

# **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



**April 20, 2004**

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## **Executive Summary**

In 2001, over 200 community leaders crafted a St. Charles County Vision for Children as part of an overall effort entitled “Putting Kids First”. That vision reads: “St. Charles County will be a community in which all adults share responsibility for our children and teenagers; where youth can achieve their full potential in a safe and supportive environment; where personal responsibility and respect for others are taught and practiced; where we have the tools and support necessary to nurture and guide our children; and where the needs of young people are our highest priority.” To assist in making this vision a reality, we publish this report with the purpose of evaluating whether or not we possess the tools and supports necessary for our County’s youth to grow up successfully.

The St. Charles County Children and Family Services Authority, whose mission is to oversee the mental health concerns of children, youth and families within our County, strives to maintain accurate and up-to-date information regarding the levels of services available within our community, and the mental health and social service needs of our youth. On a regular basis, the Authority collects information from local agencies of services provided, demand for services and service capacity, which helps determine the unmet need for services. Through this determination, the Authority and other community leaders can develop solutions to address these service gaps. By making these services easily accessible and available locally, we increase the likelihood of children and youth growing up successfully, of keeping families together, of educational success, and of keeping youth out of the juvenile justice system.

This report is the third issue of this assessment, with the previous assessments having been completed in 1999 and 2001. By updating this assessment, we are able to look at trends over the years and determine whether our system of care is adequate enough to meet the demand and the need, and whether or not we are making improvements.

Previous assessments have indicated that service capacity has remained relatively flat and due to recent economic conditions with reduced State funding and reduced corporate giving, our local capacity has been reduced. At the same time, the County’s population continues to grow at a steady pace, ranking as one of the fastest growing communities within the State. Despite being fortunate to have many of these services present within our borders, the combination of these factors increase the challenge of having enough services to meet the ever-growing demand.

While our County ranks quite favorably on many economic indicators compared to State averages, these rankings do not produce immunity against mental illness, drug and alcohol usage and violence. It is important to recognize this incongruence and realize the strength of our community is based on the success of meeting the needs of our citizens, particularly our youngest citizens. Together, we can make a difference in many families’ lives and help insure our vision.

## What This Study Measures

The Authority 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. Passage of such a measure allows for the creation of a Children's Services Fund, which would be used to fund programs and services to fill the unmet need. This fund would be similar to the fund created by Senate Bill 40, which is overseen by the Developmental Disabilities Resources Board and serves people with various developmental disabilities. 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 unwed teenage mothers to help insure healthy pregnancies and births
- 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 statistics were accumulated for this study, with most of the statistics reflecting data from 2002. When service data is unavailable, State data will be used, making estimations based on local populations. The source of the data will always be listed. The following data was requested from the agencies:

- Descriptions of services and programs available to children and youth
- 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

Several non-profit organizations located in St. Charles County provided data for this study. 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 needs analysis. The following agencies provided data for this assessment:

- Bridgeway Counseling Services
- Catholic Family Counseling
- Child Center, Inc.
- Crider Center for Mental Health
- Family Advocacy and Community Training
- Fort Zumwalt School District
- Francis Howell School District
- Lutheran Family and Children's Services
- Preferred Family Healthcare
- St. Charles City School District
- St. Louis Crisis Nursery-St. Charles Office
- Youth In Need

There is an added section to this year's assessment called Trends. This section compares the needs, requests for service, capacity and funding from the previous survey to the current assessment, and comments on whether we as a community are improving or getting worse.

## **Factors Impacting Funding of Services**

The overall need determined by this study is affected by several factors, including the rapid and enormous growth rate our County has experienced over the past 25 years, reduced mental health benefits provided by employers due to unemployment and the higher cost of health insurance, and reduced funding streams at the State and local levels due to budget deficits, a sluggish economy and fewer donations. Each of these factors will be elaborated on in further detail below.

### **Population Growth**

St. Charles County has consistently ranked as one of the fastest growing Counties within the State of Missouri. According to the U.S. Census, St. Charles County's population grew 47.8% in the 1980s and another 33.3% during the 1990s. Since the 2000 U.S. Census, our population has grown beyond 300,000, and it is estimated that St. Charles County's population will bypass the City of St. Louis in 2007. Given the amount of available land primarily in the western portion of the County, it is estimated that the County's population will exceed 380,000 people by 2020. St. Charles County continues to rank 2<sup>nd</sup> in the State in terms of the percentage of its population under the age of 18 at 29.0% with a State average of 25.5%. The 2001 U.S. Surgeon General Report estimated that 20% of all children and youth would be in need of some sort of children's services in any given year. Given these percentages and grow estimates, it is clear to see that the demand for services will continually grow for at least the next 16 years.

### **Insurance and Unemployment Issues**

Many of the services described in this study are not generally covered as part of any benefits package an employer offers their employees. The cost of health care to employers has continued to rise, causing some employers to reduce coverage and lower benefits. The lack of parity between health and mental health payments often means that people have to pay higher co-pays for mental health services. While the unemployment rate of St. Charles County remains lower than the State average, it has increased in the past two years, leaving many families without insurance. All of these factors along with the high cost of COBRA and more people taking positions with fewer or no benefits have led to an increasing number of people within our community without the ability to afford the cost of services.

### **Funding Cuts and Financial Giving**

Budgetary deficits have continued to have a dramatic impact on the Department of Mental Health. Two years ago, the Governor threatened to cut the Department's budget, offering the State's Rainy Day Fund as the solution to make up a portion of the cuts. A letter campaign to legislators helped educate them to the importance of maintaining mental health services, and it successfully reduced the amount cuts to funding in the Department. A continued deficit led to cuts to Medicaid coverage and to administrative cuts in the Department this past year. Deficits for next year's budget are currently estimated between 400 and 900 million. Since mental health services are not mandated services, and because the likelihood of a statewide tax increase is small, it is anticipated that larger cuts that include services to families will be inevitable. Corporate giving and donations have been lower over the past two years due to a sluggish economy, and the United Way lowered its campaign goals for last year. The 6-year federal grant that was awarded to St. Charles County is now in its final year, and because the community has failed to support a local initiative to fund a local Children's Service Fund, sustainability is in question.

## **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 these difficult and even dangerous situations. Many of these youth have exhausted their resources, and can no longer “couch hop” with friends and their families, leaving them vulnerable and to their own defenses. Left on the street, these youth often turn to crime in order to eat, 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 2002, there were 10,837 active missing juvenile cases in Missouri reported by local law enforcement agencies as runaways. Of that number, 562 missing juveniles were from St. Charles County. This figure is an increase of 33 youth from 2000, or an increase of 6.2%. Even more alarming is that 62.2% of these youth, or 350 youth, were missing for 6 months or more. (Source: Missouri State Highway Patrol)

In 2002, the St. Charles County Family Court had referrals on 1,103 minors for juvenile status offenses, which include runaway incidents, truancy and curfew violations, an increase of 25.3% since 1998. In addition, 2,107 minors were referred with juvenile crimes ranging from petty theft and vandalism to serious felonies, which is a reduction of 24.0% from 1999. (Juvenile Court Statistics, St. Charles Family Court) The number of juvenile law violation referrals for youth ages 10-17 has stayed the same from 1998 to 2002, but the number of juveniles involved in those referrals has decreased from 2496 in 1998 to 1702 in 2002. (St. Charles County Juvenile Court)

### **Our Strengths**

Currently, the City of St. Charles has a 12-bed emergency shelter for runaway and homeless youth at Youth In Need. Annually, this shelter provides up to 250 youth per year with an average of two weeks of shelter care, along with intensive family therapy interventions with families, after which youth are reunited with their families or are placed in alternative care arrangements.

