



2006-2010 School-Based Mental Health Funding Report

Health Care  Foundation
OF GREATER KANSAS CITY

School-Based Mental Health Funding Report

The Health Care Foundation of Greater Kansas City (HCF) committed approximately \$1.7 million to support 21 projects to 12 regional agencies and school systems through 2006-2010 to improve school-based mental health services.¹ HCF also funded many other school-based and mental health projects that are not included in this report. This set of grantees was selected

to illustrate the range of activities supported by HCF and is not intended to be all-inclusive. The grantees selected represent the majority of projects funded in this area and were selected because the grant was completed during specific time periods. The purpose of this report is to evaluate this subset of school-based mental health projects as a single HCF funding cluster.

The 12 grantees studied provided mental health services to approximately 1,400 children and 1,100 adults (primarily parents or guardians of children receiving services; teachers; and other school staff) in HCF's service area.²

CONTENTS

Background	2
Target Population	3
School Setting	4
Budget	5
Outcomes	6
HCF Grantees Offer Strong Models	7
Challenges	8
Sustainability	9
Conclusion	9
Appendix	10

¹ Twelve agencies represent 21 separate projects. For Lexington schools, Pathways Community Behavioral Healthcare, Inc. assumed the leadership role in place of the Lexington R-V School District, so these two organizations represent one school-based program.

The vast majority of the 21 projects this report were implemented in HCF Fiscal Years 2008, 2009, and 2010.

² All numbers reported are estimates because grantees were not consistent in the way they reported direct services /people served. Some organizations reported the number of people that they served while others report number of services provided. Estimates presented here are conservative.

Background

A recent article in the *Journal of Adolescence* states that schools are the most common location for children to receive mental health services. Yet, only a fraction of children in need of services receive them. Psychiatric disorders are linked to approximately one-half of secondary school drop-outs.³

In the Kansas City region, the Kansas City Missouri Health Department's 2010 Community Health Assessment found mental health disorders among children are a major issue.

- In 2008, mental disorders were the leading cause of hospitalizations for children ages 5-14 in Kansas City, Missouri.⁴
- Of 1,609 hospitalizations among 5-14 year olds, 663 (41 percent) were for mental disorders.
- For 15-24 year olds in Kansas City, mental disorders were the second leading cause of hospitalization (993 of 6,215 hospitalizations).
- Children ages 5-14 accounted for 680 of the 29,515 total Emergency Department visits from 2004-2008 in Kansas City, MO.

- Children and young adults ages 15-24 accounted for 4,835 ED visits in the same four-year period.
- Mental disorders were the 7th overall leading cause of death for Kansas City residents from 2004-2008.⁵

The *Behavioral Health Needs Assessment for Metropolitan Kansas City* released in 2009 provides a snapshot of behavioral health issues and services in the 11 county Kansas City Metro area, which represents a population of 1.8 million people. The report highlights the systemic barriers that residents face in accessing mental health services, such as fragmentation in services, complicated payer systems, and limited resources. While the report is primarily focused on adults, issues related to mental health access and resources equally affect Kansas City youth.

*Mental disorders were the leading cause of hospitalizations for children 5-14 years old in Kansas City, Missouri and the second leading cause of hospitalization for older children and young adults (5-24 years old) in 2008.*⁶



³ Source: Husky, Mathilda et al. (2011). Identifying adolescents at risk through voluntary school-based mental health screening. *Journal of Adolescence* 34 (2011) 505-511.

^{4,6} Source: Community Health Assessment 2010 by the City of Kansas City, Missouri Health Department.

Target Population

Children

The primary target population for the grantees is children in need of mental health services. Only one of the programs serves college age students. None of the programs studied target middle schools, although three grantees serve all grades kindergarten through 12th grade. The grantees provided services by grade level as follows:

- All grades K-12 (3 grantees)
- Elementary school students (4)⁷
- Middle school (None)
- High school (5)
- College (1)

While most of the grantees targeted children with specific mental health needs, some also provided programming to the general school population. For example, one elementary school program provided violence prevention training to the whole student body and provided a training seminar called “Step Up to Sisterhood” for all 5th grade girls.

