



**2006 ANNUAL REPORT**  
to the St. Charles County Community



*We're Putting Kids First in St. Charles County*

## **MISSION**

Maximizing community resources to build and sustain a comprehensive system of services for children and families in need.

## **VISION**

Preparing all youth and families to realize a brighter tomorrow.

## **VALUES**

*Collaboration:* The CCRB will encourage collaboration and integration of mental health services and public funds to deliver services that are effective, efficient and continually improved.

*Family Voice:* The CCRB will ensure that children and families in need of services will have a voice and are true partners in the planning, development and delivery of those services.

*Accountability:* The CCRB will help to develop accountable service delivery systems that are responsive to the community as well as public health and welfare authorities.

*Strength Based:* The CCRB will encourage service providers to be strength-based in their approach to providing services to children and families.

## **BELIEFS**

St. Charles County will be a community in which all adults share responsibility for our children and teenagers; where youth can achieve their full potential in a safe and supportive environment; where personal responsibility and respect for others are taught and practiced; where we have the tools and support necessary to nurture and guide our children; and where the needs of young people are our highest priority. To achieve this vision, we must:

- Provide the resources and support services that young people need to grow and excel.
- Expand programs and information that strengthen families and give parents tools to be effective and loving guardians of their children.
- Teach our young people to appreciate diversity in our community and value our differences as well as our similarities.
- Ensure that every child has an equal opportunity in the educational process.
- Demonstrate through our words and actions the importance of personal responsibility and respect for people, places, and things.
- Help children and youth to develop self-esteem, discipline and a sense of connection that will enable them to respond to challenges and become productive members of the community in the future.

April 2007

Dear St. Charles County Residents:

We are pleased to share with you this 2006 Annual Report of the Community and Children's Resource Board of St. Charles County. Late last year we changed our name from the St. Charles County Children and Family Services Authority to more accurately reflect our work in the community. Having completed our strategic plan last summer, we have a new mission and vision, but we still provide the same oversight function.

While utilization of services continues to grow, we are extremely proud of the effectiveness of our service providers. Not only are more children and families receiving the help that they need, but the services are stimulating positive changes with a high percentage of success. We are also seeing the beginning of a trend of fewer intensive services because prevention programs and earlier interventions are reducing the need for more expensive services.

2007 has some exciting things in store. Four new agencies and programs were funded for 2007 and we sponsored the first ever countywide baby shower for teen parents. It raised over \$22,000 in cash donations and merchandise! While we funded a number of small capital projects in 2006, the focus has shifted to major building projects. The first project will be the construction of a new Crisis Nursery in Wentzville in partnership with SSM St. Joseph Hospitals and T.R. Hughes Homes. Construction should start in June with services starting in September 2007.

As always, we seek your voice as input into service priorities. Our meetings are open to the public and take place on the 4th Tuesday at 8:00 a.m. at the Non-Profit Development Center in St. Peters. We welcome your presence and opinions. Thank you for your support and your commitment to all of our children and youth.

Sincerely,

Vince Schneider  
Chairperson of the Board

Bruce Sowatsky  
Executive Director

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## ***2006.....A Year in Reflection***

### **Temporary Shelter Services**

Youth who live in highly conflictual homes or who are victims of child abuse often find themselves alone, and many of them respond by running away from home. They often couch hop, staying with friends until they wear out their welcome. Then they end up on the streets, homeless, and at risk for being further victimized or getting in trouble with the law. Fortunately, *Youth In Need* provides a safe haven and a compassionate and professional staff that can respond to these youth.

In 2006, *Youth In Need* was able to provide temporary shelter services to an additional 74 runaway youth. Of the youth served at the shelter, 86% showed increased coping and problem-solving skills and a reduction in destructive, aggressive and/or illegal behavior. Moreover, 86% showed improved family relationships and functioning at home with fewer conflicts and arguments. Both of these percentages of improvement are higher than results achieved in 2005.