Additionally, a 24-hour runaway youth telephone hotline provides referral resources and a crisis response to runaway and homeless youth. The hotline receives on average approximately 1,500 crisis telephone calls a year from St. Charles County youth or family members regarding a youth who is missing or is

making a serious threat to leave home because of severe family conflict. (Youth In Need service information data, 2000-2002)

### **How St. Charles County is in Trouble**

Based on information collected during telephone calls received on Youth In Need's 24-hour runaway youth telephone hotline, it has been determined that at least 200 St. Charles County youth and families experiencing runaway crises are turned away from the shelter every year. Furthermore in 2002, 562 minors were reported as missing or runaway and only 213 were able to receive services through existing local resources. It is reasonable to surmise that these 349 youth and families needed services, but they were unable to obtain them. It is quite possible that many of these runaway and missing youth, who did not seek services and were not turned away for help, were unaware that a shelter existed to help them. Our community's needs have simply exceeded the limits of our current resources.

Whether St. Charles youth and families in these kinds of crisis receive help or not has dramatic ramifications. Youth in our region were included in a research project that offers an in-depth analysis of Midwestern runaway and homeless adolescents, and the survival strategies and risks of premature independence, street social networks, subsistence strategies, sexuality, and street victimization.

The book Nowhere to Grow: Homeless and Runaway Adolescents and Their Families by Les B. Whitbeck and Dan R. Hoyt (1999) documents the risks of failing to intervene with runaway and homeless youth and link them to their families or stable living situations. Of the 602 runaway and homeless adolescents they interviewed for this research project, 115 youth from this community were interviewed.

The study reports that runaway and homeless youth have spent between one day and four years on the street with a median time of 81 days on their own. With basic needs such as food, shelter, and medical care unmet, disenfranchised youth often utilize any available means to survive. Seventy-one percent of the adolescents panhandled for money, 41% took money from someone, and 40% broke in to a house or store and took money. Approximately 70% dealt drugs to obtain money, while 4.5% prostituted themselves for money. Survival strategies expose youth to life threatening situations, which perpetuate the cycle of victimization.

A majority of the adolescents interviewed regularly associate with other youth that have run away, sold drugs, or used drugs. In addition, many of the adolescents had friends who have been suspended, expelled, or who have dropped out of school. In addition to engaging in subsistence strategies and associating with at risk peers, many of the adolescents had been physically or sexually victimized while out on their own. Nearly half of the adolescent boys were asked to break the law more than one time. Twenty four percent of the adolescent boys had been beaten up, threatened with a weapon, or propositioned for sexual favors. For female adolescents, 14.8% were sexually assaulted or raped more than one time, 44% were asked to break the law, and

18% were beaten or threatened with a weapon. Finally, 29.4% of the males and 28% of the females had to go hungry more than once.

The economic consequences for neglecting the needs of St. Charles County runaways are also profound. Let's just consider the 200 youth who were turned away from services in 2002. As many as 25% (50 youth) will end up in institutional care for an average of two years as a result of court or child welfare placement. At a cost of \$30,000 per year per youth, local citizens are *already* paying over \$1.5 million a year to restore the lives of these young people. Another 40% to 70% that are homeless or runaway will end up stealing or selling illegal drugs to survive, resulting in costs to St. Charles County through medical insurance claims, law enforcement costs, and threats to overall public health and safety. Thirty percent or more (60 youth) will be exploited sexually or abused physically, often being asked to exchange "sex for shelter," producing significant threats to public health and safety from sexually transmitted diseases and producing significant costs to the County through the increased likelihood of unplanned pregnancies. (Youth In Need)

### **How the Citizens of St. Charles County Can Make a Difference**

Just one additional emergency shelter, plus intensive counseling services and aftercare follow-up, could meet the needs of 200 to 250 youth who are not currently able to obtain help. Each youth will require, on average, about fourteen days of shelter services. Such services will include residential care, group, family and individual counseling, case management, aftercare, and daycare services. These services can be provided for \$202.28 per day per youth (Youth In Need's current costs).

The ultimate goal is to reintegrate these youth with their families safely and harmoniously or to find alternate homes for them with other relatives or in foster homes. The expansion of a program that stabilizes the lives of these kids, gets them off the streets and back into schools where they can resume the pursuit of healthy life goals would be advantageous.

The expansion of emergency shelter space and services to meet the needs of an additional 250 youth would cost \$707,980. (250 youth x 14 days (average stay) x \$202.28 per day) These costs are based on current Youth In Need direct service cost experience and do not include inflationary costs. These cost estimates are also consistent with the contract experience of other providers. (Youth in Need's costs are consistent with the average costs for equivalent services in the industry)

The \$202.28 per day cost can be further broken down as follows:

- \$102.28 per day for housing and 24-hour supervision
- \$55 per day for case management, which includes intake, service planning and linkage, discharge and aftercare services

- \$45 per day for professional services, which includes individual, group and family counseling

## **Trends**

Funding for temporary shelter beds has stayed basically constant and the number of beds available for runaway youth has stayed the same since 1976. As the County's population has grown dramatically and because Youth In Need has become better known within the community, the number of runaways has increased and the demand for services has increased. Since capacity has remained flat, more and more children are turned away from help.

## **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 through the provision of these respite services that the generation cycle of violence and abuse can be broken. For families who have a child or children with a serious emotional disturbance, a few hours of respite on a regular basis can mean the difference between keeping a family together or having their child enter a residential facility. Respite care services are the most requested services of this population.

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

From July 2001 to July 2002, there were 1,743 hotline calls of suspected child abuse and neglect made to the Division of Family Services, newly named The Children's Division. This number represents an increase in reported incidents of 236 calls. These reports represented 2,522 children and reflected an increase of 13.8 percent from two years ago. Of those 1,743 reports, probable cause for child abuse and neglect was substantiated in 102 of the reports, representing 139 children. This figure was a decrease of 36.2 percent from two years ago. An additional 1,350 families, or 1,975 children, were assigned for Family Assessment services because family circumstances suggested a higher risk for further reports of child abuse and neglect, an increase of 28.6 percent. (Department of Social Services, Division of Family Services, 2002 Annual Report).

The major family risk factors among St. Charles County residents include:

- A high divorce rate; 64.4 percent of parents in the County were paying child support in the state system (up from 44.6 percent in 1998 and 51.8 percent in 2000)
- 9,623 children (11.7 percent) were low income children enrolled in Medicaid in 2001 (up from 8.3 percent or 7,470 in 1997)

- 594 children were receiving public mental health services for a serious emotional disturbance (SED) (up from 420 children, or an increase of 41.4 percent since 2000)
- 1,119 children were receiving state subsidized child care (down slightly from 1,178 in 1998)

(Kids Count Missouri-2002)

These risk factors contribute 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.

