

# **Report to St. Charles County Citizens**

## **Assessing the Need for Children's Services**

Projecting the Costs for Expanding Targeted Services

Evaluating the Impact on Our Community



**May 31, 2008**

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## EXECUTIVE SUMMARY

This is the fifth study of children's mental health and substance abuse treatment services conducted for St. Charles County, but the first study to evaluate the impact of having a major expansion of services since the passage of Proposition 1 and the creation of the Community Children's Services Fund. Prior to its passage, the unmet need was quickly approaching \$10 million, and because the county population was continuing to grow at a rapid pace, the need would have perpetually grown without the intervention of new local dollars.

In 2007, through CCRB funding, nearly 64,000 youth received help through either direct treatment services or prevention programming. Additionally, over 25,000 parents and faculty members received help. With current funding and revenues, our local agencies are addressing about half of the financial need from the 2004 study. However, the impact is much greater.

As our agencies have been able to more fully market their services and because we are able to provide services that intervene at earlier points in the children's development, we are beginning to see some positive trends that would have required longer and more expensive treatments down the road:

- The number of runaways in our community is dropping as well as the number of pregnant teens.
- Child abuse is at an all-time low in terms of actual numbers. These figures are significant in light of the ever growing child population in our county.
- Not only does the Community Children's Services Fund allow for a large number of children and youth to receive help, but the success rates regarding goal completion are also outstanding. This year's study differs from previous studies, highlighting clinical successes in the strengths sections of each category.

In total, at this point in time, we have 2,569 youth who need clinical services beyond our capacity, and our prevention programming has not yet achieved universal coverage, leaving tens of thousands of children and youth without helpful skill building programs that circumvent larger problems. We continue to pursue other funding streams and fundraising to fill these gaps in hopes that all children who need help can receive it in a timely manner.

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 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. 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 2005. When service data was unavailable, State 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:

- Bridgeway Behavioral Health
- Catholic Family Services
- Child Center, Inc.
- Children's Home Society
- Crider Health Center
- Family Advocacy and Community Training
- Family Support Services
- Fort Zumwalt School District
- Francis Howell School District
- Healthy Beginnings
- Lutheran Family and Children's Services
- Mary Queen of Angels
- Missouri Department of Social Services
- Missouri Kids Count
- Orchard Farm School District
- Our Lady's Inn
- Preferred Family Healthcare
- St. Charles City School District
- St. Charles County Juvenile Court
- St. Joachim & Ann Care Services
- St. Louis Crisis Nursery-St. Charles Office
- 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. Three factors will be highlighted below.

- St. Charles County continues to grow at a rate far exceeding every other county in the state. The county's population grew 47.8 percent in the 1980s, 33.3 percent during the 1990s, and 19.7 percent in the last 6 years. In terms of raw numbers, St. Charles County has been the fastest growing county in the state for the past 28 years. On average, the county is growing by about 9,300 people a year, and since our youth population represents 25.9 percent, we are adding approximately 2,400 children to our community every year.
- A slightly higher unemployment rate and aggressive cuts to the Medicaid rosters enacted by the Missouri legislature in 2005 have lead to a greater percentage of our population without health insurance. We continue to have the lowest unemployment rate in the St. Louis region, but our rate has jumped from 3.5 percent to just over 5 percent in the last two years. Additionally, while the legislature's intent was to remove adults off of the

Medicaid rolls, as parents did not re-enlist, their children fell off the rolls as well. This county has experienced a 0.7 percent drop in MC+ enrollments.

- A sluggish economy fueled by a rapid rise in the price of gasoline and failing housing industry have slowed consumer spending and tax revenues. Cost increases for fuel, utilities and food products have greatly impacted donors' ability to give to local charities. Disposable income has been reduced and many agencies are finding that donors are giving less than in previous years.

Sales tax revenues continue to rise in our County, but at a lower pace. For the first time in 8 years, revenues for five months in 2007 were lower than they were in 2006. Tax increment financing (TIF) negatively impacts available sales tax dollars, but recent legislation passed in 2007, will stop future bleeding of sales tax revenues for children's services from TIF districts, leaving monies to go to their intended target.

It is anticipated that FY2009 will be a very difficult year as the sluggish economy will impact the state's revenues. Some estimates predict a \$500 million dollar shortfall with the most likely recipient of these cuts to be within mental health and social services.

## 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 reliant on 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 2007, there were 8,690 active missing juvenile cases in the State of Missouri reported by local law enforcement agencies as runaways. This figure is a 17.7 percent decrease from 2005. Of the total from the state, 423 missing juveniles were from St. Charles County, a decrease of 24.7 percent since 2002. While numbers are going down across the state, locally it appears that the number of crises leading to youth running away from home has been dramatically reduced due to early intervention strategies

In 2007, the St. Charles County Family Court had referrals on 1,096 minors for juvenile status offenses, which include runaway incidents, truancy and curfew violations, an increase of 28.3 percent since 2005. The increase is largely in the categories of possession of alcohol and ungovernable behavior. In addition, 2,492 minors were referred with juvenile crimes ranging from petty theft and vandalism to serious felonies, which is only an increase of 2.7 percent from 2005 (Juvenile Court Statistics, St. Charles Family Court).

