

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 25, 2010

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EXECUTIVE SUMMARY

This assessment is the sixth study conducted to evaluate the state of mental health and substance abuse services within St. Charles County. It is the third one conducted following the passage of Proposition 1 in November 2004 and the distribution of funds to local agencies starting in the fall of 2005. In 2009, nearly 62,600 children and youth benefited from direct clinical services or from school based prevention programming, and to date, over 264,000 children and youth have been impacted by CCRB funded services.

While these totals are impressive, it is the clinical outcomes for individual families and the community as a whole that have seen the greatest impact. Since the onset of localized funding, we have witnessed a 23 percent drop in child abuse/neglect, a 5 percent drop in teenage pregnancy, a 24.7 percent drop in teenage runaways, a 24 percent drop in delinquency offenses, a 16 percent drop in status offenses, a 20 percent increase in our capacity to serve children and youth with a serious emotional disorder, and an average gain in graduation rates of 1.5 percent. All of these results have occurred in spite of a 23 percent growth in our population, declining sales tax revenues, decreased donor giving and cuts to services from the State of Missouri.

These results echo what was recently presented by Dr. James Heckman, a Nobel Prize economist from the University of Chicago, whose research has demonstrated the economic impact of providing mental health services to children. Communities where these services abound see the impact of greater academic success, a reduction in crime, and employability once these children grow up. Under the wise stewardship of the Community and Children's Resource Board, the investment that the citizens of St. Charles County made back in 2004 is paying great dividends.

While we have made great strides in a very short period of time, this study demonstrates that there is still tremendous need. As of the date of this report, there are 3,538 children and youth in need of help beyond our system's capacity and we are falling short of our goal for universal prevention programming. The on-going national and now local economic downturn has impacted State funding and local giving. Agencies are working diligently to maintain funding, but many have seen a 30 to 40 percent decrease in giving while the demand for services has risen.

As always, we are truly grateful to the citizens of St. Charles County for their faith and support in helping children who are struggling. We remain a community that works well together and prioritizes our most vulnerable citizens. Together we are making a difference for our children today and for generations to come.

What This Study Measures

The Community and Children's Resource Board (CCRB) 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 local statistics were accumulated for this study, with most of the statistics reflecting data from 2009. When local service data was unavailable, State of Missouri 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:

- Behavioral Health Response
- Bridgeway Behavioral Health
- Catholic Family Services
- CHADS Coalition for Mental Health
- Child Center, Inc.
- Children's Home Society
- Crider Health Center
- Family Advocacy and Community Training
- Family Support Services
- Fort Zumwalt School District
- Francis Howell School District
- Kids In The Middle
- Kids Under Twenty One
- Lutheran Family and Children's Services
- Mary Queen of Angels
- Missouri Department of Social Services
- Missouri Kids Count
- National Alliance for the Mentally Ill
- Orchard Farm School District
- Our Lady's Inn
- Preferred Family Healthcare
- St. Charles City School District
- St. Charles County Juvenile Court
- 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 delineated in this study is impacted by a number of factors that remain outside of the agencies' control. Three factors will be highlighted below.

- St. Charles County continues to grow at a rate far exceeding every other county in the state. The county's population grew 47.8 percent in the 1980s, 33.3 percent during the 1990s, and 22.9 percent in the last 8 years. In terms of raw numbers, St. Charles County has been the fastest growing county in the state for the past 30 years. On average, the county is growing by about 8,100 people a year, and since our youth population represents 26 percent, we are adding approximately 2,100 children to our community every year.
- While St. Charles County remained relatively stable in its unemployment figures from 1995, during the latter part of 2008, unemployment jumped dramatically from under 5 percent to 9.5 percent. This change led to an

even greater number of families without health insurance. Adding to the 11.3 percent of families enrolled in Missouri HealthNet for Kids (Medicaid), these families began seeking help at greater rates and utilization of CCRB contracted dollars went from 88 percent in 2007 to 96.7 percent in 2009. The added stress of parental unemployment and the fear or reality of losing their homes was felt by youth.

- The ongoing anxiety tied to the sluggishness of the economy has caused many charitable givers to hold on to their money and those donors who are able to give, are giving less. Charitable giving has been down between 30 and 40 percent across the board. As people are holding onto their money, 2009 sales tax revenues in St. Charles County were down 5 percent compared to 2008, and 2010 revenues are flat compared to 2009. Sales tax and income tax for the State were down dramatically as well, leading to large budget cuts to the Department of Mental Health. It is anticipated that these cuts will continue for the next two to three years, placing a greater burden on local funding.

While the CCRB has been able to tap into reserves in order to maintain services at the level of demand, and has even been able to expand some services, a recovery will be necessary in order to maintain the same level beyond 2011.

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 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 survive, 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 2009, there were 7,000 active missing juvenile cases in the State of Missouri reported by local law enforcement agencies as runaways. This figure is a 19.5 percent decrease from 2007. Of the total from the state, 270 missing juveniles were from St. Charles County, a decrease of 30.6 percent since 2007 (Missouri State Highway Patrol). While numbers are going down across the state, locally it appears that the number of crises leading to youth running away from home has been dramatically reduced due to early intervention strategies.

In 2009, the St. Charles County Family Court had referrals on 758 minors for juvenile status offenses, which include runaway incidents, truancy and curfew violations, a decrease of 16 percent since 2004. In addition, 1,913 minors were referred with juvenile crimes ranging from petty theft and vandalism to serious felonies, a decrease of 23.7 percent from 2004 (Juvenile Court Statistics, St. Charles Family Court).

