



**2010 Needs Assessment
Summary Analysis Report**

BACKGROUND AND PURPOSE

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 210.861 as the guide for the service categories, the Needs Assessment 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 more than 151,000 children and youth without beneficial programming.

As a result of these findings, the Putting Kids First campaign and Proposition 1 tax measure were created. In November 2008, St. Louis County voters passed Proposition 1, ¼ cent sales tax measure, creating a community children's service fund to provide mental health and substance abuse services for children and youth ages nineteen and under in St. Louis County.

METHODOLOGY

About two years later in January 2010, this current needs assessment was conducted in order to gather updated data regarding capacity of local service providers, service gaps, barriers, and needed resources. The St. Louis County Children's Service Fund distributed a needs assessment survey to agencies involved in the 2007 Needs Assessment, as well as a handful of other agencies that were known to provide mental health and/or substance abuse services to children and youth in St. Louis County. In total, 60 agencies were emailed a link to a web based survey, and asked to forward the survey to other providers who may qualify. The survey information and link were also posted on the St. Louis County Children's Service Fund website (www.keepingkidsfirst.org) for others to access and complete. The following 42 agencies responded to the survey with direct service data:

| | |
|--|---|
| Almost Home, Inc | Marygrove |
| BGTM/ECC, Inc. | MBCH Children and Family Ministries |
| BHR | Mental Health America of Eastern Missouri |
| BJC Behavioral Health | National Council on Alcoholism and Drug Abuse (NCADA) |
| CASA of St. Louis County | Nurses for Newborns Foundation |
| Catholic Family Services | Our Lady's Inn |
| CHADS Coalition for Mental Health | Our Little Haven |
| Children's Foundation of Mid-America (formerly Presbyterian) | Preferred Family Healthcare, Inc. |
| Children's Home Society of MO | Progressive Youth Connection |
| Children's Legal Alliance, Legal Services of Eastern MO | Provident, Inc. |
| Crider Health Center | Saint Louis Crisis Nursery |
| ECH Every Child's Hope (formerly Evangelical) | St. Louis Arc |
| Epworth Children & Family Services | St. Louis County Dept of Human Services Lakeside Center |
| Every Step Counts INC (EstepCo) | St. Louis County Youth Programs |
| Family Resource Center | St. Vincent Home for Children |
| Family Support Network | TouchPoint Autism Services |
| Good Shepherd Children & Family Services | St. Louis County Weinman Shelter |
| Jewish Family & Children's Service | Wyman Center |
| Kids In the Middle | Youth Development Services Inc. |
| KUTO, Kids Under Twenty One | Youth In Need |
| Lutheran Family & Children's Services | YWCA Metro St. Louis |

Like the 2007 Needs Assessment, questions pertained specifically to the ten service areas outlined in the Missouri State Statute RSMO 210.861. Agencies were asked to answer questions only for the ten service areas for which they provided direct services to St. Louis County children and youth ages 19 and under in the last year:

1. Temporary Shelter Services
2. Transitional Living Services
3. Services to Teen Parents
4. Respite Care Services
5. Crisis Intervention Services
6. School-Based Prevention Services
7. Home and Community-Based Intervention Services
8. Individual, Group, and Family Counseling Services
9. Outpatient Substance Abuse Treatment
10. Outpatient Psychiatric Treatment.

SUMMARY OF QUALITATIVE DATA

Agencies were asked the following questions regarding data and performance management.

Do you currently track client data, including demographics, service utilization, and outcomes with data management software?

Of the 42 respondents, 35 (83%) answered yes, that they do currently track client data with data management software. 7 (17%) answered no, that they do not use data management software to track client data.