Youth In Need (YIN) currently operates a 12-bed emergency shelter for runaway and homeless youth in the City of St. Charles. Six of the beds are designated for males and the other six are reserved for females. In 2007, they provided shelter services to 368 youth, of which, only 73 were residents of St. Charles County. On average, each youth remains for 8 days and receives 7 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 have runaway, 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 2007, YIN staff provided 110 Safe Place presentations to businesses, and to schools and children's.

### **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. Along with a 42 percent drop in lengths of stay, and counseling evaluation tools that are leading to higher clinical results, there is less demand and families are being reunited healthier and more quickly. Of the St. Charles County youth served by Youth In Need in 2007, 78 percent saw a significant decrease in destructive, aggressive and illegal behavior and 71percent saw a significant decrease in family conflicts.

### **Service Gaps**

In 2007, 97 St. Charles County youth were turned away from shelter services. Of this number, 65 were turned away or referred elsewhere because of age or because they needed other types of services such as substance abuse treatment. The other 32 youth were turned away because of a lack of capacity. In addition, even with increased funding, another 20 Safe Place presentations are needed to add more sites and to educate more youth.

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

In order to fill the gap and serve the 32 St. Charles County youth turned away for shelter services, it would cost an additional \$55,802.56 (32 youth X 8 days (average length of stay) X \$162.25 per day plus 32 youth X 7 sessions (average number of sessions of counseling) X \$63.69 per session). To fund the additional 20 Safe Place presentations and trainings would cost \$23,924.00 (20 presentations X \$1,196.20). The total for this category would be \$79,726.56.

Source: 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**

From July 2005 to July 2006, there were 1,581 hotline calls of suspected child abuse and neglect made to the St. Charles County Children's Division. This number represents a slight increase in reported incidents of 55 calls. These reports represented 2,191 children and reflected a minimal increase of 1.3 percent from two years ago. While pure numbers are up from the last assessment, percentages are down as the growth in county population far exceeds the growth in numbers of child abuse incidents. Of those 1,581 reports, probable cause for child abuse and neglect was substantiated in 155 of the reports, representing 204 children, which is a decrease of 53 children or 20.6 percent. Physical abuse represents 37.4 percents of the incidents and neglect represents 29.0 percent of the substantiated cases, which is a drop from 63.8 percent of the substantiated cases from two years ago. Sexual abuse represents 24.5 percent of the substantiated cases. An additional 773 families, or 1,080 children, were assigned for Family Assessment services because family circumstances suggested a higher risk for further reports of child abuse and neglect, which is a decrease of 9.7 percent in the number of families referred and a decrease of 11.0 percent in the number of children referred. Overall, we are seeing a slight increase in the number of calls to the Children's Division, fewer children who have been found to have been abused or neglected and fewer families referred for further assessments when conditions are conducive for abuse (Department of Social Services, Division of Family Services, 2006 Annual Report). For the second year in a row, St. Charles County ranked first in the state for its child abuse rates.

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

- A high divorce rate; 55.5 percent of parents in the County were paying child support in the state system (down from 56.4 percent in 2005)
- 10,090 children (11.5 percent) were low income children enrolled in Medicaid in 2006
- 1,176 children were receiving public mental health services for a serious emotional disturbance (SED) (up from 501 children, or an increase of 134.7 percent since 2000)
- 1,061 children were receiving state subsidized child care (down slightly from 1,162 in 2000)

(Kids Count Missouri-2007)

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.

The St. Louis Crisis Nurseries provide respite to children from birth through age 12, while Youth In Need serves adolescents from 13 to 18 years of age. In addition, Children's Home Society and Family Support Services provide respite to children of all ages that have developmental disabilities. The Nursery currently has 13 beds available, and Youth In Need uses their 10 shelter beds for respite when they are being used for runaway youth. Both agencies also operate a 24-hour crisis hotline, and combined they handled 1,857 phone calls and were able to provide 49,696 referrals to outside services.

In 2007, the Crisis Nurseries provided respite to 1,943 children, 662 more children, or 51.7 percent more than 2 years ago. During the same time period, Youth In Need provided respite to 48 adolescents. In addition, Family Support Services provided respite to 20 youth, with each youth receiving an average of 134.5 hours per year, while Children's Home Society worked with 9 youth in 2007, providing an average of 6.5 hours per youth per year.

Having a child with a severe developmental disability can be an extremely stressful situation for many families because they have to provide continuous care and receive little relief. In 2007, Children's Home Society and Family Support Services provided respite to 20 youth who have both a mental illness and a developmental disability. These services gave their families a much needed break so that they could attend to other children or have some time away.

### **Our Strengths**

St. Charles County respite providers possess the expertise to cover the full range of respite from birth to 18, and from youth with normal development to those youth with the most severe developmental disabilities. The increase in available respite is paying off as the number of substantiated child abuse cases is dropping significantly within our community. Of the children seen at the Nurseries, 99 percent were able to return to their natural family and 100 percent remained free from any abuse or neglect. Of the youth seen at Family Support Services, 100 percent were able to remain at home and out of institutional care, and 90 percent of the families were able to maintain stable family lives. All of the families receiving services from Children's Home Society reported a reduction in stress, were able to keep their children out of institutional care and remained free of abuse and neglect. (Youth In Need's respite program is not a service funded by CCRB, so clinical outcomes were not available.)

