



Report to Lincoln County Citizens

Assessing the Need for Children's Services

Projecting the Costs for Expanding Targeted Services

Evaluating the Impact on Our Community



PUTTING KIDS FIRST IN LINCOLN COUNTY

Report Adopted July 23, 2008

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EXECUTIVE SUMMARY

This is the second study of children's mental health services conducted for Lincoln County, but the first study conducted since the creation of the *Community Children's Services Fund (CCSF)*. The *CCSF* was created through a vote of the citizenry in November 2006 that authorized a 1/4 cent sales tax designated for children's mental health services for Lincoln County children and youth ages 0-19.

The voters that supported this youth-focused tax initiative made a wise decision and a visionary investment in the future of the children and families that live within its borders. This tax is already paying off in the number of children and youth receiving and benefiting from the mental health services that are now readily available within our County.

Despite the apparent benefits of these newly-acquired services, there are still 2,631 children and youth who need clinical services beyond our capacity, and our prevention and early intervention programming has not yet achieved universal coverage, leaving 10,766 children and youth without helpful skill-building and early identification programs that circumvent larger problems. At this time, a number of services, such as respite care services, temporary shelter services, transitional living programs and family advocacy support programs do not exist within Lincoln County, forcing residents to travel to neighboring counties to receive these types of services.

Since Lincoln County is one of the fastest growing counties in the nation, the need for mental health services for its children and youth will obviously follow suit. As a mental health system of care, we will need to actively pursue all viable means of bringing in additional funding for these services as we face the challenges of a slow economy and potential mental health budget cuts at the state level in 2009.

The good news is that there are many opportunities for collaboration with local businesses and schools to identify and meet the needs of our children and youth. This collaborative spirit provides for the optimal use of funds and the vision to meet the upcoming needs for our children and youth. As the population of Lincoln County grows, the *Community Children's Services Fund* will increase, ensuring the acquisition of additional mental health services for the children and youth of our County. Lincoln County is fortunate to be ahead of other communities in building a strong, permanent system of care that is responsive to the mental health needs of its young people.

Demographics of Lincoln County

Lincoln County has been one of Missouri's fastest growing counties since 1990. Situated just north of St. Charles County, Lincoln County has taken advantage of the tremendous growth that has occurred with its neighbor since 1980. As affordable housing and land have become less available in St. Charles County, and as people continue to move away from the downtown St. Louis area, more and more people are finding Lincoln County an attractive place to live. According to the U. S. Census in 2000, Lincoln County experienced a population growth of 34.8 % since 1990, to a total of 38,944. A high growth rate has continued since that census. As of 2007, the population of Lincoln County was 51,528 with growth expected to continue. (United States Census Bureau, 2008)

Lincoln County is predominantly a rural community, with the hub of activity located in Troy. This county has 631 square miles with eleven municipalities. Additionally, there are four school districts within its borders.

History of the Lincoln County Resource Board

A group of citizens, concerned about the lack of readily available mental health services in Lincoln County, began meeting in 2000 to discuss avenues for providing such services within the County. One of the projects of this early mental health group was to develop a suicide prevention program for the county high schools. After meeting together at regular intervals for several years, the group decided to pursue the development of a permanent mental health board for the County. Through the efforts of this group and the cooperation of the County Commissioners, this Board became a reality.

In 2003 the Lincoln County Commissioners established the *Lincoln County Children, Family and Mental Health Board of Trustees*, now called the *Lincoln County Resource Board (LCRB)*. The Trustees of the *LCRB* were instrumental in the acquisition of a two-year grant, received in January of 2004 from the *Missouri Foundation for Health (MFFH)* that allowed *Catholic Family Services, Crider Health Center* and *Preferred Family Healthcare* to provide services to children and youth at the *Lincoln County Wellness Center*. After this two-year grant expired, the *LCRB* provided funding to keep the *Lincoln County Wellness Center* in operation until September of 2007, when funding from the *Community Children's Services Fund* became available.

The *LCRB* is an independent oversight board, comprised of volunteer Trustees, that oversees the establishment, operation and maintenance of mental health services for children, youth and their families in Lincoln County. The *LCRB* also provides leadership in the development and implementation of early intervention, prevention and life skills programs.

The *LCRB* is responsive to public opinion about the need for children and youth mental health services and prioritizes spending decisions according to the voiced opinion of its

citizenry. Since the inception of the *LCRB* in 2003, two public surveys have been conducted to solicit feedback from Lincoln County residents.

Prior to the passage of a ¼ cent sales tax initiative in November 2006, a probability survey was conducted in June 2005 among Lincoln County registered voters to measure support for this sales tax dedicated to children and youth services. This survey assessed the persuasiveness of messages supporting and opposing this proposal; it also gauged how selected ways of allocating funds would offset support. The results of this survey revealed vital information about the types of children and youth services needed in Lincoln County:

- 54% thought that Lincoln County needed to do more to keep its youth from becoming addicted to drugs like meth and cocaine.
- Also, 38% thought that more prevention and treatment programs were needed
- 50% saw the need to do more to prevent child abuse.
- 39% wanted more programs to prevent youth from getting into trouble
- 39% wanted better access to mental health services.
- 29% believed that teen parents needed support to raise their children properly.
- 36% agreed that providing a safe, healthy and productive environment for its more than 12,000 children and youth was the most important thing that Lincoln County can do.

The following was noted:

- 44% indicated a desire for more services to be provided in the County and for greater parent involvement.
- 42% agreed that Lincoln County needed its own temporary shelter for runaway and homeless youth.

The Trustees of the *LCRB* utilized the information gleaned from the above-mentioned probability study to guide them in making funding decisions following the passage of the initiative in 2006 and in choosing appropriate providers to offer mental health services to Lincoln County children and youth.

The services currently provided by the *Community Children's Services Fund (CCSF)* include:

- Services to unwed mothers to help ensure healthy pregnancies and births
- Outpatient chemical dependency treatment
- Outpatient psychiatric treatment
- Crisis intervention services
- Home-based and community-based family intervention programs
- Individual, group, or family counseling and therapy services
- Early intervention screening services
- Prevention programs to prevent drug use, violence, bullying and sexual abuse

Due to the high number of *Request for Funding Proposals* in 2007, the *LCRB* was only able to finance a portion of the submitted proposals, financing \$1.3 million of the \$3.197 million requested by local providers. Four significant areas of identified need that were not funded during this first funding cycle were: 1) Temporary shelter services for abused, neglected, runaway, homeless or emotionally disturbed youth; 2) Respite care services; 3) Transitional living services; and, 4) Family advocacy support services.

What a Recent Public Opinion Survey Revealed

In June of 2008 the *LCRB* distributed a public opinion survey, concerning children’s mental health services, as an insert in the Lincoln County Journal to more than 18,500 Lincoln County citizens. Of the respondents, 20% indicated that someone in their family had used *children or youth mental health services* in the past 5 years and 14.6% of the respondents replied that someone in their family needs such services. The respondents were asked to rank the priority for 10 areas of children’s mental health services with “1” being a top priority and “10” being the lowest priority. The table below summarizes the results of the survey.

Results of June 2008 Public Opinion Survey	
Area of Service	Percent of Respondents that Ranked Area of Service as 1st, 2nd or 3rd Priority
Counseling Services	50.3%
Substance Abuse Services	50.0%
School-Based Prevention Programs	49.2%
Temporary Shelter	42.4%
Psychiatric Services	33.3%
Suicide Prevention	32.8%
Respite Services	31.1%
Teen Parent Services	25.4%
Transitional Living Services	23.7%
In-Home Mental Health Services	22.9%

The results of this survey are somewhat similar to the findings of the probability survey conducted in June of 2005. The majority of Lincoln County citizens put a high priority on offering counseling and substance abuse services to their children and youth in need, as well as, providing school-based prevention programs to prevent children and youth from getting into trouble. A high percentage of the respondents (42.4%) believe that Lincoln County needs its own temporary shelter for runaway and homeless youth.

The written comments on the returned surveys, both positive and negative, offered some interesting insights. Many of the respondents were unaware of the many children’s mental health services already offered in Lincoln County. Making the public aware of the available services and how to access them must be a priority for the *LCRB* and its

providers. Also, many of the respondents indicated a desire for more recreational and healthy life-style opportunities for its children and youth, as well as, more parenting classes for parents of all ages. Some people indicated the need for more prevention programs to address all types of “bullying” and harassment behavior in our schools. Overall, the surveys indicated strong support for the children and youth mental health services that are now offered in our County.

What This Study Measures

Missouri Statute RSMO.210.860 was used as a guide for this study. The services listed below are eligible for funding through the *Community Children’s Services Fund*, which is overseen by the *LCRB*. These services include:

- Temporary shelter services for abused, neglected, runaway, homeless or emotionally disturbed youth
- Respite care services
- Services to unwed mothers to help ensure healthy pregnancies and births
- Outpatient chemical dependency treatment
- Outpatient psychiatric treatment
- Counseling and related services as part of transitional living programs
- Crisis intervention services, including telephone hotlines
- Prevention programs
- Home-based and community-based family intervention programs
- Individual, group, or family counseling and therapy services

The most current statistics were accumulated for this study, with most of them reflecting 2006 and 2007 data. The following data was requested from local agencies:

- Descriptions of services and programs available to children
- Number of Lincoln County children and youth served
- Requests for services
- Number of children and youth placed on waiting lists
- Number of children and youth referred to agencies outside of Lincoln County
- Strengths of programs
- Average lengths of stay (treatment)
- Costs of providing services to families

All of the non-profit organizations located in Lincoln County provided data for this study, and several agencies that provide these services in neighboring counties were also asked to provide data. These agencies provide the majority of low to no cost services to the populations for which Missouri Statute RSMO.210.860 was intended. Although there are other organizations or private practitioners who provide some of these services, it was felt that the data received from the non-profit agencies would give an accurate picture of the need.

