

Report to St. Louis County Citizens

Assessing the Need for Children's Services
Projecting the Costs for Expanding Targeted Services
Evaluating the Impact on Our Community



January 15, 2008

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EXECUTIVE SUMMARY

In the spring of 2007, in response to years of reduced funding for mental health and substance abuse services for children and youth and the growing trend of communities looking locally to their own citizens to address these needs, a group of concerned agencies and organizations commissioned an assessment of needs. While it had been widely assumed that the mental health and substance abuse needs were tremendous, the data had never been accumulated. Using state statute RSMO 210.860 as the guide for the service categories, it was discovered that over 12,000 St. Louis County children and youth in need of services were going without help! In addition, local agencies were only providing a hit or miss patchwork of school-based prevention programs that left over 151,000 children and youth without beneficial programming.

Neighboring counties such as St. Charles, Jefferson, Lincoln and the City of St. Louis have recognized this growing gap in services, and have responded by passing local tax measures to support children's services. These efforts are paying huge dividends, as the services are highly successful, and are beginning to make an impact on crime rates, school performance, child abuse, business productivity, and healthcare. Whereas state government and the United Way were seen as the saviors in providing mental health services, communities now need to look for consistent local funding streams to address the ever growing mental health and substance abuse treatment needs.

Since mental health and substance abuse services are not mandated by federal and state governments, there are frequent threats to available funding. In 2004, due to governmental changes and budgetary constraints, the St. Louis County Department of Health stopped providing mental health services to the 1,800 individuals it had been serving. This decision, although difficult, left these adults and children without the services on which they had been depending. In response, BJC Behavioral Health, Catholic Family Services, Jewish Family & Children's Services, Lutheran Family & Children's Services, and Provident Counseling developed the Family Mental Health Collaborative (FMHC) in order to address the needs of these people and to fill in some of the gap. The Department of Health was impressed with this development, and has contracted with the collaborative to provide services. The collaborative has been able to provide services at a reduced cost so that many of the families are able to continue services and they are having strong clinical success, with 82% of the clients receiving psychiatric services improving and remaining compliant with their medication.

This report is St. Louis County's first attempt to capture the mental health and substance abuse treatment needs of its youth. It endeavors to capture what is currently being accomplished, and by looking at agency data and outside sources, determine how many children and youth are in need of help beyond the capacity of the current system of providers. While the overall needs are probably greater than this study would indicate, this study does consider likely penetration rates as not all families in need of help will ask for it. Communities where local

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children's services funds already exist conduct these assessments every two years, and adjust accordingly.

This report may be used by local agencies to pursue grants, and will be utilized in the consideration of a local tax measure. The cost of not addressing these needs will hit St. Louis County citizens one way or another. By providing preventative programming and local services, more expensive alternatives such as foster care, long-term residential treatment, and incarceration can be avoided and reduced. In addition, most people tend to think that the need represents only a small pocket of people and that it doesn't affect their own families, but with the overall impact being 495,162 children and family members, we are looking to impact nearly one out of every two St. Louis County residents! Whether a tax campaign is successful or not, it is the hope that the needs of young people will become a higher priority to the St. Louis County community.

What This Study Measures

Missouri State Statute RSMO 210.860 was used 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 to help ensure healthy pregnancies and births
- Outpatient chemical dependency treatment
- Outpatient psychiatric treatment
- Transitional living program services
- Crisis intervention services
- Prevention programs
- Home-based and school-based family intervention programs
- Individual, group or family counseling and therapy services

The most current statistics were accumulated for this study, with most of the statistics reflecting data from 2006. When service data was unavailable, State data or data from neighboring counties were 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. Louis County region:

- Descriptions of services and programs available to children and youth
- Service capacity
- Number of St. Louis 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. Agencies within the County boundaries as well as agencies in neighboring communities that provide services to St. Louis County youth were used as resources for the data accumulated for this study. While St. Louis County has a large number of private practitioners, it was felt that information from our local agencies was adequate to provide a full analysis of need. The following agencies provided data for this assessment:

- Behavioral Health Response (BHR)
- BJC Behavioral Health
- Boys and Girls Town of Missouri
- Catholic Family Services
- Child Center-Marygrove
- Children's Home Society
- Community and Children's Resource Board of St. Charles County
- Cooperating School Districts
- Crider Health Center
- Edgewood Children's Center
- Epworth Children & Family Services
- Evangelical Children's Home
- Family Advocacy and Community Training (FACT)
- Family Resource Center
- Good Shepherd
- Jewish Family and Children's Service
- Kids in the Middle
- Kids Under Twenty-One (KUTO)
- Life Crisis Services
- Lutheran Family and Children's Services
- Mental Health Association of Greater St. Louis
- Missouri Baptist Children's Home
- Missouri Kids Count
- Missouri State Department of Social Services
- Missouri State Highway Patrol
- National Council on Alcoholism and Drug Abuse (NCADA)
- Nurses for Newborns
- Our Lady's Inn
- Our Voices Our Choices
- Preferred Family Healthcare
- Progressive Youth Center
- Provident Counseling
- Presbyterian Children's Services
- St. Louis ARC
- St. Louis Crisis Nursery
- St. Louis Family Courts
- Salvation Army
- Villa Maria Center
- Wyman Center
- Young Women Christian Association (YWCA)
- Youth Emergency Services (YES)
- Youth In Need (YIN)

Factors Impacting Funding of Services

The overall need determined by this study is influenced by several factors, including the large population base of the county and reduced state and local

funding due to budget deficits, a sluggish economy and fewer donations. Each of these factors will be expounded upon in further detail below.

Population Size

St. Louis County by sheer numbers has the largest child population in the state of Missouri with 2006 census projections of 233,119 children and youth. It surpasses Jackson County, the 2nd largest, by over 65,000 children. By applying national averages for the incidence of mental illness and substance abuse to our population, the need is going to be larger than in any other community. Funding, however, is not always based on volume. While St. Louis County is viewed as a community with multiple resources, both in terms of provider agencies and finances, smaller communities with fewer providers receive state resources greater than their population base in order to increase the number of resources. In this way, in spite of greater accessibility to a greater variety of services than smaller counties, the huge child population is a great contributor to the large unmet need.

Reduced Local Funding

In 2004, as mentioned in the Executive Summary, St. Louis County government made the difficult decision to severely cut back funding for mental health services. At one point, it appeared that thousands of people who depended on the County for mental health assistance would be left to fend on their own. Without medication and supports, it was likely that other things like crime and suicide would have been on the rise. Fortunately, a group of local providers including BJC Behavioral Health, Catholic Family Services, Jewish Family & Children's Services, Lutheran Family & Children's Services, and Provident came together to create the Family Mental Health Collaborative. They created a centralized intake system, and together they were able to maintain services for many of the families by contracting with the Department of Health at a more cost effective rate.

State Deficits and Cutbacks

The State of Missouri went through a number of budget deficits during the early 2000s. For a variety of reasons, both on the revenue side as well as the expenditure side, the budget was tight and each year there was a threat to drastically cut funding for mental health services. Given that many of the other budgets for the state are mandatory, (education and corrections), and some are designated (natural resources), mental health services always appeared on the chopping block as it was neither a designated or mandatory budget item. With lobbying efforts, services either remained flat or the cuts were made less severe. Even though the state budget is no longer in crisis, increased revenues are not necessarily making their way back into the mental health and social services budgets.

