

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 22, 2012

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EXECUTIVE SUMMARY

This assessment is the seventh study conducted to evaluate the state of mental health and substance abuse services for children and youth within St. Charles County. It is the fourth 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 2011, over 78,000 children and youth benefited from direct clinical services or from school based prevention programming, and to date, over 414,000 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 8.8 percent drop in teenage pregnancy, a 27.2 percent drop in teenage runaways, a 56.8 percent drop in delinquency offenses, a 40.3 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 within our five school districts of 3.1 percent! In addition, the number of substantiated child abuse cases per year has remained flat since 2005. All of these results have occurred in spite of a 27 percent growth in our population, periods of declining sales tax revenues, decreased donor giving, and cuts to services from the State of Missouri.

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 2,200 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 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.

Within the St. Louis region, there are numerous groups of concerned child and youth advocates that are beginning to meet to develop collective impact goals to address education, recreation, health and mental health, safety, and child care. There are organizations that assist communities in developing these plans such as Strive and Ready by 21. The hope is that communities will pull together business, non-profit, governmental and civic leaders as well as youth to develop a comprehensive plan to make improvements that start at birth and have youth ready for the workforce. St. Charles County needs to consider such an effort where baselines are set, benchmarks are set, best practices are utilized, and plans developed.

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 teenage mothers and fathers
- 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:

- Alliance on Mental Illness-NAMI St. Louis
- Behavioral Health Response
- Bridgeway Behavioral Health
- Catholic Family Services
- CHADS Coalition for Mental Health
- Child Center, Inc.
- Children's Home Society
- Community Living Inc.
- Crider Health Center
- Family Advocacy and Community Training
- Fort Zumwalt School District
- Foster & Adoptive Care Coalition
- 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
- 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 Offices
- Thrive
- United Services
- 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 27 percent in the 2000s. 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 7,660 people a year, and since our youth population represents 27 percent, we are adding approximately 2,068 children to our community every year.

- Unemployment rates jumped to over 10 percent in 2009 and remained high until late in 2010. It fell back to 7 percent in early 2012. When the rate was higher, many families did not purchase anything but necessities. When gas prices skyrocketed for extended periods of time, monies that would have been used to purchase consumer goods were put into gas tanks which slowed sales tax revenue growth. Given pessimism about the future economy or that we will see a slow, but steady growth in the near future, spending remains difficult to predict on a month by month basis.
- 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. The growth in sales tax revenues that St. Charles County experienced in the 1990s and for the first seven years of the 2000s, evaporated in 2008 and 2009, but began to grow in 2010 as unemployment began to decrease. In 2011, revenues grew 6 percent over 2010 as the local economy seemed to pull out of the national economic slump. Utilization of contracted dollars has averaged about 95 percent over the last three years as the economy led to a greater demand for services.

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 fuller 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, which leaves them vulnerable and reliant on their own defenses. Left on the street, these youth may 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 2011, there were 6,421 active missing juvenile cases in the State of Missouri reported by local law enforcement agencies as runaways. This figure is an 8.3 percent decrease from 2009. Of the total from the state, 260 missing juveniles were from St. Charles County, a decrease of 3.7 percent since 2009 (Missouri State Highway Patrol). The number of teenage runaways continues to drop as early intervention services have reduced the demand for shelter services over the past seven years. However, only 46.5 percent of all runaway youth are seeking services from the shelter.

In 2011, the St. Charles County Family Court had 473 referrals on 380 minors for juvenile status offenses, which included runaway incidents, truancy and curfew violations for an increase of 1.9 percent since 2009 but a decrease of 56.8 percent since 2004. In addition, 1,412 minors were referred 1,828 times with juvenile crimes ranging from petty theft and vandalism to serious felonies, a decrease of 11.2 percent since 2009 and a decrease of 40.3 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, and located in the City of St. Charles. Six of the beds are designated for males and the other six are reserved for females. In 2011, they provided shelter services to 274 youth (an 11.6 percent decrease from 2009), of which, 79 were residents of St. Charles County. On average, each youth remains for 10 days and receives 8 hours of individual, group and family counseling, which is more than double the average length of stay in 2006 as the result of youth with more intensive presenting problems.

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 2011, YIN staff provided 13 Safe Place presentations to 319 students.

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. Of the St. Charles County youth served by Youth In Need in 2011, 74 percent saw a significant decrease in destructive, aggressive and illegal behaviors, 100 percent reported living in a safe environments following treatment and 72 percent saw a significant decrease in family conflicts.