### **Service Gaps**

Despite having the increased capacity to serve 662 more than two years ago, the Nurseries had to turn away 790 children in 2007. A new Crisis Nursery is being constructed in Wentzville, and should be completed by June 2008, which will add 10 respite beds and have the capacity to serve 416 additional children, but 374 children seeking help are still beyond our capacity. Youth In Need did not keep

track of the number of youth they turned away for respite services due to limited bed space.

On the developmental disabilities side, Family Support Services had to turn away 15 youth due to medical conditions and for being younger than service allows. Children's Home Society reported that they didn't have any children and youth on their waiting list.

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

In order to fill the entire respite demand, the cost would be \$149,106.68. This amount breaks down in the following manner: \$123,420.00 to serve the 374 children turned away by the Crisis Nurseries (374 children X 30 hours per average stay X \$11.00 per hour); and \$25,686.68 to serve children and youth with developmental disabilities by either Family Support Services or Children's Home Society (15 youth X 70.5 hours per average stay X \$24.29 per hour (average cost per hour between the two agencies)).

Sources: Children's Home Society, Family Support Services, the St. Louis Crisis Nursery and Youth In Need.

## **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 the past two years, dropping from 269 births in 2005 to 220 births in 2007. While it doubtful that teenagers are less sexually active and the number of miscarriages and abortions is unknown, the trend is pointing in a positive direction. While the percentage of low birth weight infants and infant mortality are on the rise for our county, comparing 1997-2001 to 2002 to 2006, the increases do not appear to be connected with teenage pregnancies and births, as you will see in our next section, but rather a result of women who were pregnant with multiple children at the same time. (2007 Missouri Kids Count)

St. Charles County has a residential facility again for pregnant mothers. Our Lady's Inn established a facility in New Melle in 2005 and serves women from 18 year of age and older. They have a current capacity for 12 mothers and in 2007; they served 43 young women, 3 of which were under 19. Our Lady's Inn takes in women who are pregnant and also works with them post-partum. In 2007, they worked with 48 children and 23 babies. The average length of stay is five months.

Youth In Need worked with 135 teen mothers in 2007, providing group counseling and education in a school setting. They achieve some very significant successes with their clientele which are mentioned later. Healthy Beginnings is a small start up organization also providing education and nursing support to teen mothers, and in 2007, they worked with 55 teen mothers.

Birthright and Mary Queen of Angels 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 two years, raising over \$82,000 in baby items distributed to five agencies working with teen mothers. As some of the financial stress has been lifted, it is the hope that the risk of child abuse for this population has been reduced.

### **Our Strengths**

The number of teenage mothers giving birth has dropped 18.5 percent since 2005 to 220 live births in 2007. Of the young mothers who received services from Youth In Need, 94 percent delivered babies above the 5 ½ lb. threshold for maturity. In addition, 88 percent of these mothers have continued on with their education, and are working toward graduation or a GED. The Youth In Need staff worked with these young women to learn a variety of important parenting skills, which are crucial to addressing care of their babies and preventing child abuse. They continued to work with them after the baby was delivered, and to date, none of the young women were pregnant with a second child.

The establishment of Our Lady's Inn in our county has provided a residential facility for young mothers that has been missing since 2001. As there are still a number of girls who become homeless as a result of their pregnancy, this uncertainty contributes to a delay in getting proper pre-natal care. On average, the young mothers stay about five months and receive the necessary prenatal care as well as parent education. Eighty-five percent of the mothers learn at least six new parenting skills, with 88 percent of them accepting referrals to Parents as Teachers and Early Headstart.

### **Service Gaps**

In 2007, Our Lady's Inn had to turn away four teenage mothers to be due to capacity. During the same time period, no St. Charles County teens that sought treatment from Youth In Need were turned away.

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

In order to expand capacity to serve the additional four mothers, it would cost \$84,800 (4 mothers X 5 months (average length of stay) X \$4,240 per month). Given current capacity of Youth In Need and Healthy Beginnings, no further funding for group education and counseling is needed at this time.

Sources: Healthy Beginnings, Our Lady's Inn, and Youth In Need.

## **Outpatient Substance Abuse Treatment Services**

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

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

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

The creation of the Community Children's Services Fund has allowed the expansion of outpatient substance abuse treatment services within St. Charles County. Preferred Family Healthcare was able to open a second facility in the Wentzville area that opened in November 2005, and Bridgeway Behavioral Health was able to re-establish their adolescent unit in St. Charles. This added funding stability has allowed these two agencies to market more heavily, which

has allowed them to have the exposure necessary for families to know where to seek treatment and therefore, penetration rates have increased. Our two largest school districts, Francis Howell and Fort Zumwalt, now have random drug testing, and Preferred Family Healthcare has set up Teams of Concern (TOC) in four of the five districts. These TOCs are utilized to identify youth who are struggling due to substance abuse issues.

In 2007, these two agencies provided outpatient substance abuse treatment to 247 St. Charles County youth, and increase of 24.7 percent from the previous year. While no youth were turned away from services in 2007, continued testing, collaboration between the agencies and the schools, and marketing will in all likelihood continue to raise the penetration rates of youth into treatment.

