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

Lincoln County Resource Board
Consulted with Cynthia Berry, Ph.D. of BOLD, LLC

Report Adopted July 25, 2012

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EXECUTIVE SUMMARY

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

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

- Increase in children living in poverty (see section on Demographics of Lincoln County, page 10). From just 2007 to 2010, Lincoln County has seen a 2% increase in population growth in comparison to a 22.4% increase in the rate of poverty. Children represent 28% of the county population.

- Increase in youth receiving food stamps; Lincoln County has seen a steady increase of 24.1% to 31.0% from 2006 to 2009.

Percent of Youth under 18 Receiving Food Stamps - 2006 - 2009 - County/State Comparisons*				
	2006	2007	2008	2009
Franklin	20.9%	21.0%	23.1%	27.8%
Lincoln	24.1%	24.8%	27.6%	31.0%
St. Charles	10.6%	10.9%	12.0%	13.8%
Warren	24.7%	27.0%	29.5%	35.0%
Missouri	30.5%	30.8%	32.4%	35.5%

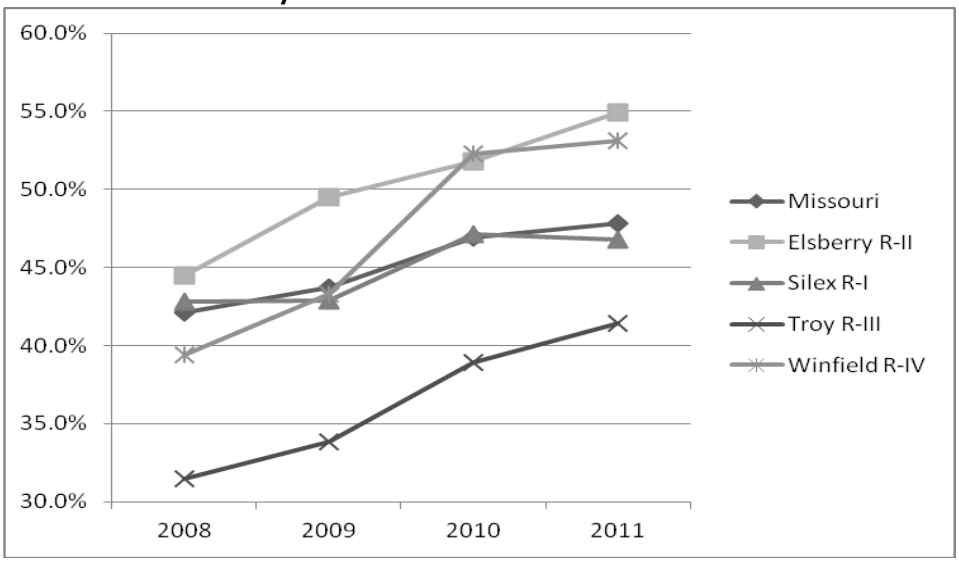
*Unless otherwise stated for each table/graph, data comes from Missouri Kids Count website, 2010-2011.

- More students enrolled in free and reduced lunch programs across the public school system. Both the table and chart below highlight a similarly inclined pattern of need across the four school districts. Elsberry and Winfield are above the state's rating at 47.8%.

Comparison of the Percent of Public School Students Eligible for Free/Reduced Lunch Program - 2008 - 2011

	2008	2009	2010	2011	2011 - N
Missouri	42.10%	43.70%	46.90%	47.80%	415,952
Elsberry R-II	44.50%	49.50%	51.80%	54.90%	434
Silex R-I	42.80%	42.90%	47.10%	46.80%	184
Troy R-III	31.50%	33.80%	38.90%	41.40%	2513
Winfield R-IV	39.40%	43.30%	52.30%	53.10%	791

Trend for the Percent of Students Enrolled in Free and Reduce Lunch Program Across the Four Public Schools in Lincoln County - 2008 - 2011



- Slight increase in infant mortality rate from 2002 to 2006 with 6.6 deaths per 1,000 live births in 2002 and 7 deaths per 1,000 live births in 2006. More recent information was not available. Lincoln County is below the Missouri rate.

Comparison of Infant deaths per 1,000 births - 2005 - 2009*

Franklin	Lincoln	St. Charles	Warren	Missouri
7.7	7	5.8	4	7.3

Lincoln County - Infant mortality (per 1,000 live births)*

2002	2003	2004	2005	2006
6.6	6.2	5.3	6.8	7

*Information only available through 2006

- Increase in unemployment rate (see Insurance and Employment section, page 15. The unemployment rate in Lincoln County peaked in 2009 at 12.1%, from 7.6% in 2008, and as of 2011, has declined to 10.2% However, it is ranked highest across the comparison counties at the state unemployment rate at 8.6%.

In 2011, through *LCRB* funding, 1,472 children and youth received assistance through direct treatment services while 11,221 children and youth received early intervention or

prevention programming. With our current level of funding and revenues, we estimate that our providers are addressing about 50% of the needed direct treatment services. With 9,458 annual K-12th grade students in Lincoln County, this one public funding source hypothetically provides one early intervention/prevention course per student. Clearly, certain subjects are critical at different stages of development and are necessary to repeat across these stages. It is apparent that LCRB is able to fund these programs at a basic level for now, but that greater efforts are needed to map out the ideal time to reach the youth of Lincoln County with these services Once this is done, we will be able to assess the true impact and therefore need of the various early intervention/prevention services.