If yes, what system do you use?

| | | |
|--|------------|-------------|
| Custom Built Internal Database | 14 | 33% |
| Efforts To Outcomes | 6 | 14% |
| Client Case Management System | 4 | 10% |
| FAMCare | 4 | 10% |
| ROSIE | 2 | 5% |
| City Span | 1 | 2% |
| ORS | 1 | 2% |
| CTK | 1 | 2% |
| VolunteerWorks | 1 | 2% |
| Neorhymis | 1 | 2% |
| KEMPS | 1 | 2% |
| Salesforce | 1 | 2% |
| PsychConsult | 1 | 2% |
| Evolve | 1 | 2% |
| MedManager | 1 | 2% |
| Therascribe | 1 | 2% |
| Icarol | 1 | 2% |
| Total | 42* | 100% |
| * Some agencies use more than one system | | |

If no, who collects the data and information in your organization and how?

| | | |
|--|----------|-------------|
| Program Staff | 5 | 71% |
| Support Staff | 2 | 29% |
| Total | 7 | 100% |
| In response to how: Manually, Excel spreadsheets, SPSS | | |

The agencies who did not respond to the survey were:

| | | |
|--|-----------|-------------|
| Non Direct Service Providers* | 8 | 44% |
| Non St. Louis County Providers | 7 | 39% |
| Adult Service Providers | 3 | 17% |
| Total | 18 | 100% |
| *The survey was sent to non-providers such as advocates, foundations, and coalitions to keep the entire mental health industry in St. Louis County informed. | | |

SUMMARY OF QUALITATIVE DATA – CONTINUED

Briefly describe how you measure your performance as an agency?

The following list is a summary of responses:

- Monthly random client and parent satisfaction surveys.
- We measure against outcomes defined in contracts and outcomes defined internally.
- Milestones achieved by customers; outcomes per customer; and effectiveness measures in agency performance categories.
- We have a balanced scorecard with monthly productivity reports and odd month outcome measures that are administered and scored in ETO.
- As a United Way and COA accredited social service agency, we measure our performance against United Way Quality and COA standards.
- We measure the percent of youth who successfully complete our program. We also measure critical incidents and recidivism.
- Our number one goal is for the moms to have healthy babies so we track babies weights and gestational ages.
- We have a benchmark report that tracks progress in each program area and we conduct annual satisfaction surveys.
- Comparison of service hours from previous year, number of clients served, outcomes achieved, and client satisfaction survey information.
- In each program there are different indicators. On a quarterly basis, outcomes are reviewed by the CQI committee.
- Pre/post testing, entered in an excel spreadsheet.
- Length of stay.

What are the barriers to providing these services to St. Louis County children and youth (ages 19 and under)?

The following list is a summary of responses:

- Limited availability of services due to limited funding; families are unaware of the services.
- Limited staff, resources, and space.
- Willingness of potential collaborative partners.
- Willingness for clients to come forward and request services.
- Stigma of mental health and substance abuse.
- Large geographic area of St. Louis County does not allow agencies to serve all areas equally.
- One barrier clients most often encounter is lack of transportation options. It can also be challenging to access medical care quickly.

What assistance/support does your agency need to effectively provide these services to St. Louis County children and youth (ages 19 and under)?

The following list is a summary of responses:

- Funding that covers true cost of care.
- Funding to cover support to therapists, track activities, outcomes, and reporting.
- Funding for marketing outreach and education.
- Funding to establish additional community based sites.
- Funding for transportation.
- Coordination of services.
- Professional development assistance.
- Assisting in identifying potential partners (schools and organizations).

SUMMARY OF QUANTITATIVE DATA

This section provides a summary of the quantitative data collected, as well as a comparative analysis with the previous assessment including a variance analysis. The 2007 Needs Assessment reflected mostly 2006 data, while the 2010 Needs Assessment reflected mostly 2009 data.