The following agencies provided data for this assessment:

- *Catholic Family Services*
- *Child Center, Inc.*
- *Crider Health Center*
- *Division of Social Services*
- *Elsberry School District*
- *45th Judicial Circuit of Pike and Lincoln Counties*
- *Healthy Communities of Lincoln County*
- *Lincoln County Juvenile Office*
- *Lincoln County Medical Center*
- *Lincoln County Wellness Center*
- *Missouri Department of Social Services*
- *Missouri Kids Count*
- *Our Lady's Inn*
- *Preferred Family Healthcare*
- *St. Louis Crisis Nursery*
- *Sts. Joachim & Ann Care Service*
- *Silex School District*
- *Troy School District*
- *Winfield School District*
- *Youth In Need*

Factors Impacting Funding of Services

The overall need determined by this study is affected by several factors, including the rapid and enormous growth rate that our County has experienced over the past 20 years, reduced mental health benefits provided by employers due to unemployment and cutbacks, the sluggish economy and the reduced funding streams at the State and local levels due to budget deficits and cutbacks. Each of these factors will be elaborated on in further detail below.

➤ **Population Growth Rate**

Lincoln County experienced a growth rate of 34.8% from 1990 to 2000 and a growth rate of 28.7% from 2000-2006, making it one of the fastest growing counties in the country. (*United States Census Bureau, 2008*) Given the growing trend of families to move away from downtown areas and the availability of affordable land, a continued growth in its population is anticipated for Lincoln County for several generations. Long-term population projections indicate a population of nearly 100,000 people in Lincoln County by the year 2020. (*CensusScope, 2008*)

Children and youth comprise 26.1% of the County's population, in contrast to the overall 24.2% average in Missouri. (*Missouri KidsCount, 2007*) On average Lincoln County is growing by about 1,863 people per year, and since our youth population represents 26.1%, we are adding approximately 486 children to our county every year.

Along with the increased growth, comes an increased need for services. According to the U.S. Surgeon General's Report of 2001, it is estimated that 20% of all children will be in need of some sort of children's services in any given year and that 7% of all children suffer from a severe emotional disorder (SED). Recent statistics from the *Department of Mental Health* indicate a current a rate of 7-8% or higher, nationally, for children with a Serious Emotional Disorder (SED). Applying these percentages to a growing population demonstrates a greater need for services, and should be taken into account when planning for future programming services.

➤ **Insurance and Unemployment Issues**

Many of the services described in this study are not readily a part of benefit packages most employers offer their employees. With the increasing cost to employers of purchasing insurance coverage, many employers frequently have to offer fewer benefits. In addition, many employers have been forced to lay-off a number of their employees. With the high cost of COBRA, and because many workers are taking positions with companies that don't offer benefits, there is an increasing number of people with inadequate benefits to cover the cost of services.

The unemployment rate in 2007 in Lincoln County was 5.7%, compared to 5% in the State of Missouri (STATSIndiana, 2008). This relative high unemployment rate negatively affects the overall economy of the County, while increasing the need for mental health services.

➤ **Funding Cuts and Financial Giving**

Budgetary deficits have continued to have a dramatic impact on the *Department of Mental Health*. Since mental health services are not mandated services, and because the likelihood of a statewide tax increase is small, it is anticipated that larger cuts that include services to families will be inevitable.

The increased cost for gasoline, utilities and food has greatly impacted donors' ability to support local charities. Corporate giving and donations have spiraled downward over the past two years due to the sluggish economy.

➤ **A Sluggish Economy**

Rapid rises in the cost of gasoline and the precarious housing industry have slowed consumer spending and have reduced sales tax revenues. Total sales tax revenues in Lincoln County in the past 12 months increased by only 2%, even though the County has seen the addition of many new businesses. The high gasoline prices have had a large impact on the people of Lincoln County since 45.2% of workers are commuters. (*CensusScope*, 6-17-08)

Overall cost increases for basic necessities have impacted donors' ability to support local charities. Consequently, many agencies are reporting that donors are giving less than in previous years.

THE CURRENT STATE OF CHILDREN'S SERVICES IN LINCOLN COUNTY

EARLY INTERVENTION AND PREVENTION PROGRAMS

Early intervention programs provide opportunities to detect school adjustment difficulties in young elementary children and to put interventions into place that prevent social and emotional problems, and enhance learning skills. Without early intervention, mild forms of maladaptive behavior may persist and develop into more serious problems in later years.

Prevention programs provide children with coping skills when exposed to societal risk factors. In order to help children and youth handle the pressures they face every day, either at home or at school, it is important that they have certain skills before the pressures arise. Parents are also in need of skills, particularly when they have children who are at high-risk of acting inappropriately. These skills can be developed and enhanced through prevention programs that build on the child or parent's existing strengths, while teaching new skills that enable them to handle various difficulties. General prevention programs teach skills that can be used to handle multiple issues, while other prevention programs focus on specific problems.

Both prevention and early intervention programs are cost effective, as well as, effective in circumventing other problems. Prevention and early intervention programs, however, need to be provided to all children so that there is a consistency of skills and message, and they need to be presented at an age before the youth has to face challenges.

In addition, it is important to "inoculate" youth more than once with prevention programs. The need for on-going prevention is particularly important concerning Lincoln County alcohol and drug usage. It is hoped that all children in the County could learn the skills necessary 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.

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

Lincoln County's Current Situation

The *LCRB* was able to grant \$269,874 for early intervention and prevention programs in the County for the 15-month funding period from October 2007 through December 2008. These school-based early intervention and prevention programs cover a variety of topics and are being offered in public and private schools.

➤ **Early Intervention Programs**

Previous to the above-mentioned funding from the *LCRB*, early intervention services were not offered in any of the public or private schools in the County.

The *Pinocchio Early Intervention Program*, funded by a \$74,541 *LCRB* grant, was implemented by the *Crider Health Center* for the children in Grades K-3 in the three Catholic schools, representing 269 students. Following the program screenings, 48 children from this population were determined to be eligible and are currently receiving individual intervention services. This early intervention program provides ongoing student services, peer consultation and topic-specific training and support services for the school staff. As needs arise in the school, this flexible program also can address a family crisis or any catastrophic event or change.

➤ **Violence Prevention Programs**

Prior to *LCRB* funding, *Crider Health Center* provided their *Changes and Choices* curriculum to every 6th grader and their *Healthy Relationships* workshop to every to every 8th grader in all four public school districts. However, it was important to teach conflict resolution skills to children at earlier ages.

During the 2007-2008 school year, *Crider Health Center* was awarded \$35,149 to provide anti-violence and anti-bullying programs for grades K-5 and grade 7 in the four public school districts in the County. To date, *CHC* has delivered violence prevention programs to 7,431 children in the County.

➤ **Sexual Abuse and Sexual Assault Prevention Programs**

Prior to the creation of the *Community Children's Services Fund* in Lincoln County, no sexual abuse or sexual assault prevention programs were offered to children in schools in Lincoln County.

The Child Center was awarded \$68,184 by the *LCRB* to provide sexual abuse and sexual assault prevention programs for elementary and middle school students in the four County school districts, as well as, to preschoolers in certain daycare facilities. In addition to presenting these programs to the students, *The Child Center* staff began training school staff and other community-based professionals about the following topics: the dynamics of sexual abuse, the responsibility as a mandated reporter in the State of Missouri, and, how to appropriately handle a child's disclosure. Parent programs are also offered at each elementary school to give parents information about sexual abuse and to teach parents how to appropriately respond to a child's disclosure of sexual abuse, as well as how to report such abuse. Currently 3,918 students, 3,661 parents and 490 professionals are served by this program.

➤ **Substance Abuse Prevention Programs**

No substance abuse prevention programs existed in any of the Lincoln County schools prior to the passage of the "*Putting Kids First*" tax initiative. The *LCRB* awarded *Preferred Family Healthcare* a \$92,000, 15-month grant, for 2007-2008 to implement the *Team of Concern* Program in the middle schools in the four public school districts in the County. The *Team of Concern* Program offers both school-based prevention services, and substance abuse counseling and education for identified at-risk students.

The *PFH* staff facilitates staff training about the program, specifically focusing on the referral process. Student awareness activities provide information about the program and offer general education on substance use prevention. In addition, several community awareness activities are held in conjunction with school events. The *Team of Concern* Program currently offers prevention services to approximately 1,632 middle school students in the County, with 30 youth having already received more intensive counseling.

Our Strengths

Experienced, professional staff of the *Crider Health Center* and *Preferred Family Healthcare, Inc.* are committed to providing early intervention and prevention programs to the Lincoln County children and youth that are based on best practices. These programs are geared to help provide youth with valuable skills at critical times when they are tempted and challenged by peer pressure. *The Child Center* has the expertise in providing age-appropriate sexual abuse and sexual assault prevention programs for youth of both genders and of all ages.

Current Service Gaps

Currently, not every child in Lincoln County has access to all of the above-mentioned early intervention and prevention programs.

