

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 19, 2014

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EXECUTIVE SUMMARY

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

With over 72,000 children and youth served in 2013, our funded partners provided clinical services to youth who are struggling with mental health problems and substance abuse and provided a variety of preventative curricula to arm them with the necessary skills to protect themselves from risky situations. Yet, while it is vital to reach a critical mass in terms of volume of kids served, what is more critical is the quality of those services in changing moods, behaviors, and relationships. In St. Charles County, our partner agencies in the 38 programs we fully or partially fund set high standards for outcomes and in 2013 they met or succeeded in 95% of those clinical outcomes. The combination of volume and the quality of our services has allowed us to move the needle on a number of community outcomes for the better.

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

- a 40.5 percent drop in teenage pregnancy,
- a 54.3 percent drop in teenage runaways,
- a 57.4 percent drop in delinquency offenses,
- a 69.2 percent drop in status offenses,
- a 44.4 percent drop in the dropout rate.
- a 3.2 percent gain in our graduation rates across our public high schools

While we have made great strides in a very short period of time, this study demonstrates that there is still tremendous need. As of the date of this report, there are 8,164 children and youth in need of help beyond our system's capacity and we are falling short of our goal for universal prevention programming. In total, over \$6.5 million is needed to expand our programs to meet the growing population and demand. We cannot rest on our laurels and successes, and we must continue to work together as partners and seek outside sources for financial support of our programs in order to meet these challenges.

As always, we are truly grateful to the citizens of St. Charles County for their faith and support in helping children who are struggling. We remain a community that works well together and prioritizes our most vulnerable citizens. Together we are making a difference for our children today and for generations to come.

What This Study Measures

The Community and Children's Resource Board (CCRB) used Missouri State Statute RSMO.210.860 as a guide for this study. This statute defines the various services that are eligible for funding through a local community referendum passed by a majority vote of the public. Those services listed in the State Statute that would be eligible for funding through a Children's Services Fund are:

- Temporary shelter services for abused, neglected, runaway, homeless or emotionally disturbed youth
- Respite care services
- Services to teenage mothers and fathers
- Outpatient chemical dependency treatment
- Outpatient psychiatric treatment
- Transitional living program services
- Crisis intervention services
- Prevention programs
- Home-based and school-based family intervention programs
- Individual, group or family counseling and therapy services

The most current local statistics were accumulated for this study with most of the statistics reflecting data from 2009. When local service data was unavailable, State of Missouri data was used, making estimations based on local populations. The source of the data will always be listed.

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

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

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

- Alliance on Mental Illness-NAMI St. Louis
- Behavioral Health Response
- Bridgeway Behavioral Health
- Catholic Family Services
- CHADS Coalition for Mental Health
- Child Center, Inc.
- Children's Home Society
- Community Living Inc.
- Crider Health Center
- Family Advocacy and Community Training
- Fort Zumwalt School District
- Foster & Adoptive Care Coalition
- Francis Howell School District
- Kids Under Twenty One
- Lutheran Family and Children's Services
- Mary Queen of Angels
- Missouri Department of Social Services
- Missouri Kids Count
- Nurses for Newborns
- Orchard Farm School District
- Our Lady's Inn
- Preferred Family Healthcare
- St. Charles City School District
- St. Charles County Juvenile Court
- St. Joachim & Ann Care Services
- St. Louis Crisis Nursery-St. Charles Offices
- Salvation Army
- Sparrow's Nest Maternity Home
- Thrive St. Louis
- United Services for Children
- Wentzville School District
- Youth In Need

Factors Impacting Funding of Services

The overall need delineated in this study is impacted by a number of factors that remain outside of the agencies' control. 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 31.6 percent since 2000. In terms of raw numbers, St. Charles County has been the fastest growing county in the state for the past 30 years. Based on U.S. Census data, it is estimated that since 2005, we have added 7,375 children to our county.

- The unemployment rate for St. Charles County was 5.6 percent at the end of 2013 and we added more jobs, whereas the state as a whole has lost jobs. Housing starts are back up to 2008 levels and gas prices have remained relatively stable for the past 4 years. Sales tax revenues are higher and they have increased every year since 2009. All of these economic indicators are both beneficial in reducing stress for families and for being able to expand services to more families in need.
- The failure of the Missouri Legislature to pass Medicaid expansion has not enabled Missouri to take advantage of Medicaid funds that would cover mental health and substance abuse treatment services. As long as legislators refuse to expand these services, they potentially put the future of our health care systems and hospitals at risk, and as hospitals cut services out of fear and economic reality, there will be greater pressure on the local economy to fund services that they are currently providing.
- The Affordable Care Act has had to withstand numerous challenges from federal and state legislators and a Supreme Court ruling. Various attempts to hinder health exchanges from signing up customers as well as internal website rollout problems have delayed the mandates in the legislation. While problems still exist and it is unclear when it will completely take effect and what services will be covered, there is a possibility that a number of the services that the CCRB funds will be covered under the ACA. If this situation is to be the case, it is quite possible that our funding could be leveraged to expand services in areas not covered by the ACA such as prevention and respite.

While the CCRB has been able to tap into reserves in order to maintain services at the level of demand, and has even been able to expand some services, a fuller recovery will be necessary in order to maintain the same level beyond 2014.

Temporary Shelter Services

This section describes the need for, and availability of, temporary shelters that can provide services for abused, neglected, runaway, homeless or emotionally disturbed youth for up to thirty days. Temporary shelters provide a safe haven for children and youth who face difficult and even dangerous situations. Many of these youth have exhausted their resources, and can no longer “couch hop” with friends and their families, which leaves them vulnerable and reliant on their own defenses. Left on the street, these youth may often turn to crime in order to survive, and they are often at great risk of being a victim of an assault themselves. This situation is particularly risky for female youth who can become a victim of a sexual assault or who could be lured into prostitution just to gain shelter and food. Shelters provide services to meet the basic needs of nourishment, housing and safety for up to 30 days while providing counseling, group therapy, family counseling, and support to re-enter school and find work. When it is clinically appropriate and where there is no risk of abuse to the youth, the goal is to reunite families.

St. Charles County’s Current Situation

In 2013, there were 5,492 reported missing juveniles in the State of Missouri as reported by local law enforcement agencies as runaways. This figure is a 3.5 percent decrease from 2010. Of the total from the state, 163 missing juveniles were from St. Charles County, a decrease of 30.4 percent since 2010 and a 54.3 percent drop since 2005. (Missouri State Highway Patrol). The number of teenage runaways continues to drop as early intervention services have reduced the demand for shelter services over the past nine years. However, it is unclear how many of the youth reported by their parents as missing actually sought help at the Youth In Need shelter. A significant number of youth do use the shelter as a respite when family conflict gets bad and Youth In Need will also temporarily house foster children in transition.

In 2013, the St. Charles County Family Court had 305 referrals on 210 minors for juvenile status offenses, which included runaway incidents, truancy and curfew violations, a decrease of 44.7 percent in the number of youth and a decrease of 35.5 percent in the number of referrals since 2011. In addition, there were 1,212 referrals on 957 minors for juvenile crimes ranging from petty theft and vandalism to serious felonies, a decrease of 32.2 percent in the number of youth and a 33.7 percent drop in the number of referrals since 2011. (Juvenile Court Statistics, St. Charles Family Court).

Youth In Need (YIN) currently operates a 12-bed emergency shelter for runaway and homeless youth, ages 13-18, located in the City of St. Charles. Six of the beds are designated for males; the other six are reserved for females. In 2013, they provided shelter services to 291 youth (a 6.2 percent increase from 2011), of which, 62 were funded through the CCRB. On average, each youth remains for 11 days and receives 9 hours of individual, group and family counseling.

