

# **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 23, 2016**

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## EXECUTIVE SUMMARY

This assessment is the ninth study conducted to evaluate the state of mental health and substance abuse services for children and youth within St. Charles County. It is the fifth study conducted following the passage of Proposition 1 in November 2004 and the distribution of funds to local agencies starting in the fall of 2005

With over 76,000 children and youth served in 2015, our funded partners provided clinical services to youth who are struggling with mental health problems and substance abuse, and provided a variety of preventative curricula to arm them with the necessary skills to protect our youth from risky situations. Yet, while it is vital to reach a critical mass in terms of volume of kids served, what is more critical is the quality of those services in improving the lives of the children, youth and families within St. Charles County. Our partner agencies in the 42 programs we fully or partially fund set high standards for outcomes and in 2015 they met or succeeded in 95% of those clinical outcomes. The combination of volume and the quality of our services has allowed us to move the needle on a number of community outcomes for the better.

Since the onset of localized funding, we have accomplished the following community outcomes:

- Infant mortality is down 22%
- Homeless youth is down 26%
- Child deaths are down 27%
- Violent deaths to teenagers are down 32%
- High school dropouts are down 40%
- Number of runaways is down 45%
- Juvenile status offenders are down 48%
- Teenage pregnancy is down 52%
- Juvenile delinquency offenders are down 66%

This study demonstrates that there is still tremendous need. As of the date of this report, there are 6,333 children and youth in need of help beyond our system's capacity and we are falling short of our goal for universal prevention programming. In total, over \$20 million is needed to expand our programs to meet the growing population and demand. We must continue to work together as partners and seek outside sources for financial support of our programs in order to meet these challenges and unmet needs.

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 2015. 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
- Bethany Christian Services
- Big Brothers Big Sisters
- Boys and Girls Clubs of St. Charles County
- Bridgeway Behavioral Health
- Catholic Family Services
- Center for Autism Education
- CHADS Coalition for Mental Health
- Child Center, Inc.
- Children's Home Society
- Community Living Inc.
- Community Psychological
- Compass Health Network/Crider Health Center
- Eleventh Circuit Court of St. Charles County
- Family Advocacy and Community Training
- Fort Zumwalt School District
- Foster & Adoptive Care Coalition
- Francis Howell School District
- Kids Under Twenty One
- Lutheran Family and Children's Services
- Mary Queen of Angels
- Missouri Department of Social Services
- Missouri Kids Count
- Nurses for Newborns
- Orchard Farm School District
- Our Lady's Inn
- Preferred Family Healthcare
- St. Charles City School District
- St. Joachim & Ann Care Services
- St. Louis Crisis Nursery-St. Charles Offices
- Sparrow's Nest Maternity Home
- ThriVe St. Louis
- United Services for Children
- 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. Four factors will be highlighted below.

- **Population Growth**--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 31.6

percent since 2000. Since we began funding services in 2005, the youth population of our County has grown 8.5%. (Missouri Kids Count)

- **Local Economy**--At the beginning of 2016, the unemployment rate for St. Charles County was 3.0 percent. Gasoline prices dropped significantly in 2015 and have stabilized around \$2.00 per gallon, allowing families to have more disposable income, and with homebuilding increasing once again, the local economy is very strong. Sales tax revenues are higher and they have increased every year since 2009. All of these economic indicators are both beneficial in reducing stress for families and for being able to expand services to more families in need.
- **Medicaid Expansion**--The failure of the Missouri Legislature to pass Medicaid expansion has not enabled Missouri to take advantage of Medicaid funds that would cover mental health and substance abuse treatment services. As long as legislators refuse to expand these services, they potentially put the future of our health care systems and hospitals at risk, and as hospitals cut services out of fear and economic reality, there will be greater pressure on the local economy to fund services that they are currently providing. Senator Blunt has passed legislation called the Excellence in Mental Health Act, which could expand Medicaid coverage for behavioral health services. Missouri is one of 24 states to be included in a one-year pilot planning grant, and will be applying to be one of the eight states to initiate this expansion.
- **Health Insurance**--The Affordable Care Act has withstood numerous challenges from federal and state legislators and a Supreme Court ruling. Various attempts to hinder health exchanges from signing up customers as well as internal website rollout problems delayed the mandates in the legislation. While problems still exist and it is unclear when it will completely take effect and what services will be covered, there is a possibility that a number of the services that the CCRB funds will be covered under the ACA. If this situation is to be the case, it is quite possible that our funding could be leveraged to expand services in areas not covered by the ACA such as prevention and respite.

The CCRB has continued to invest revenue growth into the expansion of numerous core programs and the addition of new programs to our service menu. The demand and need for services continues to grow as the population increases.

## **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 2015, there were 6,049 reported missing juveniles in the State of Missouri as reported by local law enforcement agencies as runaways. This figure is a 10.1 percent increase from 2013, but a 42.7 percent decrease since 2005. From the State total, 197 of those missing juveniles were from St. Charles County, a jump of 20.8 percent since 2013 but a 44.8 percent drop since 2005. (Missouri State Highway Patrol). While the long term trend is extremely positive, the recent uptick in runaways is concerning. It is unclear what has led to the recent increase in runaways in our county in the last two years, but it seems pretty clear that if families are able to address the underlying conflicts, youth are less likely to run away.

In 2015, the St. Charles County Family Court had 415 referrals on 353 minors for juvenile status offenses, which included runaway incidents, truancy and curfew violations, an increase of 68.1 percent in the number of youth and an increase of 36.1 percent in the number of referrals since 2013. In addition, there were 941 referrals on 763 minors for juvenile crimes ranging from petty theft and vandalism to serious felonies, a decrease of 20.3 percent in the number of youth and a 77.6 percent drop in the number of referrals since 2013. So, while more minor violations have increased in the last two years, more serious offenses continue to go down (Juvenile Court Statistics, St. Charles Family Court).

Comparing 2005 data to 2015 data, the long term trends for both status and delinquency offenses are very positive. Juvenile status offenders are down 48.3 percent while delinquency offenders are down 66.0 percent (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, located in the City of St. Charles. Six of the beds are designated for males; the other six are reserved for females. In 2015, they provided shelter services to 364 youth (a 24.6 percent increase from 2013), of which, 78 were funded through the CCRB. On average, each youth remains for 10 days and receives 8 hours of individual, group and family counseling.

YIN is also the local provider for Safe Place. This program provides training in two ways: 1) to local businesses so that they can respond to youth who have been victimized or who 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 2015, YIN staff provided 33 Safe Place presentations to 588 students and 87 adults.

### **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 2015, 75 percent saw a significant improvement in coping skills and a reduction in destructive, aggressive and illegal behavior, 100 percent reported living in a safe environment following treatment and 71 percent saw a significant decrease in family conflicts.

