



## **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 June 23, 2010*

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## EXECUTIVE SUMMARY

This is the third study of children's mental health services conducted for Lincoln County, and the second 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.

The recent economic downturn in Lincoln County, due to high unemployment, has resulted in less sales tax revenues than projected. The economy continues in a static state with small improvements. The strain of the economic situation has increased family stressors, creating significantly more need for services.

Some negative trends that may be attributed to the economic crisis include:

- more students enrolled in free and reduced lunch program
- increased infant mortality rate
- increased number of children living in poverty
- increased high school dropouts rate
- increased unemployment rate

In 2009, through *LCRB* funding, nearly 14,000 children and youth received assistance through either direct treatment services or prevention programming. Additionally, over 260 parents and school personnel received help. With our current level of funding and revenues, our providers are addressing about one-fourth of the service needs as projected in our 2008 study.

As our agencies have more fully developed their programs of services, and as we are able to provide services that intervene at a much younger age, we are seeing positive trends that would have required costlier and longer treatments in the future. Some of the positive trends impacting our County include:

- reduction in low birth weight infants
- reduction in child deaths, ages 1-14
- a significant reduction in child abuse and neglect
- fewer out-of-home placements
- fewer violent deaths, ages 15-19
- reduction in juvenile law violation referrals, ages 10-17

Despite the apparent benefits of these newly-acquired services, there are still 3,900 children and youth who need clinical services beyond our capacity, and our prevention and early intervention programming has not yet achieved universal coverage, leaving 19,230 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 for children diagnosed with SED, temporary shelter services and transitional living programs do not exist within Lincoln County, forcing residents to travel to neighboring counties to receive these types of services. In addition, there is no specialized program addressing the needs of teen parents.

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 sluggish economy and the very likely mental health budget cuts at the state level in 2011 and beyond.

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 2010, the population of Lincoln County was 52,775 with growth expected to continue. (United States Census Bureau, 2010)

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:

- Outpatient chemical dependency treatment
- Outpatient psychiatric treatment
- Home-based and community-based family intervention programs
- Crisis care services for children 0-12 year of age
- 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 a large number of *Request for Funding Proposals* in 2009 combined with a reduction in sales tax revenue, the *LCRB* was only able to finance a portion of the submitted proposals, financing \$1.058 million of the \$1.719 million requested by local providers. Four significant areas of identified need that were not funded during the most recent funding cycle were: 1) Temporary shelter services for abused, neglected, runaway, homeless or emotionally disturbed youth; 2) Respite care services for the severely developmentally disabled; 3) Transitional living services; and, 4) Services for teen parents.

## **What a 2008 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.

<b>Results of June 2008 Public Opinion Survey</b>	
<b>Area of Service</b>	<b>Percent of Respondents that Ranked Area of Service as 1st, 2nd or 3<sup>rd</sup> Priority</b>
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 2008 and 2009 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 and organizations provided data for this assessment:

- *Catholic Family Services*
- *Child Center, Inc.*
- *Crider Health Center*
- *Division of Social Services*
- *Elsberry School District*
- *Family Advocacy and Community Training*
- *45<sup>th</sup> Judicial Circuit of Pike and Lincoln Counties*
- *Healthy Communities of Lincoln County*
- *Lincoln County Juvenile Office*
- *Lincoln County Wellness Center*
- *Missouri Department of Mental Health*
- *Missouri Department of Social Services*
- *Missouri Kids Count*
- *Our Lady's Inn*
- *Parents as Teachers*
- *Preferred Family Healthcare*
- *St. Louis Crisis Nursery*
- *Sts. Joachim & Ann Care Service*
- *Silex School District*

- *The Community Council of St. Charles County*
- *Troy School District*
- *Winfield School District*

## **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 35.5% from 2000-2008, making it one of the fastest growing counties in the country. (*United States Census Bureau, 2009*) 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, 2009*)

Children and youth comprise 26.9% of the County's population, in contrast to the overall 24.1% average in Missouri. (*Missouri KidsCount, 2009*) On average Lincoln County is growing by about 1,729 people per year, and since our youth population represents 26.9%, we are adding approximately 465 children to our county every year. (United States Census Bureau, 2009)

Along with the increased growth, comes an increased need for services. One out of every 10 children has a serious emotional disturbance. Left untreated, over one-third of these children will demonstrate more severe problems within 10 years. They are more likely to use and abuse substances, fail in school, attempt suicide, become pregnant and become involved in crime. (*2000 U.S. Surgeon General's Report*)

According to the U.S. Surgeon General's Report of 2000, it is estimated that 21% of all children, ages 9-17 have a diagnosable mental or addictive disorder associated with at least minimum impairment. Recent statistics from the 2009 Needs Assessment of the *Department of Mental Health* indicate that 8.7% of children have a moderate to severe Serious Emotional Disorder (SED). (*Department of Mental Health, 2009*) 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 do not offer benefits, there is an increasing number of people with inadequate benefits to cover the cost of services.

A March 2010 report from the *Missouri Economic Research and Information Center, MERIC*, showed Lincoln County's unemployment rate to be 13.2% compared to 9.5% in Missouri for the same time period. This extremely high unemployment rate reflects the high number of construction and manufacturing jobs affected by the sluggish economy. This high unemployment rate negatively affects the overall economy of the County, while greatly increasing the need for mental health services. (*MERIC, 2010*)

➤ **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 unlikely, 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, utilities and other commodities, combined with the extremely high unemployment rate, have slowed consumer spending and have reduced sales tax revenues significantly. Total sales tax revenues in Lincoln County in 2009 decreased by almost 6% compared to the total sales tax revenues in 2008. This trend in decreasing revenues has continued in the first quarter of 2010. The high gasoline prices have had a large impact on the people of Lincoln County since 53.5% of workers are commuters. (*EDIS, 2009*)

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 \$183,095.00 for early intervention and prevention programs in the County for the 12-month funding period from January 1, 2010 through December 31, 2010. These school-based early intervention and prevention programs cover a variety of topics and are being offered in public and private schools.