Parents/Guardians

The secondary target population for several grantees includes parents/ guardians and educators. Several of the grantees offer family counseling and encourage parents/guardians of children to participate. Whether or not parents/guardians actively participate, school-based mental health providers must get their permission to provide services to the children. Grantees also try to involve parents/guardians by telephone, written communications, email or in-person meetings about their children’s progress and support needs at home. One grantee provided general information about mental health issues to all parents who attended school fairs as a way to educate the broader population and reduce stigma associated with mental health services.



Educators

Most of the grantees noted that training school staff and educators was critical to the success of the projects. Training was necessary to help teachers and other staff members recognize children who might need a referral to the school-based mental health provider and also to help teachers support the children in class. One grantee noted that it was important to educate teachers and staff in order to improve their overall understanding of mental health issues and reduce stigma.

Geographic Service Area

Kansas City, Mo. and/or Jackson County, Mo. was the primary service area for four of the grantees in this group. Two grantees served Wyandotte County, while two of HCF’s rural counties were also represented by grantees (Cass and Lafayette Counties in Missouri).



⁷ One grantee serves only 5th graders.

School Setting

Grantees provided mental health services in three distinct settings:

- Traditional schools (public and parochial);
- Alternative schools (charter schools); and
- One college campus.

The school setting further defines the program and the target population.

Traditional Schools

Seven of the grantees provided mental health services to children in traditional school settings. In these projects, grantees target children with mental health needs within the general school population.

- **RURAL.** Three grantees provide mental health services to schoolchildren in rural counties (Cass and Lafayette). Because access to mental health services in rural areas is particularly difficult, these projects fill a vital role for the communities. For instance, one grantee estimated that approximately 10 percent of its 4,800 students had been diagnosed with mental disorders, but had poor access to care due to transportation issues, lack of providers, and lack of financial resources.
- **URBAN.** The four urban schools served by the grantees are located in low-income, high crime Kansas City areas with a history of violence and alcohol and other drug abuse. The general school populations tend to be subject to high levels of stressors in their homes and communities.
- **LATINO POPULATION.** One of the grantees (*Mattie Rhodes*) serving urban children targets Latino children in two high schools and one

elementary school. Over 60 percent of the school population is Latino, and these schools are also located in low-income neighborhoods.

Alternative Schools

Four grantees provide mental health services in alternative schools (all in the Kansas City Metro area), where the majority of students have had difficulty in traditional schools. Most of the students in the alternative schools have had one or more encounters with the legal system, dropped out of school, attended less than half of the previous school-year, had disciplinary actions at previous schools, changed schools frequently, or have an Individual Education Plan and co-morbid mental health diagnoses. Three of the schools serve high school students, and one is focused on 5th grade students.

College Campus

Only one grantee that was studied (*Donnelly College*) serves young adults. This program is notable because it recognizes the high rates of mental health issues among college students (particularly alcohol and other drugs) and because of its unique student body. *Donnelly's* mission is to provide the opportunity for higher education to underserved populations. Over 80 percent of *Donnelly* students are the first generation in their families to go to college, and over 80 percent are people of color. Many are from low-income families. Underserved populations in the college setting can be at higher risk for mental health issues than the general college population.



Budget⁸

The 21 projects depended heavily on HCF to pay for staff positions. Approximately \$1,136,000 (or 66 percent of all HCF funds for this group) was budgeted to pay for salary and benefits. Nine of the projects devoted at least 90 percent of their HCF funds to staffing. Most grantees paid their school-based mental health providers under this funding category.

The grantees spent \$342,000 (or 20 percent of all HCF funds) on “Other Direct Expenses.” These types of expenses included contracted mental health providers, professional development for school staff and school-based mental health providers, and evaluation.

