

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



June 15, 2018

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EXECUTIVE SUMMARY

This assessment is the tenth 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 nearly 79,000 children and youth served in 2017, 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 45 programs we fully or partially fund set high standards for outcomes and in 2017 they met or succeeded in over 92% 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 26%
- Homeless youth is down 29%
- Child deaths are down 38%
- Violent deaths to teenagers are down 35%
- High school dropouts are down 50%
- Number of runaways is down 49%
- Juvenile status offenders are down 58%
- Teenage pregnancy is down 55%
- Juvenile delinquency offenders are down 58%
- In-School Suspensions are down 62%/ Out-of-School Suspensions are down 50%

This study demonstrates that there is still tremendous need. As of the date of this report, there are 5,258 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.

In 2017 and 2018, the CCRB funded training to over 400 school personnel to enable each building in the County to have a trauma team to be able to address situations where children react inappropriately because of past traumas they have experienced. We are hopeful this partnership will allow for earlier interventions and greater teamwork.

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 2016. When local service data was unavailable, State of Missouri data was used, making estimations based on local populations. The source of the data will always be listed.

The following data was requested from several non-profit agencies located in St. Charles County:

- Descriptions of services and programs available to children and youth
- Service capacity
- Number of St. Charles County children and youth served
- Requests for service
- Number of children and youth placed on waiting lists
- Number of children and youth referred to agencies outside our geographic area
- Strengths of programs
- Cost of services

These agencies provide the majority of low to no cost services to the populations for which Missouri State Statute RSMO.210.860 was intended. Although there are for-profit providers for a couple of these services, and other agencies located outside our community that provide these services, it was felt that information from our local agencies was adequate to provide a full analysis of need. The following agencies provided data for this assessment:

- Behavioral Health Response
- Bethany Christian Services
- Big Brothers Big Sisters
- Boys and Girls Clubs of St. Charles County
- Catholic Family Services
- CHADS Coalition for Mental Health

- Child Center, Inc.
- Community Living Inc.
- Compass Health Network/Crider Health Center
- Eleventh Judicial Circuit Court of St. Charles County
- Epworth Children and Family Services
- Family Advocacy and Community Training (FACT)
- FamilyForward
- Fort Zumwalt School District
- Foster & Adoptive Care Coalition
- Francis Howell School District
- Kids Under Twenty One (KUTO)
- LINC
- Lutheran Family and Children's Services
- Mary Queen of Angels
- Megan Meier Foundation
- Missouri Department of Social Services
- Missouri Kids Count
- NAMI St. Louis
- 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
- University of Missouri-St. Louis Center for Behavioral Health
- 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 rank as one of the fastest growing counties in the State of Missouri. Its population should surpass 400,000 in late 2018. Given strong economic development, quality schools, and a low crime rate, some analysts are projecting that the population will expand to 625,000 by 2030, largely in the western portion of the County. If these predictions come to fruition, the youth population would expand by over 50,000 children. Based on this growth, mental health services would need to expand to serve an additional 3,000 children and youth along with expanded universal prevention services in the schools.
- **Local Economy**—St. Charles County continues to remain strong economically. Unemployment continues to hover between three and four percent, and with a

highly educated work force, businesses continue to move to the area. Our County is highly regarded for high tech companies and the expansion of STEM curriculum in our school districts has contributed to this impression. St. Charles County is responsible for about half of all new home construction in the St. Louis metro area, and while gas prices have crept up in the last year, local leaders remain very optimistic about future growth. Sales tax revenues within the County continue to rise, however the rate of growth is flattening.

- **Medicaid Expansion**—Missouri was selected to be one of eight states to receive pilot grants under the Excellence in Mental Health Act in 2017. Under this pilot, agencies bill a daily rate and can have multiple encounters in a day rather billing for individual sessions, and the Federal Government takes a greater financial percentage responsibility. Participating agencies are responsible for keeping a lot of data regarding performance and outcomes so that the change can be evaluated in mid-2019.
- **State and Federal Changes**—The Missouri House and Senate have several tax cut bills primed for passage this legislative session. Their hope is that by cutting both personal and business taxes, consumers will spend more and business will hire more workers. However this same strategy has failed in other states leading to severe cuts in mental health services funding and the tax cuts had to be reversed. If tax cuts are approved and the same problem is happens in Missouri, the cuts couldn't be reversed without a vote of the people because of the Hancock Amendment.

On the Federal side, there have been several attempts to repeal the Affordable Care Act (ACA). While these efforts have failed, Congress has been unable to agree on an alternative solution leaving the ACA in a precarious position impacting whether people have insurance to cover mental health services. In addition, last December, Congress passed large tax cuts and made changes to what is allowable in deductions.

As a result of these changes and potential changes, local non-profits have greater concerns about available revenue streams, putting more pressure on local funders to cover costs.

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 2017, there were 2,074 reported missing juveniles in the State of Missouri as reported by local law enforcement agencies as runaways. This figure is a 65.7 percent decrease from 2015. From the State total, 101 of those missing juveniles were from St. Charles County, a drop of 48.7 percent since 2015 (Missouri State Highway Patrol). Data since the last report demonstrates a dramatic drop in runaways both across our State and within our County with a high percentage of these youth seeking help through our local shelter.

In 2017, the St. Charles County Family Court had 275 referrals on 213 minors for juvenile status offenses, which included runaway incidents, truancy and curfew violations. These numbers reflect a return to 2013 levels and a 50.9 percent decrease in the number of referrals and a 39.7 percent decrease in the number of youth since 2015. In addition, there were 839 referrals on 685 minors for juvenile crimes ranging from petty theft and vandalism to serious felonies. These figures represent a decrease of 10.8 percent in referrals since 2015 and a 30.9 percent decrease since 2013 and a 10.2 percent drop in the of youth committing crimes from 2015 and a 22.4 percent drop since 2013. (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 2017, they provided shelter services to 82 St. Charles County youth. On average, each youth remains for 13.5 days and receives 8.4 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 2017, YIN staff provided 81 Safe Place presentations to 1,718 students (73 presentations) and 93 adults (8 presentations).

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 2017, 80.5 percent saw a significant improvement in coping skills and a reduction in destructive, aggressive and illegal behavior, 93.3 percent reported living in a safe environment following treatment and 76.6 percent saw a significant decrease in family conflicts.

