kansas
TLC for Children & Families	PRTF	Kansas
Two Rivers Hospitals	Acute Psychiatric Hospital	Missouri

Source: KVC Prairie Ridge Hospital

## Community Health Centers

Under Kansas Statutes Annotated (KSA) 19-4001 et. seq., and KSA 65-211 et. seq., 26 licensed Community Mental Health Centers (CMHCs) currently operate in the state. These Centers have a combined staff of over 4,500 professionals providing mental health services in every county of the state in over 120 locations. Together they form an integral part of the total mental health system in Kansas. The independent, locally owned centers are dedicated to fostering a quality, free standing system of services and programs for the benefit of citizens needing mental health care and treatment.

CMCHs provide mental health services to rural and urban populations throughout Kansas. More information can be obtained at [www.acmhck.org](http://www.acmhck.org).

## **Key Stakeholder Survey**

Surveying key stakeholders is a technique employed to assess perceptions of the community's health status and unmet needs. These surveys are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about the behavioral health concerns in the community.

### ***Methodology***

Surveys with five key stakeholders were conducted between May 23rd and June 7th. Stakeholders were determined based on their a) specialized knowledge or expertise in behavioral health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

A representative from KVC Prairie Ridge Psychiatric Hospital contacted all individuals selected to participate in the survey. Their knowledge of the community and the personal relationships held with the potential interviewees added validity to the data collection process. If the respective key stakeholder agreed to participate in the survey, a web-based survey was sent to gather their input.

A standard questionnaire was used. A copy of the survey instrument is included in the *Appendices*. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks.

Community leaders provided comments on the following issues:

- Opinions regarding the important mental/behavioral health issues that affect clients of the primary community and the types of services that are important for addressing these issues, including vulnerable populations
- Barriers to improving mental health/behavioral health for clients of the primary community
- Delineation of the most important mental/behavioral health care issues or services discussed and actions necessary for addressing those issues

A web-based survey tool, Question Pro, was utilized to conduct an electronic survey. Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Key Stakeholders were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered slightly to preserve confidentiality.

This technique does not provide a quantitative analysis of the leaders' opinions but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.

## **Key Stakeholder Profiles**

Key stakeholders from the community worked for the following types of organizations and agencies:

- Social service agencies
- Public health agencies
- Medical providers and insurers

These health care and non-health care professionals provided insight into the mental and behavioral health needs of the CHNA Community through an 11-question survey (refer to *Appendices*).

## **Key Stakeholder Survey Results**

As stated earlier, the survey questions for each key stakeholder were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding mental/behavioral health
2. Underserved populations and communities of need
3. Barriers to improving mental/health for children and youth
4. Most critical mental/behavioral health issues for children and families

The following is a summary of the stakeholders' responses by each of these categories. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are used to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

### **1. General opinions regarding mental and behavioral health**

The key stakeholders were asked to provide their opinion whether the mental health and behavioral health needs of the community increased, decreased or stayed the same over the past few years. They were also asked to provide support for their answers.

All of the key stakeholders thought the mental and behavioral health needs have increased over the past several years. The lack of funding for mental health services was the primary reason stakeholders felt were contributing to increased mental health needs. The severity of mental illnesses is increasing because parents and families are not able to find community-based services for treatment.

The fact that we have become more educated about mental health and populations of need has also had an impact on expanding services. Children are now being identified at a younger age. Even though we are able to identify mental illnesses at younger ages, there are not enough qualified and trained resources to provide services to youth as funding for preventive and school based resources has been significantly reduced from prior years.

*“As budgets have decreased and preventative programs have disappeared, when youth do appear for services the intensity appears to be higher than in the past.”*

*“Cuts in mental health funding are keeping people from accessing help until they are in serious crisis.”*

## **2. Underserved populations and communities of need**

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose mental and/or behavioral health was not as good as others. We also asked the key informants to provide their opinions as to why they thought these populations were underserved or in need. Responses to this question varied.

Respondents indicated that the following persons in the following groups are likely to have increased and/or more severe mental and behavioral health needs:

- Children in foster care
- Persons who have significant trauma or abusive histories
- Uninsured adults
- Juvenile offenders

Key stakeholders felt that these populations need more assistance than others because of things such as: lack of resources, being desperate for help, and the fact that trauma effects the entire body and they are not getting appropriate trauma treatment.