### ➤ **Early Intervention Program**

During January through December of 2009, the *Pinocchio Early Intervention Program*, funded by a *LCRB* grant, was provided by *Crider Health Center* for the children in Grades K-3 in the three Catholic schools. A total of 495 students were screened for program eligibility. Following the program screenings, 116 children from this population were determined to be eligible and 92 received individual intervention services. Of these 92 children, 96% had an improved level of functioning. 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. Due to funding cuts for FY 2010, only one Catholic School, Sacred Heart, will receive these services in 2010.

### ➤ **Violence Prevention Programs**

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

During January through December of 2009, *Crider Health Center* provided anti-violence and anti-bullying programs for grades K-5 and grade 7 in the four public school districts in the County. This prevention programming was delivered to 6,518 children in the County in 2009. The positive clinical outcomes included 97% of the students being able to recognize at least two signs of inappropriate responses to anger in themselves and 99% of the students knowing how to physically get away from a threatening situation. Substantial funding cuts will impact the number of students receiving prevention programming in 2010.

### ➤ **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, nor cyber-enticement or cyberbullying prevention programs were offered to children in schools in Lincoln County.

*The Child Center* was awarded a grant by the *LCRB* to provide sexual abuse, sexual assault, cyber-enticement and cyberbullying 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. During FY 2009, this prevention programming was also presented to several day care and child care facilities.

In FY2009, 2,203 students, 77 school personnel and 37 parents were served by this program. One clinical outcome showed that 94% of the students shared, in writing, one change they were willing to make to reduce sexual harassment at school. Fewer students will receive this type of prevention programming in 2010, due to less funding being awarded. Based on the allotted funding for FY2010 of \$23,685, a total of only 1,453 students, school personnel and parents (864 fewer) will receive these services in 2010.

### ➤ **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* funding in FY2009 to continue the *Team of Concern* Program in all of the public middle schools and to implement the program in the four high schools 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.

In 2009, the *Team of Concern* Program offered prevention services to approximately 3,780 middle and high school students in the County, with 46 youth receiving more intensive counseling. A total of 119 student awareness activities and 35 community awareness activities were conducted. In addition, 25 staff members and 125 parents received assistance. Seventy-one percent of the identified at-risk students had fewer behavioral problems in school and 88% had improvement in at least one area of their life. But most importantly, 100% of the students reported abstinence from or reduction in substance abuse overall.

For FY2010, funding appropriations will enable this program to continue providing services at the same level as 2009.

## **Our Strengths**

Experienced, professional staff members 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, sexual assault, cyber enticement and cyber-bullying 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 2,328 total students in grades K-3, representing the total target population of the *Pinocchio Early Intervention Program*. During 2009, 92 children received this intervention program, leaving 2,236 students in grades K-3 in all of Lincoln County who were not screened for eligibility. Due to funding cuts, only about 75 children will receive these services in 2010. Therefore about 2,253 students will not be screened. (*Crider Health Center, 2010*)

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 450 additional students would be identified as needing individual and group interventions, if the *Pinocchio Program* were available to these children. (*Crider Health Center, 2010*)

In addition to the public schools, Lincoln County has several *DESE*-registered and a few non-registered private schools with a total of approximately 716 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. (*Crider Health Center, 2010*)

At the present time only elementary and middle school students from selected grades in the four school districts and some preschoolers in certain daycare facilities receive sexual abuse, sexual assault, cyber-enticement and/or cyber-bullying prevention programs. Ideally, all Lincoln County students in grades 1-4 should receive the above mentioned prevention services. (*The Child Center, 2010*)

The only high school students receiving sexual abuse, sexual assault, cyber-enticement and/or cyber-bullying prevention programming in 2009 were students at Troy's Ninth Grade Center and New Horizons School, totaling 969 students. It is vital that all of the 2,942 Lincoln County students in grades 9-12 be exposed to these types of prevention programs. (*The Child Center, 2010*)

None of the 414 middle school and high school students, grades 6-12, in the parochial and private schools have access to the *Team of Concern* substance abuse prevention services. (*Preferred Family Healthcare, 2010*)

## **Cost to Fill the Gaps**

Approximately 2,253 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: 2,253 students x \$264 per student, per year=**\$594,792**. (*Crider Health Center, 2010*)

The hourly cost for the *Violence Prevention Programming* is \$78.50 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 \$78.50 per hour=**\$5,966.00**. This additional programming would reach about 912 children. (*Crider Health Center, 2010*)

At the present time, only some preschool and daycare children and public elementary and middle school students in the four school districts receive sexual abuse/sexual assault and/or cyber-enticement/cyberbullying prevention programs. These services are only available to 1,453 participants in the sexual abuse and sexual assault prevention programs in first and fourth grades in public schools. Ideally, students in grades 1-4 would receive a continuum of prevention programming. (*The Child Center, 2010*)

There are approximately 2,945 children in these grades in Lincoln County, so funding is needed for an additional 1,492 students. To provide prevention programming for all Lincoln County students in first through fourth grades, plus school personnel and parents in both public and private schools, it would cost an additional: 2,518 participants (1,492 students in grades 1-4, 876 professionals, 150 parents) x \$16.29=**\$41,018**. (*The Child Center, 2010*)

To add sexual harassment programs for all 5<sup>th</sup>-12<sup>th</sup> grade students in Lincoln County in both public and private schools, it would cost: 7,183 participants (5,950 students, 638 professionals, 595 parents) x \$16.29 = **\$117,011**. (*The Child Center, 2010*)

To add cyber-enticement and cyberbullying prevention programs for all 5<sup>th</sup>-12<sup>th</sup> grade students in Lincoln County in both public and private schools, it would cost: 5,950 participants (5,950 students, same professionals) x \$16.29=**\$96,925**. (*The Child Center, 2010*)

To provide substance abuse prevention services to the 414 middle school and high school students, grades 6-12, in the parochial and private schools it would cost: 414 students x \$38.00 per student=**\$15,732**. (*Preferred Family Healthcare, 2010*)

The total cost of offering these additional early intervention and prevention programs would be **\$871,444**. 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.

The *LCRB* was able to grant \$99,490 for counseling services in the County for the 12-month funding period from January 1, 2010 through December 31, 2010.