Service Gaps

In 2017, 30 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 20 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 30 St. Charles County youth turned away for shelter services, it would cost an additional \$88,515.00 (30 youth X 13.5 days (average length of stay) X \$175.00 per day plus 30 youth X 8.4 sessions (average number of sessions of counseling) X \$70.00 per session). To fund the additional 20 Safe Place presentations and trainings, it would cost \$6,000.00 (20 presentations X \$300.00). The total for this category would be \$94,515.00.

Source: Missouri State Highway Patrol, 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 nineteenth in the state for having the lowest rate of substantiated cases of child abuse and neglect per its population. The table below reflects County data since expanded funding began in 2005.

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
2015	259	119	903	1,829	58	3,168
2016	363	76	980	1,901	103	3,423
2017	290	56	780	2,094	100	3,320

The number of St. Charles County children identified as having experienced child abuse and/or neglect hit its peak in 2016 with the total number of children hot-lined also reaching its highest total. These figures represent a fifty-eight point five percent (58.5%) increase since 2005. The number of children identified with substantiated abuse or neglect did however drop significantly in 2017 (20.1%) compared to 2016, slightly reversing the longer trend increase we have experienced since 2010. Changes in reporting laws in 2011 led to a greater volume of hotline calls for suspected abuse and neglect and provided a more accurate picture of the number of youth impacted by these conditions. (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
2015	44	186	10	10	10	33	259
2016	47	263	31	13	8	49	363
2017	34	200	33	7	4	48	290

Comparing 2005 with 2017, St. Charles County has actually witness reductions in physical, medical and sexual abuse. However, neglect numbers are up 317 percent and

emotional abuse cases are up 1000.0 percent! These figures reflect the impact heroin and opioid addiction of parents are having on their children, particularly in the last five years.

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

- Twenty-one point nine (21.9%) percent of our children live in single parent homes
- Sixteen (16.0%) of family households with children under 18 at only 185 percent of the poverty level

(2018 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 or who are dual diagnosed. 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 2017, the Crisis Nurseries provided respite to 477 children, and many of these children received services on multiple occasions. The average admission is 27 hours, and on average, each child who came to the Nursery received 119 hours of respite per year. In addition, Community Living provided respite to nine youth, with each youth receiving an average of 576 hours per year, while FamilyForward worked with seven youth in 2017, providing an average of 625 hours per youth per year. Bethany Christian served 10 children in 2017 with an average stay of 456 hours.

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 more normal development to those youth with the most severe developmental disabilities. Of the children seen at the Nurseries, 91 percent did not require a hotline call, 97 percent avoided an outside placement, and 95 percent reported less stresses and a greater ability to manage their children. Of the youth seen at Community Living, 88 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, improve coping skills and reduce stress. All of the families receiving services from FamilyForward 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 while all of their families reported improved parenting skills and fewer conflicts.

Service Gaps

Despite having the increased capacity to serve more children than nine years ago, the Nurseries had to turn away 27 children in 2017. These children are at greater risk for abuse and neglect and if respite can be provided, they 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 beyond their capacity, but FamilyForward did not have any youth on their waiting list. Bethany Christian is struggling to secure enough host families to meet their demand and had to turn away 8 children.

Cost to Fill the Gap

In order to provide respite to every child requesting services from the Crisis Nursery, the cost would be \$37,431.45 (27 children X 119 hours (average number of hours per year) X \$11.65 per hour). To serve an additional four youth at Community Living, the cost would be \$61,401.60 (4 youth X 576 hours (average number of hours per year) X \$26.65 per hour). The cost to serve eight additional children with Bethany Christian Services would be \$8,208.00 (8 youth X 19 days (average length of stay) X \$54.00 per day). The combined cost for all three respite programs would be \$107,041.05.

Sources: Bethany Christian Services, Community Living, FamilyForward, Missouri Department of Social Services-Children's Division 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 118 births in 2016, or 55 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. Comparing 2016 to 2012, the number of low birth weight infants decreased by 182 infants or 8.2 percent. The infant mortality rate fell from 5.7 percent per 1,000 births during the period of 2007 to 2011 to 4.4 percent per 1,000 births during the period 2012 to 2016. (2018 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 2017, they served 14 women and 24 children and infants. The average length of stay is 65 days. Sparrow's Nest, a facility for teenage mothers, opened their doors in 2014. They have the capacity to house eight youth; 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 2017, Sparrows Nest housed seven teenage mothers and their children at their shelter with an average stay of 130 days.

Youth In Need worked with 45 teen mothers in 2017, a 37.5 percent decrease in the number of teen mothers seeking services since 2015. 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 thirteen years, raising over \$966,000 in baby items distributed to nine agencies working with teen and indigent mothers. Additionally, for the last four years, Harvester Christian Church has held a Wrap-a-Bottom diaper drive with their congregation, with over 1,000,000 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

On average, mothers served at Our Lady's Inn in 2017 stayed 65 days and receive the necessary prenatal care as well as parent education. Of the mothers who delivered children during 2017, 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. Eighty-three percent of The Sparrow's Nest clients achieved their developmental milestones, and 100 percent learned appropriate means of discipline and had healthy deliveries.

Of the young mothers who received services from Youth In Need, 100 percent delivered babies above the 5 ½ pound threshold for maturity. In addition, 92 percent of these mothers have continued on with their education, and are working toward graduation or a GED. The Youth In Need staff worked with these young women to learn a variety of important parenting skills, which are crucial to addressing care of their babies and preventing child abuse, and 100 percent of their clients gained these skills. 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.

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 133 new parents with 122 infants providing them with nursing services to make sure their children develop according to normal milestones, and they provided referrals to mothers who needed mental health services for themselves.

Service Gaps

In 2017, Our Lady's Inn had to turn away 34 mothers and mothers-to-be and The Sparrow's Nest had to turn away one expectant mother 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 35 mothers, it would cost \$257,825.75 (35 mothers X 65 days of shelter and case management X \$113.33 (average between the two agencies) 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 Use 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 use treatment, as they are the only services covered under the enabling legislation. Outpatient adolescent substance use 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

In 2017, Preferred Family Healthcare provided outpatient substance use treatment to 182 St. Charles County youth. An additional 65 St. Charles County youth were seen through Preferred's C-STAR program. Furthermore, Preferred Family Healthcare's Teams of Concern counseled 275 youth within the school district, intervening at an earlier point in the course of the disease, thus preventing the need for more intensive treatment later. While no youth were turned away from services in 2017, continued assessments, collaboration with the schools, and marketing is expected to continue to raise the percentage of youth who probably need treatment to seek treatment.