Mixed Results -

- The tables below demonstrated some mixed findings. First, Lincoln County far exceeds the other counties in the increase in reported incidents of child abuse and neglect, with a 22.8% increase from 2010 - 2011 alone; a 30.7% increase from 2007 - 2011. However, reporting typically increases with wide-spread service infusion and community education efforts, as research has shown with topics like bullying, sexual harassment and other prevention-type of services.

Number and Trend of Reported Incidents of Child Abuse and Neglect Across Multiple Counties - 2007 - 2011

	2007	2008	2009	2010	2011	% Change 2010 - 2011	% Change 2007 - 2011
Franklin	845	782	834	847	984	16.2%	16.4%
Lincoln	453	463	513	482	592	22.8%	30.7%
St. Charles	1666	1559	1628	1668	1873	12.3%	12.4%
Warren	325	313	301	300	360	20.0%	10.8%
Northeast Region	**6128**	**5929**	**9155**	**9320**	**10734**	15.2%	75.2%
Missouri	**52979**	**50565**	**51896**	**53177**	**59992**	12.8%	13.2%

Child Abuse and Neglect statistics from Missouri Children's Division annual reports from 2007 - 2011; same for all of the child abuse and neglect statistics presented in this report.

- This next table demonstrates the same finding as below with reporting, yet in the context of what was substantiated, presents findings that are promising. We see a decrease in number of children per 1,000 that were substantiated, 8.21 down to 5.77, and the percent of incidents substantiated from 11.45% to 10.40%.

Total Number of Children and Incidents Reported & Information on Substantiation of Child Abuse and Neglect In Lincoln County - 2008 - 2010

Lincoln County	2008	2009	2010	2011
Total Children Cases Reported	740	723	741	832
Substantiated Cases	96	79	68	85
Subst. Children Per 1,000	8.21	6.76	5.82	5.77
Total Incidents Reported	463	513	510	559
Substantiated Incidents	53	60	48	58
% substantiated	11.45%	11.70%	9.4%	10.40%

- Another important trend to analyze is the types of child abuse and neglect that are prevalent in the population of Lincoln County. Neglect has seen some dramatic changes over the past 3 years, whereas physical abuse has been on the decline. Lincoln County is trending worse than the state on physical abuse and most recently, medical neglect.

Comparison of Types of Substantiated Incidents of Child Abuse & Neglect - Lincoln County vs. Missouri - 2008 - 2010

	2008		2009		2010	
Category	MO	Lincoln	MO	Lincoln	MO	Lincoln
neglect	43.8%	**38.3%**	51.8%	**63.3%**	55.5%	**39.6%**
physical abuse	26.0%	40.0%	31.8%	38.3%	27.8%	31.3%
sexual abuse	23.1%	21.7%	26.4%	20.0%	24.5%	31.3%
emotional abuse	5.2%	16.7%	4.0%	10.0%	3.9%	0.0%
medical neglect	3.0%	1.7%	2.4%	5.0%	3.3%	8.3%
educational neglect	1.4%	0.0%	0.8%	1.7%	1.5%	0.0%
		N = 53		N=60		N=48

- Different trends for graduation rates across the four public high schools where Silex and Troy are currently above the state average.

Total Graduation Rates Across the 4 Public High Schools in 2008 - 2011

	2008	2009	2010	2011	2011 - N
Missouri	86.0%	85.9%	85.9%	86.7%	63,050
Elsberry R-II	95.6%	88.2%	88.2%	79.4%	54
Silex R-I	88.9%	91.2%	95.2%	97.1%	34
Troy R-III	86.6%	88.3%	88.1%	91.8%	416
Winfield R-IV	75.0%	67.6%	81.3%	84.5%	120

School-related statistics are from the Department of Elementary and Secondary Education.

- Attendance rates in the four public school districts from 2008 to 2011 have remained relatively stable in both the K-8 grade levels and 9-12 grade levels.

Attendance K-8

	2008	2009	2010	2011
Missouri	94.8%	95.1%	94.9%	95.0%
Elsberry R-II	94.9%	95.8%	95.7%	95.2%
Silex R-I	96.1%	96.2%	95.4%	96.2%
Troy R-III	94.9%	95.4%	94.7%	95.0%
Winfield R-IV	94.0%	94.1%	94.2%	94.8%

Attendance 9-12

	2008	2009	2010	2011
Missouri	92.2%	92.8%	92.8%	93.1%
Elsberry R-II	93.3%	94.3%	93.9%	94.4%
Silex R-I	95.8%	96.3%	95.0%	96.2%
Troy R-III	92.1%	92.2%	93.7%	92.8%
Winfield R-IV	91.3%	90.5%	92.7%	93.4%

- A slight increase in child deaths, ages 1-14, yet information is not linked to service period for Lincoln County Resource Board funding. More recent information is needed to gauge this measure.