YIN is also the local provider for Safe Place. This program provides training in two ways: 1) to local businesses so that they can respond to youth who have been victimized or who have run away from home, connecting them to YIN services and other community resources, and 2) to schools and other youth serving organizations, providing information on how to access help in times of trouble. In 2013, YIN staff provided 43 Safe Place presentations to 1,156 students.

Our Strengths

Youth In Need has been nationally recognized for its work with runaway, abused, and neglected youth. Due to the infusion of school-based prevention services, school-based mental health services, and outpatient counseling services, families are addressing issues before they become crises. As a result, shelter services are in less demand. Of the St. Charles County youth served by Youth In Need in 2013, 78 percent saw a significant improvement in emotional well-being and stress levels, 100 percent reported living in a safe environments following treatment and 78 percent saw a significant decrease in family conflicts.

Service Gaps

In 2013, 57 St. Charles County youth were turned away from shelter services due to a lack of capacity. Since beds are based on gender, youth can be turned away because there isn't a male bed or a female bed available when they arrive at the shelter. While the business community has enough locations across the county for accessibility, another 15 Safe Place presentations are needed to educate more youth about the available service.

Cost to Fill the Gap

In order to fill the gap and serve the 57 St. Charles County youth turned away for shelter services, it would cost an additional \$144,609.00 (57 youth X 11 days (average length of stay) X \$175.00 per day plus 57 youth X 9 sessions (average number of sessions of counseling) X \$68.00 per session). To fund the additional 15 Safe Place presentations and trainings, it would cost \$4,500.00 (15 presentations X \$300.00). The total for this category would be \$149,109.00.

Source: Missouri State Highway Patrol, the St. Charles County Juvenile Court, and Youth In Need

Respite Care Services

Respite care services offer temporary emergency shelter and services for children and youth of families experiencing a crisis that increases the risk of child abuse or neglect. In addition to providing a safe haven for children, respite care

workers also work with parents to help them learn age-appropriate expectations and coping skills to deal with stress. It is the hope that the generational cycle of violence and abuse can be broken through the provision of these respite services. For families who have a child or children with a serious emotional disturbance, a few hours of respite on a regular basis can mean the difference between keeping a family together and having their child enter a residential facility. Respite care services are the most requested services of this population.

St. Charles County's Current Situation

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

Number of Children and Youth Involved

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

This table demonstrates that the number of substantiated cases of child abuse and neglect has grown 37.1 percent since 2005, however most of the growth occurred in 2011 and 2012. The number of hotline calls has increased 28.6 percent during this same time period, leading also to the 195.3 percent increase in unsubstantiated with protective services indicated and the 55.2 percent increase in unsubstantiated cases. While some of the growth in these figures can be attributed to the ongoing population growth within the county and the sluggish economy, it is unclear what transpired in 2011 and 2012 to account for the percentage growths that are occurring. The population that utilizes respite services has been struck particularly hard since unemployment rose in 2008. (Missouri Department of Social Services, Children's Division)

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

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

This table shows the most of the growth in abuse is occurring in the categories of physical abuse (91.8 percent) and neglect (383.3 percent).

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

- Twenty-one percent of our children live in single parent homes
- 13,471 children (14.7 percent) were low income children enrolled in MO Healthnet in 2012
- 9.9 percent of our children six and younger are living in poverty

(2013 Missouri Kids Count)

These risk factors contributed to family instability, increased child abuse risk, and a greater risk of out-of-home placement, which can be prevented with the appropriate use of respite care during periods of intense emotional or financial distress or crisis.

The St. Louis Crisis Nurseries provide respite to children from birth through age 12. In addition, Children’s Home Society and Community Living provide respite to children of all ages with developmental disabilities. Community Living has four respite beds that are available three out of every four weekends, and Children’s Home Society has 16 beds available.

In 2013, the Crisis Nurseries provided respite to 736 children, and many of these children received services on multiple occasions. In addition, Community Living provided respite to 20 youth, with each youth receiving an average of 272 hours per year, while Children’s Home Society worked with 14 youth in 2013, providing an average of 172 hours per youth per year.

Our Strengths

St. Charles County respite providers possess the expertise to cover the full range of respite from birth to 12, and from youth with normal development to those youth with the most severe developmental disabilities. Of the children seen at the Nurseries, 99 percent were able to return to their natural family and 100 percent remained free from any abuse or neglect. Of the youth seen at

Community Living, 75 percent were able to remain at home and out of institutional care, and 100 percent of the families were able to maintain stable family lives. All of the families receiving services from Children's Home Society reported a reduction in stress, were able to keep their children out of institutional care and remained free of abuse and neglect.

Service Gaps

Despite having the increased capacity to serve more children than four years ago, the Nurseries had to turn away 512 children from 282 families in 2013. These children are at greater risk for abuse and neglect and if respite can be provided, we have a greater chance of breaking the generational cycle of abuse and helping these families learn how to manage crises. On the developmental disabilities side, neither Community Living nor Children's Home Society had to turn away any youth in 2013.

Cost to Fill the Gap

In order to provide respite to every child requesting services, the cost would be \$162,713.60 (512 children X 28 hours per average stay X \$11.35 per hour).

Sources: Children's Home Society, Community Living, and the St. Louis Crisis Nursery.

Services to Unwed Mothers and Teenage Parents

Unwed mothers and teenage parents tend to live in isolation. These parents are more likely to be uninsured and/or working at low-paying jobs and generally have less access to healthcare resources. They are particularly vulnerable to health problems and long-term dependency on welfare resources. Moreover, their stressful living conditions place them at greater risk for abusing or neglecting their children.

Unwed mothers and teenage parents require special support for developing parenting skills, completing their education in order to gain employment, and obtaining adequate counseling and healthcare services. These are basic necessities for a safe environment for these young mothers and their children.

St. Charles County's Current Situation

Overall, there has been a reduction in the number of births to teenage mothers over a four year period, dropping from 262 births in 2003 to 156 births in 2012, or 40.5 percent. While it is doubtful that teenagers are less sexually active, and the number of miscarriages and abortions are unknown, the trend is pointing in a positive direction. During the period 2008-12, the number of low birth weight infants only increased by 10 infants when compared to 2003-07, and the infant

mortality rate fell from 6.5 percent to 5.4 percent during the same periods. This percentage drop accounts for 25 fewer children dying. (2013 Missouri Kids Count)

St. Charles County has a residential facility for pregnant mothers. Our Lady's Inn established a facility in New Melle in 2005 and serves women from 18 years of age and older. They have a current capacity for 14 mothers, and in 2013; through CCRB funding, they served 35 young women, 2 of which were under 19. Our Lady's Inn takes in women who are pregnant and also works with them post-partum. In 2013, they worked with 65 children and babies. The average length of stay is five months.

In 2014, St. Charles County will once again have a residential facility for teen mothers under the age of 18. Sparrow's Nest, which will be located in O'Fallon, will most likely open its doors in June or July after delays in obtaining licensure and meeting fire codes. They will have the capacity to house eight (8), four mothers and four infants. They have had inquiries from about 40 teen mothers in the last year. Young mothers to be can stay during their pregnancy and up to a year following delivery. They also maintain a strong collaboration with Nurses for Newborns who provides on site consultation and weekly educational sessions

Youth In Need worked with 160 teen mothers in 2013, a 4.8 percent decrease in the number of teen mothers seeking services since 2009. They provide group counseling and education in a school setting. They achieve some very significant successes with their clientele which are mentioned later.