As predicted, the heroin epidemic has reached into the teenage population of St. Charles County. Whereas seven 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 apparent why adolescents are a target population for

drug dealers. Since 2014, our County has experienced the deaths of several adolescents who died as a result of heroin.

Our Strengths

Preferred Family Healthcare is able to provide the full range of treatment options from assessment to outpatient treatment to inpatient treatment, as well as individual, family and group therapies. This array of services allows for greater individualized care custom suited for all types of drug usage, depending on the severity of the use and/or the drug of choice. 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 457 youth served in 2017, 96 percent demonstrated reduced chemical usage or were completely substance free, 96 percent demonstrated improved school performance and peer relationships, 97 percent eliminated any further drug-related involvement in the legal system, 99 percent reported being in a stable home environment, and 92 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 middle school and high school students. As part of the schools' participation in the Safe and Drug Free Schools grants, these schools administer surveys to various grade levels, and ask the students to voluntarily complete them. While the schools have no control over which students or how many of the students fill the forms out, and it is difficult to ascertain whether youth may over or underestimate their actual usage, this data is the only local source we have to make our best guess about the overall incidence of problematic alcohol and drug usage in our community.

The following tables reflect the responses to several of the questions that youth in our school districts were asked. The percentages of usage for 9th and 11th graders are extrapolations from the statistics for 8th, 10th and 12th graders.

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

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

This table provides data on how frequent youth drink alcohol. 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, so they are not likely candidates for outpatient treatment. For youth using 15 days out of 30, whose percentages are represented in half of the 5th row and the last two rows, a dependence on alcohol is strongly indicated

and these youth are probably candidates for inpatient treatment. Those percentages listed in the 4th row (6 to 9 days per month and half of the 5th row are using at a frequency that would be best treated in an intensive outpatient treatment program.

Given that U.S. Census data does not break down population by each age, an average number of youth per age are used for the calculations. According to the 2018 Missouri Kids Count study (2016 data), St. Charles County's child population was 93,216; therefore, the average number of children per age is 5,179. Applying this average to the percentages of usage and using the assumptions mentioned above, it was determined that there are 2,986 youth whose usage would indicate a level that would benefit from intensive outpatient treatment program.

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

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

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

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

Based on the previously mentioned population base of 5,179 youth per age, the total number of youth who binge drink and would benefit from intensive outpatient treatment is 2,905. Based on the clinical experience of Preferred Family Healthcare, there is considerable overlap between the youth who binge drink and those youth who use regularly of approximately 80%. Therefore, applying the remaining percentage of 20% to the above total of 2,905, there are an additional 581 youth who binge only and would be best treated in an intensive outpatient modality. Adding this total to the 2,986 youth listed previously, the total of youth from the 8th through 12th grades in St. Charles County who would benefit from outpatient substance abuse treatment services is 3,567.

According to Preferred Family Healthcare, there is also a small percentage (approximately 2%) of youth who abuse marijuana only.

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

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

Children who have smoked marijuana as frequently as 3 to 19 times in their life demonstrate a level of usage that would benefit from intensive outpatient treatment. The total number of youth in our County in this category is 2,468. When that number of youth is multiplied by 2 percent in order to remove duplicate youth, an additional 49 youth would be added for a total of 3,616 youth.

So even though statistically there are 3,760 youth who are using marijuana 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

Currently, the demand for help versus anticipated need is 14.4 percent, which is up from 11.4 percent two years ago. The increase is likely the result of having imbedded Preferred Family staff in our middle schools and high schools. If we plan to grow capacity to match a growing demand for help, using 20 percent of need would call for services to 723 youth.

However, as the opioid/heroin epidemic has made its way it's the adolescent population, we now need to include youth where these drugs are their primary addiction. The following table delineates the percentage of youth per high school grade using heroin or opioids according to Missouri Student Surveys. Ninth grade and eleventh grade data are extrapolations of the other columns

During your life, how many times have you used other types of illegal drugs such as heroin?

Frequency	8 th grade	9 th grade	10 th grade	11 th grade	12 th grade
0 times	89.4	85.5	81.6	74.8	67.9
1 or 2	5.6	5.8	6.1	7.8	9.5
3 to 9	2.4	3.4	4.4	6.9	9.5
10 to 19	1.7	2.0	2.3	1.2	0.0
20 to 39	0.2	1.0	1.7	2.6	3.6
40 +	0.6	2.3	3.9	6.7	9.5

Based on criteria used to predict level of service by Preferred Family Healthcare such as age on first use, type of drug, method of use and amount of use, youth who have used opioids between 3 and 19 times would most likely benefit from an outpatient treatment program where youth who have used more frequently would require inpatient treatment. Using these percentages and the average number of youth per grade, it is estimated that

1,750 youth in our County would be in need of outpatient treatment services for heroin and opioid addiction. However, the current penetration rate of youth addicted to heroin/opioids is only 7.8 percent, which would mean that we would likely have a demand of 137 youth seeking help.

Adding the 137 youth for opioid addiction to the 723 youth likely to seek help for alcohol and marijuana usage, our annual capacity needs to be able to serve a demand of 860 youth. With a current capacity of being able to serve 522 youth annually, the gap is 338 youth.

Cost to Fill the Gap

Based on current percentages of non-opioid users in treatment (70%) versus opioid users (30%), the gap of 338 youth would be broken down into two categories: 237 youth would fit in the non-opioid category and 101 youth would fit in the opioid category. The overall length of stay is six and a half months for non-opioid users and eleven months for opioid users. To break down costs even further, only 11 percent of the non-opioid users attend treatment services five days a week while 89 percent benefit from a schedule of two to three times a week. In addition, it is estimated that 8 percent of non-opioid youth utilize services provided through The Farm, a Preferred Family intensive inpatient facility in Lincoln County, to achieve and maintain their sobriety. The total amount to cover all of these groups and needs would be \$12,788,590.00 which is spelled out in the following table.

Type	Number of Youth	Monthly Cost	Length of Stay (In Months)	Totals
Non-Opioids (5x/wk.)	26	\$5,014.40	6.5	\$847,433.60
Non-Opioids (3x/wk.)	211	\$3,034.00	6.5	\$4,161,131.00
Opioids	101	\$6,591.60	11	\$7,322,601.00
The Farm	19	\$9,630.00	2.5	\$457,425.00
Totals	338			\$12,788,590.00

Sources: 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 Saint Louis Counseling (formerly Catholic Family Services). While Saint Louis Counseling is willing to serve any child, Crider currently sees only children with psychiatric needs with MC+/Medicaid. Saint Louis Counseling, who is not limited to seeing children within certain insurance plans, provided psychiatric care to 92 youth in 2017 with an average of 2 hours of service per child.