Between Youth In Need and the St. Charles Crisis Nursery, nearly 3000 calls come in each year from families in crisis. It is estimated that 50 percent of the calls Youth In Need receives on their line involve families facing a violent situation and requesting a “cooling off” period along with counseling. The Nursery has similar percentages for younger children.

### **Our Strengths**

Currently we have two respite care/emergency shelter facilities for children and youth: Youth In Need and the Crisis Nursery. Additionally, through the Partnership with Families program, respite is provided to those families within the program. This program serves approximately 120 children and youth per year. Youth In Need has a 12-bed facility for adolescents while the St. Charles Crisis Nursery has an 8-bed facility. In 2002, Youth In Need provided respite care services to 34 adolescents while the Nursery admitted 628 children for respite care, homelessness, domestic violence and other family emergencies. They provided 20,322 hours of service to these families. In addition, each agency operates a 24-hour crisis help line and each received nearly 1,500 calls last year. The Nursery was able to give out 28,292 referrals.

### **How St. Charles County is in Trouble**

Despite their efforts, the Crisis Nursery had to turn down 519 children because of a lack of space. This number reflects an increase of nearly 90 children from 2 years ago. At the same time, Youth In Need had to turn down 34 youth. Without alternatives or interventions, there is a greater likelihood of child abuse, child abandonment, and family violence. There is also a greater likelihood that many of these children will end up in an out of home placement or foster care. Without respite care/emergency shelter services, it is estimated that 30 to 50 percent of these children will experience abuse at a cost to St. Charles County citizens for placement of about \$30,000 per child per year. If 40% of these children are placed, the cost would be \$6,240,000 per year.

### **How the Citizens of St. Charles County Can Make a Difference**

In order to meet the demand, both the facilities of Youth In Need and the St. Charles Crisis Nursery would need to be expanded. The cost for the expansion of these services would be as follows:

Adolescent respite care services: \$27,510 (34 youth x 4 days (average stay) x \$202.28 per day)

Children's respite care/emergency shelter services: \$304,134 (519 children x 2 days (average stay) x \$293 per day)

These cost estimates are based on current direct service costs for each agency and do not include inflationary costs. They are consistent with equivalent services in the industry.

With this additional funding, the Crisis Nursery would also be able to expand three existing programs:

- *Community Outreach Resources (CORE)*, which does developmental assessment on children and provides counseling, education and referral to parents of 128 children
- *In Home Family Support Services*, which provides in home support for those families at greatest risk of child abuse to 76 families (up from 38 in 2000)
- *Parenting, Education Exchange and Resources Support Groups (PEERS)*, which offers parenting skills, self-esteem and self-confidence building, and support networks to 48 families (up from 16 in 2000).

The total cost of expanding respite care services to meet the total demand would be \$331,644.

## **Trends**

As the population of the County has continued to rise, the number of hotline calls for suspected child abuse has increased. The number of substantiated cases of child abuse has however dropped, but the number of families referred for Family Assessment has increased. The demand for respite care services for children who are at risk of child abuse and neglect and the demand for respite care services from parents who have older children and youth with a serious emotional disturbance have both increased, while the capacity of available beds and providers has remained flat.

## **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.

To become productive citizens, 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**

Youth In Need has an average waiting list of over 100 pregnant teens and teen parents for its Early Head Start services. In addition, the following demographics provide a few more details about St. Charles County's unwed or teenage parenting population.

In 2002, in St. Charles County, there were:

- 334 births to mothers without a high school diploma
- 249 births to youth ages 19 and under
- 1,187 low birth weight babies
- 117 infant mortalities

(Missouri KidsCount 2002)

### **Our Strengths**

St. Charles County offers Early Head Start and other teen parent services to about 130 teen parents and parents-to-be. Services include assistance with childcare, counseling with families, support groups in high schools, and instruction in pre-natal care and healthy child development. Support groups in county high schools help teenage parents remain in school to develop more marketable job skills and to learn effective parenting skills. Currently, about 130 teenage parents receive support group services.

### **How St. Charles County is in Trouble**

Existing resources are only able to reach 130 teenage parents; however, 100 teenage parents who are requesting services are turned away, which doesn't include an undetermined but significant number who are not currently on waiting lists or asking for services. In addition, our County does not have even one residential maternity group home for pregnant teens. Moreover, the children of 80 young adult unwed mothers cannot receive services (Youth In Need's waiting lists).

The current resources are simply inadequate for providing outreach services to isolated parents or in-home services necessary for adequate health and parenting assistance.

The annual estimated costs for each unwed mother or teenage parent that does not receive guidance and support for developing parenting skills, completing their education, and developing marketable job skills can be summarized as follows:

- \$10,000 per teenage parent on public assistance programs
- \$20,000 per infant or child who is abused and neglected and requires out-of-home placement
- \$10,000 in healthcare costs for each second pregnancy, delivery and pediatric services

### **How the Citizens of St. Charles County Can Make a Difference**

Increasing existing support and counseling services to reach another 130 teen parents and parents-to-be, which would include family and personal counseling, assistance with securing child care, support groups in schools and community settings, pre-natal and child development classes, at an average cost of \$3,200 per youth per year, would cost \$416,000 annually. (130 teens x \$3,200 = \$416,000) These costs are based on an average of 100 hours of contact from professional staff per year per teen, at an average cost of \$32/hour.

Compared with the cost of 130 unwed parents and teenage parents who may require up to two years of public assistance, which could cost St. Charles County \$2,600,000 (130 parents x \$10,000 x 2 years), we believe St. Charles County will benefit more from expanding its existing services to develop productive healthy families. The savings to the taxpayers would be over \$1.7 million every two years.

The establishment of a maternity group home with a capacity for six (6) teen mothers (averaging 12 mothers per year) at a daily cost of \$185 would cost \$405,150. (6 mothers x 365 days x \$185 = \$405,150) Please note these estimated costs are based on current Youth In Need direct service cost experience. They do not include inflationary costs. These cost estimates are also consistent with the contract experience of other providers.

The \$185 per day cost can be further broken down as follows:

- \$102 per day for housing and 24 hour supervision
- \$83 per day for counseling and case management, which includes intake, service planning and linkage, prenatal and post partum care coordination, individual, group and family counseling, and discharge and aftercare services.

The total cost for both programs above is \$821,150. (\$416,000 + \$405,150 = \$821,150)

## **Trends**

The capacity to provide services to teenage parents has dropped slightly since the last survey, but the demand for services has remained the same. Since the closing of the only group maternity home in the region, no facility has taken its place. The Pregnancy Resource Center is interested in spearheading an effort to locate a group maternity home within the County, but funds have not been raised.