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 eight years, raising over \$552,000 in baby items distributed to nine 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 40.5 percent since 2003 to 156 live births in 2012. Of the young mothers who received services from Youth In Need, 85 percent delivered babies above the 5 ½ lb. threshold for maturity. In addition, 92 percent of these mothers have continued on with their education, and are working toward graduation or a GED. The Youth In Need staff worked with these young women to learn a variety of important parenting skills, which are crucial to addressing care of their babies and preventing child abuse. They continued to work with them after the baby was delivered, and to date, none of the young women were pregnant with a second child.

Our Lady's Inn provides a residential facility for young mothers who are 18 years of age and older. On average, the young mothers stay about five months and

receive the necessary prenatal care as well as parent education. Of the mothers who delivered children during 2013, 75 percent were born above the weight threshold, but the other two who did not, are thriving. They were delivered by plan a little early due to potential health problems with the mothers. One hundred percent of the mothers learned at least six new parenting skills, with 100 percent of them accepting referrals to Parents as Teachers and Early Headstart.

Supporting this decrease in teenage pregnancies has been the preventative work of ThriVe, who has been providing abstinence training for high school students in three of our public districts. Nurses for Newborns worked with 180 new mothers providing them with nursing services to make sure their children developed according to normal milestones, and they provided referrals to mothers who needed mental health services for emotional conditions such as post-partum depression.

Service Gaps

In 2013, Our Lady's Inn had to turn away 178 mothers-to-be due to capacity. During the same time period, Youth In Need did not have to turn away any requests for service. Sparrow's Nest is seeking help for four teenage mothers.

Cost to Fill the Gap

In order to expand capacity to serve the additional four mothers, it would cost \$44,928.00 (4 mothers X 108 units of shelter and case management X \$104.00 per unit). Given current capacity of Youth In Need, no further funding for group education and counseling are needed at this time.

Sources: Nurses for Newborns, Our Lady's Inn, Sparrow's Nest and Youth In Need

Outpatient Substance Abuse Treatment Services

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

adolescents, the appropriate level of care is intensive outpatient treatment while others are better helped by a low-intensity combination of family therapy and educational sessions.

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

St. Charles County's Current Situation

St. Charles County has three outpatient substance abuse treatment facilities: two operated by Preferred Family Healthcare and located in St. Charles and Wentzville, and one operated by Bridgeway Behavioral Health, which is also located in St. Charles city. Both organizations receive most of their referrals through the school districts and the juvenile court.

In 2013, these two agencies provided outpatient substance abuse treatment to 334 St. Charles County youth. An additional 136 St. Charles County youth were seen through Preferred's C-STAR program. Furthermore, Preferred Family Healthcare's Teams of Concern counseled 229 of these youth within the school district, intervening at an earlier point in the course of the disease, therefore preventing the need for more intensive treatment later on. While no youth were turned away from services in 2013, 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.

In late 2011, the CCRB, along with the United Way, set up a heroin task force as the St. Louis region was seeing an epidemic of heroin overdoses and deaths. Preferred Family Healthcare, Bridgeway Behavioral Health and the National Council on Alcohol and Drug Abuse were brought in as service providers and other funders contributed, raising nearly \$1 million for treatment and prevention. While the heroin epidemic is predominately striking young adults 20-35, it is only a matter of time given the market and the low cost that teenagers will be greatly impacted. While the task force was extremely successful in reducing the number of deaths to heroin overdose in 2013, only a handful of teenagers sought treatment during this time.

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. Having two providers gives families a choice. Both agencies have a highly qualified professional staff and a full range of treatment options depending

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 334 youth served by the two agencies, 92 percent demonstrated reduced chemical usage or were completely substance free, 82 percent demonstrated improved school performance and peer relationships, and 77 percent reported fewer conflicts at home with family.

Service Gaps

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

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

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

8 th grade	9 th grade	10 th grade	11 th grade	12 th 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 5th row and the last two rows, a dependence on alcohol is strongly indicated and these youth are probably candidates for inpatient treatment. Those percentages listed in the 4th row and half of the 5th row are using at a frequency that would be best treated in an intensive outpatient treatment program.

Given that U.S. Census data does not break down population by each age, an average number of youths per age are used for the calculations. According to the 2013 U.S. Census estimate provided to the St. Louis Post Dispatch, St. Charles County's child population was 93,000; therefore, the average per age is 5,166. Applying this average to the percentages of usage and using the assumptions mentioned above, it was determined that there are 3,030 youth whose usage would indicate a level that would benefit from intensive outpatient treatment program.

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

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

8 th grade	9 th grade	10 th grade	11 th grade	12 th 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 5th row and the last two rows indicate usage that is probably best treated with inpatient treatment. The 4th row (3 to 5 days) and half of the 5th row (6 to 9 days) would probably qualify for inpatient treatment.

Based on the previously mentioned population base of 5,166 youth per age, the total number of youth who binge and would benefit from intensive outpatient treatment is 2,898. 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 2,898, there are an additional 580 youth who binge only and would be best treated in an intensive outpatient modality. Adding this total to the 3,030 youth listed previously, the total of youth from the 8th through 12th grades in St. Charles County who would benefit from outpatient substance abuse treatment services is 3,610.

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 th grade	9 th grade	10 th grade	11 th grade	12 th 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 3rd and 4th rows (3 to 19) in this table indicate a level of usage that would benefit from intensive outpatient treatment. The total number of youth in our County in this category is 3,079. When that number of youth is multiplied by 2 percent in order to remove duplicate youth, an additional 62 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 th grade	10 th grade	12 th 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 th grade	10 th grade	12 th grade	
89.4	81.6	67.9	0 times
5.6	6.1	9.5	1 or 2
2.4	4.4	9.5	3 to 9
1.7	2.3	0.0	10 to 19
0.2	1.7	3.6	20 to 39
0.6	3.9	9.5	40 +

The calculation of need is as follows: 3,030 youth based on regular usage plus 580 youth who only binge plus 62 marijuana abusers equals 3,672 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 3,672 youth who are using drugs and alcohol where intensive outpatient treatment would be the appropriate response, the actual demand for these services would be much less. The lower demand is attributed to very primitive defense mechanisms such as denial, projection and minimization used by adolescents as well as their parents will reduce the number who will request these services even if funding was available to build to capacity.

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

Concurrent to the situation with our youth, there has been a growing heroin epidemic in the St. Louis region. As law enforcement has made a tremendous impact in reducing meth production and usage, heroin distribution appears to be filling the void. It appears that most of the product is being imported from Mexico, and is more potent and more quickly addictive. Whereas usage in the 1960s and 70s was largely with a hypodermic needle, heroin now appears in pill and powder form, and is being sold at \$10 a button. Given its high addictability and relatively low cost, it is contributing to an increase in local crime and deaths. While usage currently is predominantly in the 22 to 30 year old range, it is only a matter of time before it works its way down to adolescents. Many heroin users will probably need inpatient services, but with new psychotropic treatments, some clients may be treated in an outpatient setting.

Cost to Fill the Gap

At an average cost of \$4,927.00 for a six and a half 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 \$18 million. Currently, utilization is at 12.8 percent of the overall estimate of need. This rate has occurred after seven years of marketing their services and building relationships with the five school districts. As utilization will probably continue to grow, a 20 percent utilization will be used to determine the need. Should additional funding become available and or if marketing produces a greater utilization rate, future assessments can re-evaluate this percentage as to whether it is significant enough or not. Taking 20 percent of the total number of youth in need of outpatient services indicates that there should be funds for 734 youth. With our current capacity coming in at 482, which includes 148 youth

covered by C-STAR and expanded funding in 2014; there are 252 youth unlikely to get the help when they request it.