Overall, we are seeing a decrease in the number of runaways in our community and demand has dropped. This trend appears to be the result of a greater number of school-based prevention programs and the availability and usage of counseling when situations are less conflictual. By providing services earlier, family arguments are not escalating into major crises that erupt into abuse or lead to running away from home. Additionally, lengths of stay are being reduced as staff is able to more quickly evaluate effective interventions. In 2007, *Youth In Need* will put more of its resources into its hotline program and creating *Safe Places*, a program that enlists businesses that can respond to runaway, troubled or homeless youth. By creating safe locations across the county, youth who are approached by strangers will have places to turn to for assistance while awaiting help.

### **Respite Care Services**

Children who are at risk of child abuse or families that are experiencing a crisis often need a safe place to stay until the risk or the crisis is over. Additionally, families that have a special needs child or youth due to a developmental disability or a serious emotional disturbance are often worn out and need a break, and respite services provide them with some normalcy. In 2006, three agencies were awarded funding to provide respite services: the *St. Louis Crisis Nursery*, *Family Support Services* and *The Children's Home Society*.

In 2006, the *Crisis Nursery* provided respite services to an additional 795 children at their two locations. Of the children that were served, 100% of the children were able to continue to reside in their natural family home, and 99% of the children were free from any substantiated abuse or neglect. Additionally, over 85% of the parents who received services learned at least two new coping skills for handling crises, reducing the likelihood of needing further services.

*Family Support Services* provided respite to 12 youth in 2006. All of the families served remained intact and the youth stayed out of long term institutional care. Additionally, 86% of the youth had improved socialization skills as a result of the services. The *Children's Home Society* served six



(6) youth in 2006. All of the families receiving help reported reduced stress levels and were able to remain intact.

In practice, respite works. By providing respite, many children who could have been the victim of abuse or neglect were spared those horrible experiences. We have seen a 25% drop in the percentage of children and youth in our county that have substantiated cases of abuse in the past two years, ranking us as the number one county in the state according to Missouri KidsCount. In 2007, funding to *Family Support Services* and *The Children's Home Society* will be continued, and respite services will be expanded to the western portion of the county with a new *Crisis Nursery* being built in Wentzville in summer 2007.

### **Services to Teenage Parents**

While St. Charles County possesses some of the best healthcare in the state, our county ranks 23<sup>rd</sup> in the state in the number of low weight babies being born and 52<sup>nd</sup> in infant mortality. We rank 6<sup>th</sup> in the number of births to teenage mothers which is much improved over previous years with 269 births in 2005.

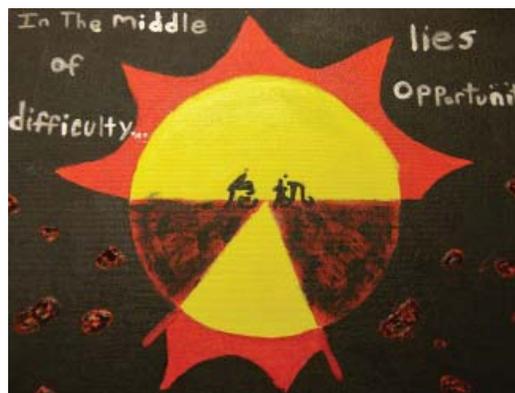
*Youth in Need* provided services to 73 teenage parents in 2006, which included education and support in their high school settings. Of the youth served, 93% of them remained enrolled in an educational program so that they could obtain their high school diploma or a GED, 90% learned how to appropriately respond to their baby's crying, 100% fed their babies appropriately, 100% set appropriate sleep positions, and 100% were educated about the risks of Shaken Baby Syndrome. Additionally, of the 43 children born to these parents this last calendar year, 99% of them were born above the normal birth weight.

In 2007, this program will be expanded to provide services to additional teen parents, and the hope is to involve more teen fathers. *Our Lady's Inn*, a residential program for pregnant mothers, is also being funded in 2007 to provide support services and education for new mothers and siblings.

