

# **Report to St. Charles County Citizens**

Assessing the Need for Children's Services

Projecting the Costs for Expanding Targeted Services

Evaluating the Impact on Our Community



May 31, 2006

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## EXECUTIVE SUMMARY

On November 4, 2004, a landmark event took place. After two previous failed attempts, the citizens of St. Charles County passed a 1/8 cent sales tax increase for the purposes of creating a Community Children's Services Fund by a margin of 52 percent. Along with the City of St. Louis and Jefferson County, St. Charles County, as it did with the passage of Senate Bill 40 in the late 1970s, became one of the first counties in the State of Missouri to pass such a measure. This passage created a significant and steady localized funding stream sorely needed in an ever growing community with uncertain statewide support. Through the building on on-going partnerships with child serving agencies, the Authority Board will fund successful programs that meet the needs of at-risk children and youth, many of whom would have gone without help otherwise. While these funds will not meet all of the needs highlighted in this report, it will make a significant impact by expanding services, reducing waiting lists, and teaching new skills that will prevent greater problems. In addition, localized dollars will be used to leverage Federal funds with Medicaid families.

After Proposition 1 passed, the Authority Board spent months planning and organizing the application process and determining budgets. In May 2005, the Authority Board made available \$1.9 million for the fall of 2005 and \$4.8 million for 2006. We received \$3.3 million in requests, and ultimately awarded nine agencies and 17 programs funding. Two additional programs were funded later in the year for a total of 19. Late in 2005, an additional \$400,000 was made available for one-time capital items and one-time service programs including more respite, psychiatric evaluations, and substance abuse prevention.

While it was important to expand capacity of services for youth in our community, it was even more important that the services would be clinically successful. Each grantee has a minimum of three clinical goals that will be monitored so we can demonstrate the effectiveness of our programs and promote greater quality improvement of our services. An annual report will reflect these outcomes.

This report is the fourth of its kind, and it reflects upon the strengths and challenges of our system of care for children and their families residing in St. Charles County. The timing of this report is not ideal, given that expanded services have only existed since September 2005, and the amount of time it took to hire and train additional staff, set up new locations, and market the new services that delayed several agencies from hitting their targets. The 2008 Needs Assessment will probably give us a clearer picture of the impact these expanded services have had on our community and what additional needs need to be addressed.

Lastly, we want to thank the citizens of St. Charles County for their support, their faith, and for their compassion. Together, we are making a brighter future for thousands of young people for generations to come. We are a community that truly "puts kids first".

## What This Study Measures

The Authority used Missouri State Statute RSMO.210.860 as a guide for this study. This statute defines the various services that are eligible for funding through a local community referendum passed by a majority vote of the public. Those services listed in the State Statute that would be eligible for funding through a Children's Services Fund are:

- Temporary shelter services for abused, neglected, runaway, homeless or emotionally disturbed youth
- Respite care services
- Services to unwed teenage mothers to help insure healthy pregnancies and births
- Outpatient chemical dependency treatment
- Outpatient psychiatric treatment
- Transitional living program services
- Crisis intervention services
- Prevention programs
- Home-based and school-based family intervention programs
- Individual, group or family counseling and therapy services

The most current statistics were accumulated for this study, with most of the statistics reflecting data from 2005. When service data was unavailable, State data was used, making estimations based on local populations. The source of the data will always be listed. The following data was requested from several non-profit agencies located in St. Charles County:

- Descriptions of services and programs available to children and youth
- Service capacity
- Number of St. Charles County children and youth served
- Requests for service
- Number of children and youth placed on waiting lists
- Number of children and youth referred to agencies outside our geographic area
- Strengths of programs
- Cost of services

These agencies provide the majority of low to no cost services to the populations for which Missouri State Statute RSMO.210.860 was intended. Although there are for-profit providers for a couple of these services, and other agencies located outside our community that provide these services, it was felt that information from our local agencies was adequate to provide a full analysis of need. The following agencies provided data for this assessment:

- Bridge way Counseling Services
- Catholic Family Counseling
- Child Center, Inc.
- Crider Center for Mental Health
- Family Advocacy and Community Training
- Family Support Services
- Fort Zumwalt School District
- Francis Howell School District
- Healthy Communities of St. Charles County
- Lutheran Family and Children's Services
- Orchard Farm School District
- Preferred Family Healthcare
- St. Charles City School District
- St. Joachim & Ann Care Services
- St. Louis Crisis Nursery-St. Charles Office
- Wentzville School District
- Youth In Need

## **Factors Impacting Funding of Services**

The overall need determined by this study is influenced by several factors, including the rapid and enormous growth rate that our County has experienced over the past 26 years, reduced mental health benefits provided by employers due to the higher cost of health insurance, and reduced State and local funding due to budget deficits, a sluggish economy and fewer donations. Each of these factors will be elaborated on in further detail below.

### **Population Growth**

St. Charles County has consistently ranked as one of the fastest growing Counties within the State of Missouri. According to the U.S. Census, St. Charles County's population grew 47.8% in the 1980s and another 33.3% during the 1990s. Since the 2000 U.S. Census, our population has grown to 329,000, an increase of nearly 14%. At this rate, it is estimated that the County's population will exceed 375,000 people by 2010. St. Charles County ranks 6th in the State in terms of the percentage of its population under the age of 18 at 26.3% with a State average of 24.1%. The 2001 U.S. Surgeon General Report estimated that 20% of all children and youth would be in need of some sort of children's services in any given year. Given these percentages and growth estimates, it is clear to see that the demand for services will continue to grow for at least the next four years and probably longer.

### **Insurance and Healthcare Benefits**

Many of the services described in this study are not generally covered as part of any benefits package an employer offers their employees. In spite of Tort Reform passed in 2005, the cost of health care to employers has continued to

rise, causing some employers to reduce coverage and lower benefits in order to maintain costs. The lack of parity between health, substance abuse treatment and mental health payments often means that people have to pay higher co-pays for substance abuse and mental health services.

### **Funding Cuts and Financial Giving**

Continued revenue shortfalls and other spending priorities during 2004 and 2005 led to the State legislature and the Governor's office to prioritize Medicaid cuts during the 2005-06 fiscal year. Claiming that costs were spiraling out of control and that fraud within the system was rampant, the State raised the income eligibility requirements, which led to cutting the number of adult recipients. Additionally, they added premiums and co-pays, which have forced many Missourians to drop their coverage. While children's services were not the target of these cuts, children were ultimately affected as many families did not re-enlist due to the higher premium costs, thereby eliminating children from the ranks of the insured. To add to this situation, given that reimbursement rates for physicians and therapists for children with MC+ are so low, these providers are not accepting new clients thereby making services unavailable even though they technically have insurance. While this year's State's financial picture is better, State funding for mental health services remained constant. Corporate giving and donations have remained flat over the past two years due to a sluggish economy, and the United Way just barely made its campaign goal this last year.

## **Temporary Shelter Services**

This section describes the need for, and availability of, temporary shelters that can provide services for abused, neglected, runaway, homeless or emotionally disturbed youth for up to thirty days. Temporary shelters provide a safe haven for children and youth who face these difficult and even dangerous situations. Many of these youth have exhausted their resources, and can no longer “couch hop” with friends and their families, leaving them vulnerable and reliant on their own defenses. Left on the street, these youth often turn to crime in order to eat, and they are often at great risk of being a victim of an assault themselves. This situation is particularly risky for female youth who can become a victim of a sexual assault or who could be lured into prostitution just to gain shelter and food. Shelters provide services to meet the basic needs of nourishment, housing and safety for up to 30 days while providing counseling, group therapy, family counseling, and support to re-enter school and find work. When it is clinically appropriate and where there is no risk of abuse to the youth, the goal is to reunite families.