| 2007 N=29 2010 N=42 | Total Clients Served | | | Total Going Un-Served b/ | | | Average Unit Cost | | | Unit Cost Definition | Total Agency Budget Expenses | Funds Needed to Fill Gap c/ |
|---|----------------------|---------------------------------|------|--------------------------|----------------|-----|-------------------|----------------|-------------|---|------------------------------|-----------------------------|
| | 2007 | 2010 | % | 2007 | 2010 | % | 2007 | 2010 | % | | | |
| Temporary Shelter Services 2007 N=3 / 2010 N=7 | 331 | 951 | 187% | 1,514 | 1,412 | -1% | \$164 | \$214 | 30% | 1 night of care (17 unit average) | \$3,244,444 | \$5,136,856 (10%) |
| Transitional Living Services 2007 N=6 / 2010 N=10 | 278 | 271 | -3% | 185 | 259 | 40% | \$100 | \$102 | 2% | 1 night of care (288 unit average) | \$5,125,641 | \$7,608,384 (14%) |
| Services to Teen Parents 2007 N=8 / 2010 N=14 | 377 | 439 | 16% | 473 | 463 | -2% | \$110/ \$58 | \$121/ \$78 | 10%/ 34% | 1 night of care/ 1 hour of case management | \$3,302,598 | \$3,101,850 (6%) |
| Respite Care Services 2007 N=5 / 2010 N=10 | 1,907 | 3,667 | 92% | 1,411 | 1,647 | 17% | \$10 | \$10 | 0% | 1 hour of respite care | \$5,170,082 | \$1,857,141 (3%) |
| Crisis Intervention Services 2007 N=4 / 2010 N=8 | 2,100 | 3,924 | 87% | 0 | 1,112 | NA | Varies | Varies | NA | Varies | \$2,764,639 | \$138,640 (0.3%) |
| School-Based Prevention 2007 N=11 / 2010 N=25 | 42,643 | 69,710 | 63% | 151,106 | 151,106 | 0% | Varies | Varies | NA | Varies | \$4,923,937 | \$7,040,934 (13%) |
| Home & Community-Based Intervention 2007 N=5 / 2010 N=18 | 1,354 | 5,358 | 296% | 1,456 | 1,567 | 8% | Varies | Varies | NA | Varies | \$5,200,553 | \$10,021,646 (19%) |
| Individual, Group, & Family Counseling 2007 N=8 / 2010 N=23 | 5,443 | 8,497 | 56% | 1,971 | 2,442 | 24% | \$89 | \$133 | 6% | 1 hour of counseling (10 unit average) | \$8,408,709 | \$3,247,860 (6%) |
| Outpatient Substance Abuse Treatment 2007 N=3 / 2010 N=5 | 585 | 2,295 | 292% | 1,136 | 1,136 | 0% | \$7,450 | \$7,450 | 0% | 7 month treatment (unit average) | \$900,636 | \$8,463,200 (16%) |
| Outpatient Psychiatric Treatment 2007 N=2 / 2010 N=4 | 704 | 818 | 16% | 2,451 | 4,400 | 80% | \$140 | \$165 | 17% | 1 hour of psychiatry (9 unit average) | \$612,234 | \$6,534,000 (12%) |
| TOTAL | 55,722 | a/ 95,930 57,558 | | 161,703 | 165,544 | | | | | | \$39,653,473 | \$53,150,511 |

a/ This number likely represents a duplicated number. Agencies responded in more categories than in the previous assessment, when in fact their core services likely fit into fewer service categories. The duplication rate is estimated at 40%, thus the number of clients served equals 57,558.

b/ This represents the number of clients who were placed on a waitlist, turned away, referred elsewhere, or in need of services.

c/ This represents the number of clients going un-served multiplied by the unit cost and average length of units needed for treatment. In instances where there were multiple units of service, the amount from the previous assessment was used as a guide. In general, the percentages of funds needed to fill the gap match up with the proposed funding percentages from the previous needs assessment.

RESPONDENTS

Below is the list of respondents from both assessments. In all service categories, there were more respondents.

