



KVC Prairie Ridge Psychiatric Hospital

Community Health Needs Assessment

June 2013



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Consultant's Report

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On behalf of KVC Prairie Ridge Hospital we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated February 5, 2013. The purpose of our engagement was to assist the Hospital in meeting the requirements of Internal Revenue Code §501(r)(3). We relied on the guidance contained in IRS Notice 2011-52 when preparing your report. We also relied on certain information provided by KVC Prairie Ridge, specifically existing community health care resources.

Based upon the assessment procedures performed, it appears KVC Prairie Ridge is in compliance with the provisions of §501(r)(3). Please note that, we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by KVC Prairie Ridge, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

BKD, LLP

June 27, 2013



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 and 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 broad interest of 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 patient use rates.
- A survey of persons who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in children's behavioral health issues.
- Review data contained in the Mid-America Regional Council's Kansas City Regional Children's Behavioral Health Needs Assessment conducted in 2011 and Kansas City Regional Health Care Initiative System Change Committee (2011).

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 above.

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 30 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from March 2013 through June 2013.

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 patient 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
- 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.



General Description of Hospital

KVC Prairie Ridge Hospital is owned by KVC Hospitals, Inc. and offers Psychiatric 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's 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's 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, monitoring and treatment as priority focuses to help residents develop the skills to succeed in less restrictive, permanent settings. KVC Prairie Ridge Psychiatric Hospital's treatment program has a behavioral management component administered in a safe environment and all services are delineated to meet the individual needs of the clients referred. The 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, social workers, unit coordinators, 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
- Pediatric assessment within 24 hours
- Psychosocial assessment within 72 hours
- Lab work as needed
- Nutritional assessment as needed



The treatment team meets daily 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 therapy

KVC's treatment teams collaborate with patients, 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 suffer from a range of illnesses including 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 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:

- Anger management training
- Community meetings
- Goals group and review
- Current events
- Social skills



KVC Hospitals, Inc., a part 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 40,000 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.

Hope...Help...Healing



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 2012 patients were admitted from 50 Kansas counties, with the majority of patients originating from Wyandotte, Shawnee, Sedgwick and Johnson Counties.

Defined Community

A community is defined as the geographic area from which a significant number of the patients 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. The criteria established to define the community is as follows:

Based on the patient origin discharges from fiscal year 2012, management has identified the primary community to include the counties listed in *Exhibit 1*. As reported in *Exhibit 1*, the primary CHNA Community represents nearly 45 percent of the discharges. The remaining 56.8 percent of patient discharges originate in 46 counties in Kansas and 23 counties in other states. *Exhibit 1* presents the Hospital's patient origin for each of the top four counties in its community. Page 5 presents a detailed map of the Hospital's geographical location and the footprint of all discharges by county. Those counties shaded in darkest green represent the four county areas that comprise the Hospital's primary community. These counties are listed with corresponding demographic information in *Exhibits 2* through 5.

Exhibit 1
KVC Prairie Ridge Psychiatric Hospital
Summary of Inpatient Discharges by Zip Code
7/01/2011 to 06/30/12

County	Discharges	Percent of Total Discharges
Wyandotte, KS	114	15.4%
Shawnee, KS	89	12.0%
Jackson, MO	65	8.8%
Sedgwick, KS	59	8.0%
Johnson, KS	58	7.8%
	385	52.0%
Other:		
Other Kansas	280	37.8%
Other Missouri	72	9.7%
Other states	3	0.4%
	355	48.0%
Total Discharges	740	100.0%

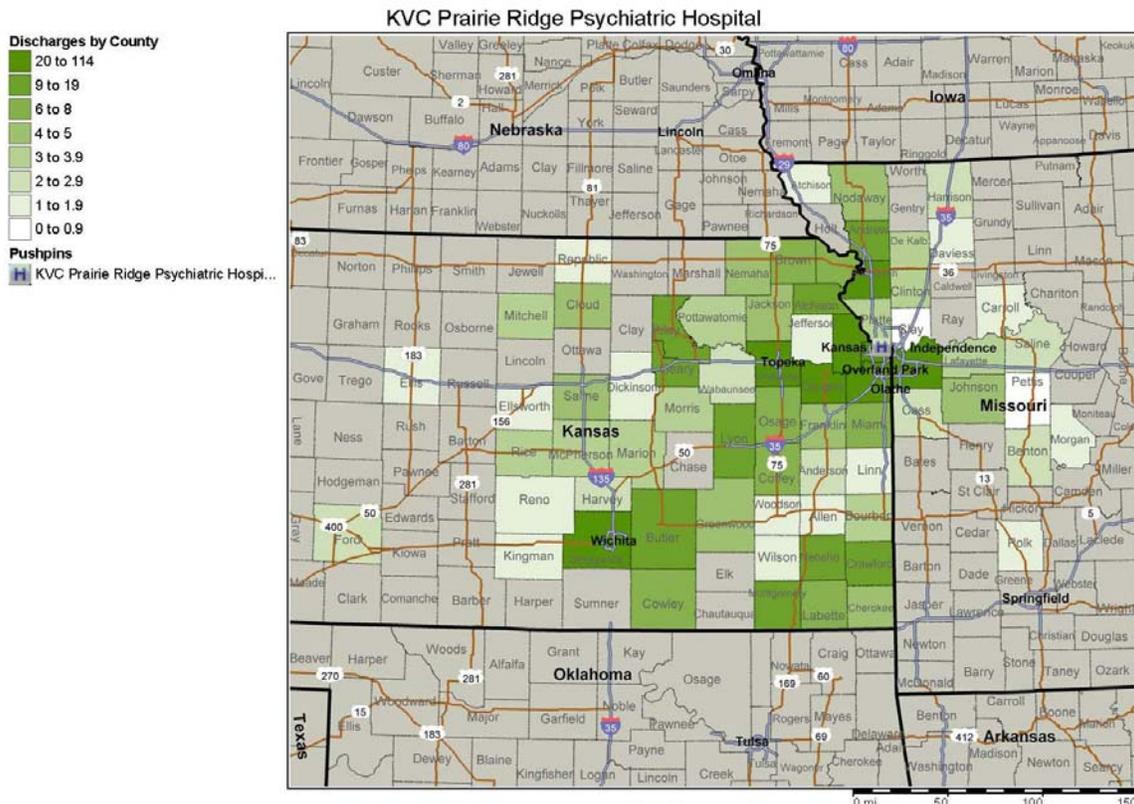
Source: KVC Prairie Ridge Psychiatric Hospital



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 (www.wyckk.com). Patients primarily originate from Kansas (81%) and Missouri (19%) More than fifteen percent (114 discharges) of the Hospital's discharges originate from Wyandotte County, Kansas.