Youth In Need (YIN) currently operates a 12-bed emergency shelter for runaway and homeless youth, ages 13-18, in the City of St. Charles. Six of the beds are designated for males and the other six are reserved for females. In 2009, they provided shelter services to 310 youth (15.75% decrease from 2007), of which, only 103 were residents of St. Charles County. On average, each youth remains for 8 days and receives 7 hours of individual, group and family counseling.

YIN is also the local provider for Safe Place. This program provides training in two ways: 1) to local businesses so that they can respond to youth who have been victimized or have run away from home, connecting them to YIN services and other community resources, and 2) to schools and other youth serving organizations, providing information on how to access help in times of trouble. In

2009, YIN staff provided 28 Safe Place presentations to 15,153 students and added 15 new business locations, training 3,214 workers.

Our Strengths

Youth In Need has been nationally recognized for its work with runaway, abused and neglected youth. Due to the infusion of school-based prevention services, school-based mental health services, and outpatient counseling services, families are addressing issues before they become crises. As a result, shelter services are in less demand. Along with a 42 percent drop in lengths of stay, and counseling evaluation tools that are leading to higher clinical results, there is less demand and families are being reunited healthier and more quickly. Of the St. Charles County youth served by Youth In Need in 2009, 80 percent saw a significant decrease in destructive, aggressive and illegal behaviors, 89 percent reported living in a safe environments following treatment and 80 percent saw a significant decrease in family conflicts.

Service Gaps

In 2009, 67 St. Charles County youth were turned away from shelter services. Of this number, 36 were turned away or referred elsewhere because of age or because they needed other types of services such as substance abuse treatment or hospitalization. The other 31 youth were turned away because of a lack of capacity at the time of their request. In addition, even with increased funding, another 25 Safe Place presentations are needed to add more sites and to educate more youth.

Cost to Fill the Gap

In order to fill the gap and serve the 31 St. Charles County youth turned away for shelter services, it would cost an additional \$57,350.00 (31 youth X 8 days (average length of stay) X \$170.00 per day plus 31 youth X 7 sessions (average number of sessions of counseling) X \$70.00 per session). To fund the additional 25 Safe Place presentations and trainings would cost \$30,000.00 (25 presentations X \$1,200.00). The total for this category would be \$87,350.00.

Source: Missouri State Highway Patrol, and the St. Charles County Juvenile Court, and 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 the generational cycle of violence and abuse can be broken through the provision of these respite

services. 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 and having their child enter a residential facility. Respite care services are the most requested services of this population.

St. Charles County's Current Situation

According to data from the Missouri Department of Social Services and the Children's Division, the number of substantiated cases of child abuse and neglect in St. Charles County went from 266 children in 2004 to 205 children in 2008, a decrease of 23 percent. This accomplishment is even more significant given that the youth population had grown 23 percent during the same period. The reason for this achievement rests with the expansion of respite beds and the entrance of home-based parenting services into at-risk neighborhoods. In 2008, a third Crisis Nursery was erected in Wentzville, adding 10 more beds, and increasing capacity to 23 beds. While long waiting lists remain, the number of children turned away due to a lack of capacity has decreased, and families experiencing a crisis are more likely to find the help they need rather than reacting violently. As a result, St. Charles County has ranked number one among all Missouri counties in terms of child abuse three out of the last four years. (2009 Missouri Kids Count)

While we have achieved success in this area, the recent economic downturn and other factors have not allowed us to rest on our laurels. The major family risk factors among St. Charles County residents include:

- A high divorce rate; 58.5 percent of parents in the County were paying child support in the state system (up from 56.4 percent in 2005)
- 10,249 children (11.3 percent) were low income children enrolled in Medicaid in 2006
- 1,058 children were receiving public mental health services for a serious emotional disturbance (SED)
- 1,084 children were receiving state subsidized child care (down slightly by 2 percent in 2004)

(2009 Missouri Kids Count)

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.

The St. Louis Crisis Nurseries provide respite to children from birth through age 12. In addition, Children's Home Society and Family Support Services provide respite to children of all ages that have developmental disabilities. Family Support has four respite beds that are available three out of every four weekends, and Children's Home Society has 16 beds available. In 2008, longer

term respite services were added to the treatment menu, as Lutheran Family & Children's Services provided in-home respite to seven children who were at risk of entering the foster care system because their custodial parent was in medical or psychiatric treatment for an extended period of time.

In 2009, the Crisis Nurseries provided respite to 430 children, although many of these children received services on multiple occasions. In addition, Family Support Services provided respite to 6 youth, with each youth receiving an average of 330 hours per year, while Children's Home Society worked with 7 youth in 2009, providing an average of 178 hours per youth per year.

Our Strengths

St. Charles County respite providers possess the expertise to cover the full range of respite from birth to 12, and from youth with normal development to those youth with the most severe developmental disabilities. The increase in available respite is paying off as the number of substantiated child abuse cases is dropping significantly within our community. Since 2004, there has been a 23.7 percent drop in the number of substantiated child abuse and neglect within St. Charles County, while the population has grown 23 percent. The availability and expansion of respite care services has greatly contributed to this tremendous improvement. Of the children seen at the Nurseries, 100 percent were able to return to their natural family and 100 percent remained free from any abuse or neglect. Of the youth seen at Family Support Services, 88 percent were able to remain at home and out of institutional care, and 82.5 percent of the families were able to maintain stable family lives. All of the families receiving services from Children's Home Society reported a reduction in stress, were able to keep their children out of institutional care and remained free of abuse and neglect. (Youth In Need's respite program is not a service funded by CCRB, so clinical outcomes were not available.)

Service Gaps

Despite having the increased capacity to serve more children than two years ago, the Nurseries had to turn away 874 children in 2009.

On the developmental disabilities side, Family Support Services had to turn away three youth due to medical conditions and for being younger than service allows. Children's Home Society reported that they didn't have any children and youth on their waiting list.