The cost of providing intensive outpatient substance abuse treatment to the 252 youth who need these services is \$1,241,604.00 (252 youth x \$4,927.00 for 6.5 months of treatment as calculated as an average between the two programs). Intensive outpatient treatment has an average length of stay of six and a half months, and includes services such as group counseling, individual and family therapy, educational groups, and aftercare. Family involvement and aftercare services provide support at a critical time and improve the likelihood that sobriety will be maintained. An initial assessment that determines the appropriate level of care is provided to every youth seeking services.

Sources: Bridgeway Behavioral Health and Preferred Family Healthcare

Outpatient Psychiatric Services

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

St. Charles County's Current Situation

St. Charles County has two agencies that provide outpatient psychiatric care to children and youth: Crider Health Center and Catholic Family Services. While Catholic Family Services is willing to serve any child, Crider is limited in how many youth without insurance they can see. In 2013, Crider Health Center served 56 youth with CCRB funding with an average of 1.5 encounters of psychiatric time while serving an additional 1,025 youth through state funding. Catholic Family Services provided psychiatric care to 93 youth in 2013 with an average of 1 hour of service per child. They also served 87 other youth through other funding.

It is estimated that six (6) percent of the youth population suffers from a serious emotional disturbance with the great majority of these children requiring psychiatric services. If we account for 11.5 percent being covered by MC+/Medicaid, and say that 6.0 percent is uninsured (current unemployment rate of the county), and if we assume that families with private insurance would seek

the help of a private practice psychiatrist, it is estimated that 242 youth would be in need of psychiatric care per year beyond our current capacity.

Our Strengths

Of the youth served at Catholic Family Services, 92 percent showed a reduction of psychiatric symptoms, 91 percent made progress on their treatment goals and 91 percent were medication compliant. Of the youth served at Crider, 85.5 percent showed a reduction in psychiatric symptoms, 87.5 percent were meeting at least 75 percent of their treatment goals and 84 percent were medication compliant.

Service Gaps

At the end of 2013, Catholic Family had 19 youth on a waiting list for psychiatric services while Crider Health Center was receiving approximately 100 calls per month for psychiatric care that they were unable to schedule. It is unclear how many of these callers were repeat requests. Based on the calculation above, our psychiatric system needs to be expanded to serve at least an additional 242 youth.

Cost to Fill the Gap

In order to expand outpatient psychiatric services to these 242 youth, it would cost \$155,439.02 (242 youth X \$642.31 (average cost per child per year between the two agencies)).

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

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

St. Charles County's Current Situation

In 2013, Youth In Need's Transitional Living programs served 41 chronically homeless youth, 21.1% fewer than two years ago. Due to a lack of bed space, they had to turn away 22 St. Charles County youth who requested services. This figure is a 65.0 percent decrease from 2011. Additional funding from St. Louis County Children's Services Fund has allowed Youth In Need to serve St. Louis County youth within St. Louis County, which has opened up bed space within our county for St. Charles County youth. St. Louis County Youth who would have considered waiting 90 days to establish residency in St. Charles County are no longer doing so. The average length of stay has also increased, allowing for greater stabilization and clinical improvement, which has impacted enrollment.

Our Strengths

Youth In Need operates the only Transitional Living program for older adolescents in our community and is only one of three such service providers in the St. Louis region. Depending on the youth's particular strengths and weaknesses, Youth In Need provides two different housing options: a group home and independent apartments. On average, youth stay for an average of 173 days. Each youth receiving services gets assistance with educational planning, employment, and life skills training. Of the 41 youth in the program in 2013, 90 percent were making progress toward completing an educational degree, 61.5 percent were able to secure and maintain employment, and 84 percent were able to learn at least three necessary life skills such as cooking and budgeting.

Service Gaps

In 2013, 22 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 22 youth turned away from Youth In Need last year, it would cost \$388,212.00 (22 youth X 173 days (average length of stay) X \$102.00 per day).

Source: Youth In Need

Crisis Intervention Services

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

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

St. Charles County's Current Situation

In 2010, St. Louis County's Children's Services Fund initiated a project called the Youth Connection Helpline, a partnership between Behavioral Health Response (BHR) and Youth In Need. Parents and youth will now have one number they can call and another number for texting. BHR works with the family to resolve the crisis and connects them with the appropriate resource(s) in the community. If the youth needs emergency shelter, then Youth In Need is contacted and shelter and services are provided. In 2012, the same program was opened in St. Charles County.

Four 24-hour toll-free hotlines are available to the citizens of St. Charles County. These hotlines are operated through Behavioral Health Response, the Crisis Nursery, the United Way (211) and Youth In Need. A part-time adolescent crisis hotline for adolescents is available through Kids Under Twenty One (KUTO). In total, 6,156 calls and texts from St. Charles County residents were made to these help lines during 2013 (KUTO does not keep track of calls by zip code.).

Catholic Family Services provided crisis intervention services to 114 youth in six Catholic schools during 2013, which is a 123.5 percent increase since 2009. These students were referred by faculty members as the child was experiencing difficulties related to family crises such as divorce and death or socialization problems due to phobias and depression.

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

Our Strengths

The St. Charles County Youth Connection Helpline is now operational. BHR and Youth In Need are both making presentations throughout the community to educate youth and parents about how to utilize the services. The ability to utilize texting as a mechanism for communicating with youth is responsive and having one coordinated location for these calls is helpful. The "211" system does not market to the St. Charles area and did not receive any crisis calls for youth in 2013. It is seen more as a resource for financial and utility assistance.

Of the 114 students receiving assistance from Catholic Family Services, 91 percent of them developed at least two new coping strategies, 91 percent made

progress on their treatment goals, and 91 percent had fewer psychological problems. Of the 321 youth who received assistance from BHR, 99 percent gained knowledge of available resources, 100 percent developed collaborative safety plans, and 70 percent with mental health concerns had a face to face appointment with a mental health professional within 30 days.

Crider Health Center has personnel that have been trained and are available in times of crisis. Monies are currently available to fund these services through the Department of Mental Health, but recent State budgetary cuts put this funding in jeopardy.

Service Gaps

Crisis intervention services are only currently available in six of the fifteen Catholic schools in our County. Based on current utilization, at a minimum, there would be an additional 231 students (includes 24 students on their waiting lists) in need of these services if they were expanded for all of the schools. These figures do not include reaching out to other private elementary schools (4) in our County, and based on the same utilization rates, it would be anticipated that another 92 students would need services. Monies should be set aside to be able to respond to major school-related crises should they arise.

Cost to Fill the Gap

The cost to serve the 323 additional youth for crisis intervention services would be \$86,551.08 (323 youth X 6 hours (average length of stay) X \$44.66 per hour). In the case of a traumatic event, the cost of providing professional support to families, schools and other affected parties average about \$3,600. This figure is based on 4 staff, 10 hours and a \$90/hour rate. If State funding were to end, it would cost about \$10,800 to handle the 3 crisis events we average on a yearly basis. The total for the two programs is \$97,351.08.

