



STRATEGIC PLAN
Fiscal Years 2015-2017
(January 1, 2015 to December 31, 2017)

I. History and Background

Prior to 1997, the St. Charles County Mental Health Board of Trustees existed to help oversee the distribution of funds received from state and federal agencies that flowed through the County government to selected agencies. Funds received from these sources were earmarked for either children and youth or adult services depending upon the respective grant application.

In 1997, the Mental Health Board of Trustees changed its name to Children and Family Services Authority of St. Charles County after community leaders noted the need for working with children and youth who were at the time going into long-term residential and juvenile detention centers. Established through St. Charles County Ordinance 97-152, the Authority Board's purpose was to oversee funding from any federal, state or local grants to agencies providing mental health and substance abuse services to the children and youth of St. Charles County. Another focus of the Authority was to lay the groundwork for potential funding created through local tax initiatives, made possible by Missouri State Statutes RSMO 210.860 and 210.861.

In 1998, the County applied to SAMHSA (Substance Abuse Mental Health Services Administration) and was subsequently awarded a federal grant to provide services to children and youth who have a serious emotional disorder. The Children and Family Services Authority oversaw the delivery of the program while working with agencies to rally the community in preparation for a sales tax initiative. This initiative was designed to raise tax dollars for services provided to children and youth challenged by mental health and/or substance abuse treatment issues.

The Authority Board released the first St. Charles County Needs Assessment in 2000, which focused on the gaps in services related to shelter, mental health, substance abuse, and prevention. Later that same year, using data collected in the Needs Assessment, community leadership attempted to pass a 1/8 cent sales tax initiative, which received 49.7 percent of the vote, but failed by 355 votes. In August 2002, an effort was attempted to pass the same sales tax initiative, an effort which received 42.7 percent of the vote. Finally, in November 2004, this measure passed with 52 percent of the vote, creating the Community Children's Services Fund.

The types of services funded through the Community Children's Services Fund included:

- Up to 30 days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth; respite care services and services to unwed mothers;
- Outpatient chemical dependency and psychiatric treatment programs; counseling and related services as a part of transitional living programs; home-based and community-based family intervention programs; unmarried parent services; crisis intervention services, inclusive of telephone hot lines; and prevention programs which promote healthy lifestyles among children and youth and strengthen families;
- Individual, group, or family professional counseling and therapy services; psychological evaluations; and mental health screenings.

In April 2005, sales tax revenues became available to the Authority to fund services for St. Charles County's children and youth-serving organizations. In August of that year, over \$1.5 million was allocated to the following organizations: Youth In Need, Preferred Family Healthcare, Crider Health Center (formerly Crider Center for Mental Health), F.A.C.T., Bridgeway Behavioral Health, The Child Center, Lutheran Family and Children Services, Catholic Family Services and the Crisis Nursery. The annual funds generated by sales tax revenues range is estimated to be approximately \$5.4 to \$6.3 million, and is largely dependent upon local economic trends.

Since the start-up of funding in 2005, the Authority Board, now known as the Community and Children's Resource Board (CCRB), has utilized over \$50 million of the Community Children's Services Fund dollars and has contracts for 2015 in place with 26 child and youth-serving agencies. As the agencies have been building their programs over the past nine years, we have witnessed utilization of services growing from 79 percent in 2005 to 95 percent in 2014.

Contracts for 2015 have been finalized with the CCRB budget set at \$6.63 million to subsidize child and youth-serving agencies. Contract periods are on a calendar year, with applications available on a yearly basis.

MISSION STATEMENT, VALUES, VISION

Following the first Strategic Plan committee meeting in 2006, a recommendation to adopt a new mission statement and a new vision statement was forwarded to the entire Board of Directors' June meeting. The Board voted unanimously to accept those changes, and the new statements are listed below:

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.

II. Description of the Targeted Service Area and Funding Implications

The geographic area served by the Community and Children's Resource Board has been cited as one of the state and nation's fastest growing regions for over three decades. St. Charles County's population stands at 360,485 (2010), with 28.4 percent representing children and youth aged 19 years and younger. The 2013 KIDS COUNT report ranked St. Charles County as the number one county in terms of best places for children in the State of Missouri.

St. Charles County is considered a part of the St. Louis metropolitan area, bounded by the Missouri and Mississippi Rivers. The County is largely suburban with a few remaining rural areas. Demographically, the area has had a small but growing percentage of racial and ethnic diversity. In the last 14 years, the minority population has tripled in size.