Temporary Shelter Services

2007 Respondents – Missouri Baptist Children's Home, Youth Emergency Services, Youth In Need

2010 Respondents – BGTM/ECC, Inc., BJC Behavioral Health, Epworth Children's Family Services, Marygrove, MBCH Children and Family Ministries, Weinman Shelter, Youth In Need

Transitional Living Services

2007 Respondents – Epworth Children & Family Services, Evangelical Children's Home, Marygrove, Missouri Baptist Children's Home, Presbyterian Children's Services, Youth In Need

2010 Respondents – BGTM/ECC, Inc., BJC Behavioral Health, Children's Foundation of Mid-America (formerly Presbyterian Children's Services), Children's Legal Alliance/Legal Services of Eastern MO, Department of Human Services Lakeside Center, ECH Every Child's Hope, Epworth Children and Family Services, Marygrove, Our Lady's Inn, St. Louis County Youth Programs, Youth In Need

Services to Teen Parents

2007 Respondents – Family Resource Center, Good Shepherd, Lutheran Family & Children's Services, Marygrove, Missouri Baptist Children's Home, Nurses for Newborns, Our Lady's Inn, and Villa Maria Center

2010 Respondents – Children's Home Society of MO, ECH Every Child's Hope, Epworth Children & Family Services, Family Support Network, Good Shepherd Children & Family Services, Lutheran Family & Children's Services, Marygrove, MBCH Children and Family Ministries, Nurses for Newborns Foundation, Our Lady's Inn, Progressive Youth Connection, St. Louis County Youth Programs, Weinman Shelter, Youth In Need

Respite Care Services

2007 Respondents – St. Louis Crisis Nursery, BJC Behavioral Health, St. Louis ARC, Lutheran Family and Children's Services, Children's Home Society

2010 Respondents – BGTM/ECC, Inc., BJC Behavioral Health, Children's Home Society of MO, Epworth Children & Family Services, Lutheran Family & Children's Services, Marygrove, MBCH Children and Family Ministries, Saint Louis Crisis Nursery, St. Louis Arc, TouchPoint Autism Services

Crisis Intervention Services

2007 Respondents – Behavioral Health Response, Catholic Family Services, Kids Under Twenty One, Life Crisis Services

2010 Respondents – BGTM/ECC, Inc., BHR, BJC Behavioral Health, Catholic Family Services, CHADS Coalition for Mental Health, Children's Foundation of Mid-America (formerly Presbyterian Children's Services), ECH Every Child's Hope, Epworth Children & Family Services, Good Shepherd Children & Family Services, KUTO, Kids Under Twenty One, Marygrove, Provident, Inc., Saint Louis Crisis Nursery, St. Vincent Home for Children, Weinman Shelter, YWCA Metro St. Louis

School-Based Prevention

2007 Respondents – 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

2010 Respondents – BHR, BJC Behavioral Health, Catholic Family Services, CHADS Coalition for Mental Health, Children's Foundation of Mid-America (formerly Presbyterian Children's Services), Epworth Children & Family Services, Every Step Counts INC (EstepCo), Family Resource Center, Family Support Network, Good Shepherd Children & Family Services, Jewish Family & Children's Service, Kids In the Middle, KUTO, Kids Under Twenty One Lutheran Family & Children's Services, Mental Health America of Eastern Missouri, National Council on Alcoholism and Drug Abuse (NCADA), Preferred Family Healthcare, Inc., Progressive Youth Connection, Provident, Inc., Saint Louis Crisis Nursery, St. Louis County Youth Programs, Wyman Center, Youth Development Services Inc., Youth In Need, YWCA Metro St. Louis

Home & Community-Based Intervention Services

2007 Respondents – BJC Behavioral Health, Evangelical Children’s Home, Family Resource Center, Our Voices Our Choices, and Presbyterian Children’s Services

2010 Respondents – BGTM/ECC, Inc., BJC Behavioral Health, Catholic Family Services, CHADS Coalition for Mental Health, Children's Foundation of Mid-America (formerly Presbyterian Children's Services), ECH Every Child's Hope, Epworth Children & Family Services, Family Resource Center, Good Shepherd Children & Family Services, Jewish Family & Children's Service, MBCH Children and Family Ministries, Nurses for Newborns Foundation, Our Little Haven, Provident, Inc., Saint Louis Crisis Nursery, St. Louis Arc, St. Vincent Home for Children, TouchPoint Autism Services