### **Outpatient Substance Abuse Treatment**

Substance abuse is one of the most difficult problems to treat in youth. With denial being such a strong defense mechanism, and with youth being good at hiding their problems, this problem often persists to the point of addiction. While it is difficult to produce many consequences to affect youth to seek help sooner rather than later, parent involvement is key to treatment success.

The CCRB funds two agencies to provide substance abuse treatment: *Bridgeway Counseling Services*



*In the Middle of Difficulty lies Opportunity  
by a Preferred Healthcare youth*



“Growth” a watercolor from Preferred Healthcare

and *Preferred Family Healthcare*. In 2007, *Bridgeway* provided substance abuse treatment to 46 youth. Of the youth provided services, 88% reported at least a 70% reduction in substance usage with many becoming drug and alcohol free. Additionally, 68% of the youth reported improvement in school functioning and 68% reported improved family relationships at home.

*Preferred Family Healthcare* provided outpatient substance abuse treatment to 93 adolescents in 2006.

Of the youth that were served, 76% either greatly reduced or were free from chemical usage, 100% reported improvement in school, employment or peer relationships, and 50% reported fewer conflicts at home. Forty-four (44) youth also received counseling for substance abuse. Of those youth receiving counseling at school, 73% had greatly reduced or were free from chemical usage, 73% had fewer behavioral problems at school, and 70% reported better school performance or fewer conflicts at home or with the law.

All of these figures are higher than national averages, and would be higher if more parents were involved in the treatment. Additional efforts to engage parents and random drug testing in several of the high schools should improve results and should lead to more referrals for treatment in future years.

### **Outpatient Psychiatric Services**

Psychiatric services are often a critical component to the treatment of children and youth with a mental health diagnosis. Medication is often necessary to allow other forms of treatment to be effective. Funding was provided to two agencies in this category: *Catholic Family Services* and the *Crider Center for Mental Health*. In 2006, *Catholic Family Services* provided outpatient psychiatric services to 52 children and youth. Of the youth that were served, 90% demonstrated medication compliance, 93% demonstrated progress on their treatment plan goals, and 92% showed a reduction in psychological symptoms.

The *Crider Center for Mental Health* served 14 youth in 2006. Of the youth that they served, 90% of them were medication compliant, 90% reported that they were achieving 75% of their treatment plan goals, and 80% demonstrated a reduction in psychiatric symptoms.

Many people remain unaware of the availability of these services in our community, and it is our hope that utilization will increase as awareness goes up. With strong clinical success and better accessibility, improvement from psychiatric symptoms will become more commonplace.

### **Transitional Living Services**

We have an increasing number of older adolescents in our community that are homeless. Many of them have dropped out of school, are unemployed, or lack the skills to live independently. Transitional living programs are designed to address the needs of this population by offering temporary shelter, education, support, and life skills.

Youth In Need provides services in this area. In 2006, 36 youth were provided transitional living services; 14 in the apartment program and 22 in the group home. Of the youth that were served, 80% were making progress on their educational goals of completing high school or getting a GED, 100% were able to obtain and maintain employment, and 100% accomplished new life skills, such as budgeting, keeping a checkbook, and cooking.

Despite their success, the bad news is that on average, three to five youth are turned away from services every week. More needs to be done to help this at-risk and vulnerable population to become productive members of our community.

### **Crisis Intervention Services**

Crises can strike anyone, anytime. Many of these crises are thrust upon children, through no fault of their own, but they must adjust to changes and emotions at hand. Many of these crises impact mood, behavior and school performance, but if services and support are offered at the time of the crisis, deeper issues can be avoided.

In 2006, Catholic Family Services provided crisis intervention services to 22 youth in five different schools. Of the 22 children served, 100% developed at least two new coping strategies for dealing with stress, 95% made progress on their treatment plan goals, and 90% reported reduced psychological symptoms that arose from the crisis.

### **School-based Prevention Services**

Prevention programs are designed to provide skills so that youth are armed with abilities to handle difficult situations should they arise. In this way, larger problems are avoided or at least, reduced. Five programs were funded in this area in 2006: sexual abuse, cyber bullying and date rape prevention by The Child Center; anti-bullying and anti-violence programs in five parochial schools by Catholic Family Services; anti-violence programs for grades 1 through 8 in the public schools by the Crider Center for Mental Health; and substance abuse prevention by Healthy Communities; and substance abuse prevention provided by Preferred Family Healthcare in three school districts.