Comparison of Child deaths per 100,000 kids ages 1-14 - 2005 - 2009*

Franklin	Lincoln	St. Charles	Warren	Missouri
15.3	20.6	10	28.2	19.3

Child deaths per 100,000 kids ages 1-14* - Lincoln County & State - 2002 - 2006

	2002	2003	2004	2005	2006
Lincoln	19.4	17.2	14.8	18.5	19.8
Missouri	24.8	23.7	23.2	22.6	20.3

*Information only available through 2006

***Tables/Charts presented linked to Kids Count 2011 report and data source.

Promising Findings:

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:

- A reduction in low birth weight infants from 2002 to 2006 (7.0% to 6.1%), and always trending less than the Missouri rating of 8.1% as last reported. More recent information is needed to measure this outcome.

Low Birth Weight (%) Moving Average - 2005 - 2009

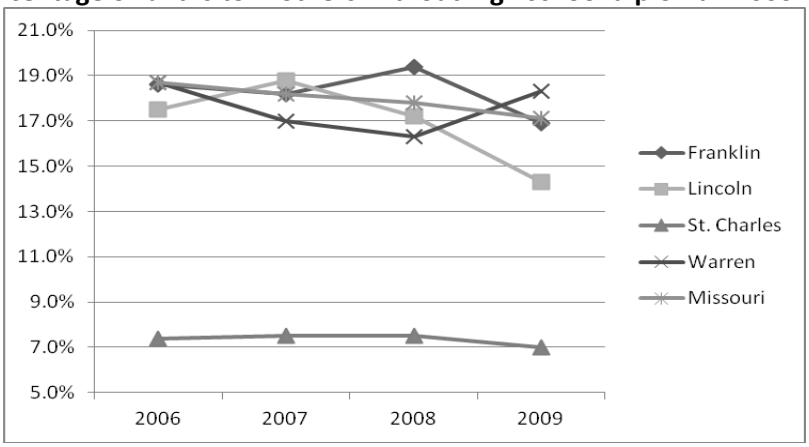
Franklin	Lincoln	St. Charles	Warren	Missouri
7.3%	5.9%	7.3%	6.4%	8.1%

Lincoln County -Low Birth Weight Percent

	2002	2003	2004	2005	2006
Lincoln	7.0%	6.4%	6.7%	6.3%	6.1%
Missouri	7.9%	8.0%	8.1%	8.1%	8.1%

- A reduction in births to mothers without a high school diploma is seen for Lincoln County in the graph below and has occurred during the LCRB funding period of 2008 and beyond. Lincoln County is now trending below the state level.

Trend of percentage of births to Mothers without high school diploma - 2006 - 2009



- A reduction in out-of-home placements, where Lincoln County has seen a decrease of 33.3% from 2005 to 2009 (defined as rate of entries into Division of Family Services alternative care, including foster care, group homes, relative care, and residential settings. Rate is expressed per 1,000 children).

Out-of home placements per 1,000 youth- 2005 - 2009 - County/State Comparison

	2005	2006	2007	2008	2009
Franklin	5.0	4.0	2.3	2.8	3.0
Lincoln	7.2	3.5	4.4	2.5	4.8
St. Charles	1.4	1.3	1.3	1.4	1.1
Warren	7.4	6.6	6.8	5.0	3.4
Missouri	4.8	4.1	3.8	3.8	3.9

Source: Missouri Department of Social Services; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.

- A reduction in juvenile law violation referrals, ages 10-17. From 2005 at 63.4 per 1,000 to 2008 with 38 per 1,000. This represents a decrease of 25.4 per 1,000 youth (data from local juvenile office). The table directly below also shows a decrease of 23.5% in law violation referrals from 2006 to 2008, but this finding does not account for population increases (which would only make this finding larger).

Law Violation Referral Outcomes by Type - Lincoln County - 2006 - 2008

	2006	2007	2008
miscode	1	7	0
True, Out of Home	9	14	15
True, In-Home	48	49	55
True, No Services	2	2	1
Not True	0	1	1
Dismissed	10	5	5
Certified	0	2	3
W/O Supervision	108	48	29
W/ Supervision	17	53	52
No Action	63	49	28
Transfer, Other Court	15	14	10
Transfer, Other Agency	11	39	22
Rejected	64	57	45
Total	**348**	**340**	**266**
Decrease of 23.5%; not accounting for population increases			

- This next table shows that Lincoln County has been seeing a steady decline in juvenile law violation related to peace disturbances and drugs (2006 to 2008). Taking only the LCRB funding period into account, five of the six types of law violations have decreased.

Types of Juvenile Law Violation Referrals for Lincoln County Across For 2006-2008								
		Misc.	People	Property	Peace Disturbance	Drugs	Status	Total
2006	Lincoln	534	117	101	55	33	207	1,047
	Total	21,912	11,887	14,762	3,219	3,161	16,086	71,027
	% of Total	**2.44%**	**0.98%**	**0.68%**	**1.71%**	**1.04%**	**1.29%**	**1.47%**
2007	Lincoln	488	95	174	20	17	549	1,343
	Total	22,264	10,844	14,139	2,975	2,978	16,185	69,385
	% of Total	**2.19%**	**0.88%**	**1.23%**	**0.67%**	**0.57%**	**3.39%**	**1.94%**
2008	Lincoln	527	64	139	12	10	421	1,173
	Total	22,696	10,255	14,736	2,668	2,689	15,420	68,464
	% of Total	**2.32%**	**0.62%**	**0.94%**	**0.45%**	**0.37%**	**2.73%**	**1.71%**