*“There are no programs for parents to help them manage the impact of the trauma of raising children who have extreme difficulties.”*

*“Trauma is often the underlying issue for high needs children and youth, yet they are seldom provided with actual trauma treatment, but instead given multiple diagnoses and medications that are ineffective and dangerous for their health.”*

## **3. Barriers**

The key stakeholders were asked what barriers, if any, exist to improving mental and behavioral health services for children and youth. Responses from key stakeholders included lack of qualified providers, lack of funding and unstable future of funding, and parents and schools not being properly educated with the knowledge and services these children need.

Lack of funding was noted by several key stakeholders. High needs children require experienced therapists who can manage dual diagnosis and medications. In addition, increased education and collaboration with all systems working with children and their families is needed. Without the funding for these types of services the mental health in youth will continue to decline.

Respondents also felt that access to both therapy and psychiatric care are needed and critical to positive outcomes, particularly in the area of medication compliance.

Sometimes, prior experiences with other providers are a barrier to families seeking help. Most clients of KVC will likely have had 3-5 prior treatment experiences with other providers. For many, these prior treatments have not improved the client's well-being and client families often feel the prior treatments have not worked. Often, parents may feel providers do not provide adequate training and education as to what role they play in their child's treatment.

*“It takes an extensive amount of time for families to be approved for Medicaid.”*

*“Parents/schools tend to go right back to B-mod (Behavioral Modification) which is not only ineffective but in many cases detrimental”*

*“There are limited inpatient resources in the Wichita area.”*

#### **4. Most critical mental and behavioral health issues**

Key stakeholders were asked to provide their opinion as to the most critical mental and behavioral health issues for children and the families of children requiring treatment by KVC Hospitals. The issues identified most frequently were:

1. Harm to self and others/safety issues
2. Children with Dual Diagnosis
3. Educating, stabilizing, and supporting families in the home environment

Recommendations on ways to address the issues identified above included increasing engagement with family members in the treatment process including providing more specific instructions and guidance on discharge reports. Other recommendations included increased training for teachers and community regarding identifying signs of suicide and/or other self harming behavior and increased integration between primary care and mental health.

## **Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups**

Based on information obtained through key stakeholder surveys, health issues and barriers were identified for the following vulnerable populations:

- Uninsured/low income population
  - ✓ Cost
- Youth in foster care
  - ✓ Lack of resources
- Juvenile offenders
  - ✓ Lack of resources



## Prioritization of Identified Health Needs

The mental health needs of children and adolescents are increasing in Kansas. Addressing these needs is important to the communities. Based on the data from our assessment, the following community mental/behavioral health needs for children and adolescents were identified:

### **Secondary Data**

- Lack of mental health providers/workforce availability
- Lack of consistent insurance for children with emotional behavioral development issues
- Teen violent deaths
- Child abuse and neglect
- Lack of trauma-informed assessment and intervention strategies

### **Primary Data**

Health needs identified through key stakeholder interviews were included as health needs. Needs for vulnerable populations were separately reported in the analysis in order to facilitate the prioritization process.

- Lack of funding for mental health services and preventive programs\*
- Lack of community-based services
- Coordination with other systems of care (e.g. school)
- Access to services (cost)\*
- Lack of health knowledge regarding the impact of trauma on mental health/lack of trauma treatment
- Increase in children who self-harm or harm others
- Cost of medication
- Need for increased integration between primary care and mental health services
- Need for increased integration of families into treatment and education of families, schools and others who interact with the client post-discharge

*\*Impacts vulnerable populations*

To facilitate prioritization of identified health needs, KVC Hospitals' management prioritized the needs identified above based on the following four factors.

1. How many people are affected by the issue or size of the issue
2. What are the consequences of not addressing this problem
3. The impact of the issue on vulnerable populations
4. Whether or not the Hospital has existing programs to respond to the identified need

As a result, the top three mental and/or behavioral health needs for the KVC Prairie Ridge Hospital CHNA Community were determined.