Utilizing this funding from the *LCRB*, *Catholic Family Services* continues to operate a full service counseling program at the *Lincoln County Wellness Center* in Troy. Five professionally qualified therapists trained in the best practice models of service deliver e these counseling services. Treatment issues addressed include: depression, anxiety, impulse control problems, family crises, divorce, aggression, anger management, parenting and school-related difficulties. The 2009 *CFS* Annual report showed that 86% of the youth maintained or improved their level of functioning in the following areas: social, psychological, interpersonal and physical; 85% of the youth maintained or decreased their symptom level; and, 86% of the clients showed progress toward their goals. In 2009, 196 children and youth received counseling services. *Anger Management* classes were also offered. In addition, 35 adults participated in *Love and Logic* parenting classes in 2009. The maximum number of children and youth to whom *CFS* can provide services is 200. (*Catholic Family Services, 2010*)

In 2009, the *Lincoln County Medical Center* provided a counseling program for the siblings of children with disabilities. These siblings received group and individual counseling sessions to help them cope with the stress of having a brother or sister with special needs. Approximately 15 children were served with this counseling program, based on the *Sibshop* model. Due to the decrease in sales tax revenue, this program was not funded for 2010.

## **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 2009* data, Lincoln County has a population of 14,182 children and youth under the age of 18. The 2000 Surgeon General's Report estimated that 21% of all youth are in need of some form of mental health or social service help each year ( $14,182 \times 21\% = 2,978$ ) and that 8.7% of all children suffer from a serious emotional disorder (SED). If we deduct the children with a serious emotional disorder (SED) from the children with less intensive mental health needs ( $2,978 - 1,234 = 1,744$ ), 1,744 children and youth would need counseling services, if services were fully-marketed and available.

The counseling services provided by *Catholic Family Services* may serve a maximum of 200 children or youth, leaving 1,544 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: 1,544 children & youth x 6 session average stay x \$52 per hour session = **\$481,728**. The severity of need of the children and youth seen has increased the number of average sessions from 4 to 6. (*Catholic Family Services, 2010*)

# **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**

*Catholic Family Services* has provided a board-certified psychiatrist who is 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. In FY2009, 121 clients received psychiatric services. (*Catholic Family Services, 2010*) Continued funding for FY2010 will allow CFS to provide outpatient psychiatric services for approximately 100 clients.

## **Our Strengths**

The partnership developed between *Catholic Family Services* and *Preferred Family Healthcare, Inc* 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 with limited resources.

There actually has been a decrease in the number of children receiving public mental health services. This decrease may be due to more readily accessible mental health services or the positive effects of prevention services offered in the schools. The number of children receiving public SED mental health services has decreased from 351 children in 2003 to 163 children in 2009, a decrease of 46%. (*Missouri KidsCount2009*)

## **Current Service Gaps**

Based on *MissouriKidsCount2009* data, Lincoln County has a population of 14,182 under the age of 18. Using the estimate that 8.7% of all children suffer from a serious emotional disorder (SED), it is estimated that 1,234 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 740. 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 577 children and youth in Lincoln County without available psychiatric services.

## **Cost to Fill the Gaps**

The cost of providing the additional psychiatric coverage would be: 577 children and youth x \$456 (average cost) = **\$263,112**. This average cost is based on an average number of 8 sessions per client, with the first session at 0.5 units and seven subsequent sessions at 0.25 units. (*Catholic Family Services, 2010*)

## Outpatient Substance Abuse Treatment Services

National, state and regional studies indicate that adolescent substance abuse is still a significant societal problem. According to data from the National Survey on Drug Use and Health, during years 2002 to 2007, rates of current use among 12-17 year old youth declined overall for illicit drugs and for several specific drugs such as marijuana, hallucinogens, and stimulants, with cigarettes, alcohol and drug use remaining stable between 2006 and 2007. Many school-aged youth, however, continue to engage in behaviors that put them at risk for injury, disease and loss of life. (*Missouri Department of Mental Health, 2009*)

Alcohol is the most common substance of abuse in Missouri. Underage drinking costs the citizens of Missouri \$1.3 billion in 2007. These costs include medical care, work loss and other multiple problems associated with alcohol use by teens. This cost translates to \$2,437 per year for each youth in the State. In fact, Missouri ranks 22<sup>nd</sup> highest among the 50 states for the cost per youth of underage drinking.

Problems associated with underage drinking include violence and traffic accidents, as well as, fetal alcohol syndrome (FAS) among teen mothers. Youth that begin drinking before the age 15 are four times more likely to develop alcohol dependence and two and a half times more likely to become abusers of alcohol than those who begin drinking at age 21.

In 2007, 1,040 youth, 12-20 years old, were admitted for alcohol treatment in Missouri, accounting for 7% of all treatment admissions for alcohol abuse in the State.

Underage drinking in our State is widespread. In 2007, according to self-reports by Missouri students in grades 9-12:

- 74% had at least one drink of alcohol on one or more days during their life
- 21% had their first drink of alcohol, other than a few sips, before age 13.
- 44% had at least one drink of alcohol on one or more occasion in the past 30 days
- 29% had five or more drinks of alcohol in a row in the past 30 days (binge drinking)
- 3% had at least one drink of alcohol on school property on one or more of the past 30 days

In 2007, underage drinkers consumed 16.8% of all alcohol sold in Missouri, totaling \$487 million. (*Pacific Institute for Research and Evaluation, November, 2009*)

State data shows that teens in Missouri are turning away from street drugs and using prescription drugs, especially pain killers, to get high. These prescription drugs are easily accessible at home and teens are also using the Internet to research and locate them. Teens are using all types of technology to facilitate their drug use and other teens are being exposed to drug use through chat rooms and social networking sites.

