

Executive Summary

This report presents the results of an environmental scan requested by the Jackson County Community Mental Health Fund (Mental Health Fund) to study school-based mental health services and service coordination in Jackson County schools. The environmental scan included relevant extant reports, demographics, and resulting recommendations for future phases.

Multiple factors in the environments of students influence their mental health in a negative way. The World Health Organization defines *Social Determinants of Mental Health (SD of MH)* as the “socioeconomic circumstances in which persons find themselves and the broader environment in which they live”. In Jackson County there are multiple such *SD of MH* “priming the pump” for youth mental health difficulties.

- Youth in Jackson County have a higher burden of *SD of MH* than youth in the state as a whole. •60% qualify for free/reduced lunch •42% live in single-parent homes •5% are homeless •7% are uninsured •28% are African American •15% are Hispanic.
- Environmental *SD of MH* such as living in high crime or economically distressed areas affect students. •A fourth or more of student homes in multiple zip codes in the Center, Grandview, Hickman Mills, Independence, Kansas City, and Raytown district catchment areas survive below the poverty level. •More than half of the zip codes in the Blue Springs, Center, Hickman Mills, Kansas City, Lee’s Summit, and Raytown district catchment areas are in the top 50% of Jackson County zip codes, as determined by violent crime counts. •Under-performing schools provide additional *SD of MH* with five public and three charter districts under-performing state graduation rates for all students, with additional gaps for subgroups of students.
- As members of under-represented groups, LGBTQ students face additional *SD of MH*.

Jackson County youth indicators speak clearly to the need for mental health services.

- Forty-seven youth aged 5-19 died by suicide in Jackson County in 2013-2017. •Two zip codes each had six deaths by suicide (Blue Springs and Independence school districts). •A large increase was seen from the previous five years for African American/Black students.
- 6th-12th grade student responses to the 2018 Missouri Student Survey document in the preceding year: •Just under a fourth were *Very Sad*. •Approximately 30% reported disruption in *Sleep* and *Schoolwork*. •12% considered suicide and 10% made a suicide plan. •Responses were much higher for LGBTQ than straight students in *Missouri* than Jackson County with 44% considering suicide (compared to 12%) and 20% attempting suicide (compared to 4%). •As a group, 8th-10th graders had the highest response percentages to half of the queries regarding *Depression Thoughts/Behaviors*. •Youth indicators are not static; response percentages to half of the queries peaked in 8th-10th grades while others increased through 11th-12th grades. Two *Suicide Concerns* question response percentages peaked in 6th-7th grades but then decreased. •By 6th grade, mental health indicators demonstrated the need for services.

A clear, 3-tiered model of school mental health services exists.

- The tiers have different emphases. • Tier 1 includes school-wide programming to promote mental health. • Tier 2 provides services to some at-risk students. • Tier 3 provides services to treat fewer students who are experiencing mental health problems.
- Data collection in Phase II will clarify tiers of services currently provided.

Mandates and Funding constrain mental health service provision.

- The Mental Health Fund strives to be “responsive to the unique needs of Jackson County residents”. Linking the examination of school-based services specifically to *SM of MH*, and to the available mental health indicators, ties the work of the Mental Health Fund directly to resident need.
- The Missouri Department of Elementary and Secondary Education mandated that districts focus on suicide awareness and prevention. All districts must now adopt policies to: help identify youth at risk for suicide, help students who are at risk, and respond in the event of a death by suicide.
- To increase access to services for childhood mental health treatment, as of April 2018, MO HealthNet Division (MHD) covered services provided in a school setting, to an MHD-eligible child, are billable. This change allows non-IEP-based covered behavioral health services to be billed “under Section 504 of the Rehabilitation Act of 1973” when provided by an MHD provider (Missouri Dept. of Social Services).

It is important to recognize the outcome-based lens of the Mental Health Fund.

- Data collection in Phase II can emphasize previous efforts to define quality mental health services including how services in each tier reflect: the use of local indicators to identify a need for services, a fit between the demographics of the clients and known programming success, evidence-based programming, assessment, measurement of change, training of providers, and how mandates and funding support service provision and closure of service gaps.

Recommendations for Phase II

In Phase II, as proposed, data collection will move toward collecting crucial data about current school-based mental health services in Jackson County from key informants. In consultation with Mental Health Fund leadership and staff, a cross-section of pertinent key informants will be identified for personal interviews representing: county, district, and school personnel; community mental health providers; and elementary, middle, and high schools.

Pertinent key informants will be selected in Phase II to prioritize schools/districts which predominantly serve students with *SD of MH* (live in high poverty or crime areas, experience adverse learning conditions, or have had five or more suicides in the past five-year period).

Topics of interest for the interviews follow, but will be discussed and confirmed with Mental Health Fund leadership and staff prior to beginning the interview process.

1. Information to collect from the Mental Health Fund and other funders:
 - a. What agencies are currently funded to provide in-school services?
 - b. Is programming in specific service tiers prioritized for funding?
2. Identify current, specific services provided by, or at, schools to include:
 - a. What mental health services are provided in, or in partnership with, the schools?
 - b. Who provides the services?
 - c. How many students are served?
 - d. How are specific services funded?
 - e. Who determines the scope of services?
 - f. How are students screened in or out for services?
 - g. What service model is used? Is it an evidenced-based model?
 - h. How is change measured?
 - i. What policies support/inhibit providing students with mental health services? How are these policies determined?
 - j. What services meet the state requirement to address youth suicide awareness and prevention?
 - k. What local data are used to demonstrate need to funders for school-based mental health services? How are these data collected?
 - l. Does the district/school participate in the Missouri Student Survey and use the resulting data to address student mental health indicators?

At the conclusion of Phase II, recommendations will be made to amplify data sources and structure an in-depth strategic needs assessment.