### **Our Strengths**

The local presence of Preferred Family Healthcare and Bridgeway Behavioral Health is an asset to the families they treat since having greater local access allows more family involvement, and therefore, a greater likelihood of successful treatment. In addition, by having two providers, families have a choice. Both agencies have 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 school districts and mental health providers as many of their clients have a co-occurring mental health diagnosis.

Of the 247 youth served by the two agencies, 89.5 percent demonstrated reduced chemical usage or completely substance free, 81.4 percent demonstrated improved school performance and peer relationships, and 74.5 percent reported fewer conflicts at home with family.

### **Service Gaps**

Previous Needs Assessments have utilized local data from self-surveys filled out by area junior high and high school students. As part of the schools participation in the Safe and Drug Free Schools grants, these schools give surveys to various grade levels, and ask the students to voluntarily fill them out. While the schools have no control over which students or how many of the students fill the forms out, and it is difficult to ascertain whether youth may over or underestimate their actual usage, this data is the only local source we have to make our best guess about the overall incidence of problematic alcohol and drug usage in our community.

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

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

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

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

Given that U.S. Census data does not break down population by each age, an average number of youths per age are used for the calculations. Based on the County's 2006 population of 338,764 citizens and a youth percentage of 25.9%, there is an average of 4,874 children per age. Applying this average to the percentages of usage and using the assumptions mentioned above, it was determined that there are 2,834 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 4,874 youth per age, the total number of youth who binge and would benefit from intensive outpatient treatment is 2,734. 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 2,734, there are an additional 547 youth who binge only and would be best treated in an intensive outpatient modality. Adding this total to the 2,834 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 3,381.

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 2,905. When that number of youth is multiplied by 2 percent in order to remove duplicate youth, an additional 58 youth is added to the total.

Even though the following information is incorporated in the determination of overall need, the following charts about other drug usage by our teens is included in this report for educational purposes.

During your life, how many times have you used 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: 2,834 youth based on regular usage plus 547 youth who only binge plus 58 marijuana users equals 3,439 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 3,439 youth who are using drugs and alcohol that intensive outpatient treatment would be the appropriate response, the actual demand for these services would be much 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 percent (12 percent 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.

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

At an average cost of \$6,448.30 for a seven month round of treatment (average cost between Bridgeway Behavioral Health and Preferred Family Healthcare), the cost of providing these services to all of these youth would be just over \$22 million. Currently, utilization is at 7.2 percent of the overall estimate of need. This rate has occurred after two years of marketing their services and building

relationship with the five school districts. Utilization will probably continue to grow, so for the purposes of this study, a 10 percent utilization will be used to determine the need. Should additional funding become available and or if marketing produces a greater utilization rate, future assessments can re-evaluate this percentage as to whether it is significant enough or not. Taking 10 percent of the total number of youth in need of outpatient services indicates that there should be funds for 344 youth. With our current capacity coming in at 247, there are 97 youth unlikely to get the help when they request it.

The cost of providing intensive outpatient substance abuse treatment to the 169 youth who need these services is \$625,485.10 (97 youth x \$6,448.30 for 7 months of treatment). Intensive outpatient treatment has an average length of stay of seven 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.

Sources: Bridgeway Behavioral Health and Preferred Family Healthcare

## **Outpatient Psychiatric Services**

Outpatient psychiatric treatment services consist of the services a child or adolescent needs in order to be evaluated medically for a psychiatric disorder by a psychiatrist. Often times, these disorders require the prescription of psychotropic medications in order to reduce or eliminate symptoms. Psychiatric services include an initial assessment and on-going medication management by a psychiatrist, but can also involve a number of other supports including nursing, and laboratory tests. Without these services, many children are unable to function at school, at home and in the community, and there is an increased risk of acting out, juvenile delinquency, and suicide. Additionally, these services can make it possible for other types of counseling services to work more efficiently.

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

It is widely believed that there is a shortage of child psychiatrists across the country, and it is believed that the St. Louis region and specifically St. Charles County also suffer from a shortage of doctors with this specialty. While it appears to be the case, it is further believed that most children and youth seeking psychiatric care are receiving it through a physician in private practice and with insurance. There are, however, about 11.5 percent of the children who are enrolled in MC+/Medicaid that most private practice psychiatrists are unwilling to see. In addition, there is an undeterminable amount of children who don't have insurance of any kind. Fortunately, St. Charles County has two agencies that provide outpatient psychiatric care to children and youth: Crider Health Center

and Catholic Family Services. While Catholic Family Services is willing to serve any child, Crider is limited in how many Medicaid children and youth without insurance they can see. In 2007, Crider Health Center served 80 youth with an average of 2.5 hours of psychiatric time and 8.5 hours of nursing and supportive services. Catholic Family Services provided psychiatric care to 24 youth in 2007 with an average of 2.5 hours of service (6 sessions) per child. Combined between the two agencies, 149 children were turned away.