Continued revenue shortfalls and other spending priorities during 2004 and 2005 led the State legislature and the Governor's office to prioritize Medicaid cuts during the 2005-06 fiscal year. Claiming that costs were spiraling out of control and that fraud within the system was rampant, the State raised the income

eligibility requirements, which led to cutting the number of adult recipients. Additionally, they added premiums and co-pays, which have forced many Missourians to drop their coverage. While children's services were not the target of these cuts, children were ultimately affected as many families did not re-enlist due to the higher premium costs, thereby eliminating children from the ranks of the insured. To add to this situation, given that reimbursement rates for physicians and therapists for children with MC+ are so low, these providers are not accepting new clients. These reimbursement rates make services unavailable even though children technically have insurance. While this year's State's financial picture is better, state funding for mental health services has remained constant. Corporate giving, United Way funding and donations have remained basically flat, or in some cases reduced, over the past two years due to a sluggish economy.

Temporary Shelter Services

This section describes the need for, and availability of, temporary shelters that can provide services for abused, neglected, runaway, homeless or emotionally disturbed youth for up to thirty days. Temporary shelters provide a safe haven for children and youth who face these difficult and even dangerous situations. Many of these youth have exhausted their resources, and can no longer “couch hop” with friends and their families, leaving them vulnerable and reliant on their own defenses. Left on the street, these youth often turn to crime in order to eat, and they are often at great risk of being victims of an assault themselves. This situation is particularly risky for female youth who can become victims 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. Louis County’s Current Situation

In 2006, there were 9,112 active missing juvenile cases in the State of Missouri reported as runaways by local law enforcement agencies. This figure represents a 17.3 percent decrease since 2003. Of the total reported as runaways, 1,845 juveniles resided in St. Louis County, a figure that has remained relatively flat. This figure, however, accounts for 20.2 percent of the total number of runaways in the state. Given that St. Louis County has only 17 percent of the state’s youth population, youth running away from home is occurring at a greater rate in St. Louis County than statistics would indicate.

In 2006, the St. Louis County Family Court had referrals on 2,299 minors for juvenile status offenses, which include runaway incidents, truancy and curfew violations, a decrease of 9.1 percent since 2005. In addition, 5,328 minors were referred with juvenile crimes ranging from petty theft and vandalism to serious felonies such as assault, robbery, rape and murder, a decrease of 7.7 percent from 2005 (Juvenile Court Statistics, St. Louis Family Court).

Our Strengths

Within the St. Louis County region, there are three providers of temporary shelter services: Youth Emergency Services, Missouri Baptist Children’s Home, and Youth In Need. Amongst the three agencies, there are a total of 39 beds. Each of these agencies provides a safe and supportive environment that acts as a stabilizing factor for youth who have often been the victims of abuse, neglect or crime. Professional counseling is provided by caring therapists based on the needs of the youth, with individual, group and family counseling available to all who seek help. By addressing the conflicts at home, the hope is that the underlying issues that led to the youth running away from home will be alleviated, and that the family will experience fewer crises. Youth often learn to handle

conflicts that occur in the shelter with other youth, and so the shelter experiences can be utilized to develop better problem solving skills.

How St. Louis County is in Trouble

While all of these agencies serve youth from St. Louis County, they also treat youth from neighboring counties such as the City of St. Louis, Jefferson County, St. Charles County and Lincoln County. While appropriate, this practice diminishes their overall capacity to serve the number of youth that have runaway from St. Louis County homes. In 2006, of the 1,845 youth who ran away, area shelters only provided services to 331 youth, leaving 1,514 youth to fend for themselves. With an average length of stay of 16.8 days, an additional 69 beds would be necessary to meet the need. Given that current providers have facilities with at least 12 beds, six new facilities would be needed. Geographically, they would need to be spread out between North County, West County and South County.

Additionally, because youth who run away most often seek shelter from friends, and then when they wear out their welcome are left to fend for themselves on the streets, it makes sense to set up Safe Place locations across the county. Employees could be trained at these locations in how to handle runaway crises and could make referrals to the shelter providers. Currently, Youth In Need has set up 84 Safe Places locations all across St. Louis County. By setting up an additional 100 locations, there is an increased likelihood that youth would receive services at an earlier point, therefore reducing the risk of crime and abuse.

How St. Louis County Can Make a Difference

The cost of providing shelter services for the remaining 1,514 youth would be \$4,169,846.69. (1,514 youth X 16.8 days (average length of stay) X \$163.94 per day) In addition, \$422,557.40 would be needed for counseling services. (1,514 youth X 5 sessions (average) X \$55.82 per session) These costs do not include the cost of building facilities or of renovating existing homes or buildings. In addition, to set up 100 locations across the county as a Safe Place, the cost would be \$116,137.00. (100 locations X \$1,161.37 per training) The total for all of these services would be \$4,708,541.09

(Missouri Baptist Children's Home, Youth Emergency Services, 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. In many cases, extended respite can keep children out of the court and child welfare system, which can be extremely expensive. Respite care services are the most requested services of this population.

St. Louis County's Current Situation

According to the 2005 Missouri Child Abuse/Neglect report from the Department of Social Services, there were 4,638 hotline calls of suspected child abuse and neglect within St. Louis County. This figure represents 6,571 children and youth. Of those 4,638 reports, abuse and neglect was substantiated within 436 of them, representing 562 children. Physical abuse made up 46.56% of the substantiated cases, with neglect making up 32.34% and sexual mistreatment making up 27.06% of the cases. An additional 2,680 cases, or 3,880 children, were referred for a family assessment because family circumstances suggested a higher risk for further reports of child abuse and neglect.

Additionally, there are other major family risk factors among St. Louis County residents that include:

- A high divorce rate; 52.0 percent of parents in the County are paying child support in the state system
- Poverty; 27.0 percent of the children's population is enrolled in Medicaid (up from 22.3 percent in 2001)
- Mental illness; 3,941 children were receiving public mental health services for a serious emotional disturbance (SED) (this figure is about 50 percent higher than the figure receiving services in 2001)

(Missouri Kids Count 2006)

These risk factors contribute to family instability, an increased risk of child abuse and an increased risk of an out-of-home placement. A large majority of these risks can be prevented if only respite care was available to these families during times of intense emotional, medical and financial distress.

There are five agencies within St. Louis County that provide respite care services: the St. Louis Crisis Nursery, BJC Behavioral Health, St. Louis ARC, Lutheran Family and Children's Services and Children's Home Society.

The St. Louis Crisis Nursery is the area's largest respite care provider in the area. They have 10 beds available for children birth to 11 years of age, and in 2006, they provided services to 1,588 children. This figure was a 15 percent increase over 2005. At the same time, they had to turn away 1,131 children. BJC Behavioral Health provided respite to 19 children in 2006, but fortunately did not have to turn away any families from services. St. Louis ARC provided respite to 245 children in 2006. Their services are provided in the family's home or in the home of the respite care worker. Respite stays average about 10 days per year.

Lutheran Family & Children's Services provides respite to children and youth for longer periods of time, usually when parents are unable to care for their children such as long term medical and/or mental health treatment. In 2006, they served 25 children with an average length of stay of 31 days. This type of respite frequently prevents children from entering the child welfare system. Unfortunately, they were unable to provide services to 130 children in 2006.

Children's Home Society provides long-term care and short-term respite care services to children and youth who have severe developmental and physical disabilities. In 2006, they provided respite services to 30 children, all referred through the Productive Living Board (PLB). There weren't any children turned away from respite services by the agency, or other children on the PLB's waiting list for respite.

Our Strengths

The St. Louis Crisis Nursery provides a safe, loving environment for children whose families are in crisis. They have a high rate of success with 99 percent of their children avoiding child abuse and neglect, and with 99 percent of the families remaining intact. They provide a large number of supports to parents on an ongoing basis that help parents avoid future crises. Lutheran Family & Children's Services steps in should situations call for extended periods of time of respite. If a single mother has an extended hospital stay or treatment program, they can leave their child in extended respite care, and avoid state funded foster care. Children's Home Society's (CHS) services are unique in serving children with extreme physical problems. These children can wear parents down and monopolize their time, which prohibits them from being able to spend time with their other children. In these cases, CHS can provide temporary help which enables families to remain intact.