In the last five years, overall illicit drug use among teens has dropped by 23 percent nationally, but teen prescription use is on the rise. In fact, prescription drugs are the second most commonly used drugs, with marijuana being the most used drug. (*EmaxHealth, 2007*)

Every two years since 2000 the *Missouri Department of Mental Health (DMH)* has conducted the Missouri Student Survey (MSS) to monitor the risk behaviors of adolescent youth. The Missouri Student Survey assesses substance abuse and related behaviors among 6<sup>th</sup> through 12<sup>th</sup> graders attending public schools in the State. The 2008 MSS survey included the following results for Missouri youth:

- 12% had participated in binge drinking in the past 30 days (9.7% National)
- 58.2% had lifetime alcohol use (52.9% National)
- 26.6% had 30-day alcohol use (15.9% National)
- 20.1% rode with someone who was drinking alcohol (29.1% National)
- 5.5% drove while drinking alcohol in past 30-days (n/a National)
- 16.8% had lifetime marijuana use (16.2% National)
- 7.8% had 30-day marijuana use (6.7% National)
- 9.4% had lifetime use of inhalants (9.6% National)
- 4.1% had 30-day use of inhalants (1.2% National)
- 2.4% had lifetime use of cocaine/crack (7.2% National)
- 9.6% use of other illegal drugs (n/a National)

A greater percentage of youth had used alcohol in their lifetime and within the past 30-days than any other substance, followed by cigarettes, marijuana and inhalants. Furthermore the Missouri Student Report revealed that in the Eastern Region, in which Lincoln County is included, 27.9% had used alcohol in the previous 30-days (15.9% National); 4% had used inhalants in the previous 30-days (4.4% National); and, 10% had used marijuana in the past 30-days (7.2% National). (*Missouri Department of Mental Health, 2009*)

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.

*LCRB* has continued to fund *Preferred Family Healthcare* to maintain their outpatient treatments services for children and youth. During FY2009, *PFH* provided substance abuse treatment services to 73 youth. According to the 2009 annual report submitted by *PFH*, 94% of youth reported a reduction in or elimination of use at program completion; 94% of youth showed improvement in at least one area of their life at program completion; and, 94% of the families of youth receiving services, reported fewer family arguments and conflicts. Due to funding cuts, *PFH* will only be able to provide 53 youth with outpatient substance abuse services in FY2010. (*Preferred Family Healthcare, 2010*)

As a result of decreased tax revenues in Lincoln County, *Preferred Family Healthcare* had to eliminate two full-time direct service staff in their outpatient program. This has greatly impacted their ability to meet the comprehensive substance abuse needs of Lincoln County youth. (*Preferred Family Healthcare, 2010*)

At this time *PFH* is working diligently to avoid a wait list, but they have considered putting clients on a wait list, as well as, the possibility of sending clients with a more intensive need to their St. Charles location. (*Preferred Family Healthcare, 2010*)

## **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 individualized 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. (*Preferred Family Healthcare, 2010*)

### **Cost to Fill the Gaps**

Currently, there are 4,778 students enrolled in grades 6-12 in the four public school districts and approximately 414 sixth through twelfth graders in County parochial and private schools or homeschooled, totaling 5,192 students. The prevalence of substance abuse disorders among young people has been estimated to be relatively stable at 6.2% over the past few years (*Kandel, Johnson & Bird, 1999; Rohde, Lewinsohn & Seely, 1996*). Using this 6.2% estimate, about 321 of these 5,192 students would benefit from substance abuse treatment. Although the *LCRB*-funded outpatient substance abuse treatment program will meet the needs of 53 clients, there are an estimated 268 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 268 youth would be \$970,428. (*Preferred Family Healthcare, 2010*).

## **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, therefore, 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*.

Both *Catholic Family Services* and *Crider Health Center* have trained staff 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.

*Crider Health Center's Critical Incident Stress Management (CISM)* Team is designed to help with the psychological stresses that may occur following a traumatic event. *CISM* is a brief intervention designed for the prevention of post-traumatic stress. The *Crider Health Center's CISM* Team provides debriefing for particularly stressful events such as multiple casualty incidents, the death of a child, traumatic incidents involving critical

media coverage, failure of rescue efforts, and other events that are unusually emotionally stressful. A Team Coordinator receives and screens requests for stress management sessions. When the need for a formal session is determined, the Team Coordinator coordinates the CISM team intervention.

### **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 LCRB did not offer funding for specific crisis intervention services. In the event of multiple crises and/or more students being involved, both *Catholic Family Services* and *Crider Health Center* are willing to assist.

### **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 three interventions per year, the cost for providing funding for a crisis response team, is **\$15,975**. (*Catholic Family Services and Crider Health Center, 2010*)

## **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.

The *LCRB* funds a variety of services with local providers for home-based, community-based and school-based programs.

### **Lincoln County’s Current Situation**

The *LCRB* was able to grant \$529,860 for home, community and school-based programs in the County for the 12-month funding period from January 1, 2010 through December 31, 2010. These home, community and school-based programs cover a variety of services for children and youth in Lincoln County.

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

The *Sts. Joachim & Ann Care Service* uses funding from the LCRB to provide a Social Service Worker and Assistant to complete assessments of children of homeless families to determine the service needs of the families. *Sts. Joachim and Ann Care Service* utilizes the Social Service Case Management model which provides wrap-around services aimed to address immediate, intermediate and long-term needs of children and families who find themselves homeless or on the verge of homelessness. *SJA* provides comprehensive care for homeless children and their families so that children have a greater probability of getting an education and that the families may reach self-sufficiency.

*Sts. Joachim and Ann Care Service* provides services to access and identify at risk families as to their basic needs, educational well-being, mental status, educational needs and physical health status. Referrals are made so children receive the services they need and are reintegrated into the mainstream activities of the community. Maintaining each child's core needs is essential to ensuring stability and allowing for the opportunity for better school performance and participation in extra-curricular activities.

The *Care Service* works with the parents, family support systems, school districts, social service agencies, churches and civic organizations to keep children safe, families in their home and children in school. Financial assistance, basic counseling, referrals and providing resources to families all reduce the family's propensity for homelessness, abuse and neglect.

The social service worker collaborates both with the schools and with other providers to identify children of homeless families. In addition, the social service 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 service 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.

During FY2009, *Sts. Joachim and Ann Care Service* worked extensively with 247 children representing 150-200 families, providing assessments, case management and financial assistance. (*Sts. Joachim & Ann Care Service*, 2010)

The 2009 annual report submitted to the *LCRB* indicated great success with this wrap-around service model. Clinical outcomes of this program included: 98% of school-aged children enrolled in school within one week of entering the program; 100% of children had a review of their physical and mental health status within 30 days of certification; and, 85% showed improvement in at least one area of physical health and one area of emotional well-being within six months of certification. (*Sts. Joachim & Ann Care Service*, 2010)

➤ **Family Advocate Program**

*The Child Center* provides 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.