In Lincoln County, there are 2,665 total students in grades K-3, representing the total target population of the *Pinocchio Early Intervention Program*. Currently there are only 269 children receiving this intervention program, leaving 2,396 students in grades K-3 who were not screened for eligibility. The *Crider Health Center* statistics have shown that approximately 20% of the total numbers screened for eligibility are identified as needing individual and/or group services. Using this percentage, approximately 480 additional students would be identified as needing individual and group interventions, if the *Pinocchio Program* were available to these children. (*Crider Health Center, 2008*)

In addition to the public schools, Lincoln County has several *DESE*-registered and a few non-registered private schools with a total of approximately 687 students, in about 38 classrooms. Due to a lack of funding these students do not typically receive violence prevention services. As special circumstances arise, and, in keeping with the *Crider Health Center's* mission, the *CHC* has delivered violence prevention programming as a courtesy to the private schools, when possible, to meet their individual need.

There currently is no formal school-based substance abuse prevention and counseling program for the 2,782 high-school age students, such as the *Team of Concern* Program now offered to all middle school students in the County.

At the present time only elementary and middle school students in the four school districts receive sexual abuse and sexual assault prevention programs. None of the 2,782 Lincoln County high school students receive these prevention programs. No

prevention programs that specifically target cyber-enticement and cyber-bullying are available to any of the school-age children and youth of Lincoln County.

Cost to Fill the Gaps

Approximately 2,396 students in Lincoln County do not currently receive *Pinocchio Early Intervention* services. In order to meet the entire need for this service in the County, it would cost: 2,396 students x \$145 per student, per year=**\$347,420.00**.

The hourly cost for the *Violence Prevention Programming* is \$72.10 per hour. The level of unmet need in Lincoln County is the approximate 38 private school classrooms that are currently served. To sufficiently cover these additional schools, grades K-8, the cost would be:

38 classrooms x 2 hours per classroom x \$72.10 per hour=**\$5,480.00**. This additional programming would reach about 874 children. (*Crider Health Center, 2008*)

At the present time, only elementary and middle school students in the four school districts receive sexual abuse and sexual assault prevention programs. To add sexual harassment programs for all 9th grade students in the four Lincoln County school districts it would cost: 967 participants (751 students, 216 professionals) x \$16.38 = **\$15,839.46**.

To provide “*Cyber Enticement and Cyber Bullying*” Prevention Programs at the appropriate grade levels in the four Lincoln County school districts would cost:

- 1,548 participants (1,379 fifth & sixth grade students, 169 professionals) x \$16.38=**\$25,356.24**.
- 1,448 participants (1,448 middle school students, same professionals) x \$16.38=**\$23,718.24**
- 751 participants (751 ninth grade students), same professionals) x \$16.38=**\$12,301.38**

The total for all of the additional sexual abuse, harassment, cyber enticement and cyber bullying prevention programs would be **\$77,215.32**. (*The Child Center, 2008*)

There currently is no formal substance abuse prevention program for the approximately 2,782 high-school age students in Lincoln County. The cost of implementing such a program in the four County high schools would cost: **\$55,144.76** for prevention and education services (4 high schools x 11 months x \$1,253.29/month). With 48 likely substance abuse referrals, the cost of providing counseling and case management would be **\$32,647.68** (48 youth x 8 hours x \$77.25 per hour for counseling; plus, 48 youth x 1.5 hours x \$41.44 per hour for case management). The total cost for implementing *Teams of Concern* Programs in the four Lincoln County high schools would be **\$87,792.44**. (*Preferred Family Healthcare, 2008*)

The total cost of offering these additional early intervention and prevention programs would be **\$517,907.76**. When compared to the cost of treatment and counseling services, directing more dollars into early intervention screening and preventive care is economically a good choice. But more significant is the reduced negative impact upon the children and families that might be prevented from enduring long-term addiction and or mental health concerns.

INDIVIDUAL, GROUP & 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 life adjustments, depression, anxiety, 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 convoluted form at a later time.

Lincoln County's Current Situation

Prior to the inception of the *Community Children's Services Fund (CCSF)* limited individual, group and family counseling services were available to children and youth in Lincoln County. A two-year grant, received in January of 2004 from the *Missouri Foundation for Health (MFFH)*, allowed *Catholic Family Services, Crider Health Center* and *Preferred Family Healthcare* to provide counseling services to about 120 children and youth per year at the *Lincoln County Wellness Center*. After the two-year grant expired, the *LCRB* provided funding for the *Lincoln County Wellness Center* to keep the facility in operation until September of 2007 when CCSF dollars became available. During the first nine months of 2007, a total of 125 children received individual counseling and 70 group therapy sessions were conducted at the *Lincoln County Wellness Center*.

The *LCRB* funded two counseling programs for the 15-month funding period from October 2007-December 2008 for a total amount of \$107,374.

Catholic Family Services was awarded \$92,374 to continue the operation of a counseling facility at the *Lincoln County Wellness Center* in Troy. Five licensed professional counselors provide services at this location. Treatment issues addressed include: depression, anxiety, impulse control problems, family crises, divorce, aggression, parenting and school-related difficulties. Also, *Love and Logic* parenting classes and *Anger Management* classes are offered at the *Lincoln County Wellness Center*. To date, approximately 38 children and youth have been served in the counseling program with the potential to serve 200 children and youth per year.

In addition, the *Lincoln County Medical Center* received a \$15,000 pilot program grant to provide counseling for the siblings of children with disabilities. These siblings receive six group and six individual counseling sessions to help them cope with the stress of having a brother or sister with special needs. Approximately 30 children are being served with this counseling program, which is based on the *Sibshop* model.

Our Strengths

These easily accessible, free counseling services provide many children and families with immediate professional help to cope with, adapt to, or resolve a broad variety of stressful circumstances, such as a sudden crisis or emotional trauma. Addressing these issues in a timely manner may minimize the possibility that more severe problems may appear in the future.

Current Service Gaps

Based on *Missouri KidsCount 2007* data, Lincoln County has a population of 13,080 children and youth under the age of 18. Assuming that the population base for counseling services is ages 5 to 18, that base is 9,156 (13,080 x 70%) children and youth. The 2000 Surgeon General's Report estimates that 20% of all youth are in need of some form of mental health or social service help each year and that 7% of these children suffer from a serious emotional disorder (SED). If we deduct the children with a serious emotional disorder (SED), 1,190 children and youth would need counseling services, if services were fully-marketed and available

The two counseling services previously described may serve a maximum of 230 children or youth, leaving 960 without funded, local counseling services.

Cost to Fill the Gaps

In order to provide counseling services to the children, youth and families who are beyond the system's current capacity, the cost would be: 960 children & youth x 4 session average stay x \$55 per hour session=**\$211,200**. (*Catholic Family Services, 2008*)

OUTPATIENT PSYCHIATRIC TREATMENT 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.

Lincoln County's Current Situation

The *LCRB* awarded funding in the amount of \$32,807 to *Catholic Family Services* to provide outpatient psychiatric services children and youth in Lincoln County at the *Lincoln County Wellness Center* for a 15-month funding period (October 2007 through December 2008). This funding provides services to a maximum of 54 children with an average cost of about \$610 per client.

Catholic Family Services has provided two board-certified psychiatrists who are available to see and treat clients in the Lincoln County area for a range of conditions. All clients receive a comprehensive diagnostic assessment, medication evaluation and/or on-going treatment. Conditions encountered may include depression and bipolar conduct and anxiety disorders. To date, eight clients have received psychiatric services. (*Catholic Family Services, 2008*)

Our Strengths

The partnership developed between *Catholic Family Services* and *Preferred Family Healthcare* to maintain and expand the *Lincoln County Wellness Center* demonstrates their ingenuity and resourcefulness in difficult economic times, and their commitment to serving the children and youth of this region. They realize the tremendous needs within the community and are dedicated to finding solutions to meet the growing need.

Current Service Gaps

Based on *MissouriKidsCount 2007* data, Lincoln County has a population of 13,080 under the age of 18. Assuming that the population base for psychiatric services is ages 5 to 18, that base is 9,156 ($13,080 \times 70\%$) children and youth. Using the estimate that 7% of all children suffer from a serious emotional disorder (SED), it is estimated that 641 children and youth would have a serious emotional disturbance diagnosis. Given that 60% of children and youth with a SED require psychiatric services as a part of their treatment, the estimate of youth needing psychiatric treatment is 385. Subtracting the number of Lincoln County children currently receiving help in other counties and the number of children estimated to be served through the *LCRB* funding, there are still 331 children and youth in Lincoln County without available psychiatric services.

The mental health needs of children and youth in Lincoln County are continuing to grow. The number of children receiving public SED mental health services increased from 276 children in 2002 to 424 children in 2005, an increase of 54%. (*Missouri KidsCount2007*)

Cost to Fill the Gaps

The cost of providing the additional psychiatric coverage would be: 331 children and youth x \$610 (average cost)=\$**201,910**. This average cost based on an average number of 6 sessions. (*Catholic Family Services, 2008*)

Outpatient Substance Abuse Treatment Services

Statistics available from the 2005 *National Center for Chronic Disease Prevention and Health Prevention* report indicate that drug and alcohol use among youth in Missouri is consistent with overall use in the United States. These statistics indicate that over 24% of Missouri students had their first full drink of alcohol before the age of 13 and that almost 25% of Missouri students have had 5 or more drinks of alcohol within a couple of hours, on one or more occasions, in the past 30 days. In addition, 35% of Missouri students have used marijuana one or more times during their lifetime and 18% of Missouri students have used marijuana one or more times during the past 30 days. Also cited in these 2005 statistics was the usage rate of cocaine, inhalants, methamphetamines and ecstasy: over 7% of Missouri youth have used some form of cocaine one or more times during their lifetime; 12 % had used inhalants to get high one or more times during their lifetime; 6.4% have used methamphetamines one or more times during their life; and, 6.1% have used ecstasy one or more times during their lifetime. All of these statistics reveal an ever-increasing number of youth experimenting with some type of alcohol and/or illegal substance abuse in Missouri (*National Center for Chronic Disease Prevention and Health Prevention, 2005*).