Growth: Every report delivered to the community since the mid-1980's has reflected the information that St. Charles County continues to attract larger numbers of families with children and youth than most other regions in the state of Missouri. Not only has the physical numbers of children and youth shown dramatic increases, but also the number of youth with a reported need for mental health services has escalated proportionately to the County's growth. The 2013 KIDS COUNT (Missouri) reported that the number of children receiving mental health services has increased by 40.8 percent from 2008 to 2012. From 2003-2012, the report's Indicators of Child Well-Being section showed rate changes had improved in births to teens, infant mortality, high school dropouts, and violent teen deaths.

The availability of funds collected through the Community Children's Services Fund has provided the means for agencies to better serve children, youth, and their families in areas related to mental health, substance abuse treatment, and child abuse and neglect prevention. The increased numbers of children receiving mental health services combined with the changes reported in the KIDS COUNT report confirms that the dedicated sales tax is making a difference to families in St. Charles County.

Traditionally, the services provided to children and youth challenged with mental or substance abuse issues has largely been provided through the state agency, the Missouri Department of Mental Health. Funding for mental health related problems has declined in both the public and private sectors over the past 30 years.

Challenges: The CCRB funding base experienced an economic recession from 2008 to 2010, similar to what the whole country was experiencing. We witnessed businesses closures, financial institutions faced ruin, and many of our industrial giants laid off workers, filed for bankruptcy, or pulled their purse strings tightly. In 2009, the Community Children’s Services Fund had, for the first time in its funding history, had to reduce its budget spending in the face of fewer sales receipts. During 2011, the CCRB witnessed a return to normalcy in terms of revenues and, by the end of 2011, our organization had seen a 6 percent gain over the previous year. The community continues to witness increases in funding patterns. By October 2014, the CCRB had seen a 6.5 percent revenue increase over 2013.

Accessibility: Accessibility to services has traditionally been one of the greatest challenges facing children and youth with mental health issues and their families. Transportation and service availability have been key factors causing the delay in children receiving treatment. Child and youth serving agencies have established collaborative efforts during the past twenty years in order to better serve families struggling with issues related to mental health and to make accessibility more attainable.

Expanding services to include home and school-based programs have helped but even with these collaborations in effect, many families cannot and/or do not overcome the barriers in traveling to child-serving organizations in order to get appropriate help. Over the past two years, the CCRB has invested in an additional five agencies to help serve the needs of children, youth, and their families in the areas of foster care and adoption, divorcing families, crisis intervention, and prevention services that include suicide prevention and youth sexual integrity and abstinence programming.

Duplication: The Resource Board closely monitors the types of services funded through sales tax dollars in order to minimize duplication of services and programs. The funds used through the CCRB need to cover a wide range of projects, e.g. temporary housing, counseling, school and home based services, crisis intervention, substance abuse prevention, teenage pregnancy and early parenting. There are limited annual dollars available through the sales tax base to fund the County’s growing youth population needs; therefore, the CCRB and staff will work with community youth-serving agencies to best identify those services most critical to the well being of our youth. We encourage greater collaboration between agencies in service provision in order to reach more children, youth and their families as well as working together in fund raising activities and seeking additional funding alternatives.

III. Community Assessments

In 2004, a Children and Youth Needs Assessment Report to the Community identified the ten service area needs listed in the 2001 Missouri Statute (MRS 210.861) that reflected the greatest challenges to at-risk children, youth and their families. These needs included the following:

- Temporary Shelter Services
- Respite Care Services for Children and Youth
- Services to Unwed Mothers and Teenage Parents
- Outpatient Substance Abuse Treatment Services for Adolescents
- Outpatient Psychiatric Treatment for Children and Youth
- Transitional Living Programs
- Crisis Intervention Services
- School-Based Prevention Services
- Home and School-Based Family Intervention Services
- Individual, Group and Family Counseling and Therapy Services

The results of this assessment provided an outline for priorities for funding following the passage of the Community Children’s Services Fund in November 2004. With the total amount of the projected needs

exceeding \$9 million and with the annual anticipated tax funds reaching approximately \$5.5 million, it became necessary for the CCRB to establish funding priorities. These priorities were established by a sub-committee of the CCRB upon review of the 2004 needs assessment and polling results of the public.

Since 2004, the CCRB has conducted bi-annual community needs assessments to help determine emerging changes. The 2014 study reported agency needs over \$6.5 million in mental health, substance abuse treatment, and child neglect and abuse prevention, affecting over 30,900 children and youth and 67,600 families.