It is estimated that six 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 4.0 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 226 youth would be in need of psychiatric care per year beyond our current capacity.

Our Strengths

Of the youth served at Saint Louis Counseling, 94 percent showed a reduction of psychiatric symptoms, 94 percent demonstrated improved functioning 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. In 2017, St. Louis Counseling had a waiting list for psychiatric services that kept youth approximately two to three months before they could be served. Eight potential clients removed themselves from the list. Based on the number of youth served in 2017 compared to the estimated need, 134 youth were beyond their current capacity to serve

Cost to Fill the Gap

In order to expand outpatient psychiatric services to these 134 youth, it would cost \$58,397.20 (134 youth X 2 hours per year X \$217.90)

Sources: Saint Louis Counseling

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 seemingly 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 2017, Youth In Need's Transitional Living programs served 14 chronically homeless youth, down 22.2 percent from seven years ago. Due to a lack of bed space, they had to turn away 27 St. Charles County youth who requested services.

In 2015, Youth In Need was able to purchase a larger Transitional Living group home. The number of beds has remained the same, but the rooms are larger.

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 139 days. Each youth receiving services gets assistance with educational planning, employment, and life skills training. Of the 14 youth in the program in 2017 covered by CCRB funding, 82.4 percent were making progress toward completing an educational degree, 88.2 percent were able to secure and maintain employment, and 94.1 percent were able to learn at least three necessary life skills such as cooking and budgeting.

Service Gaps

In 2017, 27 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. They currently have seven (7) youth on their waiting list.

Cost to Fill the Gap

In order to meet the demand for Transitional Living services for the 27 youth turned away from Youth In Need last year, it would cost \$382,806.00 (27 youth X 139 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, 5,743 calls and texts from St. Charles County residents were made to these help lines during 2017 (KUTO does not keep track of calls by zip code.).

Saint Louis Counseling (formerly Catholic Family Services) provided crisis intervention services to 204 youth in all fifteen Catholic schools and the St. Charles City School District during 2017. These youth 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. BHR handled 3,894 phone, text and face-to-face contacts with 564 youth and parents in 2017.

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 to how youth communicate and having one coordinated location for these calls is helpful.

Of the 204 students receiving assistance from Saint Louis Counseling, 87 percent of them had a higher level of functioning, 91 percent made progress on their treatment goals, and 87 percent had fewer psychological symptoms. Of the 278 parents and 286 youth who received assistance from BHR, 98 percent gained knowledge of available resources, 73 percent developed collaborative safety plans, and 55 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

BHR experienced a shortfall of 65 mobile outreaches in 2017 and had to eliminate a number of presentations in order to transfer funds and meet this demand. In addition, requests for Mental Health First Aid and ASIST suicide prevention training by schools and other providers were much higher than budgeted. Based on demand, an additional eight (8) MHFA trainings and 5 more ASIST trainings would fill the gap.

Crisis intervention services are currently available to all of the fifteen Catholic schools in our County, but the St. Charles City School District has been asking for more help.

Based on current utilization rates and anticipated growth, it is estimated that an additional 330 students could benefit from school based crisis intervention services. At a minimum, there would be an additional 231 students in need of these services.

Cost to Fill the Gap

The cost to expand the number of mobile outreaches to help youth in dire crises would be \$10,054.20 (65 youth X 1 hour X \$154.68 per hour). To expand the number of MHFA and ASIST trainings, the cost would be \$45,539.36 (8 MHFA trainings X 8 hours per training X \$265.69 per hour and 5 ASIST trainings X 16 hours per training X \$356.69 per hour). The cost to serve the 330 additional youth for crisis intervention services would be \$124,680.60 (330 youth X 6 hours (average length of stay) X \$62.97 per hour). In the case of a traumatic event, the cost of providing professional support to families, schools and other affected parties average about \$3,600.00. This figure is based on 4 staff, 10 hours and a \$90/hour rate. If State funding were to end, it would cost about \$10,800.00 to handle the 3 crisis events we average on a yearly basis. The total for the four programs is \$191,074.16.

Sources: Behavioral Health Response, Crider Health Center, Kids Under Twenty One, Saint Louis Counseling, 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 Preschool, 1st, 4th, 5th, 6th, and 7th 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 all five districts at the junior and senior high school levels with Fort Zumwalt partially coming on board this past fall; 3) suicide prevention programming is being provided to 7th and 9th graders in all five districts by Kids Under Twenty One (KUTO) and CHADS; 4) sexual abstinence programming to middle and high school students in the Fort Zumwalt and St. Charles School Districts is provided by ThriVe; and 5) bullying and violence prevention programming is being provided to all five districts by Crider Health Center. The bullying curriculum targets Kindergarten through 8th grade.

In 2017, the Child Center provided sexual abuse prevention programming to 17,535 students and trained 384 parents and 2,119 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.

Starting last fall, Preferred Family Healthcare operates a Team of Concern in every district in our County. Last year, their programs were attended by 32,236 students, 4,330 parents, 3,368 faculty members and 1,292 other professionals 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, 275 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 7,877 7th, 9th and 11th graders in 2017 while CHADS provided suicide prevention programming to 4,277 youth in the same grades.

ThriVe St. Louis provided their Best Choice Sexual Integrity/abstinence program to 6,280 middle school and high school students in the St. Charles and Fort Zumwalt School Districts in 2017. Due to public protests by a few parents and some delays in the creation of a public portal for parents to review the course materials, Francis Howell and Orchard Farms decided to end their contracts with ThriVe and develop internal curriculums for sex education.

In 2017, Crider Health Center provided anti-violence programming to 32,940 elementary students in all five districts. During the same time period, Saint Louis Counseling (formerly Catholic Family Services) provided an anti-bullying programming entitled Brainwise to 48 students at four parish schools. Demand for this program dropped in 2017, leading Saint Louis Counseling to drop this curriculum.

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 1st graders and 98 percent of 4th graders were able to recall their Body Safety Steps, and 97 percent of the 7th graders were able to learn various forms of

sexual harassment and how to respond to it when it occurs. Ninety-nine percent of 5th and 6th graders learned internet safety techniques while 82 percent of the same students learned how to report child abuse and neglect. 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 97 percent of educators and mandated reporters felt better equipped to handle disclosures and make hotline calls.