According to the *U.S. Drug Enforcement Administration*, Missouri has for years led the country in the number of meth lab raids and, consequently, in the number of children removed from those sites. In 2006, the number of meth lab raids was 1,288, far higher than any other state. In fact, the *United States Census Bureau* reported 48 meth lab incidents in Lincoln County in 2005.

Most people tend to associate drug sales and usage with impoverished communities, and many studies have shown this assumption to be true. However, the same studies also indicate that drug and alcohol usage is equally prevalent in the higher income communities because of excess money to purchase drugs and alcohol. While even experimentation is scary to most parents, a professional assessment is often necessary to determine the appropriate level of care or whether any type of intervention is necessary at all. Adolescents will often brag to their peers about the level of their consumption, while others drastically minimize their usage, or deny it all together to their parents and other adults.

Some adolescents, because of the extent of their addiction, are best treated in a residential, or inpatient setting. Detoxification and 24-hour surveillance are often necessary 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 suited for family therapy and educational sessions. This study will only assess the need for outpatient substance abuse treatment. 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.

Lincoln County's Current Situation

An adolescent outpatient facility for the treatment of drug and alcohol addiction and abuse did not exist in Lincoln County until January of 2004. *Preferred Family Healthcare*, the *Crider Health Center* and *Catholic Family Services* received a two-year grant from the *Missouri Foundation for Health* to establish the *Lincoln County Wellness Center*, where coordinated services could be provided to youth ages 19 and younger, including outpatient chemical dependency treatment. Prior to this award, families had to travel to West St. Louis County or St. Charles County to receive services. A grant from the *LCRB* provided for the continuation of the *Lincoln County Wellness Center* from January to December of 2007. In September of 2007, the *LCRB* awarded funding in the amount of \$300,000 to *Preferred Family Healthcare* to provide outpatient substance abuse treatment to children and youth in Lincoln County from October 2007 through December 2008. This substantial grant demonstrated a strong commitment to providing services for the children and youth of Lincoln County that are struggling with substance abuse issues. To date, 37 clients have received intensive substance abuse treatment services.

Our Strengths

Preferred Family Healthcare has a full range of available services to match the individual needs of each youth, a caring professional staff and strong working relationships with social service agencies in Lincoln County. The appropriate level of care for youth who are abusing or who are addicted to alcohol or other drugs can be determined by a thorough assessment, and depending on the severity of the usage, the youth can be treated as an inpatient, receive day treatment or intensive outpatient treatment in their *CSTAR* program or can receive brief intervention in an outpatient treatment setting locally. Additional group counseling for anger management and support groups are also available through *Preferred Family Healthcare*. The staff has the expertise to address all addiction issues as well as co-occurring mental health disorders.

The *Lincoln County Outpatient Program* offered by *Preferred Family Healthcare* at the *Lincoln County Wellness Center* provides outpatient substance abuse treatment services to children (ages 12-18) living in Lincoln County. The program is based on the *Missouri Department of Mental Health's* *CSTAR* model, and consists of two levels of care: Level II (intensive outpatient) and Level III (aftercare). Level II consists of individual counseling, community support work, group counseling and education and family therapy. On average, a child receives 10 hours of service per week in Level II. Level III consists of any one or more of the above services; the frequency of the services varies based on the child's need. On average, a child receives 5 hours of

service per month in Level III. The *PFH* staff utilizes individualize treatment planning and a family-centered approach when working with the child and his/her family to institute behavioral changes which support optimum health. Typically, a Level II child is engaged in services at the *Lincoln County Wellness Center* for 6-7 months, while a Level III child is engaged in series for 3-4 months. It is common, or even expected, that a child can encounter services at either level and can receive services at both levels over the course of a treatment episode.

PFH has a goal of admitting 77 clients in to the *Outpatient Substance Abuse Treatment Program* at the *Lincoln County Wellness Center* during this funded 15-month period from October 2007-December 2008. To date, 37 youth have received substance abuse treatment services.

Current Service Gaps

Local County data on alcohol and drug usage is not available. While each of the four school districts conducted a self-survey of youth for their *Safe and Drug-Free Schools* grant in 2000, the ages of the youth survey were not consistent, and the total number of youth who submitted a survey was too small to have valid usage rates. Since State data is dated and inadequate for this analysis, and does not necessarily reflect regional differences, the closest data set to evaluate need is from St. Charles County.

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

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

8 th Grade	9 th Grade	10 th Grade	11 th Grade	12 th Grade	# Days
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 data on 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 who use 0 to 5 days per month demonstrate experimental usage. For youth using 15 days out of 30, a dependence on alcohol is strongly indicated, and these youth are probably candidates for inpatient treatment. Those youth who use between 6 and 14 times a month would be candidates for and best treated in an intensive outpatient treatment program. The percentages in the row of “6 to 9” and half of the row “10 to 19” were added together for the determination of need. Using a population average of 649 youth per age, the total number of youth who would be candidates for intensive outpatient treatment is 386.

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

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

8 th Grade	9 th Grade	10 th Grade	11 th Grade	12 th Grade	# Days
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 +

Youth who binge between 0 and 2 times per month indicates usage that is lower than the threshold for admittance to an intensive outpatient treatment program, and youth who binge over 8 times per month indicates usage that is probably best treated with inpatient treatment. In order to calculate need, the percentages from the row of “3 to 5” and half of the row “6 to 9” times were added together to determine who would also probably qualify for outpatient treatment.

Based on the previously mentioned population base of 649 youth per age, the total number of youth who binge and would benefit from intensive outpatient treatment is 371. Based on Preferred Family Healthcare’s experience, about 80% of youth use regularly as well as binge, so this figure was multiplied by 20% to eliminate duplicate youth, for a total of 74 youth. Adding the two figures together would be 460 youth in need of these services.

Additionally, according to *Preferred Family Healthcare*, there is a small percentage (approximately 2%) of youth who abuse marijuana only. Most youth who abuse other illegal substances such as cocaine, LSD, heroin and methyl amphetamines, also tend to abuse alcohol and marijuana.

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	# Times
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 rows “3 to 9” and “10 to 19” in this table indicate a level of usage that would benefit from intensive outpatient treatment. The total number of youth in the County in this category is 387. Multiplying that number of youth by 2%, in order to remove duplicate youth, adds an additional eight youth to the total.

Combining all of the youth in each of the three categories, there is a total of 468 youth whose usage would indicate the need for intensive outpatient treatment.

Left untreated, substance abuse and substance dependence can develop into other problems. Youth who abuse alcohol and other drugs are more likely to perform poorly in school and have a higher dropout rate. They also have a greater propensity toward violence and are more likely to be involved in criminal activity.

Cost to Fill the Gaps

Although the *LCRB*-funded outpatient substance abuse treatment program will meet the needs of 77 clients, there are an estimated 391 children and youth with significant substance abuse concerns that will not receive services. At an average cost of \$3,621 for a seven-month round of treatment, the cost of providing these services to these 391 youth would be almost \$1,416,000 (*Preferred Family Healthcare, 2008*). Currently, utilization is at 7% of the overall estimate of need (37 of 468). This rate has occurred after less than one year of marketing their services and building a relationship with the four school districts. Utilization will probably continue to grow, so for the purposes of this study, a 10% utilization will be used to determine the need. Should additional funding become available, and, or if, marketing produces a greater utilization rate, future assessments can re-evaluate this percentage as to whether it significant or not. Using 10% of the total number of youth in need of outpatient services (468) indicates that there should be funds for 47 youth. With our current capacity of 77 youth, no additional funds are needed at this time.

Crisis Intervention Services

Crisis intervention services help assure that support and other services are available when an individual experiences an emergency, whether it would be man-made or a natural disaster. It is vital for people who are experiencing trauma or severe difficulties to have access to someone who can assess risk, defuse the situation, have access to emergency service appointments and make appropriate referrals. In addition, when communities are experiencing a trauma like a natural disaster, such as a flood, or a man-made trauma, like a school shooting, it is necessary for professional counselors to be available immediately to respond to the victims. In these situations, it can be extremely helpful to have a team of crisis counselors available to meet the emotional needs of many children or youth.

Lincoln County's Current Situation

Lincoln County has access to a 24-hour free "800" crisis line through *Behavioral Health Response*. *Behavioral Health Response* (BHR) is a professionally staffed, technologically sophisticated, accredited clinical call center. BHR provides expert behavioral health, crisis response and corporate feedback services 24 hours a day, seven days a week to agencies and companies worldwide.

Behavioral Health Response has trained professionals able to defuse many crises, while providing referrals to a multitude of service providers. Their services are not well known within the County, and are accessed most often through service providers.

United Way Missouri 2-1-1 is a fast, free, confidential way to get help, 24 hours a day, 7 days a week, for: basic human needs; physical and mental health resources; work initiatives; support for seniors and those with disabilities; or, support for children, youth and families. Trained, referral specialists "man" these phone lines and refer callers to the appropriate resource based upon the information given by the caller. *United Way Missouri 2-1-1* is supported by *United Ways* across the state, as well as, a grant from the *Missouri Foundation for Health*.

Catholic Family Services received 15-month funding (October 2007-December 2008) from the *LCRB* in the amount of \$17,799 to provide needed crisis intervention services to any of the public, private or parochial schools in Lincoln County. Specific interventions will vary depending on the crisis and/or issue being addressed, as well as the ages of the children and the severity of the symptoms.