Over the past three years, the CCRB has allocated approximately \$5.7 million annually to partner agencies. In 2011, over 78,000 children and youth participated in CCRB funded programs with an additional 14,300 parents and professionals receiving services as well. In 2012 numbers increased to over 82,000 children and youth and 10,903 parents and professionals and in 2013 the numbers were 71,933 children and youth and 15,537 parents and professionals served. In order to maintain a high level of service programs, the CCRB did not dedicate funds to capital and emergency funds over the past three years but has provided supplemental funds to agencies at high risk of program fund depletion before the end of the funding year.

While the number of youth receiving services is a crucial element in determining community impact, clinical success also plays an important role. Over the past two years, the percentage of goals attained by our partner agencies has ranged between 92 and 96 percent. Together, by having both expanded the number of youth receiving help and the success rate of those services, we believe that they have impacted the results seen in the larger community. Since 2005, we have seen the following results:

- A 40.5% drop in teenage pregnancy
- A 44.4% drop in the number of high school dropouts
- A 54.3% drop in the number of runaways
- A 57.4% drop in the number of juvenile delinquency offenses
- A 69.2% drop in the number of status offenses (truancy)

Additionally, the average graduation rate has risen 3.2 percent from 89 to 92 percent during this same time period, and all of these results have occurred while the population has grown close to 30 percent.

Over 95.5 percent of children and youth with serious emotional disorders are able to remain safely in their homes, be successful in school, and remain free from involvement with the juvenile justice system. From a cost savings perspective, it costs about \$600 annually to treat one youth locally compared to \$25,000 to \$40,000 in a state residential facility or juvenile detention center.

While the connection between the expansion and success of mental health and substance abuse services and community trends has not been validated, and it is recognized that other factors are certainly at play, it does seem logical that there is a connection. Further analysis of these significant impacts to show the connection would be valuable in demonstrating the value of these services to the community and the effectiveness of our partner agencies to other potential donors.

(Community Assessments was information taken from Report to St. Charles County Citizens, May 19, 2014)

IV. 2015-2017 Strategic and Organizational Planning

In October 2014, the Board of Directors of the Community and Children's Resource Board began undertaking a strategic planning process, which would outline the organization's strategic goals and operational responsibilities for the following three calendar years (2015-2017).

Team members of the strategic planning process included:

- Kevin Cantwell, Chairman
- Ron Berrey, Ed.D., Vice-Chair, CCRB
- Luanne Cundiff, Treasurer, CCRB
- Linda Haberstroh (member, Board of Directors)
- Larry Marty (member, Board of Directors)
- Nancy Matheny (member, Board of Directors)
- Andrea Robertson (member, Board of Directors)
- Jill Skyles (member, Board of Directors)
- Steve Stahl (member, Board of Directors)
- Bruce Sowatsky, CCRB Executive Director
- Janet Lewien, Grants Administrator
- Michelle McElfresh, Administrative Assistant

The purpose of the strategic plan was to create a framework for CCRB to carry out its mission in serving the overall mental health needs of children and youth residing in St. Charles County.

The CCRB Executive Director, under direction of the Board of Directors, engaged the professional expertise of a strategic planning facilitator, who designed a survey of partner agency stakeholders to gain feedback on services and suggestions for improvements. Strengths and weaknesses of the CCRB were discussed. The majority of improvement areas were process and procedural-based. The following was reported:

Strengths:

1. Responsiveness to questions and concerns (staff and Board)
2. Leadership (staff and Board)
3. Accessibility (staff)
4. Communication of Decisions (staff and Board)
5. Partnership with agencies (staff)
6. Communication of Results (staff and Board)
7. Recognition within the Community (staff)

Overall comments included supportive staff, recognizing agencies as partners in this process, excellence in responsiveness from board and staff, and positive leadership of the agency.

Weaknesses:

1. Partnership (Board)
2. Recognition within the Community (Board)
3. Accessibility (Board)

Overall weaknesses included the need to increase public awareness of the CCRB, the lack of clarity on the outcomes of programs funded by CCRB, the lack of information on how agencies are funded and how agencies can be successful in their applications for funding, and funding small agencies that don't really connect to the system.