It is estimated that six (6) percent of the youth population suffers from a serious emotional disturbance, and the great majority of these children require psychiatric services. If we account for 11.5 percent being covered by MC+/Medicaid, and say that 5 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 869 youth would be in need of psychiatric care per year. This figure is far greater than the 253 youth who sought treatment from our two agencies in 2007.

### **Our Strengths**

Despite low productivity, those youth who received help improved. Of the youth served at Catholic Family Services, 90 percent showed a reduction of psychiatric symptoms, 90 percent made progress on their treatment goals and 95 percent were medication compliant. Of the youth served at Crider, 81 percent showed a reduction in psychiatric symptoms, 94 percent were meeting at least 75 percent of their treatment goals, and 88 percent were medication compliant.

### **Service Gaps**

Depending on whether you are looking at the current penetration rate of youth seeking help or the number of likely psychiatric candidates, the estimate of youth going without help ranges between 149 and 765. While there is likely a shortage of child psychiatrists in the area, there has been a problem with marketing and awareness about available resources. Increased psychiatric funding was available in 2006 and 2007, but greatly underutilized, even with increased awareness of likely referral agencies.

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

Splitting the difference between the current demand based on limited marketing and the anticipated need for psychiatric services, it is estimated that 457 youth would need this type of help. The cost of providing psychiatric and nursing services to these youth is \$508,412.50 (457 youth X 2.5 hours (average length of stay) X \$205 per hour + 457 youth X 8 hours of nursing support X \$75 per hour).

Sources: Catholic Family Services and Crider Health Center

## **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 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 2007, Youth In Need's Transitional Living programs served 35 homeless youth, but due to a lack of bed space, they had to turn away 61 St. Charles County youth who requested services. This figure is a 38.6 percent increase from 2005. Limited bed space and available housing are contributing to a growing number of youth being turned away.

### **Our Strengths**

Youth In Need operates the only Transitional Living program for older adolescents in our community. Depending on the youth's particular strengths and deficits, Youth In Need provides two different housing options: group homes and independent apartments. Each youth receiving services gets assistance with educational planning, employment and life skills training. Of the 35 youth receiving help last year, 80 percent were making progress toward completing an educational degree, 81 percent were able to secure and maintain employment and 100 percent were able to learn at least three necessary life skills such as cooking and budgeting.

### **Service Gaps**

In 2007, 61 St. Charles County youth under the age of 19 were turned away from the Transitional Living Program. The large majority of these youth were homeless and not working, putting them at risk of either being a victim of crime or choosing crime as a means to survival.

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

In order to meet the demand for Transitional Living services for the 61 youth turned away from Youth In Need last year, it would cost \$575,937.60 (61 youth X 120 days (average length of stay) X \$78.68 per day).

Source: Youth In Need

## **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 toll-free 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). The United Way received funding from the Missouri Foundation for Health to establish a "211" system so that anyone in the state can call that number and receive a referral for services in their area. Most land lines now have the ability to utilize this system and they are currently working on cell phone access and getting agencies to provide information about their programs. Marketing will be necessary to educate the public about the availability of this system for use so that it will become a household item.

A cooperative relationship exists between mental health agencies and health care organizations that respond to crises in schools and in local communities. These partnerships have responded to a small number of calls from schools for various crises in the past year.

Catholic Family Services provided crisis intervention services to 25 youth in six Catholic schools during 2007. These students were referred by faculty as the child was experiencing difficulties related to family crises such as divorce and death or socialization problems due to phobias and depression.

### **Our Strengths**

Local mental health agency personnel have been trained and are available in times of crisis. Monies are available to fund these services should the need arise as many agencies do not put these services in their budgets given the unpredictability of these events.

The “211” system, when completed and marketed, will be a valuable tool for families. Physicians, schools and ministers will need to be educated about this resource in order to make referrals.

Of the 25 students receiving assistance from Catholic Family Services, 90 percent of them developed at least 2 new coping strategies, 85 percent made progress on their treatment goals, and 90 percent had fewer psychological problems.

### **Service Gaps**

Crisis intervention services are only currently available in six of the eleven Catholic schools in our County. Based on current utilization, at a minimum, there would be an addition 46 students in need of these services if they were expanded for all of the schools. These figures do not even include reaching out to other private elementary schools (4) in our County. Monies are not needed to expand current emergency phone systems given the creation of the “211” system, but monies should be set aside to be able to respond to major school related crises should they arise.

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

The cost to serve the 61 additional youth for crisis intervention services would be \$24,946.56 (61 youth X 8 hours (average length of stay) X \$51.12 per hour). 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 \$15,975. The total for the two programs is \$40,921.56.

Sources: Catholic Family Services and Crider Health Center

## **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. They do, 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.

To illustrate this fact, 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.

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

Currently, there are three different prevention curriculums being provided in our county schools: sexual abuse prevention programming is being provided by the Child Center at the 1<sup>st</sup>, 4<sup>th</sup> and 7<sup>th</sup> grade levels in four of our five public school districts; alcohol and substance abuse prevention programming is being provided by Preferred Family Healthcare in four of the five districts; and bullying and violence prevention programming is being provided to all five districts by Crider Health Center and in four of the eleven parish schools by Catholic Family Services.

In 2007, the Child Center provided programming to 9,338 students and trained 478 parents and 276 school personnel in how to report abuse to local authorities. They are in four school districts, excluding Orchard Farm, and are also working with a number of preschools and daycare facilities.