Sources: Behavioral Health Response, Catholic Family Services, Crider Health Center, Kids Under Twenty One, St. Louis Crisis Nursery, United Way, and Youth In Need

School-Based Prevention Services

In order to help children and youth handle the pressures they face every day, either at home or at school, it is important that they possess certain skills to enhance coping. These skills can be developed and enhanced through prevention programs that build on the child existing strengths while teaching new skills that enable them to handle various difficulties. General prevention programs teach skills that can be used to handle multiple issues while other prevention programs focus on specific problems.

Prevention programs are extremely cost effective as well as effective in circumventing other problems. When they are provided universally, there is a consistency of skills and message, which is important when children and youth move from one district to another. They need to be presented at an age before the youth has to face the challenge, and it is important to “inoculate” youth more than once. The need for on-going prevention is particularly important concerning alcohol and drug usage. It is hoped that all children in the County could have skills to avoid alcohol and drug usage, sexual abuse, sexual harassment and rape. In addition, every child needs to learn skills in order to handle conflicts without violence, and they need to value themselves enough so as not to take their own lives.

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

St. Charles County’s Current Situation

Currently, there are five different prevention curriculums being provided in our county schools: sexual abuse prevention programming is being provided by the Child Center at the 1st, 4th and 7th 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 at the junior and senior high school levels; suicide prevention programming is being provided to 8th and 9th graders in three of our five districts; sexual abstinence programming to middle and high school students provided by Thrive; and bullying and violence prevention programming is being provided to all five districts by Crider Health Center and in six of the fifteen parish schools by Catholic Family Services. The bullying curriculum targets Kindergarten through 8th grade.

In 2013, the Child Center provided sexual abuse prevention programming to 18,940 students and trained 159 parents and 537 school personnel in how to report abuse to local authorities. They are currently in four school districts 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 531 high school students during 2013 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 they do not have full coverage for the entire district. Last year, their programs were attended by 154,702 students, and 5,228 parents and 4,673 faculty members who received training on warning signs of chemical usage. (There is some duplication in these numbers as some students, parents and faculty attended multiple events.) These trainings were developed in order to help identify youth who may be experimenting with alcohol and drugs or whose usage could be interfering with school performance and behavior. In addition, 229 students were identified as exhibiting behavior indicative of substance use and they were provided an assessment along with treatment.

In 2011 and 2012, town hall meetings at every school district were sponsored by the Heroin Task Force and presented by the National Council on Alcoholism and Drug Addiction focusing on the growing heroin epidemic in the St. Louis region. These meetings and expanded funding for medically assisted treatment appear to have had an impact as deaths within that community were reported to be down significantly as of October 2013. This insidious addiction has not yet worked its way down into adolescence with any significant numbers within St. Charles County; however, with the new form (pill), the high toxicity, and the cheap cost to purchase, it is only a matter of time before it takes greater root and becomes a greater threat to our teenagers.

Kids Under Twenty One (KUTO) served 7,674 7th and 9th graders in 2013 while Thrive St. Louis provided their Best Choice Sexual Integrity/ abstinence program to 17,140 middle school and high school students in the St. Charles, Fort Zumwalt, Orchard Farms and Francis Howell School Districts.

In 2013, Crider Health Center provided anti-violence programming to 36,921 elementary students in all five districts. During the same time period, Catholic Family Services provided anti-bullying programming to 301 students at six parish schools.

Our Strengths

These programs are well received within our schools and have achieved some impressive results. The Child Center reported that 98 percent of their 1st and 4th graders were able to recall their Body Rights, and 96 percent of the 7th graders were able to learn various forms of sexual harassment and how to respond to it when it occurs. Additionally, 100 percent of the parents reported that they now know how to handle a disclosure if their child informs them that they were approached or were touched inappropriately while 99 percent of educators felt better equipped to handle disclosures and make hotline calls.

Preferred Family Healthcare's Team of Concerns identified 229 youth with potential drug, alcohol or mental health problems. They achieved the following results: 90 percent of the students reported a reduction or the elimination of

substance use; 90 percent of them were reported to have had fewer behavioral problems at school and better school performance; and 91.5 percent of the students demonstrated better risk management skills.

KUTO reported that 88.5 percent of the students receiving their programming had a greater recognition of the warning signs of suicide and that 63 percent reported that they would contact a friend if they began to experience suicidal ideation.

Of the children that Crider Center served, 99 percent were able to identify at least two different types of bullying, 98 percent were able to verbalize their feelings when faced with peer pressure, and 99 percent reported that they learned how and when to physically get away from a potentially violent or threatening situation. In addition, 97 percent were able to identify at least two inappropriate responses to feeling angry within themselves, and 97 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 achieved strong outcomes. Of the students receiving help, 100 percent learned to identify at least two different forms of bullying, were able to identify at least two methods for developing self-protection against bullies. In each of the eight classrooms where this programming occurred, the class set up its own self-policing policy to address bullying while each of the schools reported at least a 50% drop in aggressive behavior.

ThriVe St. Louis reported that 64 percent of the students taking the class said that they would talk to their parents about sexual matters, and that 83 percent reported that were better prepared to say "no" to sex when they were pressured by peers. Furthermore, there was a 12.2 percent increase in the post test from the pretest on youth's intention to stay abstinent until marriage.

Service Gaps

Prior to 2013, the Orchard Farm School District signed a Memorandum of Understanding with the Child Center to provide their curriculum to their students. For reasons that weren't made clear to the Child Center, the school did not permit the scheduling of these trainings until the spring of 2014. While their elementary students were served, 103 middle school students were not, In addition, it is estimated that there are 520 Lutheran schools that are missing out on this prevention program, and there are approximately 1,600 children in daycares not currently being served.

While Bridgeway was able to help educate 531 high school students on rape prevention, there were 2,065 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 135 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 6,294 private school students who are not receiving these services.

ThriVe St. Louis provided sexual abstinence programming to 17,140 youth in the County in 2013, leaving 3,228 youth in the Wentzville School District without this training.

Kids Under Twenty One (KUTO) served 7,476 students within three districts in 2013, but 7th and 9th graders in two districts went without. In order to provide this programming to all remaining freshman in our county, programming would have to be available for 115 classrooms.

Cost to Fill the Gap

The cost of providing sexual abuse prevention programming to the remaining elementary and middle school students would be \$37,702.08 (2,223 youth X \$16.96 per child).

The cost to provide the CHAMPS prevention programming to the remaining 2,065 high school students would be \$30,975.00 (2,065 youth X \$15.00 per student).

The cost of providing anti-violence programming to the 6,294 students not currently receiving this programming would be \$136,768.62 (6,294 children X \$21.73 per child).

In order to add the two additional Teams of Concern, the cost would be \$155,473.20 (10 schools X 228 hours X \$68.19 per hour). With 135 likely substance abuse referrals, the cost of providing counseling and case management would be \$216,438.75 (135 youth X \$1,603.25 per episode of care (includes an assessment, 16 hours of counseling, 4 hours of case management, family therapy and drug testing)).

To expand the Best Choice Sexual Integrity program to serve all remaining 6th through 9th grade would be \$49,711.20 (3,228 students X \$15.40 per student).

In order to provide three hours of Suicide Prevention Programming per class, it would cost \$71,932.50 (3 hours per classroom x 115 classrooms X \$208.50 per hour).

The cost to provide these six prevention programs to the remaining students not currently receiving them is \$737,491.07.

Sources: Bridgeway Behavioral Health, Catholic Family Services, CHADS Coalition for Mental Health, Child Center, Crider Health Center, Kids Under Twenty One, Preferred Family Healthcare and Thrive.