Service Gaps

In 2011, 42 St. Charles County youth were turned away from shelter services. Of this number, 17 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 25 youth were turned away because of a lack of capacity at the time of their request. Another 35 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 42 St. Charles County youth turned away for shelter services, it would cost an additional \$49,902.50 (25 youth X 10 days (average length of stay) X \$199.61 per day plus 25 youth X 8 sessions (average number of sessions of counseling) X \$94.00 per session). To fund the additional 35 Safe Place presentations and trainings would cost \$10,500.00 (35 presentations X \$300.00). The total for this category would be \$60,402.50.

Source: Missouri State Highway Patrol, 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 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

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 rose from 205 children in 2008 to 264 children in 2011, an increase of 28.8 percent. This figure is flat compared to the number of substantiated abuse and/or neglect in 2004, while the County's population grew 27 percent. The number of children involved in hotline calls rose from 2,251 in 2008 to 2,486 in 2011, a jump of 10.4 percent, and the number of children with family assessments increased from 1,124 in 2008 to 1,273 in 2011, or 13.3 percent. While our figures have remained flat since 2004, the recent increase can be attributed to overall population growth and the downturn in the economy. The population that utilizes respite services has been struck particularly hard since unemployment rose in 2008. (Missouri Department of Social Services, Children's Division)

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; 59.6 percent of parents in the County were paying child support in the state system (up from 57.3 percent in 2005)
- 11,700 children (12.6 percent) were low income children enrolled in Medicaid in 2009
- 1,118 children were receiving state subsidized child care

(2010 Missouri Kids Count)

These risk factors contributed 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 Community Living provide respite to children of all ages that have developmental disabilities. Community Living 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. However, in 2011, no clients were served in this program.

In 2011, the Crisis Nurseries provided respite to 478 children, although many of these children received services on multiple occasions. In addition, Community Living provided respite to 19 youth, with each youth receiving an average of 460 hours per year, while Children's Home Society worked with 10 youth in 2011, providing an average of 180 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 has remained flat since 2004 while the population has grown 27 percent. 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 Community Living, 100 percent were able to remain at home and out of institutional care, and 100 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 four years ago, the Nurseries had to turn away 687 children in 2011. These children are at greater risk for abuse and neglect and if respite can be provided, we have a greater chance of breaking the generational cycle of abuse and helping these families learn how to manage crises.

On the developmental disabilities side, Community Living 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 \$698,550.75. This amount breaks down in the following manner: \$656,943.75 to serve the 687 children turned away by the Crisis Nurseries (687 children X 85 hours per average stay X \$11.25 per hour); and \$41,607.00 to serve children and youth with developmental disabilities by Community Living (3 youth X 460 hours per average stay X \$30.15 per hour).

Sources: Children's Home Society, Community Living, 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 239 births in 2009, or 8.8 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. During this period, the percentage of low birth weight infants increased by 14 percent while the infant mortality rate went down by 10.8 percent. The increase does not appear to be connected with teenage pregnancies and births as 83.5 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. (2010 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 2011; through CCRB funding, they served 21 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 2011, they worked with 42 children and babies. The average length of stay is five months.

Youth In Need worked with 154 teen mothers in 2011, an 8.3 percent decrease in the number of teen mothers seeking services since 2009. They provide group counseling and education in a school setting. They achieve some very significant successes with their clientele which are mentioned later.

Birtheright 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 five years, raising over \$284,000 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 8.8 percent since 2003 to 239 live births in 2009. Of the young mothers who received services from Youth In Need, 80 percent delivered babies above the 5 ½ lb. threshold for maturity. In addition, 92 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 who are 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. Ninety-two percent of the mothers learn at least six new parenting skills, with 100 percent of them accepting referrals to Parents as Teachers and Early Headstart.

Service Gaps

In 2011, Our Lady's Inn had to turn away 9 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 \$144,270.00 (9 mothers X 229 units of shelter and case management X \$70.00 per unit). 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 2011, these two agencies provided outpatient substance abuse treatment to 542 St. Charles County youth. Preferred Family Healthcare's Teams of Concern counseled 175 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 2011, 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. Having two providers gives families a choice. Both agencies have a highly qualified professional staff and a full range of treatment options depending 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 542 youth served by the two agencies, 81 percent demonstrated reduced chemical usage or were completely substance free, 77 percent demonstrated improved school performance and peer relationships, and 82 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 2010 U.S. Census, St. Charles County’s child population was 92,860; therefore, the average per age is 5,462. Applying this average to the

percentages of usage and using the assumptions mentioned above, it was determined that there are 3,204 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 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 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 5,462 youth per age, the total number of youth who binge and would benefit from intensive outpatient treatment is 3,064. 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 3,064, there are an additional 613 youth who binge only and would be best treated in an intensive outpatient modality. Adding this total to the 3,204 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 3,817.