How St. Louis County is in Trouble

By adding together the total of children in St. Louis County with substantiated child abuse, the number of children where preventative services are indicated, and the number of children where a family assessment was completed, there are 4,640 children in need of services. With a capacity of current providers to see only 1,907 children, 2,733 are left without help. By neglecting this population, we leave them alone and unprotected and with the risk that abusive behavior will be perpetrated within these families for generations to come.

How St. Louis County Can Make a Difference

While the total number of children being currently turned away amounts to 1,441, these services are often unknown to many families who could benefit from these services. It would be wise to have enough funding to meet the anticipated need of 2,733 children as agencies will be better able to market their services to the public once funding becomes available. The total cost for respite services would be \$1,857,140.88. Based on current demand statistics, the breakdown of need would be as follows: the Crisis Nursery would be projected to see 2,145 of these

children. With an average length of stay of 36 hours and a cost of \$10.18 per hour, their unmet need would cost \$786,099.60 to fill. Lutheran Family & Children's Services would be projected to see 246 of the 2,733 children who would need respite services. With an average length of stay of 31 days and a cost of \$80 per day, their unmet need would cost \$610,080.00. To fund services for the 342 children and youth projected to be seen by St. Louis ARC, the cost would be \$460,961.28 (342 youth X 234 hours (average length of stay) X \$5.76 per hour).

(BJC Behavioral Health, Children's Home Society, Lutheran Family & Children's Services, St. Louis ARC, and the St. Louis Crisis Nursery)

Services to 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. Louis County's Current Situation

There are a number of agencies providing teen mother programs for St. Louis County that include Child Center-Marygrove, Family Resource Center, Good Shepherd, Lutheran Family & Children's Services, Missouri Baptist Children's Home, Nurses for Newborns, Our Lady's Inn, and Villa Maria Center. These services range from residential programs to parent education services to post-partum nursing services.

In 2006, Lutheran Family & Children's Services provided services to 110 young St. Louis County women under the age of 19, providing home and community-based services. Our Lady's Inn provided services to 28 St. Louis County teen mothers at their sites in the City of St. Louis and in St. Charles County. Missouri Baptist served 17 young women in their residential program with 60 girls receiving assistance through their in-home services. The average length of stay for the girls in the group home program is 80 days. Additionally, girls are provided with counseling and parent education while in the program. Child Center-Marygrove provided assistance to 12 girls in 2006 with the average length of stay at 18 months. Good Shepherd, which includes Villa Maria Center, worked with 39 girls. Nurses for Newborns, who provides skilled nursing services to mothers in their homes, saw 111 teen parents with high risk situations in 2006,

but had to turn away 160 teen mothers from services due to a lack of funding. The Family Resource Center provided 85 teen parents with mentoring services during 2006 during their pregnancies as well as after their deliveries.

In St. Louis County, the following trends have occurred:

- The number per 1,000 births of births to teen mothers dropped from 28.1 percent to 26.5 percent since 2000, with a total of 935 live births to teen mothers in 2006.
- The percent of births to mothers without a high school diploma dropped 0.7 from 2000.
- The percent of low birth weight infants increased by 9.0 percent since 1999.

These statistics indicate that fewer teenagers are getting pregnant, and/or having abortions, but that those adolescents who are carrying their babies to term are having less healthy pregnancies and births.

Our Strengths

The agencies providing teen parent services offer a wide range of services. Services can be provided early in the pregnancy in order to teach healthy habits and connect these young ladies to medical and nursing care thus enabling them to have improved pre-natal care and decrease the likelihood of premature births. Parent education is provided during the pregnancy as well as following the birth so that these young parents learn appropriate ways of responding to their children and therefore reducing the likelihood of child abuse and neglect. In addition, because many teenage mothers are abandoned by their families, they need a safe place to live. These residential programs are designed to provide a safe and supportive environment with the goal of independence. Nursing services are also available to teen mothers who have had high-risk births or when there are other high risk factors such as poverty and chemical dependency. Assistance is offered so that these young women can complete their high school education, find employment, and find child care.

How St. Louis County is in Trouble

Existing resources are only able to reach 462 teenage parents (96 in residential and 366 in their homes or in the community); however, with 935 live births to teenagers last year, 473 teenage parents may have gone without any services. It is difficult to determine how many of these young girls seek appropriate medical care throughout their pregnancy, have medical insurance to cover the costs, and have supportive families that will help them during the pregnancy and after the birth. Given adolescents' general level of denial and avoidance of problems, particularly in terms of keeping a pregnancy a secret for as long as possible, it would be reasonable to assume that 60% of all teenage pregnancies that are taken to term would need some form of assistance and that it would be prudent to have parent education for all new parents to be. Applying this Report to St. Louis Co. Citizens, January 15, 2008

percentage to the 473 teen parents that didn't receive help from the service providers, there would be 284 teen mothers who would need some level of help. This figure includes needs beyond the 160 mothers turned away from Nurses for Newborns. Additional funding would also be necessary to provide education for all young mothers, as well as a certain percentage of young fathers.

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

- \$15,000 per teenage parent on public assistance per year
- \$25,000 per infant or child who is abused and/or neglected and requires an out-of-home placement
- \$15,000 in healthcare costs for each pregnancy, delivery afterwards

By providing enough supports for these young women and their children, we can prevent welfare enrollment and child abuse.

How St. Louis County Can Make a Difference

In order to provide services to the estimated 284 pregnant teenagers who might benefit from prenatal and parent education services, or need residential services, the cost would be \$1,698,479.00. This figure is based on current percentages of usage (20 percent residential and 80 percent supportive services). Residential costs would equal \$1,567,500.00 (57 teen mothers X 250 days (average length of stay) X \$110.00 per day (average cost)) and supportive services would cost \$130,979.00 (227 teen mothers X 10 sessions (average length of stay) X \$57.70 per session (average cost))

(Child Center-Marygrove, Family Resource Center, Good Shepherd, Lutheran Family & Children's Services, Missouri Baptist Children's Home, Nurses for Newborns, Our Lady's Inn, and Villa Maria Center)

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. Others will 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. Louis County's Current Situation

Currently there are no outpatient substance abuse facilities within the borders of St. Louis County that serve youth who do not have insurance coverage. In the past, hospitals such as St. Anthony's and St. John's Mercy and Provident Counseling had adolescent outpatient programs, but due to funding issues, these programs have fallen to the wayside. Preferred Family Healthcare operates two outpatient facilities in neighboring St. Charles County, which provided services to 126 St. Louis County adolescents and their families in 2006. New Beginnings, a facility located in the City of St. Louis, served 134 St. Louis County youth in 2006, and Comtrea, the community mental health provider for Jefferson County, served 325 youth during the same time period. In total, 585 adolescents received outpatient substance abuse treatment. While these families were able to receive the benefits of their programming, these facilities are not very accessible for many St. Louis County families, and parental involvement is crucial to the success of treatment.

Our Strengths

Preferred Family Healthcare is a C-STAR provider of substance abuse treatment for the state of Missouri. They have the ability to provide the full array of treatment options from evaluations and counseling to intensive inpatient services. They possess a highly professional staff that is well trained and they have a high rate of clinical success. New Beginnings and Comtrea both have excellent reputations for providing substance abuse services and offer a full array of assistance.

How St. Louis County is in Trouble

It is always preferable to use local data in determining need. Applying state data to local areas in all likelihood will not accurately reflect usage in specific geographic areas. Other studies that have been conducted to determine substance usage have consistently found that areas with high poverty as well as areas of higher economic status possess the highest consumption of alcohol and

other drugs. Based on these findings, it is a likely assumption that St. Louis County would have higher rates than the state average.

Other Needs Assessments from neighboring counties have utilized data from local school districts' Safe and Drug Free Schools grants to determine overall need for services. Youth self-report their usage of various drugs and alcohol consumption using an online survey. While there are some flaws in utilizing this tool including who completes the survey, bragging and minimizing, this tool provides our best source.