## **Outpatient Substance Abuse Treatment Services**

It is a common assumption to associate adolescent alcohol and drug usage with impoverished communities, yet several studies have indicated that drug and alcohol usage is equally prevalent in higher income communities because of the excess money to purchase them. Some adolescents will brag to their peers about the level of their consumption, while others drastically minimize their usage, or deny it all together, both to their parents and to other adults. While even experimentation is scary to most parents, a professional assessment is necessary to determine the appropriate level of care or whether any type of intervention is necessary at all. This assessment is crucial to sifting through the often-confusing array of information from various sources. Some adolescents, because of the extent of their addiction, are best treated in a residential, or inpatient setting. Detoxification and 24-hour surveillance are essential because of the level of addiction and the risk to maintaining sobriety. For other adolescents, the appropriate level of care is intensive outpatient treatment while others are better helped by a low-intensity combination of family therapy and educational sessions.

While there are many youth whose addiction would indicate the need for residential treatment, this study will only assess the need for outpatient substance abuse treatment, as they are the only services covered under the enabling legislation. Outpatient adolescent substance abuse treatment services include assessments and evaluations, early interventions, educational groups, youth group counseling, individual counseling, group family therapy, family therapy, and aftercare services.

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

Preferred Family Healthcare, Inc., a private not-for-profit organization, provides outpatient and residential substance abuse treatment for adolescents from St. Charles County and several nearby counties. All adolescents who have an addiction to alcohol or other controlled substances are eligible for help, regardless of income. Their program has 20 residential beds and the capacity to provide outpatient services to 60 to 100 youth at any given time. From October 2002 through September 2003, 69 adolescents from St. Charles County received outpatient treatment and an additional 25 adolescents received residential treatment for alcohol and drug dependence at their facilities.

In April 2003, Bridgeway Counseling Services had to terminate its intensive outpatient treatment program for adolescents called the Kids Resource Center, which had a capacity to serve 60 youth per year. Over a 2-year period, they had served 47 adolescents. They provided outpatient services and 10 different support groups in local middle schools and high schools. The program was terminated due to budgetary cutbacks, thus reducing our County's capacity to treat adolescents with substance abuse disorders by 60 adolescents.

Last year, Preferred Family Healthcare received a 3-year federal grant from SAMHSA to provide early intervention services to children and youth in St. Charles County and Lincoln County where there are concerns about alcohol and drug usage. The program called Fast Break has the capacity to serve 240 youth per year (160-St. Charles and 80-Lincoln), and provides them with an initial assessment, 2 individual sessions and 3 group sessions.

### **Our Strengths**

The local presence of Preferred Family Healthcare is an asset to the families they treat as having local access allows more family involvement, and therefore, a greater likelihood of successful treatment. Preferred Family Healthcare has a highly qualified professional staff and a full range of treatment options, dependent on the severity of the abuse and/or addiction. They have expertise with the various drugs youth use, and have good working relationships with mental health providers as many of their clients have a co-occurring mental health diagnosis.

### **How St. Charles County is in Trouble**

Previous Needs Assessments have utilized State of Missouri data to determine the level of need within St. Charles County. This data was tabulated and applied to the youth population bases in St. Charles County, but it was never clear whether State averages for usage are consistent with the usage of St. Charles County youth. Given our greater income levels and the aforementioned studies that indicate greater risk factors for alcohol/drug usage and abuse are equally evident in both economically deprived and economically affluent communities, our percentages may actually be higher than the State averages.

In order to get local data, local school districts were asked to provide copies of their Safe and Drug Free Schools survey results. This survey was given to 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders to complete on an anonymous, volunteer basis. While we still have difficulty factoring out those youth who brag about, or overestimate their usage, and others who minimize their usage, combining all of the reports at least gives us a local picture.

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

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

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

This table provides a view of the frequency that youth drink. An increase in the frequency of times a youth drinks in a month is an indication of dependence. While any amount of drinking may be of concern to many parents, the youth represented in the first three rows (0 to 5 days) demonstrate experimental usage and a frequency of use of approximately 1 time per week. For youth using 15 days out of 30, whose percentages are listed in half of the 5<sup>th</sup> row and the last two rows, a dependence on alcohol is strongly indicated, and these youth are probably candidates for inpatient treatment. Those percentages listed in the 4<sup>th</sup> row and half of the 5<sup>th</sup> row are using at a frequency that would be best treated in an intensive outpatient treatment program.

Given that U.S. Census data does not break down population by each age, an average number of youths per age are used for the calculations. Based on the County's 2002 population of 303,030 citizens and a youth percentage of 29.0%, there is an average of 4,882 children per age. Applying this average to the percentages of usage and using the assumptions mentioned above, it was determined that there are 2,863 youth whose usage would indicate a level that would benefit from intensive outpatient treatment program.

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

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

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

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

Based on the previously mentioned population base of 4,882 youth per age, the total number of youth who binge and would benefit from intensive outpatient treatment is 2,739. Based on the clinical experience of Preferred Family Healthcare, there is considerable overlap between the youth who binge and those youth who use regularly of approximately 80%. Therefore, applying the remaining percentage of 20% to the above total of 2,739, there are an additional 548 youth who binge only and would be best treated in an intensive outpatient modality. Adding this total to the 2,863 youth listed previously, the total of youth from the 8<sup>th</sup> through 12<sup>th</sup> grades in St. Charles County who would benefit from outpatient substance abuse treatment services is 3,411.

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

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

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

The 3<sup>rd</sup> and 4<sup>th</sup> rows (3 to 19) in this table indicate a level of usage that would benefit from intensive outpatient treatment. The total number of youth in our County in this category is 2,910. Multiplying that number of youth by 2% in order to remove duplicate youth gives an additional 58 youth to the total.

During your life, how many times have you used cocaine in any form?

8 <sup>th</sup> grade	10 <sup>th</sup> grade	12 <sup>th</sup> grade	
94.7%	88.5%	84.1%	0 times
2.6%	4.5%	5.6%	1 or 2
1.4%	1.9%	3.5%	3 to 9
0.4%	0.9%	1.3%	10 to 19
0.1%	1.2%	2.5%	20 to 39
0.7%	3.0%	3.0%	40 +

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

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

The calculation of need is as follows: 2,863 youth based on regular usage plus 548 youth who only binge plus 58 marijuana users equals 3,469 youth in our County whose usage would indicate a level that would need to be treated with intensive outpatient substance abuse treatment.

Yet even though statistically there are 3,469 youth who are using drugs and alcohol that intensive outpatient treatment would be the appropriate response, the actual demand for these services would be less. Very primitive defense mechanisms such as denial, projection and minimization used by adolescents as well as their parents will reduce the number who will request these services even if funding was available to build to capacity.

In addition to factors that reduce the actual demand for services, some of these youth have insurance that will cover these services. While some form of medical insurance covers approximately 88% (12% uninsured) of Missouri youth, not every family with insurance has coverage that pays for substance abuse treatment. Given these unknowns, it is impossible to calculate both the percentage of the need that will demand services and the percentage of the population that does not have insurance to cover substance abuse treatment.