### **Service Gaps**

In 2015, 113 St. Charles County youth were turned away from shelter services due to a lack of capacity. Since beds are based on gender, youth can be turned away because there isn't a male bed or a female bed available when they arrive at the shelter. While the business community has enough locations across the county for accessibility, another 25 Safe Place presentations are needed to educate more youth about the available services.

### **Cost to Fill the Gap**

In order to fill the gap and serve the 113 St. Charles County youth turned away for shelter services, it would cost an additional \$259,222.00 (113 youth X 10 days (average length of stay) X \$175.00 per day plus 113 youth X 8 sessions (average number of sessions of counseling) X \$68.00 per session). To fund the additional 25 Safe Place presentations and trainings, it would cost \$7,500.00 (25 presentations X \$300.00). The total for this category would be \$266,722.00.

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

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

According to data from the Missouri Department of Social Services and the Children's Division, St. Charles County ranks fourth in the state for having the lowest rate of substantiated cases of child abuse and neglect. However, in the last four years, we have witnessed a drastic increase in the number of hotline calls and in the number of children with their abuse substantiated, particularly with physical abuse and neglect as indicated in the following tables.

Number of Children and Youth Involved

Year	Substantiated	Unsubstantiated— PSI	Unsubstantiated	Family Assistance	Other	Total
2005	229	43	621	1,342	64	2,299
2006	204	58	654	1,080	195	2,191
2007	245	76	811	1,111	67	2,310
2008	243	82	758	1,100	86	2,269
2009	258	49	825	1,068	89	2,289
2010	245	67	877	1,190	76	2,437
2011	320	98	988	1,371	76	2,853
2012	314	127	964	1,519	58	2,982
2013	267	130	852	1,530	62	2,841
2014	359	134	897	1,772	70	3,232

This table demonstrates that the number of substantiated cases of child abuse and neglect has grown 56.8 percent since 2005, however most of the growth occurred since 2011. The number of hotline calls has increased 42.5 percent since 2005, leading also to the 211.6 percent increase in unsubstantiated with protective services indicated and the 44.4 percent increase in unsubstantiated cases. While some of the growth in these figures can be attributed to the ongoing population growth within the county and the sluggish economy, changes in reporting law in Missouri has had an impact on the sheer volume of hotline

calls made across the state. The Department of Social Services reports that the percentage of calls that end up being substantiated hasn't changed since before the law change, however, because of the increase in calls, it appears that St. Charles County has had an upsurge in child abuse and neglect. It is unclear whether there has been an actual increase in child abuse in our County or if we are now getting a more accurate picture of the actual situation. (Missouri Department of Social Services, Children's Division)

The following table demonstrates the types of abuse our children and youth have suffered at the hands of parents and caregivers.

Year	Physical	Neglect	Emotional	Medical	Educational	Sexual	Total
2005	49	48	3	9	2	56	229
2006	63	82	12	3	0	39	204
2007	70	139	3	5	0	51	245
2008	53	120	14	3	0	49	243
2009	60	147	9	3	0	71	258
2010	59	147	3	7	4	57	245
2011	93	224	14	2	5	47	320
2012	94	232	12	5	3	43	314
2013	89	188	16	7	4	35	267
2014	103	267	35	17	8	57	359

This table shows the most of the growth in abuse is occurring in all of the categories except sexual abuse

In addition, the major family risk factors among St. Charles County residents include:

- Twenty-three point four (23.4) percent of our children live in single parent homes
- Fourteen point three (14.3) percent were low income children enrolled in MO Healthnet in 2014
- Eleven point nine (11.9) percent of our children six and younger are living in poverty

(2016 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 with 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. Bethany Christian Services offers longer term respite in host homes in order to prevent entry into the foster care system.

In 2015, the Crisis Nurseries provided respite to 479 children, and many of these children received services on multiple occasions. In addition, Community Living provided respite to 5 youth, with each youth receiving an average of 413 hours per year, while Children's Home Society worked with 6 youth in 2015, providing an average of 545 hours per youth per year. Bethany Christian served 12 children in 2015.

### **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. Of the children seen at the Nurseries, 99 percent were able to return to their natural family and 98 percent remained free from any abuse or neglect. Of the youth seen at Community Living, 90 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. Bethany Christian Services was able to prevent all of the children utilizing their services from entering the foster care system and 80 percent of their families had fewer conflicts while improving parenting skills.

### **Service Gaps**

Despite having the increased capacity to serve more children than six years ago, the Nurseries had to turn away 483 children in 2015. 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 at year's end, Community Living had 4 youth requesting respite, but Children's Home Society did not have any youth on their waiting list. Bethany Christian is struggling to secure enough host families to meet their demand.

### **Cost to Fill the Gap**

In order to provide respite to every child requesting services from the Crisis Nursery, the cost would be \$153,497.40 (483 children X 28 hours per average stay X \$11.35 per hour). To serve an additional 4 youth at Community Living, the cost would be \$40,143.60 (4 youth X 413 hours (average length of stay) X \$24.30 per hour). The combined cost for both respite programs would be \$193,641.00.

Sources: Bethany Christian Services, Children's Home Society, Community Living, 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 126 births in 2014, or 51.9 percent. While it is doubtful that teenagers are less sexually active, and the number of miscarriages and abortions are unknown, the trend is pointing in a positive direction. During the period 2010-14, the number of low birth weight infants decreased by 173 infants when compared to 2005-09, and the infant mortality rate fell from 5.8 percent to 4.6 percent during the same comparison periods. This percentage drop accounts for 29 fewer children dying per 1,000 live births than before. (2016 Missouri Kids Count)

St. Charles County has two residential facilities for pregnant mothers. Our Lady's Inn established a facility in New Melle in 2005 and serves women from 18 years of age and older. They have a current capacity for 14 mothers, and in 2015; through CCRB funding, they served 13 young women and 37 children and infants. The average length of stay is five months. Sparrow's Nest, a facility for only teenage mothers, opened their doors in 2014. They have the capacity to house eight (8), four mothers and four infants. Young mothers can stay during their pregnancy and up to a year following delivery. They also maintain a strong collaboration with Nurses for Newborns who provides on-site consultation and weekly educational sessions. In 2015, Sparrows Nest housed six (6) teenage mothers at their shelter with an average stay of five months. They provided baby supplies to another 12 young mothers.

Youth In Need worked with 72 teen mothers in 2015, a 55 percent decrease in the number of teen mothers seeking services since 2013. They provide group counseling and education in a school setting. They achieve some very significant successes with their clientele which are mentioned later.