Our Strengths

The public can speak with a crisis counselor through *Behavioral Health Response* and/or the *United Way Missouri 2-1-1* referral service for free, twenty-four hours a day. Any caller can be referred to an appropriate agency or providers for assistance or have their crisis abated by problem-solving with the crisis counselor. The *Crider Health Center* has been responsive to various crises over the years, helping thousands of children cope with various losses.

Catholic Family Services' School Partnership Program (SPP) clinicians are trained in best practices for *Critical Incident Stress Debriefing (CISD)*. Debriefing allows victims involved with the incident to process the event and reflect on its impact. Grief counseling is also utilized to effectively help children and families who have experienced a loss, such as a death or trauma. *Catholic Family Services* will immediately deploy clinicians to critical incidents, as necessary.

Current Service Gaps

Most of the public is unaware that *Behavioral Health Response* and/or the "2-1-1" systems exist and that their services are available. The funded *Crisis Intervention Program* from *Catholic Family Services* would only cover the cost of providing

counseling to 80 children for an average of 5 sessions. In the event of multiple crises and/or more students being involved, this funding may be inadequate. Other agencies, however, such as *Crider Health Center*, are willing to assist with any crisis situation.

Cost to Fill the Gaps

In order to handle a number of crises or traumatic situations, reserves need to be created which can be used in emergent situations to provide crisis supports. Using the average cost for 3 interventions per year, the cost for providing funding for a crisis response team, is **\$15,975**. (*Catholic Family Services and Crider Health Center, 2008*)

Home-Based, Community-Based & School-Based Family Intervention Services

Home-based, community-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; 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); and, 4) identify and provide services to children and youth with intensive mental health needs.

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 remain with their own families and have a better long-term outcome, if the family could receive timely intensive home-based, community-based or school-based services.

In September of 2007, the *LCRB* was able to fund several 15-month programs with local providers for home-based, community-based and school-based programs for the funding period from October 2007 through December 2008. The total amount funded for these programs from the *Community Children's Services Fund* was \$494,575.

Lincoln County's Current Situation

➤ Family Advocate Program

The Child Center has implemented a *Family Advocate Program* in the County. The *Family Advocate Program* is designed to support non-offending caregivers in cases of alleged child sexual abuse in such a manner that they can act responsibly to protect and support the alleged child victim.

The Family Advocate helps to identify the non-offending caregiver's most urgent needs for the family. Basic needs must be met first, such as food, clothing, shelter and the safety of the child. The Family Advocate's role is to provide support for the non-

offending caregiver and to help guide the caregiver toward healthy decision making. (*The Child Center, 2008*)

This 15-month program was funded by a \$57,863 grant from the LCRB (October 2007-December 2008). The *Family Advocate Program* is providing valuable services to children and youth that have allegedly been sexually abused. Since the fall of 2008, 14 families with 15 child victims have been served. A total of 42 children, including the 15 victims, were involved in these cases. (*The Child Center, 2008*)

➤ **Community-Based Services for Children of Homeless Families**

The *Sts. Joachim & Ann Care Service* received a 15-month grant in the amount of \$30,713 to provide a part-time social worker to complete assessments of children of homeless families to determine the service needs of the families. The social worker works both with the schools and with other providers to identify children of homeless families. In addition, the social worker partners with the parents and the school to ensure that the children receive an adequate education and that they remain in school. Building community awareness of the issues surrounding homelessness is accomplished by the social worker talking with various community groups to educate them about the plight of the homeless and to empower them to help. A collaborative effort between the community agencies, organizations and residents is vital to ensuring that fragile families move out of homelessness into the socio-economic mainstream.

Since the inception of the homeless prevention and stabilization program in October 2007, *Sts. Joachim and Ann Care Service* has worked extensively with 40 families and 66 children, providing assessments, case management and financial assistance. (*Sts. Joachim & Ann Care Service, 2008*)

➤ **Supervised Visitation Services**

Another LCRB 15-month grant of \$30,000 allowed the 45th Judicial Circuit to expand its *Supervised Visitation Program*. This program expansion provided alternative means of visitation between a child(ren) and parent(s) within Lincoln County. This supervised visitation program was also funded for 2006-2008 with a \$38,000 *Office of State Courts Administrator (OSCA)* grant. The visitation program can now accommodate a maximum of 63 children between Lincoln and Pike Counties, per 3-month treatment period. Sixty children and youth from Lincoln County have received supervised visitation services since the inception of the program on July 1, 2006. Currently 13 children from Lincoln County are receiving services.

➤ **School-Based Counselors**

Catholic Family Services received an \$85,085 LCRB grant to place part-time counselors in the county's three Catholic elementary schools: *St. Alphonsus School, Immaculate Conception School, and Sacred Heart School*. Counselors provide individualized counseling for identified students and facilitate classroom presentations on topics such as bullying, friendship and character building. Individual sessions with students address issues such as divorce, anger, anxiety, and social skills. Other services provided include consultation with teachers and faculty; consultation with parents; making classroom observations; attending parent-teacher meetings and student staffings; and, providing documentation and referrals to other resources. To date, 566 County students

in the Catholic schools have benefitted from these individualized counseling and prevention services. (*Catholic Family Services, 2008*)

➤ **School-Based Mental Health Specialists**

The *Crider Health Center* was awarded a 15-month, \$290,914 grant, to assign a *School-Based Mental Health Specialist* in each of the four County school districts. The target populations for this grant were children and youth, grades K-12, who have been diagnosed with a Serious Emotional Disorder (SED). In Lincoln County, 75 children and youth are being served in the *SBMHS Program*. *Crider Health Center* estimates that an additional 20 students will be served by the *SBMHS Program* by the end of this funding cycle. (*Crider Health Center, 2008*)

➤ **Partnership with Families Program**

At this time 15 children and youth are being served by the *Crider Health Center's Partnership with Families (PWF) Program* that is not currently funded by the *LCRB*. *PWF* is an intensive, community-based program designed to support children and youth diagnosed with *SED*, who are at serious risk of being removed from their homes, have had multiple psychiatric hospitalizations, have multiple agency involvement, and, who are at greater risk of juvenile justice involvement. *Crider Health Center* estimates that an additional 12 children will be served by the *PWF* program in 2008.

Our Strengths

Professional and experienced providers are offering a diverse array of free and accessible individualized services for almost 800 identified children and youth in Lincoln County.

The model *Family Advocate Program* implemented by *The Child Center* in Lincoln County has provided a wide variety of services for the families served. Not only do the children receive direct services related to the alleged abuse, but these children and their families are also referred to counseling and other support services to aid in the healing process. Every family undergoes a family assessment, and an individualized safety plan is created and implemented for each family. The Family Advocate also offers support to families involved in the court system.

Lincoln County is demonstrating great strength in working with children of homeless families. When a family is identified as in crisis, agencies working in our County collaborate to meet the needs of the family. The schools districts are very accommodating and supportive of families. Several schools districts have asked for additional information and have called the social worker when they suspect a family may be in a homeless situation. In addition, numerous landlords have come forward and are willing to work with *Sts. Joachim and Ann Care Service* and families in crisis to ensure the families can find stable housing that is both safe and secure. Landlords have overlooked questionable credit history, evictions and foreclosures when families are working with an agency that is going to provide services to the family and that will keep the landlord informed of progress.

Sts. Joachim and Ann Care Service continues to bring to Lincoln County numerous resources and innovative ideas to help families and children. SJA has 27 years of social service, crisis intervention and advocacy experience in both the rural and urban setting. The *Care Service* agency has a professional seasoned staff and an organizational structure that is able to handle crisis. Their adaptability and open-mindedness to identify social issues and develop solutions is a dynamic strength.

Sts. Joachim and Ann Care Service's homeless and stabilization program has made a substantial difference in children's lives. Collaboration with the schools, *Children's Division, Juvenile Office* and other agencies has kept these children out of the state system and reduced the family's propensity for homelessness, abuse and neglect; hence, planting the seed of hope with families and breaking the chain of despair of homelessness.

The *Supervised Visitation Program* offers safe, prearranged visits, overseen by trained facilitators, for children of families involved in the court system. The feedback offered to the families by the facilitator provides opportunities to improve parenting skills and to reduce possible future child abuse/neglect. At least three of the families have been able to move to unsupervised visits due to the interventions of this program.

The part-time *Catholic Family Services'* counselors placed in the three county Catholic schools provide prevention and intervention programs designed to meet the specific needs of each classroom, as well as, offering group and individual counseling services to identified students. This combination of classroom presentations and counseling services has been highly successful in identifying and meeting the needs of this population.

The school-based mental health specialists placed in the four county school districts by *Crider Health Center* have offered not only professional expertise in working with the identified students, but have also served as a strong liaison between the families and the school and other community resources. Each of the four school districts has utilized the offered services at maximum levels with students at some schools being on waiting lists.

Crider Health Center's community-based *Partnership with Families (PWF) Program* provides children and youth with more intensive services and available resources within Lincoln County.