Bridgeway Behavioral Health offers the only Sexual Assault Response Team (SART) in St. Charles County. They provide counseling and support to victims of sexual assault and rape, and their families. Additionally, they provided rape prevention programming to 1,182 high school students during 2007 through a program called CHAMPS. These students received this programming during health class during either their freshman or sophomore year.

Preferred Family Healthcare now operates Teams of Concerns in every district except Fort Zumwalt. In 2007, they added a team to the Francis Howell district, but do not have full coverage for the entire district. Last year, their programs were attended by 9,924 students, and 19,384 parents and 1,536 faculty members received training on warning signs of chemical usage. 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 2007, Crider Health Center provided anti-violence programming to 38,177 1<sup>st</sup> through 8<sup>th</sup> graders in all five districts. During the same time period, Catholic Family Services provided anti-bullying programming to 960 students at four parish schools.

### **Our Strengths**

These programs are well received within our schools and have achieved some impressive results. The Child Center reported that 97.5 percent of their 1<sup>st</sup> and 4<sup>th</sup> graders were able to recall their Body Rights, and 86.7 percent of the 7<sup>th</sup> graders were able to learn various forms of sexual harassment and how to respond to it when it occurs. Additionally, 99.65 percent of the parents reported now knowing how to handle a disclosure if their child informs them that they approached or touched inappropriately.

Preferred Family Healthcare's Team of Concerns identified hundreds of children and youth with potential drug, alcohol or mental health problems. Of all the referrals, 107 were referred for substance abuse counseling, and they achieved the following results: 74 percent of the students reported a reduction or the elimination of substance use at 90 days and 83 percent at 180 days; 68 percent of them were reported to have had fewer behavioral problems at school at 90 days of service and 78 percent exhibited fewer problems at 180 days; and 60 percent of the parents reported improvement at home after 180 days.

Of the children that Crider Center served, 96 percent were able to identify at least two different types of bullying, 95 percent were able to verbalize their feelings when faced with peer pressure, and 96 percent reported that they learned how and when to physically get away from a potentially violent or threatening situation. In addition, 96 percent were able to identify at least two inappropriate responses to feeling angry within themselves, and 96 percent reported feeling better able to reach out to an adult for help and support when faced with a violent situation. Catholic Family Services' programs were also well received and achieve strong outcomes. Of the students receiving help, 95 percent learned to identify at least two different forms of bullying, and 100 percent were able to identify at least methods for developing self-protection against bullies. In each of the four schools where this programming occurred, there was at a 50 percent drop in referrals for violence and bullying.

### **Service Gaps**

Currently, the sexual abuse prevention curriculum is not provided in the Orchard Farm school district, and in the Lutheran and catholic elementary schools. It is estimated that there are 2,349 students in the 1<sup>st</sup>, 4<sup>th</sup> and 7<sup>th</sup> grades in these schools.

While they were able to help educate 1,182 high school students on rape prevention, there were 3,692 students that they were unable to serve.

In order to cover the remaining portion of the Francis Howell school district and the Fort Zumwalt school district with substance abuse prevention programming, two additional Teams of Concern would be needed; one team would be assigned to Fort Zumwalt and the other team would be split between Fort Zumwalt and Francis Howell. Based on existing Teams of Concern work, it is estimated that an additional 332 students would be referred for substance abuse counseling.

While anti-violence programming is available to all of the public school children in our County, it is estimated that there are 7,612 private school students who are not receiving these services.

One area of concern that is not currently being provided is suicide and suicide prevention. Solid prevention programming specifically addressing this topic would not only reduce these statistics in St. Charles County, but would also assist peers of individuals at risk for attempting suicide to take appropriate action if confronted with this issue by a friend. Freshman year of high school is a pivotal transition year for young adults. In order to provide this programming to all of the approximate 4,874 freshman in our county, programming would have to be available for 194 classrooms.

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

The cost of providing sexual abuse programming to the remaining elementary and middle school students would be \$62,882.73 (2,349 youth X \$26.77 per child). The cost to provide the CHAMPS prevention programming to the remaining 3,692 high school students would be \$55,380.00 (3,692 youth X \$15.00 per student).

In order to add the two additional Teams of Concern, the cost would be \$280,077.60 (16 schools X 11 months X \$1,591.35 per month). With 332 likely substance abuse referrals, the cost of providing counseling and case management would be \$231,742.64 (332 youth X 8 hours X \$79.25 per hour for counseling; plus 332 youth X 1.5 hours X \$42.68 per hour for case management). The cost of providing anti-violence programming to the remaining 7,612 students not currently receiving them would be \$199,296.00 (346 classrooms X 8 sessions per classroom X \$72.00 per session).

In order to provide three hours of Suicide Prevention Programming per class, it would cost \$39,564.36 (3 hours per classroom x 194 classrooms X \$67.98 per hour).

Sources: Bridgeway Behavioral Health, Catholic Family Services, the Child Center, Crider Health Center, and Preferred Family Healthcare.

## **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 would experience better long-term treatment outcomes.

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

There are four community and school based programs currently operating in our County. 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 issues.