Birthright (St. Charles and Wentzville), Mary Queen of Angels, St. Joachim & Ann, and ThriVe 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 ten years, raising over \$760,000 in baby items distributed to ten agencies working with teen and indigent mothers. Additionally, for the last two years, Harvester Christian Church has held a Wrap-a-Bottom diaper drive with their congregation, with over 650,000 diapers collected during this time. 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 51.9 percent since 2003 to 126 live births in 2014. Of the young mothers who received services from Youth In Need, 91 percent delivered babies above the 5 ½ pound threshold for maturity. In addition, 94 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. On average, the young mothers stay about five months and receive the necessary prenatal care as well as parent education. Of the mothers who delivered children during 2015, 100 percent were born above the weight threshold. One hundred percent of the mothers learned at least six new parenting skills, with 100 percent of them accepting referrals to Parents as Teachers and Early Headstart and/or enrolling in school.

Supporting this decrease in teenage pregnancies has been the preventative work of ThriVe, who has been providing abstinence training for high school students in three of our public districts. Nurses for Newborns worked with 135 new mothers providing them with nursing services to make sure their children developed according to normal milestones, and they provided referrals to mothers who needed mental health services for emotional conditions such as post-partum depression.

### **Service Gaps**

In 2015, Our Lady's Inn had to turn away 47 mothers-to-be due to capacity. During the same time period, Youth In Need did not have to turn away any requests for service.

### **Cost to Fill the Gap**

In order to expand capacity to serve the additional 47 mothers, it would cost \$649,375.50 (47 mothers X 150 units of shelter and case management X \$92.11 per unit). Given current capacity of Youth In Need, no further funding for group education and counseling are needed at this time.

Sources: Nurses for Newborns, Our Lady's Inn, Sparrow's Nest 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**

On the last day of 2015, Bridgeway Behavioral Health merged with Preferred Family Healthcare. Under the new agreement, they will be merging a variety of management functions and re-organizing their supervisory structure, but they will maintain three locations for youth to receive outpatient substance use treatment. Most of their referrals will continue to come from the school districts and the juvenile court.

In 2015, these two agencies provided outpatient substance abuse treatment to 335 St. Charles County youth. An additional 95 St. Charles County youth were seen through Preferred's C-STAR program. Furthermore, Preferred Family Healthcare's Teams of Concern counseled 241 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 2015, continued testing, collaboration with the schools, and marketing will in all likelihood continue to raise the penetration rates of youth into treatment.

As predicted, the heroin epidemic has reached into the teenage population of St. Charles County. Whereas five years ago the typical heroin user was between the ages of 22 and 35, dealers have recently focused their trade on a younger population. With the low purchase price, a pill form of the drug, and with pain medication being a gateway into heroin usage, it is easy to see why adolescents are a target population for dealers. Since 2014, we have witnessed the deaths of several adolescents who died as a result of heroin.

### **Our Strengths**

The merger of Preferred Family Healthcare and Bridgeway Behavioral Health allows for a greater statewide presence as well as a greater competitive advantage for treatment dollars. Having three local locations within the County remains an asset to the families they treat since having greater local access allows more family involvement and therefore, a greater likelihood of successful treatment. Preferred Family and Bridgeway are in the process of merging professional staff. The merger has allowed Preferred Family to add a rural overnight facility that Bridgeway had developed called The Farm. This facility, located in nearby Lincoln County, is currently available for male adolescents only with overnight capability. This treatment option offers a remote location that reduces the opportunity to interact with friends who supported their chemical habits while offering new equine, recreational and occupational therapies. Plans are to add a female facility in the near future. This full range of treatment options allows for greater individualized care custom suited for all types of youth, depending on the severity of the use 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 335 youth served by the two agencies, 79 percent demonstrated reduced chemical usage or were completely substance free, 83 percent demonstrated improved school performance and peer relationships, 85 percent eliminated any further drug-related involvement in the legal system, 88 percent demonstrated fewer psychiatric symptoms, and 83 percent reported fewer conflicts at home with family.

## **Service Gaps**

Previous needs assessments have utilized local data from self-reporting 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 9<sup>th</sup> and 11<sup>th</sup> graders are extrapolations from the statistics for 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders.

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

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

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

Given that U.S. Census data does not break down population by each age, an average number of youths per age are used for the calculations. According to the 2015 U.S. Census estimate provided to the St. Louis Post Dispatch, St. Charles County's child population was 95,241; therefore, the average per age is 5,291. Applying this average to the percentages of usage and using the assumptions mentioned above, it was determined that there are 3,103 youth whose usage would indicate a level that would benefit from intensive outpatient treatment program.



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

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

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

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

Based on the previously mentioned population base of 5,291 youth per age, the total number of youth who binge and would benefit from intensive outpatient treatment is 2,968. Based on the clinical experience of Preferred Family Healthcare, there is considerable overlap between the youth who binge and those youth who use regularly of approximately 80%. Therefore, applying the remaining percentage of 20% to the above total of 2,968, there are an additional 594 youth who binge only and would be best treated in an intensive outpatient modality. Adding this total to the 3,103 youth listed previously, the total of youth from the 8<sup>th</sup> through 12<sup>th</sup> grades in St. Charles County who would benefit from outpatient substance abuse treatment services is 3,697.

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

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

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

The 3<sup>rd</sup> and 4<sup>th</sup> rows (3 to 19) in this table indicate a level of usage that would benefit from intensive outpatient treatment. The total number of youth in our County in this category is 3,153. When that number of youth is multiplied by 2 percent in order to remove duplicate youth, an additional 63 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 other types of illegal drugs?*

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

The calculation of need is as follows: 3,103 youth based on regular usage plus 594 youth who only binge plus 63 marijuana abusers equals 3,760 youth in our County whose usage would indicate a level that would need to be treated with intensive outpatient substance abuse treatment.

Yet even though statistically there are 3,760 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. The lower demand is attributed to very primitive defense mechanisms such as denial, projection and minimization used by adolescents as well as their parents will reduce the number who will request these services even if funding was available to build to capacity.

In addition to factors that reduce the actual demand for services, some of these youth have insurance that will cover these services. While some form of medical insurance covers approximately 88 percent of Missouri youth, not every family

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

### **Cost to Fill the Gap**

At an average cost of \$5,333.94 per month and an average six and a half month round of treatment, the cost of providing these services to all of these youth would be just over \$130 million! Currently, utilization is at 11.4 percent of the overall estimate of need. This rate has occurred after ten years of marketing services and building relationships with the five school districts. As utilization will probably continue to grow, twenty 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 752 youth. With the current capacity coming in at 430, which includes 95 youth covered by C-STAR, there are 322 youth unlikely to get the help when they request it.