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Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data by zip code to estimate population trends from 2013 through 2018. *Exhibit 2* illustrates that the overall population is projected to increase over the five-year period from 1,416,206 to 1,460,645. The age categories that represent youth and adolescents (0-14 and 15-20) is projected to increase 3.0 percent and 4.8 percent, respectively. The projected changes to the composition of the total community, between male and female, is projected to remain approximately the same over the five year period.

Exhibit 2
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Estimated 2013 Population and Projected 2018 Population

County, State	0-14 Years	15-20 Years	21-44 Years	45 and Over	Total
Estimated 2013 Population					
Wyandotte, KS	38,807	13,329	53,299	57,549	162,984
Shawnee, KS	37,542	14,222	53,050	75,660	180,474
Jackson, MO	140,883	52,785	220,762	268,257	682,687
Sedgwick, KS	115,395	42,193	160,350	187,589	505,527
Johnson, KS	123,356	43,040	181,039	219,786	567,221
PROVIDER SERVICE AREA	455,983	165,569	668,500	808,841	2,098,893
Projected 2018 Population					
Wyandotte, KS	39,695	13,510	52,760	59,947	165,912
Shawnee, KS	38,868	14,841	53,563	76,869	184,141
Jackson, MO	144,368	52,266	216,082	277,383	690,099
Sedgwick, KS	119,141	42,582	160,058	193,605	515,386
Johnson, KS	126,848	47,320	179,738	241,300	595,206
PROVIDER SERVICE AREA	468,920	170,519	662,201	849,104	2,150,744

Source: The Nielsen Company



Exhibit 2.1 provides the percent difference for each county from estimated 2013 to projected 2018 as well as the ability to compare the percent difference to the state of Kansas and the United States for comparison purposes. Exhibit 2.1 illustrates that the overall population is projected to increase by more than three percent over the five-year period which is slightly higher than projected overall increases for Kansas and comparable the United States at approximately 3.3 percent.

Exhibit 2.1
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Estimated 2013 Population vs Projected 2018 Population Percent Difference

County, State	0-14 Years	15-20 Years	21-44 Years	45 and Over	Total
Percent Difference					
Wyandotte, KS	2.3%	1.4%	-1.0%	4.2%	1.8%
Shawnee, KS	3.5%	4.4%	1.0%	1.6%	2.0%
Jackson, MO	2.5%	-1.0%	-2.1%	3.4%	1.1%
Sedgwick, KS	3.2%	0.9%	-0.2%	3.2%	2.0%
Johnson, KS	2.8%	9.9%	-0.7%	9.8%	4.9%
PROVIDER SERVICE AREA	2.8%	3.0%	-0.9%	5.0%	2.5%
KS 2013 Estimated (1,000s)	614	251	887	1,140	2,892
KS 2018 Projected (1,000s)	630	254	894	1,177	2,955
PERCENT DIFFERENCE	2.6%	1.2%	0.8%	3.2%	2.2%
MO 2013 Estimated (1,000s)	1,179	508	1,843	2,504	6,034
MO 2018 Projected (1,000s)	1,193	499	1,835	2,576	6,103
PERCENT DIFFERENCE					
U.S. 2013 Estimated (1,000s)	61,804	26,604	99,479	126,975	314,862
U.S. 2018 Projected (1,000s)	63,380	26,471	100,137	135,334	325,322
PERCENT DIFFERENCE	2.5%	-0.5%	0.7%	6.6%	3.3%

Source: The Nielsen Company

Certain characteristics of a population can be factors in determining the health care services required by a community. The following is an analysis of the age distribution of the population for the primary community. The analysis is provided by county and provides a comparison to Kansas and the United States.



While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The following *Exhibit 3* shows the population of the community by ethnicity by illustrating the Hispanic versus non-Hispanic residents. In total, the population breakdown for the community is fairly comparable to the state of Kansas. Wyandotte County has a higher concentration of Hispanic residents compared to the rest of the counties included in the CHNA community.

Exhibit 3
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Estimated 2013 Population vs Projected 2018 Population with Percent Difference

County, State	Estimated 2013			Projected 2018			% Difference		% Total	
	Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Wyandotte, KS	46,226	116,758	162,984	53,497	112,415	165,912	15.7%	-3.7%	32.2%	67.8%
Shawnee, KS	21,066	159,408	180,474	23,644	160,497	184,141	12.2%	0.7%	12.8%	87.2%
Jackson, MO	61,830	620,857	682,687	69,558	620,541	690,099	12.5%	-0.1%	10.1%	89.9%
Sedgwick, KS	71,351	434,176	505,527	81,573	433,813	515,386	14.3%	-0.1%	15.8%	84.2%
Johnson, KS	44,802	522,419	567,221	53,562	541,644	595,206	19.6%	3.7%	9.0%	91.0%
PROVIDER SERVICE AREA	245,275	1,853,618	2,098,893	281,834	1,868,910	2,150,744	14.9%	0.8%	13.1%	86.9%
KANSAS (1,000s)	331	2,561	2,892	377	2,578	2,955	13.9%	0.7%	12.8%	87.2%
MISSOURI (1,000s)	235	5,799	6,034	268	5,835	6,103	14.0%	0.6%	4.4%	95.6%
U.S. (1,000s)	54,578	260,284	314,862	61,050	264,272	325,322	11.9%	1.5%	18.8%	81.2%

Source: The Nielsen Company

Exhibit 4 shows the population of the community by race by illustrating three different categories, white, black and other residents. In total, the population breakdown for the community is fairly comparable to the state of Kansas.



Exhibit 4
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Estimated 2013 Population vs Projected 2018 Population with Percent Difference

County, State	Estimated 2013				Projected 2018				Percent Difference				Percent Total		
	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other
Wyandotte, KS	89,253	38,804	34,927	162,984	88,870	37,141	39,901	165,912	-0.4%	-4.3%	14.2%	1.8%	53.6%	22.4%	24.0%
Shawnee, KS	145,557	15,169	19,748	180,474	147,283	14,879	21,979	184,141	1.2%	-1.9%	11.3%	2.0%	80.0%	8.1%	11.9%
Jackson, MO	453,405	162,925	66,357	682,687	452,587	164,664	72,848	690,099	-0.2%	1.1%	9.8%	1.1%	65.6%	23.9%	10.6%
Sedgwick, KS	381,706	46,599	77,222	505,527	382,644	47,216	85,526	515,386	0.2%	1.3%	10.8%	2.0%	74.2%	9.2%	16.6%
Johnson, KS	481,035	26,901	59,285	567,221	493,555	32,267	69,384	595,206	2.6%	19.9%	17.0%	4.9%	82.9%	5.4%	11.7%
PROVIDER SERVICE AREA	1,550,956	290,398	257,539	2,098,893	1,564,939	296,167	289,638	2,150,744	0.9%	2.0%	12.5%	2.5%	72.8%	13.8%	13.5%
KANSAS (1,000s)	2,401	171	320	2,892	2,423	175	358	2,956	0.9%	2.3%	11.9%	2.2%	82.0%	5.9%	12.1%
MISSOURI (1,000s)	4,960	709	365	6,034	4,964	734	405	6,103	0.1%	3.5%	11.0%	1.1%	81.3%	12.0%	6.6%
U.S. (1,000s)	225,086	40,007	49,769	314,862	228,213	41,797	55,312	325,322	1.4%	4.5%	11.1%	3.3%	70.1%	12.8%	17.0%

Source: The Nielsen Company



Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents 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 household income, employment rates, educational attainment and poverty 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.