1. Lack of trauma-informed assessment and intervention strategies
2. Access to services (cost)
3. Need for increase integration of families into treatment and education of families, schools and others who interact with the client post-discharge

The Hospitals' next steps include developing an implementation strategy to address these priority areas.

## **APPENDIX 1**

### **ACKNOWLEDGEMENTS**

## **Acknowledgements**

The project Steering Committee was the convening body for this project. Many other individuals including community residents, key informants and community-based organizations contributed to this community health needs assessment.

### ***Project Steering Committee***

Special thanks to all of the following committee members for their time and commitment to this project:

### ***Key Stakeholders***

Thank you to the following individuals who participated in our key informant interview process:

*Brenda Seaman*

*Judith Rodman*

*Jason Scheck*

*Jan Adams*

*Terry Cunningham*

## **APPENDIX 2**

### **KEY STAKEHOLDER INTERVIEW QUESTIONS**

KVC Hospitals (Prairie Ridge and Wheatland Psychiatric Children's Hospitals) are generating data as part of developing a plan to improve health and quality of life in the community it serves, focusing on the needs of children in the areas of mental and behavioral health. Community input is essential to this process. Key informant interviews are being used to engage community members. You have been selected for an interview because of your knowledge, insight, and familiarity with the community (including vulnerable populations) and the services provided by KVC Hospitals.

Some of the following interview questions are open-ended. In these instances, we are trying to gather your thoughts and opinions. There are no right or wrong answers. The themes that emerge from these questions will be summarized and made available to the public; however, the identity and your "individual" comments will be kept strictly confidential.

1. Provide your name and e-mail address.



2. Please select which hospital or hospitals you are providing input for?

- ☐ KVC Prairie Ridge (Kansas City)
- ☐ KVC Wheatland (Hays)
- ☐ Both KVC Prairie Ridge and KVC Wheatland

2. Please select which hospital or hospitals you are providing input for?

- ☐ KVC Prairie Ridge (Kansas City)
- ☐ KVC Wheatland (Hays)
- ☒ Both KVC Prairie Ridge and KVC Wheatland

3. In general, how would you rate the mental and behavioral health needs of the community served by the KVC Hospital(s) for which you are providing input?

- ☐ Very High
- ☐ High
- ☐ Moderate

- ☐ Somewhat moderate
- ☐ Low

**4. In your opinion has the mental health and behavioral health needs of the community increased, decreased, or stayed the same over the past few years? Please provide what factors influence your answer and describe why you feel it has increased, decreased or stayed the same.**

**5. Are there populations of people whose mental and/or behavioral health needs may be more than others? If yes, in your opinion, who are these persons or groups?**

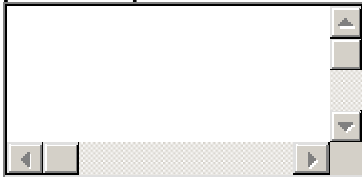
**6. Please explain why the population(s) identified in question #5 needs more assistance than others.**

**7. What barriers, if any, exist to improving mental and behavioral health services for children and youth ?**

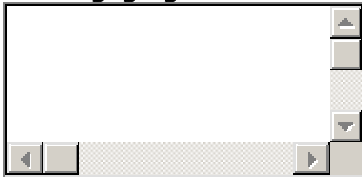
**8. In your opinion, what are the most critical mental/behavioral health issues for children and families of children requiring treatment by KVC Hospitals?**



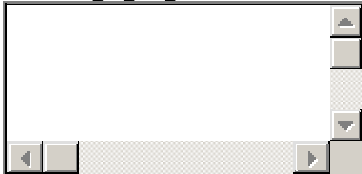
**9. What needs to be done to address the critical mental/behavioral health issues identified in the previous question?**

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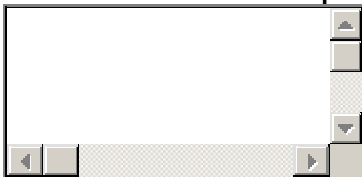
**10. What barriers in the system prevent consumers with exposure to past traumatic/disrupting/painful/adverse experiences from successfully accessing mental health delivery and engaging in treatment?**