The cost of providing intensive outpatient substance abuse treatment to the 322 youth who need these services is \$11,163,936.42 (322 youth x \$5,333.94 for 6.5 months of treatment). Intensive outpatient treatment has an average length of stay of six and a half 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. In addition, it is estimated that 8% of these youth would benefit from the services provided through The Farm. The cost to add these services would be \$431,140.32 (26 youth X 72 days (average length of stay) X \$230.31 per day). The total cost would then be \$11,595,076.74.

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 currently sees only children with MC+/Medicaid. Catholic Family Services, who is not limited to seeing children within certain insurance plans, provided psychiatric care to 52 youth in 2015 with an average of 2.5 hours of service per child.

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 3.0 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 169 youth would be in need of psychiatric care per year beyond our current capacity.

### **Our Strengths**

Of the youth served at Catholic Family Services, 94 percent showed a reduction of psychiatric symptoms, 92 percent made progress on their treatment goals and 92 percent were medication compliant.

### **Service Gaps**

As a County, we are impacted by the nationwide shortage of board certified child psychiatrists, making it difficult to recruit new physicians to the area. At the end of 2015, Catholic Family had 23 youth on a waiting list for psychiatric services. Based on the calculation above, our psychiatric system needs to be expanded to serve at least 169 youth.

### **Cost to Fill the Gap**

In order to expand outpatient psychiatric services to these 117 youth, it would cost \$63,206.33 (117 youth X 2.5 hours per year X \$216.09)

Sources: Catholic Family Services

## **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 2015, Youth In Need's Transitional Living programs served 53 (18 funded by the CCRB) chronically homeless youth, the same number of youth they housed five years ago. Due to a lack of bed space, they had to turn away 29 St. Charles County youth who requested services. This figure is a 54.0 percent decrease from 2011. 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 our county for St. Charles County youth. St. Louis County Youth who would have considered waiting 90 days to establish residency in St. Charles County are no longer doing so.

In 2015, Youth In Need was able to purchase a larger Transitional Living group home. The number of beds will remain the same, but the rooms will be larger. Move in is scheduled for April 2016.

### **Our Strengths**

Youth In Need operates the only Transitional Living program for older adolescents in our community and is only one of three such service providers in the St. Louis region. Depending on the youth's particular strengths and weaknesses, Youth In Need provides two different housing options: a group home and independent apartments. On average, youth stay for an average of 164 days. Each youth receiving services gets assistance with educational planning, employment, and life skills training. Of the 18 youth in the program in 2015 covered by CCRB funding, 85 percent were making progress toward completing an educational degree, 63 percent were able to secure and maintain employment, and 88 percent were able to learn at least three necessary life skills such as cooking and budgeting.

### **Service Gaps**

In 2015, 29 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 29 youth turned away from Youth In Need last year, it would cost \$485,112.00 (29 youth X 164 days (average length of stay) X \$102.00 per day).

Source: Youth In Need

## **Crisis Intervention Services**

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

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

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 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, St. Charles County was able to establish its own helpline.

Four 24-hour toll-free helplines are available to the citizens of St. Charles County. These hotlines are operated through Behavioral Health Response, the Crisis Nursery, and the United Way (211). A part-time adolescent crisis helpline for adolescents is available through Kids Under Twenty One (KUTO). In total, 3,346 calls and texts from St. Charles County residents were made to these help lines during 2015 (KUTO does not keep track of calls by zip code.).

Catholic Family Services provided crisis intervention services to 172 youth in six Catholic schools during 2015, which is a 50.9 percent increase since 2013. 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**

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.

Of the 172 students receiving assistance from Catholic Family Services, 91 percent of them developed at least two new coping strategies, 91 percent made progress on their treatment goals, and 88 percent had fewer psychological problems. Of the 220 parents and 304 youth who received assistance from BHR, 99 percent gained knowledge of available resources, 73 percent developed collaborative safety plans, and 88 percent with mental health concerns had a face to face appointment with a mental health professional within 30 days.

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 State budgetary cuts put this funding in jeopardy.

### **Service Gaps**

Crisis intervention services are only currently available in six of the fifteen Catholic schools in our County. Based on current utilization, at a minimum, there would be an additional 231 students in need of these services if they were expanded to all of the schools. These figures do not include reaching out to other private elementary schools (4) in our County, and based on the same utilization rates, it would be anticipated that another 92 students would need services. 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 323 additional youth for crisis intervention services would be \$112,423.38 (323 youth X 6 hours (average length of stay) X \$58.01 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 \$123,223.38.

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 a boyfriend(s) (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: 1) sexual abuse prevention programming is being provided by the Child Center at the 1<sup>st</sup>, 4<sup>th</sup> and 7<sup>th</sup> grade levels in all of our five public school districts; 2) 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; 3) suicide prevention programming is being provided to 7<sup>th</sup> and 9<sup>th</sup> graders in all five districts by Kids Under Twenty One and CHADS; 4) sexual abstinence programming to middle and high school students is provided by Thrive; and 5) bullying and violence prevention programming is being provided to all five districts by Crider Health Center and in six of the fifteen parish schools by Catholic Family Services. The bullying curriculum targets Kindergarten through 8<sup>th</sup> grade.

In 2015, the Child Center provided sexual abuse prevention programming to 13,837 students and trained 90 parents and 2,041 school personnel in how to



report abuse to local authorities. They are currently in all five school districts and are also working with a number of preschools and daycare facilities.

Preferred Family Healthcare operates Teams of Concerns in every district except Fort Zumwalt. Last year, their programs were attended by 52,455 students and 6,827 faculty members who received training on warning signs of chemical usage. (There is some duplication in these numbers as some students, parents and faculty attended multiple events.) 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 addition, 241 students were identified as exhibiting behavior indicative of substance use and they were provided an assessment along with treatment.

Kids Under Twenty One (KUTO) served 6,029 7<sup>th</sup> and 9<sup>th</sup> graders in 2015 while CHADS provided suicide prevention programming to 2,908 youth.

ThriVe St. Louis provided their Best Choice Sexual Integrity/ abstinence program to 5,293 middle school and high school students in the St. Charles, Fort Zumwalt, Orchard Farms and Francis Howell School Districts during 2015.

In 2015, Crider Health Center provided anti-violence programming to 39,821 elementary students in all five districts. During the same time period, Catholic Family Services provided an anti-bullying programming entitled Brainwise to 263 students at four parish schools. This new curriculum takes place over 12 weeks.