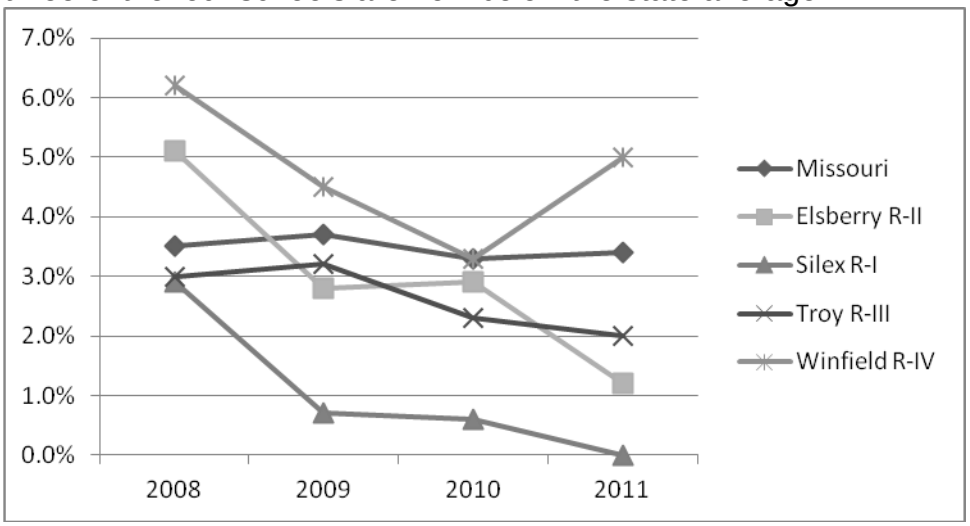
Missouri Juvenile Court: 2006, 2007 and 2008 Annual Reports; last available date used

- A reduction in violent teen deaths, ages 15-19; From 2000-2004, 12 deaths per 1,000 or 71.9 youth compared to 2005-2009 with 7 deaths per 1,000 or 36.9 youth. In addition, Lincoln County is the lowest compared to the selected counties and the state of Missouri.

Violent deaths per 100,000 teens ages 15-19 - 2005-2009

Franklin	Lincoln	St. Charles	Warren	Missouri
97.4	36.9	39.7	96.3	64

- Finally, a reduction in dropout rates across the four public schools 9 -12 grades where three of the four schools are now below the state average.



Despite the apparent benefits of these newly-acquired services, there are still many children and youth who need clinical services beyond our capacity, and our prevention and early intervention programming has not yet achieved universal coverage, leaving hundreds of children and youth without helpful skill-building and early identification programs that circumvent larger problems. At this time, a number of services, such as therapeutic mentoring services, 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 was 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 2012 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.

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 the number of *Request for Funding Proposals* for funding year 2012, combined with a minimal increase in sales tax revenue, the *LCRB was* only able to finance a portion of the submitted proposals, financing only $877,300 of the $1,061,000 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; 4) Therapeutic mentoring services; 4) Transitional living services; and, 5) 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.

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

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

The written comments on the returned surveys, both positive and negative, offered some interesting insights. Many of the respondents were unaware of the many children's mental health services already offered in Lincoln County. Making the public aware of the available services and how to access them must be a priority for the *LCRB* and its providers. Also, many of the respondents indicated a desire for more recreational and healthy life-style opportunities for its children and youth, as well as, more parenting classes for parents of all ages. Some people indicated the need for more prevention programs to address all types of "bullying" and harassment behavior in our schools. Overall, the surveys indicated strong support for the children and youth mental health services that are now offered in our County.

What This Current 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 from 2008-2011 (if at all possible). 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. In addition, LCRB hired Cynthia Berry, Ph.D. of Berry Organizational and Leadership Development, (BOLD), LLC, to begin demonstrating the connection and trends between services that have been funded and youth-related community outcomes/indicators.

The following agencies and organizations provided data for this assessment:

- *Berry Organizational & Leadership Development (BOLD), LLC*
- *Catholic Family Services*
- *Child Advocacy Center of Northeast Missouri*
- *Children's Foundation of Mid-America*
- *Community Council of St. Charles*
- *Crider Health Center*
- *Division of Social Services*
- *Elsberry School District*
- *Family Advocacy and Community Training*
- *45th 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 Services and Funding

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.

Demographics of Lincoln County: Population and Poverty Growth Rate

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, including Elsberry, Silex, Troy and Winfield.

If we simply view the population growth of Lincoln County from 2000 to 2010, it would be determined that this County has been one of Missouri's fastest growing counties. Situated just north of St. Charles County, Lincoln County has taken advantage of the tremendous growth that has occurred with its neighbor since 1990. 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. In fact, Lincoln County moved from a rank of 26th most populous county in Missouri to the 19th most populous (*United States Census Bureau*, 2012).