Home-Based & School-Based Family Intervention Services

Home-based and school-based family intervention programs seek to: 1) stabilize families and prevent the unnecessary hospitalization of children and youth; 2) prevent placement of children and youth away from their homes; and 3) encourage family support services in the home to provide support and guidance for successfully mobilizing and completing treatment for a child or youth with a serious emotional disturbance (SED).

According to the Missouri Department of Social Services, over half of the children and adolescents who are hospitalized, placed in residential treatment programs, or placed in foster homes could be left with their own families if the family could receive timely intensive home-based services. These families could experience better long-term treatment outcomes.

St. Charles County's Current Situation

There are nine community and school-based programs currently operating in our County funded by the CCRB. These non-traditional services are provided in the families' homes, in their schools, and in their neighborhoods, and they reach out to different populations and address different needs.

The Partnership with Families program was initiated in 1998 through a federal grant awarded to St. Charles County by the Substance Abuse Mental Health Services Administration (SAMHSA). This grant was designed to work with youth with a serious emotional disturbance (SED) and their families as a way to prevent long term residential treatment and involvement in the juvenile justice system with a population at risk of family breakup, expulsion, and crime. The program was a partnership with numerous child serving organizations, but was spearheaded by Crider Health Center who provided care coordination, family assistance and respite, and FACT, which provided valuable parent support to the families. The program was funded federally for seven years and then became funded locally. In 2013, Crider worked with 394 children and youth while FACT worked with 471 parents and 319 children and siblings.

By positioning Mental Health Specialists in the schools, Crider Health Center has been able to work with school personnel to identify at-risk youth who may have a mental illness or who were having trouble achieving academic success. The

severity of the problems these youth have been experiencing is significant, but less severe than Partnership with Families youth. By intervening with this population, they are heading off more serious mental health problems. In 2013, they worked with 555 youth who were at risk of suspension or were behaving in a way that was interfering with their learning. Currently, school based mental health services do not exist in our private and parochial schools. An application was received to fund these services in 2013, but the Board did not have enough additional funding to add these services. It was estimated that 82 youth were in need of such help.

The Crisis Nursery provides both parenting and home-based services to at-risk families who have utilized their respite services. These families, many of whom were struggling with poverty and unemployment, had children at risk for neglect and abuse until the Nursery began services in their neighborhoods. They worked with 169 parents during 2013, as well as 298 children, offering individual, family and group support and educational services.

St. Joachim & Ann Care Services worked with 462 parents and 783 children during 2013. While the local economy has improved, St. Joachim and Ann still received over 130,000 phone calls for assistance last year. Many of these families were homeless, while the others were at risk for becoming homeless due to a variety of financial reasons. These families received support to address financial, emotional, educational, and medical needs that either led them into homelessness or were necessary to address in order to get out of homelessness.

In 2008, the CCRB began funding treatment for children aged three to five who suffer with disorders in the autism spectrum at United Services for Children. Currently, five classrooms with six students each are being funded. These children are taught with one-on-one to help them prepare emotionally and behaviorally for kindergarten. In 2013, United Services provided help to 48 children.

In 2009, the CCRB funded a Therapeutic Supervised Visitation Program that partners the Family Court and Youth In Need. This program reunites estranged parents with their children in a therapeutic setting with the goal of re-establishing relationships that have been severed by either divorce or abuse/neglect. Last year, they served 37 children and 50 parents.

In 2010, the CCRB started to fund programming through the Alliance on Mental Illness- NAMI St. Louis. They offer a Basics Class and support groups for families who are dealing with children recently diagnosed with a mental illness, and have opened a hotline to handle emergencies and referrals. In 2013, they served 35 parents, 44 professionals and 41 children.

Nurses for Newborns was funded for the first time by the CCRB in 2011. They provide skilled nursing and case management services to young mothers and

their children as a means to improve health, bonding, and development while reducing the risk of child abuse and neglect. In 2013, they worked with 180 parents and their children.

In 2012, the Foster & Adoptive Care Coalition's crisis intervention program was funded. This program, based on the evidence-based Homebuilders model developed in California, provides 24/7 availability for crises arising in adopting families. Services are provided in-home and are designed to give them the skills they need to keep them together. They served 20 youth and 18 parents in 2013.

Children's Home Society has a long history of serving youth who have been adopted or who are in the foster care system. In 2013, their program that serves youth who struggle with emotional and behavioral challenges as a result of trauma, abuse and/or neglect was added in St. Charles County, and served 12 youth. In 2014, they received additional funding to serve a total of 16 youth.

Our Strengths

The populations that these services target are often the most difficult to work with, but these services had strong outcomes in 2013. Of the youth that were served by the Partnership with Families program, 93.5 percent remained out of long-term residential care, 96.5 percent remained free from any further law enforcement involvement, and 91 percent remained free from out of school suspensions. Additionally, 97 percent did not have a critical incident at home or at school that would necessitate a hospitalization and 99.5 percent actively participated in their own goal oriented education plan. FACT reported that 91.5 percent of the children that were at risk for an out-of-home placement were able to return to their own home and 94 percent were able to stay at home through accessing community resources. Eighty-seven (87) percent of the parents reported that they received positive behavioral support plans while 69.5 percent of parents reported that they had developed a greater ability to advocate for their children.

The school-based mental health services provided by Crider staff also had impressive results. Ninety-two (92) percent of the youth were able to achieve at least 75 percent of their treatment goals, 95 percent remained free from any law enforcement involvement, and 100 percent remained in school and free from suspensions.

Ninety-eight (98) 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, 96 percent of the parents reported learning at least two new strategies for coping with stress and frustration.

St. Joachim and Ann Care Services staff worked with families that were homeless or at risk of becoming homeless. Of the families they worked with, 100 percent of the children enrolled in school, 91.5 percent showed improvement in

either physical or emotional development, and 90.5 percent showed improvement in peer interaction and greater involvement in school activities. Most importantly, 87 percent of the families were residing in a stable housing situation within six months of starting services.

United Services for Children saw tremendous gains with the children they serve; 95 percent of the students improved cognitive skills and completed tasks in 80 percent of the opportunities presented, 86 percent improved their compliance to verbal commands with very few repeated prompts over 80 percent of the time, and 80 percent of the children were able to maintain academic skills by completing teacher-directed tasks 80 percent of the time.

Of the cases served by Youth In Need in the Therapeutic Supervised Visitation Program, there was a reduction in anxiety and awkwardness between the children and the parents in 83 percent of the families, the parents were able to incorporate the parenting skills they were being taught in 91.5 percent of the families, parents were able to respond appropriately to the emotional needs of their children in 75.5 percent of the families, and there were no reports of abuse/neglect in 97.5 percent of the cases.. Only 2.5 percent of the families reported domestic violence and there were only 2% of the families where there was a motion to modify to reduce visitation.

The Alliance on Mental Illness-NAMI St. Louis has been providing educational and supportive services to families in the St. Louis region for over 34 years. They are known for their vast knowledge of mental illness and in fighting stigma related to these diseases. Ninety-two percent of the Basics Class participants reported that they gained knowledge about their child's mental illness and learned additional skills to help them cope. Of the parents who attended the support group, 87 percent reported feeling less isolated while 64 percent of workshop participants were reported to be less judgmental of people's mental illnesses.

Nurses for Newborns saw the following results in 2013: 93 percent of the mothers kept their children's immunizations up to date, 85.5 percent accessed additional community resources, and there weren't any cases of suspected child abuse or neglect.