“Equipment and supplies” accounted for only \$90,000 (or 5 percent of all HCF funds).

Use Of HCF Funds

Use of HCF funds for this cluster of grantees was remarkably cohesive when compared to other HCF clusters. All grantees used their grant monies to provide mental health services to students in schools, with a majority of the funding going directly to fund the salaries of mental health providers on staff at schools or through contractual arrangements. The differences among the programs were in the particular mental health models selected and general types of mental health services offered.

MENTAL HEALTH MODELS All grantees started with evidence-based mental health models for their school-based programs. Some, however, started with selected models based on national guidelines and evaluation criteria and “grew their own” set of services in a more organic style, based on experience with the target population. Whether a nationally-based model or locally grown set of services, all grantees ensured that programming fit their target populations and communities.

- Four grantees used highly structured and/or nationally-based models. *Communities in Schools*, for example, used the “Families & Schools Together (FAST)” model in two elementary schools. FAST is a

national model that provides guidelines for 8-week multi-family program. Pre- and post-tests may be sent to the national headquarters for analysis and are then returned to individual schools. Families that participate in the 8-week FAST session may continue their involvement for two years through FASTWORKS, which are local groups of FAST families who meet monthly to follow up on skills/activities started in FAST. A national organization and web portal provides support in addition to that offered by the local staffs.

- Most of the remaining grantees put together combinations of evidence-based practices based on individual therapist and/or school preference or developed their own innovative programming. *Mattie Rhodes*, for example, established a “breakfast club” at an elementary school for children who struggled with attendance issues. Once weekly, children met for a special breakfast and incentives such as alarm clocks and individual encouragement to get to school daily.

TYPES OF SERVICES All grantees offered individual therapy to students. Beyond individual therapy, however, grantees tended to offer additional types of mental health services. Two grantees, for example, contracted with psychiatrists to come on-site to the schools to provide or check prescriptions for children with mental health diagnoses that called for medication. One grantee sought to become a “Trauma Informed School” after training their therapy team members as “Certified Trauma Specialists.” One grantee supplemented their HCF-funded programming with music therapy funded by a non-HCF source. Types of programs included the following:

- Group therapy (6 grantees)
- Family therapy (5 grantees)
- Art therapy (3 grantees)
- Play therapy (3 grantees)
- School-wide education (3 grantees)
- Sand therapy (2 grantees)
- Crisis intervention (2 grantees)

⁸ These estimates are based on grantees’ projected budgets, and percentages are conservative estimates.

Outcomes

The organizations featured in this report tended to report outcomes first in terms of the number of mental health services provided to children and number of children served. In many cases, these children were not receiving mental health services prior to the implementation of the program. So, the fact that these children were able to receive services at all was considered a positive outcome. *Plaza Academy*, for example, states that it expanded its services to 34 families with adolescents who were not receiving any services prior to enrollment and who were economically disadvantaged.

Grantees also provided various measures of the success of their services based on satisfaction surveys from children in therapy; teacher and parents/guardian surveys; pre- and post-tests among children; school attendance and graduation records. Some examples are provided here:

- **FEWER HIGH SCHOOL DROP-OUTS** The *DeLaSalle Education Center* is an alternative high school for students who have had one or more encounters with the legal system or who have dropped out of school. Several types of mental health services were provided to an average of about 40-50 students per year. In one academic year, 86 percent of students in therapy remained in school or graduated (compared to 75 percent of the general school population), and 92 percent of seniors in therapy graduated (compared to 73 percent of general population). This is significant considering national data that show that half of school drop-outs are linked to psychiatric disorders.
- **IMPROVED ATTENDANCE** School attendance improved by 20 percent for those students who participated in the art therapy program at Genesis School. The 26 students in the program had been identified with serious behavior problems.