According to the U.S. Census in 2010, Lincoln County experienced a population growth of 35% since 2000, to a total of 52,566. (United States Census Bureau, *2012).* However as seen in the table below, the population has tapered off to a 2% growth between 2007-2010, a selected time period linked to the directed funding of the Lincoln County Resource Board. A picture of need unfolds more clearly when the population growth is compared to the increased rate of poverty. This 2% population growth statistic is dwarfed in comparison to the 22.4% increase in poverty.

Population Growth Compared with the Increase in Poverty for Lincoln County in 2000, 2007 - 1010

General Population	2000	2007	2008	2009	2010	Growth 2000-2010	Growth 2007-2010
Population	38,944	51,528	52,726	53,311	52,566	35.0%	2.0%
Poverty	3,449	4,768	5,438	5,795	5834	69.2%	22.4%

Note: Children and youth comprise 28% of the County's population, in contrast to the overall 24% average in Missouri. (*Missouri KidsCount, 2011*)

Throughout this report, various percentages of youth affected by different conditions or situations will be presented. Linking this to any increased growth, comes the need for more services, especially when the impoverished population growth far exceeds the population growth.

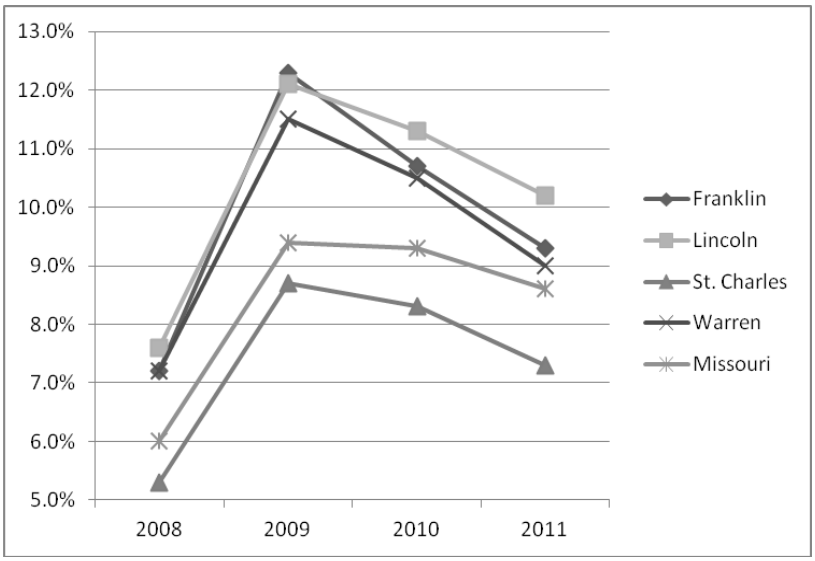
➢ Insurance and Unemployment Issues

Many of the services described in this study are not readily a part of benefit packages most employers offer their employees, although many organizations offer free (yet limited) access to Employee Assistance Programs where basic support to families and their children can be provided. 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.

Clearly, our nation, our state and many local communities suffered from the economic crisis. Therefore, it is necessary to show how Lincoln County compares to local counties and the state overall from 2008-2011. The table below shows the percent of those unemployed, with 2009 as the highest level of unemployment across all of the comparisons. Lincoln and Franklin County were both higher than 12%, compared to 9.4% for the state. The graph is a powerful display of the same trend experienced across all of the comparative entities, yet Lincoln County still has the highest percentage of unemployed in 2011 with 10.2%

Unemployment Rate Comparisons Across 4 Local Counties and Missouri - 2008 - 2011				
	2008	2009	2010	2011
Franklin	7.2%	12.3%	10.7%	9.3%
Lincoln	7.6%	12.1%	11.3%	10.2%
St. Charles	5.3%	8.7%	8.3%	7.3%
Warren	7.2%	11.5%	10.5%	9.0%
Missouri	6.0%	9.4%	9.3%	8.6%



➢ **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.

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.

- **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 fiscal year 2010-2011 increased by 9% compared to the total sales tax revenues in fiscal year 2009-2010, offering some hope for economic recovery.

The high gasoline prices have had a large impact on the people of Lincoln County, chiefly because 54.8% of workers are commuters that travel an average of 32.3 minutes to work. (Office of Social and Economic Data Analysis, 2000; U.S. Census Bureau American Community Survey 2005-2009 Data). So utilizing the average mpg for vehicles made past 2008, which is 22 mpg, in conjunction with the information stated above. the average cost per adult working 5-days per week at $2 per gallon per week is $22.73 compared to $4 per gallon per week at $45.45, which results in a estimated savings or cost per year of $1,180 per adult working 5-days per week. This example only relates to transportation costs of one adult to travel to work.

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.

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 $226,126 for early intervention and prevention programs in the County for the 12-month funding period from January 1, 2012 through December 31, 2012. 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 2011, the *Pinocchio Early Intervention Program*, funded at $37,000 by a *LCRB* grant, was provided by *Crider Health Center* for the children in Grades K-3 in two Catholic schools: Sacred Heart in Troy and Immaculate Conception in Old Monroe. A total of 344 students were screened for program eligibility. Following the program screenings, 94 children from this population were determined to be eligible and 79 received individual intervention services. Of these 79 children, 95% had an improved level of functioning specific to their treatment plan. 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. (*Crider Health Center, 2012)*

- **Violence Prevention Programs**

During January through December of 2011, *Crider Health Center* provided anti-violence and anti-bullying programs for grades K-8 in the four public school districts in the County. This program is delivered in 2-hour sessions at $78.50 per service hour (for 2012). This prevention programming was delivered to 4,064 children in the County in 2011. 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*. (Crider Health Center, 2012)*

- **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 Advocacy Center of Northeast Missouri 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 Advocacy Center of Northeast Missouri* 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 2011, this prevention programming was also presented to several day care and child care facilities.