Preferred Family Healthcare's Team of Concern program identified 275 youth (412 parents) with potential drug, alcohol or mental health problems. They achieved the following results: 91 percent of the students reported a reduction or the elimination of substance use; 91 percent reported a greater knowledge about mental illness and substance use; 88 percent of them were reported to have had fewer behavioral problems at school and better school performance; and 90 percent of the students demonstrated better risk management skills.

The Missouri Student Survey results from 2010 to 2014 demonstrated effective results across the board for every drug category except marijuana in terms of increasing the average age of first use and increasing the percentage of youth who report never having used a specific chemical. The data for the 2016 time period came out after our Community Impact report of 2016 was published. That report will be updated in the fall of 2018.

KUTO reported that 83 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 an 11 percent increase in the number of youth who sought help following the presentations while 91 percent demonstrated a greater knowledge of depression and suicide and 90 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, 99 percent were able to identify at least two different types of bullying, 98 percent were able to verbalize their feelings when faced with peer pressure, and 98 percent reported that they learned how and when to physically get away from a potentially violent or threatening situation. In addition, 97 percent were able to identify at least two inappropriate responses to feeling angry within themselves, and 98 percent reported feeling better able to reach out to an adult for help and support when faced with a violent situation.

ThriVe St. Louis reported that 80 percent of the students taking the class said that they would talk to their parents about sexual matters, and that 94 percent reported that they had a better understanding of the risks of sexual behavior. Furthermore, there was a 7.5 percent increase in the post test from the pretest on youth's intention to stay abstinent until marriage.

Service Gaps

It is estimated that there are 2,600 preschool, elementary and middle school students who are not receiving sexual abuse prevention services. It would take an additional 104 programs to fill this gap. The breakdown is as follows: 50 programs for preschool and early childhood programs in the Fort Zumwalt and St. Charles School Districts, 18

programs for 5th graders at three Fort Zumwalt elementary schools, and 36 programs for three Francis Howell middle schools.

Funding for anti-bully and violence prevention was expanded in 2018 to fill the gaps mentioned in the previous needs assessment, so no further funding in this area is needed at this time.

The School Districts are recognizing that the risk of alcohol and drug usage seems to be increasing for elementary age students, and the need to educate students about the dangers of chemical usage at earlier ages is necessary and beneficial. To this end, the districts are requesting that current preventive substance use programming be expanded or added to 58 buildings within the County. The breakdown is as follows:

- 47 new buildings and the expansion in 11 current buildings
- Fort Zumwalt – 21 buildings; Francis Howell – 14 buildings; Orchard Farm – 3 buildings; St. Charles – 2 buildings; and Wentzville – 18 buildings
- 3 Early Education buildings, 36 Elementary buildings, 6 Middle School buildings, and 13 High School buildings

On average, it requires 437 hours of school based services for elementary schools and 175 hours for middle school and high school buildings.

As a result of expanded education, there is an increase in the number of referrals for substance use assessments by school faculty. If the entire expansion were to occur, it is estimated that additional 377 assessments would need to be conducted. Furthermore, based on historical track records, 90 percent, or 339 of those students assessed are deemed to need some ongoing services such as counseling, preventative services, drug tests and case management.

Thrive St. Louis provided sexual abstinence programming to 6,280 youth in the County in 2017, but given the decisions of Francis Howell and Orchard Farm, there isn't any more demand within the County for expansion.

Combining the youth served by Kids Under Twenty One (KUTO) and CHADS during 2017, there would be an additional 3,383 youth in the 7th, 9th and 11th grades within our five public school districts who are not receiving this curriculum. At 25 students per classroom, there are 136 classrooms left to be served.

Cost to Fill the Gap

The cost of providing sexual abuse prevention programming to the remaining preschool, early education, elementary, and middle school children (2,600) would be \$33,921.68 (104 presentations X \$326.17 per presentation).

In order to expand the Team of Concern program to the 39 early education and elementary and the 20 middle schools and high schools that have requested these services, the cost would be \$1,240,411.20 (39 early education/ elementary schools X 437 hours per school X \$60.90 plus 20 middle and high schools X 175 hours per school X \$60.90).

To cover assessments, drug testing, counseling, preventative services and case management for the 377 youth who need to be evaluated by the Teams of Concern expansion, it would cost \$635,237.40 (377 Assessments X \$105.00 per assessment; plus 170 drug tests X \$12.60 per drug test; 1,105 units of counseling X \$58.80 per hour; plus 5,824 preventative service units X \$86.10 per hour; and 730 case management units X \$42.00 per hour).

In order to provide suicide prevention programming to the 3,383 students who aren't currently receiving this curriculum at 25 students per class, it is estimated that it would take 136 classrooms. The cost would be \$69,339.60 (3 hours per classroom X 136 classrooms X \$169.95 per hour (average cost between the two providers)).

The cost to provide these five prevention programs to the remaining students not currently receiving them is \$1,978,909.88.

Sources: CHADS Coalition for Mental Health, Child Center, Crider Health Center, Kids Under Twenty One, Preferred Family Healthcare, Saint Louis Counseling 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 fifteen 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.

Big Brothers Big Sisters provides one-on-one mentoring relationships with children who have lost a parent to death, divorce or incarceration. In 2017, they served 140 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 2017, they provided help to 617 youth at their two facilities.

CHADS provides support services at school and in family homes for youth who have attended one of their school prevention presentations and shares that they have thoughts of suicide or feelings of depression. Students are evaluated for lethality, negotiate safety plans, and if necessary are referred to other providers. In 2017, CHADS supported 41 students.

Since 2000, the Child Center has been providing forensic interviews to children and youth who have been sexually molested. By conducting only one interview, children no longer have to share their trauma five or six times, thus reducing the chances they will be manipulated by defense attorneys and increasing the chances of a conviction of the perpetrator. In 2017, an additional 236 youth were able to be interviewed.

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 F.A.C.T., which provided valuable parent support to the families. The program was funded federally for seven years and then became funded locally. In 2017, Crider worked with 503 children and youth while F.A.C.T. worked with 706 parents.

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 2017, they worked with 462 youth who were at risk of suspension or were behaving in a way that was interfering with their learning. Currently, our parochial high schools employ counselors in their schools, but school based mental health services do not exist in our Lutheran schools.