### **How the Citizens of St. Charles County Can Make a Difference**

Using Preferred Family Healthcare's average cost for a single episode of intensive outpatient substance abuse treatment of \$1705 for 6 months, the cost of providing these services to all of these youth would be just under \$6 million. Given the impossibility of predicting demand and impossibility of calculating the percentage of County residents without insurance coverage for these services, an incremental approach, increasing service availability to meet 25% of the need, was used to start. This estimate takes into account the high employment rate in

our County and the percentage of uninsured families, and allows a significant dent to be made into this problem in our community. Should funding become available and services increased, future assessments can re-evaluate this percentage as to whether it is significant enough or not. Since Preferred Family Healthcare is generally at capacity, 69 youth were subtracted from the adjusted total for a total of 3,400 youth. This total was then multiplied by 25% for a total of 850.

The cost of providing intensive outpatient substance abuse treatment to the 850 youth who need these services is \$1,449,250 (850 youth x \$1705 for 6 months of treatment). Intensive outpatient treatment has an average length of stay of 6 months, and includes services such as group counseling, individual and family therapy, educational groups, and aftercare. Family involvement and aftercare services provide support at a critical time and improve the likelihood that sobriety will be maintained. An initial assessment that determines the appropriate level of care is provided to every youth seeking services. (Preferred Family Healthcare averages and costs)

Additionally, the cost of expanding Fast Break early intervention services to 10 percent of the youth who have binged on drugs and alcohol 1 or 2 times, and have yet to develop a pattern of abuse or dependence, is \$191,800. This cost is based on an early intervention plan consisting of an initial assessment and 5 sessions of individual and group therapy. Taking 10 percent of the population of youth in our County that meet these criteria, there are 434 youth. Subtracting our current capacity to serve 160 youth, 274 youth are left in need without funding. (\$700 per youth x 274 youth) (Preferred Family Healthcare)

The total cost for both programs would be \$1,641,050. (\$1,449,250 + \$191,800)

### **Trends**

Since a new formula was used to determine the need for substance abuse treatment for this survey, it is difficult to determine an increase or decrease in overall need. However, given that the youth population continues to grow and because money, drugs and alcohol continue to be readily available, it is anticipated that the need for services will continue to grow. The capacity of Preferred Family Healthcare is constrained by current funding sources and has remained at approximately the same level over the past few years, but with the loss of the outpatient program at Bridgeway Counseling Services, overall capacity to serve youth with substance abuse problems is down.

## **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 the 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**

According to the 2001 Surgeon General's Report, 7 percent of all children suffer from a severe emotional disturbance (SED). This percentage is based on studies from across the country, and St. Charles County is probably no different than any other geographic area. By applying this percentage to our population, it is estimated that 6,304 children and youth are challenged in our county by a SED, an increase of 362 children and youth over the same study 2 years ago. According to the Department of Mental Health for 2002, 3,152 of the 6,304 children and youth are in need of psychiatric services each year, an increase of 181 children and youth. Medicaid and private insurance cover the expenses for 2,204 children and youth, leaving 948 children and youth needing no-cost or low-cost psychiatric services. This figure represents an increase of 138 children and youth while the capacity to serve only increased by 14 children.

### **Our Strengths**

St. Charles County has a community mental health center, Crider Center for Mental Health. The Crider Center for Mental Health operates on a sliding scale basis and provides psychiatric services to 374 children and youth each year. Additionally, Catholic Family Counseling has a part-time psychiatrist who saw 19 children and adolescents in 2002.

### **How St. Charles County is in Trouble**

The remaining 555 children and youth who need outpatient psychiatric care, but are not covered by Medicaid or by private insurance, are unable to receive services locally. Many of these children and youth need, or are receiving other mental health services that will not be effective without concurrent psychiatric care. Most of these children who receive a combination of psychiatric and mental health services have a greater chance of staying at home, in school and out of trouble.

However, another obstacle exists to the provision of psychiatric services for children and youth in St. Charles County. Other than three part-time child psychiatrists at the Crider Center for Mental Health and the part-time psychiatrist at Catholic Family Counseling, almost all psychiatrists in St. Charles County limit their practices to patients who are at least 16 years of age. The absence of child psychiatrists in St. Charles County is a dilemma among private practitioners as well as practitioners with non-profit organizations. Even among the private child psychiatrists in neighboring St. Louis County, accessing a child psychiatrist through the MC+ Medicaid program can be problematic ("Hopeless Crisis? Medicaid Managed Care (MC+) and Mental Health, An Update", Mental Health Association of Greater St. Louis, 1999). While seeing a child psychiatrist in St. Louis and St. Louis County is an option for St. Charles County families, regular

access to these physicians, transportation and convenience remain deterrents. The shortage of Board certified child psychiatrists is a critical issue for the entire region.

### **How the Citizens of St. Charles County Can Make a Difference**

The cost of expanding psychiatric services in order to meet the needs of the additional 555 children and youth is \$348,124. (555 children x \$627.25) (Crider Center for Mental Health) This increase will allow for two additional child psychiatrists to be hired and placed in the St. Charles County area.

### **Trends**

Due to the tremendous growth of youth within the County, the number of children and youth who need psychiatric services has increased dramatically. Our capacity to serve this population has only increased slightly, and the lack of child and adolescent psychiatrists in our community remains a major problem.

## **Transitional Living Programs**

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 Youth Services; U.S. Department of Health and Human Services, Administration for Children, Youth and Families).

Counseling and related services as part of a transitional living program is about successfully supporting and reintegrating a young person from a homeless and hopeless arrangement into a safe living space with opportunities for developing independent life skills. Such services provide assistance with finding jobs, pursuing educational goals, developing healthy peer and community relationships, and living independently in the community.

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

In St. Charles County, there is an estimated 60 youth each year (ages 16 and 17) who become homeless due to unstable or unsupportive families, deficient social and educational skills, deficient employment skills, and poor school performance. (Youth in Need hotline and service request records, 2000-2002) Only 30 of these youth were able to receive services through Youth In Need's transitional living program in 2002.

### **Our Strengths**

Youth In Need operates a successful transitional living home in the city of St. Charles. It provided services to 30 youth from our County with each receives intensive case management and counseling services.

## **How St. Charles County is in Trouble**

For every homeless youth St. Charles County agencies are able to assist, another youth who needs help is turned away. At least 30 homeless youth (50%) annually do not receive needed case management and counseling services, simply because the resources to help these youth are not available.

Without adequate food or shelter, these youth end up literally living “on the streets”. They are vulnerable to drug dealing, or exchanging sexual favors in for food or shelter, or any number of other illegal or morally and socially demeaning activities just to survive. Under these circumstances, it’s easy to imagine how committing a crime and being thrown in jail or prison might seem like a reprieve.

For a moment, let’s consider the costs for such a dismal reprieve:

- \$25,000 per year for a youth in jail
- \$10,000 per year for a youth on public assistance

Suppose that five (5) youth end up spending three (3) years in jail at \$25,000 per year (totaling \$375,000); and ten (10) youth rely on public assistance for three (3) years at a cost of \$10,000 per year per youth (totaling \$300,000). The cost to St. Charles County could easily be \$675,000. These figures don’t include what it costs St. Charles County to combat illegal drug activity or to resolve public health and safety issues that result from youth who are living on the streets.