### **Our Strengths**

These programs are well received within our schools and have achieved some impressive results. The Child Center reported that 92 percent of preschoolers and 99 percent of their 1<sup>st</sup> and 4<sup>th</sup> graders were able to recall their Body Rights, and 98 percent of the 7<sup>th</sup> graders were able to learn various forms of sexual harassment and how to respond to it when it occurs. Additionally, 100 percent of the parents reported that they now know how to handle a disclosure if their child informs them that they were approached or were touched inappropriately while 99 percent of educators felt better equipped to handle disclosures and make hotline calls.

Preferred Family Healthcare's Team of Concerns identified 241 youth (345 parents) with potential drug, alcohol or mental health problems. They achieved the following results: 90 percent of the students reported a reduction or the elimination of substance use; 92 percent reported a greater knowledge about mental illness and substance use; 89 percent of them were reported to have had fewer behavioral problems at school and better school performance; and 86 percent of the students demonstrated better risk management skills.

According to Missouri Student Survey results from 2010 to 2014, it appears that substance use prevention education has been having an impact on our local

youth. Within those four years, the average age of first use for alcohol has moved from 12.42 years to 13.07 years, from 12.53 years to 13.21 years for cigarettes and from 13.47 years to 13.80 years for marijuana. The further we can push back first usage, the greater the likelihood that youth won't become addicted.

Additionally, the percentage of youth who have ever used chemical substances has dropped in this time frame in every drug category. Here is a list of drugs and the percentage drop: alcohol (24.5%), cigarettes (29.8%), chewing tobacco (23.7%), Marijuana (4.9%), inhalants (52.2%), prescription medications (21.9%), over the counter medications (60.8%), methamphetamines (16.7%), cocaine (27.8%), heroin (28.6%), hallucinogens (27.85), club drugs (20.8%), steroids (30.0%) and synthetics (25.0%).

KUTO reported that 88 percent of the students receiving their programming had a greater recognition of the warning signs of suicide and that 68 percent reported that they would ask a friend about suicide ideation if they saw warning signs. Of the youth served through CHADS, there was a 10 percent increase in the number of youth who sought help following the presentations while 88 percent demonstrated a greater knowledge of depression and suicide and 85 percent showed knowledge of ACT (Acknowledge the signs, respond with Care, and Tell a responsible adult).

Of the children that the Crider Health Center served, 96 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 percent reported that they learned how and when to physically get away from a potentially violent or threatening situation. In addition, 97 percent were able to identify at least two inappropriate responses to feeling angry within themselves, and 95 percent reported feeling better able to reach out to an adult for help and support when faced with a violent situation.

Catholic Family Services' Brainwise program was also well received and achieved strong outcomes. Of the students receiving help, 98 percent learned at least 2 conflict de-escalation techniques and learned how to make positive choices when faced with difficult circumstances. Ninety-seven (97) percent of the students also learned two new listening and communication techniques for handling bullying.

ThriVe St. Louis reported that 77 percent of the students taking the class said that they would talk to their parents about sexual matters, and that 90 percent reported that they had a better understanding of the risks of sexual behavior. Furthermore, there was an 8 percent increase in the post test from the pretest on youth's intention to stay abstinent until marriage.

## **Service Gaps**

In addition, it is estimated that there are 520 Lutheran school students that are missing out on sexual abuse prevention programming, and there are approximately 1,600 children in daycares not currently being served.

The Fort Zumwalt School District has added an additional elementary school Kindergarten to 5<sup>th</sup> grade and so 18 more hours of anti-bullying programming are needed.

The demand for the Brainwise curriculum comes from seven parish schools, comprised of 14 classrooms. The model is based on 12 hour sessions per classroom, totaling 168 sessions. Current funding covers 50 of these sessions, leaving 118 sessions unfunded.

There are twelve elementary schools that are requesting the universal prevention portion of the Teams of Concern and there are eleven middle schools and high schools that are requesting additional hours as well. The 11<sup>th</sup> Circuit Court has also asked Preferred Family Healthcare to provide substance abuse prevention programming for youth referred for status offenses.

Family therapy and outpatient psychiatry are not currently treatment options for those youth who are identified by faculty as possibly having an alcohol or drug involvement in their behavioral problems at school within the Teams of Concern program. These services would help them evaluate for other mental health disorders and to involve the family to a greater degree.

ThriVe St. Louis provided sexual abstinence programming to 5,293 youth in the County in 2015, leaving 3,228 youth in the Wentzville School District without this training.

Combining the youth served by Kids Under Twenty One (KUTO) and CHADs during 2015, there would be an additional 4,598 youth in the 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grades within our five public school districts who are not receiving this curriculum. At 25 students per classroom, there are 184 classrooms left to be served.

## **Cost to Fill the Gap**

The cost of providing sexual abuse prevention programming to the remaining elementary students and preschool children (2,120) would be \$40,376.46 (106 presentations X \$380.91 per presentation).

The cost to expand the anti-bullying curriculum to the additional elementary within the Fort Zumwalt District would be \$1,440.00 (18 hours X \$80.00 per hour).

The cost of providing the Brainwise curriculum to approximately 200 students in five parish schools would be \$10,621.18 (118 classroom presentations X \$90.01 per presentation).

In order to expand the Teams of Concern to the twelve elementary and the eleven middle and high schools that have requested these services, the cost would be \$533,353.83 (12 elementary schools X 492 hours per school X \$65.37 plus 11 middle and high schools X 205 hours per school X \$65.37). To add the program at our Juvenile Justice Center, it would take \$47,066.40 (15 hours per week X 48 weeks X \$65.37 per hour).

To add family therapy and outpatient psychiatry for youth who have been evaluated through the Teams of Concern program, it would cost \$43,406.70 (22 youth X 12 hours per year X \$93.05 per hour plus 30 youth X 2.5 hours per year X \$251.22 per hour).

To expand the Best Choice Sexual Integrity program to serve all remaining 6<sup>th</sup> through 9<sup>th</sup> grade would be \$50,389.08 (3,228 students X \$15.61 per student).

In order to provide Suicide Prevention Programming to the 4,598 students who aren't currently receiving this curriculum at 25 students per class, it is estimated that it would take 184 classrooms. The cost would be \$96,136.32 (3 hours per classroom X 184 classrooms X \$174.16 per hour (average between the two providers)).

The cost to provide these five prevention programs to the remaining students not currently receiving them is \$775,721.57.

Sources: 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 thirteen 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 2015, Crider worked with 311 children and youth while FACT worked with 580 parents and 367 children (includes 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 2015, they worked with 322 youth who were at risk of suspension or were behaving in a way that was interfering with their learning. Currently, school based mental health services do not exist in our private and parochial schools. An application was received to fund these services in 2013, but the CCRB did not have enough additional funding to add these services. It was estimated that 82 youth were in need of such help.