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 2,063. When that number of youth is multiplied by 2 percent in order to remove duplicate youth, an additional 41 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: 3,204 youth based on regular usage plus 613 youth who only binge plus 41 marijuana abusers equals 3,858 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 7.7 percent over the last survey.

Yet even though statistically there are 3,858 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.

Concurrent to the situation with our youth, there has been a growing heroin epidemic in the St. Louis region. As law enforcement has made a tremendous impact in reducing meth production and usage, the void appears to be filling up with heroin distribution. It appears that most of the product is being imported from Mexico, and is more potent and more quickly addictive. Whereas usage in the 1960s and 70s was largely with a hypodermic needle, heroin now appears in pill and powder form, and is being sold at \$10 a button. Given its high addictability and relatively low cost, it is contributing to an increase in local crime and deaths. While usage currently is predominantly in the 22 to 30 year old range, it is only a matter of time before it works its way down to adolescents. Many heroin users will probably need inpatient services, but with new psychotropic treatments, some clients may be treated in an outpatient setting.

Cost to Fill the Gap

At an average cost of \$4,836.00 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 \$18 million. Currently, utilization is at 14 percent of the overall estimate of need. This rate has occurred after seven years of marketing their services and building relationships with the five school districts. As utilization will probably continue to grow, a 20 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 20 percent of the total number of youth in need of outpatient services indicates that there should be funds for 772 youth. With our current capacity coming in at 542, there are 230 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 \$1,112,280.00 (230 youth x \$4,836.00 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 2011, Crider Health Center served 24 youth with an average of 3.5 hours of psychiatric time. Catholic Family Services provided psychiatric care to 34 youth in 2011 with an average of 4 hours of service per child. Combined between the two agencies, 36 children were turned away, a 75 percent drop from two years ago.

It is estimated that six (6) percent of the youth population suffers from a serious emotional disturbance with the great majority of these children requiring psychiatric services. If we account for 11.5 percent being covered by MC+/Medicaid, and say that 8.0 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 446 youth would be in need of psychiatric care per year. This figure is far greater than the 58 youth who received treatment from our two agencies in 2011.

Our Strengths

Despite low productivity, those youth who received help improved. Of the youth served at Catholic Family Services, 95 percent showed a reduction of psychiatric

symptoms, 95 percent made progress on their treatment goals and 96 percent were medication compliant. Of the youth served at Crider, 78 percent showed a reduction in psychiatric symptoms, 87.5 percent were meeting at least 75 percent of their treatment goals, and 89 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 36 and 446. 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 241 youth would need this psychiatric services. The cost of providing psychiatric and nursing services to these youth is \$293,538.00 (241 youth X \$1,218.00 (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 for Youth; 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 2011, Youth In Need's Transitional Living programs served 53 homeless youth. Due to a lack of bed space, they had to turn away 63 St. Charles County youth who requested services. This figure is a 26.7 percent decrease from 2009

and a 52.2 percent decrease since 2005. Additional funding from St. Louis County Children's Services Fund has allowed Youth In Need to serve St. Louis County youth within St. Louis County, which has opened up bed space within St. Charles County for St. Charles County youth. This change has reduced the number of youth being turned away for transitional living services and counteracted the impact of the downturned economy over the past five years.

Our Strengths

Youth In Need operates the only Transitional Living program for older adolescents in our community and is only one 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 53 youth receiving help last year, 75 percent were making progress toward completing an educational degree, 58 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 2011, 63 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 63 youth turned away from Youth In Need last year, it would cost \$1,662,776.01 (63 youth X 157 days (average length of stay) X \$168.11 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

Four 24-hour toll-free hotlines are available to the citizens of St. Charles County. These hotlines are operated through Youth In Need, the St. Charles Crisis Nursery, the United Way, Behavioral Health Response and a part-time adolescent crisis hotline for adolescents is available through Kids Under Twenty One (KUTO). In total, 3,084 calls from St. Charles County residents were made to these help lines during 2011 (KUTO does not keep track of calls by zip code.).