Counseling by the Family Advocate is offered to every Lincoln County family seen at *The Child Center* to assist them with their feelings and the process. When meeting with the families, the Family Advocate describes the available services; how to access these services; and, how and where the counseling sessions may be scheduled. (*The Child Center, 2010*)

The *Family Advocate Program* is providing valuable services to children and youth that have allegedly been sexually abused. During FY2009, 98 children (infant to 17 years old) from 44 families were served. The Child Center reported that during FY2009, 95% of clients demonstrated their ability to provide safety and stability for their children by demonstrating use of the identified and needed resources and 95% of the families understood and abided by the child protective services plan. (*The Child Center, 2010*)

The *Child Center's* Family Advocate partners with other providers, the Children's Division, law enforcement and the schools in identifying appropriate resources and support for the families. (*The Child Center, 2010*)

➤ **Partnership with Families Program**

During January through December of 2009, 96 (unduplicated) children and youth were served by the *Partnership with Families (PWF) Program* that is currently funded by the *LCRB*. The program is provided by *Crider Health Center* in conjunction with *Family Advocacy and Community Training (FACT)*. The service delivery team for each family includes a Care Coordinator from *Crider* and a Parent Partner from *F.A.C.T.* The *LCRB* does provide partial funding for the Parent Partner, serving 27 families in the Partnership. *PWF* is an intensive, community-based program designed to support children and youth diagnosed with Serious Emotional Disorder (*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. Clinical supports centered primarily on the children of the family and System of Care (*SOC*) service coordination is provided by *Crider*. (*Crider Health Center, 2010*)

The Parent Partner role is unique, as they are parents of children with Serious Emotional Disorders who have successfully navigated multiple systems in support of their children and others. They are available to assist and support in any area the family directs, including, but not limited to, setting goals and developing plans to achieve them, locating resources, learning behavior management techniques, effective communication and providing a shoulder to lean on and an ear to listen.

Some of the positive outcomes of the *PWF* Program reported in 2009 include: 90% of all youth served remained in the home/community setting, out of residential placement, psychiatric hospitalization, juvenile detention or the Division of Youth placement; 91% of all youth served were free from a school-related critical incident event, such as injury or harm to self, others or to property; 93% of youth served attended the required school days per quarter; and, 92% of youth served were free of out-of-school suspensions during the school semester. (*Crider Health Center, 2010*) In addition, 90% of the children that were at risk for out-of-home placement remained at home and 85% of the customers with a Positive Behavior Support plan experienced fewer suspensions. (*Family Advocacy and Community Training, 2010*).

➤ **School-Based Counselors**

*Catholic Family Services* utilizes a *LCRB* grant to place part-time counselors in the County's 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. During FY2009, 521 unduplicated students in the Catholic schools benefitted from these individualized counseling and prevention services. The 2009 results of the clinical outcomes showed that 90% of the students receiving services demonstrated improved knowledge of coping skills and 85% demonstrated a reduction in symptoms as a result of school counseling services. (*Catholic Family Services, 2010*)

➤ **School-Based Mental Health Specialists**

Continued *LCRB* funding to *Crider Health Center* provides a *School-Based Mental Health Specialist* in each of the four County school districts. The target populations for this grant are children and youth, grades K-12, who have been diagnosed with a Serious Emotional Disorder (SED). Providing service and supports in the schools, allows for easy access of services and timely interventions. During FY2009, 184 Lincoln County children and youth were served in the *SBMHS Program*. The positive results of the established clinical goals and outcomes included: 99% of all clients achieved 75% or higher on their defined treatment plan objectives; 99% of all students remained in school; and, 91% of youth served were free from law enforcement and juvenile justice involvement. (*Crider Health Center, 2010*)

➤ **Supervised Visitation and Exchange Services**

Another *LCRB* grant allows the 45<sup>th</sup> Judicial Circuit to offer its *Supervised Visitation and Exchange Program*. This program provides alternative means of visitation and exchange between a child (ren) and parent(s) within Lincoln County. This supervised visitation/exchange program is also funded with a grant from the *Office of State Courts Administrator (OSCA)*. The visitation/exchange program can now accommodate a maximum of 63 children from Lincoln and Pike Counties, per 3-month treatment period. During FY2009, 22 children, representing 14 Lincoln County families received services. The results of the clinical outcomes showed that 100% of the families had safe and

appropriate interactions during the supervised visits and that 90% of the parents utilized information regarding strengths of the visits in their future parenting, resulting in no further concerns in regard to child abuse or neglect. While the program served only 14 families in 2009, the majority of those families received an extension of services past the initial three-month treatment period. (45<sup>th</sup> Judicial Circuit, 2010)

## **Our Strengths**

Professional and experienced providers offered a diverse array of free and accessible individualized services for 1,195 identified children and youth in Lincoln County in 2009.

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 school districts are very accommodating and supportive of families. Several schools districts have asked for additional information and have called the social service 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. The *Care Service* has 29 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 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 provided 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.

The *Partnership with Families* program is a *system of care* built to serve children diagnosed with a Serious Emotional Disturbance (SED). The *system of care* is child-

centered and family-focused, with the needs of the child and family directing the mix of services provided. This program listens to the family's concerns and challenges and builds treatment options based upon the family's desires and needs. It is strength-based, assessing what the family is doing well and building upon those assets. Using a wraparound process, a unique set of services and supports are identified, then "wrapped" around the family. There are no cookie cutter approaches to serving families in this model. Each family has their own team of individuals working together to serve and support them as needed. This group consists of family, friends, community members and professionals; collectively they are called the "Family Support Team". Upon entering into the *Partnership*, each family is assigned a Care Coordinator from *Crider Health Center* and a Parent Partner from *F.A.C.T.* The Care Coordinator and the Parent Partner each have a unique and distinct role assigned, but work as unit, working together to support and serve the families in the program. This *Partnership with Families (PWF) Program* provides children and youth with more intensive services and available resources within Lincoln County.