In FY2011, 1,562 students, 225 school personnel and 23 parents were served by this program. This program is delivered in 1-hour sessions and the cost of $16.29 per hour per participant. One clinical outcome showed that 98% of the students that participated in the Cyber Bullying Prevention Program demonstrated learning about the different types of cyber "bullying", Internet dangers and how incidents should be reported. *(The Child Advocacy Center of Northeast Missouri, 2012)*

- **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 FY2011 to continue the *Team of Concern* Program in all of the public middle schools and 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 2011, the *Team of Concern* Program offered prevention services to approximately 4,850 middle and high school students in the County, with 66 youth receiving more intensive counseling. $150,000 was provided in 2012, with an average cost of $20 per student for prevention services and $1,250 per student for the one-on-one services for the entire year. A total of 76 student awareness activities and 43 community awareness activities were conducted. In addition, 139 staff members and 1,045 parents received assistance. One hundred percent (100%) of the identified at-risk students maintained or improved positive school engagement and maintained or improved positive relationships with family members. But most importantly, 100% of the students reported

abstinence from or reduction in substance abuse overall at the 6 week mark, 12 week post-admission mark and at discharge.

For FY2012, funding appropriations will enable this program to continue providing services at the same level as 2011. *(Preferred Family Healthcare, 2012)*

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 Advocacy Center of Northeast Missouri* 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 approximately 3,025 total students in grades K-3, representing the total target population of the Pinocchio Early Intervention Program. During 2011, 344 children received screening in this intervention program, leaving 2,681 students in grades K-3 in all of Lincoln County who were not screened for eligibility. About 244 children will be screened in 2012. Therefore about 2,337 students will not be screened in 2012. (Crider Health Center, 2012). At a minimum, one grade needs to be universally screened annually to ensure that all of the Lincoln County Children have been screened at least once during K-3 grades. Crider believes that 1st grade would be most ideal, now representing 805 children.

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 467 additional students would be identified as needing individual and group interventions, if the *Pinocchio Program* were available to these children. *(Crider Health Center, 2012)*

Due to limited funding for the *Violence Prevention* services in 2011 and 2012, Crider was unable to provide services for the students at Troy's Main Street and William Cappel Elementary Schools or at Winfield's Primary School. Consequently, there were 1,536 public school students in Grades K-5, in about 64 classrooms, that did not receive these services in 2011 or in 2012. (*Crider Health Center, 2012*)

In addition to the public schools, Lincoln County has several *DESE*-registered and a few non-registered private schools with a total of approximately 732 students, in about 36 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, 2012)*

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, more Lincoln County students in grades 1-12 should receive the above mentioned prevention services. (T*he Child Advocacy Center of Northeast Missouri, 2012*) and at critical periods of development. It would be ideal to offer sexual abuse/assault prevention at grades 1 and 4, cyber-enticement/bullying during grades 5, 6 and 9, and sexual harassment at grades 6, 7 and 9.

None of the approximately 240 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, 2012)*

Cost to Fill the Gaps

Approximately 2,337 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 covering an assessment every year per child in grades K-3, it would cost: 2,337 students x $264 per student, per year=$616,968. (*Crider Health Center, 2012).* At a minimum, to cover assessments for every 1st grader would be **$148,104** (805 children in 1st - 244 children assessed in 2012 = 561 x $264).

The hourly cost for the *Violence Prevention Programming* is $80.00 per hour. The level of unmet need in Lincoln County is the approximate 36 private school classrooms and 64 public school classrooms that are not currently served. To sufficiently cover these additional schools, grades K-8, the cost would be: 100 classrooms x 2 hours per classroom x $80.00 per hour**=$16,000**. This additional programming would reach about 2,640 children. (*Crider Health Center, 2012).*

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 1,385 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 Advocacy Center of Northeast Missouri, 2012)*

There are approximately 3,034 children in grades 1-4 in Lincoln County in public and private school, and current funding covers 1,799 participants. 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: 1,799 participants (1,649 students in grades 1-4, 75 professionals, 75 parents) x $16.29=**$29,306.** *(The Child Advocacy Center of Northeast Missouri, 2012).* At a

minimum, prevention needs to be offered to 1st and 4th graders representing 1,570 students, so service coverage is adequate at the present time.