- **IMPROVED BEHAVIOR** At *Gordon Parks Elementary School*, all 50 children enrolled in the mental health services/therapy reduced the number of visits they made to the "CARE" room in one academic year. Children are sent to the CARE room when they display inappropriate classroom behavior. School-wide, visits to the CARE decreased by 27 percent from the previous year (from 1,107 to 811 visits), which was partially attributed to school-wide mental health educational programming and partially to teacher training through the program.
- **FEWER INPATIENT PSYCHIATRIC PLACEMENTS** One district-wide program in a rural county (*Belton School District #124* in Cass County) noted that there were half as many inpatient psychiatric placements in the year the mental health program was implemented compared to the previous year. Inpatient psychiatric placements decreased from 75 to 36 placements after the program was implemented.

One grantee included satisfaction survey results from students receiving mental health services, parents or guardians of those children, and the children's teachers. The results showed that on the whole, students and the parents and guardians perceived the mental health programs as more valuable than did the teachers. For example, over 90 percent of children receiving services (who completed the survey) found the school therapists helpful, as did 90 percent of parents and guardians. Only 73 percent of teachers found the therapists helpful to the children. And, nearly 80 percent of parents/guardians and children reported that the children had made improvements in finishing their school assignments, while only 47 percent of the teachers reported improvements in this area.

Finally, 77 percent of parents/guardians and 84 percent of older children reported improvements in attendance, while only 64 percent of teachers agreed. Identifying the source of these different perceptions and exploring whether this is common for school-based programs could be of value.

HCF Grantees Offer Strong Models

This set of grantees exhibit some strong points that could serve as models for other school-based mental health programs.

Longevity improves program performance and community acceptance

The longer that a school-based mental health program is in place, the stronger it becomes, as long as it is flexible enough to shift to meet the needs of the students. With time, parents/guardians appear to become more knowledgeable and trusting of the program and seek it out more. The stigma of mental health services decreases over time; multi-year follow-through with high-need students is possible; and protocols are established with teachers.

Gordon Parks Elementary School is presented below as a case study. Other grantees in this group also have long-term funding from HCF and exhibit similar outcomes.

- **FIRST YEAR:** Because some of the children had very high needs at *Gordon Parks Elementary School* it was difficult to provide the level and frequency of services needed with limited resources. To address this, the school added more group therapy and found that for some children group therapy was more effective. For others, issues related to group dynamics emerged that were not evident in individual therapy. Adding more group therapy expanded *Gordon Parks's* capacity substantially. The mental health team also received training in play and sand therapy to expand their in-house skills.
- **SECOND YEAR:** The school found that children who had been “discharged” from the program showed increases in disciplinary action. They decided not to discharge children from the program in the middle of the school year and developed a more gradual approach to discharge. The school also worked with teachers to establish appropriate disciplinary protocols with students in therapy.
- **THIRD YEAR:** The school noticed an increased interest for family therapy from parents/guardians, so they systematically encouraged more family



therapy and were able to get 70 percent of families involved in therapy (goal was 60 percent).

- **FOURTH YEAR:** Two counselors were trained as Certified Trauma Specialists and began the process of establishing *Gordon Parks* as a “Trauma-Informed School” in response to the high number of children dealing with trauma in their lives.

Strong school support is crucial to successful programs

Most of the grantees specifically credit school staff support as crucial to the success of the mental health programs. Having teachers as partners to make student referrals and to serve the students well in classrooms is of high value to the mental health providers. Providing school-wide training to educators was an integral part of garnering teacher partnership. For instance, *Cristo Rey Kansas City School* provided child abuse and suicide prevention training to over 130 teachers. School administration support is also significant, as administrators can set the tone for the entire school.

Partnering with universities expands capacity

Three of the grantees note that by acting as training sites for mental health clinical students, they were able to expand their services. For example, the University of Missouri-Kansas City and the University of Kansas placed graduate students and post grads at *Plaza Academy* through a formal partnership, which enabled *Plaza* to serve more students.