Individual, Group, & Family Counseling

2007 Respondents – 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

2010 Respondents – BGTM/ECC, BJC Behavioral Health, Catholic Family Services, Children’s Foundation of Mid-America, Children’s Home Society of MO, ECH Every Child’s Hope, Epworth Children and Family Services, Family Resource Center, Family Support Network, Good Shepherd Children and Family Services, Jewish Family and Children’s Service, Kids in the Middle, Lutheran Family and Children’s Services, Marygrove, Our Little Haven, Provident, Saint Louis Crisis Nursery, St. Louis County Youth Programs, TouchPoint Autism Services, Weinman Shelter, Youth Development Services, Inc., Youth In Need, YWCA Metro St. Louis

Outpatient Substance Abuse Treatment

2007 Respondents – Comtrea, New Beginnings, Preferred Family Healthcare

2010 Respondents – BJC Behavioral Health, Catholic Family Services, Preferred Family Healthcare, Provident, NCADA

Outpatient Psychiatric Treatment

2007 Respondents – BJC Behavioral Health, Catholic Family Services

2010 Respondents – BJC Behavioral Health, Catholic Family Services, Epworth, St. Louis County Youth Programs

SUMMARY OF OBSERVATIONS AND RECOMMENDATIONS

Overall, agency capacity in relation to the number of children and youth served has remained relatively the same since the last assessment; however, the number of clients needing services has risen by 18% (from 12,186 to 14,438) for services excluding prevention.

For each service area, there was an increase in the total number of respondents. In many instances, agencies reported serving clients in areas that were supplemental to their core service area. For example, in the Individual, Group, & Family Counseling service area, there were nearly three times more respondents. While many of the agencies provide that service to their clients, it is auxiliary to their core service such as transitional living. As a result, it is estimated that there is a 40% duplication/overlap rate, thus the number of clients served equals 57,558.

Other notable observations related to the quantitative data:

- In some instances, agencies were launching new programs and did not have service data yet.
- Sometimes agencies did not report budget expenses because those service areas fell within the larger program budget and was not separated out.
- Unit cost increased across service categories, likely due to cost of living increases, and increased living costs due to the recession.
- The unit costs reported are a continuation of their current work. With an emphasis on the implementation of evidence-based practices, quality service delivery, effective performance management processes, and ensuring proper treatment dosage, the average unit cost may increase.
- There is clearly an absence of outpatient substance abuse and psychiatric services, thus explaining the large difference between current budget expenses and funds needed to fill the service gap.

As the St. Louis County Children's Service Fund moves forward with the Request for Proposal and allocation process, it is recommended that it references the data contained within both needs assessments, particularly the percentage of funds needed to fill the current service gaps. These percentages align closely with the proposed percentages in the 2007 Needs Assessment. This should be used as a guide during the investment process and considered along with polling data, as well as the amounts and quality of actual proposals received.

It is also recommended that during the service provider Request for Proposal training, the presenters and material clearly define the service areas, as well as provide examples of what can be funded and what cannot based on State Statute RSMO 210.861. Service providers should also be encouraged to submit proposals that:

- Fall within their mission and core competencies to avoid mission creep
- Request funds to cover the true cost of delivering the service, including marketing to build awareness of the available services.

In addition, based on the qualitative data and quality of actual responses, it is recommended that the St. Louis County Children's Service Fund provide non-financial supports to grantees, including capacity building related to:

- Establishing effective data collection methods
- Outcomes and performance management
- Implementation of evidence-based practices
- Forums to enhance collaboration and integration of services.

Finally, it is recommended that the St. Louis County Children's Service Fund continue to track and trend service need data to assist with decision-making and measuring its own impact in the community, including a comprehensive community needs assessment two years after funds have been invested.

Acknowledgements:

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