Numerous attempts were made over a two-month period to accumulate data from each of the 23 school districts in St. Louis County and through the Department of Elementary and Secondary Education. The Department was unwilling to provide a report and only several districts responded to our requests. The result was that the data received was insufficient to determine an overall need. While one could speculate about why the districts were less than responsive, it will certainly benefit the authors of future assessments to develop better relationships with the districts in an attempt to garner the needed information.

Given that the corresponding data from neighboring St. Charles County was available, and that economic indicators of the two counties are very similar, this study utilized St. Charles County data and applied it to the St. Louis County youth population. The following tables provide percentages of usage of alcohol and other drugs for 8th grade to 12th grade students. While there are younger children who use and abuse alcohol and other drugs, statistically it appears that problem usage begins about the 8th grade. Preferred Family Healthcare provided assistance in translating usage patterns to whether treatment was necessary or not, and if it was, at what level of intensity.

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 is used for the calculations. Based on 2005 population rates for St. Louis County, that average is 13,009 adolescents per age. Applying this average to the percentages of usage and using the assumptions mentioned above, it was determined that there are 7,630 youth whose usage would indicate a level that would be best addressed and would benefit from intensive outpatient treatment services,

The next table gives percentages of youth who binge drink at least five drinks at one sitting. This type of drinking can be equally, if not more destructive as regular usage, and has lead to a greater incidence of alcohol poisoning and automobile accidents.

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 13,009 youth per age, the total number of youth who binge and would benefit from intensive outpatient treatment is 4,098. 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 percent. Therefore, applying the remaining percentage of 20% to the above total of 4,098, there are an additional 820 youth who binge only and would be best treated in an intensive outpatient modality. Adding this total to the 7,630 youth listed previously, the total of youth from the 8th through 12th grades in St. Louis County who would benefit from outpatient substance abuse treatment services is 8,450.

According to Preferred Family Healthcare, there is also a small percentage (approximately 2%) of youth who abuse marijuana only and seek treatment. 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 St. Louis County in this category is 7,753. When that number of youth is multiplied by 2 percent in order to determine demand, an additional 155 youth are 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 +

Based on earlier assumptions, there are 2,016 youth of 8,430 youth needing treatment that are also using cocaine and 3,519 youth who are also using other illegal drugs.

In sum, the calculation of need is as follows: 7,630 youth who abuse alcohol on a regular basis plus 820 youth who only binge and 155 marijuana users for a total of 8,605 youth in St. Louis 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 8,605 youth who are using drugs and alcohol that intensive outpatient treatment would be the appropriate response, the actual demand for these services would be much less. Very primitive defense mechanisms such as denial, projection and minimization used by adolescents as well as their parents will reduce the number who will request these services even if funding was available to build to capacity.

In addition to factors that reduce the actual demand for services, some of these youth have insurance that will cover these services. While some form of medical insurance covers approximately 88% (12% uninsured) of Missouri youth, not every family with insurance has coverage that pays for substance abuse treatment. Using the penetration rates of St. Charles County, 20% of the youth that need help will seek help. Based on this calculation, it can be assumed that 1,721 will seek help each year.

How St. Louis County Can Make a Difference

The average length of stay amongst the three agencies is seven months. This course of treatment generally includes at least two months of aftercare, and allows enough time for adolescents to begin building non-using support systems outside of treatment. The average cost for providing this seven month course of treatment is \$7,450.00. By removing the 585 youth who can be seen with current capacity, there are 1,136 youth in need of help. The cost of providing these services is \$8,463,200.00 (1,136 youth X \$7,450.00 per episode of treatment (average cost of 3 agencies)).

(Comtrea, New Beginnings, 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 the initial assessment and on-going medication management by a psychiatrist, but can also involve a number of other supports including nursing, and laboratory tests. Without these services, many children are unable to

function at school, at home and in the community, and there is an increased risk of acting out, juvenile delinquency, and suicide. Additionally, these services can make it possible for other types of counseling services to work more efficiently.

St. Louis County's Current Situation

Whereas several years ago, there were more non-profit agencies that provided psychiatric services for children, there are only two organizations that currently do: BJC Behavioral Health and Catholic Family Services. Generally, there is a shortage of board certified child psychiatrists even in private practice, with even fewer of them willing to take children and youth with MC+ because the reimbursement rate is low compared to cost and the no-show rate is high for this population.

BJC Behavioral Health provided outpatient psychiatric services to 504 children and youth in 2006, but had to turn away 2,376 youth due to limited availability of hours and funding. Catholic Family Services served 200 children and youth in 2006, but they turned away 75 youth. Both agencies provide supportive and nursing services to help with medication management and with collateral contacts.

Our Strengths

Both agencies provide psychiatrists who are licensed, trained and specialize in the practice of children. Care is coordinated with the other providers working with the family. These agencies are getting strong clinical results, particularly with medication compliance and a reduction in symptoms.

How St. Louis County is in Trouble

The biggest issue with psychiatry is a shortage of board certified child psychiatrists in the St. Louis region. While St. Louis is not unique in this situation as the field is not attracting upcoming physicians as other specialties are, it remains an issue nonetheless. Additionally, there was a tremendous push to enlist children in the Medicaid-MC+ program over the past seven years, but many psychiatrists do not take MC+, and those physicians who do are not taking new patients. The reimbursement rate is just too low.

While 704 children and youth received outpatient psychiatric services through BJC and Catholic Family Services, 2,451 children were referred out. Since this figure probably includes some duplication of clients referred and seen by the two agencies, and some clients who were absorbed by psychiatrists in private practice, it is assumed that only 60 percent of the number referred out by these agencies is a truer reflection of the unmet need.

How St. Louis County Can Make a Difference

The cost to provide outpatient psychiatric services to the 1,470 children and youth requesting these services is \$1,852,200.00 (1,470 children X 9 sessions (ave.) X \$140.00 per session). Additionally to provide nursing and supportive services to these children, it would cost \$493,920.00 (1,470 children X 6

sessions X \$56.00 per session). The total for all of these services would be \$2,346,120.00.

(BJC Behavioral Health, Catholic Family Services)

Transitional Living Services

In order to develop independent living skills and become productive adults, homeless youth require more help than just housing assistance. They need counseling services, assistance with utilizing community resources in job training and education, and life skill training and development (National Network for Runaway Youth Services; U.S. Department of Health and Human Services, Administration for Children, Youth and Families).

Counseling and related services as part of a transitional living program helps to successfully support and reintegrate 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. Louis County's Current Situation

There are six agencies that offer transitional living programs to at-risk youth; five within the county's borders and one in neighboring St. Charles County. In 2006, Epworth Children and Family Services provided services to 67 youth; Missouri Baptist Children's Home provided services to 94 youth; Presbyterian Children's Services served 15 youth; Evangelical Children's Home saw 41 youth, and Child Center-Marygrove provided help to 46 young people. Youth In Need, located in the City of St. Charles, provided transitional living services to 15 residents of St. Louis County in 2006. In total, 278 youth were provided housing and assistance from the five agencies. At the same time, these six agencies had to turn away 462 youth.

Our Strengths

Each of these programs offers a stable temporary housing environment for youth 16 to 18 years of age. A large majority of these youths have been kicked out of their homes, have run away, and have been living on the streets. These programs offer professional guidance to help youth complete their high school degrees or equivalent, locate employment, and develop necessary life skills such as cooking and money management that will allow them to become successfully independent.

How St. Louis County is in Trouble

While able to provide services to 278 county youth, 462 youth were turned away because bed space did not exist. It is unclear how many of these youths were turned away from multiple agencies, but given that each of these agencies is Report to St. Louis Co. Citizens, January 15, 2008

unwilling to just turn down a youth out of hand without a referral and because this figure probably represents a group of young people highly motivated for help, our best guess estimate of the number of unduplicated youth is 40 percent. Applying that percentage to the number turned away, we estimate 185 youth would need help beyond the current system capacity.