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**11. Please provide any additional input regarding treatment of children's mental and behavioral health needs at KVC Hospitals .**

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**APPENDIX 3**  
**MENTAL HEALTH FACTORS**

**KVC Prairie Ridge Psychiatric Hospital  
Kansas Indicators**

	Wyandotte	Shawnee	Sedgwick	Johnson	Douglas	Montgomery	Kansas
<b>Risk Factors</b>							
<b>Teen Violent Deaths</b> - Number per 100,000 of 15-19 year olds who died due to suicide, homicide, or motor vehicle accident. Current data from 2012.	9.57	0.00	20.52	13.55	9.71	40.97	39.32
<b>Youth Tobacco Use</b> - Percent of 6th, 8th, 10th, and 12th graders who reported using cigarette or smokeless tobacco in the last 30 days. Current data from 2013-14 school year.	N/A	7.28%	N/A	N/A	3.58%	9.92%	8.45%
<b>Youth Binge Drinking</b> - Percent of 6th, 8th, 10th, and 12th graders who reported having 5+ consecutive drinks on at least one occasion in the past two weeks. Current data from 2013-14 school year.	N/A	8.93%	N/A	N/A	3.03%	7.23%	9.76%
<b>Uninsured children</b> - Percent of children under 19 with no health insurance coverage. Current data from 2012.	8.12%	5.78%	5.89%	4.70%	6.03%	7.38%	7.07%
<b>Mental Health</b> - Number per 1,000 children under 18 hospitalized for mental health. Current data from 2013.	0.92	11.72	4.47	1.18	4.70	4.18	2.61
<b>Medicaid Enrollment (not depicted as rate)</b> - Average monthly enrollment of children under 19 in Medicaid. Current data from 2013.	27,220	17,561	52,682	22,497	5,847	3,774	220,300
<b>Education Indicators</b>							
<b>Full Day Kindergarten</b> - Percent of elementary schools that offer full-day and every day kindergarten. Current data from 2013-14 school year	95.00%	97.22%	94.95%	100.00%	89.47%	100.00%	86.65%
<b>High School Graduation</b> - Percent of ninth grade public school students enrolled in the 2009-10 school year who	71.16%	82.03%	82.28%	91.12%	86.20%	82.26%	85.83%
<b>Child Care Subsidies (not depicted as rate)</b> - Average monthly number of children participating in the Kansas Child Care Assistance program. Current data from 2013.	1,505	1,424	4,366	1,777	533	172	16,328
<b>Economic Indicators</b>							
<b>Median Household Income</b>	\$38,728	\$50,042	\$48,671	\$74,135	\$51,221	\$39,045	\$50,892
<b>Poverty</b> - Percent of children under 18 living below 100% poverty. Current data from 2012.	38.33%	22.21%	22.06%	7.00%	15.16%	24.97%	19.00%
<b>Number of Children in Poverty</b>	17,564	9,629	29,722	10,182	3,355	2,031	137,334
<b>Free and Reduced Lunch</b> - Percent of public school children participating in the free and reduced lunch program. Current data from 2013-14 school year.	81.21%	54.56%	59.84%	25.63%	38.88%	63.17%	50.03%
<b>Maternal Education</b> - Percent of live births to mothers without a high school diploma. Current data from 2013.	30.62%	15.69%	16.17%	5.10%	6.07%	16.39%	14.09%

Note: N/A indicates unreliable or missing data

Those factors in Red compare negatively to the Kansas factor for each indicator

Source: 2015 Kids Count Census

## **APPENDIX 4**

### **SOURCES**

## Sources

Centers for Disease Control and Prevention: Mental Illness Surveillance Among Adults in the United State<[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm?s\\_cid=su6003a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm?s_cid=su6003a1_w)>.

The Substance Abuse and Mental Health Services Administration (SAMHSA)  
<<http://www.samhsa.gov/data/NSDUH.aspx>>

Annie E. Casie Foundation- Kids Count Data Center <<http://datacenter.kidscount.org/>>

2010-14. U.S. Census Bureau, American Community Survey. < <http://www.communitycommons.org>>

2015. Mental Health America, *Parity or Disparity: The State of Mental Health in America*.  
<[www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)>