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.

The *Supervised Visitation and Exchange Program* offers safe, prearranged visits and exchanges, 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.

## **Current Service Gaps**

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 53% 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. (*Sts. Joachim & Ann Care Service, 2010*)

A report prepared by *The Community Council of St. Charles County* in January 2010 indicated that the number of homeless individuals in Lincoln County had almost doubled from January of 2008 to January of 2010. The findings of their "Homeless Count" highlighted that the overall economy is continuing to destabilize families, causing more families to be unsheltered. This count, conducted in Lincoln County in the summer and fall of 2009, found multiple cases of people of all ages that were homeless. The study included on site observations in Cuivre River State Park and on various county streets, as well as, discussions with *Bridgeway Counseling*, school district officials and the *Lincoln County Medical Center*. This survey revealed at least 42 children of homeless families living in cars, with friends or relatives, or in abandoned houses or mobile homes. (*The Community Council of St. Charles County, 2010*)

*The Child Center* reports that 98 children, representing 44 families, were served during FY 2009. In many cases the Family Advocate works with the family for a long duration of time. The need for the services of the Family Advocate has increased by 40% in the past year. In fact, during 2009 and in the first few months of 2010, Lincoln County had the second highest referral rate of the fourteen counties served by *The Child Center*. This increase in referrals for these services in Lincoln County equates to 50% of all of the same type of referrals in all of St. Charles County which has a much larger population base. (*The Child Center, 2010*)

*Crider Health Center* currently meets the clinical needs of approximately 96 children and youth in the *Partnership with Families (PWF)* program. *Family Advocacy and Community Training (FACT)* received only partial funding in 2009 to hire a Parent Partner to serve Lincoln County families. Consequently, the Parent Partner was only able to serve 27 of those children's families under the *Partnership* model. Deducting these 96 children and youth from the estimated 765 children and youth needing mental health support, there are approximately 669 children and youth that might benefit from the *PWF* Program. *Crider Health Center* estimates that 30%, or 200 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, 2010*). In order to achieve program fidelity, a ratio of approximately one Parent Partner for every forty families is needed. Seven (7) Parent Partners would be required to support the families of 296 students; two (2) are needed to support the existing 96 students. (*Family Advocacy and Community Training, 2010*).

Although children at the 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 8,803 total students, K-12. Recent statistics from the 2009 Needs Assessment of the *Department of Mental Health* indicate that 8.7% of children have a moderate to severe Serious Emotional Disorder (SED). (*Department of Mental Health, 2009*) Using this percentage, approximately 765

children and youth have been diagnosed, or would meet the criteria, for an SED in Lincoln County. These 765 children and youth would benefit from school-based treatment services. Even though *Crider Health Center's* present *SBMHS Program* meets the needs of approximately 184 students, 581 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 406 students, would be eligible for the *SBMHS Program*. (*Crider Health Center, 2010*)

The *SBMHS Program* is filled to capacity, having been fully utilized in the four Lincoln County school districts, with some students on a waitlist. (*Crider Health Center, 2010*)

### **Cost to Fill the Gaps**

The cost of hiring another part-time Social Service Worker to adequately meet the needs of the additional 42 children identified as being homeless, the cost would be: **\$30,000** (42 children x \$715 per child=\$30,000). (*Sts. Joachim and Ann Care Service, 2010*)

To meet the ever increasing needs of children and youth who have experienced sexual abuse, providing another Family Advocate is necessary. Adding an additional Family Advocate would provide services for an additional 25 children and youth. The total cost of adding another 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, 2010*)

The *Crider Health Center* component of 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 200 children in Lincoln County are currently in need of *PWF* services. To address this unmet need for *Crider Health Center*, it would cost: 200 children X \$597 per month x 12 months=**\$1,432,800**. (*Crider Health Center, 2010*)

The *PWF* model was built off of a caseload equation of: one Care Coordinator with a caseload of 8-10 and one Parent Partner with a caseload of 38-40. Therefore, in order to maintain program fidelity, for every four (4) Care Coordinators providing services, we need to staff with one Parent Partner. For this fiscal year, *LCRB* funded .25 FTE Parent Partner and *F.A.C.T.* has supplemented that amount to staff .5 FTE. However, this is not sustainable and cannot be continued in the next funding cycle. The current cost for a .25 FTE Parent Partner is \$21,570.60 per year (.25 FTE X \$63.63 X 113 units/month = \$1,797.55/month or \$1,797.55 X 12 = \$21,570.60/year).

If appropriately staffed, i.e. maintaining the appropriate ratio (*Crider* now uses six (6) Care Coordinators in Lincoln County), and using the same unit rate: the cost to hire 1.5 FTE Parent Partners would be: **\$129,423.48** (1.5 FTE Parent Partners X \$63.63 X 113 units/month = \$10,785.29/month or \$10,785.29 X 12 = \$129,423.48/year). (*Family Advocacy and Community Training, 2010*).

To offer counseling services in all of the private and parochial schools, it would cost an additional: 20 classrooms x 20 students x 6 hours x \$52=**\$124,800**. (*Catholic Family Services, 2010*)

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 406 additional students. To address this unmet need, it would cost: 406 students x \$117 per month x 12 months=**\$570,024**. (*Crider Health Center, 2010*)

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 more than \$45,000 per year, which includes the cost of transportation and educational instruction. Using 406 as the number of children and youth not receiving services and \$45,000 per year as the cost for day-treatment at a residential facility, and, if only 10%, or 40, of these youth ended up in these facilities, the cost to taxpayers could be \$1,800,000 (40 X \$45,000).

The typical out-of-home residential placement costs \$143.63 per day, a total of \$4,308.90 per month; the average length of stay in a residential setting is 6-12 months. The cost for a 6-month stay is \$25,853.40 or \$51,706.80 per year. Using \$51,706.80 per year as the cost factor, it would cost taxpayers \$2,068,272 (40 x \$51,706.80) 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 \$900,000 (40 x \$22,500), serving only 40 children and youth.