In 2010, St. Louis County's Children's Services Fund initiated a project called the Youth Connection Helpline, a partnership between Behavioral Health Response (BHR) and Youth In Need. Parents and youth will now have one number they can call and another number for texting. BHR works with the family to resolve the crisis and connects them with the appropriate resource(s) in the community. If the youth needs emergency shelter, then Youth In Need is contacted and shelter and services are provided. In 2012, the same program was opened in St. Charles County. It is anticipated that BHR will serve 556 youth in 2012.

Catholic Family Services provided crisis intervention services to 96 youth in six Catholic schools during 2011, which is an 88.2 percent increase since 2009. 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.

A cooperative relationship exists between mental health agencies and health care organizations that respond 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.

Our Strengths

The St. Charles County Youth Connection Helpline is now operational. BHR and Youth In Need are both making presentations throughout the community to educate youth and parents about how to utilize the services. The ability to utilize texting as a mechanism for communicating with youth is responsive and having one coordinated location for these calls is helpful. The "211" system does not market to the St. Charles area and only received 6 crisis calls for youth in 2011. It is seen more as a resource for financial and utility assistance.

Of the 96 students receiving assistance from Catholic Family Services, 93.5 percent of them developed at least two new coping strategies, 92.5 percent made progress on their treatment goals, and 94 percent had fewer psychological problems.

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.

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 176 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 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 176 additional youth for crisis intervention services would be \$55,640.64 (176 youth X 6 hours (average length of stay) X \$52.69 per hour). In the case of a traumatic event, the cost of providing professional support to families, schools and other affected parties average 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 \$66,440.64.

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. When they are provided universally, there is a consistency of skills and message, which is important when children and youth move from one district to another. They need to be presented at an age before the youth has to face the challenge, and 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 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 five 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; suicide prevention programming is being provided to 8th and 9th graders in three of our five districts; sexual abstinence programming to middle and high school students provided by Thrive; 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 Kindergarten through 8th grade.

In 2011, the Child Center provided sexual abuse prevention programming to 12,909 students and trained 312 parents and 350 school personnel in how to report abuse to local authorities. These figures mark an increase of 2,864 children over 2010. 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 1,186 high school students during 2011 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 they do not have full coverage for the entire district. Last year, their programs were attended by 14,245 students, and 18,877 parents and 625 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 2011, town hall meetings sponsored by the St. Louis County Children's Services Fund and presented by the National Council on Alcoholism and Drug Addiction focused on the growing heroin epidemic in the St. Louis region. These

meetings appear to have had an impact as deaths within that community were reported to be down significantly as of May 2012. In the fall of 2011, the United Way began to convene various funders and providers to develop a regional approach to treating and educating the public about the dangers of heroin. It is anticipated that the providers will have individual county plans together by June 2012, but they won't be completed by this report. Several town hall meetings have already occurred within several of the school districts, but an overall prevention plan hasn't been made available at this time.

Kids Under Twenty One (KUTO) served 2,586 9th graders in 2011 while Thrive provided their Best Choice Sexual Integrity program to 13,642 middle school and high school students in the Fort Zumwalt and Francis Howell School Districts.

In 2011, Crider Health Center provided anti-violence programming to 38,633 elementary students in all five districts. During the same time period, Catholic Family Services provided anti-bullying programming to 495 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 95.5 percent of their 1st and 4th graders were able to recall their Body Rights, and 96 percent of the 7th graders were able to learn various forms of sexual harassment and how to respond to it when it occurs. Additionally, 99 percent of the parents reported that they now know 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, 111 were referred for substance abuse counseling, and they achieved the following results: 93.5 percent of the students reported a reduction or the elimination of substance use; 99.5 percent of them were reported to have had fewer behavioral problems at school; and 96 percent of the parents reported improvement at home.

KUTO reported that 90.4 percent of the freshman receiving their programming had a greater recognition of the warning signs of suicide and that 64 percent reported that they would contact a friend if they began to experience suicidal ideation.

Of the children that Crider Center served, 98.5 percent were able to identify at least two different types of bullying, 97 percent were able to verbalize their feelings when faced with peer pressure, and 97.5 percent reported that they learned how and when to physically get away from a potentially violent or threatening situation. In addition, 98.5 percent were able to identify at least two inappropriate responses to feeling angry within themselves, and 98 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, 96.5 percent learned to identify at least two different forms of bullying, and 93.5 percent were able to identify at least two methods for developing self-protection against bullies. In each of the eight classrooms where this programming occurred, the class set up its own self-policing policy to address 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 2,546 students in the 1st, 4th and 7th grades in these schools. As marketing brochures have circulated, the Child Center has also seen an increase in the demand for mandated reporter training and requests from private schools. Additionally, if Facebook lowers their age requirement for membership, it will probably necessitate offering online enticement safety programming for 3rd and 4th graders.