Current Service Gaps

The Child Center reports that just half way through the *Family Advocate* Program grant period, 15 victims have already been served, and they project that the cases will exceed 25 victims before the end of 2008. In addition, these cases usually are open for services for a long duration of time. Some children and families are not receiving services even though they fit the criteria for working with the Family Advocate. If the Family Advocate is not in the office at the time of the child's forensic interview, the family is told about the services and then receives a phone call later that day or the next day from the Family

Advocate. Contact has not been established in 8 families because the Family Advocate was not physically in the office during the child's interview. (*The Child Center, 2008*)

There are weaknesses in the Lincoln County system in meeting the needs of children of homeless families. A major weakness is the lack of community awareness of the existence of homeless children and families and the struggles that these families go through to get back on their feet. Inadequate affordable housing, inadequate transportation, lack of sustainable employment and inaccessible affordable health care are all causes of homelessness. Lack of employment opportunities in Lincoln County is a very difficult hurdle for families to overcome. Over 45% of county residents commute outside of the County for employment, putting a strain on the family budget. The increase in the gas prices has made families take a serious look at their budget and families have found it harder to afford the basic necessities.

Due to the large amount of time each family requires for stabilization, it is more difficult for the part-time social worker to provide the extensive services on an ongoing basis when families are continuing to need assistance and assessments. Due to time limitations, families in crisis have been asked to wait for services. In the month of June 2008 alone, SJA identified 4 families with 11 children that could have benefited from having a social service worker in their home to assist them with setting up wrap around supports. With many families displaced due to the recent flooding in Lincoln County, additional services are needed to meet the needs of the children and youth of these family units. (*Sts. Joachim & Ann Care Service, 2008*) much

A \$38,000 grant from the *Office of State Courts Administrator* (OSCA) for the *Supervised Visitation Program* expired the end of June 2008. Since this program services children from both Pike and Lincoln Counties, we will use 50% of the present capacity for the purposes of this study. Without this funding source, the present capacity for the visitation program is only 14 children and youth for a three-month treatment period. In order to maintain the present level of services provided by this supervised visitation program to 30 children and youth, finding additional funding sources is imperative.

Although children at the three Catholic schools have benefitted from the classroom presentations and counseling services provided by school-based counselors, children from other private and parochial schools do not have these services.

In the four Lincoln County Public School Districts, there are 8,761 total students. Current literature suggests that 7% of all children and youth meet the criteria for having a diagnosis of a Serious Emotional Disorder (SED). Using this percentage, approximately 613 children and youth have been diagnosed, or would meet the criteria, for an SED in Lincoln County. These 613 children and youth would benefit from school-based treatment services. Even though *Crider Health Center's* present *SBMHS Program* meets the needs of approximately 95 students, 518 children and youth will not have adequate mental health support. Of the children and youth in need of mental health support, *Crider Health Center* estimates that 70%, or 363 students, would be eligible for the *SBMHS Program*.

The *SBMHS Program* continues to build case loads in Silex, Elsberry and Winfield. The “building phase” is common during the implementation year of the program in a new school. Each school must develop and hone its own internal SBMHS referral process. During the second year, a waitlist for the program is expected. Such is the case in the Troy R-III District. This is the third year for the program in that district, and now having three full-time SBMHS, there are some students on a waitlist. There are currently 2 high school students on the Troy District waitlist. (*Crider Health Center, 2008*)

The *Partnership with Families (PWF) Program* currently meets the needs of approximately 27 children and youth. Of the 613 children and youth estimated to be in need of mental health support, *Crider Health Center* estimates that 30%, or 184 students, would be eligible for the *PWF Program*. The *PWF Program* typically has a waitlist of approximately 10-12 families at any given time. (*Crider Health Center, 2008*)

Cost to Fill the Gaps

Adding an additional Family Advocate would provide services for an additional 25 children and youth who have experienced sexual abuse. It has been reported that 8 children and their families (plus an unknown number of associated siblings) were not connected to the program in 2007-2008 because the family could not immediately connect with the Advocate.

The total cost of adding a Family Advocate to serve 25 children and youth victims of sexual abuse would be: 25 children and youth x \$1852=**\$46,300** (*The Child Center, 2008*)

To ensure that the needs of homeless children in our County are met, a full-time professional social service worker and a full-time case manager need to be added. The total cost of adding a full-time professional social service worker would be: 52 weeks x 40 hours per week x \$52.88=**\$109,991** (salary, education and presentation materials and administration costs). Approximately 84 children and youth would be served by this program. (*Sts. Joachim & Ann Care Service, 2008*)

To maintain the present capacity of the *Supervised Visitation Program*, the cost would be: \$1,125 per child (per 3-month period) x 16 children=**\$18,000**. (45th Judicial Circuit, 2008)

The average cost of serving a student in the in the *School-Based Mental Health Specialist Program* is \$117.00 per month, with an average length of time in the program of 10-12 months. *SBMHS* services are needed by 518 students. To address this unmet need, it would cost: 518 students x \$117 per month x 12 months=**\$727,272**. (*Crider Health Center, 2008*)

The *SBMHS Program* supports students and school staff alike and helps to preserve the student’s placement in his or her community school setting, thus reducing the risk of a costly out-of-district placement. Our school partners have shared the high costs associated with placing a child outside their home district for education.

A child placed in day treatment at a residential setting can cost upwards of \$40,000 per year, which includes the cost of transportation and educational instruction. Using 518 as the number of children and youth not receiving services and \$40,000 per year as the cost for day-treatment at a residential facility, and, if only 10%, or 52, of these youth ended up in these facilities, the cost to taxpayers could be \$1,840,000 (52 X \$40,000).

The typical out-of-home residential placement costs \$132.00 per day, a total of \$3,960.00 per month; the average length of stay in a residential setting is 6-12 months. An average total cost per child per residential placement is \$35,640.

Using \$35,640.00 per year as the cost factor, it would cost taxpayers \$1,853,280 (52 x \$35,640) for a one-year stay at a residential facility.

Even when placing a child in a less intensive level of care, such as a *Family Treatment Home*, provided by the *Department of Mental Health*, the cost is \$2,500.00 per month, with an average length of stay of 9 months, making a total cost of \$22,500.00 per child.

The cost to the taxpayer for this less intensive level of care for nine months would still be \$1,170,000 (52 x \$22,500), serving only 52 children and youth.

The *Partnership with Families Program*, which offers a high level of care, has a monthly cost of \$597.00 per month. The estimates reported above indicate that 184 children in Lincoln County are currently in need of *PWF* services. To address this unmet need, it would cost: 184 children X \$597 per month x 12 months=**\$1,318,176**.

If only 10%, or 18, of these children or youth were placed in day-treatment at a residential facility, the cost to taxpayers could be: 18 children x \$40,000=\$720,000. The typical out-of-home residential placement could cost taxpayers 18 children x \$35,640 (one-year stay)=\$641,520. The cost to the taxpayer for less intensive level of care for nine months would still be \$405,000 (18 children x \$22,500), serving only 18 children and youth. (*The Crider Health Center, 2008*)

Services to Unwed & Teen Parents

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

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

Lincoln County's Current Situation

Youth in Need was awarded a grant of \$68,600 for a 15-month funding period (Oct. 2007-Dec. 2008), by the *LCRB*, to provide a nurse to counsel, support and educate teenage mothers during and after their pregnancies. The *Teen Parent Nurse* has already organized a teen parenting group at *Troy Buchanan High School*, with plans to add similar groups at the other three county high schools (Elsberry, Silex and Winfield) in the fall of 2008. In addition, individualized support will be provided by the *Teen Parent Nurse* during private meetings with the teen to offer prenatal care assessments and education; care plans; nutritional education; parenting education; labor and delivery education; infant care education; post-partum assessment and support; and, links to other community resources. The program will reach about 20 unwed and teen parents.

The *Teen Parent Nurse* establishes working relationships for referrals with doctor's offices, the *Lincoln County Health Department*, the *WIC* office, the *Social Service* office, daycare operators, *Parents as Teachers* and the Home Visitors with the *YIN's Head Start* program. Client referrals from these sources will undoubtedly increase the number of teenage mothers participating in this support program.

In addition, *Parents as Teachers (PAT)* of Lincoln County served a total of 23 teen mothers in 2008, providing them with a variety of support services and parent education.

Currently, Lincoln County does not have a residential maternity group home. *Lutheran Family and Children's Services* operated a group home for pregnant women in Dutzow, Missouri in nearby Warren County, but they closed down their operations in 2001. The only other nearby facility is the *Our Lady's Inn* which is located in New Melle in St. Charles County. This facility accepts 18 year-old or older women, as well as emancipated 17 year-old women. The capacity of *Our Lady's Inn* is 15 residents and they also accept minor children dependents. In the past year, *Our Lady's Inn* has had one referral from Lincoln County. (*Our Lady's Inn, 2008*)

In Lincoln County, there were:

- 72 births to teenage mothers, ages 15-19 (2006)
- Births to teenage mothers, ages 15-19 per 1000 was 40.1 (2006)
- 130 births to mothers without a high school diploma (2006)
- 205 low birth weight babies born (2006)
- 21% of the children in single parent households (2000)
- 5.3 infant mortalities per 1,000 live births (2002-2006)

(*Missouri KidsCount 2007*)

Our Strengths

Early Head Start and *Head Start* programs are available to eligible families in Lincoln County. *Early Head Start* and *Head Start* are comprehensive child-development programs for income-eligible families with children ages birth through 5 and for

expectant parents. The four cornerstones of *Head Start* (child, family, staff and community development) are the program's keys to success. Children in both *Early Head Start* and *Head Start* advance developmentally and families enjoy greater success in self-sufficiency. Partnerships in and with the community have increased and solidified new ventures.