### **St. Charles County’s Current Situation**

In 2005, there were 10,559 active missing juvenile cases in Missouri reported by local law enforcement agencies as runaways. Of that number, 357 missing juveniles were from St. Charles County. This figure is a decrease of 205 youth from 2002, or a decrease of 36.5 percent. Although the causes for this marked decrease is not clear, it does indicate movement in a positive direction, and potentially, it could indicate that families are handling their conflicts in a more productive fashion. Five percent of these youth, or 18 youth, were missing for six months or more. (Missouri State Highway Patrol)

In 2005, the St. Charles County Family Court had referrals on 683 minors for juvenile status offenses, which include runaway incidents, truancy and curfew violations, an increase of 38.1 percent since 2002. In addition, 2,246 minors were referred with juvenile crimes ranging from petty theft and vandalism to serious felonies, which are an increase of 6.6 percent from 2002 (Juvenile Court Statistics, St. Charles Family Court). {The Juvenile Court System has just begun using a State wide computer system for tracking their statistics. At this time, they cannot verify the accuracy of their statistics}

### **Our Strengths**

Currently, the City of St. Charles has a 12-bed emergency shelter for runaway and homeless youth at Youth In Need. Annually, this shelter provides up to 250 youth per year with an average of two weeks of shelter care, along with intensive family therapy interventions with families, after which youth are reunited with their families or are placed in alternative care arrangements.

Additionally, a 24-hour runaway youth telephone hotline provides referral resources and a crisis response to runaway and homeless youth. The hotline

receives on average approximately 6,000 crisis telephone calls a year in total, and 1,500 calls from St. Charles County youth or family members regarding a youth who is missing or is making a serious threat to leave home because of severe family conflict. (Youth In Need service information data, 2000-2002)

### **How St. Charles County is in Trouble**

With current service dollars and current capacity, Youth In Need's temporary shelters are capable of providing services to 250 youth per year. Youth In Need's hotline receives on average 500 calls per month regarding shelter services, but the requests are not categorized geographically by county. With 357 youths from St. Charles County being reported as runaways to the Missouri Highway State Patrol, and only 212 receiving shelter services, 145 youth are left without services.

### **How St. Charles County Can Make a Difference**

The cost of providing temporary shelter services and therapeutic counseling to these 145 youth is \$431,618.60 (145 youth x 14 days (average length of stay) x \$212.62 per day). In order to meet the needs of these youth, a second facility will need to be opened, preferably in the western portion of the County. This location will make these services more accessible, given that transportation with this population is at issue. (Youth In Need)

## **Respite Care Services**

Respite care services offer temporary emergency shelter and services for children and youth of families experiencing a crisis that increases the risk of child abuse or neglect. In addition to providing a safe haven for children, respite care workers also work with parents to help them learn age-appropriate expectations and coping skills to deal with stress. It is the hope that through the provision of these respite services that the generational cycle of violence and abuse can be broken. For families who have a child or children with a serious emotional disturbance, a few hours of respite on a regular basis can mean the difference between keeping a family together or having their child enter a residential facility. Respite care services are the most requested services of this population.

### **St. Charles County's Current Situation**

From July 2004 to July 2005, there were 1,526 hotline calls of suspected child abuse and neglect made to the Division of Family Services, newly named The Children's Division. This number represents a decrease in reported incidents of 207 calls. These reports represented 2,161 children and reflected a decrease of 14.3 percent from two years ago. Of those 1,526 reports, probable cause for child abuse and neglect was substantiated in 174 of the reports, representing 257 children. Neglect is the incident that represents 63.8 percent of the substantiated cases. This figure was an increase of 70.6 percent from two years



ago. An additional 856 families, or 1,213 children, were assigned for Family Assessment services because family circumstances suggested a higher risk for further reports of child abuse and neglect, a decrease of 36.6 percent in the number of families referred and a decrease of 38.6 percent in the number of children referred. Overall, we are seeing a reduction in the number of call to the Children's Division and fewer families referred for further assessments when conditions are conducive for abuse; however there has been a dramatic increase in the number of children found to be neglected in their families (Department of Social Services, Division of Family Services, 2005 Annual Report).

The major family risk factors among St. Charles County residents include:

- A high divorce rate; 56.4 percent of parents in the County were paying child support in the state system (up from 44.6 percent in 1998 but down from 64.4 percent in 2000)
- 12,979 children (15.0 percent) were low income children enrolled in Medicaid in 2001 (up from 11.7 percent or 9,623 in 2002)
- 1,142 children were receiving public mental health services for a serious emotional disturbance (SED) (up from 501 children, or an increase of 127.9 percent since 2000)
- 1,105 children were receiving state subsidized child care (down slightly from 1,162 in 2000)

(Kids Count Missouri-2005)

These risk factors contribute to family instability, increased child abuse risk, and a greater risk of out-of-home placement, which can be prevented with the appropriate use of respite care during periods of intense emotional or financial distress or crisis.

Between Youth In Need and the St. Charles Crisis Nursery, nearly 3000 calls come in each year from families in crisis. It is estimated that 50 percent of the calls Youth In Need receives on their line involve families facing a violent situation and requesting a "cooling off" period along with counseling. The Nursery has similar percentages for younger children.

In 2005, Youth In Need provided respite care services to 15 adolescents while the Nursery admitted 1,281 children for respite care, homelessness, domestic violence and other family emergencies. This number is just over double what they admitted two years ago. They provided 35,070 hours of service to these families. In addition, each agency operates a 24-hour crisis help line and each received nearly 1,500 calls last year. The Nursery was able to give out 53,773 referrals.

## **Our Strengths**

Currently we have three respite care/emergency shelter facilities for children and youth: Youth In Need, Family Support Services and the Crisis Nursery. Additionally, through the Partnership with Families program, respite is provided to those families within that program. Youth In Need has a 12-bed facility for adolescents while Family Support Services opened a five bed facility for respite care for youth with a developmental disability, a mental health diagnosis, or both in early 2006. The St. Charles Crisis Nursery has 13 beds available at their two facilities, an increase of five beds from two years ago.

## **How St. Charles County is in Trouble**

While the number of beds and the capacity has increased in the last few months, children and youth who are requesting services are still being turned away. In 2005, Youth In Need turned away 22 adolescents requesting respite and the Crisis Nursery turned away 449 children. Data regarding the number of youth served and turned away from the respite facility is unavailable from Family Support Services at this time due to the recent opening of their new building, but is being collected and will be reflected in a future report.

## **How St. Charles County Can Make a Difference**

The cost of providing respite care services to the 22 adolescents being turned away from Youth In Need would be \$15,936.80 (22 adolescents x \$144.88 per day x 5 days (average length of stay)). The cost of providing respite care services to the 449 children who were turned away from the Crisis Nursery would be \$137,286.24 (449 children x 28 hours (average length of stay) x \$10.92 per hour). The total cost of the two programs would be \$153,223.04. (Youth In Need, St. Louis Crisis Nursery)

## **Services to Unwed Mothers and Teenage Parents**

Unwed mothers and teenage parents tend to live in isolation. These parents are more likely to be uninsured and/or working at low-paying jobs and generally have less access to healthcare resources. They are particularly vulnerable to health problems and long-term dependency on welfare resources. Moreover, their stressful living conditions place them at greater risk for abusing or neglecting their children.