While Bridgeway was able to help educate 1,186 high school students on rape prevention, there were 1,334 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 6,110 private school students who are not receiving these services.

ThriVe provided sexual abstinence programming to 13,642 youth in the County in 2011, leaving 19,130 youth. However, some of the districts and the private schools have their own sexual abstinence curriculum in their health and religion classes. ThriVe estimates that there are about 1,000 of these youth who are not receiving this type of coursework.

Kids Under Twenty One (KUTO) served 2,586 freshmen within two districts in 2011, but 9th graders in three districts and private schools went without. In order to provide this programming to all remaining freshman in our county, programming would have to be available for 114 classrooms.

Cost to Fill the Gap

The cost of providing sexual abuse prevention programming to the remaining elementary and middle school students would be \$51,785.64 (2,546 youth X

\$20.34 per child). The cost to provide the CHAMPP prevention programming to the remaining 1,334 high school students would be \$20,010.00 (1,334 youth X \$15.00 per student).

The cost of providing anti-violence programming to the 6,110 students not currently receiving this programming would be \$27,495.00 (6,110 children X \$4.50 per child)

In order to add the two additional Teams of Concern, the cost would be \$97,540.52 (7 schools X 11 months X \$1,266.76 per month). With 332 likely substance abuse referrals, the cost of providing counseling and case management would be \$530,008.12 (332 youth X \$1,596.41 per episode of care (includes an assessment, 16 hours of counseling, 4 hours of case management, family therapy and drug testing)).

To expand the Best Choice Sexual Integrity program to serve all remaining 7th through 12th grade would be \$328,079.50. However, best estimates of youth not receiving any information regarding sexual integrity are closer to 1,000 students, so the cost is \$17,150.00 (1,000 students X \$17.15 per student).

In order to provide three hours of Suicide Prevention Programming per class, it would cost \$71,307.00 (3 hours per classroom x 114 classrooms X \$208.50 per hour).

The cost to provide these six prevention programs to the remaining students not currently receiving them is \$815,296.28.

Sources: Bridgeway Behavioral Health, Catholic Family Services, CHADS Coalition for Mental Health, Child Center, Crider Health Center, Kids Under Twenty One, Preferred Family Healthcare and Thrive.

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 nine community and school-based programs currently operating in our County funded by the CCRB. 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, which provided valuable parent support to the families. The program was funded federally for seven years and then became funded locally. In 2011, Crider worked with 310 children and youth, an increase of 34.2 percent, while FACT worked with 532 parents and 354 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 2011, they worked with 331 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 139 parents during 2011, as well as 298 children, offering individual, family and group support and educational services.

St. Joachim & Ann Care Services worked with 417 parents, an increase of 66 percent since 2009, and 649 children during 2011, an increase of 37.8 percent since 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.

In 2008, the CCRB began funding treatment for children aged three to five who suffer with disorders in the autism spectrum at United Services. 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 2011, United Services provided help to 40 children.

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 30 children and 32 parents.

In 2010, the CCRB started to fund programming through the Alliance on Mental Illness- NAMI St. Louis. 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. In 2011, they served 170 parents, 61 professionals and 45 children.

Nurses for Newborns was funded for the first time by the CCRB in 2011. They provide skilled nursing and case management services to young mothers and their children as a means to improve health, bonding, and development while reducing the risk of child abuse and neglect. In 2011, they worked with 87 parents and their children.

In 2012, the Foster & Adoptive Care Coalition's crisis intervention program was funded. This program, based on the evidence-based Homebuilders model developed in California, provides 24/7 availability for crises arising in adopting families. Services are provided in-home and are designed to give them the skills they need to keep them together. They anticipate serving 45 youth in 2012.

Our Strengths

The populations that these services target are often the most difficult to work with, but these services had strong outcomes in 2011. Of the youth that were served by the Partnership with Families program, 88 percent remained out of long-term residential care, 94 percent remained free from any further law enforcement involvement, and 93 percent remained free from out of school suspensions. Additionally, 99 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 94 percent were able to stay at home through accessing community resources. Seventy-seven (77) percent of the parents

reported that they developed a greater ability to advocate for their children and 81 percent received Behavioral Support Plans at school.