If only 10%, or 20, of these children or youth were placed in day-treatment at a residential facility, the cost to taxpayers could be: 20 children x \$45,000=\$900,000. The typical out-of-home residential placement could cost taxpayers: 20 children x \$51,706.80 (one-year stay) =\$1,034,136. The cost to the taxpayer for less intensive level of care for nine months would still be \$450,000 (20 children x \$22,500), serving only 20 children and youth. (*The Crider Health Center, 2010*)

To maintain the present capacity of the *Supervised Visitation Program*, the cost would be: \$1,150 per child (per 3-month period) x 16 children=**\$18,400**. (*45<sup>th</sup> Judicial Circuit, 2010*)

## 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

*The Youth in Need* Teen Parent program ended after the FY2009. Recurring problems with finding appropriate personnel resulted in Youth in Need's decision to not apply for funding for FY2010.

*Parents as Teachers (PAT)* of Lincoln County served a total of 29 teen mothers in 2009, providing them with a variety of support services and parent education. (*Parents as Teachers, 2010*)

Currently, Lincoln County does not have a residential maternity group home. The only 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 twelve months, *Our Lady's Inn* has had several referrals from Lincoln County with two teen mothers as residents. (*Our Lady's Inn, 2010*)

In Lincoln County, there were:

- 98 births to teenage mothers, ages 15-19 (2008)
- Births to teenage mothers, ages 15-19, 53 per 1000 (2008)
- 137 births to mothers without a high school diploma (2008)
- 226 low birth weight babies born (2004-2008)
- 26% of the children in single parent households (2007)
- 7.0 infant mortalities per 1,000 live births (2004-2008) (an increase from 6.2 per 1,000 in base years 1999-2003)

(*Missouri KidsCount 2009*)

### 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 160 children during the 2009-2010 program year. Sixteen new *Early Head Start* expansion slots were added, which of course has an impact on need. According to the providers, only two of these children were from teenage mothers; so many 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 50 families, with 102 more families on the *Head Start* waitlist, 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, 2010*)

### **Current Service Gaps**

While existing *Head Start* and *Early Head Start* programs provided services to 160 children, only 2 of the children served were children of teenage parents. An additional 152 children were on *Early Head Start/Head Start's* waiting lists. It is unclear how many of the 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 only 2 of the teenage parents are 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:

1. \$10,000 per teenage parent on public assistance
2. \$20,000 per infant or child who is abused or neglected and requires out-of-home placement
3. \$10,000 in healthcare costs for each successive pregnancy, which includes delivery and pediatric services

Naturally some of the 98 teen mothers, because of adequate family support, may not need services. *Parents As Teachers* provided support to 29 teen parents in 2009, but due to crippling state funding cuts for FY2010-2011, *Parents As Teachers* may not be able to continue these services. The *Head Start* and *Early Head Start* programs offered services to two other teen mothers in 2009, but in the future 96 teen mothers, or more, may be without any outside support. If only half of these 96 teen parents require services, funding for an additional 48 teen parents is essential. (*Parents As Teachers, 2010; Youth In Need, 2010*)

## **Cost to Fill the Gaps**

The cost to provide services for 48 additional unwed and teen parents would be: 48 youth x \$2,340 (\$78 per hour X 30 average hours of service) =**\$112,320**.

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 48 young mothers to providing these parenting program services, it is believed that Lincoln County would benefit more from adding teen parenting program services. The cost of providing one year of public assistance for these 48 youth would be \$1,920,000 (48 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 offering the *Teen Parent Program* for one year would be: **\$516,360** (\$404,040 + \$79,560). This approach would save the residents of our County \$1,403,640 during this one-year period. (*Youth In Need, 2010*)

## **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**

Lincoln County had 26 minors, ages 12 to 16, reported as missing or as runaways in 2008 (*Missouri State Highway Patrol, Crime in Missouri Report 2008*). Only three youth found their way to a temporary shelter facility in neighboring St. Charles County in 2009. (*Youth In Need, 2010*)

In 2009, 374 juveniles were referred for first time criminal delinquent behavior. The Lincoln County Juvenile Office received a total of 996 referrals, with 62 referrals, or 16%, that would be considered felony offenses and 245 referrals, or 25% that would be considered misdemeanor offenses, if committed by an adult. The remaining referrals, or 59%, would be considered status offenses or referrals for abuse and neglect. (*Missouri Judiciary, Justice Information System Report, January 1, 2009-December 31, 2009*).

In 2007, the juvenile law violation rate per 1,000 teens, ages 10-17, was 51.7 teens in contrast to the Missouri average of 55.6 per 1,000 teens in that same year. This rate was significantly less than the rate of 68.4 per 1,000 from the base year 2004. (*Missouri KidsCount 2009*).

## **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 28 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 not increased since its beginning in 1976. On occasion two or three Lincoln County youth have been 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, 2010*)

The economic consequences for neglecting the needs of Lincoln County runaways are also profound. Let's just consider the 24 youth who were reported as missing in Lincoln County in 2008, and didn't seek service at a shelter in a neighboring county. As many as 25% or 6 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 \$180,000 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, 7 or more 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, 2010*)

### **Cost to Fill the Gaps**

A four-bed shelter would more than meet the current need for runaways in Lincoln County. While a two-bed facility would meet the current need, a four-bed facility would serve the anticipated county growth. The cost of running such a facility would be: 26 youth x 14 days x \$219 per day=**\$79,716**. This cost was based on 26 youth, which includes the 3 youth 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, 2010*)

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, 2010*)

## **Respite Care Services**

Respite care services offer temporary emergency shelter and services for children and youth of families experiencing a crisis that may 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 2009 Annual Report* indicated that there were 499 hotline calls of suspected child abuse and neglect made to the *Children's Division of Lincoln County in that year*. These reports represented 731 children and youth. Of the 499 calls that were made, probable cause for abuse and neglect was substantiated in 57 of the reports, involving 77 children and youth. An additional 306 families, or 706 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 2008 the number of child abuse victims from reports classified as "probable cause" in Lincoln County was 22 per 1,000 children, while the overall rate in the State was 32.1 per 1,000 children. Compared to the 2004 base year the rate of child abuse and neglect in Lincoln County has decreased from 47.5 per 1,000 children to 29.9 per 1,000 children in 2008. (*Missouri KidsCount 2009*) This downward trend in substantiated child abuse and child neglect cases is encouraging and points to successes with services and programs being offered in our County.