In 2006, The Child Center provided prevention services to 4,282 elementary students, 1,332 middle school children, 279 parents and 488 professional school personnel. Of the elementary school children, 100% of the students demonstrated an increase in knowledge about how to handle inappropriate touching, with an average gain of 32%. Of the middle school students, 100% demonstrated an increase in knowledge with an average of 12% gained, pre-program to post-program. There was a 93.5% success rate with parents increasing their knowledge and awareness skills and a 96.5% success rate for school faculty.

Catholic Family Services provided anti-violence prevention services to 674 children in 2006. Of the youth that received these services, 95% learned at least two new ways to protect themselves from bullying, and the schools where services were provided reported a 50% reduction in violent and aggressive behaviors, resulting in fewer critical incidents at school.

In 2006, the Crider Center for Mental Health provided anti-violence prevention services to 35,974 elementary and middle school children. Of the children that they served, 98% reported new knowledge about how and when to physically get away from potentially violent or threatening situations; 98% were able to recognize at least two signs of inappropriate responses to anger within themselves and 97% were able to recognize at least two signs of bullying from others; 98% learned how to verbalize their feeling appropriately to peers and adults; and 97% reported being better prepared to seek adult support and assistance when faced with a violent situation.

Healthy Communities provided pre-prom substance abuse prevention information to over 7,400 high school students in 2006. They had hoped to increase knowledge of the risks associated with chemical usage by 35%, but were able to achieve a knowledge increase of 55%! With the usage of their student journalism project, their hope was to have readership of over 11,400 students hearing from their peers about the dangers of chemical usage.

Preferred Family Healthcare provided substance abuse prevention and support in three school districts in 2006: Wentzville, Fort Zumwalt and Orchard Farm. They provided prevention services to 1,686 students, 342 faculty members, and 500 parents. Forty-four (44) students received additional substance abuse counseling. Of this subpopulation, 71% reported a reduction in substance usage, 53% had fewer behavioral problems at school, and 60% of the families reported improvement at home and/or with schoolwork.

### **Home-based and Community Based Services**

Whereas traditional counseling services take place in a professional office, home and community based services take place in the family's home, school and neighborhood. These services utilize the family's own resources, and tend to make the family more comfortable as services take place in their own home environment. Many crises can be averted and it is particularly helpful when the family has transportation problems. Three programs received continued funding in 2006 in this category: Partnership with Families led by the Crider Center for Mental Health and Family Advocacy and Community Training; a program based in the public schools provided by Crider Center for Mental Health; and a program serving low-income families in western St. Charles County run by the St. Louis Crisis Nursery.



In 2006, *Crider Center* served 220 children and youth, and *FACT* served 126 families. Of these families that were served, 90% of the youth remained in their own home and 86% of them remained free from any or further juvenile justice involvement. They improved at school as well with 98% of them remaining free of any critical incident that would expel them from school or land them in the hospital, 99% had a goal oriented education plan and 92% attended the required school days each quarter. Eighty-nine (89%) of the youth were free from out-of-school suspension. Additionally, the parents also found success. All of the parents of these children had their child placed in the least restrictive school setting to allow them to be successful, 71% of the children in out-of-home placements were returned home, 83% received positive behavior support plans, an agreement with the school to avoid suspensions, and 82% of the parents reported being a better advocate for their children. In addition, 72% of the families developed crisis plans and 100% of the families stayed intact. Each of these results is quite remarkable given the severity of the illnesses and the levels of success prior to the program.

*Crider Center's* school based mental health specialist program served 273 youth in 2006. These youth received services in school and at home. The severity of issues was also very intense and the success rates were equally impressive. Of the youth served, 95% of them were able to accomplish at least 75% of their treatment goals, 100% remained in school, and 97% remained free from juvenile justice involvement.