Cost to Fill the Gap

In order to fill the entire respite demand, the cost would be \$1,239,246.00. This amount breaks down in the following manner: \$1,209,397.50 to serve the 874 children turned away by the Crisis Nurseries (874 children X 123 hours per average stay X \$11.25 per hour); and \$29,848.50 to serve children and youth with developmental disabilities by Family Support Services (3 youth X 330 hours per average stay X \$30.15 per hour).

Sources: Children's Home Society, Family Support Services, Lutheran Family & Children's Services, and the 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

Overall, there has been a reduction in the number of births to teenage mothers over a four year period, dropping from 262 births in 2003 to 249 births in 2007, or 4.9 percent. While it is doubtful that teenagers are less sexually active, and the number of miscarriages and abortions are unknown, the trend is pointing in a positive direction, particularly as it appears to be going upward nationally. While the percentage of low birth weight infants and infant mortality are on the rise for our county, by 28.4 percent and 25.4 percent respectively, the increases do not appear to be connected with teenage pregnancies and births, as 94 percent of the births to teen mothers receiving help from Our Lady's Inn and Youth In Need were above the 5.5 pound birth weight threshold. Rather, the increase in county women who give birth to children with low birth weight appears to be the result of women who were pregnant with multiple children at the same time. (2009 Missouri Kids Count)

St. Charles County has a residential facility again for pregnant mothers. Our Lady's Inn established a facility in New Melle in 2005 and serves women from 18 year of age and older. They have a current capacity for 14 mothers and in 2009; they served 49 young women, 9 of which were under 19. Our Lady's Inn takes in women who are pregnant and also works with them post-partum. In 2009, they worked with 43 children and babies. The average length of stay is five months.

Youth In Need worked with 168 teen mothers in 2009, a 24.4 percent increase in the number of teen mothers seeking services. They provide group counseling and education in a school setting. They achieve some very significant successes with their clientele which are mentioned later.

Birthright and Mary Queen of Angels also work with teenage mothers providing necessary baby supplies such as cribs, car seats, diapers, and formula. The CCRB has coordinated a county wide baby shower for the past four years, raising over \$220,000 in baby items distributed to five agencies working with teen mothers. As some of the financial stress has been lifted, it is the hope that the risk of child abuse for this population has been reduced.

Our Strengths

The number of teenage mothers giving birth has dropped 4.9 percent since 2003 to 249 live births in 2007. Of the young mothers who received services from Youth In Need, 94 percent delivered babies above the 5 ½ lb. threshold for maturity. In addition, 89 percent of these mothers have continued on with their education, and are working toward graduation or a GED. The Youth In Need staff worked with these young women to learn a variety of important parenting skills, which are crucial to addressing care of their babies and preventing child abuse. They continued to work with them after the baby was delivered, and to date, none of the young women were pregnant with a second child.

Our Lady's Inn provides a residential facility for young mothers, 18 years of age and older. There are still a number of teenage girls who become homeless as a result of their pregnancies, and having a local facility provides greater access and more timely intervention. On average, the young mothers stay about five months and receive the necessary prenatal care as well as parent education. Eighty-five percent of the mothers learn at least six new parenting skills, with 88 percent of them accepting referrals to Parents as Teachers and Early Headstart.

Service Gaps

In 2009, Our Lady's Inn had to turn away 21 teenage mothers-to-be due to capacity. During the same time period, no St. Charles County teens that sought treatment from Youth In Need were turned away.

Cost to Fill the Gap

In order to expand capacity to serve the additional four mothers, it would cost \$534,240.00 (21 mothers X 6 months (average length of stay) X \$4,240 per month). Given current capacity of Youth In Need, no further funding for group education and counseling are needed at this time.

Sources: Our Lady's Inn and Youth In Need

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

St. Charles County has three outpatient substance abuse treatment facilities: two operated by Preferred Family Healthcare and located in Wentzville and St. Charles, and one operated by Bridgeway Behavioral Health, also located in St. Charles. Both organizations receive most of their referrals through the school districts and the juvenile court.

In 2009, these two agencies provided outpatient substance abuse treatment to 414 St. Charles County youth, an increase of 67.6 percent from the previous study. Preferred Family Healthcare's Teams of Concern counseled 135 of these youth within the school district, intervening at an earlier point in the course of the disease, therefore preventing the need for more intensive treatment later on. While no youth were turned away from services in 2009, continued testing, collaboration between the agencies and the schools, and marketing will in all likelihood continue to raise the penetration rates of youth into treatment.

Our Strengths

The local presence of Preferred Family Healthcare and Bridgeway Behavioral Health is an asset to the families they treat since having greater 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 addiction. 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.

Of the 414 youth served by the two agencies, 94 percent demonstrated reduced chemical usage or were completely substance free, 90 percent demonstrated improved school performance and peer relationships, and 89 percent reported fewer conflicts at home with family.

Service Gaps

Previous needs assessments have utilized local data from self-surveys which were 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 9th and 11th graders are extrapolations from the statistics for 8th, 10th and 12th graders.

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

8 th grade	9 th grade	10 th grade	11 th grade	12 th 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 5th 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 4th row and half of the 5th 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. According to the 2009 Missouri Kids Count, St. Charles County's child population was 90,702; therefore, the average per age is 5,039. Applying this average to the percentages of usage and using the assumptions mentioned above, it was determined that there are 2,955 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 9th and 11th graders are extrapolations from the statistics for 8th, 10th and 12th graders.

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

8 th grade	9 th grade	10 th grade	11 th grade	12 th 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 to19
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 5th row and the last two rows indicate usage that is probably best treated with inpatient treatment. The 4th row (3 to 5 days) and half of the 5th row (6 to 9 days) would probably qualify for inpatient treatment.