Unwed mothers and teenage parents require special support for developing parenting skills, completing their education in order to gain employment, and obtaining adequate counseling and healthcare services. These are basic necessities for a safe environment for these young mothers and their children.

## **St. Charles County's Current Situation**

Youth In Need's Teen Parent program served 58 teenage mothers during the last four months of 2005, and 98 pregnant teenagers through March 2006. These services include prenatal health education and support, child development education, parenting skills, and post delivery services. Their yearly capacity is 86 youth, with an average of two hours of service per month. There have been various attempts over the past three years to develop a group maternity home with little success, as sustainability has been an issue. Our Lady's Inn has purchased a large home in Defiance, and opened their facility for services in April 2006. St. Joachim and Ann Care Service opened a community outreach center called Mary, Queen of Angels that provides baby furniture, maternity clothing, and baby supplies. No data is currently available on capacity or youth served by either of the latter two organizations.

In 2005, in St. Charles County, the following trends have occurred:

- The percent of births to mothers without a high school diploma dropped 0.2 percent from 2000.
- The number per 1,000 births of births to teen mothers dropped from 26.1 to 20.0 since 2000 with a total of 269 births to teenagers.
- The percent of low birth weight infants increased by 0.6 percent since 1999.
- The number per 1,000 live births for infant mortalities rose 0.7 percent since 1999.

These statistics indicate that fewer teenagers are becoming pregnant, but that those adolescents that are pregnant are having less healthy pregnancies.

(Missouri KidsCount 2005)

## **Our Strengths**

Youth In Need's Teen Parent Program is known for its comprehensiveness of services, accessibility, and responsiveness. They are partnered with Parents As Teachers and they operate the Early Headstart Program within the County. St. Charles County offers Early Head Start and other teen parent services to about nine teen parents and parents-to-be. Services include assistance with childcare, counseling with families, support groups in high schools, and instruction in prenatal care and healthy child development. Support groups in county high schools help teenage parents remain in school to develop more marketable job skills and to learn effective parenting skills.

## **How St. Charles County is in Trouble**

Existing resources are only able to reach 86 teenage parents; however, with 269 live births to teenagers last year, 183 teenage parents could be without services.

The annual estimated costs for each unwed mother or teenage parent that does not receive guidance and support for developing parenting skills, completing their education, and developing marketable job skills can be summarized as follows:

- \$10,000 per teenage parent on public assistance programs per year
- \$20,000 per infant or child who is abused and neglected and requires out-of-home placement
- \$10,000 in healthcare costs for each second pregnancy, delivery and pediatric services.

By providing enough supports for these young women and their children, we can prevent welfare enrollment and child abuse.

## **How St. Charles County Can Make a Difference**

In order to provide services to the 183 pregnant teenagers who might benefit from prenatal and parent education, the cost would be \$311,700.24 (183 youth x 24 sessions per year x \$70.97 per session). (Youth In Need) Mary Queen of Angels saw 22 teen mothers over their first 6 months of providing services. Their average costs for supplies of diapers, formula and clothing is \$20 per month or \$240.00 per year. Additionally, it costs them about \$100 per year in baby furniture. Projecting these figures to a whole year, it is estimated that they would need \$14,960 (44 mothers x \$340.00 per year). (St. Joachim and Ann Care Service)

## **Outpatient Substance Abuse Treatment Services**

It is a common assumption to associate adolescent alcohol and drug usage with impoverished communities, yet several studies have indicated that drug and alcohol usage is equally prevalent in higher income communities because of the excess money to purchase them. Some adolescents will brag to their peers about the level of their consumption, while others drastically minimize their usage, or deny it all together, both to their parents and to other adults. While even experimentation is scary to most parents, a professional assessment is necessary to determine the appropriate level of care or whether any type of intervention is necessary at all. This assessment is crucial to sifting through the often-confusing array of information from various sources. Some adolescents, because of the extent of their addiction, are best treated in a residential, or inpatient setting. Detoxification and 24-hour surveillance are essential because of the level of addiction and the risk to maintaining sobriety. For other adolescents, the appropriate level of care is intensive outpatient treatment while

others are better helped by a low-intensity combination of family therapy and educational sessions.

While there are many youth whose addiction would indicate the need for residential treatment, this study will only assess the need for outpatient substance abuse treatment, as they are the only services covered under the enabling legislation. Outpatient adolescent substance abuse treatment services include assessments and evaluations, early interventions, educational groups, youth group counseling, individual counseling, group family therapy, family therapy, and aftercare services.

### **St. Charles County's Current Situation**

Due to the Community Children's Services Fund, outpatient substance abuse treatment services were expanded in St. Charles. Preferred Family Healthcare was able to open a second facility in the Wentzville area that opened in November 2005, and Bridgeway Counseling Services was able to re-establish their adolescent unit in St. Charles. By funding the adolescent program at Bridgeway, they are now in a position to provide treatment for the entire family, which is important as there are often multiple addictions co-occurring in families. Bridgeway has a current yearly capacity to provide services to 70 adolescents and between their two facilities; Preferred Family Healthcare has the capacity to serve 273 adolescents for outpatient treatment. Together, our county's capacity for outpatient adolescent substance abuse treatment is 343. In 2005, Preferred Family Healthcare provided outpatient substance abuse treatment to 128 St. Charles County youth.

### **Our Strengths**

The local presence of Preferred Family Healthcare and Bridgeway Counseling Services is an asset to the families they treat as having local access allows more family involvement, and therefore, a greater likelihood of successful treatment. In addition, by having two providers, families have a choice. Both agencies have a highly qualified professional staff and a full range of treatment options, dependent on the severity of the abuse and/or addition. They have expertise with the various drugs youth use, and have good working relationships with school districts and mental health providers as many of their clients have a co-occurring mental health diagnosis.

### **How St. Charles County is in Trouble**

Previous Needs Assessments have utilized local data from self-surveys filled out by area junior high and high school students. As part of the schools participation in the Safe and Drug Free Schools grants, these schools give surveys to various grade levels, and ask the students to voluntarily fill them out. While the schools have no control over which students or how many of the students fill the forms out, and it is difficult to ascertain whether youth may over or underestimate their actual usage, this data is the only local source we have to make our best guess

about the overall incidence of problematic alcohol and drug usage in our community.

The following tables reflect the responses to several of the questions that youth in our school districts were asked. The percentages of usage for 9<sup>th</sup> and 11<sup>th</sup> graders are extrapolations from the statistics for 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders.

During the past 30 days, how many days did you drink at least one drink?

8 <sup>th</sup> grade	9 <sup>th</sup> grade	10 <sup>th</sup> grade	11 <sup>th</sup> grade	12 <sup>th</sup> grade	
62.0%	53.2%	44.4%	41.1%	37.8%	0 days
21.2%	22.2%	23.3%	20.8%	18.2%	1 or 2
7.8%	10.3%	12.9%	14.8%	16.7%	3 to 5
4.5%	6.4%	8.3%	10.3%	12.4%	6 to 9
2.6%	4.8%	7.0%	8.7%	10.4%	10 to 19
0.9%	1.1%	1.4%	2.0%	2.6%	20 to 29
0.8%	1.8%	2.8%	2.3%	1.9%	All 30

This table provides a view of the frequency that youth drink. An increase in the frequency of times a youth drinks in a month is an indication of dependence. While any amount of drinking may be of concern to many parents, the youth represented in the first three rows (0 to 5 days) demonstrate experimental usage and a frequency of use of approximately one time per week. For youth using 15 days out of 30, whose percentages are listed in half of the 5<sup>th</sup> row and the last two rows, a dependence on alcohol is strongly indicated, and these youth are probably candidates for inpatient treatment. Those percentages listed in the 4<sup>th</sup> row and half of the 5<sup>th</sup> row are using at a frequency that would be best treated in an intensive outpatient treatment program.