How St. Louis County Can Make a Difference

The total cost of providing transitional living programs to these 185 youth would be \$5,342,385.60 (185 youth X 288 days (average length of stay) X \$100.27 per day (average cost of providing services amongst the four agencies)). By providing housing, support and guidance, we increase the likelihood of these youth becoming independent as well as taxpayers, and it costs less the cost of incarceration. The majority of the transitional programs are currently in the central and northwest portions of St. Louis County. In order to provide services where the gaps are geographically, it would make sense to locate transitional living programs in the north, west, and southern regions of the County.

(Child Center-Marygrove, Epworth Children & Family Services, Evangelical Children's Home, Missouri Baptist Children's Home, Presbyterian Children's Services and 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 or suicide, 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. Louis County's Current Situation

Two agencies, Life Crisis Services and Behavioral Health Response (BHR), offer crisis hotlines for emergencies of the general public 24 hours a day, 365 days per year. A part-time adolescent crisis hotline for adolescents is available through Kids Under Twenty One (KUTO), and they handled over 1,500 crisis calls from adolescents in 2006. In total, over 202,000 crisis calls are handled by these agencies every year. Behavioral Health Response is a partnership of numerous local agencies that support BHR and make available appointments for families in crisis. BHR will send a trained professional to the location of the person in crisis, assess the need for hospitalization, and will set up immediate appointments with

partnering agencies. If the crisis can be dissipated over the phone, both Life Crisis and BHR can make referrals to a large number of other resources.

Catholic Family Services provided crisis intervention services for 600 St. Louis children and youth in 2006, and has a crisis response team already formed specifically trained to respond to crisis situations anywhere in the County.

Our Strengths

Each of these agencies operates a 24 hour, 365 day per year operation where youth and adults can call toll free from anywhere in the St. Louis region. Trained professionals can alleviate many of these crises, and connect these families to the appropriate resource. Kids Under Twenty One (KUTO) uses trained adolescents to handle crisis calls so that teenagers in crisis have someone their own age with whom to talk. In the past, crisis teams have responded to flooded communities and helped students handle such crises as a fellow student's death or the sexual abuse of students.

How St. Louis County is in Trouble

Catholic Family Services had requests from other parochial schools to provide crisis intervention services in the schools. Current funding does not allow them to expand and, based on these unmet requests, 120 students are going without their services. At the same time, while it is difficult to predict when a crisis will occur or how many will occur in a given year, it is best to be prepared. Trained crisis team members are available to respond to any crisis, but most agencies do not budget for these costs. Funding these specialists becomes the problem.

It is also estimated that, based on completed suicide rates, suicide attempts of Missouri adolescents and the population base of St. Louis County, 674 youth would attempt suicide in such a way that an emergency room visit would be warranted. It is further estimated that 25 percent of these youth could benefit from supportive group therapy, beyond individual, family and psychiatric therapies.

How St. Louis County Can Make a Difference

The cost to expand school based crisis intervention services in the parochial schools would be \$30,000.00 (120 children X 2 sessions X \$125.00 per session).

The cost of providing professional support to families and other affected parties, including schools in the face of a traumatic event, can range from \$700 to over \$10,000 per intervention (8 hours x \$125.00 per hour = \$1,000; a tragedy impacting a whole school equals 5 staff x five days x \$1,000 per day = \$25,000). In order to handle a number of crises or traumatic situations, reserves need to be created which can be used in emergent situations to provide crisis supports. Based on population size, it is best to plan for 9 interventions. If two of the interventions are a week long and the other seven are two days long, the cost of providing funding for a crisis response team, is \$64,000.00.

The cost of providing group therapy to the 186 youth who survived suicide attempts would be \$44,640.00 (186 youth X 16 sessions X \$15 per session).

(Behavioral Health Response, Catholic Family Services, Kids Under Twenty One and Life Crisis Services)

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's existing strengths, while teaching new skills that enable them to handle various difficulties. General prevention programs teach skills that can be used to handle multiple issues while other prevention programs focus on specific problems.

Prevention programs are extremely cost effective as well as effective in circumventing other problems. They do, however, need to be provided to all children so that there is a consistency of skills and message, and they need to be presented at an age before the youth has to face the challenge. In addition, it is important to "inoculate" youth more than once. The need for on-going prevention would be particularly important concerning alcohol and drug usage. It is hoped that all children in the County could have skills to avoid alcohol and drug usage, sexual abuse, sexual harassment and rape. In addition, every child needs to learn skills in order to handle conflicts without violence, and they need to value themselves enough so as not to take their own lives. The development of these skills needs to occur at the elementary level, but it is also important to assist high school students who are at risk of dropping out.

St. Louis County's Current Situation

Currently, school based prevention programs are being provided in each of the four areas mentioned above. Sexual abuse prevention is being provided by Jewish Family and Children's Service and by the YWCA. Alcohol and substance abuse prevention is being provided by the National Council on Alcoholism and Drug Abuse (NCADA), while violence and bullying prevention is being provided by Progressive Youth Center, Catholic Family Services and Lutheran Family & Children's Services. The Wyman Center works with high school students through their Teen Outreach Program (TOP), preventing school failure and teen pregnancy. The Mental Health Association and Kids Under Twenty One (KUTO) provide suicide prevention curriculum with the Mental Health Association training faculty while KUTO works with the children.

Both Jewish Family and Children's Service and the YWCA provide age appropriate sexual abuse prevention curriculum to children from ages 4 to 18. They are present in every one of public school districts as well as a number of

private schools and daycare facilities. Both organizations respond to the individual needs of the districts and the grade levels that receive services varies per district. In 2006, Jewish Family and Children's Service provided their curriculum to 14,937 children through 786 program sessions. In the same time period, the YMCA provided services to 2,643 elementary school children, 2,357 middle school and high school youth and 181 children involved in social services. In total, 20,118 children and youth received sexual abuse prevention services in 2006.

Progressive Youth Center provided violence prevention programming to 3,000 students, K-12, in 2006. They, however, provided these services to students in the County, St. Louis City, St. Charles County and in Illinois, and they do not have a breakdown by county. Catholic Family Services provided violence prevention services to 675 students within five parish schools in St. Louis County with current funding. They provide the same services in nearby St. Charles County, and are getting strong clinical results with a large reduction in the number of children being expelled for violent behavior. Lutheran Family & Children's Services provided similar programming to 315 students in St. Louis County with their current funding. With a best guess estimate of 2,000 students served through Progressive Youth Center, there are only 2,990 students benefiting from this type of curriculum in the entire county. These figures do not allow for repeated exposure to the skills training that is necessary for young children to have in order to incorporate into real life situations that they face.

The Wyman Center has been providing a nationally recognized program called the Teen Outreach Program (TOP) with the city of St. Louis for a number of years. It targets youth 12-17 who are a risk of dropping out of school due to disciplinary problems. In 2008, they will provide these services to 200 students in the Riverview Gardens and Hazelwood School Districts. Research has shown that schools who have utilized this help have seen a 60 percent decrease in school drop outs and a 33 percent drop in teen pregnancies.

The NCADA has been providing substance abuse prevention services for many years. They provide age appropriate curriculum to students from 1st grade through high school, and the number of sessions and ages depend on the school district. While the programs are more instructional for the younger children, they focus on peer influence at the middle and high school level. In 2006, they worked with 154 schools, and provided assistance to 1,863 parents, 983 faculty and 14,835 children and youth in St. Louis County. Preferred Family Healthcare (PFH) provides alcohol/drug abuse prevention programming in St. Charles County. Their Teams of Concern have joined with the school faculty who work with troubled youth, and have trained them on the warning signs of addiction and abuse. As youth are identified as potential abusers of chemical substances, PFH staff provides assessments, counseling and referrals. Their approach offers an alternative approach to the programming offered by the NCADA.