Based on the previously mentioned population base of 5,039 youth per age, the total number of youth who binge and would benefit from intensive outpatient treatment is 2,827. 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 2,827, there are an additional 565 youth who binge only and would be best treated in an intensive outpatient modality. Adding this total to the 2,955 youth listed previously, the total of youth from the 8th through 12th grades in St. Charles County who would benefit from outpatient substance abuse treatment services is 3,520.

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 th grade	9 th grade	10 th grade	11 th grade	12 th 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 3rd and 4th 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 3,003. When that number of youth is multiplied by 2 percent in order to remove duplicate youth, an additional 60 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 th grade	10 th grade	12 th 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 th grade	10 th grade	12 th 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: 2,955 youth based on regular usage plus 565 youth who only binge plus 60 marijuana users equals 3,580 youth in our County whose usage would indicate a level that would need to be treated with intensive outpatient substance abuse treatment. This figure is an increase of 4.1 percent over the last survey.

Yet even though statistically there are 3,580 youth who are using drugs and alcohol where 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 percent 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.

Cost to Fill the Gap

At an average cost of \$5,055.50 for a seven month round of treatment (average cost between Bridgeway Behavioral Health and Preferred Family Healthcare), the cost of providing these services to all of these youth would be just over \$16 million. Currently, utilization is at 6.7 percent of the overall estimate of need. This rate has occurred after two years of marketing their services and building relationships with the five school districts. Utilization will probably continue to grow, so for the purposes of this study, a 10 percent utilization will be used to determine the need. Should additional funding become available and or if marketing produces a greater utilization rate, future assessments can re-evaluate this percentage as to whether it is significant enough or not. Taking 10 percent of the total number of youth in need of outpatient services indicates that there should be funds for 358 youth. With our current capacity coming in at 250, there are 108 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 \$545,994.00 (108 youth x \$5,055.50 for 7 months of treatment). Intensive outpatient treatment has an average length of stay of seven 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.

Sources: Bridgeway Behavioral Health and Preferred Family Healthcare

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 an 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 has two agencies that provide outpatient psychiatric care to children and youth: Crider Health Center and Catholic Family Services. While Catholic Family Services is willing to serve any child, Crider is limited in how many youth without insurance they can see. In 2009, Crider Health Center served 21 youth with an average of 3.5 hours of psychiatric time and 5.5 hours of nursing and supportive services. Catholic Family Services provided psychiatric care to 78 youth in 2009 with an average of 1.25 hours of service (4 sessions) per child. Combined between the two agencies, 143 children were turned away.

It is estimated that six (6) percent of the youth population suffers from a serious emotional disturbance, and the great majority of these children require psychiatric services. If we account for 11.5 percent being covered by MC+/Medicaid, and say that 9.5 percent is uninsured (current unemployment rate of the county), and if we assume that families with private insurance would seek the help of a private practice psychiatrist, it is estimated that 1,142 youth would be in need of psychiatric care per year. This figure is far greater than the 242 youth who sought treatment from our two agencies in 2009.

Our Strengths

Despite low productivity, those youth who received help improved. Of the youth served at Catholic Family Services, 94 percent showed a reduction of psychiatric symptoms, 92 percent made progress on their treatment goals and 95 percent were medication compliant. Of the youth served at Crider, 82 percent showed a reduction in psychiatric symptoms, 86.5 percent were meeting at least 75 percent of their treatment goals, and 81 percent were medication compliant.

Service Gaps

Depending on whether you are looking at the current penetration rate of youth seeking help or the number of likely psychiatric candidates, the estimate of youth

going without help ranges between 143 and 1,043. While there is a shortage of child psychiatrists in the area, there has been a problem with awareness about available resources. Increased psychiatric funding was available in 2006 and 2007, but greatly underutilized, even with increased awareness of likely referral agencies.

Cost to Fill the Gap

Splitting the difference between the current demand and the anticipated need for psychiatric services, it is estimated that 593 youth would need this psychiatric services. The cost of providing psychiatric and nursing services to these youth is \$430,518.00 (593 youth X \$726.00 (average cost per child per year between the two agencies)).

Sources: Catholic Family Services and Crider Health Center

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 2009, Youth In Need's Transitional Living programs served 39 homeless youth. Due to a lack of bed space, they had to turn away 86 St. Charles County youth who requested services. This figure is a 41 percent increase from 2007 and a 95 percent increase since 2005. The economic downturn of the past two years has contributed to the increase in demand for these services, while limited bed space and lack of available housing units that are affordable have contributed to the number of youth being turned away from the program

Our Strengths

Youth In Need operates the only Transitional Living program for older adolescents in our community and is only of three such facilities in the St. Louis

region. Depending on the youth's particular strengths and weaknesses, Youth In Need provides two different housing options: group homes and independent apartments. Each youth receiving services gets assistance with educational planning, employment, and life skills training. Of the 39 youth receiving help last year, 62 percent were making progress toward completing an educational degree, 76 percent were able to secure and maintain employment and 100 percent were able to learn at least three necessary life skills such as cooking and budgeting.

Service Gaps

In 2009, 86 St. Charles County youth under the age of 19 were turned away from the Transitional Living Program. The large majority of these youth were homeless and not working, putting them at risk of either being a victim of crime or choosing crime as a means to survival.

Cost to Fill the Gap

In order to meet the demand for Transitional Living services for the 86 youth turned away from Youth In Need last year, it would cost \$980,228.00 (86 youth X 139 days (average length of stay) X \$82.00 per day).