## **How the Citizens of St. Charles County Can Make a Difference**

The expansion of the existing counseling and related services associated with transitioning to independent living to meet the needs of an additional 30 youth would cost \$272,250. (30 youth x 165 hours of assistance per year (average) x \$55 per hour) The annual savings of providing transitional living services per youth is \$15,925 compared to the same youth ending up in prison and \$975 compared to public assistance. More importantly, these youth complete school, find more meaningful employment, and are more likely to contribute to the local community.

## **Trends**

The number of youth who are requesting and in need of transitional living services has increased slightly from the last survey. The capacity for services and funding has however stayed the same.

## **Crisis Intervention Services**

Crisis intervention services help assure that support and other services are available when an individual experiences an emergency, whether it would be man-made or a natural disaster. It is vital for people who are experiencing trauma or severe difficulties to have access to someone who can assess risk, defuse the situation, have access to emergency service appointments, and make

appropriate referrals. In addition, when communities are experiencing a trauma like a natural disaster such as a flood, or a man-made trauma like a school shooting, it is necessary for professional counselors to be available immediately to respond to the victims. In these situations, it can be extremely helpful to have a team of crisis counselors available to meet the emotional needs of many children or youth.

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

Four 24-hour hotlines are available to the citizens of St. Charles County. These hotlines are operated through Life Crisis Services, Youth In Need, the St. Charles Crisis Nursery, and Behavioral Health Response. A part-time adolescent crisis hotline for adolescents is available through Kids Under Twenty One (KUTO). A cooperative relationship exists between mental health agencies and health care organizations that respond to crises in schools and in local communities.

### **Our Strengths**

Youth In Need and the Crisis Nursery handle about 3000 crisis calls per year. Kids Under Twenty One (KUTO) uses trained adolescents to handle crisis calls so those teenagers have someone their own age with whom to talk. In the past, crisis teams have responded to flooded communities and helped students handle such crises as a fellow student's death or the sexual abuse of students.

Life Crisis Services handles several thousand calls each year from St. Charles County, including calls from both adolescents and adults.

### **How St. Charles County is in Trouble**

St. Charles County has several phone systems. A number of the exchanges remain a long distance call, inhibiting the use of the crisis hotlines. Many people hesitate using a hotline when it may create a financial crisis for the family. Hotlines need to be accessible 24 hours a day and need to be available at no cost.

### **How the Citizens of St. Charles County Can Make a Difference**

By providing four additional access lines, every exchange in St. Charles will have toll-free 24-hour access to a crisis hotline. Adolescents and parents will be able to talk with a trained counselor in times of crisis. The cost of these additional lines is \$2,000 per year.

The cost of providing professional support to families and other affected parties including schools in the face of a traumatic event can range from \$650 to over \$10,000 per intervention (10 hours x \$65 per hour = \$650; a tragedy impacting a whole school equals 5 staff x five days x \$520 per day = \$13,000). In order to handle a number of crises or traumatic situations, reserves need to be created which can be used in emergent situations to provide crisis supports. Using the average cost for 3 interventions per year, the cost of providing funding for a crisis response team, is \$20,475

The combined cost of adding the additional phone lines and having a small pool of funds available for a crisis response team is \$22,475.

### **Trends**

Additional funding for crisis lines and for a crisis community response team has not been secured since the last survey. The need for these services remains the same.

## **Prevention Programs**

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 have certain skills before the pressures arise. Parents are also in need of skills, particularly when they have children who are at high-risk of acting out. These skills can be developed and enhanced through prevention programs that build on the child or parent's 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. Prevention programs, however, need to be provided to all children so that there is a consistency of skills and message, and they need to be presented at an age before the youth has to face the challenge. In addition, it is important to "inoculate" youth more than once. The need for on-going prevention would be 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.

A recent study from the Harvard School of Public Health showed that one in five high school girls have been abused by their boyfriends (2001). The study showed that those girls who were victimized were eight to nine times more likely to attempt suicide, were four to six times more likely to get pregnant, three to five times more likely to use cocaine, and three to four times more likely to develop an eating disorder. By providing services to both male and female youth, it is believed that many of these problems can be prevented.

Parents can also benefit from prevention courses. A majority of child abuse and neglect can be prevented if parents are given family management and parenting skills and are taught age-appropriate expectations. By making structured educational courses available to parents with high-risk children, the incidence of abuse can be reduced.

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

Currently, all fifth grade students participate in the D.A.R.E. program. However, only about 10 percent of all youth receive sexual abuse prevention coursework,

while 63 percent of all sixth graders receive problem-solving skills training through the Changes and Choices Program.

Currently, 500 parents with high-risk children receive parenting skills through various courses.

### **Our Strengths**

St. Charles County is fortunate to have a number of effective curricula to help children and youth with a variety of problems. The Changes and Choices Program teaches a variety of skills to help young people learn alternatives to violence while avoiding alcohol and drugs. The St. Charles Regional Child Assessment Center offers a comprehensive program to both genders and all ages from elementary school to high school in order to prevent sexual abuse, harassment, and rape.

### **How St. Charles County is in Trouble**

Only 10 percent of all children in the County are receiving the sexual abuse curriculum (The Child Center, formerly named the St. Charles Regional Child Assessment Center and the Crider Center for Mental Health). The Changes and Choices Program offers problem-solving skills to sixth graders, but only reaches 63 percent of that population. Although it is well received, there is a Life Skills Training Program that is considered a best practice by the Center for the Study and Prevention of Violence out of the Institute of Behavioral Science at the University of Colorado-Boulder. This program, which is being utilized in neighboring Lincoln County schools, teaches a variety of skills to youth from the sixth grade with boosters in the seventh and eighth grades. In total, each child would receive 30 sessions. It would replace the Changes and Choices Program with a more intensive and age sensitive curriculum.

At best, our current resources for delivering parenting skills courses only reach 38 percent of the families with high-risk children. Another 62 percent (932 parents) require the same preventive efforts, but do not receive them (The Children's Division referrals).

### **How the Citizens of St. Charles County Can Make a Difference**

The cost of expanding the existing programs so that all children can receive the prevention coursework and the parents can receive the skills they need to eliminate child abuse and neglect are as follows:

1. The cost for providing the Life Skills Training Program to every middle school or junior high student in the County would be \$751,828. (14,646 sixth, seventh and eighth graders x \$154 per child for the 3 year program) This figure is based on the average number of children per age in the County is 4,882 and divides the total cost by 3 since the cost is incurred over a 3 year period. Subtracting the amount currently invested in the Changes and Choices Program of \$89,900, the amount needed to serve all of the children would be \$662,828.

2. The cost of expanding the sexual abuse prevention program to reach every school in our County is \$93,750 (1250 units x \$75 per unit).
3. The cost of expanding the existing parenting skills courses for the 932 parents of at-risk children will cost \$53,124 (932 parents x \$57)

The total cost for all 3 prevention programs is \$809,702. (\$662,828 + \$93,750 + \$53,124 = \$809,702) (Crider Center for Mental Health and the Child Center)

### **Trends**

While the need for prevention courses for parents has decreased slightly since the last survey, the need for prevention programs for children and youth remains high and under funded. Funding for sexual abuse prevention programs has dropped dramatically due to State budgetary cuts and there hasn't been any influx of additional funding for other school-based prevention programs. The population growth only adds to the number of children and youth who could benefit from such efforts.