The Partnership with Families program was initiated in 1998 through a federal grant awarded to St. Charles County by 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, expulsions and crime. The program was a partnership with numerous child serving organizations, but was spearheaded by Crider Health Center who provided care coordination, family assistance and respite, and FACT, who provided valuable parent support to the families. The program was funded federally for seven years and then became funded locally. In 2007, Crider worked with 225 children and youth while FACT worked with 360 parents and 65 siblings.

For the past two years, school based mental health services were expanded in each of the five public school districts through the Crider Center. By positioning mental health specialists in the schools, they were 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 youth. By intervening with this population, they are heading off more serious mental health problems. In 2007, they worked with 285 youth who were at risk of suspension or were behaving in a way that was interfering with their learning.

The Crisis Nursery, whose respite facilities are located in the eastern portion of our county, was seeing an increase in the number of referrals from the western portion of our community. These families, many of whom were struggling with poverty and unemployment, had children at risk for neglect and abuse until the Nursery began working in their neighborhoods. They worked with 1,230 families during 2007 as well as 2,497 children offering individual, family and group support and educational services.

St. Joachim & Ann Care Services worked with 93 families and 211 children during 2007. Most of these families were homeless, while the others were at risk for becoming homeless, due to a variety of financial reasons. These families received support to address financial, emotional, educational and medical needs that either led them into homelessness or were necessary to address in order to get out of it.

### **Our Strengths**

The populations that these services target are often the most difficult to work with, but these services had strong outcomes in 2007. Of the youth that were served by the Partnership with Families program, 84 percent remained out of long-term residential care, 87 percent remained free from any further law enforcement involvement, and 95 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. FACT reported that 100 percent of the children that were residing in an out-of-home placement were able to return to their own home and 95 percent were able to access community resources in order to prevent their problems from escalating. One hundred (100) percent developed crisis intervention plans, 100 percent of the parents reported that they developed a greater ability to advocate for their children and 80 percent received Behavioral Support Plans at school.

The school-based mental health services also had impressive results. Ninety-one (91) percent of the youth were able to achieve at least 75 percent of their treatment goals, 96 percent remained free from any law enforcement involvement and 100 percent remained in school and free from suspensions.

Ninety-nine percent of the children served through the Crisis Nursery's home-based services remained residing in their own homes and 100 percent of the families remained free from a substantiated child abuse report. In addition, 86 percent of the parents reported learning at least one new strategy for coping with stress and frustration.

St. Joachim and Ann Care Services staff worked with families that were homeless or at risk of becoming homeless. Of the families they worked with, 100 percent of the children enrolled in school, 96 percent showed improvement in either physical or emotional development, and 94 percent showed improvement

in peer interaction and greater involvement in school activities. Most importantly, 97 percent of the families were residing in a stable housing situation within six months of starting services.

### **Service Gaps**

In 2007, there were 48 youth that were waitlisted for PWF services that weren't assigned a care coordinator. Another 48 families requested PWF services, but didn't meet the criteria for admission, and they were referred to other services within the county.

Based on population size and incidence of the mental health problems that are best treated with school-based mental health services, it is estimated that there would be 815 students per year needing help beyond the current caseloads of the mental health specialists. However, referrals only account for 672 youth and current staff is only able to incorporate half of this population into their caseloads each year as they have to terminate services with one child before adding another. Based on these figures, 336 children are being waitlisted. It is estimated that 11.5 percent of this population has MC+ insurance, which can fund some of these services.

While they were able to serve 1,230 families in 2007, the Crisis Nursery had to waitlist 36 families. It is anticipated that this number will rise in the near future when the Wentzville Nursery opens in mid-summer.

While the economy continues to slump, it would seem that referrals would increase dramatically, but at the current rate of referrals to the Care Service, it is estimated that there are 23 families and approximately 35 children requesting help beyond their current service capacity. Referrals will continue to be tracked to monitor need and to ascertain whether our assumptions about the economy are correct.

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

In order to provide PWF services to the 48 youth requesting services beyond the current capacity of the system, it would take \$516,948.96 (48 youth X 81.5 hours of care coordination on average X \$73.00 per hour; plus 48 youth X 48.5 hours of family assistance on average X \$58.70 per hour; plus 48 youth X 4 hours of respite on average X \$8.85 per hour; plus 48 youth X 32 hours of parent partner services on average X \$60.56 per hour).

To provide school-based mental health specialist services to the 336 youth currently waitlisted, it would cost \$1,302, 201.96 (297 non-Medicaid youth X 78.5 hours of services per year (average) X \$52.50 per hour; plus 39 Medicaid youth X 78.5 hours of services per year (average) X \$25.54 per hour).

It would cost \$7,560.00 to provide home-based services to the 36 families currently waitlisted by the Crisis Nursery (36 families X 14 hours (average length

of services) X \$15.00 per hour). In order to fund services for the homeless families beyond the capacity of the Care Service, it would cost \$15,465.20 (23 families X 20.5 hours of service per year (average) X \$32.80 per hour).

Sources: Crider Health Center, Crisis Nursery, and St. Joachim & Ann Care Services.