The Crisis Nursery provides both parenting and home-based services to at-risk families who have utilized their respite services. These families, many of whom are struggling with poverty and unemployment, had children at risk for neglect and abuse until the Nursery began services in their neighborhoods. They worked with 135 parents during 2015, as well as 291 children, offering individual, family and group support and educational services.

St. Joachim & Ann Care Services worked with 462 parents and 644 children during 2015. While the local economy continues to improve, St. Joachim and Ann still received over 850 phone calls for assistance last year. Many 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.

United Services for Children provides specialized services for children aged three to five who suffer with disorders in the autism spectrum. Currently, six classrooms with six students each exist. These children are taught with one-on-one instruction to help them prepare emotionally and behaviorally for kindergarten. In 2015, United Services provided help to 43 children.

The 11<sup>th</sup> Circuit Court in partnership with Youth In Need's counselors offer a Therapeutic Supervised Visitation Program that 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 41 children and 45 parents.

The Alliance on Mental Illness-NAMI St. Louis offers a Basics Class and support groups for families who are dealing with children recently diagnosed with a mental illness, and have opened a helpline to handle emergencies and referrals. In 2015, they served 142 parents, 161 professionals and 21 children.

Nurses for Newborns provides 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 2015, they worked with 129 parents and 135 children.

The Foster & Adoptive Care Coalition provides crisis intervention services to adoptive families. 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 families together. They served 27 youth and 23 parents in 2015.

Since the last assessment, the CCRB has developed partnerships with three new agencies and added four new home and community based programs. Big Brothers Big Sisters provides one-on-one mentoring relationships with children who have lost a parent to death, divorce or incarceration. In 2015, they served 200 St. Charles County youth. The Boys and Girls Club has two county locations and offers a variety of after school and summer programs for indigent and at-risk youth which include academic support and classes that help prevent teenage pregnancy, chemical usage and juvenile crime. In 2015, they provided help to 260 youth at their two facilities.

The Center for Autism Education works with youth with a serious emotional disorder who may also have a developmental disorder. Youth are often referred by the school districts because they do not perform well in a traditional classroom

or even their alternative high school. The Center for Autism Education provides an assessment, workshops for parents and home-based support for families. In 2015, the CCRB funded services for eight children and youth. Since 2012, the Child Center has been providing forensic interviews to children and youth who have been sexually molested since they opened in 2000. By conducting one interview, children no longer have to suffer from sharing their story five or six times, thus reducing the chances they will be manipulated by defense attorneys and increasing the chances for a conviction. In 2015, an additional 224 youth were able to be interviewed.

### **Our Strengths**

The populations that these services target are often the most difficult to work with, but these services had strong outcomes in 2015. Of the youth that were served by the Partnership with Families program, 95 percent remained out of long-term residential care, 96 percent remained free from any further law enforcement involvement, and 95 percent remained free from out of school suspensions. Additionally, 97 percent did not have a critical incident at home or at school that would necessitate a hospitalization and 99 percent actively participated in their own goal oriented education plan. FACT reported that 94 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. Eighty-four (84) percent of the parents reported that they received positive behavioral support plans while 84 percent of parents reported that they had developed a greater ability to advocate for their children.

The school-based mental health services provided by Crider staff also had impressive results. Ninety-four (94) percent of the youth showed an improvement in their assessed level of overall functioning, 96 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 98 percent of the families remained free from a substantiated child abuse report. In addition, 98 percent of the parents reported learning at least two new strategies 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, 89 percent showed improvement in either physical or emotional well-being, and 88 percent showed improvement in peer interaction and greater involvement in school activities. Most importantly, 88 percent of the families were residing in a stable housing situation within six months of starting services.

United Services for Children saw tremendous gains with the children they serve; 93 percent of the students improved cognitive skills and completed tasks in 80 percent of the opportunities presented, 91 percent improved their compliance to verbal commands with very few repeated prompts over 80 percent of the time, and 98 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 90 percent of the families, the parents were able to incorporate the parenting skills they were being taught in 83 percent of the families. Parents were able to respond appropriately to the emotional needs of their children in 76 percent of the families, and there were no reports of abuse/neglect or motions to modify in any of the cases.

The Alliance on Mental Illness-NAMI St. Louis has been providing educational and supportive services to families in the St. Louis region for over 36 years. They are known for their vast knowledge of mental illness and in fighting stigma related to these diseases. One-hundred percent of the Basics Class participants reported that they gained knowledge about their child's mental illness and 95 percent reported that they learned additional skills to help them cope. Of the parents who attended the support group, 83 percent reported feeling less isolated while 94 percent of workshop participants were reported to be less judgmental of people's mental illnesses.

Nurses for Newborns saw the following results in 2015: 95 percent of the mothers kept their children's immunizations up to date, 88 percent accessed additional community resources, and there wasn't any suspected child abuse or neglect in 95 percent of the families served.

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. In 2015, 74 percent of the families served reported having improved relationships with caregivers and other family members, 74 percent reported improved family functioning, and 89 percent had no out-of-home placements.

Of the 200 youth provided mentoring by Big Brothers Big Sisters in 2015, 99 percent were able to avoid any drug or alcohol usage while 91 percent were able to avoid other risky behaviors. Eighty-two (82) percent reported improved relationships with parents and peers. At the Boys and Girls Clubs, 87 percent were able to complete their homework in a timely manner, 64 percent showed improvement in reading proficiency by 33 percent, and 87 percent demonstrated



improved decision making skills in resisting alcohol, tobacco, drug usage and sexual activity.

Of the youth served at the Center for Autism Education, all of them showed greater compliance with parental requests, a reduction in explosive outbursts and an increase in problem-solving skills. Of the children and youth served in the Child Center's forensic interviewing program, 82 percent were able to share their experience during the interview while 94 percent demonstrated a reduction in anxiety.

### **Service Gaps**

In 2015, there were 56 families that met the criteria for the Partnership with Families (PWF) program that were waitlisted or turned away.

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 qualify for admittance to the program. However, each of the districts has requested additional mental health specialists. Based on requests from the districts, there are approximately 700 children and youth who are in need of these services. It would take an additional 14 Full Time Equivalents to meet this demand (3 FTE for Wentzville, 5 for Francis Howell and 4 for Fort Zumwalt, 1 each for St. Charles, and Orchard Farm). Parent Partner services would also be required and it would take 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 817 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 10 percent of these children, or 82 youth, would need such help.

Since 2012, the County has witnessed a 26 percent drop in the number of homeless youth. The Care Service has been able to locate and place many families in a stable housing situation, and the improved economy has lowered unemployment. Still, there are 16 children requesting help beyond their current service capacity and on their waiting list.