Given that U.S. Census data does not break down population by each age, an average number of youths per age are used for the calculations. Based on the County's 2005 population of 329,000 citizens and a youth percentage of 26.3%, there is an average of 4,807 children per age. Applying this average to the percentages of usage and using the assumptions mentioned above, it was determined that there are 2,819 youth whose usage would indicate a level that would benefit from intensive outpatient treatment program.

The next table gives percentages of youth who binge drink at least five drinks at one sitting. This type of drinking can be equally as dangerous as regular usage if not more, particularly in terms of alcohol poisoning, and drinking and driving. As in the last table, the percentages of usage for 9<sup>th</sup> and 11<sup>th</sup> graders are extrapolations from the statistics for 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders.

During the past 30 days, how many times have you had 5 drinks at one sitting?

8 <sup>th</sup> grade	9 <sup>th</sup> grade	10 <sup>th</sup> grade	11 <sup>th</sup> grade	12 <sup>th</sup> grade	
80.2%	70.9%	61.6%	55.6%	49.7%	0 days
8.0%	9.5%	11.0%	11.3%	11.7%	1 day
4.3%	6.0%	7.8%	9.0%	10.2%	2 days
4.0%	6.7%	9.5%	11.1%	12.8%	3 to 5
2.0%	3.3%	4.7%	6.2%	7.8%	6 to 9
0.7%	1.9%	3.2%	4.1%	5.1%	10 to 19
0.7%	1.4%	2.2%	2.4%	2.6%	20 +

As with the other table, the percentages listed in the first three rows show usage that is lower than the threshold for admittance to an intensive outpatient treatment program, and the percentages listed in half of the 5<sup>th</sup> row and the last two rows indicate usage that is probably best treated with inpatient treatment. The 4<sup>th</sup> row (3 to 5 days) and half of the 5<sup>th</sup> row (6 to 9 days) would probably qualify for inpatient treatment.

Based on the previously mentioned population base of 4,807 youth per age, the total number of youth who binge and would benefit from intensive outpatient treatment is 2,697. Based on the clinical experience of Preferred Family Healthcare, there is considerable overlap between the youth who binge and those youth who use regularly of approximately 80%. Therefore, applying the remaining percentage of 20% to the above total of 2,697, there are an additional 539 youth who binge only and would be best treated in an intensive outpatient modality. Adding this total to the 2,819 youth listed previously, the total of youth from the 8<sup>th</sup> through 12<sup>th</sup> grades in St. Charles County who would benefit from outpatient substance abuse treatment services is 3,358.

According to Preferred Family Healthcare, there is also a small percentage (approximately 2%) of youth who abuse marijuana only. Most youth who abuse other illegal substances such as cocaine, LSD, heroin and methyl amphetamines, also tend to abuse alcohol and marijuana. Information about their usage levels is included for educational purposes below the calculations of marijuana usage.

During your life, how many times have you used marijuana?

8 <sup>th</sup> grade	9 <sup>th</sup> grade	10 <sup>th</sup> grade	11 <sup>th</sup> grade	12 <sup>th</sup> grade	
77.7%	68.2%	58.7%	52.1%	45.5%	0 times
7.0%	7.9%	8.8%	8.5%	8.1%	1 or 2
4.2%	5.9%	7.6%	8.5%	9.5%	3 to 9
2.8%	3.6%	4.4%	5.8%	7.3%	10 to 19
2.7%	3.9%	5.2%	6.4%	7.6%	20 to 39
2.2%	3.1%	4.1%	5.7%	7.3%	40 to 99
3.3%	7.3%	11.3%	13.0%	14.7%	100 +

The 3<sup>rd</sup> and 4<sup>th</sup> rows (3 to 19) in this table indicate a level of usage that would benefit from intensive outpatient treatment. The total number of youth in our County in this category is 2,865. When that number of youth is multiplied by 2 percent in order to remove duplicate youth, an additional 57 youth is added to the total.

Even though the following information is incorporated in the determination of overall need, the following charts about other drug usage by our teens is included in this report for educational purposes.

During your life, how many times have you used cocaine in any form?

8 <sup>th</sup> grade	10 <sup>th</sup> grade	12 <sup>th</sup> grade	
94.7%	88.5%	84.1%	0 times
2.6%	4.5%	5.6%	1 or 2
1.4%	1.9%	3.5%	3 to 9
0.4%	0.9%	1.3%	10 to 19
0.1%	1.2%	2.5%	20 to 39
0.7%	3.0%	3.0%	40 +

During your life, how many times have you used other types of illegal drugs?

8 <sup>th</sup> grade	10 <sup>th</sup> grade	12 <sup>th</sup> grade	
89.4	81.6	67.9	0 times
5.6	6.1	9.5	1 or 2
2.4	4.4	9.5	3 to 9
1.7	2.3	0.0	10 to 19
0.2	1.7	3.6	20 to 39
0.6	3.9	9.5	40 +

The calculation of need is as follows: 2,819 youth based on regular usage plus 537 youth who only binge plus 57 marijuana users equals 3,415 youth in our County whose usage would indicate a level that would need to be treated with intensive outpatient substance abuse treatment.

Yet even though statistically there are 3,415 youth who are using drugs and alcohol that intensive outpatient treatment would be the appropriate response, the actual demand for these services would be much less. Very primitive defense mechanisms such as denial, projection and minimization used by adolescents as well as their parents will reduce the number who will request these services even if funding was available to build to capacity.

In addition to factors that reduce the actual demand for services, some of these youth have insurance that will cover these services. While some form of medical insurance covers approximately 88% (12% uninsured) of Missouri youth, not every family with insurance has coverage that pays for substance abuse



treatment. Given these unknowns, it is impossible to calculate both the percentage of the need that will demand services and the percentage of the population that does not have insurance to cover substance abuse treatment.

### **How St. Charles County Can Make a Difference**

Using an average costs to provide six months of treatment from Preferred Family Healthcare (\$3,600) and Bridgeway Counseling Services (\$3,180 for four months of treatment and two months of aftercare) of \$3,390 to provide a single episode of intensive outpatient substance abuse treatment, the cost of providing these services to all of these youth would be just over \$11 million. Given the impossibility of predicting demand and impossibility of calculating the percentage of County residents without insurance coverage for these services, an incremental approach was used, increasing service availability to meet 15 percent of the need. This estimate takes into account the high employment rate in our County and the percentage of uninsured families, and allows a significant dent to be made into this problem in our community. Should funding become available and services increased, future assessments can re-evaluate this percentage as to whether it is significant enough or not. Increased marketing by both agencies and greater collaboration with schools should also help determine whether or not the 15 percent figure is appropriate. Taking 15 percent of the total number of youth in need of outpatient services indicates that there should be funds for 512 youth. With our current capacity coming in at 343, there are 169 youth unlikely to get the help when they request it.