## **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 troublesome form at a later time.

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

Currently, there are four agencies that provide traditional counseling to children and families within St. Charles County on a sliding scale basis: Catholic Family Services, Lutheran Family & Children's Services, the Salvation Army, and Youth In Need. Catholic Family Services provided counseling to 2,300 children in 2007 at their St. Peters office while Lutheran Family & Children's Services provided help to 108 children. Salvation Army served 14 families in their homeless shelter in 2007 and had the capacity to see more, while Youth In Need provided counseling to 240 youth last year. Their funding was expanded in 2008, and they anticipate seeing 236 more youth.

Crider Health Center provides a screening program to young elementary students in kindergarten through 3<sup>rd</sup> grade to evaluate for emerging behavioral, mental and learning difficulties called Pinocchio. Reductions in funding have limited their services to one parochial school, St. Cletus, where they served 45 students in 2007. In 2008, they received additional funding and will provide screenings to 550 students and anticipate serving 23 students in one of the Wentzville elementary schools.

### **Our Strengths**

Each of the funded programs achieved strong results with the families they treated. Of the children served by Lutheran, 86 percent reported a reduction in psychological symptoms, 80 percent demonstrated fewer behavioral problems at school and at home, and 86 percent reported having fewer conflicts with parents and siblings. At Youth In Need, they found that 79 percent of the youth showed fewer emotional and somatic symptoms, 80 percent demonstrated fewer

behavioral problems, and 88 percent demonstrated improved family and social relationships. Even the families receiving help in the Salvation Army shelter achieved success with 88 percent of the children learning skills for managing stress and anxiety, and 86 percent of the parents learning new parenting skills.

### **Service Gaps**

While the overall need is probably much greater, 320 children and youth were turned away from counseling services in 2007. Funding was expanded at two agencies to increase capacity by 246 children, leaving 74 still without help.

It is estimated that there are 17,128 K-3<sup>rd</sup> grade students in our county that are not being screened. With an average of 25 students per classroom, it would take 685 additional classroom evaluation screening. It is estimated that 1,713 K through 3<sup>rd</sup> grade children would additional support and assistance throughout the rest of the school year. While these figures represent the entire need, it would probably take three years to achieve full coverage. In a three year plan, one-third of the need would be addressed in the first year, two-thirds would be needed in the second year, and the full amount would be necessary in the third year.

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

In order to provide counseling services to the 74 children and youth beyond the capacity of our current providers, it would cost \$42,375.36 (74 youth X 8 sessions X \$71.58 per session (average cost of the three agencies)).

The cost to implement the Pinocchio Program to one-third of the overall need would be \$464,671.20 (228 classrooms X \$307.00 per classroom screening); plus 571 children X 18 sessions X \$38.40).

## Summary Table of Needs, Recommendations and Costs

Services	Need	Children & Youth Directly Impacted	Additional Family Members Impacted	Total Number of Persons Impacted
<b>Temporary Shelter Services</b>	\$55,802.56	32	58	90
Safe Place	\$23,924.00	?	?	?
<b>Respite Care Services</b>	\$149,106.68	389	700	1,089
<b>Services to Unwed Mothers &amp; Teenage Parents</b>	\$84,800.00	4	11	15
<b>Outpatient Substance Abuse Treatment</b>	\$625,485.10	97	175	272
<b>Outpatient Psychiatric Treatment</b>	\$500,986.25	457	823	1,280
<b>Transitional Living Services</b>	\$575,937.60	61	110	171
<b>Crisis Intervention Services</b>	\$24,946.56	61	110	171
Crisis Response Team	\$15,975.00	?	?	?
<b>Prevention Programs</b>				
Sexual Abuse	\$62,882.73	2,349	4,228	6,577
Date Rape Prevention	\$55,380.00	3,692	6,646	10,338
Violence & Bullying	\$199,296.00	7,612	13,702	21,314
Substance Abuse	\$280,077.60	14,435	25,983	40,418
Substance Abuse Counseling	\$231,742.64	332	598	930
Suicide	\$39,564.36	4,874	8,773	13,647
<b>Home-Based and School-Based Family Intervention Services</b>				
Partnership with Families	\$516,948.96	48	86	134
School-based M.H. Specialists	\$1,302,201.96	336	605	941
Home-based Child Abuse Prevention	\$7,560.00	72	130	202
Homeless Services	\$15,465.20	35	63	98
<b>Individual, Group and Family Counseling &amp; Therapy Services</b>				
Counseling & Therapy	\$42,375.36	74	133	207
Pinocchio Program	\$464,671.20	571	1,028	1,599
<b>Subtotals excluding prevention</b>		2,569	4,630	7,199
<b>Totals including prevention</b>	\$5,259,624.56	35,531	63,962	99,493

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.

It is important to recognize that the total figures for unmet needs contain some duplication of numbers. Of the 2,569 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 substance abuse prevention covers 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 have, 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 and ours. Problems can be better managed before they get larger and more ingrained. 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**

Great inroads have been made in the last 2½ years in the expansion of necessary services to youth and their families in our community. Greater numbers of children are receiving the help they need and the successes of these services are allowing these young people to reach their full potential. We look to the future with anticipate of even greater results, but we must not rest until we are able to provide all of the services that are crucial to having youth develop and achieve their full potential.