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 176 parents during 2017, as well as 368 children, offering individual, family and group support and educational services.

The 11th Judicial Circuit Court, in partnership with Youth In Need's counselors, offers 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 32 children and 44 parents.

Epworth Children and Family Services provides in-home counseling to families with a high risk of child abuse. They received funding for the first time in 2017 to serve families in St. Charles County, working with 22 children and 9 parents.

The Foster & Adoptive Care Coalition provides crisis intervention services to adoptive families. This program, created from 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 29 youth and 27 parents in 2017.

LINC became a CCRB partner in 2016 by providing counseling, case management and wraparound services for rent and utility assistance to indigent families in their Wentzville Center. In 2017, they served 20 children and families.

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 2017, they served 107 parents, 103 professionals and 44 children through these programs. Additionally, starting in 2017, they received funding to conduct Critical Incident Training for police officers on how to handle a mental health crisis call. One hundred and six officers received this training.

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 2017, they worked with 133 parents and 122 children.

As a result of an improved local economy, a very low unemployment rate, and frankly the success of securing permanent housing for many of the families previously served by St. Joachim & Ann Care Services, the County has continued to witness a reduction in the number of homeless families. In addition, the Community Council, the United Way 211, and 10 housing partners have developed a Coordinated Entry System for homeless families, which launched in January of 2018. Families now only have to complete one assessment, which determines eligibility and ineligibility for all local programs. The system is shared by all partners so that all services are coordinated and not duplicated. In 2017, St. Joachim & Ann Care Services worked with 428 children, a reduction of 33 percent from two years ago. These children and their families were homeless, or at risk for becoming homeless due to a variety of financial or mental health reasons. These families received support to address their financial, emotional, educational, and medical needs that had led them into homelessness.

Up until two years ago, most of the school districts in St. Charles County contracted with United Services to serve children age three to five who have been diagnosed with Autism Spectrum Disorder. The Department of Education and Secondary Education then mandated that districts serve in-house these populations. With the cancellation of these contracts, United Services refocused its target population to primarily two year olds. Currently, they have capacity to serve 36 students at a time. These children are taught with one-on-one instruction to help them prepare emotionally and behaviorally for kindergarten. In 2017, United Services provided services to 36 children.

Our Strengths

The populations that these services target are often the most difficult to work with, but these services had strong outcomes in 2017:

Of the 140 youth provided mentoring by Big Brothers Big Sisters in 2017, 100 percent were able to avoid any drug or alcohol usage while 95 percent were able to avoid other risky behaviors. Sixty-five (65) percent reported improved relationships with parents and peers.

At the Boys and Girls Clubs, 93 percent were able to complete their homework in a timely manner, 39 percent showed improvement in reading proficiency by 33 percent, and 100 percent demonstrated improved decision making skills in resisting alcohol, tobacco, drug usage and sexual activity.

Of the youth served in CHADS home-based program, 72 percent reported lowered anxiety and fewer depressive symptoms, 91 percent report less suicidal ideation, and 90 percent reported having gained a greater knowledge of mental health issues.

The Child Center reported that 90 percent of the children who participated in giving a forensic interview were able to share their experience of abuse and identify their perpetrator. Additionally, 99 percent of these youth reported less anxiety after their interview and advocacy support and 98 percent were able to identify at least two trustworthy adults they could talk to if someone tried to abuse them again.

Of the youth that were served by the Partnership with Families program, 95 percent remained out of long-term residential care, 97 percent remained free from any further law enforcement involvement, and 96 percent remained free from out of school suspensions. Additionally, 99 percent did not have a critical incident at home or at school that would necessitate a hospitalization and 99 percent actively participated in their own goal oriented education plan. F.A.C.T. reported that 95 percent of the children that were at risk for an out-of-home placement were able to return to their own home and 95 percent were able to stay at home through accessing community resources. Eighty-six (86) percent of the parents reported that they received positive behavioral support plans while 91 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-one (91) percent of the youth showed an improvement in their assessed level of overall functioning, 98 percent remained free from any law enforcement involvement, and 99 percent remained in school and free from suspensions.

One hundred (100) percent of the children served through the Crisis Nursery's home-based services remained residing in their own homes and remained free from a substantiated child abuse report. In addition, 94 percent of the parents reported learning at least two new strategies for coping with stress and frustration.

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 88 percent of the families, the parents were able to incorporate the parenting skills they were being taught in 97 percent of the families. Parents were able to respond appropriately to the emotional needs of their children in 88 percent of the families, and there were no reports of abuse/neglect or motions to modify in any of the cases.

Epworth Children and Family Services reported that 100 percent of the children they served were free from any incident of child abuse or neglect. One hundred (100)

percent of their parents reported that they were more resilient in the face of their stressors and 80 percent reported having greater knowledge of positive parenting techniques.

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 2017, 55 percent of the families served reported having improved relationships with caregivers and other family members, 55 percent reported improved family functioning, and 73 percent had no out-of-home placements.

LINC reported that 73 percent of the children they served in 2017 had fewer angry outbursts and arguments with their parents, while 78 percent demonstrated greater social skills with peers and improved relationships with teachers.

NAMI St. Louis has been providing educational and supportive services to families in the St. Louis region for over 40 years. They are known for their vast knowledge of mental illness and in fighting stigma related to these disorders. One hundred percent of the Basics Class participants reported that they gained knowledge about their child's mental illness and 90 percent reported that they learned additional skills to help them cope. Of the parents who attended the support group, 100 percent reported having a better understanding of mental illness while 92 percent of workshop participants were reported to be less judgmental of people's mental illnesses. Of the police officers who attended the Critical Incidents Training, 84 percent reported having gained knowledge about behavioral and mental health issues while 91 percent gained knowledge on how to intervene and de-escalate a mental health crisis with a youth.

Nurses for Newborns saw the following results in 2017: Ninety-four (94) percent of the mothers kept their children's immunizations up to date, 74 percent accessed additional community resources, and there was no suspected child abuse or neglect in 100 percent of the families served. Additionally, 100 percent of the infants who were determined to have developmental delays showed improvement in developmental skills.

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, 99 percent of the children enrolled in school, 93 percent showed improvement in either physical or emotional well-being, and 92 percent showed improvement in peer interaction and greater involvement in school activities. Most importantly, 94 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; 95 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 86 percent of the children were able to maintain academic skills by completing teacher-directed tasks 80 percent of the time.

Service Gaps

Big Brothers Big Sisters has an average waiting list of 41 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.

