



GRANT FUNDING PROPOSAL

Prepared for Be-More Art Therapy Program

Presented To
Baltimore Children and Youth Fund

Presented By
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Introduction

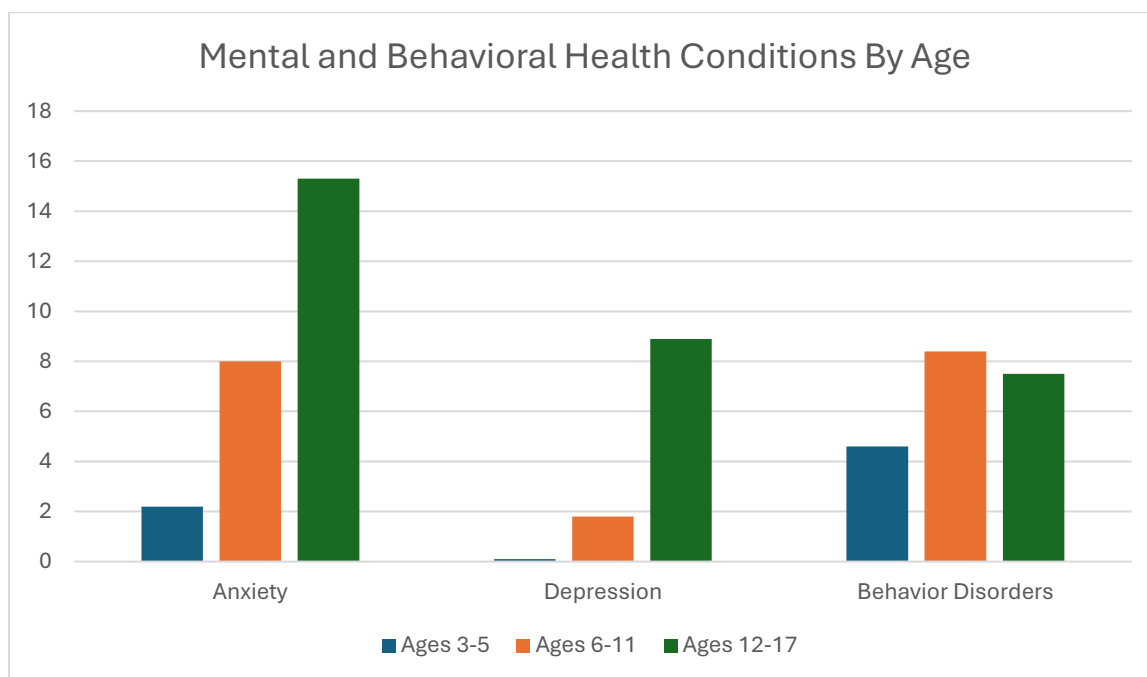
Baltimore City is besieged with guns and other violence that impact young children who are not provided with a range of community and mental health services. Art therapy is an effective psychotherapeutic approach that could maximize the existing mental health resources in Baltimore City for children that are diagnosed with mental health and behavioral or conduct issues that have been impacted by adverse childhood experiences. National statistics reflect a gap in the data for mental health service provisions for children ages 6-11 years old. Minimal data exists for children ages 3-5. This proposal proports that A.C. Es without child-focused mental health interventions result in problems at home, school, and community as well as difficulties forming interpersonal relationships. This proposal introduces the BE-MORE program, background, model, timeframe, and costs.

Background

A 4-year-old pre-kindergarten student comes home from school and excitedly gestures for everyone to be quiet. He whispers, “there is a bad guy at the door. Do not open it, turn off all the lights and go in the closet.” His family looks in shock and horror as the realization sets in that this kid was learning how to survive an active shooter scenario. An article published in Psychology Today stated, “Anxiety, stress, and depression in school age children increased by 39–42% in recent years. Active shooter drills require kids to act and grieve at the same time. Three years after the Sandy Hook shooting, 95 percent of public schools drilled students on lockdown procedures, with at least forty states requiring these drills today. ” (O’Gorman) Maryland has recognized the seriousness of these drills and the psychological impact on the mental health of the students. In the last legislative session HB 416 was passed prohibiting some traumatic mock scenarios that would prove upsetting to students. (Maryland Legislature) This is an excellent start however, more can be done. Bullying is not recognized as an A.C.E, however, it is a significantly traumatic experience for children which can have a lasting impact on their mental health. McGuinness states, “in the practice of art therapy and children, we frequently hear about bullying incidents. One of the things they are trying to accomplish is how to tap into the connection between sensory experiences and emotional well-being.” (McGuinness) The normalization of violence is illustrative of the impact of A.C. E’s, childhood trauma and the need for alternative mental health interventions. A.C. E’s impact every aspect of a person’s life. The following is a discussion of A.C. E’s and sociopolitical factors that necessitate creative use of psychotherapeutic processes.