Lincoln County provided *Head Start* and *Early Head Start* services to 100 children in 2008. According to the providers, only 3 of these children were from teenage mothers; so 69 teenage parents are staying at home with family, raising their children without any outside help. Currently the *Early Head Start* program is full with a waiting list of over 64 families, which means that many high risk parents and their babies are not receiving services. Pregnant and parenting teens may be eligible for *Early Head Start*, even if their income exceeds federal poverty guidelines. (*Youth in Need, 2008*)

Current Service Gaps

While existing *Head Start* and *Early Head Start* programs provided services to 100 children, only 3 of the children served were children of teenage parents. An additional 64 children were on *Early Head Start/Head Start's* waiting list. It is unclear how many of the 72 births to teenage mothers are living at home and receiving adequate support. While it may be preferable to get support at home from family, it is unclear whether these young mothers have had to drop out of high school in order to raise their children. Since 69 of the teenage parents are not taking advantage of the *Head Start* and *Early Head Start* programs, these teenage parents may have adapted to reduced services, but the impact, positive or negative, is unknown. It is unclear how well these infants are being taken care of in these families.

The annual estimated costs for each unwed mother or teenage parent who does not receive guidance and support for developing parental skills, completing their education, and developing marketable job skills is as follows:

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

Even though 29 teen mothers may benefit from *Youth In Need's Teen Parent Program*, the fact remains that as many as 43 unwed or teen parents may not receive these valuable support services. Naturally some of these 43 youth, because of adequate family support, may not need services. But, if only half of these remaining 43 teen parents require services, funding for an additional 21 teen parents is essential.

Cost to Fill the Gaps

The cost to provide services for 21 additional unwed and teen parents would be: 21 youth x \$2,340 (\$78 per hour X 30 average hours services)=**\$49,140**

The establishment of a group maternity home with a capacity for six teen mothers (averaging 12 mothers per year) would cost: 12 mothers x 182 days x \$185 per day=**\$404,040** per year. The \$185 per day cost can be broken down as follows: \$103 per day for housing and 24-hour supervision and \$82 per day for professional and clinical services, which includes intake, therapy, service planning and linkage, case management, pre- and peri-natal care coordination, and discharge and aftercare services.

Comparing the cost of providing one year of public assistance to these 21 young mothers to providing these parenting program services, it is believed that Lincoln County would benefit more from expanding existing services. The cost of providing one year of public assistance for these 21 youth would be \$840,000 (21 teen parents x \$40,000), while the establishment of a group maternity home with a capacity for six teen mothers (averaging 12 mothers per year) would cost \$404,040.

The total cost of establishing a group maternity home and the expansion of the *Teen Parent Program* for one year would be: **\$453,180** (\$404,040 + \$49,140). This approach would save the residents of our County \$386,820 during this one-year period. (*Youth In Need, 2008*)

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, which leaves them vulnerable and left to their own defenses. Left on the street, these youth often turn to crime in order to eat, and they are often at great risk of being a victim of an assault themselves. This situation is particularly risky for female youth who can become a victim of a sexual assault or who could be lured into prostitution just to gain shelter and food. Shelters provide services to meet the basic needs of nourishment, housing and safety for up to 30 days while providing counseling, group therapy, family counseling and support to re-enter school and find work. When it is clinically appropriate and where there is no risk of abuse to the youth, the goal is to reunite families.

Lincoln County's Current Situation

In 2007, according to a *Division of Youth Services Report*, the Circuit Court of Lincoln County, Juvenile Division, had 526 referrals for minors for juvenile status offenses, which include runaway incidents, truancy, and curfew violations, etc. Lincoln County had 19 minors, ages 12 to 16, reported as missing or as runaways in 2006 (*Missouri State Highway Patrol*). Only four youth found their way to a temporary shelter facility in neighboring St. Charles County.

In addition, 298 juveniles were referred for criminal delinquent behavior. Of those 298, 63 referrals, or 21%, would be considered felony offenses and 235 referrals, or 79%, would be considered misdemeanor offenses, if committed by an adult.

In 2005, the juvenile law violation rate per 1,000 teens, ages 10-17, was 67.5 teens in contrast to the Missouri average of 59 per 1,000 teens in that same year. (*Missouri KidsCount 2007*).

Our Strengths

A temporary shelter facility is located in neighboring St. Charles County, and its services could be replicated should a shelter be built or located in Lincoln County. *Youth In Need* operates a 12-bed emergency shelter in St. Charles County and has been providing these services for over 26 years. They are nationally recognized as a model for these services. They operate a 24-hour crisis hotline that handled over 1,500 calls last year, dispensing advice and referrals.

Current Service Gaps

Lincoln County does not possess a temporary shelter facility. A youth would have to be extremely motivated to seek services in St. Louis or St. Charles County, and neither facility is convenient for parents who are interested in reunification. Adding to the problem is access for the youth. Since most youth who are homeless or have run away do not have transportation, getting to *Youth in Need's* facility is an issue. Once they get there, these youth run a great risk of not having a bed available. The number of beds at this facility has since its beginning in 1976. In 2007, two Lincoln County youth were turned away at *Youth in Need's* temporary shelter facility, due to lack of capacity. Youth are then left to fend for themselves and are at great risk. (*Youth In Need, 2008*)

The economic consequences for neglecting the needs of Lincoln County runaways are also profound. Let's just consider the 19 youth who were reported as missing in Lincoln County in 2006, and didn't seek service at a shelter in a neighboring county. As many as 25% (5 youth) will end up in institutional care for an average of two years as a result of court or child welfare placement. At a cost of \$30,000 per year per youth, local citizens are *already* paying over \$150,000 a year to restore the lives of these young people. Another 40% to 70% of the youth that are homeless or have run away will end up stealing or selling illegal drugs to survive, resulting in costs to Lincoln County through medical insurance claims, law enforcement costs, and threats to overall public health

and safety. Thirty percent or more (6 youth) will be exploited sexually or abused physically, often being asked to exchange “sex for shelter,” producing significant threats to public health and safety from sexually transmitted diseases and producing significant costs to the County through the increased likelihood of unplanned pregnancies. (*Youth in Need, 2008*)

Cost to Fill the Gaps

A 4-bed shelter would more than meet the current need for runaways in Lincoln County. While a 2-bed facility would meet the current need, a 4-bed facility would serve the anticipated county growth. The cost of running such a facility would be: 19 youth x 14 days x \$219 per day=**\$58,254**. This cost was based on 19 youth, which includes the 4 who did travel the distance to the *Youth in Need* facility in St. Charles, receiving services for an average of 2 weeks at \$219 per day. (*Youth in Need, 2008*)

The \$219 per day cost can be further broken down as follows: \$119 per day for housing and 24-hour supervision; \$55 per day for case management, which includes intake, service planning and linkage, discharge and aftercare services; and, \$45 per day for professional services, which includes individual, group and family counseling

These costs are based on current *Youth in Need* direct service cost experience and do not include inflationary costs or start-up costs. These cost estimates are also consistent with the contract experience of other providers. *Youth in Need's* costs are consistent with the average costs for equivalent services in the industry. (*Youth In Need, 2008*)

Respite Care Services

Respite care services offer temporary emergency shelter and services for children and youth of families experiencing a crisis can increase the risk of child abuse or neglect. In addition to providing a safe haven for children, respite care workers also work with parents to help them learn age-appropriate expectations and coping skills to deal with stress. It is the hope that through the provision of these respite services that the generation cycle of violence and abuse can be broken. For families who have a child or children with a serious emotional disturbance, a few hours of respite on a regular basis can mean the difference between keeping a family together and having their child enter a residential facility. Respite care services are the most requested services of this population.

Lincoln County's Current Situation

The *Department of Social Services, Children's Division 2006 Annual Report* indicated that there were 497 hotline calls of suspected child abuse and neglect made to the *Children's Division of Lincoln County*. These reports represented 704 children and youth. Of the 497 calls that were made, probable cause for abuse and neglect was substantiated in 76 of the reports, or 98 children and youth. An additional 246 families,

or 377 children and youth, were provided with *Family Assessment* services because family circumstances suggested a higher risk for future reports of child abuse and neglect.

In 2006 the number of child abuse victims from reports classified as “probable cause” in Lincoln County was 36.3 per 1,000 children, while the overall rate in the State was 32.7 per 1,000 children. (Missouri KidsCount 2007)

Additionally, there are other major risk factors among Lincoln County residents that contribute to family instability, increase the risk of child abuse and neglect and increase the risk of out-of-home placement. Those factors include:

- A higher divorce rate: the percentage of children living in a single parent household has increased from 13.1% in 1990 to 21.0% in 2000, and the percentage of parents paying child support into the state system in 2006 was 50%, which is almost as high as Missouri’s average of 53%. (*Missouri KidsCount 2007*)
- Financial stress: 27.2% of the children were enrolled in MC+/Medicaid in 2006. This percentage was a slight decrease from 30.1% in 2002, but this percentage is still a significant part of the child population of the County. The percent of children receiving food stamps increased from 23.2% in 2002 to 25.8% in 2006. The adult unemployment rate increased from 5.2 % in 2002 to 5.3% in 2006. Significantly more children were enrolled in the free/reduced price school lunch program with 33.1% enrolled in 2006 compared to 28.4% in 2002.
- Chronic and acute mental health disorders: the number of children receiving public mental health services for a serious emotional disturbance (SED) went up drastically from 276 children in 2002 to 424 children in 2005 which was a 54% increase. (*Missouri KidsCount 2007*)

Currently there aren’t any adolescent respite care providers in Lincoln County. The appropriate use of respite care services during periods of intense emotional or financial distress can reduce these risks, either by providing a “cooling off” period or by offering parental support and education.