The Boys and Girls Clubs have 30 children on their waiting list that would benefit from some of their after-school prevention programming, but they lack access due to transportation, and CCRB funding does not allow the coverage of client transportation. The cost of serving these children, excluding transportation costs is included in the next section.

Due to an 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 99 children and youth who are beyond their current capacity to interview. In addition, on average each child receives eight hours of advocacy services annually. Lastly, based on the percentage of children and youth who request counseling to deal with the trauma of the abuse or the rape, it is estimated that 38 of these children would need this type of help, generally taking 12 weeks of services.

In 2017, there were 47 families that met the criteria for the Partnership with Families (PWF) program that were waitlisted or turned away. Based on rates of youth who have Medicaid vs non-Medicaid, 34 of these youth would have Medicaid and 13 would not.

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. Expanded funding for this program in 2018 added 3 Specialists to the provider list, however, according to the districts, an additional specialist in Francis Howell, Fort Zumwalt and Wentzville, and a half-time specialist in St. Charles and Orchard Farm would meet the current need. However, each of the districts has requested additional mental health specialists. Based on the average number of students served annually by each specialist, an additional 138 students could be helped

While there are specialists in our public schools and crisis counselors in all 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. Combining both public and private schools, it is estimated that there are 220 youth in need of such services. Parent partner services would also need to be expanded as a result.

Epworth Children and Family Services had to turn away 15 families representing 40 children in 2017 due to a lack of funding. They received additional funding for 2018, which should allow them to serve 11 of those children, leaving 29 children without help.

United Services for Children (USC) maintains a waiting list that consistently contains between 12 and 15 children at a time. At year end, the number was 14 two-year olds. Depending on the severity of their condition, USC caters their programs to between 4

and 14 hours per week over a 43 week school year. The children receive classroom and behavioral assistance.

Currently, there are no children on the waiting lists of the Crisis Nursery, the 11th Circuit Court, Foster & Adoptive Care Coalition, LINC, NAMI Basics classes, Nurses for Newborns and St. Joachim & Ann Care Services. The CIT program received additional funding in 2018 to cover approximately 40 more officers, but current funding covers the educational groups that NAMI provides.

Cost to Fill the Gap

To provide Big Brother or Big Sister mentoring to the 41 youth in need of a mentor, it would cost \$3,456.30 (41 youth X 3 hours X \$28.10 per hour).

In order to provide center-based, after school prevention programming to the 30 children that the Boys and Girls Club cannot currently serve, the cost would be \$21,720.00 (30 children X 100 hours per child X \$7.24 per hour).

To provide for the forensic interviews of 99 youth through the Child Center, it would cost \$61,083.99 (99 youth X 3 hours per interview X \$205.67 per hour). To provide child advocacy for these children during the court process, it would cost \$149,775.12 (99 children X 8 hours per child X \$189.11 per hour). To provide mental health counseling that specializes in the trauma of sexual abuse and rape would cost \$50,160.00 (38 youth X 12 hours of counseling X \$110.00 per hour). The total for the three pieces of the program would be \$261,019.11.

In order to provide PWF services to the 47 youth requesting services beyond the current capacity of the system, it would take \$293,359.92 (34 Medicaid youth X 30 encounters of care coordination on average X \$117.14 per encounter; plus 34 Medicaid youth X 12 encounters of family assistance on average X \$55.71 per encounter; plus 34 Medicaid youth X 31 encounters of parent partner services on average X \$45.71 per encounter; plus 13 non-Medicaid youth X 30 encounters of care coordination on average X \$117.14 per encounter; plus 13 non-Medicaid youth X 12 encounters of family assistance on average X \$88.57 per encounter; plus 13 non-Medicaid youth X 31 encounters of parent partner services on average X \$107.86 per encounter).

To provide school-based mental health specialist services to the 220 youth (141 Medicaid and 79 non-Medicaid) in need of services in our public school districts, it would cost \$948,028.44 (141 Medicaid youth X 37 encounters of service on average X \$55.71 per encounter; plus 141 Medicaid youth X 23 encounters of parent partner services on average X \$45.71 per encounter, plus 79 non-Medicaid youth X 37 encounters of service on average X \$107.14 per encounter and 79 non-Medicaid youth X 23 encounters of parent partner services on average X \$107.86 per encounter).

To cover the costs of providing home-based services to the 29 children at Epworth that have requested help beyond their current capacity, it would cost \$26,448.87 (29 children X 7 hours (average length of stay) X \$130.29 per hour).

To fully support the Early Intervention Program at United Services for Children, it would cost \$58,062.90 (11 children X 172 hours per year X \$19.29 per hour, plus 2 children X

258 hours per year X \$19.29 per hour. Plus 1 child X 602 hours per year X \$19.29 per hour.

The cost to fully fund all of the home, school and community based programs detailed above would be \$1,612,095.54.

Sources: Big Brothers Big Sisters, Boys and Girls Club of St. Charles County, CHADS Coalition for Mental Health, the Child Center, Crider Health Center, 11th Judicial Circuit Family Court, Epworth Children and Family Services, F.A.C.T., Foster & Adoptive Care Coalition, LINC, NAMI St. Louis, Nurses for Newborns, St. Joachim & Ann Care Services, St. Louis Crisis Nursery 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 five agencies that provide traditional counseling to children and families within St. Charles County on a sliding scale basis or for free: Saint Louis Counseling (formerly Catholic Family Services), FamilyForward, Lutheran Family & Children's Services, the Megan Meier Foundation and Youth In Need. Saint Louis Counseling provided counseling to 136 children and youth and 46 parents in 2017 at their O'Fallon office while FamilyForward served 29 youth with emotional issues connected with foster care and adoption. Lutheran Family & Children's Services provided help to 131 children and youth while the Megan Meier Foundation counseled 24 youth with the primary presenting problem of being the victim of bullying or cyberbullying. Youth In Need provided counseling to 777 youth last year along with 937 parents. In total amongst the five agencies, 1,097 children and youth and 1,126 parents received counseling.

Crider Health Center provides a screening program called the Pinocchio Program to young elementary students in kindergarten through 3rd grade to evaluate for emerging behavioral, mental and learning difficulties at seven Wentzville elementary schools. In 2017, they screened 5,834 children, found 1,337 students eligible for services, and provided ongoing services to 410 children.