The *Crisis Nursery's* home based program served 531 families which included 1,068 children in 2006. Of these families served, 99% of the children continued to reside in their natural home and 100% of the families remained free from abuse or neglect. Additionally, 86% of the families reported having gained at least 2 new coping strategies for handling stress and frustration.

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

Traditional counseling programs complete the array of services for families, and generally work best with issues less intense than those issues described above. Two counseling programs were funded in 2006: *Lutheran Family and Children's Services* and *Youth In Need*.

In 2006, *Lutheran Family and Children's Services* provided counseling to 58 children and youth and their families. Of the children served, 83% achieved a significant reduction in emotional symptoms, 83% reported a significant drop in inappropriate behaviors that were interfering with school performance, and 80% of the families reported fewer conflicts or were able to understand the conflict to address other underlying issues.

*Youth In Need* provided counseling to 214 children, youth and their families in 2006. Of the youth that were seen, 81% of them showed improvement as evidenced by fewer emotional and somatic symptoms, 84% showed an improvement with fewer chronic mental health symptoms and better behavior, and 79% showed improved family and peer functioning with fewer conflicts.

**Total Number of Children Served Through  
the 2006 Community Children’s Services Fund**

Temporary Shelter for Runaways	74
Respite Services	813
Teenage Parents	73
Substance Abuse Treatment	183
Psychiatric Services	14
Transitional Living Services	36
Crisis Interventions	22
School-based Prevention Programs	50,016
Home and Community-based Family Intervention Services	1,024
Counseling Services	<u>272</u>
<b>TOTAL</b>	<b>52,527</b>

In addition, 779 parents and 830 faculty members were also provided education in the prevention programs; educating them on how to better handle violent situations, identify substance usage and how to respond to disclosures about child abuse.

The larger impact of these successful programs is even further reaching as family members, schools, churches and neighborhoods are impacted for the better.

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***ORGANIZATION AND MEMBER ACHIEVEMENTS.....***

***Heroes for Mental Health awards to Chairman of the Board Vince Schneider  
(April 2006) from Crider Center for Mental Health***

***Putting Kids First - Campaign Team for 2006 Community Builder Award (May 2006)  
from Community Council of St. Charles County***

# ***FINANCIAL INFORMATION***

## **REVENUES**

Sales Tax	\$5,427,550.86
Investment Income	\$153,379.88
Miscellaneous Income	\$90.00
Reimbursement of TIFs	(\$121,207.25)

**TOTAL REVENUES** \$5,459,813.49

## **EXPENSES**

Accounting	\$ 7,200.00
Administration	231,858.52
Bridgeway Counseling (Services)	119,100.00
Bridgeway Counseling (Capital)	7,047.56
Catholic Family Services (Services)	23,071.85
Catholic Family Services (Capital)	40,962.62
Child Center (Services)	170,875.00
Child Center (Capital)	14,995.92
Children's Home Society	9,933.84
Crider Center for Mental Health (Services)	1,495,180.22
Crider Center for Mental Health (Capital)	74,453.38
Crisis Nursery (Services)	318,439.69
Crisis Nursery (Capital)	32,437.24
FACT (Services)	340,200.00
FACT (Capital)	62,853.00
Family Support Services (Services)	22,597.57
Healthy Communities (Services)	67,910.76
Healthy Communities (Capital)	12,378.00
Lutheran Family & Children's Services (Services)	56,770.79
Lutheran Family & Children's Services (Capital)	18,060.00
Mid Missouri Academy (Capital)	3,641.09
Preferred Family Healthcare (Services)	682,974.79
Preferred Family Healthcare (Capital)	13,223.00
St. Joachim and Ann Care Services (Capital)	4,250.00
Youth In Need (Services)	394,020.44

**TOTAL EXPENSES** \$ 4,224,436.18

**EXCESS REVENUES OVER EXPENSES** \$ 1,235,377.31\*

\*2006 Excess Revenues will be rolled back into 2007 and 2008 service or capital projects.



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