The school-based mental health services also had impressive results. Ninety-five (95) percent of the youth were able to achieve at least 75 percent of their treatment goals, 93 percent remained free from any law enforcement involvement, and 99 percent remained in school and free from suspensions.

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, 93 percent of the parents reported learning at least one new strategy for coping with stress and frustration.

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, 100 percent of the children enrolled in school, 93 percent showed improvement in either physical or emotional development, and 93.5 percent showed improvement in peer interaction and greater involvement in school activities. Most importantly, 90 percent of the families were residing in a stable housing situation within six months of starting services. They received accreditation from Council On Accreditation in 2011.

United Services saw tremendous gains with the autistic children they serve; 83.5 percent of the students improved cognitive skills and completed tasks in 80 percent of the opportunities presented, 89 percent improved their compliance to verbal commands with very few repeated prompts over 80 percent of the time, and 75 percent of the children were able to maintain academic skills by completing teacher-directed tasks 80 percent of the time.

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 in 81 percent of the families, the parents were able to incorporate the parenting skills they were being taught in 92 percent of the families, parents were able to respond appropriately to the emotional needs of their children in 81 percent of the families, and there were no reports of abuse/neglect. Only 17 percent of the families reported domestic violence and there were only 7% of the families where there was a motion to modify to reduce visitation.

The Alliance on Mental Illness-NAMI St. Louis has been providing educational and supportive services to families in the St. Louis region for over 32 years. They are known for their vast knowledge of mental illness and in fighting stigma related to these diseases. One hundred (100) percent of the Basics Class participants gained knowledge about their child's mental illness and learned additional skills to help them cope. Of the parents who attended the support

group, 86.8 percent reported feeling less isolated while 76.3 percent of workshop participants were reported to be less judgmental of people's mental illnesses.

Nurses for Newborns saw the following results: 95 percent of the mothers kept their children's immunizations up to date, 93 percent accessed additional community resources, and there weren't any cases of suspected child abuse or neglect.

The Foster & Adoptive Care Coalition has been recognized by Time Magazine for their work in resolving crises and connecting children with other family relatives, avoiding foster care. Their practices are recognized as a best practice by the California Evidence-Based Clearinghouse for Child Welfare. Their 30 Days to Family program has a 71% placement rate.

Service Gaps

In 2011, there were 96 families that met the criteria for the Partnership With Families (PWF) program that were waitlisted or turned away. Thirty-one (31) of these youth were assigned to a care coordinator and admitted into the program, leaving 65 families without help. In addition, due to changes occurring with the Department of Mental Health and the Regional Center, there are 37 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. However, each of the districts has requested additional mental health specialists. Based on requests from the districts, there are 307 children and youth who are in need of these services. It would take an additional 9.5 FTEs to meet this demand (2 FTE for Wentzville, 3 each for Francis Howell and Fort Zumwalt, 1 for St. Charles, and 0.5 for Orchard Farm). Parent Partner services would also be required and it would take 3.5 FTEs of Parent Partners to support the families of these youth.

While there are specialists in our public schools and crisis counselors in over half of the Catholic elementary schools, no such services exist within the Lutheran schools. In total, there are 793 students in their three elementary schools. Services such as assessments, crisis interventions, individual and family counseling, group therapy and case management could benefit children who are suffering from a mental health problem or crisis. It is estimated that about 11 percent of these children, or 90 youth, would need such help.

The Crisis Nursery identified 26 families that sought help in 2011 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 has made some slow progress, the Care Service has seen a tremendous increase in demand for help. As unemployment remains high, they are seeing families that have never had to ask for help before. It is estimated that there are 30 families and approximately 52 children requesting help beyond their current service capacity.

United Services experienced significant funding cuts from the State of Missouri in 2011, leaving several programs impacted. They have determined that 20 children with autistic spectrum disorder need expanded services for longer periods of the day.

The Family Court and Youth In Need was able to serve 30 families, but they waitlisted 13 additional families. Grant funding from the Missouri Domestic Relations Funds was not renewed for fiscal year 2012-13, which will reduce their capacity.

There were 17 parents waitlisted for the Basics Class that the Alliance on Mental Illness-NAMI St. Louis offers. In addition, there is an expressed demand for support groups for children who have parents with a mental illness and for siblings. However, at the time of this report, it is uncertain how many children and youth are requesting or in need of such support groups. As NAMI begins to track requests, the data should be available for the next assessment.

Currently, there aren't any children on the Nurses for Newborns waiting list, however, State funding is in jeopardy which would put more pressure on the need for local funding. Contracts are up for renewal on July 1st.