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

➤ **A higher divorce rate:**

The percentage of children living in a single parent household increased from 21% in 2000 to 26.0% in 2007;

The percentage of parents paying child support into the state system in 2008 was 60%, which is somewhat higher than Missouri's average of 56.5%. (*Missouri KidsCount 2009*)

➤ **Financial stress:**

In 2008, 26.4% of the children were enrolled in *MO HealthNet for Kids*. This percentage was a slight decrease from 31% in 2004, but this percentage is still a significant part of the child population of the County; 26.4% of the current child population of 14,182 is about 3,744 children.

The percent of children receiving food stamps increased from 27% in 2004 to 28.6% in 2008.

The adult unemployment rate increased from 5.8% in 2004; to 7.9% in 2008; to 11.6% in June of 2009; to 14.5% in February of 2010. (*Missouri KidsCount 2009 and MERIC, 2010*)

Significantly more children were enrolled in the free/reduced price school lunch program with 34.6% enrolled in 2008 compared to 31.4% in 2004. (*Missouri KidsCount* 2009)

Currently there are not 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**

*Family Support Services* in O’Fallon offered respite care to 4 youth during 2009, resulting in 75% of the families improving their ability to cope with the behavioral issues of their child. These specialized respite services are for children and youth with a developmental disability diagnosis, a dual diagnosis and/or behavior concerns that affect the day to day living of caregivers. Unfortunately, the LCRB was unable to fund these services for 2010. (*Family Support Services, 2010*)

In 2009, 44 children, age 0-12, from Lincoln County received respite care services from the *St. Louis Crisis Nursery* in Wentzville. This usage demonstrates a high level of motivation on the part of these families. The *Crisis Nursery* brings 23 years of expertise in this area and is highly committed to serving the needs of families in crisis. (*St. Louis Crisis Nursery, 2010*)

*Youth In Need* provided respite care for 3 Lincoln County adolescents in the 2009-10 program year at their St. Charles location. *Youth In Need* provides up to four days of respite care for adolescents in St. Charles County and has developed the expertise in dealing effectively with these youth. (*Youth In Need, 2010*)

## **Current Service Gaps**

Respite care facilities like *Family Support Services, St. Louis Crisis Nursery* and *Youth in Need* do not exist in Lincoln County. Families must travel a considerable 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 (306), only 77 children were served, leaving 229 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 \$2.061 million to \$3.435 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 for 5 developmentally disabled youth for five weekends per year, the cost would be: 5 youth x 240 hours x \$30.15=**\$36,180**. (*Family Support Services, 2010*)

In order to provide respite care services to the 229 children who are at greater risk of child abuse, the cost would be: 229 children x 2 days (average stay) x \$264 per day=**\$120,912**. The \$264 cost of care for one day includes room and board, as well as therapeutic services. This figure would cover the cost of a four-bed facility to be located in Lincoln County. (*St. Louis Crisis Nursery, 2010*)

To provide respite care services (temporary shelter services) to the 18 adolescents estimated for services would cost: 18 youth x 4 days (avg. stay) x \$264 per day=**\$19,008**. (*Youth in Need, 2010*)

The total cost for respite care services for children and youth would be **\$176,100**. 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.

## **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 2008, according to *Missouri KidsCount 2009*, Lincoln County had a graduation rate of 83.1%, slightly below the State average of 85.8%. There were 4.4%, or approximately 124 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 24 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*, 2010)

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 12 youth went to jail and 12 youth went on public assistance, the yearly cost would be \$470,000 (\$300,000 + \$120,000). 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 creating a local transitional living facility and home, along with all of the supportive services would be: 24 youth x 165 hours of services (average) x \$55 per hour of services=**\$217,800**.

This figure represents a savings of \$252,200 compared to the cost of jail or public assistance for these 24 youth. 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, 2010*)

## 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
<b>EARLY INTERVENTION &amp; PREVENTION PROGRAMS</b>				
Early Intervention Services	2,253	3,987	6,240	\$594,792
Violence Prevention Services	912	1,614	2,526	\$5,966
Sexual Abuse/Harassment Prevention Services	15,651	27,702	43,353	\$254,954
Substance Abuse Prevention Services	414	732	1,146	\$15,732
<b>SUBTOTALS FOR EARLY INTERVENTION/PREVENTION</b>	<b>19,230</b>	<b>34,035</b>	<b>53,265</b>	<b>\$871,444</b>
Individual, Group & Family Counseling and Therapy Services	1,544	2,732	4,276	\$481,728
Outpatient Psychiatric Services	577	1,021	1,598	\$263,112
Outpatient Substance Abuse Treatment for Adolescents	268	474	742	\$970,428
Crisis Intervention Services	NA	NA	NA	15,975
<b>HOME-BASED/COMMUNITY-BASED/SCHOOL-BASED SERVICES</b>				
Community-Based Services for Homeless Children	42	74	116	\$30,000
Family Advocate for Sexual Abuse Victims	25	44	69	\$46,300.00
Parent Partner Services	60	106	166	\$129,423.00
Partnership with Families Support Services	200	354	554	\$1,432,800
School-Based Counselors	400	708	1,108	\$124,800
School-Based Mental Health Specialist Services	406	718	1,124	\$570,024
Supervised Visitation & Exchange Services	16	28	44	\$18,400.00
<b>OTHER SUPPORT SERVICES</b>				
Teen Parent Support Services	48	132	180	\$112,320
Residential Maternity Home	12	33	45	\$404,040.00
Temporary Shelter Services	26	46	72	\$79,716
Respite Care Services	252	446	698	\$176,100
Transitional Living Services	24	42	66	\$217,800
<b>TOTALS EXCLUDING EARLY INTERVENTION/PREVENTION PROGRAMS</b>	<b>3,900</b>	<b>6,958</b>	<b>10,858</b>	<b>\$5,072,966</b>
<b>TOTALS INCLUDING EARLY INTERVENTION/PREVENTION PROGRAMS</b>	<b>23,130</b>	<b>40,993</b>	<b>64,123</b>	<b>\$5,944,410</b>

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.