The Mental Health Association provided Signs of Suicide (SOS) training to the faculties of six schools in three districts in 2006. This 90-minute program was

utilized throughout Jefferson County where suicide rates were three times the state average. The percentage of suicides dropped by two-thirds after this program was instituted. Kids Under Twenty One provided suicide prevention programming to 4,500 students in 2006. Ideally, it would be helpful to intervene at the middle school level as well as in high school. By training school personnel and by attending to youth who are vulnerable to depression and suicidal ideation, there will be an increased awareness of warning signs and resources for help. These programs also prepare peers to intervene by disclosing friends who are at risk.

Our Strengths

Each of the programs listed above have been well received by the schools that have enlisted the services, and the programs have been clinically successful. The programs are designed to be age appropriate to the audience and students learn positive, practical skills that they can apply in everyday situations that they face. Agency staffs are focused on the strengths of the students and faculty, and are responsive to the needs of individual schools.

How St. Louis County is in Trouble

While each of these programs is offered within the county, there isn't sufficient funding to achieve universal or repeated exposure to these curriculums. Sexual abuse and sexual harassment prevention programs have the widest coverage of any of the four programs, but there still many gaps, and children need to have skills repeated if they are to incorporate the lessons and skills into their daily practice.

When looking at other communities that provide this type of curriculum in the schools, they space out the programs to 3 different grades. This method offers the necessary reinforcement, but also allows for some individuality for the districts. If the sexual abuse curriculum was to be provided to every 1st, 5th and 8th grade student in St. Louis County, there would be approximately 18,909 students who would receive services beyond what current funding provides. This figure is based on the average of 13,009 students per grade minus the number of students already being served.

Current funding for violence and bullying prevention is grossly inadequate to achieve either universal coverage or repeated messaging. Even though juvenile crime numbers are down somewhat, the numbers are still high and schools are quite concerned about the level of violence and the number of children suspended and expelled for violent behavior. Many kids are not developing the necessary skills to handle conflict and differences of opinion in a civil manner. In nearby St. Charles County, Crider Health Center provides an anti-violence program called "Be Cool". It is currently in its second full year of funding and serves children K-8th grade in most of the public schools in the county. They are achieving tremendous results with over 95 percent of the children benefiting. A program with coverage of this level is sadly missing. Backing out the number of students currently receiving these benefits, 114,091 are still going without this help.

While current funding allows for 200 students in North St. Louis County to be served on an annual basis, there were 5,022 youth, who, due to disciplinary behavioral problems, were at risk of dropping out of school. This service gap leaves 4,822 youth with a greater risk of becoming involved in crime and of not being employable.

The NCADA provides substance abuse prevention services to students at all grade levels, but there are many schools going without help. Their programs are designed to provide help before children are offered alcohol and drugs so that they learn the dangers, and during the times when they will receive the most peer pressure to use. We also know that if we can delay the onset of usage, we drastically reduce the incidence of dependence and addiction. Their recommendation is to offer 4 sessions to 4th, 5th and 6th graders, and 6 sessions per year to 7th through 12th graders. The high school programs utilize peer leaders and mentors to provide assistance. By taking the average number of students per grade, divided by an average of 25 students per classroom and multiplying by the total number of session, a total of 31,221 sessions would be needed. Subtracting the number of sessions currently being provided (593), a total of 30,628 sessions would need to be added.

If the same program could be provided to the faculties of every middle and high school in St. Louis County, an additional 109 trainings would need to be performed. As mentioned earlier, it would be important to intervene at both the middle school and high school levels. Based on current services funded, 21,518 are not receiving the suicide prevention services that many St. Louis County youth are receiving. At a rate of 25 students per training, an additional 861 training sessions would be needed.

How St. Louis County Can Make a Difference

The cost of providing sexual abuse prevention programs to the remaining 18,909 students not currently covered would be \$132,363.00 (18,909 students X \$7.00 per student). In order to provide violence and bullying prevention programming to the remaining 114,091 K-8th grade students each year, the cost would be \$918,286.87 (6885 sessions X \$138.38 per session). The cost of providing the TOP curriculum to the remaining 4,822 students at risk of dropping out of school in St. Louis County would be \$3,616,500.00 (4,822 youth X \$750 per student for a 9 month period). The cost of providing the substance abuse prevention programming to every 4th through 12th grade student would be \$1,990,820.00 (30,628 sessions X \$65.00 per session). This amount of funding would cover the cost of 99 schools to have Teams of Concern, the Preferred Family Healthcare model for prevention. The cost of providing the SOS program to the remaining school districts would be \$327,000.00 (109 faculties X \$300 per training). In order to fund the suicide prevention programming so that every middle school and high school student would receive this training, it would take \$55,965.00 (861 sessions X \$65.00 per training).

The total amount to cover the cost of providing all of these programs would be \$7,040,934.87.

(Catholic Family Services, Crider Health Center, Jewish Family & Children's Service, Kids Under Twenty One, Lutheran Family & Children's Services, Mental Health Association of Greater St. Louis, National Council on Alcoholism & Drug Abuse, Preferred Family Healthcare, Progressive Youth Center, Wyman Center and the YWCA)

Home-based & School-based Family Intervention Services

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

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

St. Louis County's Current Situation

There are five organizations within St. Louis County that provide more intensive services to youth and families that are experiencing more demanding mental health challenges, and several of them offer multiple programs. BJC Behavioral Health offers five different services in this category, one in partnership with Our Voices Our Choices (OVOC). Evangelical Children's Home offers three different programs, Family Resource Center has two programs and Presbyterian Children's Services has two programs.

BJC Behavioral Health, along with Hopewell, was awarded federal funding in 2002 through the Substance Abuse Mental Health Services Administration (SAMHSA), to work with older adolescents with severe mental illness who were in the foster care system. The program, called Transitions, is currently in its fourth year of a six-year grant. The program is slated to provide services to 180 youth over the course of the six-year period, and currently has 60 youth receiving help. The grant, provided through the State of Missouri and administered through BJC Behavioral Health, is helping to build Systems of Care across the State to return youth who are in State custody back to their homes and communities. While receiving federal assistance has been of great benefit to the community, funding will soon end, and without local efforts for sustainability, the program will end. It is estimated that 180 children and youth from St. Louis County could benefit from this program annually.

An essential component of the family-focused system is support services for the parents and the families. Family support services are peer support services provided by a parent who has successfully raised, or is in the process of successfully raising, a child who has suffered from a serious emotional disturbance (SED). This support may include guidance during a crisis or help with education and training. Family support services have been closely evaluated and are being found to have a significant positive impact on the stabilization of the child or youth. Our Voices Our Choices (OVOC) is an organization that provides the parent partner portion of the Systems of Care program. They are the first contact with the family and provide ongoing support to parents and the families. Their current capacity to provide these services is equal to the organizations working with the youth or 60 families. This organization has received little training in interfacing with the Transitions program personnel and is now currently undergoing training with the St. Charles County parent organization, F.A.C.T., to implement the parent portion of the grant.

In addition to providing the Transitions program, BJC Behavioral Health also offers a Treatment Family Home program that works with 40 children and youth a year, with an additional 20 waiting for services. They also provided 338 children and youth with intensive home and community based services in 2006. However, they had to place 234 children and youth in less intensive services due to capacity issues. They also served 68 youth through their Intensive Family In-Home program, but they were unable to provide an additional 92 youth with the intensity of services they required.