The cost of providing intensive outpatient substance abuse treatment to the 169 youth who need these services is \$572,910.00 (169 youth x \$3,390 for 6 months of treatment). Intensive outpatient treatment has an average length of stay of 6 months, and includes services such as group counseling, individual and family therapy, educational groups, and aftercare. Family involvement and aftercare services provide support at a critical time and improve the likelihood that sobriety will be maintained. An initial assessment that determines the appropriate level of care is provided to every youth seeking services. (Preferred Family Healthcare and Bridgeway Counseling Services)

## **Outpatient Psychiatric Services**

Outpatient psychiatric treatment services consist of the services a child or adolescent needs in order to be evaluated medically for a psychiatric disorder by a psychiatrist. Often times, these disorders require the prescription of psychotropic medications in order to reduce or eliminate symptoms. Psychiatric services include the initial assessment and on-going medication management by a psychiatrist, but can also involve a number of other supports including nursing, and laboratory tests. Without these services, many children are unable to function at school, at home and in the community, and there is an increased risk

of acting out, juvenile delinquency, and suicide. Additionally, these services can make it possible for other types of counseling services to work more efficiently.

### **St. Charles County's Current Situation**

St. Charles County currently has two agencies that provide outpatient psychiatric services to children and youth: Crider Center for Mental Health and Catholic Family Services. In 2005, Crider Center provided psychiatric services to 39 children with Medicaid, 11 children with MC+ on a crisis basis, three children with private insurance, and 28 children without insurance. This last figure denotes an increase of 10 youth from 2004. The Crider Center does not generally treat children who have MC+ as the reimbursement rate is so low. Catholic Family Services recently hired a part-time child psychiatrist in February 2006. Their current capacity with local funding is 140 children per year. They will see both uninsured youth as well as any child with any type of insurance.

### **Our Strengths**

It is fortunate to have two locations where children and youth who need psychiatric services can get them. These services are often critical for youth with many psychiatric illnesses that can be greatly improved with a course of medication and supportive therapeutic services and counseling.

### **How St. Charles County is in Trouble**

The number of child psychiatrists in St. Charles County, whether in private practice or working for an agency, remains low. Although this shortfall is not unique to St. Charles County, it does limit accessibility and makes it inconvenient for many of our residents to receive help. Families can wait up to six months in order to get an appointment with many psychiatrists. In addition, during the late 1990s and the early 2000s, many children were enlisted in the MC+ program. The problem is that most psychiatrists are unwilling to see new MC+ patients because the reimbursement rate is so low. So children with MC+ are basically left with no place to go. New localized funding for psychiatry with Catholic Family Services allows for them to gain a greater reimbursement for these services, but even with new monies, they have not seen a great influx of new patients. The other element to this picture is the elimination of Medicaid services for many families in Missouri due to changes in the eligibility levels in 2005 as well as the upstart of monthly premiums. An undetermined amount of Missouri families did not pay the monthly insurance premium, leaving the parents and their children uninsured.

At this time, it is difficult to estimate what the need may be for additional psychiatric services. It may be a marketing issue, and with proper marketing of the services at Catholic Family Services, we should see a much greater demand.

## **How St. Charles County Can Make a Difference**

Given that all current funding is not being used because the demand for services is not up to the availability of service hours, it does not make sense to allocate more funding in this service area. At such time that utilization and demand for services increases, this category can be re-evaluated to determine an outstanding need, but for this moment, no additional funding should be allocated.

## **Transitional Living Services**

In order to develop independent living skills and become productive adults, homeless youth require more help than just housing assistance. They need counseling services, assistance with utilizing community resources in job training and education, and life skill training and development (National Network for Runaway Youth Services; U.S. Department of Health and Human Services, Administration for Children, Youth and Families).

Counseling and related services as part of a transitional living program is about successfully supporting and reintegrating a young person from a homeless and hopeless arrangement into a safe living space with opportunities for developing independent life skills. Such services provide assistance with finding jobs, pursuing educational goals, developing healthy peer and community relationships, and living independently in the community.

## **St. Charles County's Current Situation**

In 2005, Youth In Need's Transitional Living programs served 39 homeless youth, but due to a lack of bed space, they had to turn away 132 youth who requested services. Given that most of their perspective clients are homeless and transient, they track their last known address. In 2005, 44 of the young people turned away reported being from St. Charles County. This increase of 47% is consistent with statistics of homelessness across the State, which has seen an increase of 42% with incidence rates being higher in the St. Louis regional area. Service capacity has increased by 12 youth since September of 2005 with additional funding through the Community Children's Services Fund, and the current capacity is 22 beds or 44 youth per year.

## **Our Strengths**

Youth In Need operates one of the only Transitional Living programs in the St. Louis metropolitan region. River's Crossing provides safe shelter to youth 16 to 21, either in a group home or in a more independent apartment setting, along with a comprehensive set of supportive services that will allow for these young people to succeed in school, in work and in life. They teach independent living skills, help them complete their high school education and provide assistance in locating and maintaining a job. As always, YIN staff utilize a strength-based

approach to services, allowing these young people to see their own gifts and talents.

### **How St. Charles County is in Trouble**

For every youth that YIN is able to assist, three other youth are being turned away. Without shelter and food, these youth often resort to criminal behavior in order to get out of the cold or get a free meal. Depending on the extent of their crimes, these youth often have to spend time in jail at a much higher cost to the County or the State. Others are forced to go on public assistance. If half of the 44 youth ended up in jail and the other half ended up on public assistance, at \$25,000 a year for the costs of juvenile detention and \$10,000 per year for public assistance, the cost would be \$770,000.

### **How St. Charles County Can Make a Difference**

The expansion of Transitional Living services to meet the demand for help would cost \$484,644.16 (44 youth x 182 days of assistance per year (average) x \$60.52 per day). Otherwise, if half ended up in jail and the other half ended up on public assistance, the cost savings would be over \$285,000 dollars! (Youth In Need)

## **Crisis Intervention Services**

Crisis intervention services help assure that support and other services are available when an individual experiences an emergency, whether it would be man-made or a natural disaster. It is vital for people who are experiencing trauma or severe difficulties to have access to someone who can assess risk, defuse the situation, have access to emergency service appointments, and make appropriate referrals. In addition, when communities are experiencing a trauma like a natural disaster such as a flood, or a man-made trauma like a school shooting, it is necessary for professional counselors to be available immediately to respond to the victims. In these situations, it can be extremely helpful to have a team of crisis counselors available to meet the emotional needs of many children or youth.

### **St. Charles County's Current Situation**

Four 24-hour toll-free hotlines are available to the citizens of St. Charles County. These hotlines are operated through Life Crisis Services, Youth In Need, the St. Charles Crisis Nursery, and Behavioral Health Response. A part-time adolescent crisis hotline for adolescents is available through Kids Under Twenty One (KUTO). A cooperative relationship exists between mental health agencies and health care organizations that respond to crises in schools and in local communities.

## **Our Strengths**

Youth In Need and the Crisis Nursery handle about 3000 crisis calls per year. Kids Under Twenty One (KUTO) uses trained adolescents to handle crisis calls so those teenagers have someone their own age with whom to talk. In the past, crisis teams have responded to flooded communities and helped students handle such crises as a fellow student's death or the sexual abuse of students.

Life Crisis Services handles several thousand calls each year from St. Charles County, including calls from both adolescents and adults.

## **How St. Charles County is in Trouble**

While it is difficult to predict when a crisis will occur or how many will occur in a given year, it is best to be prepared. Trained crisis team members are available to respond to any crisis, but most agencies do not budget for these costs. Funding these specialists becomes the problem.