Income and Employment

Exhibit 5 presents the average and median income for households in each county. Average household income is projected to increase by approximately one to more than three percent between 2013 and 2018, with the exception of Sedgwick County which is estimated to decrease 3.6 percent, while the median household income is projected to increase from 0.8 to 3.1 percent with the exception of Sedgwick County which is expected to decrease 4.2 percent.

Exhibit 5
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Estimated Family Income and Wealth for 2013 and 2018 With Percent Difference

County, State	Estimated 2013		Projected 2018		Percent Difference	
	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income
Wyandotte, KS	\$ 49,301	\$ 38,204	\$ 51,413	\$ 39,399	4.3%	3.1%
Shawnee, KS	\$ 59,620	\$ 45,713	\$ 61,482	\$ 46,761	3.1%	2.3%
Jackson, MO	\$ 59,576	\$ 44,402	\$ 59,511	\$ 44,319	-0.1%	-0.2%
Sedgwick, KS	\$ 58,226	\$ 44,047	\$ 56,121	\$ 42,188	-3.6%	-4.2%
Johnson, KS	\$ 92,760	\$ 71,053	\$ 93,839	\$ 71,688	1.2%	0.9%
Kansas	\$ 64,008	\$ 48,218	\$ 66,108	\$ 49,341	3.3%	2.3%
Missouri	\$ 60,079	\$ 44,633	\$ 61,256	\$ 45,225	2.0%	1.3%
United States	\$ 69,637	\$ 49,297	\$ 71,917	\$ 49,815	3.3%	1.1%

Source: The Nielsen Company



Exhibit 6 presents the average annual resident unemployment rates for Wyandotte, Shawnee, Sedgwick and Johnson Counties in Kansas and the United States. As Exhibit 6 illustrates, unemployment rates in most counties peaked in 2010 and improved in 2011 and 2012. 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 that state and national rates. Wyandotte County unemployment rates are consistently higher than both state and national rates.

Exhibit 6
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Unemployment Rates (%)
2008-2012

County, State	2008	2009	2010	2011	2012
Wyandotte, KS	7.7	11.1	10.3	9.7	8.6
Shawnee, KS	4.8	6.8	7.0	6.8	6.2
Jackson, MO	6.7	10.3	10.7	9.5	7.7
Sedgwick, KS	4.3	8.7	8.9	8.1	6.9
Johnson, KS	4.4	6.8	6.4	5.8	5.0
Kansas	4.4	7.1	7.1	6.5	5.7
Missouri	5.9	9.4	9.4	8.6	7.1
United States	5.8	9.3	9.6	8.9	8.1

Source: FDIC

Poverty

Exhibit 7 presents the percentage of total population in poverty (including under age 18) and median household income for households in each county versus the state of Kansas and the United States.

Exhibit 7
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Poverty Estimate: Percentage of Total Population in Poverty and Median Household Income
2010 and 2011

County, State	2010			2011		
	All Persons	Under Age 18	Median Household Income	All Persons	Under Age 18	Median Household Income
Wyandotte, KS	23.9%	34.7%	\$ 37,805	26.0%	39.7%	\$ 38,016
Shawnee, KS	17.5%	26.0%	\$ 45,359	14.6%	20.3%	\$ 44,816
Jackson, MO	16.8%	23.9%	\$ 44,620	18.7%	27.2%	\$ 44,508
Sedgwick, KS	15.3%	20.4%	\$ 45,996	15.2%	21.3%	\$ 49,526
Johnson, KS	6.6%	7.7%	\$ 71,389	6.7%	8.4%	\$ 70,665
Kansas	13.5%	18.1%	\$ 47,888	13.8%	18.8%	\$ 48,844
Missouri	15.3%	21.0%	\$ 44,306	15.8%	22.3%	\$ 45,231
United States	15.3%	21.6%	\$ 50,046	15.9%	22.5%	\$ 50,502

Source: U.S. Census Bureau, Small Areas Estimates Branch



Exhibit 7 presents the percentage of total population in poverty and median household income for each county. In 2011, a family of two adults and two children was considered poor if their annual household income fell below \$23,050. Poverty rates rank unfavorably when compared to the state and national averages, with the exception of Johnson County which ranks favorably to state and national averages.

Uninsured

Exhibit 8 presents health insurance coverage status by age (under 65 years) and income (at or below 400 percent) of poverty for each county versus the state of Kansas and the United States.

Exhibit 8
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Health Insurance Coverage Status by Age (Under 65 years) and Income (At or Below 400%) of Poverty
2010

County, State	All Income Levels				At or Below 400% of FPL			
	Under 65	Percent	Under 65	Percent	Under 65	Percent	Under 65	Percent
	Uninsured	Uninsured	Insured	Insured	Uninsured	Uninsured	Insured	Insured
Wyandotte, KS	32,966	23.7%	106,373	76.3%	30,840	27.8%	79,931	72.2%
Shawnee, KS	22,868	15.3%	126,450	84.7%	20,510	20.5%	79,582	79.5%
Jackson, MO	104,865	18.0%	478,002	82.0%	94,651	23.9%	301,367	76.1%
Sedgwick, KS	74,425	17.1%	361,297	82.9%	66,921	22.8%	226,404	77.2%
Johnson, KS	51,044	10.6%	430,770	89.4%	43,141	20.3%	169,058	79.7%
Kansas	380,567	15.8%	2,034,200	84.2%	342,806	21.6%	1,241,206	78.4%
Missouri	766,031	15.3%	4,241,915	84.7%	692,357	20.3%	2,722,755	79.7%

Source: U.S. Census Bureau, SAHIE/ State and County by Demographic and Income Characteristics



Education

Exhibit 9 presents educational attainment by age cohort for individuals in each county versus the state of Kansas.