Source: Youth In Need

Crisis Intervention Services

Crisis intervention services help to 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

Five 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, the United Way and Behavioral Health Response. A part-time adolescent crisis hotline for adolescents is available through Kids Under Twenty One (KUTO). In total, 6,740 calls from St. Charles County residents were made to these help lines during 2009 (KUTO does not keep track of calls by zip code.). Over half of these calls related to issues with children and youth.

A cooperative relationship exists between mental health agencies and health care organizations that responds to crises in schools and in local communities. These partnerships have responded to a small number of calls from schools for various crises in the past year.

Catholic Family Services provided crisis intervention services to 51 youth in six Catholic schools during 2009, which is a 96 percent increase since 2007. These students were referred by faculty members as the child was experiencing difficulties related to family crises such as divorce and death or socialization problems due to phobias and depression.

Our Strengths

Crider Health Center has personnel that have been trained and are available in times of crisis. Monies are currently available to fund these services through the Department of Mental Health, but recent budgetary cuts put this funding in jeopardy.

The “211” system, operated by the United Way, is now fully operational and families are able to contact them via landlines and by cell phones if they have AT&T, Verizon or Sprint. Additional physicians, schools and ministers need to be educated about this resource in order to make referrals.

Of the 51 students receiving assistance from Catholic Family Services, 96 percent of them developed at least two new coping strategies, 96 percent made progress on their treatment goals, and 93 percent had fewer psychological problems.

Service Gaps

Crisis intervention services are only currently available in six of the eleven Catholic schools in our County. Based on current utilization, at a minimum, there would be an additional 43 students in need of these services if they were expanded for all of the schools. These figures do not include reaching out to other private elementary schools (4) in our County. Monies are not needed to expand current emergency phone systems given the creation of the “211” system, but monies should be set aside to be able to respond to major school-related crises should they arise.

Cost to Fill the Gap

The cost to serve the 43 additional youth for crisis intervention services would be \$17,585.28 (43 youth X 8 hours (average length of stay) X \$51.12 per hour). In the case of a traumatic event, the cost of providing professional support to families, schools and other affected parties averages about \$3,600. This figure is based on 4 staff, 10 hours and a \$90/hour rate. If State funding were to end, it would cost about \$10,800 to handle the 3 crisis events we average on a yearly basis. The total for the two programs is \$28,385.28.

Sources: Behavioral Health Response, Catholic Family Services, Crider Health Center, Kids Under Twenty One, St. Louis Crisis Nursery, United Way, and Youth In Need

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 is 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, there are three different prevention curriculums being provided in our county schools: sexual abuse prevention programming is being provided by the Child Center at the 1st, 4th and 7th grade levels in four of our five public school districts; alcohol and substance abuse prevention programming is being provided by Preferred Family Healthcare in four of the five districts at the junior and senior high school levels; and bullying and violence prevention programming is being provided to all five districts by Crider Health Center and in six of the eleven parish schools by Catholic Family Services. The bullying curriculum targets 1st grade through 8th grade.

In 2009, the Child Center provided sexual abuse prevention programming to 9,038 students and trained 348 parents and 337 school personnel in how to report abuse to local authorities. They are currently in four school districts, and are also working with a number of preschools and daycare facilities.

Bridgeway Behavioral Health offers the only Sexual Assault Response Team (SART) in St. Charles County. They provide counseling and support to victims of sexual assault and rape and their families. Additionally, they provided rape prevention programming to 1,309 high school students during 2009 through a program called CHAMPS. These students received this programming during health class during either their freshman or sophomore year.

Preferred Family Healthcare now operates Teams of Concerns in every district except Fort Zumwalt. In 2007, they added a team to the Francis Howell district, but do not have full coverage for the entire district. Last year, their programs were attended by 13,051 students, and 5,735 parents and 616 faculty members who received training on warning signs of chemical usage. These trainings were developed in order to help identify youth who may be experimenting with alcohol and drugs, or whose usage could be interfering with school performance and behavior.

In 2009, Crider Health Center provided anti-violence programming to 34,675 1st graders through 8th graders in all five districts. During the same time period, Catholic Family Services provided anti-bullying programming to 428 students at six parish schools.

Our Strengths

These programs are well received within our schools and have achieved some impressive results. The Child Center reported that 94 percent of their 1st and 4th graders were able to recall their Body Rights, and 90 percent of the 7th graders were able to learn various forms of sexual harassment and how to respond to it when it occurs. Additionally, 100 percent of the parents reported now knowing how to handle a disclosure if their child informs them that they were approached or were touched inappropriately.

Preferred Family Healthcare's Team of Concerns identified hundreds of children and youth with potential drug, alcohol or mental health problems. Of all the referrals, 135 were referred for substance abuse counseling, and they achieved the following results: 91 percent of the students reported a reduction or the elimination of substance use; 78 percent of them were reported to have had fewer behavioral problems at school; and 83 percent of the parents reported improvement at home.

Of the children that Crider Center served, 99 percent were able to identify at least two different types of bullying, 98 percent were able to verbalize their feelings when faced with peer pressure, and 98 percent reported that they learned how

and when to physically get away from a potentially violent or threatening situation. In addition, 98 percent were able to identify at least two inappropriate responses to feeling angry within themselves, and 99 percent reported feeling better able to reach out to an adult for help and support when faced with a violent situation. Catholic Family Services' programs were also well received and achieved strong outcomes. Of the students receiving help, 90 percent learned to identify at least two different forms of bullying, and 100 percent were able to identify at least two methods for developing self-protection against bullies. In each of the four schools where this programming occurred, there was at least a 50 percent drop in referrals for violence and bullying.

Service Gaps

Currently, the sexual abuse prevention curriculum is not provided in the Orchard Farm school district and in the private and parochial elementary schools. It is estimated that there are 2,349 students in the 1st, 4th and 7th grades in these schools.