## **How St. Charles County Can Make a Difference**

The cost of providing professional support to families and other affected parties including schools in the face of a traumatic event can range from \$650 to over \$10,000 per intervention (10 hours x \$65 per hour = \$650; a tragedy impacting a whole school equals 5 staff x five days x \$520 per day = \$13,000). In order to handle a number of crises or traumatic situations, reserves need to be created which can be used in emergent situations to provide crisis supports. Using the average cost for 3 interventions per year, the cost of providing funding for a crisis response team, is \$15,975

## **School-Based Prevention Services**

In order to help children and youth handle the pressures they face every day, either at home or at school, it is important that they possess certain skills to enhance coping. These skills can be developed and enhanced through prevention programs that build on the child existing strengths, while teaching new skills that enable them to handle various difficulties. General prevention programs teach skills that can be used to handle multiple issues while other prevention programs focus on specific problems.

Prevention programs are extremely cost effective as well as effective in circumventing other problems. They do, however, need to be provided to all children so that there is a consistency of skills and message, and they need to be presented at an age before the youth has to face the challenge. In addition, it is important to "inoculate" youth more than once. The need for on-going prevention would be particularly important concerning alcohol and drug usage. It is hoped that all children in the County could have skills to avoid alcohol and drug usage, sexual abuse, sexual harassment and rape. In addition, every child needs to

learn skills in order to handle conflicts without violence, and they need to value themselves enough so as not to take their own lives.

To illustrate this fact, a recent study from the Harvard School of Public Health showed that one in five high school girls have been abused by their boyfriends (2001). The study showed that those girls who were victimized were eight to nine times more likely to attempt suicide, were four to six times more likely to get pregnant, three to five times more likely to use cocaine, and three to four times more likely to develop an eating disorder. By providing services to both male and female youth, it is believed that many of these problems can be prevented.

### **St. Charles County's Current Situation**

Currently, we have three school-based prevention focuses: sexual abuse and date rape prevention, substance abuse prevention, and anti-violence and bullying prevention. With increased local funding from the Community Children's Services Fund, we have been able to expand services in each of these areas so that more of our children have the opportunity to increase their knowledge and develop skills to handle these threats. While we have made advances in increasing the number of children receiving these services and providing services at multiple times during their school years, we do not currently have a suicide prevention program in place other than some small groups in several high schools who are working to share information about depression.

With current funding, The Child Center was able to provide their sexual abuse curricula to 10,249 youth. Their programs focus on getting information to 1<sup>st</sup>, 4<sup>th</sup> and 7<sup>th</sup> grade students. During the school year of 2005/2006, they also provided their program to every 2<sup>nd</sup> and 5<sup>th</sup> grader in the St. Charles City and Wentzville School Districts. Additionally, they provided their program to 397 parents and 366 additional school personnel. Funding is not currently available for providing this program to the Orchard Farm School District, and the private and parochial schools in our county.

Preferred Family Healthcare has established Teams of Concern within every middle school and high school within three of the county's school districts: St. Charles City Schools, Orchard Farm School District and the Wentzville School District. They spend three months in each school initially training all staff on the warning signs of substance abuse and other mental health concerns. By being part of the team, any staff member or student can submit a form that specifies concerns. In the first four months of these teams, 234 students were referred for an evaluation. Of this number, 36 were identified as someone suspected of substance abuse and were referred for a substance abuse evaluation and further counseling.

The Crider Center is providing an anti-violence and anti-bullying prevention program called "Be Cool" in each of the five school districts to students from

kindergarten through 8<sup>th</sup> grade. With current funding, they are able to provide programming to 62 percent of these students. Catholic Family Services provided an anti-bullying prevention program to four parochial schools and 532 students participated in 2005 and with 2006 funding they should be able to provide their programming to 1600 children.

### **Our Strengths**

Our local agencies have recognized the importance of providing prevention programs and our school districts have made themselves available to multiple curricula. With expanded funding, we are moving toward universality so that every child in the county will be receiving knowledge and skills to help them deal with many difficult circumstances and challenges. We have best practice curricula for sexual abuse prevention and violence prevention through the Child Center, Crider Center for Mental Health and Catholic Family Services. Preferred Family Healthcare has been building partnerships with three school districts, creating Teams of Concern, and helping to educate school personnel to the warning signs of substance abuse. These efforts are leading to the early identification of potential substance abuse and to early interventions, which prevent the development of the addictions. Healthy Communities is utilizing student involvement to educate teenagers about the dangers of alcohol and other drugs through articles in the school newspaper and pre-prom activities. To date, their activities have eliminated all incidents of driving and substance use after proms.

### **How St. Charles County is in Trouble**

Current funding for the sexual abuse prevention program is able to provide programming for every 1<sup>st</sup>, 4<sup>th</sup> and 7<sup>th</sup> grader in our four largest school districts. Funding does not allow for this programming to occur in the Orchard Farm School District or in any of the private or parochial schools. In order to provide the additional programming to these schools, it would take an additional 349 hours.

Current funding allows for only 62 percent of the children in our public school districts to receive the violence prevention programming, leaving 38 percent without it. In addition, current funding does not allow for all private and parochial school classrooms to receive these services either. Catholic Family Services is able to provide their anti-violence curriculum to 1344 children with their current funding, leaving 5,406 children without such help.

Substance abuse prevention programming is currently in place at all of the junior high and high schools in three districts, but current funding does not cover such programming at the Francis Howell district and the Fort Zumwalt district, and none of the private schools. Additional Teams of Concern would need to be hired and funding for additional counseling for those students identified through their identification process would be needed. Based on the first four months of referrals, and if the other school districts had Teams of Concern, it is estimated

that 324 youth would need substance abuse evaluations and ongoing counseling. With an average of 22 sessions of counseling and community support, current funding only allows for 43 youth to receive services.

One area of concern that is not currently being provided is suicide and suicide prevention. Solid prevention programming specifically addressing this topic would not only reduce these statistics in St. Charles County, but would also assist peers of individuals at risk for attempting suicide to take appropriate action if confronted with this issue by a friend. Freshman year of high school is a pivotal transition year for young adults. Working in partnership with the schools to offer Suicide Prevention Programming in every freshman class in the County would serve approximately 3,925 public school freshman (approximately 156 classrooms) and 500 private school freshman (approximately 20 classrooms) for a total of 4,425 freshmen in approximately 176 classrooms.

### **How St. Charles County Can Make a Difference**

In order to provide sexual abuse prevention services to every 1<sup>st</sup>, 4<sup>th</sup> and 7<sup>th</sup> grader in St. Charles County, it would cost \$191,192.67 (349 hours x \$547.83 per hour unit). (The Child Center)

If the Crider Center were to provide their “Be Cool” programming to every K-8 student in the private and parochial school system, it would cost \$31,202.82 (459 hours of service x \$67.98 per unit). Given that currently, \$16,725 is allocated for these services in the parochial schools, only an additional \$14,477.02 would be needed. Based on 2005 services hours and the number of children served by Catholic Family Services with their anti-violence programming, it would cost an additional \$67,273.32 to provide the programming universally throughout the private and parochial schools. (Catholic Family Services) Given the large discrepancy between the costs, the Authority would need to evaluate both programs regarding their clinical effectiveness and cost benefits.