Challenges

Grantees identified several challenges. Most had already identified strategies for addressing the challenges and barriers that were within their control.

- **PARENT AND GUARDIAN INVOLVEMENT (7 GRANTEES)** Parent and guardian involvement was a challenge for 7 of the grantees. As *KIPP Endeavor Academy* (an alternative elementary program) observed, *KIPP* families have competing responsibilities including jobs and other children in other schools that makes it challenging for them to be involved in their children's treatment at *KIPP*.
- **LIMITED RESOURCES TO SERVE HIGH MENTAL HEALTH NEEDS (5 GRANTEES)** Five grantees noted that the mental health needs of some children were very high, which made it challenging to serve all children. Another noted that it was important to keep children in programs for longer periods of time than anticipated to affect long-term improvement. This made it difficult to bring new students into the programs.



- **INTEGRATING MENTAL HEALTH INTO CURRICULUM AND ACADEMIC SCHEDULE (4 GRANTEES)** Four grantees noted that mental health provision did not necessarily match schools' curriculum or schedule. For example, one grantee said that it was necessary to pull children from their classes to provide therapy, but that meant that the students missed important learning time. Another grantee noted that it was difficult to schedule programming to match the academic school year.
- **PROGRAM EVALUATION AND STUDENT ASSESSMENT (4 GRANTEES)** Four grantees noted that both program evaluation and student assessment were challenging. Overall program evaluation was challenging due to limited resources, difficulty in eliciting parent/guardian feedback, and difficulty accessing schools' student records in a timely fashion. Two grantees tested at least two student assessment tools and techniques before settling on a tool that seemed appropriate for their student bodies.
- **STIGMA ASSOCIATED WITH MENTAL HEALTH ISSUES (1 GRANTEE)** Only one grantee specifically identified the stigma associated with mental health issues as a challenge, however, this issue was an underlying theme through the grantees' final reports.

Sustainability

Sustainability is difficult for the school-based mental health grantees because of the limited resources for mental health and the lack of coordination among services and payers, as reported in the *Behavioral Health Needs Assessment for Metropolitan Kansas City*. This group of grantees considers the services vital to the overall well-being of their students and has developed a range of strategies for continuing their programs. The most common sustainability strategies are listed below:

- **GRANTS (7 GRANTEEES)** Seven grantees said that they are applying for other local, state and national grants as part of its sustainability plan. Six are also re-applying to HCF for continuation funding.
- **PRIVATE DONATIONS (6 GRANTEEES)** Six grantees consider private donations a primary source of funding for their schools overall and their mental health programs. These are chiefly the alternative schools.
- **TUITION (3 GRANTEEES)** Three grantees operating in alternative school settings plan to

use tuition to offset the costs of their mental health programs. All three, however, note that tuition cannot be their primary source of funding as their student bodies tend to be low-income and cannot afford high fees.

- **MEDICAID REIMBURSEMENT (3 GRANTEEES)** Three grantees are exploring options of Medicaid reimbursement for the school-based mental health services.
- **FUND-RAISING EVENTS (3 GRANTEEES)** Three grantees noted that new or invigorated fund-raising events were part of their overall sustainability plan. These included a Holiday Card appeal and an event called “Kansas City Dances with the Stars.”
- **SCHOOL DISTRICT FUNDING (2 GRANTEEES)** Only two grantees specifically listed school district funding in the sustainability plans. However, several school districts support the mental health programs institutionally by devoting staff time and space to mental health services.

Conclusion

The school-based mental health projects supported by HCF provide vital services to children in the Greater Kansas City region who might not otherwise be receiving the help they need. This is particularly critical because of the systemic shortage of mental health resources. Many of the students receiving services through these HCF programs had faced significant trauma, exhibited behavioral issues and mental health disorders that were complex and were affecting their ability to participate fully in the school setting, at home, and in their communities.