The Foster and Adoptive Care Coalition proposal for 2012 funding was only partially funded, and it was anticipated that 90 youth would need their services annually. Their 30 Days to Family program does not have any funding in St. Charles County.

Cost to Fill the Gap

In order to provide PWF services to the 65 youth requesting services beyond the current capacity of the system, it would take \$213,722.25 (65 youth X 16.5 hours of care coordination on average X \$76.00 per hour; plus 23 youth (36 percent of PWF youth use Family Assistance) X 36 hours of family assistance on average X \$62.00 per hour; plus 65 youth X 5 hours of respite on average X \$8.85 per hour; plus 65 youth X 25 hours of parent partner services on average X \$48.00 per hour). To provide parent partner and advocacy services to the 37 children who have been eliminated from eligibility by Regional Center, the cost would be \$103,896.00 (37 youth X 39 hours on average X \$72.00 per hour).

To provide school-based mental health specialist services to the 307 youth in need of services in our public school districts, it would cost \$979,997.00 (92 non-Medicaid youth X 41 hours of services per year (average) X \$71.00 per hour;

plus 215 Medicaid youth X 41 hours of services per year (average) X \$39.00 per hour, plus 307 youth X 25 hours on average X \$48.00 per hour for Parent Partner services). In order to provide services to the three Lutheran elementary schools, it would cost \$63,751.50 (90 children X 5 hours on average X \$141.67 per hour).

It would take \$8,057.92 to serve the 26 families currently beyond the capacity of the Crisis Nursery to serve with their home-based services (26 families X 26 hours of service on average X \$11.92 per hour).

In order to fund services for the homeless families beyond the capacity of the Care Service, it would cost \$48,075.30 (30 families X 39 hours of service per year (average) X \$41.09 per hour).

To provide additional services to the 20 children at United Services, it would cost \$83,440.00 (20 children X 350 hours X \$11.92 per hour).

In order to serve an additional 33 families in the Therapeutic Supervised Visitation Program, it would cost \$99,000.00 (33 families X 30 hours of service (average length of stay) X \$100.00 per hour).

To expand the Basics group to serve parents who have requested help in understanding their child's mental illness, it would cost \$1,489.44 (2 groups (17 parents) X 6 sessions X \$124.12 per session).

The cost to provide crisis intervention services to 45 adoptive children is \$56,241.00 (45 youth X 20 hours (average length of stay) X \$62.49).

Sources: Crider Health Center, Crisis Nursery, 11th Circuit Family Court, FACT, the Alliance on Mental Illness-NAMI St. Louis, Nurses for Newborns, 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 five agencies that provide traditional counseling to children and families within St. Charles County on a sliding scale basis or for free: Catholic Family Services, Kids in the Middle, Lutheran Family & Children's Services, the Salvation Army, and Youth In Need. Catholic Family Services provided counseling to 42 children in 2011 at their O'Fallon office while Lutheran Family & Children's Services provided help to 78 children. Salvation Army served 116 parents in their homeless shelter in 2011, which included 80 children. In addition, they provided parenting classes to 45 parents. Youth In Need provided counseling to 324 youth last year, while Kids in the Middle served 188 children of divorce, an increase from 25 children just 2 years ago.

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 four Wentzville elementary schools. In 2011, they screened 3,451 children, found 727 students eligible for services, and provided ongoing services to 309 children.

In total, 1,021 St. Charles County children received counseling services in 2011.

Our Strengths

Each of the funded programs achieved strong results with the families they treated in 2011. Catholic Family Services reported that 91 percent of their youth indicated improved functioning at home and at school, 91 percent reported a reduction in psychological symptoms, and 94 percent achieved their treatment goals. Of the children served by Lutheran Family & Children's Services, 80 percent reported a reduction in psychological symptoms, 83 percent demonstrated fewer behavioral problems at school and at home, and 81 percent reported having fewer conflicts with parents and siblings. At Youth In Need, 78 percent of the youth showed improved individual functioning and reduced emotional and physical symptoms, 77 percent demonstrated an improvement in academic and employment performance as well as social relationships, and 83 percent demonstrated improved family and parental relationships with fewer conflicts. The families served in the Salvation Army shelter achieved success with 75 percent of the children learning skills for managing stress and anxiety, and 90 percent of the parents learned new parenting skills. Of the children and youth receiving services from Kids in The Middle in 2011, 75.5 percent of them demonstrated a reduction in stress and anxiety related to their parents' divorce, 84.5 percent reported having gained positive coping strategies, and 84.5 percent reported that they no longer blame themselves for their parents' divorce.