**Exhibit 9
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Educational Attainment - Total Population
2007-2011**

State/ County	Age Cohort				
	18-24	25-34	35-44	45-64	65+
<u>Completing High School</u>					
Wyandotte, KS	32.4%	78.2%	77.9%	83.2%	69.5%
Shawnee, KS	32.0%	89.8%	91.0%	92.5%	85.8%
Jackson, MO	31.4%	88.5%	88.4%	89.0%	81.5%
Sedgwick, KS	31.3%	89.1%	88.2%	90.0%	82.1%
Johnson, KS	24.3%	95.2%	96.5%	96.6%	92.3%
Kansas	27.7%	89.8%	90.4%	91.9%	83.8%
Missouri	31.4%	89.0%	89.5%	89.0%	74.9%
<u>Bachelor's Degree or More</u>					
Wyandotte, KS	3.6%	15.6%	12.0%	15.9%	12.3%
Shawnee, KS	9.4%	30.9%	30.4%	30.8%	21.6%
Jackson, MO	11.8%	31.4%	28.6%	27.7%	19.1%
Sedgwick, KS	9.7%	29.6%	30.4%	29.1%	21.0%
Johnson, KS	17.6%	53.3%	58.1%	52.4%	36.7%
Kansas	9.3%	32.7%	33.8%	30.9%	20.6%
Missouri	9.1%	30.4%	28.5%	25.4%	16.0%

Source: U.S. Census Bureau, Current Population Survey

Education levels obtained by community residents 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. Persons aged 25 and older have significantly less educational attainment than the state as a whole. Exhibit 9 indicates educational attainment for Wyandotte County in all age cohorts is significantly lower than the state of Kansas.



Health Outcomes and Factors

Mental Health Statistics

This section of the assessment reviews the mental health status of Kansas residents 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 2010, 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 diseases 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.

According to the Robert Wood Johnson Foundation, more than 68 percent of adults with behavioral health disorders have at least one physical health condition. Consequently, 29 percent of adults with a physical health condition also deal with behavioral health disorders. People with behavioral health disorders are more likely to have diabetes, asthma, migraines, heart disease, cancer or obesity while those with physical health conditions are likely to suffer from emotional disorders.

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that approximately 20 percent of adults and 13 percent of children (aged 8-15) have some form of an emotional or behavioral health disorder. More concerning, more than 60 percent of adults and 70 percent of children in need of behavioral health treatment do not receive it (Kaiser Family Foundation, 2011).



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 is compared to a national benchmark. *Exhibit 10* compares adolescent mental health facts for Kansas and the United States.

Exhibit 10
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Adolescent Mental Health Facts

State/ County	Kansas United States	
Percent of adolescents ages 12-17 who consistently exhibit positive social skills (according to parent)		
Total	93%	93%
Percent of high school students who felt sad or hopeless (during the 12 months before the survey)		
Total	22%	28%
Male	17%	21%
Female	27%	36%
Percent of adolescents ages 12-17 who had at least one major depressive episode (during the 12 months before the survey)		
Total	9%	8%
Percent of high school students who seriously considered attempting suicide (during the 12 months before the survey)		
Total	12%	16%
Male	10%	13%
Female	14%	19%
Percent of high school students who attempted suicide one or more times (during the 12 months before the survey)		
Total	6%	8%
Male	6%	6%
Female	6%	10%
Percent of high school students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)		
Total	2%	2%
Male	3%	2%
Female	2%	3%
Children who are confirmed by Child Protective Services as victims of maltreatment		
Total	2%	9%

Source: U.S. Department of Health and Human Services



As the table indicates, Kansas’s statistics are comparable to the rest of the country relative to positive social skills, feeling sad and having a depressive episode. Suicide attempts and suicide aftermath injuries are slightly lower in Kansas than national averages. Mental health disorders and illnesses can affect anyone at any age. Approximately 25 percent of adults in the U.S. have a mental illness and around 50 percent will develop at least one mental illness sometime in their lives. Mental health issues are associated with depression and suicide along with chronic medical diseases such as diabetes, cancer, obesity, asthma and epilepsy.

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 disease or illness. However, there are certain factors that increase the likelihood of mental health disorders, many of which can be considered chronic diseases. *Exhibit 11* lists common risk factors for mental health and chronic diseases:

**Exhibit 11
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Common Risk Factors**

Risk Factors	Mental Health	Chronic Disease	
		Modifiable Risk Factors	Non Modifiable Risk Factors
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 11*, additional county-level data is presented in *Exhibit 12* for the primary counties served by KVC Prairie Ridge Psychiatric Hospital. The trend data which follows is a snapshot for the four 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.

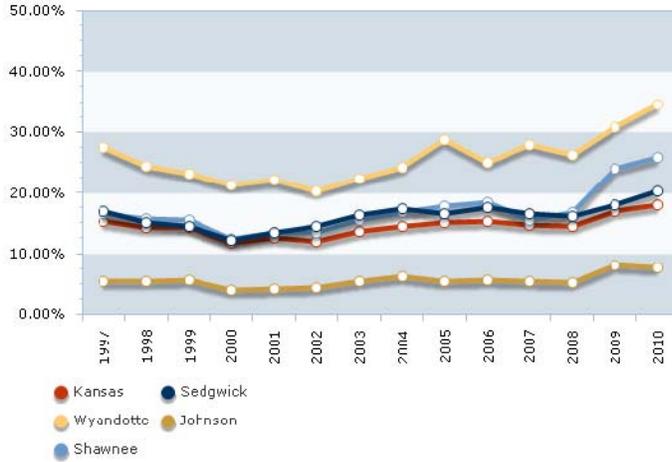
Exhibit 12
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Adolescent Mental Health Facts - Kansas

County, State	Population in Poverty	Free and Reduced Lunch	Youth Binge Drinking	Mental Health Rate
Wyandotte, KS	34.70%	77.89%	14.60%	2.20
Shawnee, KS	26.00%	53.42%	12.34%	10.00
Sedgwick, KS	20.40%	57.98%	11.85%	3.30
Johnson, KS	7.70%	24.25%	12.21%	1.80
Kansas	18.04%	48.68%	12.45%	2.80

- Based on most recent data available

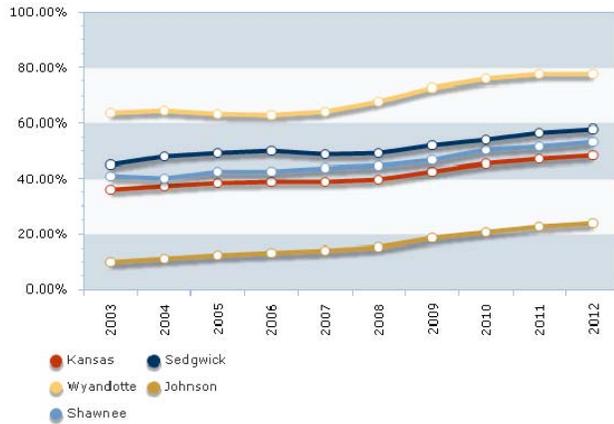
Those factors in Red compare negatively to the Kansas factor for each indicator