BJC Behavioral Health provided school-based mental health services to 226 youth in 2006 within nine school districts. These services were funded from the school districts that requested their expertise, but many school districts do not have the funds to provide this service. School-based mental health specialists work closely with school personnel and are able to respond quickly to situations that have often led to suspensions in the past, averting these crises so that the youth's stress level is dissipated and they are able to remain in school. One school-based mental health specialist can serve 30 children per year and can supervise a student population of 500 students. Based on the same percentages, 3,674 children would be in need of this type of service.

Evangelical Children's Home provides three intensive community and home-based services programs. Their Intensive In-Home Services' program provides services to families identified at risk for abuse and neglect, and served 55 families in 2006, while turning away 53 youth. Their Family Focused Residential Services program provides a combination of residential and home-based services over a nine-month period; with three months of youth placement in residential followed by six months of aftercare in the child's home. These services were provided to 14 families in 2006, but they had to turn down 23 families. Evangelical's Family Reunion Services is a program designed to shorten the length of time that a youth remains in out-of-home care. Interventions are planned for a 2-3 month period. These services were provided to 28 families in 2006, 38 families are on their waiting list.

The Family Resource Center offers two home-based programs: Intensive In-Home Services (IIS) and the Family Reunification Service (FRS). Their IIS program served 114 children in 2006, but they were unable to serve 107 children. These children received these services because they were at imminent risk of being removed from their families. By attending to the family's crisis and offering supportive parent education, these children are prevented from entering the foster care system. The FRS program is designed to help children who have been in foster care return to their families. By providing intensive help for these families, they are able to handle the transition, and rebuild the family without the problems that necessitated the removal of the child. In 2006, the FRS program served 26 children, but they were unable to see 23 children due to a lack of funding.

Presbyterian Children's Services operates two children and youth home and community based programs. The Therapeutic Mentoring program helps to stabilize children in their home and community, facilitate reunification between children and their families and reduce the stay in residential treatment for youth with SED. In 2006, 50 St. Louis County children participated in this program with a need of close to 1,000 youth who are currently in St. Louis County Child Division custody. Their Intensive In-Home services worked with 95 families in a combination of case management, therapy, teaching and support designed to stabilize families while serving the child in 2006, however 69 children couldn't be seen.

Our Strengths

Non-traditional services provided in the family's home and in their community, offer a range of benefits, both clinically and financially. These services coordinate treatment plans among the various partnering service providers, reducing the run around many families experience when they need services from multiple providers. Parents and youth are empowered as providers focus on strengths rather than deficits. The provider agencies partner well with school personnel, child welfare and the juvenile courts. Due to these partnerships and coordinated efforts, youth who are in the state system can be returned to their communities, and those youth who are at risk of entering long term residential treatment or the juvenile justice system, can be kept at home and in their own school. Despite the intensity of their mental illnesses, these youth can be treated successfully, and the cost is generally about 60 percent less than state run residential programs and incarceration.

How St. Louis County is in Trouble

Various studies have estimated that the percentage of youth with a serious emotional disturbance (SED) range anywhere from 5 to 13 percent. Assessments from other communities have utilized the 2000 U.S. Surgeon General's lower report estimates of 5%, and that figure will be used for this study. Based on the projected 2006 youth population of St. Louis County, it is estimated that 11,655 youth have a SED. With a penetration rate into the mental health system of 12.5 percent based on other similar communities, it is estimated that

services for 1,456 youth will need to be available. With a current capacity to serve 688 youth with SED per year through the aforementioned agencies, it is estimated that 768 youth with SED are going without the services they need, and are at risk of unnecessary hospitalizations, long-term residential treatment or juvenile justice involvement. This figure closely matches the number of youth turned away by the three agencies (764).

Additionally, 3,674 students could benefit from school-based mental health specialist services. It would take 123 additional workers to address this need. Schools would need to take some financial responsibility for this growth, but would need to partner with an outside agency to insure better coverage amongst the districts.

How St. Louis County Can Make a Difference

In order to fund services for each of the programs listed above to reach all of the children and youth requesting services beyond the providers' current capacity, it would take \$10,021,646.09. The breakdown is as follows: \$1,946,880.00 for Community and Home Based Services at BJC Behavioral Health (234 youth X 2 hrs. per week X 52 weeks X \$80 per hour); \$910,800.00 for the Intensive Family In-Home Program (92 youth X 90 days (average length of stay) X \$110.00 per day); \$360,000.00 for the Treatment Family Home Program (15 youth X 12 months X \$2,000.00 per month); \$950,400.00 for the Transitions Program (40 percent local match with 60% Medicaid match from the federal government); \$3,533,144.49 for school-based mental health specialists (50/50 with school districts); \$383,040.00 for the Family Reunion Program (38 youth 80 days (average length of stay) X \$126.00 per day); \$237,360.00 for the Family Focused Residential Program (23 youth X 172 days (average length of stay) X \$60.00 per day); \$340,578.00 for the Home Based Intervention Program (53 youth X 34 days (average length of stay) X \$189.00 per day); \$670,761.60 for the Intensive In-Home Services program (107 children X 96 hours X \$65.30 per hour); \$207,690.00 for the Family Reunification Services program (23 children X 120 hrs. (average length of treatment) X \$75.25 per hour); \$130,000.00 for Therapeutic Mentoring (100 children X 26 weeks (average length of stay) X \$25 per week X 2 sessions per week); and \$351,000.00 for the Intensive In-Home Program (69 youth X 6 hours per week X 20 weeks (average length of stay) X \$42.50 per hour).

(BJC Behavioral Health, Evangelical Children's Home, Family Resource Center, Our Voices Our Choices, and Presbyterian Children's Services)

Individual, Group and Family Counseling Services

Individual, group and family counseling services include psychological evaluations, mental health screenings, and individual, group, and family therapy. These services are beneficial for assisting individuals and families to cope with,

adapt to, or resolve a broad variety of stressful circumstances, such as a sudden crisis or emotional trauma. Timely and affordable counseling services allow families and family members the opportunity to address a crisis in its acute phase in an individual, family or group setting, and thereby minimizing the possibility that troubled feelings will emerge in a more troublesome form at a later time.

St. Louis County's Current Situation

St. Louis County has seven United Way funded agencies that provide individual, family and group therapy to children and youth on a sliding scale that accommodates the family's ability to pay: Catholic Family Services, Family Resource Center, Jewish Family & Children's Service, Kids in the Middle, Lutheran Family & Children's Services, Provident Inc., and Youth In Need. BJC Behavioral Health, the county's community mental health provider, also provides counseling services. In 2006, these agencies served 5,443 children, youth and their families, but had to turn away 435 youth. For those families that have mental health coverage, there are a large number of private practitioners who serve families and are available on numerous insurance panels.

Our Strengths

The agencies providing counseling services offer varied clinical services to address many different types of problems such as family conflict, trauma, grief, behavioral problems, and divorce. Services range from individual therapies to group and family interventions and most agencies utilize a strength-based approach. Many agencies charge for counseling services based on a sliding scale and, in some cases, fees are waived. Provident, Lutheran Family & Children's Services and Catholic Family Services provide services at multiple locations across the county and along with the other providers, services are accessible to most families.

How St. Louis County is in Trouble

Area agencies turned away 435 children and youth in 2006. This figure appears to underestimate the overall need for these services, particularly since a percentage of these youth would be duplicative. The provider agencies do very little marketing of their services and don't maintain waiting lists. So basically, many families are unaware that service providers exist, and don't seek help.

However, the 2000 Surgeon General's Report on children's mental health, which utilized many reports on service needs from across the country, stated that 20 percent of all children and youth will need some form of mental health and/or substance abuse treatment every year. Of this 20 percent, seven percent would probably possess a serious emotional disturbance, and would require very intensive services. Taking 14 percent of the County's youth population and subtracting the number of children and youth who would need temporary shelter, respite, psychiatry, transitional living services, unwed teenage mothers, crisis calls, outpatient substance abuse treatment, inpatient substance abuse treatment, and the number of youth who did receive counseling services, our

best guess estimate of the number of children and youth who would be requesting counseling services would be 1,971. With increased marketing, the demand for these services would rise.