The Center for Disease Control (CDC) defines A.C. E’s as potentially traumatic events that occur in childhood (ages 0-17 years) (CDC). Common examples of A.C. E’s include physical and emotional abuse, neglect, familial substance abuse and instability, community gun violence and exposure to death. Sociopolitical factors include poverty, discrimination, food deficit, guardian job loss, systemic racism and change in life circumstances. The characteristics

of A.C. E's and sociopolitical factors are critical in determining the diagnosis of mental health and/or behavioral issues as well as appropriate art therapy treatments. Some common mental health and behavioral/conduct issues include anxiety and depression, post-traumatic stress disorder (PTSD) and obsessive-compulsive disorder (OCD). The literature indicates the three most common diagnoses in children ages 3-17 are anxiety, behavior disorders and depression. Children are often diagnosed and treated for a combination of presenting mental health problems which require varied treatment modalities. Art therapy is recognized by numerous medical associations as an effective psychotherapeutic treatment for these common diagnoses.



(Center for Disease Control)

The American Art Therapy Association states art therapy is “a form of psychotherapy involving the encouragement of free self-expression through painting, drawing, or modeling, used as a remedial activity or an aid to diagnosis.” (The American Art Therapy Association) It helps people communicate their thoughts, feelings, and experiences when they find it difficult to express themselves verbally. Mental Health General is a web-based mental health organization specializing in providing general information regarding traditional and alternative therapeutic methods. The organization has provided the following information regarding the pros and cons of art therapy:

- **Pros**
 - ***Great for those who struggle to communicate:*** For anyone that finds it difficult to communicate through speaking, Arts therapy offers something

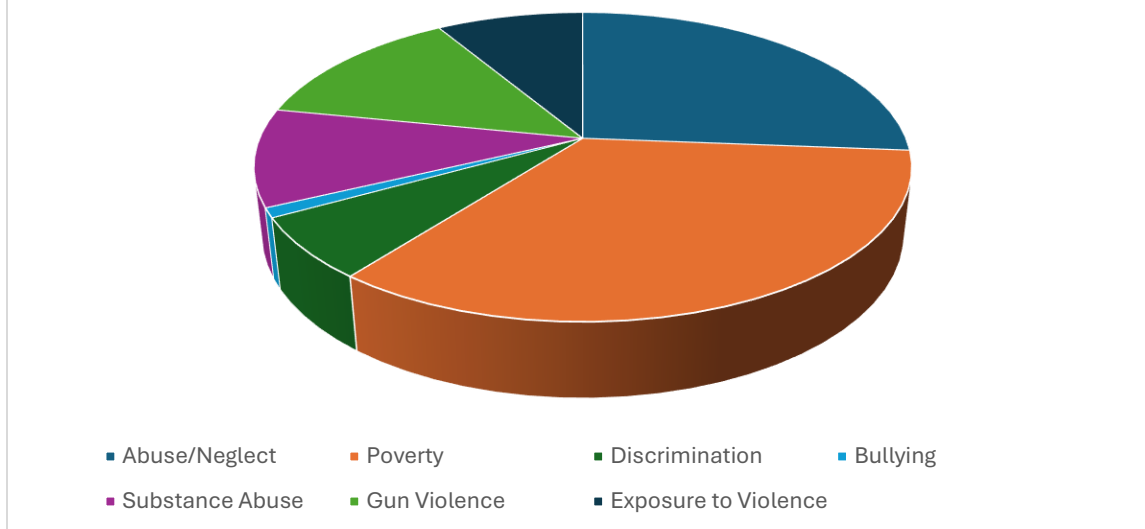
that can help them overcome mental distress. This therefore is ideal for when someone struggles to express their feelings or emotions through speech.