While Bridgeway was able to help educate 1,309 high school students on rape prevention, there were 1,211 students that they were unable to serve.

In order to cover the remaining portion of the Francis Howell school district and the Fort Zumwalt school district with substance abuse prevention programming, two additional Teams of Concern would be needed; one team would be assigned to Fort Zumwalt and the other team would be split between Fort Zumwalt and Francis Howell. Based on existing Teams of Concern work, it is estimated that an additional 332 students would be referred for substance abuse counseling.

While anti-violence programming is available to all of the public school children in our County, it is estimated that there are 5,637 private school students who are not receiving these 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. In order to provide this programming to all of the approximate 5,039 freshman in our county, programming would have to be available for 202 classrooms.

Cost to Fill the Gap

The cost of providing sexual abuse programming to the remaining elementary and middle school students would be \$62,882.73 (2,349 youth X \$26.77 per child). The cost to provide the CHAMPS prevention programming to the remaining 1,211 high school students would be \$18,165.00 (1,211 youth X \$15.00 per student).

The cost of providing anti-violence programming to the 5,637 students not currently receiving this programming would be \$25,366.50 (5,637 children X \$4.50 per child)

In order to add the two additional Teams of Concern, the cost would be \$280,077.60 (16 schools X 11 months X \$1,591.35 per month). With 332 likely substance abuse referrals, the cost of providing counseling and case management would be \$231,742.64 (332 youth X 8 hours X \$79.25 per hour for counseling; plus 332 youth X 1.5 hours X \$42.68 per hour for case management).

In order to provide three hours of Suicide Prevention Programming per class, it would cost \$41,208.00 (3 hours per classroom x 202 classrooms X \$68.00 per hour).

The cost to provide these prevention programs to the remaining students not currently receiving them is \$659,442.47.

Sources: Bridgeway Behavioral Health, Catholic Family Services, CHADS Coalition for Mental Health, Child Center, Crider Health Center, and Preferred Family Healthcare

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 could experience better long-term treatment outcomes.

St. Charles County's Current Situation

There are seven community and school-based programs currently operating in our County. These non-traditional services are provided in the families' homes, in their schools, and in their neighborhoods, and they reach out to different populations and address different needs.

The Partnership with Families program was initiated in 1998 through a federal grant awarded to St. Charles County by the Substance Abuse Mental Health Services Administration (SAMHSA). This grant was designed to work with youth with a serious emotional disturbance (SED) and their families as a way to prevent long term residential treatment and involvement in the juvenile justice system with a population at risk of family breakup, expulsion, and crime. The program was a partnership with numerous child serving organizations, but was spearheaded by Crider Health Center who provided care coordination, family assistance and respite, and FACT, who provided valuable parent support to the families. The program was funded federally for seven years and then became funded locally. In 2009, Crider worked with 231 children and youth while FACT worked with 575 parents and 343 children and siblings.

By positioning Mental Health Specialists in the schools, Crider Health Center has been able to work with school personnel to identify at-risk youth who may have a mental illness or who were having trouble achieving academic success. The severity of the problems these youth have been experiencing is significant, but less severe than Partnership With Families youth. By intervening with this population, they are heading off more serious mental health problems. In 2009, they worked with 316 youth who were at risk of suspension or were behaving in a way that was interfering with their learning.

The Crisis Nursery provides both parenting and home-based services to at-risk families in the western portion of St. Charles County as well as working with parents who have utilized their respite services. These families, many of whom were struggling with poverty and unemployment, had children at risk for neglect and abuse until the Nursery began services in their neighborhoods. They worked with 119 parents during 2007 as well as 227 children offering individual, family and group support and educational services.

St. Joachim & Ann Care Services worked with 251 parents and 471 children during 2009. Due to the recent economic downturn, St. Joachim and Ann saw an unprecedented number of new referrals. Most of these families were homeless, while the others were at risk for becoming homeless, due to a variety of financial reasons. These families received support to address financial, emotional, educational and medical needs that either led them into homelessness or were necessary to address in order to get out of homelessness.

The CCRB began funding treatment for children, three to five years of age, suffering with disorders in the autism spectrum at United Services in 2008. Currently, four classrooms with six students each are being funded. These children are taught with one-on-one to help them prepare emotionally and behaviorally for kindergarten.

In 2009, the CCRB funded a Therapeutic Supervised Visitation Program that partners the Family Court and Youth In Need. This program reunites estranged parents with their children in a therapeutic setting with the goal of re-establishing relationships that have been severed by either divorce or abuse/neglect. Last year, they served 13 children and 27 parents.

In 2010, the CCRB funded programming through the National Alliance for the Mentally Ill. They are receiving donated space and have subsequently begun providing help to families in April. They offer a Basics Class and support groups for families who are dealing with children recently diagnosed with a mental illness, and have opened a hotline to handle emergencies and referrals.

Our Strengths

The populations that these services target are often the most difficult to work with, but these services had strong outcomes in 2009. Of the youth that were served by the Partnership with Families program, 85 percent remained out of long-term residential care, 95 percent remained free from any further law enforcement involvement, and 93 percent remained free from out of school suspensions. Additionally, 96 percent did not have a critical incident at home or at school that would necessitate a hospitalization and 100 percent actively participated in their own goal oriented education plan. FACT reported that 89 percent of the children that were at risk for an out-of-home placement were able to return to their own home and 95 percent were able to stay at home through accessing community resources. Seventy-nine (79) percent developed crisis intervention plans, 71 percent of the parents reported that they developed a greater ability to advocate for their children and 83 percent received Behavioral Support Plans at school.