To expand substance abuse prevention programming to the other two districts and to Duchesne High School and St. Dominic High School, it would cost \$180,000.00 (2 additional Teams of Concern at \$90,000 per team). In order to cover the cost of evaluations and ongoing counseling for the youth identified by the Teams of Concern, it would take \$494,560.00 (281 youth x 22 sessions x \$80.00 per session). (Preferred Family Healthcare)

In order to provide three hours of Suicide Prevention Programming per class, it would cost \$35,893.44 (3 hours per classroom x 176 classrooms x \$67.98 per hour). (Crider Center for Mental Health)



## **Home-based & School-based Family Intervention Services**

Home-based and school-based family intervention programs seek to: 1) stabilize families and prevent the unnecessary hospitalization of children and youth; 2) prevent placement of children and youth away from their homes; and 3) encourage family support services in the home to provide support and guidance for successfully mobilizing and completing treatment for a child or youth with a serious emotional disturbance (SED).

According to the Missouri Department of Social Services, over half of the children and adolescents who are hospitalized, placed in residential treatment programs, or placed in foster homes could be left with their own families if the family could receive timely intensive home-based services. These families would experience better long-term treatment outcomes.

### **St. Charles County's Current Situation**

St. Charles County recently completed its federal funding of the Partnership with Families program in August of 2005. With local funding, the program was sustained beyond the grant period, and expanded. In 2005, 189 youth received services. The average family received nine hours of services per month. This program currently has a capacity to serve 250 children, youth and their families each year. The program achieved tremendous success, and many of its principles are being used with the State of Missouri as it is building Systems of Care across the State to return youth who are in State custody back to their homes and communities. An essential component of the family focused system is family support services. Family support services are peer support services provided by a parent who has successfully raised, or is in the process of successfully raising, a child who has suffered from a serious emotional disturbance (SED). This support may include guidance during a crisis, or help with education and training. Family support services have been closely evaluated and are being found to have a significant positive impact on the success of the child or youth.

Various studies have estimated that the percentage of youth with a serious emotional disturbance (SED) range anywhere from 5 to 13%. Previous assessments have utilized the 2000 U.S. Surgeon General's report estimates of 7%, and that figure will be used for this study. Based on the 2005 youth population of 86,527, it is estimated that 4,375 youth have a SED in our County. With a penetration rate into the mental health system of 12.5 percent, it is estimated that 547 youth will attempt to seek out services. With a capacity to serve 250 youth per year, 297 youth are going without the services they need, and are at risk of unnecessary hospitalizations, long-term residential treatment or juvenile justice involvement.

Family Advocacy and Community Training (FACT) provides the parent partner portion of the PWF program. They are the first contact with the family and provide ongoing support to parents and the families. Their current capacity to provide these services is equal to the Crider Center's capacity, 250 families. Just as there is not enough care coordination services available, parent partner services falls short by 297 families.

The Crider Center also provides school-based mental health services. These services are provided to students with a mental health diagnosis, but don't need the intensity of services that the Partnership with Families program provides. Still, their mental health problems interfere with learning and can often lead to behavioral problems at school, and by providing supportive services at school and at home, more intensive problems and treatments can be prevented. In 2005, 43 children were provided these types of services, through Crider Center's two school-based mental health consultants. These children received an average of 4.5 hours of service on a monthly basis. For 2006, the number of school-based mental health consultants was increased to 13, with providers in each of the school districts. This capacity increase allows for 275 more children to be served each year. Even with this increase, it is estimated that an additional 400 children who are in need of these services will go without (St. Charles County School District estimates).

The St. Louis Crisis Nursery also began providing home-based family intervention services in January 2006. These efforts are geared to focus on low-income neighborhoods, most notably in St. Charles and Wentzville. They are scheduled to provide follow up services via phone contact to all families who have utilized the Nursery. It is estimated that they will reach 62 families per month or 744 families per year. They also plan on provide 10 home visits per month to families at risk of child abuse. Additionally, they will provide two parent educational enrichment groups, each lasting five weeks, and four Parent Lunch and Learn meetings. It is estimated that through these efforts, an additional 90 families. Lastly, they project providing 30 developmental assessments a month to low income families, in partnership with Parents As Teachers, evaluating for child abuse risk.

### **Our Strengths**

St. Charles County was the first federally funded system of care site in the State of Missouri. Federal funding existed from 1998 through August of 2005. The program was extremely successful in providing clinical and supportive treatment to children with a serious emotional disturbance and their families. This program has successfully prevented over 400 children and youth from entering long-term residential treatment, foster care or the juvenile justice system. Additionally, these youth have been more successful academically and in school functioning. Juvenile justice involvement and recidivism have been greatly reduced for a large majority of the youth involved in PWF. These improvements are a direct result of

the partnerships that have been built with other organizations and the parent support that these families receive from FACT.

The advantages of having these school-based mental health consultants are numerous. By building strength based relationships with school personnel, they are able to work as a team to meet the needs of the child. There is less finger pointing about who is at fault for the child's behavior, and there is a united front so children are not able to play one side against the other. Services are convenient, provided at school or in the home. It also provides an opportunity to educate school personnel about mental illness, reducing the stigma and ignorance.

The Partnership with Families program service capacity has been increased to serve 250 children and youth each year, with family support services being provided to about 250 families per year through Family Advocacy and Community Training.

The St. Louis Crisis Nursery has had tremendous clinical success in preventing child abuse and neglect, and keeping families together. By providing additional support in the home environment, the benefits of temporary shelter and respite can be multiplied and secured.

### **How St. Charles County is in Trouble**

It is estimated that 297 youth with a serious emotional disturbance will go without intensive home-based services, which puts each of them at risk for entering a long-term residential facility. Additionally, it is estimated that 400 children and youth are in need of school-based services because their mental health problems are interfering with their learning at school. It is too early to determine if the home-based services provided by the Crisis Nursery will adequately meet the need in the targeted communities. As they monitor their efforts, future assessments will include this data.

### **How St. Charles County Can Make a Difference**

In order to provide home-based family intervention services to the 297 children and youth beyond our current capacity, it would cost \$2,149,092.00 (297 youth x \$7236 per year). This yearly rate includes the parent partner support portion of the program and all respite, family assistance and wraparound services. In order to provide the school-based mental health consultant services to the 400 children and youth currently in need of these services, the cost would be \$699,273.00 (300 youth x \$49.00 per hour x 40.5 yearly hours + 100 youth (Medicaid) x \$25.66 per hour x 40.5 yearly hours). (Crider Center for Mental Health, FACT)

## **Individual, Group and Family Counseling Services**

Individual, group and family counseling services include psychological evaluations, mental health screenings, and individual, group, and family therapy. These services are beneficial for assisting individuals and families to cope with, adapt to, or resolve a broad variety of stressful circumstances, such as a sudden crisis or emotional trauma. Timely and affordable counseling services allow families and family members the opportunity to address a crisis in its acute phase in an individual, family or group setting, and thereby minimizing the possibility that troubled feelings will emerge in a more troublesome form at a later time.

### **St. Charles County's Current Situation**

St. Charles County has three United Way funded agencies that provide individual, family and group therapy to children and youth on a sliding scale that accommodates the family's ability to pay: Catholic Family Services, Lutheran Family & Children's Services, and Youth In Need. In addition, two of these agencies receive funding through the Community Children's Services Fund, Lutheran Family & Children's Services and Youth In Need. In 2005, these three agencies served 588 children, youth and their families, with Youth In Need turning away 253 youth. For those families that have mental health coverage, there are a large number of private practitioners who serve families and are available on numerous insurance panels.