Identification of unmet needs by partner agencies of unmet needs includes:

1. Transportation, housing, and food
2. Transitional living for older, homeless youth
3. Need for short term Supervised Visitation program
4. Engagement of immigrant and other new populations to the community
5. Educational advocacy for children with behavioral health challenges
6. Behavioral health services for birth to 8 years with family support for parents and caregivers.
7. Increased support for foster/adoptive families
8. Regional school training/coordinated pre-school to high school prevention programs
9. Increase of drug usage will increase need for current services
10. School-based therapy
11. Availability of psychiatric treatment

Partner agency Chief Executives identified critical issues that they feel CCRB will face in the next two years. They include:

1. Need for services not currently in the CCRB's funding model
2. Insufficient funding to meet demands of increasing number of agencies seeking support, and maintenance of current funding levels of current funded agencies
3. Apathy in school systems about behavioral health issues
4. Political issues affecting funding
5. An increase in psychiatric needs, suicide prevention
6. More emphasis on school-based mental health services
7. More St. Louis agencies will want to apply for funding in St. Charles
8. Poverty and job loss increases child abuse rates
9. Helping agencies build capacity around diversity and inclusion
10. An increasing pressure to fund raise to fill growing gap between unit cost and unit cost rate
11. Capital requests
12. Leadership for collaboration in a community that is growing and becoming diverse
13. Housing and transportation needs for families with mental health needs
14. Building capacity around inclusion and diversity

Chief Executive Officers of partner agencies also responded to what critical issues they believed would be facing CCRB in the next ten (10) years. These include:

1. Integration of diverse populations into the community
2. Increasing psychiatric services, housing needs, suicide prevention
3. Reduction of growth in financial revenues.
4. Increased needs without funding, increased emphasis on outcomes and data
5. Affordable housing
6. Change in staff leadership
7. Growth in current and new programs capital requests
8. Continued public will to keep tax and services in place
9. Continue to balance funding through economic fluctuations and look to alternative solutions to maintain funding levels
10. Replacement of experienced staff

Setting Strategic Objectives: At the October 2014 Strategic Planning session, the CCRB Directors discussed the following as goals for 2015-2017. Recommendations expressed by the facilitator helped to

define institutional issues for the CCRB to consider as part of the Strategic Planning process. Issues pertaining to organizational functions are reflected in the overall organizational strategies for 2015-2017 (attached). Strategic objectives related to broader policy and community issues are as follows:

1. Policy Development

- Develop and design policy on succession planning (all staff positions)
- Develop policy on record retention
- Update policy on vacations/sick leave
- Develop policy on supplemental funding for services and capital requests

2. Logic Model Development

- Design CCRB Organizational Logic Model
- Design Logic Models for Service Areas funded by CCRB

3. Research

- Research outcome measurements and validate correlation to CCRB-funded services. This work may be done in cooperation with other community services funding providers so that expenses of professional research teams can be shared

4. Community Relations

- CCRB will partner with local legislators to ensure the fidelity of legislative issues concerning children's services funds
- CCRB will participate in the Ready by 21 Initiative that will promote alliances with school districts and other youth-serving organizations to help prepare youth in school and personal achievements
- CCRB will participate in community mental health training workshops

(See following Strategic Goals and Timelines and attached Organizational Plan)

2015-2017 Strategic Goals and Plan

GOALS	OBJECTIVE	RESPONSIBLE PARTY	TIMELINE FOR COMPLETION
1. POLICY DEVELOPMENT –The initial process will be to gather information on policies related to succession planning, record retention, and supplemental funding. Following initial writing of policy, the Policies Committee will review and then present to Board for First and Second Readings.			
A. Documentation	1.1.1. Develop written policies for succession planning, record retention, supplemental funding, and revision, if applicable, of current Board policies (Management section)	Lewien/Sowatsky	3/2015
	1.1.2. Review policies with Executive Committee of CCRB and Policies Committee	Lewien/Sowatsky	4/2015
	1.1.3. Policies Committee will present proposed policies at BOD meeting for first reading Agencies will have opportunity to comment	BOD	6/2015 & on-going
	1.1.4. Board will conduct second reading of policies	BOD	7/2015
B. Dissemination and Distribution of new policies and procedures	1.2.1. New CCRB policies and practices will be posted on CCRB websites	Lewien/Sowatsky	8/2015 & on-going
	1.2.2. Board will receive hard copy of new policies for board book	Lewien	8/2015
		McElfresh	9/2015