The Department of Education and Secondary Education has been putting pressure on local school districts to provide services to children with autism, ages three to five, within the districts rather than contracting with private agencies. As a result, in the next few years with the passage of several local bond issues, two of the three districts currently contracting with United Services for Children (USC) will be going in-house. How many children who are currently receiving help through USC remains unclear, and the agency has been strategically exploring

what its mission will be for the future. In the meantime, the agency provides a number of services to its clients that are not covered by insurance or other resources.

The first service is early intervention services. Of the 137 children served last year, they were only able to cover the cost of 75 children, leaving them with 62 children whose costs they could not cover. An additional 12 children were kept on a waiting list. The second service was pediatric therapy, which includes occupational therapy, physical therapy and speech therapy. In 2015, they served 404 children, of which they only had funding for 200. An additional waiting list of 20 children adds to the total of 224 children beyond their current capacity to fund. The third area of need is for family support programs for parents. In 2015, they provided educational parenting programs to 218 parents. On average, parents attend 3.5 hours per year. The agency does not have a funding source to cover these costs.

The 11<sup>th</sup> Circuit Court and Youth In Need were able to serve 41 families, but they have 11 families in the current court system on the waiting list that meets the criteria for the program. If funding is not immediately available, it is difficult to promote the program with attorneys because they don't want to delay proceedings by being placed on a waiting list. They have been unsuccessful in obtaining grant funding from the Missouri Domestic Relations Funds since 2012, which has limited their ability to expand.

Currently, there aren't any children on the waiting lists of the Crisis Nursery, Nurses for Newborns or the Foster & Adoptive Care Coalition. The Alliance on Mental Illness reported having the capacity to meet the demand of parents for mental health support and education.

Big Brothers Big Sisters has an average waiting list of 55 youth who have requested a mentor that current funding cannot cover. Matching children's and the mentor's zip code creates some of the delays in making matches.

Due to increase in hotline calls related to sexual abuse, the Child Center doubled the number of forensic interviewers to two. Even with the increase, it is estimated that there are 38 children and youth who are beyond their current capacity. In addition, on average 491 children receive child advocacy services annually. A recent loss of funding from Victims of Child Abuse means that they cannot cover the costs of 200 children. Lastly, a high percentage of the children need ongoing mental health counseling. There were 181 children that they couldn't serve last year, and with the increase in the number of anticipated forensic interviews, they expect another 20 children beyond that figure.

The Boys and Girls Clubs have two programs that assist their club youth with academic success, Power Hour and Reading to Success, which greatly reduce

the likelihood of behavioral problems. They estimate that 85 youth are unable to benefit from these programs due to staff shortages.

The Alliance on Mental Illness-NAMI, the St. Louis Crisis Nursery, Nurses for Newborns, the Center for Autism Education, and the Foster & Adoptive Care Coalition did not report any outstanding needs.

### **Cost to Fill the Gap**

In order to provide PWF services to the 56 youth requesting services beyond the current capacity of the system, it would take \$232,664.60 (56 youth X 23 hours of care coordination on average X \$80.00 per hour; plus 20 youth (36 percent of PWF youth use Family Assistance) X 45 hours of family assistance on average X \$58.00 per hour; plus 56 youth X 6 hours of respite on average X \$8.85 per hour; plus 56 youth X 23 hours of parent partner services on average X \$74.50 or \$32.00 per hour if they have Medicaid).

To provide school-based mental health specialist services to the 700 youth in need of services in our public school districts, it would cost \$2,289,154.00 (252 non-Medicaid youth X 42 hours of services per year (average) X \$75.00 per hour; plus 448 Medicaid youth X 42 hours of services per year (average) X \$39.00 per hour, plus 252 non-Medicaid youth X 23 hours on average X \$74.50 per hour and 448 Medicaid youth X 23 hours X \$32.00 per hour for Parent Partner services).

In order to provide services to the three Lutheran elementary schools, it would cost \$162,729.00 (82 children X 25 hours on average X \$79.38 per hour).

In order to fund services for the homeless families beyond the capacity of the Care Service, it would cost \$15,037.44 (16 families X 22 hours of service per year (average) X \$42.72 per hour).

To fully support the Early Intervention Program at United Services for Children, it would cost \$174,669.60 (74 children X 84 hours (average length of stay) X \$28.10 per hour) and to cover the cost of serving the unmet need for Pediatric Therapy would take \$671,991.04 (224 children X 37 hours X \$81.08 per hour). To provide parental support to these children's parents would cost \$1,925.00 (11 groups of 20 parents X 3.5 hours per group meeting X \$55.00 per group). The cost of the three programs combined would be \$848,585.64.

In order to serve an additional 11 families in the Therapeutic Supervised Visitation Program, it would cost \$12,100.00 (11 families X 11 hours of service (average length of stay) X \$100.00 per hour).

To provide Big Brother or Big Sister mentoring to the 55 youth in need of a mentor, it would cost \$3,377.55 (55 youth X 3 hours X \$20.47 per hour).

To provide for the forensic interviews of 38 youth through the Child Center, it would cost \$17,597.04 (38 youth X 3 hours per interview X \$154.36 per hour). To provide child advocacy for the children who are within the court process due to the loss of VOCA funds, it would cost \$19,914.00 (200 children X 3 hours per child X \$33.19 per hour) and to provide mental health counseling that specializes in the trauma of sexual abuse and rape would cost \$397,980.00 (201 youth X 18 hours of counseling X \$110.00 per hour).

To cover staff costs to provide preventative academic assistance would run \$36,372.00 (58 youth X 150 Hours of Power Hour X \$4.33 plus 27 youth X 75 hours of Reading for Success X \$4.33 per hour).

The cost to fully fund all of the home, school and community based programs detailed above would be \$4,035,511.27.

Sources: Big Brothers Big Sisters, Boys and Girls Club of St. Charles, Center for Autism Education, the Child Center, Children's Home Society, Crider Health Center, Crisis Nursery, 11<sup>th</sup> Circuit Family Court, FACT, Foster & Adoptive Care Coalition, the Alliance on Mental Illness-NAMI St. Louis, Nurses for Newborns, St. Joachim & Ann Care Services and United Services for Children

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

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

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

Currently, there are four agencies that provide traditional counseling to children and families within St. Charles County on a sliding scale basis or for free: Catholic Family Services, Children's Home Society, Lutheran Family & Children's Services, and Youth In Need. Catholic Family Services provided counseling to 97 children and youth in 2015 at their O'Fallon office while Lutheran Family & Children's Services provided help to 130 children and youth. Youth In Need provided counseling to 437 youth last year along with 548 parents, while Children's Home Society served 21 youth with emotional issues connected with foster care and adoption. In total amongst the four agencies, 685 children and youth and 708 parents received counseling.