To add sexual harassment programs for the all grades between 5th-12th grade for students in Lincoln County in both public and private schools, it would cost: 6,170 participants (5,670 students, 250 professionals, 250 parents) x $16.29 = $100,510. *(The Child Advocacy Center of Northeast Missouri, 2012).* At a minimum, to provide this to 6th, 7th and 9th, it would cost: 2,189 students, 250 professionals, 250 participants) x $16.29 = **$43,804**

To add cyber-enticement and cyberbullying prevention programs for all grades between 5th-12th for students in Lincoln County in both public and private schools, it would cost: 5,670 participants (5,670 students, same professionals) x $16.29=$92,364. *(The Child Advocacy Center of Northeast Missouri, 2012).* At a minimum, to cover 5th, 6th, and 9th grades, it would cost (2,153, same professionals) x $16.29 **= $35,072.**

To provide substance abuse prevention services to the approximately 240 middle school and high school students, grades 6-12, in the parochial and private schools it would cost: 240 students x $35.00 per student**=$8,400.** *(Preferred Family Healthcare, 2012)*

The total cost of offering these additional early intervention and prevention programs to all the youth would be $863,548. **To target youth at critical developmental stages, which would also minimize planning efforts within the school districts, the cost would only be $251,380.** 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 $66,582 for counseling services in the County for the 12-month funding period from January 1, 2012 through December 31, 2012.

Utilizing this funding from the LCRB, *Catholic Family Services* continues to operate a full-service counseling program at their office located in Troy. Five professionally qualified therapists, trained in the best practice models of service, deliver these counseling services. Treatment issues addressed include: depression, anxiety, impulse control problems, family crises, divorce, aggression, anger management, parenting and school-related difficulties. The 2011 *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; 88% of the youth maintained or decreased their symptom level; and, 91% of the clients showed progress toward their goals. In 2011, 148 children and youth received counseling services. *Anger Management* classes were also offered. In addition, 24 adults participated in *Love and Logic* parenting classes in 2011. **The maximum number of children and youth to whom CFS can provide services, based upon current funding, is 124.** (*Catholic Family Services, 2012)*

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.

Counseling services are also provided in several of the funded school-based programs, which will be discussed in a later section of this report.

Current Service Gaps

Based on the 2011 Missouri KidsCount data, Lincoln County has a population of 14,726 children and youth under the age of 18 in 2010. (Missouri KidsCount, 2011)

It is estimated that one out of every 8 children has a serious emotional disturbance (14,726 x 8%=1,178) *(U.S. Department of Health and Human Services' (DHHS') 1999 Report* which links to the need for counseling services.

The office-based counseling services provided by *Catholic Family Services* may serve a maximum of 124 children or youth, while the school-based counseling programs serve an additional 213 (*Catholic Family Services School-Based Counseling*,68; *Crider Health Center Pinocchio Program,* 79; and *Preferred Family Healthcare Team of Concern*, 66) students, leaving 841 (1,178-337=841) without funded, local counseling services.

This "*Behavioral Health Profile for Lincoln County*" prepared by the Missouri Department of Health in July 2011, highlighted the need for children's mental health services in our County.

Current Mental Health for Grades 6 through 12* in Lincoln County

	Lincoln County	Missouri
Were very sad	18.08%	18.90%
Felt hopeless about the future	11.10%	11.80%
Slept a lot more or a lot less than usual	25.33%	25.60%
Had difficulty concentrating on school work	24.52%	24.60%
Were grouchy, irritable, or in a bad mood	24.09%	24.80%
Felt like not eating or eating more than usual	**19.28%**	18.10%
Seriously considered attempting suicide	9.63%	11.60%
Have been bullied on school property	**27.46%**	25.00%

*In the past 30 days Boldface Type: Higher than Missouri rate
(*Missouri Department of Mental Health, 2011)*

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: 841 children & youth x 6 session average-stay x $55.32 per hour session=$279,144; and this is assuming no services are privately funded or funded by other sources. The severity of need of the children and youth seen has increased the number of average sessions from 4 to 6. *(Catholic Family Services, 2012)* So at a minimum, services need to be available to the impoverished and low-income clients estimated at 10-25% of the assumed 841 youth. Therefore, a range of **$27,914 to $69,786** would benefit many youth in need, where **$69,786** would serve 210 additional youth.

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 FY2011, 103 clients received psychiatric services. (*Catholic Family Services, 2012*) **Continued funding for FY2012 of $49,810 will allow CFS to provide outpatient psychiatric services for approximately 100 clients.**

Our Strengths

Catholic Family Services demonstrates ingenuity and resourcefulness during these difficult economic times in 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 in Lincoln County has decreased from 201 children in 2007 to 163 children in 2009, a decrease of 18.9%. (*Missouri KidsCount 2011)*

Current Service Gaps

It is estimated that one out of every 8 children has a serious emotional disturbance (14,726 x 8%=1,178) *(U.S. Department of Health and Human Services' (DHHS') 1999 Report)* which could be 1,178 Lincoln County youth.