The University of Missouri St Louis - Center for Behavioral Health (UMSL-CBH) provided psychological testing to 26 youth along with follow-up recommendations in 2017. They averaged 10 hours of testing and write-ups per client. In 2018, the Board provided additional funding to serve 17 more youth at UMSL-CBH and for Epworth Children and Family Services to conduct psychological testing on 8 additional youth.

Our Strengths

Each of the funded programs achieved strong results with the families they treated in 2015. Saint Louis Counseling reported that 85 percent of their youth indicated improved functioning at home and at school, 85 percent reported a reduction in psychological symptoms, and 90 percent achieved their treatment goals. Of the youth served by FamilyForward, 81 percent had an improved level of function while 85 percent had a reduction in psychological symptoms. Ninety-two (92) percent avoided placement. Of the children served by Lutheran Family & Children's Services, 88 percent reported a reduction in psychological symptoms, 90 percent demonstrated fewer behavioral problems at school and at home, and 83 percent reported having fewer conflicts with parents and siblings. The Megan Meier Foundation achieved 100 percent success in improving youth's level of functioning at school and at home, meeting their treatment goals and remaining in school. At Youth In Need, 74 percent of the youth showed improved individual functioning and reduced emotional and physical symptoms, 74 percent demonstrated an improvement in academic and employment performance as well as social relationships, and 70 percent demonstrated improved family and parental relationships with fewer conflicts.

Parents and teachers of children who received Crider's Pinocchio services in 2017 reported behavioral improvement at school in 91 percent of the cases and at home in 100 percent of the cases. Ninety-three (93) percent achieved improvement of their treatment goals.

Of the 26 children and youth tested by the staff at UMSL-CBH, 100 percent of the families understood the diagnostic determination of their child's symptoms and 96 percent followed through with service and school recommendations.

Service Gaps

In 2017, 157 children and youth were turned away from counseling services at our various counseling agencies.

It is estimated there are 11,900 Kindergarten-3rd grade students in the Fort Zumwalt, Francis Howell, Orchard Farms, and St. Charles 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 3rd grade children would need additional support and assistance throughout the rest of the school year through the Pinocchio program.

While UMSL-CBH was able to serve 26 youth in 2017, they had to turn away 124 youth due to insufficient funding. The CCRB decided to expand their program in 2018 and added Epworth Children and Family Services as a psychological testing partner. Combined, the expansion allows for 25 more youth to be evaluated, leaving an unmet demand of 99 youth.

Cost to Fill the Gap

In order to provide counseling services to the 157 children and youth beyond the capacity of our current providers, it would cost \$100,690.38 (157 youth X 7 sessions X \$91.62 per session (average cost of the five agencies)).

The cost to implement the Pinocchio Program to the overall need would be \$3,132,300.00 (476 classroom screenings, plus 3,364 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	4,866	195	1,119	17,904	18,099	\$959,247.00
FH	4,955	198	1,140	18,240	18,438	\$977,214.00
OF	603	24	139	2,224	2,248	\$119,144.00
SC	1,476	59	339	5,424	5,483	\$290,599.00
W	5,120	0	927	14,832	14,832	\$786,096.00
Totals	17,020	476	3,364	58,624	59,100	\$3,132,300.00

To provide complete psychological testing for 99 students beyond their current capacity, the cost would be \$196,233.84 (99 youth X 18 hours (average amount of time) X \$110.12 per hour (average cost between the two agencies)).

The total cost for all three counseling components would be \$3,429,224.22.

Sources: Crider Health Center, Epworth Children and Family Services, FamilyForward, Lutheran Family & Children's Services, the Megan Meier Foundation, St. Louis Counseling, University of Missouri St. Louis-Center for Behavioral Health and Youth In Need

Summary Table of Needs, Recommendations and Costs

Services	Need	Children & Youth Directly Impacted	Additional Family Members Impacted	Total Number of Persons Impacted
Temporary Shelter Services	\$88,515.00	30	63	93
Safe Place	\$7,500.00	160	338	498
Respite Care Services	\$193,641.00	39	82	121
Services to Unwed Mothers & Teenage Parents	\$257,825.75	35	74	109
Outpatient Substance Abuse Treatment	\$12,788,590.00	338	713	1,001
Outpatient Psychiatric Treatment	\$58,397.20	134	283	417
Transitional Living Services	\$382,806.00	27	0	27
Crisis Intervention Services	\$180,274.16	395	833	1,228
Crisis Response Team	\$10,800.00	?	?	?
Prevention Programs				
Sexual Abuse	\$33,921.68	2,600	5,486	8,086
Substance Abuse	\$1,240,411.20	37,448	79,015	116,463
Substance Abuse Counseling	\$635,237.40	377	795	1,172
Suicide	\$69,339.60	3,383	7,138	10,521
Home-Based and School-Based Family Intervention Services				
Mentoring	\$3,456.30	41	87	128
Center Based After School	\$21,720.00	30	63	93
Services to Victims of Abuse	\$261,019.11	99	209	308
Partnership with Families	\$293,359.92	47	99	146
School-Based M.H. Specialists	\$948,028.44	220	464	684
Home Based	\$26,448.87	29	61	90
Services for Children w/ Autism	\$58,062.90	14	30	44
Individual, Group and Family Counseling & Therapy Services				
Counseling & Therapy	\$100,690.38	157	331	488
Pinocchio Program	\$3,132,300.00	3,364	7,098	10,462
Psychological Testing	\$196,233.84	99	209	308
Subtotals excluding prevention	\$19,009,668.12	5,258	11,095	16,353
Totals including prevention	\$20,988,578.00	49,066	103,530	152,596

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)).

It is important to recognize that the total figures for unmet needs contain some duplication of numbers. Of the 5,258 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 continues to be made in the thirteen 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' programs.

Despite these successes, there are over fifty-two hundred St. Charles County children and youth still in need of help with thousands more who could benefit from expanded prevention programming. Rather than basking in our accomplishments, we need to be aggressive in finding new funding sources and/or in building new partnerships to address these needs. With a nearly \$21 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.

As the population continues to expand, and if sales tax revenues continue to flatten, we will have to become even more strategic in where we invest. Mapping of needs geographically is available again and mapping of where we provide and don't provide services will help the Board determine where to invest any new dollars. Finding the direct connections between programs and the community impacts will help determine which programs will create even greater impact. Building stronger relationships with school personnel and with the faith community will create more supports for families, and focusing on intervening with younger children will all allow us to face the challenges that are likely to arise. Together we have made a difference, but maintaining that togetherness will take us further.