Crider Health Center provides a screening program called the Pinocchio Program to young elementary students in kindergarten through 3<sup>rd</sup> grade to evaluate for emerging behavioral, mental and learning difficulties at five Wentzville elementary schools. In 2015, they screened 4,709 children, found 1,099 students eligible for services, and provided ongoing services to 280 children.

### **Our Strengths**

Each of the funded programs achieved strong results with the families they treated in 2015. Catholic Family Services reported that 97 percent of their youth indicated improved functioning at home and at school, 85 percent reported a reduction in psychological symptoms, and 92 percent achieved their treatment goals. Of the children served by Lutheran Family & Children's Services, 93 percent reported a reduction in psychological symptoms, 92 percent demonstrated fewer behavioral problems at school and at home, and 90 percent reported having fewer conflicts with parents and siblings. At Youth In Need, 72.5 percent of the youth showed improved individual functioning and reduced emotional and physical symptoms, 75.5 percent demonstrated an improvement in academic and employment performance as well as social relationships, and 78 percent demonstrated improved family and parental relationships with fewer conflicts. Of the youth served by Children's Home Society in 2015, 83 percent had an improved level of function while 86 percent had a reduction in psychological symptoms. Ninety (90) percent avoided placement.

Parents and teachers of children who received Pinocchio services in 2015 reported behavioral improvement at school in 94 percent of the cases and at home in 94 percent of the cases.

In 2016, the CCRB began a partnership with Community Psychological, a counseling arm of the University of Missouri-St. Louis. They received funding to provide psychological testing for 10 students.

### **Service Gaps**

In 2015, 116 children and youth were turned away from counseling services at our various counseling agencies.

It is estimated that there are 10,772 Kindergarten-3<sup>rd</sup> grade students in the Fort Zumwalt, Francis Howell, Orchard Farms, and Wentzville School Districts 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 432 additional classroom evaluation screenings. It is estimated that 23 percent of kindergarten through 3<sup>rd</sup> grade children would need additional support and assistance throughout the rest of the school year through the Pinocchio program.

While Community Psychological received funding to conduct testing on ten youth for 2016, there were 53 students that they had to turn away in 2015. If the

demand for their services remained the same in 2016, there would be 43 students they would have to turn away.

**Cost to Fill the Gap**

In order to provide counseling services to the 116 children and youth beyond the capacity of our current providers, it would cost \$88,467.40 (116 youth X 7 sessions X \$108.95 per session (average cost of the four agencies)).

The cost to implement the Pinocchio Program to the overall need would be \$2,407,370.24 (432 classroom screenings, plus 2,812 children X 16 sessions X \$53.00). The following table shows the breakdown by district.

District	# of Kids	Screenings	23%	Service Units	Total Units	Cost
FZ	4,960	199	1,141	18,253	18,452	\$977,945.40
FH	4,991	200	1,148	18,367	18,567	\$984,044.64
OF	605	24	139	2,226	2,250	\$119,271.20
W	216	9	384	6,144	6,153	\$326,109.00
Totals	10,772	432	2,812	44,990	45,422	\$2,407.370.24

To provide complete psychological testing for 43 students beyond their current capacity, the cost would be \$66,301.70 (43 youth X 10 hours (average amount of time) X \$154.19 per hour).

The total cost for all three counseling components would be \$2,562,139.34.

Sources: Catholic Family Services, Community Psychological, Crider Health Center, Lutheran Family & Children’s Services, 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
<b>Temporary Shelter Services</b>	\$259,222.00	113	238	351
Safe Place	\$7,500.00	200	422	622
<b>Respite Care Services</b>	\$193,641.00	487	1,028	1,515
<b>Services to Unwed Mothers &amp; Teenage Parents</b>	\$649,375.50	47	146	193
<b>Outpatient Substance Abuse Treatment</b>	\$11,595,076.74	322	679	1,001
<b>Outpatient Psychiatric Treatment</b>	\$63,206.33	117	247	364
<b>Transitional Living Services</b>	\$485,112.00	29	0	29
<b>Crisis Intervention Services</b>	\$112,423.38	323	682	1,005
Crisis Response Team	\$10,800.00	?	?	?
<b>Prevention Programs</b>				
Sexual Abuse	\$40,376.46	2,120	4,473	6,593
Violence & Bullying	\$12,061.18	350	739	1,089
Substance Abuse	\$580,420.23	?	?	?
Substance Abuse Counseling	\$43,406.70	22	46	68
Suicide	\$96,136.32	4,598	9,702	14,300
Sexual Integrity	\$50,389.08	3,228	6,811	10,039
<b>Home-Based and School-Based Family Intervention Services</b>				
Partnership with Families	\$232,664.60	56	118	174
School-Based M.H. Specialists	\$2,451,883.00	782	1,650	2,432
Homeless Services	\$15,037.44	18	38	56
Supervised Visitation	\$12,100.00	11	23	34
Services for Children w/ Autism	\$848,585.64	298	629	927
Mentoring	\$3,377.55	55	116	171
Services to Victims of Abuse	\$434,491.04	439	926	1,365
Power Hour/Reading Success	\$36,372.00	85	179	264
<b>Individual, Group and Family Counseling &amp; Therapy Services</b>				
Counseling & Therapy	\$88,467.40	116	245	361
Pinocchio Program	\$2,407,370.24	2,812	5,933	8,745
Psychological Testing	\$66,301.70	43	91	134
<b>Subtotals excluding prevention</b>	\$19,906,705.86	6,333	13,363	19,696
<b>Totals including prevention</b>	\$20,729,495.75	16,651	35,134	51,785

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 6,333 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 eleven years since localized funding allowed St. Charles County to provide valuable mental health and substance abuse services to its children and youth. These successes are the result of the Community and Children's Resource Board's strategic investment of services to families in need and more importantly, the clinical success of our partner agencies.

Despite these successes, there are over sixty-three hundred St. Charles County children and youth still in need of help with thousands more who could benefit from expanded prevention programming. 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. With a \$20 million shortfall, we must be able to market the success of our children's system of care and inform other funders about how an investment in St. Charles County youth programs will pay large dividends. We should not be limited by our lack of poverty, but rather we need to demonstrate how we can have an even greater impact with additional funding. Otherwise, continued growth of the population will only expand the needs.

Future opportunities with upcoming collective impact efforts will hopefully address the needs of the whole child, and St. Charles County is positioned well as it is succeeding at a very high level in many arenas already and we have a rich history of businesses, local governments and non-profit organizations working collaboratively which can be expanded. While we have accomplished great things, we need to serve more and continue to move the needle further in a positive direction. We can do better, and we will strive with our partners to accomplish this goal.