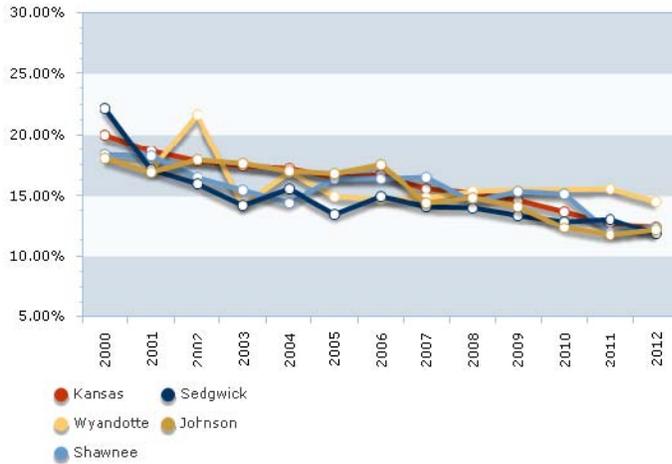
Source: 2010 Kids Count Census



Population in Poverty 2010
 The estimated percentage of children under 18 years of age who live in families with incomes below 100% of the U.S. poverty threshold as defined by the U.S. Office of Management and Budget.

Free & Reduced Lunch 2012
 The percentage of public school students who are approved for the Free and Reduced Price Lunch Program at the beginning of the academic year.





Youth Binge Drinking 2012
 The percent of youths in grades 6, 8, 10, and 12 who reported taking five or more consecutive drinks on at least once occasion in the two weeks prior to completing the Communities That Care Survey on substance use and other social behaviors.

Mental Health Rate 2011
 *The number of child hospital discharges of mental health diagnoses per 1,000 children under age 18.





The trend data which follows is a snapshot for Jackson 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.

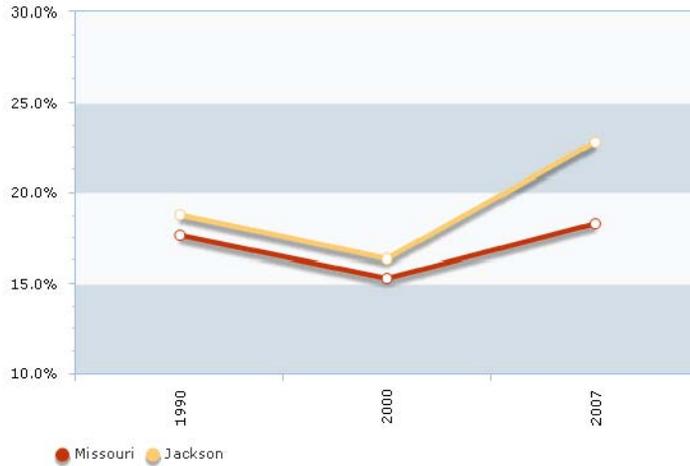
Exhibit 12.1
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Adolescent Mental Health Facts - Missouri

County, State	Population in Poverty	Free and Reduced Lunch	Child Abuse and Neglect (Rate)	Children Receiving SED Mental Health Services
Jackson, MO	22.8%	48.0%	34.8	2,245
Missouri	18.3%	42.0%	32.1	18,116

- Based on most recent data available

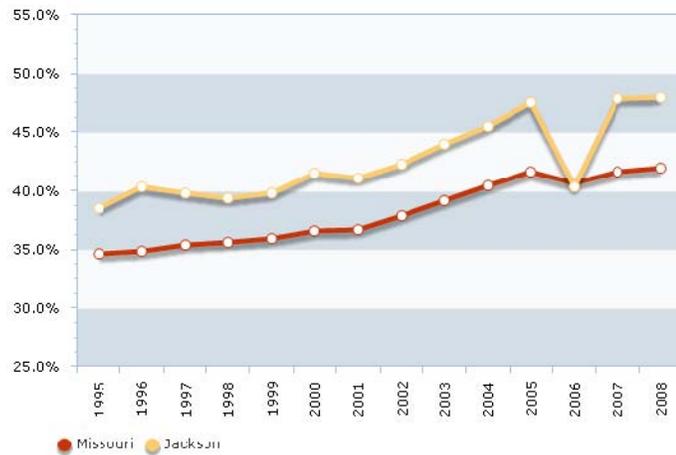
Those factors in Red compare negatively to Missouri factor for each indicator

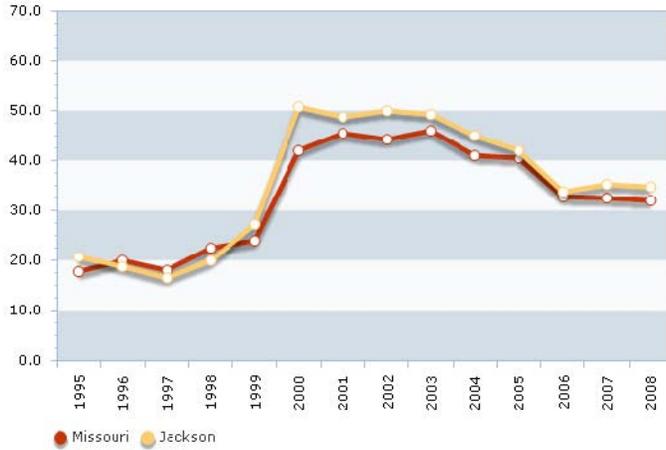
Source: 2010 Kids Count Census



Population in Poverty 2007
 Percentage of related children under age 18 who live in families with incomes below the U.S. poverty threshold, as defined by the Bureau of the Census. The 2008 poverty threshold was \$21,200 for a family of four. For counties with a population of less than \$20,000, an estimate based on county-PUMA ratio is reported.

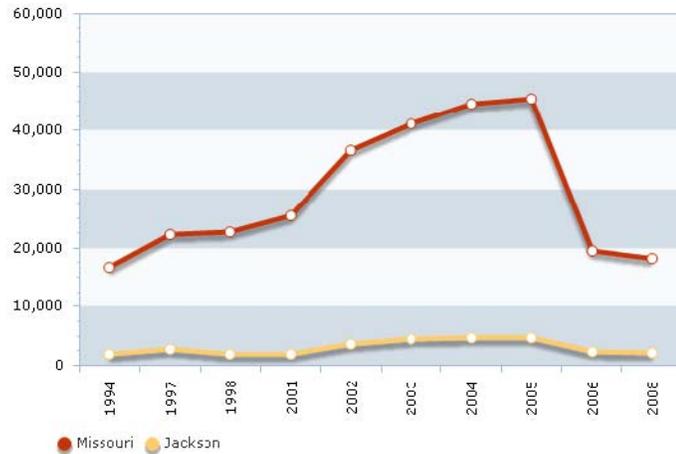
Free & Reduced Lunch 2008
 Percentage of students who are enrolled in the free or reduced price National School Lunch Program. Children from households with incomes less than 130 percent of poverty are eligible for free lunches; those from households below 185 percent of poverty are eligible for reduced price lunches. Rate is expressed as percent of total school enrollment.