## **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, and the families would experience better long-term treatment outcomes.

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

According to cases reviewed by the Children and Adolescent Services System Program (CASSP), over 75 percent of the cases of seriously emotionally disturbed (SED) children and youth in St. Charles County would benefit from earlier in-home or school-based intervention services. These children would also require these services beyond the time limits of existing programs.

Approximately 6,306 children and youth each year need some level of mental health services because of a serious emotional disturbance (2002 Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services, Comprehensive Mental Health Plan for Children and Families). This number represents an increase of 9.4% from the previous assessment. To determine the need for in-home and school-based intervention services, this study examined

existing programs, including the Partnership with Families Program, and penetration rates into existing programs. Waiting lists for services and programs available through the Crider Center for Mental Health were also reviewed. Using a penetration rate of 12.5% for home-based services and a penetration rate of 37.5% for school-based services, it was determined that 2,207 children and 1,125 adolescents currently need in-home and school-based intervention services, for a total need of 3,152 children and youth.

St. Charles County is currently in the final year of a 6-year grant it received in 1998, whose purpose was to become the model for Missouri in developing a family focused system of care for children and youth who are challenged by a serious emotional disturbance (SED). An essential component of the family focused system is family support services. Family support services are peer support services provided by a parent who has successfully raised, or is in the process of successfully raising, a child who has suffered from a serious emotional disturbance (SED). This support may include guidance during a crisis, or help with education and training. Family support services have been closely evaluated and are being found to have a significant positive impact on the success of the child or youth.

Our current capacity for home-based services is 130 children and youth, for school-based services it is 600 and for family support services, 150 families. This capacity only meets a small percentage of the need.

### **Our Strengths**

St. Charles County was the first federally funded system of care sight in the State of Missouri. The program has been extremely successful in providing clinical and supportive treatment to children with a serious emotional disturbance and their families. This program has successfully prevented over 250 children and youth from entering long-term residential treatment, foster care or the juvenile justice system. Additionally, these youth have been more successful academically and in school functioning. Juvenile justice involvement and recidivism have been greatly reduced for a large majority of the youth involved in PWF.

In 2002, 600 children received services through school-based programs that are available to all grades, and 130 children and youth received home-based services through the Partnership with Families program.

The Partnership with Families program currently has the capacity to serve 130 children and youth each year, while family support services are provided to about 300 families per year through Family Advocacy and Community Training. These children and youth have been diagnosed with a serious emotional disturbance (SED).

### **How St. Charles County is in Trouble**

Existing resources only meet a fraction of the need. Every year, St. Charles County must ignore 1,557 children and 865 adolescents who need home-based and school-based interventions.

Based on CASSP's experience, it is anticipated that 209 of these children and adolescents will be unnecessarily hospitalized, placed in foster care, or in a residential treatment setting with an average cost of \$18,000 per child. The cost of providing these unnecessary services is \$3,726,000.

The Crider Center for Mental Health anticipates that it will continue to be able to obtain funding for family support services for up to 150 families per year. However, 638 high-need families are left without these services in the midst of dealing with a child or youth with a serious emotional disturbance (SED). Families are our greatest asset for addressing the needs of children and youth. Many families with children or youth who are challenged by SED find themselves isolated and confused. Families often become desperate and often lose hope entirely as they attempt to access needed services within a myriad of care systems that sometimes even appear to have contradictory requirements. Family support service parents have been through these experiences and they can offer an invaluable service to other families that are encountering a mental health crisis with their child by becoming a resource for these families.

### **How the Citizens of St. Charles County Can Make a Difference**

An integrated set of services is needed to assure that no children "fall through the cracks". A child with behavior problems who is initially identified through a school-based intervention program needs to be linked with a home-based intervention program and the family should benefit and qualify for the support of a family support services parent. The goal of these integrated services is: 1) to provide efficient follow-through with the child and family; 2) to avoid the duplication of services; and 3) to stabilize the family without unnecessary hospitalizations or out-of-home placements.

- Expanding existing home-based and school-based family intervention programs to an additional 423 children and their families and the 235 adolescents and their families, would cost \$2,329,320 (423 children x \$3,540 = \$1,497,420; 235 adolescents x \$3,540 = \$831,900; \$1,497,420 + \$831,900 = \$2,329,320) (Crider Center for Mental Health)
- Expanding existing school-based crisis interventions for 1,134 children and 630 adolescents would cost \$749,700 (1,134 children x \$425 = \$481,950; 630 adolescents x \$425 = \$267,750; \$481,950 + \$267,750 = \$749,700) (Crider Center for Mental Health)

(Each of the above costs is based on the Crider Center for Mental Health's costs for providing these services currently. They are not adjusted for inflation.)

With expanded services, we anticipate the following measurable results within six months of program implementation:

- 80 percent of the targeted children and adolescents will be at home in a stable family situation, without being hospitalized or being placed outside of the home during this period

- 75 percent of the targeted children and adolescents will be succeeding in school, as judged by parents and teachers

These expectations for measurable results are based on the outcomes currently achieved by these programs.

- Providing critical family support services to the 638 families where there is a danger of the child or youth having to be removed from the home without intensive home-based services would cost \$366,850 (638 families x \$575 per family per year).

The total cost for providing all home-based and school-based family intervention services is \$3,445,870.

### **Trends**

Due to reduced local matching ability, the staff capacity for Partnership with Families dropped in 2002, leaving them with a reduced ability to serve all of the families requesting help. As the federal grant enters its last year, federal funding may only be available until February 2005. After which, the capacity to serve these youth will drop dramatically. The growth in population has led to an increase in the number of youth who would greatly benefit from home-based and school-based intervention services. These youth can be successfully treated locally as well as more economically, preventing more expensive and less effective long-term residential treatment.

## **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 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 minimizing the possibility that troubled feelings will emerge in a more troublesome form at a later time.

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

St. Charles has two United Way sponsored organizations that provide sliding scale fees for individual, group and family therapy: Catholic Family Counseling and Lutheran Family and Children's Services. In 2002, they served 344 families combined. While those citizens with insurance are able to tap into managed care systems for these services, often the number of sessions is limited and they are eventually referred to sliding scale agencies. In addition to these families, families that are covered by Medicaid or do not have insurance must seek services that are based on their ability to pay.

## **Our Strengths**

St. Charles County is fortunate to have two United Way funded agencies whose fees are based on a sliding scale that accommodates the family's ability to pay. Both agencies have been responsive when families are in need and have done their best to incorporate those families who are requesting services.

We also have a program called the Pinocchio Program that screens children entering kindergarten for mental health issues. Recognizing these issues early allows for earlier and less expensive interventions.