The school-based mental health services also had impressive results. Ninety-four (94) percent of the youth were able to achieve at least 75 percent of their treatment goals, 95 percent remained free from any law enforcement involvement, and 99 percent remained in school and free from suspensions.

In 100 percent of the cases served by Youth In Need in the Therapeutic Supervised Visitation Program, there was a reduction in anxiety and awkwardness between the children and the parents, the parents were able to incorporate the parenting skills they were being taught, parents were able to respond appropriately to the emotional needs of their children, and there were no reports of abuse/neglect or domestic violence.

Ninety-nine (99) percent of the children served through the Crisis Nursery's home-based services remained residing in their own homes and 100 percent of the families remained free from a substantiated child abuse report. In addition, 95 percent of the parents reported learning at least one new strategy for coping with stress and frustration.

NAMI has been providing educational and supportive services to families in the St. Louis region for over 32 years. They are known as the expert in mental illness and in fighting stigma.

St. Joachim and Ann Care Services staff worked with families that were homeless or at risk of becoming homeless. Of the families they worked with, 98 percent of the children enrolled in school, 91 percent showed improvement in either physical or emotional development, and 91 percent showed improvement in peer interaction and greater involvement in school activities. Most importantly, 92.5 percent of the families were residing in a stable housing situation within six months of starting services.

United Services saw tremendous gains with the autistic children they serve; 72 percent of the students improved cognitive skills and completed tasks in 80 percent of the opportunities presented, 72 percent improved their compliance to verbal commands with very few repeated prompts over 80 percent of the time, 80 percent showed improvement in their quarterly education goals, and 87 percent of the children were making improvement in their social skills with peers.

Service Gaps

In 2009, there were 115 families that met the criteria for the partnership With Families (PWF) program that were waitlisted or turned away. Sixty-seven (67) of these youth were assigned to a care coordinator and admitted into the program, leaving 48 families without help. In addition, due to changes occurring with the Department of Mental Health and the Regional Center, there are 25 children who are no longer eligible for services because their diagnosis (ADD, ADHD) is no longer a covered diagnosis.

Crider Health Center does not maintain a waiting list for youth needing help through the School Based Mental Health Specialist Program as the schools determine which students qualifies for admittance to the program. Based on population size for grades 8-12 and incidence of the mental health problems that are best treated with school-based mental health services (4 percent), it is estimated that there would be 893 students per year needing help beyond the current caseloads of the mental health specialists. It is estimated that 11.5 percent of this population has MC+ insurance, which can fund some of these services.

With current funding, the Family Court and Youth In Need are able to serve 20 families, but their need is at least twice this amount. As additional judges become aware of the success of the program, they will be more likely to refer cases into the program.

The Crisis Nursery did not identify any families that sought help in 2009 that they were not able to serve. They have been canvassing neighborhoods in the Wentzville area and educating families about available services.

While the economy continues to be sluggish, the Care Service has seen an increase in demand for help, and as unemployment remains high, they are seeing families that have never had to ask for help before. It is estimated that there are 40 families and approximately 75 children requesting help beyond their current service capacity.

United Services did not identify any children on a waiting list. However, the threat of State funding cuts and a recent report citing that one out of every 150 children born will be diagnosed with autism would increase the need to open additional IBIC rooms at their western facility within a couple of years.

Cost to Fill the Gap

In order to provide PWF services to the 48 youth requesting services beyond the current capacity of the system, it would take \$517,368.96 (48 youth X 86 hours of care coordination on average X \$90.00 per hour; plus 18 youth (36 percent of PWF youth use Family Assistance) X 61.5 hours of family assistance on average X \$64.00 per hour; plus 48 youth X 4 hours of respite on average X \$8.85 per hour; plus 48 youth X 24 hours of parent partner services on average X \$63.63 per hour). To provide parent partner and advocacy services to the 25 children who have been eliminated from eligibility by Regional Center, the cost would be \$62,039.25.

To provide school-based mental health specialist services to the 893 youth currently waitlisted, it would cost \$2,131,704.00 (790 non-Medicaid youth X 36 hours of services per year (average) X \$70.00 per hour; plus 103 Medicaid youth X 36 hours of services per year (average) X \$38.00 per hour).

In order to serve an additional 20 families in the Therapeutic Supervised Visitation Program, it would cost \$43,526.60 (20 families X 13 hours of service (average length of stay) X \$167.41 per hour)

In order to fund services for the homeless families beyond the capacity of the Care Service, it would cost \$35,245.20 (40 families X 23 hours of service per year (average) X \$38.31 per hour).

Sources: Crider Health Center, Crisis Nursery, 11th Circuit Family Court, National Alliance for the Mentally Ill, St. Joachim & Ann Care Services and United Services

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 an 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 minimize the possibility that troubled feelings will emerge in a more entrenched psychiatric symptoms at a later time.

St. Charles County's Current Situation

Currently, there are four agencies that provide traditional counseling to children and families within St. Charles County on a sliding scale basis: Catholic Family Services, Lutheran Family & Children's Services, the Salvation Army, and Youth In Need. Catholic Family Services provided counseling to 54 children in 2009 at their St. Peters office while Lutheran Family & Children's Services provided help to 124 children. Salvation Army served 34 families in their homeless shelter in 2009, which included 60 children. In addition, they provided parenting classes to 45 parents. Youth In Need provided counseling to 487 youth last year, just over twice as many children as in 2007.

Crider Health Center provides a screening program called the Pinocchio Program to young elementary students in kindergarten through 3rd grade to evaluate for emerging behavioral, mental and learning difficulties at two Wentzville elementary schools. In 2009, they screened 2,621 children and provided ongoing services to 290 children.