Child Abuse and Neglect 2008
 Rate of child abuse victims from reports classified as "probable cause" indicating that child abuse or neglect has occurred, and from children receiving family assessments. Rate is expressed per 1,000 children.

Children Receiving Public SED Mental Health Services 2008
 An unduplicated count of children receiving treatment through a division of the Missouri Department of Mental Health (DMH) for serious emotional disorders (SED) as of January 1st of the year reported for whom DMH provided a service in that calendar year.





Secondary Data Needs Assessment Conducted by Others

Kansas City Regional Children's Behavioral Health Needs Assessment (2012)

In July 2011, the Mid-America Regional Council commissioned the Kansas City Regional Children's Behavioral Health Needs Assessment through the System Change Committee and its Regional Health Care Initiative. The purpose of the assessment was to "conduct a needs assessment and develop recommendations to improve access to an integrated and well-coordinated system of quality behavioral healthcare for children in the Kansas City metropolitan area" (MARC, 2012, p. 6).

Their methodology included both primary and secondary research on a local and national basis. The target population was children aged 0-25 in the Kansas City metropolitan area, which included six counties (Allen, Johnson and Wyandotte in Kansas; Cass, Jackson and Lafayette in Missouri) and portions of Clay and Platte counties (MARC, 2012, pp. 7-8).

The assessment conducted by MARC has much valuable information, which will not be presented in full detail for the purposes of the present assessment (to view the full report, please visit www.marc.org). Findings from their consumer and provider surveys will be presented. The consumer survey was administered in 2011 from mid-August through November and received 602 respondents, who were parents or guardians of children with diagnosed or suspected behavioral health issues (MARC, 2012, p. 9). The purpose of the survey was to assess the use, need, barrier (trouble obtaining), and gaps (unable to obtain) of services by 'special populations'. The populations consisted of transitioning youth (ages 16-25), foster care children, and children in the juvenile justice system. The provider survey was an online survey administered to thirty behavioral health providers including Community Mental Health Centers, County Mental Health Districts, and Foster Care providers. The surveys helped identify areas of need that are not being adequately addressed or that more emphasis should be placed.

Key Findings

The summary of their findings covered community access, presenting behavioral health issues, levels of care, history of abuse, fragmentation of services, barrier and gaps of services and recommendations generated by consumers and providers. Access to care in the consumer survey results listed no insurmountable issues of access to services, but there were still some areas of concern reported with the insurance coverage for behavioral services. Specifically, insured consumers were concerned with behavioral services cost (10.4 percent); affordability of co-payments (20.5 percent); and limited insurance co-payment on child face to face physician time for behavioral health services (7.2 percent).



Presenting behavioral health issues listed in the figure below (MARC, 2012, p. 14) are the results from the consumer survey. A careful review recognized a high prevalence of the categories comparing the Kansas City regional area to the national average “mood disorders including anxiety” (25 percent vs. 14 percent) and “depression” (19.1 percent vs. 11.2 percent). All other categories were very similar to national average rates.

❖ **Presenting Behavioral Health Issue**

DETAIL UNDER EACH CATEGORY	Suspected Of	Diagnosed With	Treated For	'Suspected Of' in Consumer Survey vs. National Statistics
Mood Disorders including anxiety	310	272	151	25% (14%)
Personality Disorders	98	91	88	16.3% (16%)
Psychotic Disorders including schizophrenia	11	8	5	1.8% (1%)
Depression	115	103	40	19.1% (11.2%)
ADHD/ADD	174	105	65	12% (9%)
Substance Abuse	87	63	46	No national figure available
Autism Spectrum Disorder including Asperger's	90	76	64	10.6% (9%)
Developmental Delay	109	93	91	18.1% (16.7%)
Eating Disorder	26	18	15	4.3% (2.7%)

Identified risk factors in the survey were identified as the History of Abuse or Family History of Behavioral Health Issue and fragmentation of care. When respondents were surveyed 29.3 percent listed their child had a history of abuse and 57.5 percent listed their child had a family history of issues with mental health and/or substance abuse. Many of the same respondents also cited fragmentation of care from behavioral health and school professions, especially for children with co-occurring disorders as a problem.

According to the survey, the most pressing need that is not being met among all of the respondents is the coordination of care with other systems of care, most specifically school. Transportation to and from services was the second highest ranked in both barrier and gap categories. Other areas of concern were the ability to obtain respite care and ability to see a specialist for a child's treatment. Both assessments of behavioral health issues and education to deal with the behavioral health issue were highly ranked in usage and need, and ranked low in barrier and gap. Comparative rankings between the population groups were conducted to assess the differences among each. However, there was little variation in the services respondents had trouble obtaining, or were unable to obtain. Coordination with other systems of care and transportation to and from services were the most highly ranked among each population. For the full list of rankings, please see Appendix III.



The provider survey results validated many of the important behavioral issues reported by the Consumer Survey (MARC, 2012, p. 18). Some of the most important issues to come up included the following:

- The fragmented nature of the current behavioral health system in the Kansas City area
- The increase in reported behavioral issues within the school system as health care has moved to a community and outpatient focus for care
- A recognized need for a more broad-based, community-oriented screenings based on metrics developed by behavioral health professionals
- A need to increase the timeliness of referrals from an initial assessment
- High levels of unmet needs relating to youths when migrating from a child-based behavioral health system to an adult-based system
- The urgency of integrating behavioral health with physical health care
- An increase in demand for child behavior services while there are decreasing reimbursement amounts for care, particularly for uninsured and under-insured patients
- Increasing expectations for quality outcomes by funders although reimbursement is on the decline especially concerning Medicaid



Kansas City Regional Health Care Initiative's System Change Committee (2011)

The Kansas City Regional Health Care Initiative's System Change Committee presented a seminar in 2011 regarding child and adolescent mental health. The seminar discussed the need to assess the mental health needs of children and adolescents in the Kansas City area. This group provided four assessments completed by respected organizations that study child and adolescent mental health. The organizations were the University of Missouri-Kansas City, the Resource Development Institute, Human Systems and Outcomes, Inc., and Missouri Department of Mental Health.