GOALS	OBJECTIVES	RESPONSIBLE PARTY	TIMELINE FOR COMPLETION
<p>2. LOGIC MODEL DEVELOPMENT: CCRB will design an organizational Logic Model that demonstrates the process and strategies used by the CCRB to reach its community goals. Additionally, Logic Models will also be designed for four service areas funded by the Children’s Services Fund so that community impact is determined through research of community partners’ programs.</p>			
<p>A. Create Logic Model (organizational)</p>	<p>2.1.1. Design Logic Model for CCRB</p>	<p>Lewien</p>	<p>3/2015</p>
	<p>2.1.2. Assess Model with Policies Committee</p>	<p>Lewien/Sowatsky/Committee</p>	<p>4/2015</p>
	<p>2.1.3. Present Model to entire BOD</p>	<p>Committee</p>	<p>5/2015</p>
<p>B. Create Logic Models (service areas)</p>	<p>2.2.1. Design Logic Models for 2 service areas (temporary shelter and teen mom/parent)</p>	<p>Lewien/ partner agencies</p>	<p>6/2015- 12/2015</p>
	<p>2.2.1.a. Gather information for each of 2 service areas</p>	<p>Lewien/ Sowatsky</p>	<p>6/2015- 9/2015</p>
	<p>2.2.1.b. Write Models</p>	<p>Lewien/ Sowatsky</p>	<p>9/2015</p>
	<p>2.2.1.c. Present to Policies Committee</p>	<p>Lewien/ Sowatsky</p>	<p>10/2015</p>
	<p>2.2.1.d. Present to BOD</p>	<p>Policies Committee</p>	<p>11/2015</p>
	<p>2.2.2. Design Logic Models for 2 service areas (home/community based, and counseling)</p>	<p>Lewien</p>	<p>1/2016- 11/2016</p>
	<p>2.2.2.a. Gather information for each of 2 service areas</p>	<p>Lewien/ Sowatsky</p>	<p>1/2016- 5/2016</p>
	<p>2.2.2.b. Write Models</p>	<p>Lewien/ Sowatsky</p>	<p>6/2016- 9/2016</p>
	<p>2.2.2.c. Present to Policies Committee</p>	<p>Lewien/ Sowatsky</p>	<p>10/2016</p>
	<p>2.2.2.d. Present to BOD</p>	<p>Policies Committee</p>	<p>11/2016</p>

GOALS	OBJECTIVES	RESPONSIBLE PARTY	TIMELINE FOR COMPLETION
3. COMMUNITY OUTCOMES:	Research will be conducted to link nine years of data collected from partner agencies' clinical outcomes to impact on community.		
A. Determine partners	3.1.1. Discuss project with LCCRB, FCCRB, City of St. Louis St. Louis County	Sowatsky/ Lewien	2/2015
B. Seek Outside Funding	3.1.2 Seek funding for outcomes/community impact	Sowatsky Lewien	1/2015- 12/2015
C. Researchers	3.1.3. Locate potential researchers for bid on 2-3 service areas funded by CCRB	Sowatsky/ Lewien	3/2015
	3.1.3.a. Receive bids	Sowatsky	4/2016- 5/2016
	3.1.3.b. Determine best researcher/firm and contract	Sowatsky	6/2016
D. Collaborate with Researchers	3.1.4. Provide research firm with data	Sowatsky/ Lewien/McElfresh	7/2016- 12/2016
E. Statistical Report	3.1.5. Researcher will provide CCRB with impact information	Researcher/ Sowatsky	1/2017- 6/2017
F. Report written 12/2015	3.1.5. Researcher will present written report to Executive Director/CCRB	Researcher	
4. COMMUNITY RELATIONS:	CCRB will participate in local, regional, and state initiatives to protect and promote children's services funds.		
A. State Legislation priorities	4.1.1. CCRB will meet with local legislators and other community services fund providers to ensure fidelity of legislation overseeing children's services fund	Sowatsky/ Lewien	1/2016
	4.1.1.a. Executive Director will work with Tom Dempsey and Anne Zerr to determine necessity of legislation to protect children's fund oversight	Sowatsky/ Lewien	1/2016
	4.1.1.b. If needed, legislation will be presented that will protect community's oversight of services fund	Sowatsky/ Lewien/rep	5/2016

GOALS	OBJECTIVES	RESPONSIBLE PARTY	TIMELINE FOR COMPLETION
B. Ready By 21	4.2.2. Participate in regional Ready By 21 initiatives to promote youth readiness projects	Sowatsky/ Lewien	1/2015- 12/2016
	4.2.2.a. Identify key Stakeholders in county child and youth organizations, schools, etc.	Sowatsky/ Lewien	1/2015- 12/2015
	4.2.2.b. Be identified as Point person in St. Charles County to address Ready By 21 projects.	Sowatsky/ Lewien	1/2015- 12/2017
C. Trainings	4.2.3. Organize community mental health training workshops	Sowatsky/ Lewien	1/2015- 12.2017
	4.2.3.a. Determine number of trainings to be offered and where	Sowatsky Lewien	1/2015- 6/2015-
	4.2.3.b. Communicate with schools, organizations about trainings	Sowatsky/ Lewien	4/2015
	4.2.3.c. Deliver trainings	Sowatsky/ Agencies	6/2015- 1/22017