- ***Group experience can be positive:*** Arts therapy often takes place in a group setting, which can help people to see they are not alone in their struggles, and interpret others' feelings through art.
 - ***Bypassing defense mechanisms:*** In forms of talking therapy, a person's defense mechanisms may block them from talking freely. But this is bypassed in Arts therapy, as the patient will get straight to the point by communicating through art, rather than tiptoeing around the subject.
 - ***Can be a fun experience:*** Many people find that Arts therapy is a fun experience – as it essentially involves doing something that most people enjoy, whilst getting help.
 - ***Gateway for other therapies:*** Arts therapy can also act as a gateway for a more appropriate type of therapy to follow on from Arts therapy. For instance, if a person shows through doing art that they are suffering with trauma, it will be a sign that a trauma-based talking therapy could help them.
 - ***Helps with a traumatic event:*** Many mental health conditions will have been caused, or at least influenced, by a traumatic event. Recalling a traumatic event can be difficult, but showing the event through art can be easier to express.
- **Cons**
- ***Lack of evidence:*** While some evidence is positive towards the effectiveness of Arts therapy, most research suggests that Arts therapy isn't as effective as other forms of therapy.
 - ***Doesn't involve much talk:*** Ultimately, talking is the most effective way of completing therapy. Arts therapy doesn't involve as much talking, which may slow down progress.
 - ***Group work might not be suitable:*** As mentioned above, Arts therapy often takes place in a group setting. While this can be useful, some people will find group work isn't for them. If they have personal issues or struggle socially, group work may not be effective for them and make them feel uncomfortable.
 - ***Arts therapy is not very intensive:*** For those who are in desperate need of help, Arts therapy will not typically provide quick relief. Arts therapy generally takes between weeks and months to be effective, and therefore those seeking a more intensive therapy would likely struggle with the pace of Arts therapy.

- ***Not always relevant:*** Some people don't see how art or another form of Arts therapy can be relevant to their problem. Just because someone isn't good at communicating – it doesn't necessarily mean that they will be able to express themselves in a creative way.
- ***May delay recovery:*** As we mentioned earlier, Arts therapy can be a gateway therapy that acts as a precursor to another form of therapy. Therefore, Arts therapy does have the potential to waste time. Some people won't find any help from Arts therapy, meaning that it is possible they will be back to square one, but still in need of treatment (Mental Health General Staff)

Baltimore City has a deep-rooted artistic legacy. Its vibrant and quirky atmosphere elicits a sense of freedom and individuality in many residents. Artscape, Festival of Lights and Visionary Arts Museum highlight the city's commitment to art. Despite this commitment, art therapy is relegated to institutional settings and not widely available within the community as a tool to address trauma. In recent years, the city has experienced an economic decline as manufacturing jobs are outsourced and technological jobs are scarce and highly competitive. This decline has contributed to the sociopolitical factors which negatively impact the mental health of children in the city. In a survey conducted by this researcher, mental health professionals reported that children and their parents are experiencing poverty, exposure to violence and discrimination which are the most common factors impacting mental health. The survey and results may be found in Appendix A. Recently, the poverty rate in Baltimore city has increased. An estimated 110,509 people live in poverty which is 104.17% higher than the Maryland state average of an estimated 9.6% of 6,042,925 people. (WelfareInfo.org) The total number of reported abuse/neglect cases in Baltimore City for year 2023 was 3,130 (alternative response cases 1,147 and investigative response cases 1,983) (The Annie Casey Foundation) CASA (Court Appointed Special Advocate for Children) defines alternative response also called differential response (DR), dual or multitrack response, as "a strategy employed to support families known to child welfare. AR uses comprehensive assessments to identify strengths and needs of families, resulting in an individualized response to that family. Services are provided to families whenever a need is identified. AR can be used whether or not child abuse or neglect has been substantiated in an investigation" (CASA) The Annie Casey Foundation reports that the poverty rate among children in Baltimore city has increased from 24% in 2022 to 28% in 2023. (The Annie Casey Foundation)

Factors Contributing to Mental Health and Behavioral Issues



Data compiled from multiple sources* (The Annie Casey Foundation) (Child Health Data) *See Appendix C

The 4-year-old hears a loud bang outside his bedroom window. Immediately, he drops to the floor and covers his head. He whispers for his family to get down, so the bad guys won't shoot them. Eyes wide with fear and uncertainty he says "that was a gun shot. We can't let the bad guys get us." This is unfortunately a trauma experienced by children in urban cities every day.

Traditionally art therapy is provided in hospital or clinical settings. A review of the literature to find similar and differing art therapy programs indicates limited resources and success. Baltimore City has many youth initiatives which focus on stopping gun violence, early childhood development and school ready preparedness. These programs although desperately needed, lack the crucial mental health element required to help those who are suffering because of the sociopolitical factors. Often, mental health problems present themselves before school or in early school years. A lack of resources and overcrowding classrooms leads to some "signs" being missed and children are often diagnosed when the mental health or behavioral issues become acute. How can we help children and families cope with and heal from trauma in an effective and innovative way?