The University of Missouri-Kansas City's assessment was a study that gathered existing information about local needs, conducted surveys, focus groups, community meetings, and collected new information about unmet needs and underserved groups. The University of Missouri-Kansas City concluded that all community members have foster care issues, lack of resources, depression, and poor communication with School District Personnel. All indicators can have an effect on a child's mental health.

The Resource Development Institute conducted an electronic survey of 21 community agencies. The survey indicated that 10,284 youth and young adults suffer from Severe Emotional Distress (SED) Syndrome. Out of that 10,284 youth and young adults, more than half are struggling with some form of substance abuse. Furthermore, the survey indicated that there were many barriers that limit community agencies helping these youth. The barriers were: lack of knowledge of services and existence, funding, communication, and eligibility requirements.

The Human Systems and Outcomes assessment reviewed and analyzed how well SED youth and families are doing are intervention and practices yielding desired results, and how can practices be improved. The review found out that there are limited resources for each community, lack of useful risk assessments, deep cuts in state spending, and a lack of trauma-informed assessment and intervention strategies.

Lastly, the seminar concluded with the Missouri Department of Mental Health implementing a program named "Through the Futures Now: Transitioning Youth Partnership." The program is designed to collaborate with child serving agencies in order to develop and implement a model comprehensive transition approach for youth (16-25) with SED and young adults.

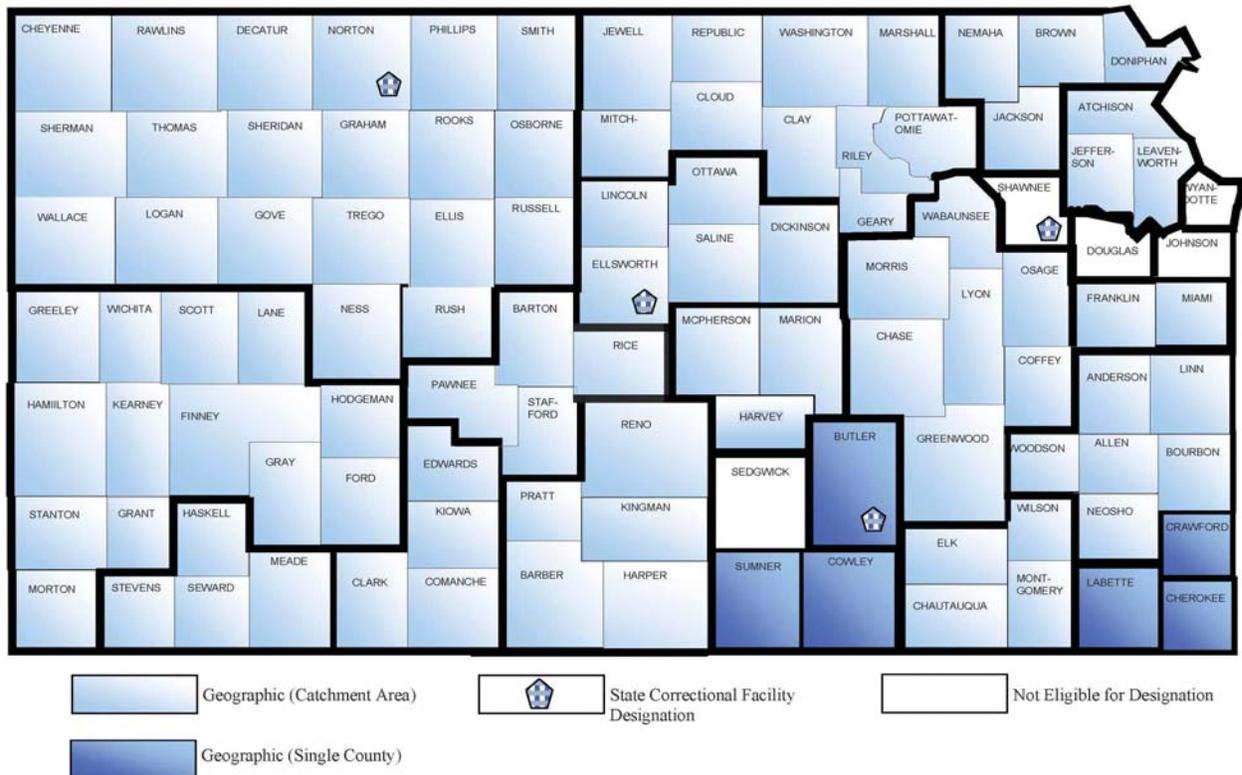


Health Care Resources

The availability of health resources is a critical component to the health of a community’s residents 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 residents of the Hospital’s community.

Nearly every county in Kansas is designated as a Health Provider Shortage Area (HPSA) for mental health. As of May, 2013, there are 233 Mental Health HPSA’s in the state. Only 11 of Kansas’ 105 counties have licensed child psychiatrists according to a study conducted by the Kansas Office of Child Welfare and Children’s Mental Health, Inpatient Psychiatric Care for Children and Youth, 2010.

Kansas Department of Health and Environment
Bureau of Community Health Systems
Mental Health HPSAs as of May 2013





Inpatient Facilities

Exhibit 13 lists the inpatient facilities available to the residents of Kansas.

**Exhibit 13
KVC Prairie Ridge Psychiatric Hospital CHNA Community
Pediatric Inpatient Treatment Facilities**

Name	Type of Facility	State
Crittenton	Inpatient Psychiatric Hospital/PRTF Class 2	Missouri
Heartland Hospital	Inpatient Psychiatric Hospital	Missouri
KVC Prairie Ridge Hospital	Inpatient Psychiatric Hospital/STAR Acute/ STAR Sub Acute (Specialty PRTF)/PRTF Class 2	Kansas
KVC Wheatland Hospital	Inpatient Psychiatric Hospital/PRTF Class 1	Kansas
Marillac	Inpatient Psychiatric Hospital/ PRFT Class 2	Kansas
Research Psychiatric Center	Inpatient Psychiatric Hospital	Missouri
Stormont Vail	Inpatient Psychiatric Hospital	Kansas
Riverside (Camelot)	PRTF Class 2	Kansas
Florence Crittenton	PRTF Class 2	Kansas
Lakemary Center	PRTF Class 2	Kansas
New Hope Heartland	PRTF Class 2	Missouri
Niles Home for Children	PRTF Class 2	Missouri
Ozanam	PRTF Class 2	Missouri
Pathways	PRTF Class 2	Kansas
Prairie View	PRTF Class 2	Kansas
Salvation Army	PRTF Class 2	Kansas
Spofford	PRTF Class 2	Missouri
St. Francis- Salina	PRTF Class 2	Kansas
TLC for Children & Families	PRTF Class 2	Kansas
UMY - Dodge City	PRTF Class 2	Kansas

Source: KVC Prairie Ridge Hospital



Community Health Centers

Under Kansas Statutes Annotated (KSA) 19-4001 et. seq., and KSA 65-211 et. seq., 27 licensed Community Mental Health Centers (CMHCs) currently operate in the state. These Centers have a combined staff of over 4,000 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, operating in over 120 locations around the state. More information can be obtained at www.acmhck.org.