How St. Louis County Can Make a Difference

The cost of providing counseling services to these 890 children and youth would be \$1,704,185.73 (1,971 youth X 9.75 sessions (average length of stay) X \$88.68 (average cost)).

(BJC Behavioral Health, Catholic Family Services, Family Resource Center, Jewish Family & Children's Services, Kids in the Middle, Lutheran Family & Children's Services, Provident, Inc., and Youth In Need)

Summary Table of Needs, Recommendations and Costs

Services	Need	Proposed	Children & Youth Directly Impacted	Additional Family Members Impacted	Total Number of Persons Impacted
Temporary Shelter Services	\$4,708,541.09	\$4,708,541.09	1,514	3,074	4,588
Respite Care Services					
Children and Youth	\$1,857,140.88	\$1,857,140.88	2,733	5,548	8,281
Services to Teenage Parents					
Residential	\$1,567,500.00	\$1,567,500.00	57	173	230
Supportive Services	\$130,979.00	\$130,979.00	227	688	915
Outpatient Substance Abuse Treatment	\$33,684,000.00	\$8,463,200.00	1,136	2,306	3,442
Outpatient Psychiatric Treatment	\$2,346,120.00	\$2,346,120.00	1,470	2,984	4,454
Transitional Living Services	\$12,763,969.92	\$5,342,385.60	185	376	561
Crisis Intervention Services					
Crisis Response Team	\$64,000.00	\$64,000.00	?	?	?
Crisis Interventions	\$30,000.00	\$30,000.00	120	244	364
Support Groups	\$44,640.00	\$44,640.00	186	378	564
Prevention Programs					
Sexual Abuse	\$132,363.00	\$132,363.00	18,909	38,385	57,294
Violence & Bullying	\$918,286.87	\$918,286.87	114,091	231,605	345,696
Substance Abuse	\$1,990,920.00	\$1,990,920.00	102,246	207,559	309,805
Teen Outreach Program	\$3,616,500.00	\$3,616,500.00	4,822	9,789	14,611
Suicide	\$55,965.00	\$55,965.00	21,518	43,682	65,200
Suicide Faculty Training	\$327,000.00	\$327,000.00	?	?	?
Home-Based and School-Based Family Intervention Services					
Community & Home Based Services	\$1,946,880.00	\$1,946,880.00	234	475	709
Intensive Family In-Home	\$910,800.00	\$910,800.00	92	187	279
Treatment Family Home	\$360,000.00	\$360,000.00	15	30	45
Transitions & Reunification	\$1,158,090.00	\$1,158,090.00	203	412	545
School-based Mental Health	\$3,533,144.49	\$3,533,144.49	3,674	7,458	11,132
Family Reunion	\$383,040.00	\$383,040.00	38	77	115
Family Focused Residential	\$237,360.00	\$237,360.00	23	47	70
Home Based Intervention	\$340,578.00	\$340,578.00	53	108	161
Therapeutic Mentoring	\$130,000.00	\$130,000.00	100	203	303
Intensive In-Home	\$1,021,761.00	\$1,021,761.60	176	357	209
Individual, Group and Family Counseling & Therapy Services					
Counseling & Therapy	\$1,704,185.73	\$1,704,185.73	1,971	4,001	5,972
Subtotals excluding prevention			12,186	25,125	37,311
Subtotal	\$74,259,579.25	\$43,321,381.26	12,186	25,125	37,311
Grant Administrative Costs @ 3%	\$2,227,787.38	\$1,299,641.44	N/A	N/A	N/A
Totals including prevention	\$76,487,366.63	\$44,621,022.70	163,292	331,870	495,162

The **Need** column represents a 100 percent penetration rate of children and youth in need. In essence, every child and youth who needed help would request services and the service system would be adequate to serve this level of demand. The **Proposed** column represents the most likely level of demand, at least initially. Once services are expanded, some shift between services will

occur, and the demand will in all likelihood rise as well. To determine the **Additional Family Members Impacted** and the **Total Number of Persons Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by the average numbers per household in St. Louis County. According to the 2005 U.S. Census, the average household size for St. Louis County was 3.03. For **Additional Family Members Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by 2.03. (3.03 minus 1 (the identified child)) For the same categories in the Services to Unwed Mothers and Teenage Parents, 3.03 was used as the multiplier because of the new birth. The numbers in the last 3 columns correspond to the **Proposed** column.

Given that the prevention programs cross over children in the same grades, duplicated youth were removed when determining the total number of additional youth benefiting from them for the final row in the summary chart. That figure equaled 151,292 for children and 307,123 for additional impact of family members.

The Larger Impact on the Community

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

By repairing the broken lives of children and youth now, and by providing additional problem-solving skills through prevention programs to all youth within the county, St. Louis County would be making an investment in its future. Problems can be better managed before they get larger and more ingrained. The provision of these additional skills gives children and youth greater abilities to handle the pressures and stresses they face. Through these efforts, there is an investment in the future safety of our schools, our homes, and our neighborhoods, and a greater quality of life in the community.

Conclusion

People will read this report and come away with sticker shock. Over seventy-four million dollars in unmet needs is a large amount to fathom for most people. However, this figure assumes that every family that statistically needs help will request it. Given stigma, defense mechanisms and many other factors, this penetration rate is highly unlikely. The forty-four million dollar figure reflects a more likely penetration rate given present day circumstances. This figure, however, is likely to grow in future years due to fairly regular cuts in funding, and if such a fund for children's services were to be created and financed, increased marketing and availability of services would drive up demand. These figures only reflect service dollars, and do not even account for the building or acquiring of structures needed to expand services. Added bed space would be necessary to expand services to runaways, teenage mothers, respite and transitional living programs. Local agencies have been fortunate to be able to just maintain service levels. Still, thousands of youth are turned away from local providers every year, and while they are referred to other agencies, families get the same message: there is no room at the inn.

There are tremendous gaps in the prevention arena. While the expertise and the programs exist, the coverage is far from universal and the skill sets are not repeated with any frequency that they can be absorbed and maintained by the students. These programs are extremely effective and can head off more serious problems down the road.

By having adequate availability and accessibility of services, as well as a full range of services from low intensity to high intensity, there is an impact on larger community issues. For example, in neighboring St. Charles County, by providing school based mental health specialists and additional counseling services, there has been a reduction in the total number of runaways. Family issues are addressed at an earlier point, reducing the need for more intensive, as well as more expensive services. Additionally, by providing additional prenatal services to teenage mothers-to-be, 43 of the 44 youth mothers receiving services who gave birth last year had children who weighed above the premature birth weight level. The effect is that these babies have a better chance of survival, hitting developmental milestones and achieving academic success.

Neighboring communities that have passed local measures to expand children's services have seen a tremendous return on their investment. More children are receiving the services they need, the agencies are achieving strong clinical outcomes, more expensive treatment programs are avoided, and they are saving money. Many people fail to realize that they are paying for services one way or the other. Our tax dollars pay for state foster care and long term residential treatment, and they pay the costs of our penal system. By providing these services locally, the savings are generally between 60 and 70 percent, and we are increasing the odds tremendously that these young people will become productive members of our community.

This report replaces all drafts prior to January 15, 2008.

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The Community and Children's Resource Board of St. Charles County

Commissioned by:

Behavioral Health Response
BJC Behavioral health
Boys and Girls Town
Catholic Charities
Catholic Family Services
Children's Home Society of Missouri
Edgewood Children's Home
Epworth
Evangelical Children's Home
Jewish Family and Children's Service
Lutheran Family and Children's Services
Mental Health Association of Greater St. Louis
Missouri Baptist Children's Home Ministries
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Youth Bridge Association