In 2010, Kids In The Middle (KITM) opened up a facility to serve children and parents who are impacted by divorce. They will provide individual, family and group therapy services. They served 25 St. Charles County children at their Kirkwood location during 2009.

In total, 750 St. Charles County children received counseling services in 2009.

Our Strengths

Each of the funded programs achieved strong results with the families they treated in 2009. Catholic Family Services reported that 87 percent of their youth indicated improved functioning at home and at school, 85 percent reported a reduction in psychological symptoms, and 85% achieved their treatment goals. Of the children served by Lutheran Family & Children's Services, 85 percent reported a reduction in psychological symptoms, 79 percent demonstrated fewer behavioral problems at school and at home, and 85 percent reported having fewer conflicts with parents and siblings. At Youth In Need, 79 percent of the youth showed fewer emotional and somatic symptoms, 81 percent demonstrated fewer emotional and behavioral symptoms, 77 percent showed improved functioning at school and at work, and 77 percent demonstrated improved family and social relationships. The families served in the Salvation Army shelter achieved success with 85 percent of the children learning skills for managing stress and anxiety, and 90 percent of the parents learned new parenting skills.

Service Gaps

In 2009, 205 children and youth were turned away from counseling services at our various counseling agencies.

It is estimated that there are 17,535 Kindergarten-3rd grade students in our county that are not being screened for early signs of behavioral, emotional and learning difficulties. With an average of 25 students per classroom, it would take 701 additional classroom evaluation screenings. It is estimated that 11 percent of Kindergarten through 3rd grade children would need additional support and assistance throughout the rest of the school year through the Pinocchio program.

Cost to Fill the Gap

In order to provide counseling services to the 235 children and youth beyond the capacity of our current providers, it would cost \$121,730.00 (235 youth X 7 sessions X \$74.00 per session (average cost of the three agencies)).

The cost to implement the Pinocchio Program to one-third of the overall need would be \$2,694,971.00 (233 classrooms X \$307.00 per classroom screening); plus 1,929 children X 34 sessions X \$40.00). However, the expansion of this service across the county would take several years, so dividing the total by four would produce a need of \$673,742.75 for the first year.

Sources: Catholic Family Services, Crider Health Center, Lutheran Family & Children's Services, Salvation Army and Youth In Need

Summary Table of Needs, Recommendations and Costs

Services	Need	Children & Youth Directly Impacted	Additional Family Members Impacted	Total Number of Persons Impacted
Temporary Shelter Services	\$57,350.00	31	56	87
Safe Place	\$30,000.00	?	?	?
Respite Care Services	\$1,239,246.00	874	1,573	2,447
Services to Unwed Mothers & Teenage Parents	\$534,240.00	21	38	59
Outpatient Substance Abuse Treatment	\$545,994.00	108	194	302
Outpatient Psychiatric Treatment	\$430,518.00	593	1,067	1,660
Transitional Living Services	\$980,228.00	86	155	241
Crisis Intervention Services	\$17,585.28	43	77	120
Crisis Response Team	\$10,800.00	?	?	?
Prevention Programs				
Sexual Abuse	\$62,882.73	2,349	4,228	6,577
Date Rape Prevention	\$18,165.00	1,211	2,180	3,391
Violence & Bullying	\$25,366.50	5,637	10,147	15,784
Substance Abuse	\$280,077.60	14,435	25,983	40,418
Substance Abuse Counseling	\$231,742.64	332	598	930
Suicide	\$41,208.00	5,039	9,070	14,109
Home-Based and School-Based Family Intervention Services				
Partnership with Families	\$517,368.96	48	86	134
School-based M.H. Specialists	\$2,131,704.00	893	1,607	2,500
Assessment & Advocacy	\$62,039.25	25	45	70
Homeless Services	\$35,245.20	75	135	210
Supervised Visitation	\$43,526.60	20	36	56
Individual, Group and Family Counseling & Therapy Services				
Counseling & Therapy	\$121,730.00	235	423	658
Pinocchio Program	\$673,742.75	483	869	1,352
Subtotals excluding prevention	\$7,431,318.04	3,535	6,361	9,896
Totals including prevention	\$8,090,760.51	32,538	58,567	91,105

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.

It is important to recognize that the total figures for unmet needs contain some duplication of numbers. Of the 3,538 youth needing services beyond prevention programming, some of them will need services from multiple categories, and all of them would probably receive at least one of the prevention programs in their schools. There is also duplication in the prevention programming as the anti-violence and sexual abuse programming is for elementary and middle school students, while the suicide and date rape prevention programs target high school students, and substance abuse prevention covers both middle school and high school. It is impossible to determine exact figures of unduplicated need, but our figures represent the numbers of children not currently receiving help that have at least requested it, and they allow for universal coverage of prevention programming.

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 of our youth and all of our residents. By providing services as problems arise rather than letting them become more ingrained, we can effectively treat children less expensively and without all of the struggles that arise out of an extended course of symptoms. The provision of these additional skills through prevention programming 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 our schools, our homes, and our neighborhoods, leading to a greater quality of life in the community.

Conclusion

Tremendous progress has been made in the nearly five years since localized funding allowed St. Charles County to provide valuable services to its children and youth. These successes are the result of the Community and Children's Resource Board's initial vision of increasing the accessibility of services to families in need and their understanding of how a system of care works. However, these results could not have been accomplished if it weren't for the caring and dedicated staff of our partnering agencies who work with families on a daily basis.

Despite these successes, there are thousands of St. Charles County children still in need of help, and rather than resting on our accomplishments, we need to be aggressive in finding new funding sources and/or in building new partnerships to address these needs. While the economic struggles of our nation are challenging, our children deserve to have all of the services available in order to overcome their struggles, and we must do everything we can to meet these present and future challenges.