Model

The aim of the Be-More program is to provide children ages 5-14, diagnosed with one or more mental health or behavioral issues with a safe, familiar space to express themselves under the supervision of a licensed clinical professional art therapist (LCPAT). The program offers an alternative therapeutic approach which may assist in improving the psychosocial care of at-risk clients. It is designed to be a support to traditional mental health services by working with children to help them express complicated feelings and work through traumatic experiences. What follows is a detailed description of the Be-More Project.

Be-More Project will have an advisory board consisting of six volunteer members. The board will be responsible for program oversight, budget review and coordination with other mental health initiatives. The project will employ one art therapist manager/supervisor who will be responsible for facilitation of the program. Staff will be comprised of 2-3 LCPAT with an expected case load of a maximum of fifteen children per therapist. This will allow a service for up to sixty children per year. Children will be referred to by mental health professionals and counsellors. We expect to provide art therapy once a week per child and will work with the child either at home, in school or youth center as appropriate. The art therapist is responsible for developing the psychotherapeutic milieu and collecting data using current formal practices. Create sensory experiences that highlight sight, touch, sound, smell, and taste to heal trauma. Evaluations will be completed at least bi-monthly in partnership with the mental health professional to determine clients continued need for service. These evaluations help to inform practice to build a body of statistical data. An interview conducted by this researcher with an LCSW-C with over 31 years of experience in Child Welfare and Family Services stated, “Yes, I think that alternatives like music, art and even dance can be helpful. What I have come to believe is that children who have been abused or neglected often draw when they come into our office. For example, we noticed that children who are in homeless situations often don’t draw feet. What we need is a way to better analyze the drawings.” (Johnson) **see Appendix B** Be-More utilizes skilled staff who bring crucial therapeutic techniques to interpret and analyze the artwork of traumatized children.

Timeframe

The initial piloting process is expected to take 6-8 months.

Piloting Process

Month	Activity/Process
1/1-2/28	Outreach to Advisory Board
3/1-4/30	Identify and Hire Program Manager/Supervisor

5/1-7/31

Conduct community-based meetings.

Conduct professional meetings.

Hire LCPAT staff

Be-More program is expected to pilot for one calendar year with evaluation of effectiveness of service annually. There will be periodic quarterly reviews of staff, budget, and policy adherence.

Cost

The total expected cost of the program is \$300,000. The art therapist manager has an annual salary of \$75,000 annual salary. Each LCPAT annual salary is \$55,000-\$60,000 (Total annual cost \$165,000-\$180,000). Cost of materials total \$24,000 annually. The cost of outreach is \$20,000 annually. This equates to about \$5,000 per child annually.

Conclusion

Be-More will help the children and families of Baltimore City cope with and heal from trauma and tragedy by:

- Contributing to the national best practice narrative and statistics.
- Implementing pilot to create additional options for serving children with mental health diagnosis.
- Elevating art therapy as a viable alternative to traditional therapeutic practices.
- Integrating Be-More with existing mental health providers.
- Assisting in improving the psychosocial care of at-risk youth.
- Building professional and community relationships.

Recommendations

This proposal meets the four critical elements of funding requirements and builds on the strengths of existing youth services. Be-More focuses on children in Baltimore City Public School Systems between the ages of 5-14 years old. This portion of the population presents the most complex need for alternative mental health therapy. As developed the model supports school and community integration. The schools become a partner in development and implementation as well as a seat on the six-member board. Be-More is credible with and accountable to the children, families, and local communities of Baltimore City.

Art therapy goals are individualized and developed with input from the child, caregivers, and mental health professionals. A process evaluation has been recommended for Be-More to ensure program elements are being effectively implemented. During the piloting process marketing and community outreach are essential goals for implementation. Bi-monthly individual evaluations of work will be conducted to ensure credibility of the therapeutic processes.

Be-More will utilize youth culture as appropriate to bolster the children's interest and engagement. Art therapy with painting, collages, clay, sketching/drawing, and computer graphics allows flexibility, self-empowerment, and confidence in traumatized children.

Be-More is a child focused program. It supports self-expression, cognitive development, and critical thinking skills. The design of the program supports individual development and emotional growth. Goals are established in the treatment milieu and time is flexible, allowing young clients to work at their own pace. In other words, the progress of the child determines the timeframe of service.