Almost all funding for an early intervention program called Pinocchio, a program that screens children prior to entering Kindergarten for mental health problems, has evaporated. What was once offered to most elementary school students during the 1990s is now only available to one private elementary school. (Crider Center for Mental Health)

### **Our Strengths**

Increased local funding has allowed for more children to receive the counseling that they need. Catholic Family Services and Lutheran Family & Children's Services have been responsive when families are in need and have done their best to incorporate those families who are requesting services, and they never have a waiting list. They work with children of all ages and with all sorts of affective and behavior disorders. In addition, Youth In Need, through funding through the Community Children's Services Fund, is able to provide individual and family counseling to adolescents.

The Pinocchio Program is considered a best practice program that helps identify mental health issues at an early age, and therefore services can be provided before behaviors become more entrenched and more problematic. Given that most families do not seek out assistance until ages 10 to 12, being able to recognize these issues early allows for earlier and less expensive interventions.

### **How St. Charles County is in Trouble**

It is unclear what the outstanding need for counseling is for two of our agencies as they do not have waiting lists. While it might appear that there isn't a need, neither of these agencies does much to market their services to the general public. Youth In Need did turn away 253 youth due to a lack of funding in 2005. As mentioned earlier, funding has basically dried up for the early intervention and screening program called Pinocchio.

### **How St. Charles County Can Make a Difference**

The cost of providing counseling to the 253 youth turned away last year would be \$141,680 (253 youth x \$70 per hour x 8 sessions (average length of stay)). (Youth In Need, Catholic Family Services, Lutheran Family & Children's Services) In addition, the cost of restoring the Pinocchio program so that every child in St. Charles County entering Kindergarten would receive a mental health screening and subsequent follow-up should something be detected would be \$500,736.00 (192 classrooms x \$2,608.00 per classroom). (Crider Center for Mental Health)

## Summary Table of Needs, Recommendations and Costs

Services	Need	Proposed	Children & Youth Directly Impacted	Additional Family Members Impacted	Total Number of Persons Impacted
<b>Temporary Shelter Services</b>	\$431,618.60	\$431,618.60	145	261	306
<b>Respite Care Services</b>					
Children	\$137,286.24	\$137,286.24	449	808	1,257
Adolescents	\$15,936.80	\$15,936.80	22	40	62
<b>Services to Unwed Mothers &amp; Teenage Parents</b>					
Teen & Unwed Mothers	\$311,700.24	\$311,700.24	183	329	512
Baby Supplies and Furniture	\$14,960.00	\$14,960.00	44	123	167
<b>Outpatient Substance Abuse Treatment</b>	\$572,910.00	\$572,910.00	169	304	473
<b>Outpatient Psychiatric Treatment</b>	\$0.00	\$0.00	0	0	0
<b>Transitional Living Services</b>	\$484,644.16	\$484,644.16	44	79	123
<b>Crisis Intervention Services</b>					
Crisis Response Team	\$15,975.00	\$15,975.00	?	?	?
<b>Prevention Programs</b>					
Sexual Abuse	\$191,192.67	\$191,192.67	4,162	7,492	11,654
Violence & Bullying	\$14,477.02	\$14,477.02	14,613	26,304	40,917
Substance Abuse	\$180,000.00	\$180,000.00	21,525	38,745	60,270
Substance Abuse Counseling	\$494,560.00	\$494,560.00	281	506	787
Suicide	\$35,893.44	\$35,893.44	4,807	8,653	13,460
<b>Home-Based and School-Based Family Intervention Services</b>					
Partnership with Families	\$2,149,092.00	\$2,149,092.00	297	535	832
School-based M.H. Specialists	\$699,273.00	\$699,273.00	400	720	1,120
<b>Individual, Group and Family Counseling &amp; Therapy Services</b>					
Counseling & Therapy	\$141,680.00	\$141,680.00	253	455	708
Pinocchio Program	\$500,736.00	\$500,736.00	577	1,039	1,616
<b>Subtotals excluding prevention</b>			2,583	4,649	7,232
<b>Minus Multiple Served</b>			(517)	(930)	(1,447)
<b>Subtotal</b>	\$6,391,935.17	\$6,391,935.17	2,066	3,519	5,785
<b>Administrative Costs @4.5%</b>	\$287,637.08	\$287,637.08	N/A	N/A	N/A
<b>Totals including prevention</b>	\$6,679,572.25	\$6,679,572.25	47,454	85,219	132,673

To determine the **Additional Family Members Impacted** and the **Total Number of Persons Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by the average numbers per household in St. Charles County. According to the 2000 U.S. Census, the average household size for St. Charles County was 2.8. For **Additional Family Members Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by 1.8. (2.80 minus 1 (the identified child)) For the same categories in the Services to Unwed Mothers and Teenage Parents, 2.8 was used as the multiplier because of the new birth.

To determine the number of **Persons Receiving Multiple Services**, the number of children and youth served through crisis intervention, prevention programs and parent support services were removed from the total, since many of these individuals generally do not require services from other categories. Based on past experience, it is estimated that 25 percent of children require services from several categories. The remainder was multiplied by 25 percent to determine the estimate for those children and youth needing multiple services. That number was then subtracted from the subtotal to give the total need. It is impossible to determine the number of youth that could be help through a crisis response team intervention. It is dependent on the crisis, available time and the number of children and youth impacted by that particular crisis.

Comparing the totals from the above table with the same figures from 2004, the total need is lower by 26,430 youth and just over three million dollars. Due to the influx of local tax dollars, the need has been reduced in a number of categories. Other categories have been impacted by population growth and reduced funding from other sources.

### **The Larger Impact on the Community**

Although the number of people needing services and the number of people within families who would be directly impacted can be determined, the total number of people impacted by these needs not being addressed is much greater and undeterminable. When one thinks about all of the possible contacts a child or youth have, the impact is even more significant. Friends, neighbors, classmates, teachers, principals, church congregations, teammates, classmates in extra-curricular activities and the police are all groups of people that can be adversely affected if these needs are not addressed or favorably affected if they are. It is assumed that if these needs are addressed, that parents will become more productive employees and employers will experience less absenteeism, thereby making a more significant impact on the local business community.

By repairing the broken lives of children and youth now, and by providing additional problem-solving skills through prevention programs to all youth within the County, St. Charles County would be making an investment in their future and ours. Problems can be better managed before they get larger and more ingrained. The provision of these additional skills gives children and youth greater abilities to handle the pressures and stresses they face. Through these efforts, there is an investment in the future safety of your schools, your homes, and your neighborhoods, and a greater quality of life in the community.

### **Conclusion**

The passage of Proposition 1 in November 2004 has begun to make a significant impact within St. Charles County. With the influx of over \$5 million dollars in expanded services for youth every year, service capacity has been increased to meet the demand for help and the ever growing population. Services that were

at risk of folding were re-funded. New programming in school-based prevention has been instituted, and we are moving to a point where all St. Charles County youth will receive beneficial programming to avoid sexual abuse, substance abuse and violence. Home-based services that target lower income families with fewer resources have been instituted so as to reduce the incidence of child abuse. As the population moves westward, so do the services. A facility for outpatient substance abuse treatment has been established in Wentzville, and hopefully within the next year, we will see the birth of new respite home, a runaway shelter and maternity home, thus making services more accessible for the residents of western St. Charles County.

All of this advancement would not be possible if it were not for the support of the community at large. The caring and concerned people of this community saw fit to address the shortfall of services for children and youth, and took a bold step by passing a sales tax measure that will make a significant impact with the outstanding needs. As the mental health leadership of this County, and on behalf of the children and youth of our community, we thank you for your compassion and generosity in putting the needs of young people first.