Our Strengths

In 2002, 40 children from Lincoln County received respite care services from the Crisis Nursery in St. Louis and St. Charles. This usage demonstrates a high level of motivation on the part of these families. The *Crisis Nursery* brings 21 years of expertise in this area.

Youth In Need provided respite care for 3 Lincoln County adolescents in 2006 and for 4 adolescents in 2007, but there were 2 adolescents who were turned away during each of these years. *Youth In Need* provides up to 4 days of respite care for adolescents in St. Charles County and has developed the expertise in dealing effectively with these youth. (*Youth In Need, 2008*)

Current Service Gaps

Respite care facilities like the *St. Louis Crisis Nursery* and *Youth in Need* do not exist in Lincoln County. Families must travel a great distance to receive these services, which is difficult given the crises these families face. Based on the number of children where probable cause was found and where a family assessment was conducted (475), only 40 children were served, leaving 435 children who are at greater risk of child abuse and neglect without services. Estimates are that from 30% to 50% of these children will experience child abuse and the cost of foster care is about \$30,000 per child, per year. The cost of not providing respite care ranges from \$4.37 million to \$7.29 million per year.

Respite care providers for adolescents do not currently exist in Lincoln County, and so it is difficult to predict what the need for these services is, given that families are going without them. By performing a statistical comparison between the demand and population base in St. Charles County and the population base for Lincoln County, it is estimated that 18 adolescents would demand respite care services. This figure appears extremely low given the number of adolescents with SED in the County, but until the service is available locally, it will be difficult to predict the demand.

Cost to Fill the Gaps

In order to provide respite care services to the 435 children who are at greater risk of child abuse, the cost would be: 435 children x 2 days (average stay) x \$219 per day=**\$190,530**. The \$219 cost of care for one day includes room and board, as well as therapeutic services. This figure would cover the cost of a 4-bed facility to be located in Lincoln County.

To provide respite care services to the 6 adolescents estimated for services would cost: 6 youth x 4 days (avg. stay) x \$219 per day=**\$5,256**.

The total cost for respite care services for children and youth would be **\$195,786**. These cost estimates are based on current direct service costs and do not include inflationary costs. They are consistent with equivalent service costs in the industry. (*St. Louis Crisis Nursery and Youth in Need, 2008*)

Transitional Living Programs

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

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

Lincoln County's Current Situation

A transitional living facility for youth does not exist in Lincoln County. The absence of such a program leaves these youth homeless and without educational, employment and counseling services.

Our Strengths

The expertise of running a transitional living program exists at *Youth in Need* in neighboring St. Charles County. This expertise could be sought when developing a transitional living home locally in Lincoln County.

Current Service Gaps

In 2006, according to *Missouri KidsCount 2007*, Lincoln County had a graduation rate of 83.1%, slightly below the State average of 85.8%. There were 3.9%, or approximately 102 students, that dropped out of high school. If just 20% of the high school drop-outs need transitional living services, the estimate of demand for such transitional living services would be 20 youth per year.

No such facility exists in Lincoln County and the facility in St. Charles County is unavailable as it is serving at capacity throughout the year. Without these services, many of these youth end up on the street without adequate shelter and food. They are vulnerable to drug dealing, performing sexual acts in exchange for food and shelter, or to other illegal or morally demeaning activities to survive. Frequently they end up in the juvenile justice system or on public assistance.

The concentrated program for homeless prevention and awareness, delivered by *Sts. Joachim and Ann Care Service*, has exposed a very high rate of youth between the ages of 16 and 20 who are homeless, living in the streets, couch-surfing or staying in barns or sheds in Lincoln County. These children are not typically in school or able to find employment. Families have approached the *Sts. Joachim and Ann Care Service* looking for direction and resources for this population. (*Sts. Joachim & Ann Care Service*, 2008)

The cost to the County is: \$25,000 per year for a youth in jail and \$10,000 per year for a youth on public assistance

If 10 youth went to jail and 10 youth went on public assistance, the yearly cost would be \$350,000. These costs do not include costs that the police department incurs, the increase in costs in public health, or the amplified public safety risk.

Cost to Fill the Gaps

The cost of a creating a local transitional living facility and home, along with all of the supportive services would be: 20 youth x 165 hours of services (average) x \$55 per hour of services=**\$181,500**.

This figure represents a savings of \$168,500 compared to jail or public assistance to the citizens of Lincoln County. Additionally, since the purpose of this program is to complete and advance the educational programs and employment careers of these youth, Lincoln County would reap the benefits of the greater employability of these individuals. Since a facility for youth does not currently exist, a 6-bed facility would have to be donated or developed. Additional expenses would be necessary otherwise. (*Youth In Need, 2008*)

SUMMARY OF NEEDS, RECOMMENDATIONS & COSTS

TYPES OF SERVICES	Unmet Need	Additional Family Members Impacted (1.77 X Unmet Need)	Total Number of Persons Impacted	Projected Cost
EARLY INTERVENTION & PREVENTION PROGRAMS				
Early Intervention Services	2,396	4,241	6,637	\$347,420.00
Violence Prevention Services	874	1,547	2,421	\$5,480.00
Sexual Abuse/Harassment Prevention Services	4,714	8,344	13,058	\$77,215.32
Substance Abuse Prevention Services	2,782	4,924	7,706	\$87,792.44
SUBTOTALS FOR EARLY INTERVENTION/PREVENTION	10,766	19,056	29,822	\$517,907.76
Individual, Group & Family Counseling and Therapy Services	960	1,699	2,659	\$211,200
Outpatient Psychiatric Services	331	586	917	\$201,910
Outpatient Substance Abuse Treatment for Adolescents	0	0	0	\$0
Crisis Intervention Services	NA	NA	NA	15,975
HOME-BASED/COMMUNITY-BASED/SCHOOL-BASED SERVICES				
Family Advocate for Sexual Abuse Victims	25	44	69	\$46,300.00
Community-Based Services for Homeless Children	84	149	233	\$109,991.00
Supervised Visitation Service	16	28	44	\$18,000.00
School-Based Mental Health Specialist Services	518	917	1,435	\$727,272.00
Partnership with Families Support Services	184	326	510	\$1,318,176.00
School-Based Counselors	NA	NA	NA	NA
OTHER SUPPORT SERVICES				
Unwed and Teen Parent Support Services	21	58	79	\$49,140.00
Residential Maternity Home	12	33	45	\$404,040.00
Temporary Shelter Services	19	34	53	\$58,254.00
Respite Care Services	441	781	1,222	\$195,786.00
Transitional Living Services	20	35	55	\$181,500.00
TOTALS EXCLUDING EARLY INTERVENTION/PREVENTION PROGRAMS	2,631	4,690	7,321	\$3,537,544.00
TOTALS INCLUDING EARLY INTERVENTION/PREVENTION PROGRAMS	13,397	23,746	37,143	\$4,055,451.76

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 Lincoln County. According to the 2000 U.S. Census, the average household size for Lincoln County was 2.77. For **Additional Family Members Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by 1.77 (2.77 minus 1 {the identified child}). For the same categories in the ***Teen Parent Support Services*** and for ***Residential Maternity Home***, 2.77 was used as the multiplier because of the new birth.

The Larger Impact on the Community

Although the number of people needing services and the number of people within families who would be directly impacted can be determined, the total number of people impacted by these needs not being addressed is much greater and undeterminable. When one thinks about all of the possible contacts a child or youth has, the impact is even more significant. Friends, neighbors, classmates, teachers, principals, church congregations, teammates, classmates in extracurricular activities and the police are all groups of people that can be adversely affected if these needs are not addressed or favorably affected, if the needs are addressed. 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, Lincoln County is making an investment in their future. Problems are being better managed before they get larger and more ingrained, and the provision of these additional skills gives children and youth greater abilities to handle the pressures and stresses they face. Through these efforts, there is an investment in the future safety of your schools, your homes, and your neighborhoods, and a greater quality of life in the community.

CONCLUSIONS

The citizens of Lincoln County are commended for their wise decision to provide the resources to fund desperately-needed mental health services for their children and youth. The passage of the *Putting Kids First* tax initiative in 2006 provided the financial foundation for the establishment of a myriad of programs to benefit Lincoln County's children and youth.

Although these newly-funded programs are providing professional staff and a comprehensive system of care to reach out to many identified children and youth, there are still some children and youth with needs that are not being addressed. The citizens of the County must continue working toward the creation of an even more responsive and comprehensive system of care. The establishment of some type of multi-use facility to provide shelter and support services for runaways and pregnant teens and to offer transitional living programs to struggling youth might be an economical way to meet these unaddressed needs. In addition, respite care services need to be made available in our County.

With a growing population and the ever-growing threat of alcohol and drugs, it is imperative that local leadership continue to be proactive in their thinking and planning. The expansion of successful drug prevention programs to include all children and youth in Lincoln County will keep children and youth out of expensive residential facilities and prevent them from entering the juvenile justice system. It is a matter of paying for these services now or paying for them later at a much higher cost.

As the population of Lincoln County increases and retail sales grow, the augmented sales tax revenue will provide more monies in the *Community Children's Services Fund* to purchase additional mental health services for the children and youth of the County. Consequently, it is imperative that the citizens of Lincoln County work collaboratively in the arena of economic development to ensure that more business and industry is attracted to the County, so that our tax dollars will increase.

The *LCRB* will continue its efforts to oversee the establishment, operation and maintenance of mental health services for its children and youth. As additional monies become available, the Board will strive to make wise and far-sighted decisions in choosing the best possible mental health care options for its young citizens. By placing the needs of children and youth at a higher priority, Lincoln County residents are helping to ensure a brighter and safer future for the entire county.