It is because of these elements that Be-More is appropriate for funding from Baltimore Children and Youth Fund.

Appendix A: Survey Participation Letter and Questions

Dear Participant

Thank you for participating in this research survey. Your professional insights are invaluable to this proposal and your time and effort is appreciated.

The purpose of this study is to understand the critical needs of school aged children and youth currently experiencing mental health crises and/or behavioral issues in the Baltimore City Public Schools System and to identify alternative therapeutic methods which may assist in improving the psychosocial care of at-risk clients. It is designed to be a support to the services you provide by working with the children and caregivers to bring psychotherapeutic techniques in a fun environment. Your first-hand knowledge and greater awareness of the core needs of your clients and their caregivers is crucial in contributing to a program tailored to the distinctive needs of Baltimore City children and youth.

This survey is concise and should take 5-10 minutes to complete. All responses will be kept confidential and anonymous. We adhere to strict ethical guidelines to protect you and your client's privacy. The data collected will be used solely for research purposes and will not be shared with third parties.

Participation in this survey is voluntary, and you have the right to withdraw at any time. By proceeding with the survey, you acknowledge that you have read and understood this information and consent to participate.

Thank you,

Kimberly Johnson

Be-More Art Therapy

Research and Development

Be-More Art Therapy

What is the age range of clients you service? (Check all that apply)

- 0-4 years 5-10 years 11-16 years 16 years and older

What are the most common client diagnoses? (Check all that apply)

- anxiety depression behavior disorder PTSD

Do you think alternative (art, music, dance) therapy can be used as an effective treatment tool in addition to mainstream therapy for your clients?

- Yes No

In your experience, what are the three most common socioeconomic factors that adversely contribute to your client's mental health/behavioral issues?

- poverty discrimination exposure to violence abuse/neglect systemic racism

What are the three most common adversities your clients or caregivers have expressed as contributing to the client's mental health/behavioral issues?

- poverty discrimination exposure to violence abuse/neglect systemic racism

Appendix B: Interview

BE-MORE ART THERAPY INTERVIEW QUESTIONS/ANSWERS

*Interviewee: Claudietta B. Johnson LCSW-C *retired**

Interviewer: Kimberly Johnson

Interview Date: January 20, 2025

Interview Time: 4:05 p.m.

1. What is the age range of clients you service?

Serviced children from 7-16 years of age

2. How many years of professional service do you have in working with children and families in Baltimore City?

31 years of professional service

3. Do you think alternative (art, music, dance) therapy can be used as an effective treatment tool in addition to mainstream therapy for your clients?

Yes, I think that alternatives like music, art and even dance can be helpful. What I have come to believe is that children who have been abused or neglected often draw when they come into our office. For example, we began to notice that children who are in homeless situations often don't draw feet. What we need is a way to better analyze the drawings.

4. In your experience, what are the three most common socioeconomic factors that adversely contribute to your client's mental health/behavioral issues?

Poverty, neighborhood violence and child abuse and neglect.

5. Are there any additional comments you would like to provide?

Regular social work and mental health classes do not focus on the use of the arts in our interventions. This leads us to pick up additional informative tools such as books and workshops to further aid our clients and families.

Appendix C: Data Tables for Contributing Factors

Child Health Data. Org Local, State and National Level Prevalence of Adverse

Childhood Experiences Items Among Children, Age 0-17 yrs.

Adverse Child or Family Experiences (ACEs) Items	Baltimore City	Maryland	National
Extreme economic hardship	34.2%	20.1%	25.7%
Family disorder leading to divorce/separation	22.1%	16.9%	20.1%
Has lived with someone who had an alcohol/drug problem	10.2%	8.3%	10.7%
Has been a victim/witness of neighborhood violence	13.2%	7.9%	8.6%
Has lived with someone who was mentally ill/suicidal	11.1%	7.2%	8.6%
Witnessed domestic violence in the home	8.6%	6.3%	7.3%
Parent served time in jail	9.9%	6.1%	6.9%
Treated or judged unfairly due to race/ethnicity	6.4%	3.9%	4.1%
Death of parent	5.4%	2.7%	3.1%
Child had 1 ACEs (1/more of above items)	56.3%	41.6%	47.9%

The Annie Casey Foundation Kids Count Data Center

Baltimore City

A.C.E Item	Percentage
Abuse/Neglect	26.2%
Poverty	27%
Discrimination	6.4%
Familial Substance Abuse	10.2%
Community Gun Violence	13.2
Exposure to Domestic Violence	8.6%

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