The Foster & Adoptive Care Coalition has been recognized by Time Magazine for their work in resolving crises and connecting children with other family relatives, avoiding foster care. Their practices are recognized as a best practice by the California Evidence-Based Clearinghouse for Child Welfare. Their 30 Days to Family program has a 71% placement rate. In 2013, 100 percent of the families served reported having improved relationships with caregivers and other family members, had less familial stress, and had no out-of-home placements.

Service Gaps

In 2013, there were 30 families that met the criteria for the Partnership with Families (PWF) program that were waitlisted or turned away.

Crider Health Center does not maintain a waiting list for youth needing help through the School Based Mental Health Specialist Program as the schools determine which students qualifies for admittance to the program. However, each of the districts has requested additional mental health specialists. Based on requests from the districts, there are approximately 700 children and youth who are in need of these services. It would take an additional 14 FTEs to meet this demand (3 FTE for Wentzville, 5 for Francis Howell and 4 for Fort Zumwalt, 1 each for St. Charles, and Orchard Farm). Parent Partner services would also be required and it would take 5 FTEs of Parent Partners to support the families of these youth.

While there are specialists in our public schools and crisis counselors in over half of the Catholic elementary schools, no such services exist within the Lutheran schools. In total, there are 817 students in their three elementary schools. Services such as assessments, crisis interventions, individual and family counseling, group therapy and case management could benefit children who are suffering from a mental health problem or crisis. It is estimated that about 10 percent of these children, or 82 youth, would need such help.

The Crisis Nursery identified 27 families with a total of 47 children that sought help in 2013 that they were not able to serve. They have been canvassing neighborhoods in the Wentzville area and educating families about available services through their Outreach Center.

While the economy has made some slow progress, the Care Service has seen a tremendous increase in demand for help. There are 10 families and including 32 children requesting help beyond their current service capacity and on their waiting list.

United Services for Children has a responsibility to the school districts to incorporate and serve children on the autism disorder spectrum and prepare them for kindergarten. As the population of the County grows and the frequency percentage of children born with autism increasing, it is estimated that 25 children with autistic spectrum disorder need an IBIC classroom. Currently, there is not adequate space and staff to serve these children and they have to move children onto regular classrooms in order to serve more.

In addition, United Services for Children is discovering that about 8 of their IBIC children are also suffering from severe mental health disorders and they have received 12 additional calls for help from other daycares. They have begun to explore the development of a full day program (FEEL) where each child would receive individualized instruction based on their needs as determined through an

assessment and a treatment program that would utilize outpatient psychiatry, behavioral, occupational, physical and speech therapies. The goal of this program would be to prepare these children for typical learning classrooms. Through improving their social-emotional issues, their problem-solving abilities, self-regulation and communication skills, they believe they can achieve this goal.

The Family Court and Youth In Need were able to serve 37 families, but they estimate that there are 40 families in the current court system that meets the criteria for the program. If funding is not immediately available, it is difficult to promote the program with attorneys because they don't want to delay proceedings by being placed on a waiting list. They have been unsuccessful in obtaining grant funding from the Missouri Domestic Relations Funds since 2012, which has limited their ability to expand.

There were 37 parents waitlisted for the Basics Class that the Alliance on Mental Illness-NAMI St. Louis offers. The difficulty in scheduling these classes has been because of timing and location convenience.

Currently, there aren't any children on the Nurses for Newborns waiting list.

The Foster and Adoptive Care Coalition did not end up serving as many youth as they anticipated based on demographics and their demand for services in St. Louis County annually. However, the demand has picked up during the first four months of 2014, and based on this new utilization rate, they will not have funding for 9 youth.

Children's Home Society estimated that there are an additional 250 youth in St. Charles County that meet the criteria for their target population based on population size the demand for their services in St. Louis County. However, it is unlikely that this many youth would seek services immediately, so it is estimated that only 42 of these youth would seek help in the next year.

Cost to Fill the Gap

In order to provide PWF services to the 30 youth requesting services beyond the current capacity of the system, it would take \$118,335.50 (30 youth X 23 hours of care coordination on average X \$80.00 per hour; plus 11 youth (36 percent of PWF youth use Family Assistance) X 45 hours of family assistance on average X \$58.00 per hour; plus 30 youth X 6 hours of respite on average X \$8.85 per hour; plus 30 youth X 23 hours of parent partner services on average X \$74.50 or \$32.00 per hour).

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

hour, plus 252 non-Medicaid youth X 23 hours on average X \$74.50 per hour and 448 Medicaid youth X 23 hours X \$32.00 per hour for Parent Partner services).

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

It would take \$6,800.22 to serve the 27 families currently beyond the capacity of the Crisis Nursery to serve with their home-based services (27 families X 14 hours of service on average X \$17.99 per hour).

In order to fund services for the homeless families beyond the capacity of the Care Service, it would cost \$9,400.60 (10 families X 22 hours of service per year (average) X \$42.73 per hour).

To provide additional services to the 25 children at United Services for Children, it would cost \$48,028.00 (25 children X 59 classroom hours X \$17.84 per hour and 25 children X 42 hours of behavioral services X \$20.68 per hour).

To be able to fund the FEEL outpatient day treatment program to serve 8 children with a serious emotional disorder and an autistic spectrum disorder, it would cost \$283,360.00 (8 children X 1,540 hours X \$23.00 per hour.).

In order to serve an additional 40 families in the Therapeutic Supervised Visitation Program, it would cost \$44,000.00 (40 families X 11 hours of service (average length of stay) X \$100.00 per hour).

To expand the Basics group to serve parents who have requested help in understanding their child's mental illness, it would cost \$2,979.00 (5 groups (37 parents) X 6 sessions X \$99.30 per session).

The cost to provide crisis intervention services to 9 adoptive children is \$11,145.60 (9 youth X 12 hours (average length of stay) X \$103.20). To expand the counseling and home based program through the Children's Home Society, it would cost \$161,346.82 (Psychological Assessments for 12 youth X 18 units X \$101.43; Group counseling for 10 youth X 5 units X \$51,53; Home Based services for 12 youth x 48 units X \$153.67; and Counseling for 8 clients X 48 units X \$153.67.

Sources: Children's Home Society, Crider Health Center, Crisis Nursery, 11th Circuit Family Court, FACT, Foster & Adoptive Care Coalition, the Alliance on Mental Illness-NAMI St. Louis, Nurses for Newborns, St. Joachim & Ann Care Services and United Services for Children

Individual, Group and Family Counseling Services

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

St. Charles County's Current Situation

Currently, there are five agencies that provide traditional counseling to children and families within St. Charles County on a sliding scale basis or for free: Catholic Family Services, Children's Home Society, Lutheran Family & Children's Services, the Salvation Army, and Youth In Need. Catholic Family Services provided counseling to 102 children in 2013 at their O'Fallon office while Lutheran Family & Children's Services provided help to 131 children. Salvation Army served 100 parents in their homeless shelter in 2013, which included 84 children. Youth In Need provided counseling to 529 youth last year along with 793 parents, while a new program through Children's Home Society served 12 youth with serious emotional disturbance. In total amongst the five agencies, 858 children and youth received counseling.

Crider Health Center provides a screening program called the Pinocchio Program to young elementary students in kindergarten through 3rd grade to evaluate for emerging behavioral, mental and learning difficulties at four Wentzville elementary schools. In 2013, they screened 3,646 children, found 834 students eligible for services, and provided ongoing services to 250 children. In 2014, the program received additional funding to screen the rest of the elementary children in the Wentzville district, allowing them to screen an additional 400 students and to provide on-going services to 30 more children.