School-based mental health programming offers an effective option for mental health service provision to children. Although schools cannot and should not

be expected to address mental health issues on their own, they definitely have a role to play in securing community services for the children in their system.

Funding such programs, however, is challenging in the current economic climate. Several of the grantees in this group were pursuing Medicaid reimbursement for school-based services. There are significant barriers to pursuing/receiving Medicaid reimbursement at this time. A unified effort for schools and mental health providers with a single voice could strengthen their separate efforts. Some of these HCF school-based programs lack the resources to network with others providing similar services. These schools could benefit from inclusion in a network of school-based programs.

The integration of mental health services at educational settings holds great promise and evidence-based models exist for this practice. The Health Care Foundation of Greater Kansas City will continue to seek opportunities to support efforts in our region to develop/implement and advocate for these essential services.

Appendix

In this report, 21 projects funded by the Health Care Foundation of Greater Kansas City were studied from 2006 to 2010. The following table lists the grants along with some basic information on each.

	Organization Name / Grant Number(s)	School Setting Traditional /Alternative Urban / Rural	Target Population⁸ by Grade Level	School(s) Served or Community
1	Belton School District #124 553-FY10-1832	Traditional Rural	All grades (K-12)	<ul style="list-style-type: none"> • Cambridge, Hillcrest, Scott, Gladden, Mill Creek and Kentucky Trail Elementary Schools • Yeokum Middle School • Belton High School • Belton Freshman Center
2	Communities in Schools of KCK/ Wyandotte County 525-FY08-810	Traditional Urban	Elementary	<ul style="list-style-type: none"> • Quindaro Elementary • Grant Elementary
3	Cristo Rey Kansas City Central City Catholic Schools 402-FY08-1034 402-FY09-1553	Traditional Urban	High school	Cristo Rey Kansas City
4	DeLaSalle Education Center 160-FY08-1035 160-FY09-1361 160-FY10-1858	Alternative Urban	High school	All students live in Kansas City, Missouri School District and are served on the Korbets High School Campus
5	Donnelly College 622-FY10-1816	College Urban Latino	College	Draws most students from Kansas City urban core
6	Genesis School, Inc. 51-FY06-281	Alternative Urban	High school	Draws most student from Kansas City central city from Troost to Van Brunt and from 5th Street to 85th Street
7	Gordon Parks Elementary School 376-FY07-374 376-FY08-861 376-FY09-1314 376-FY10-1808	Traditional Urban	Elementary	Gordon Parks Elementary School (within KCMO School District)
8	KIPP Endeavor Academy Intensive Family Counseling, Inc. 651-FY09-1391	Alternative Urban	Elementary (5th grade only)	Kansas City, MO School District
9	Lexington R-V School District 494-FY08-730 494-FY09-1615	Traditional Rural	All grades (K-12)	<ul style="list-style-type: none"> • RDI, Concordia R-II, • Lafayette County C-I, Odessa R-VII, • Santa Fe R-X, Wellington-Napoleon R-IX
10	Mattie Rhodes Center 202-FY10-1879	Traditional Urban (Latino)	Elementary and High school	<ul style="list-style-type: none"> • James Elementary • Northeast High School • East High School
11	Pathways Community Behavioral Healthcare, Inc. 9-FY09-1328 9-FY10-1959 this is a continuation of the Lexington program and serves the same schools	Traditional Rural	All grades (K-12)	<ul style="list-style-type: none"> • RDI, Concordia R-II, • Lafayette County C-I, Odessa R-VII, • Santa Fe R-X, Wellington-Napoleon R-IX
12	The Plaza Academy 324-FY08-788 324-FY10-1709	Alternative Urban	High school	Contractual arrangement with 5 districts: in Kansas City, Missouri School District, Raytown, Blue Springs, Lee's Summit and Pleasant Hill.

⁸ All target populations were low-income.

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