Sowing the Seeds of Hope Program

The Sowing the Seeds of Hope program is an organized coalition among seven Midwestern states: Wisconsin, Minnesota, Iowa, North and South Dakota, Nebraska and Kansas, supported by grant funding from the Federal Office of Rural Health Policy and the Bureau of Primary Health Care, Health Resources and Services Administration.

The goal of the “Sowing the Seeds of Hope” program is to enhance access to mental health services to farm and ranch families.

In Kansas, the Kansas State University Department of Family Studies and Human Services program manages the Sowing the Seeds of Hope program, which includes operating the Kansas Rural Family Helpline that provides free confidential assistance and referrals through a toll-free assistance line, as well as other programs to support farm and ranch families. The KDHE Bureau of Community Health Systems, along with Kansas State, serves on the regional Sowing the Seeds of Hope advisory board.

You can get more information on Sowing the Seeds of Hope in Kansas by calling (785) 532-2030.



Key Stakeholder Surveys

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 10 key stakeholders were conducted between May 8th and May 17th. 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 interviewee's 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 residents 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 residents 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 (see *Appendices* for a list of key informants) worked for the following types of organizations and agencies:

- Social service agencies
- Local school systems
- 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 and behavioral health
2. Underserved populations and communities of need
3. Barriers to improving mental and behavioral health for children and youth
4. Most critical mental/behavioral health issues for children and families

A summary of the stakeholders' responses by each of these categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed 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 but one of the key stakeholders thought the mental and behavioral health needs have increased over the past several years. The remaining key stakeholder thought the mental and behavioral health needs of the community had stayed the same.

Key informants noted that the lack of sufficient, affordable mental health services for low-income parents with adult mental health needs is one factor which directly contributes to these child outcomes. Additionally there has been a reduction in services available in Topeka and fewer Psychiatric Residential Treatment Facilities which has also increased the need for additional mental health services in the community.



The fact that we have become more educated about mental health and populations of need has also had an impact on expanding services. In addition, the economic strife in the United States which has resulted in cutbacks of services was cited as a factor in increasing mental and behavioral health needs of adults and youth.

The increased need for acute care was contributed to shortened stays in PRTF's and restrictions on outpatient services forcing an increase in Crisis Services.

“Many years of lack of sufficient and affordable mental health services for low-income parents with mental health needs is contributing to children’s outcomes”

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 not be 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 from single parents, foster children and children who do not live with their legal guardian.
- Persons who have significant trauma or abusive histories.
- Children who are dually diagnosed, particularly those diagnosed with Autism.

Key stakeholders also felt that persons who were homeless or had low-income faced many challenges with access to mental/behavioral health services. Inability to secure insurance, afford co-pays and deductibles, lack of reliable transportation and phone service create barriers to accessing needed services and treatment. It is difficult for these persons to maintain engagement with mental/behavioral health care and receive continuity of care.

“Teens and younger children who do not live with a legal guardian have a very difficult time accessing needed services, and typically cannot receive the help they need, even in times of extreme crisis.”

“High stress circumstances related to poverty create barriers to accessing needed services.”

“Resistant and failed placement clients often have significant trauma histories. We will not make progress in meeting their mental or behavioral health needs until we address the underlying issues.”



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, transportation issues and, the barrier that exists for children without a legal guardian.

Lack of trained and qualified providers 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.

Respondents also felt that lack of funding was a primary barrier to improving mental and behavioral health for children and youth. Mental health services provide on-site in the school system was noted as being helpful, but concerns were expressed that this system is disjointed and haphazard. Stakeholders felt that access to both therapy and psychiatric care are needed and critical to positive outcomes; particularly in the area of medication compliance. Greater coordination among the various services is needed. KVC's coordination of services between hospitalization and therapists was noted as being very positive.

Access issues due transportation issues and lack of a legal guardian for some children were also raised. A child needs a legal guardian to consent to care.

“There is an absolute lack of qualified providers, funding sources and infrastructure to serve these children.”

“This year, approximately 2% of homeless children (223 children) in this community were without a legal guardian.”

“As the sheer volume of cases pass between psychiatric staff and outpatient therapists, there is little contact other than two faxes at discharge.”

4. Most critical mental and behavioral health issues

Key informants were asked to provide their opinion as to the most critical mental and behavioral health issues for children and 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. Depression



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
 - ✓ Transportation
- Persons who lack a legal guardian
 - ✓ Difficulty with consent for care
- Children with dual diagnosis
 - ✓ Medication compliance
 - ✓ Coordinated care



Prioritization of Identified Health Needs

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

Secondary Data

- Coordination of care with others, specifically schools
- Fragmentation of care for behavioral health
- Access to services (cost)*
- Foster Care Issues
- Transportation to/from services*
- Lack of Knowledge of available resources
- Lack of trauma-informed assessment and intervention strategies

Primary Data

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

- Lack of Facilities (Inpatient and PRTF's)
- Coordination with other systems of care (e.g. school)
- Specialists to treat children with behavioral health needs
- Transportation to/from services*
- Access to services (cost)*
- Consent to care issues for children with no legal guardian*
- Coordination of care dual diagnosis*

**Impacts vulnerable populations*



To facilitate prioritization of identified health needs, KVC Hospital 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 five mental and/or behavioral health needs for the KVC Prairie Ridge Hospital CHNA Community were determined.

1. Coordination with other systems of care
2. Lack of trauma-informed assessment and intervention strategies
3. Access to services
4. Specialist to treat children with behavioral health needs
5. Coordination of care dual diagnosis

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



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Project Steering Committee

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Key Informants

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

Randy Callstrom, Executive Director, Paces/Wyandot Center, Kansas City, KS

Terry Cunningham, Project Coordinator, Children's Enhancement Project, Kansas City, MO

Jerry Smith, Crisis Team Leader, Family Guidance, Topeka, KS

Bill Brown, ACI Coordinator, Family Guidance, St. Joseph, MO

Jeanine Forsberg, Director of Emergency Services, Salina Regional Hospital, Salina, KS

Sandy Hashman, Executive Director, Optum Health of Kansas

Macha Greenleaf

Cathy Schaffer

Jamie Malone

Ann Young



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

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- 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?

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?

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?

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



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