## **How St. Charles County is in Trouble**

Since many people are unaware of counseling services available within the County, since they are generally at capacity for their current available funding and do not want to create waiting lists, and since these agencies also treat individual adults and couples, waiting list information would not be the best source to determine the need for services. Instead, using the estimate from the U.S. Surgeon General's Report of 2000 that 20 percent of all youth are in need of some form of mental health or social service help each year, it was determined that 3,068 children and youth would need counseling services if they were fully marketed and available. This number was determined using the most recent census data, while removing children under the age of 4, those youth who are receiving other services or receiving more intensive services that traditional counseling services aren't best suited for, the 25 percent of youth who require multiple services, and current capacity. Without intervention, over one-third of these children will demonstrate more severe problems within 10 years. They are more likely to use and abuse substances, fail in school, attempt suicide, become pregnant and become involved in crime.

The Pinocchio Program was continued to lose funding for the past 6 years and the ability to identify children with mental health disorders early has been diminished.

## **How the Citizens of St. Charles County Can Make a Difference**

While there may be 3,068 children and youth in need of counseling services in our County, as was true with substance abuse treatment and other service areas, the demand for services will be less and the number of people who have insurance and managed care services that utilize private practitioners is unknown, an incremental approach, increasing service availability to meet 25% of the need, was used to start. In order to provide counseling services to the 767 children, youth and families beyond our current capacity, the cost would be \$437,190. (767 children x 6 sessions (average length of stay) x \$95 (average cost per clinical hour for both agencies)) (Catholic Family Counseling and Lutheran Family and Children's Services)

Expanding the existing Pinocchio Program, a school-based program that provides early detection and intervention with school adjustment problems, to screen an additional 2,964 young children each year and from those screenings, select 370 children per year to receive school-based early intervention would

cost \$416,250. (2,964 screenings and 370 children served x \$1,125 per child for a 7 month intervention) (The cost of providing the Pinocchio Program is based on the current costs that the Crider Center for Mental Health expends. These costs do not account for inflation.)

The cost for expanding both programs is \$853,440.

### **Trends**

The capacity for sliding scale individual and family counseling has stayed flat since the last assessment, and the agencies who provide these services are generally at capacity and don't carry waiting lists. The demand for services may appear to be down from the last survey, as the calculations went from another agency's requests for services to a statistical analysis, neither of which includes the demand for services of the agencies that provide the services. In all likelihood if funding were increased and on-going marketing occurred, the demand for counseling services would almost certainly rise.

## Summary Table of Needs, Recommendations and Costs

Services	Need	Proposed	Children & Youth Directly Impacted	Additional Family Members Impacted	Total Number of Persons Impacted
<b>Temporary Shelter Services</b>	\$707,980	\$707,980	250	450	700
<b>Respite Care Services</b>					
Children	\$304,134	\$304,134	519	934	1,453
Adolescents	\$27,510	\$27,510	34	61	95
<b>Services to Unwed Mothers &amp; Teenage Parents</b>					
Residential Maternity Home	\$405,150	\$406,150	12	22	34
Teen & Unwed Mothers	\$416,000	\$416,000	130	364	494
<b>Outpatient Substance Abuse Treatment for Adolescents</b>	\$1,641,050	\$1,641,050	1,124	2,023	3,147
<b>Outpatient Psychiatric Treatment</b>	\$360,042	\$360,042	574	1,033	1,607
<b>Transitional Living Services</b>	\$272,250	\$272,250	30	54	84
<b>Crisis Intervention Services</b>					
Phone	\$2,000	\$2,000	3,000	5,400	8,400
Crisis Response Team	\$20,475	\$20,475	?	?	?
<b>Prevention Programs</b>					
Children & Youth	\$756,578	\$756,578	63,466	114,239	177,705
Parents	\$53,124	\$53,124	932	1,678	2,610
<b>Home-Based and School-Based Family Intervention Services</b>					
Children	\$1,497,420	\$1,497,420	423	761	1,184
Adolescents	\$831,900	\$831,900	235	423	658
School-based Children	\$481,950	\$481,950	1,134	2,041	3,175
School-based Adolescents	\$267,750	\$267,750	630	1,134	1,764
Family Support Services	\$366,850	\$366,850	638	1,148	1,786
<b>Individual, Group and Family Counseling &amp; Therapy Services</b>					
Counseling & Therapy	\$437,190	\$437,190	767	1,381	2,148
Pinocchio Program	\$416,250	\$416,250	2,964	8,299	11,263
<b>Subtotals excluding prevention</b>	\$9,305,561	\$9,305,561	9,758	20,658	30,416
<b>Minus Multiple Served</b>			(2,440)	(5,164)	(7,604)
<b>Subtotal</b>			7,318	15,494	22,812
<b>Administrative Costs @ 5%</b>	\$465,278	\$465,278	N/A	N/A	N/A
<b>Totals including prevention</b>	\$9,770,839	\$9,770,839	73,784	135,131	208,915

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 household in St. Charles County. According to the 2000 U.S. Census, the average household size for St. Charles County was 2.8. For **Additional Family Members Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by 1.8. (2.80 minus 1 (the identified child)) For the same categories in the Services to Unwed Mothers and Teenage Parents, 2.8 was used as the multiplier because of the new birth.

To determine the number of **Persons Receiving Multiple Services**, the number of children and youth served through crisis intervention, prevention programs and parent support services were removed from the total, since many of these individuals generally do not require services from other categories. Based on past experience, it is estimated that 25 percent of children require services from several categories. The remainder was multiplied by 25 percent to determine the estimate for those children and youth needing multiple services. That number was then subtracted from the subtotal to give the total need. It is impossible to determine the number of youth that could be help through a crisis response team intervention. It is dependent on the crisis, available time and the number of children and youth impacted by that particular crisis.

### **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 extracurricular 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 and ours. Problems can be better managed before they get larger and more ingrained, and the provision of these additional skills 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 your schools, your homes, and your neighborhoods, and a greater quality of life in the community.

### **Conclusion**

Our community is very blessed to possess most of the services discussed in this document within its borders. For many County residents, these services are accessible and the agencies that provide them have professional expertise, caring hearts and a desire to work in partnership with families and with other agencies whose services may be beneficial in helping the family. These relationships appear to be rather unique within the St. Louis region, and are the result of many agency leaders and staff who seek to provide help while stretching valuable funding resources for the most good.

In almost every category of service since the last survey, the demand and need for services continues to rise while the capacity to serve remains either flat or is reduced. State budgetary cuts during a sluggish economy and continued population growth within the County continue to contribute to this increasing gap. While local voters have not seen fit to pass a dedicated local funding stream for

these services, with reductions to the Department of Mental Health and the Department of Education and Secondary Education, increased regulations with Federal "Leave No Child Behind" legislation, and reduced funding from regional funders, it is becoming more and more critical to find a way to support the expansion of existing services to meet the need. We can no longer just pay lip service to being a community that cares about children and youth while keeping them as a second-class priority. It is time we put our money into putting our children first and take care of the difficulties they face before they become worse, unmanageable and more expensive to treat. If we are going to be a community that wants to continue to expand and attract new business for economic development, we must be a community that truly cares about its children. They deserve nothing less.