Our Strengths

Each of the funded programs achieved strong results with the families they treated in 2013. Catholic Family Services reported that 92 percent of their youth indicated improved functioning at home and at school, 94 percent reported a reduction in psychological symptoms, and 92 percent achieved their treatment goals. Of the children served by Lutheran Family & Children's Services, 97 percent reported a reduction in psychological symptoms, 100 percent demonstrated fewer behavioral problems at school and at home, and 97 percent reported having fewer conflicts with parents and siblings. At Youth In Need, 77 percent of the youth showed improved individual functioning and reduced emotional and physical symptoms, 84 percent demonstrated an improvement in

academic and employment performance as well as social relationships, and 72 percent demonstrated improved family and parental relationships with fewer conflicts. The families served in the Salvation Army shelter achieved success with 100 percent of the children learning skills for managing stress and anxiety, and 97 percent of the parents learned new parenting skills.

Parents and teachers of children who received Pinocchio services in 2013 reported behavioral improvement at school in 93 percent of the cases and at home in 100 percent of the cases. Ninety-one (91) percent were able to achieve all of their treatment plan goals.

Service Gaps

In 2013, 86 children and youth were turned away from counseling services at our various counseling agencies.

It is estimated that there are 19,500 Kindergarten-3rd grade students in our county that are not being screened for early signs of behavioral, emotional and learning difficulties. With an average of 25 students per classroom, it would take 780 additional classroom evaluation screenings. It is estimated that 22.9 percent of kindergarten through 3rd grade children would need additional support and assistance throughout the rest of the school year through the Pinocchio program. In 2013, the Orchard Farm and St. Charles School Districts wrote support letters requesting that Pinocchio be brought back to their schools.

Cost to Fill the Gap

In order to provide counseling services to the 99 children and youth beyond the capacity of our current providers, it would cost \$58,996.00 (86 youth X 7 sessions X \$98.00 per session (average cost of the four agencies).

The cost to implement the Pinocchio Program to the overall need would be \$1,666,638.00 (780 classroom screenings, plus 5,111 children X 6 sessions X \$53.00). However, given that not all districts are asking for the service, the expansion of this service across the county would take several years, so dividing the total by four would produce a need of \$416,659.50 for the first year.

Sources: Catholic Family Services, Crider Health Center, Lutheran Family & Children's Services, Salvation Army and Youth In Need

Summary Table of Needs, Recommendations and Costs

Services	Need	Children & Youth Directly Impacted	Additional Family Members Impacted	Total Number of Persons Impacted
Temporary Shelter Services	\$144,609.00	57	120	177
Safe Place	\$4,500.00	375	3,323	3,698
Respite Care Services	\$162,713.60	512	1,080	1,592
Services to Unwed Mothers & Teenage Parents	\$44,928.00	4	12	16
Outpatient Substance Abuse Treatment	\$1,241,604.00	252	511	763
Outpatient Psychiatric Treatment	\$155,439.02	242	509	750
Transitional Living Services	\$388,212.00	22	0	22
Crisis Intervention Services	\$86,551.08	323	490	813
Crisis Response Team	\$10,800.00	?	?	?
Prevention Programs				
Sexual Abuse	\$37,702.08	2,223	4,690	6,913
Date Rape Prevention	\$30,975.00	2,065	4,357	6,422
Violence & Bullying	\$136,768.62	6,294	13,280	19,574
Substance Abuse	\$155,473.20	6,232	13,150	19,382
Substance Abuse Counseling	\$216,438.75	135	285	420
Suicide	\$71,932.50	2,875	6,066	8,941
Sexual Integrity	\$49,711.20	3,228	6,811	10,039
Home-Based and School-Based Family Intervention Services				
Partnership with Families	\$118,335.50	30	63	93
School-Based M.H. Specialists	\$2,451,883.00	782	1,650	2,432
Outpatient Day Treatment	\$283,360.00	8	17	25
Homeless Services	\$9,400.60	10	21	31
Supervised Visitation	\$44,000.00	40	84	124
Services to Foster Families	\$172,492.42	87	184	271
Services for Autistic Children	\$48,028.00	25	53	78
Home-Based Aftercare	\$6,800.22	26	55	81
Basics Classes	\$2,979.00	37	78	115
Individual, Group and Family Counseling & Therapy Services				
Counseling & Therapy	\$58,996.00	86	181	267
Pinocchio Program	\$416,659.50	5,111	10,784	15,895
Subtotals excluding prevention	\$6,023,801.09	8,164	19,500	27,664
Totals including prevention	\$6,506,363.69	31,081	67,854	98,935

To determine the **Additional Family Members Impacted** and the **Total Number of Persons Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by the average numbers per family in St. Charles County. According to the 2010 U.S. Census, the average family size for St. Charles County was 3.11. For **Additional Family Members Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by 2.11 (3.11 minus 1 (the identified child)). For the same categories in the Services to Unwed Mothers and Teenage Parents, 3.11 was used as the multiplier because of the new birth.

It is important to recognize that the total figures for unmet needs contain some duplication of numbers. Of the 8,164 youth needing services beyond prevention programming, some of them will need services from multiple categories, and all of them would probably receive at least one of the prevention programs in their schools. There is also duplication in the prevention programming as the anti-violence and sexual abuse programming is for elementary and middle school students, while the suicide and date rape prevention programs target high school students, and the sexual abstinence and substance abuse prevention programs cover both middle school and high school. It is impossible to determine exact figures of unduplicated need, but our figures represent the numbers of children not currently receiving help that have at least requested it, and they allow for universal coverage of prevention programming.

The Larger Impact on the Community

Although the number of people needing services and the number of people within families who would be directly impacted can be determined, the total number of people impacted by these needs not being addressed is much greater and undeterminable. When one thinks about all of the possible contacts a child or youth has, the impact is even more significant. Friends, neighbors, classmates, teachers, principals, church congregations, teammates, classmates in extra-curricular activities and the police are all groups of people that can be adversely affected if these needs are not addressed or favorably affected if they are. It is assumed that if these needs are addressed, that parents will become more productive employees and employers will experience less absenteeism, thereby making a more significant impact on the local business community.

By repairing the broken lives of children and youth now, and by providing additional problem-solving skills through prevention programs to all youth within the County, St. Charles County would be making an investment in their future of our youth and all of our residents. By providing services as problems arise rather than letting them become more ingrained, we can effectively treat children less expensively and without all of the struggles that arise out of an extended course of symptoms. The provision of these additional skills through prevention programming gives children and youth greater abilities to handle the pressures and stresses they face. Through these efforts, there is an investment in the future safety of our schools, our homes, and our neighborhoods, leading to a greater quality of life in our community.

Conclusion

Tremendous progress has been made in the nearly nine years since localized funding allowed St. Charles County to provide valuable mental health and substance abuse services to its children and youth. These successes are the result of the Community and Children's Resource Board's initial vision of increasing the accessibility of services to families in need and their understanding of how a system of care works. However, these results could not have been accomplished if it weren't for the caring and dedicated staff of our partnering agencies who work with families on a daily basis.

Despite these successes, there are over eight thousand St. Charles County children and youth still in need of help with thousands more who could benefit from expanded prevention programming, and rather than resting on our accomplishments, we need to be aggressive in finding new funding sources and/or in building new partnerships to address these needs. With a \$6.5 million shortfall already, we must be able to market the success of our children's system of care and inform other funders about how an investment in St. Charles County youth programs will pay large dividends. We should not be limited by our lack of poverty, but rather we need to demonstrate how we can have an even greater impact with additional funding. Otherwise, continued growth will only expand the needs.

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