Parents and teachers of children who received Pinocchio services in 2011 reported behavioral improvement at school and at home in 98 percent of the cases. A similar number was achieved in meeting individualized treatment goals.

Service Gaps

In 2011, 99 children and youth were turned away from counseling services at our various counseling agencies.

It is estimated that there are 18,387 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 736 additional classroom evaluation screenings. It is estimated that 21 percent of Kindergarten through 3rd grade children would need additional support and assistance throughout the rest of the school year through the Pinocchio program. What is unclear at this time is whether or not the other four districts want the program in their district.

Cost to Fill the Gap

In order to provide counseling services to the 99 children and youth beyond the capacity of our current providers, it would cost \$67,914.00 (99 youth X 7 sessions X \$98.00 per session (average cost of the three agencies)).

The cost to implement the Pinocchio Program to the overall need would be \$1,314,754.00 (736 classrooms X \$307.00 per classroom screening, plus 3,861 children X 6 sessions X \$47.00). However, given that it is unclear how many of the districts or the private schools would want this program if offered, the expansion of this service across the county would take several years, so dividing the total by four would produce a need of \$328,688.50 for the first year.

Sources: Catholic Family Services, Crider Health Center, Kids in the Middle, 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 | \$49,902.50 | 25 | 53 | 78 |
| Safe Place | \$10,500.00 | ? | ? | ? |
| Respite Care Services | \$698,550.75 | 690 | 1,456 | 2,146 |
| Services to Unwed Mothers & Teenage Parents | \$144,270.00 | 9 | 19 | 28 |
| Outpatient Substance Abuse Treatment | \$1,112,280.00 | 230 | 485 | 715 |
| Outpatient Psychiatric Treatment | \$293,538.00 | 241 | 509 | 750 |
| Transitional Living Services | \$1,662,776.01 | 63 | 0 | 63 |
| Crisis Intervention Services | \$55,640.64 | 176 | 371 | 547 |
| Crisis Response Team | \$10,800.00 | ? | ? | ? |
| Prevention Programs | | | | |
| Sexual Abuse | \$51,785.64 | 2,546 | 5,372 | 7,918 |
| Date Rape Prevention | \$20,010.00 | 1,334 | 2,815 | 4,149 |
| Violence & Bullying | \$27,495.00 | 6,110 | 12,892 | 19,002 |
| Substance Abuse | \$97,540.52 | 6,232 | 13,150 | 19,382 |
| Substance Abuse Counseling | \$530,008.12 | 332 | 701 | 1,033 |
| Suicide | \$71,307.00 | 2,850 | 6,014 | 8,864 |
| Sexual Integrity | \$17,150.00 | 1,000 | 2,110 | 3,110 |
| Home-Based and School-Based Family Intervention Services | | | | |
| Partnership with Families | \$213,722.25 | 65 | 137 | 202 |
| School-Based M.H. Specialists | \$1,043,748.50 | 397 | 838 | 1,235 |
| Assessment & Advocacy | \$103,896.00 | 37 | 78 | 115 |
| Homeless Services | \$48,075.30 | 52 | 110 | 162 |
| Supervised Visitation | \$99,000.00 | 33 | 70 | 103 |
| Services to Foster Families | \$56,241.00 | 45 | 95 | 140 |
| Services for Autistic Children | \$50,064.00 | 20 | 25 | 37 |
| Home-Based Aftercare | \$8,057.92 | 26 | 55 | 81 |
| Basics Classes | \$1,489.44 | ? | ? | ? |
| Individual, Group and Family Counseling & Therapy Services | | | | |
| Counseling & Therapy | \$67,914.00 | 99 | 209 | 308 |
| Pinocchio Program | \$328,688.50 | 965 | 2,036 | 3,001 |
| Subtotals excluding prevention | \$5,730,466.31 | 2,208 | 4,527 | 6,735 |
| Totals including prevention | \$6,545,762.59 | 22,612 | 47,581 | 70,193 |

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 family in St. Charles County. According to the 2010 U.S. Census, the average family size for St. Charles County was 3.11. For **Additional Family Members Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by 2.11 (3.11 minus 1 (the identified child)). For the same categories in the Services to Unwed Mothers and Teenage Parents, 3.11 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 2,200 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 the sexual abstinence and substance abuse prevention programs cover 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 has, 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 our community.

Conclusion

Tremendous progress has been made in the nearly seven 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.