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 706. Subtracting the number of Lincoln County children currently receiving help in other counties (approximately 125) and the 100 children estimated to be served through the *LCRB* funding (and accounting for half of those served in 2010/2011 not needing psychiatric visits), there are still 381 children and youth in Lincoln County without available, funded psychiatric services. (*Missouri KidsCount 2011)*

Cost to Fill the Gaps

The cost of providing the additional psychiatric coverage would be: 381 children and youth x $510 (2.25 units x $226.59=$509.83) =$194,310. This average cost of $510 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, 2012)* To at least provide this service to those unable to afford it, but who are of greatest need, an acceptable range would be 10-25% or $19,431 - $48,578

Outpatient Substance Abuse Treatment Services

National, state and regional studies indicate that adolescent substance abuse is still a significant societal problem. Illicit drug use and the misuse of prescription medications are widespread problems in the United States. Approximately 23 million Americans aged 12 or older, or roughly 9 percent of the population, were current illicit drug users in 2010. These substances include, but are not limited to marijuana/hashish, cocaine (including crack), heroin, hallucinogens, and inhalants. In a 2010 report, approximately seven million Americans reported that they currently used prescription drugs for nonmedical purposes. (*Missouri Department of Mental Health, 2012)*

Most young people refrain from using illicit drugs, but an estimated 1 in 10 youth aged 12 to 17 was a current illicit drug user in 2010. Drug use among people of all ages is dangerous because it can lead to addiction, reduced self-control and impaired decision-making. In addition to other serious physical consequences, some drugs can alter the brain in ways that persist after the person has stopped taking drugs, and which may even be permanent. (*Missouri Department of Mental Health, 2012)*

A September 2009 report, "Adolescent Behavioral Health in Brief", from the U.S. Department of Health and Human Resources, Substance Abuse and Mental Health Services Administration, highlights the following facts about adolescents in Missouri:

- Approximately 52,000 (10.5%) of adolescents in Missouri used an illicit drug in the past month; 36,000 (7.4%) used marijuana, and 27,000 (5.5%) used an illicit drug other than marijuana.
- 19.4%of adolescents (95,000) used alcohol in the past month, and 12.8% (63,000) engaged in binge drinking.
- Rates of alcohol and drug dependence or abuse were similar between males and females; 25,000 males compared to 21,000 females abused or were dependent on alcohol or drugs in the past year.
- 23,000 adolescents needed but did not receive treatment for past-year drug problems, and 32,000 adolescents needed but did not receive treatment for alcohol problems*. (SAMHSA, 2012)*

County-level data on substance use and abuse is limited. The Missouri Students Survey, administered in even-numbered years to 6th through 12th grades students provides estimates for youth in most Missouri counties. The estimated results of the 2010 Missouri Student Survey for Lincoln County are listed below. Notice that Missouri is slightly higher in tobacco and alcohol use while marijuana is similar to the national average, whereas inhalants are lower. (*Missouri Department of Mental Health, 2012)*

Current Substance Use and Abuse in Lincoln County

	30-Day Use in Lincoln County	30-Day Use in Missouri	Age of First Use Lincoln County
Cigarettes	**15.4%**	13.7%	12.2
Alcohol	**22.4%**	19.8%	12.6
Binge *	**15.6%**	11.4%	N/A
Marijuana	6.7%	9.4%	13.6
Inhalants	2.9%	3.0%	11.2
RX Abuse	5.1%	6.7%	unknown
OTC Abuse	4.0%	4.8%	unknown

* 5+ drinks on a single occasion

Boldface type is higher than state average

- **Tobacco-Specific Information**

In Lincoln County, 60.7% of youth believe that it would be easy to get cigarettes and 54.2% have friends who smoke. Considering the severe risks to health these are extremely high percentages. *(Behavioral Health Epidemiology Workgroup, May 2012)* Tobacco use, which for most users begins in adolescence, is the leading preventable cause of death in the United States, and every year causes more than 443,000 deaths *(Centers for Disease Control and Prevention, 2010).* Five million people 18 years old and younger will die prematurely of tobacco related disease if current patterns of smoking continue *(Centers for Disease Control and Prevention, 2006).*

- **Alcohol-Specific Information**

Alcohol is the most common substance of abuse in Missouri. Underage drinking cost the citizens of Missouri $1.4 billion in 2010. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth. This translates to a cost of $2,326 per year for each youth in the State or $3.25 per drink consumed underage. In fact, Missouri ranks 19th in the percentage of alcohol consumed underage (one is the highest) among the 50 states. (Pacific Institute for Research and Evaluation (PIRE), 2011)

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. *(Pacific Institute for Research and Evaluation (PIRE), 2011)*

- **Synthetic Drug-Specific Information**

One of the most alarming trends in substance abuse in Lincoln County is the use of variety of synthetic drugs including synthetic marijuana (synthetic cannabinoids) and “bath salts” (substitute cathinones). These synthetic drugs may be legally purchased by an 18-year-old and are easily found in nearby stores or from local dealers for an

average of $25-$40 for about 3 grams. According to a DEA study, 11.4% of 12th graders surveyed nationally in 2011, used “Spice” or KW (synthetic marijuana). (*Drug Enforcement Administration, 2011)*. This drug cause delusions and hallucinations.

Bath salts cause severe paranoia and have a 15-minute onset with a maximum high of 15 hours. Users can get suicidal thoughts and are easily agitated, with violent outbursts. Life-threatening increases in heart rate, blood pressure and chest pains may accompany the use of “bath salts”. *(DEA, 2011)*

The table below demonstrates the alarming national trend of synthetic drug reports from 2010 to 2011, with a 239% increase for synthetic marijuana and 1919% for "bath salts". The table then illustrates the national and local county 2012 estimates, with an expected decrease in reports of 40.4% for Lincoln County synthetics. This demonstrates how responsive Lincoln County has been towards the use of synthetic drugs.

National vs. County Comparison for Synthetic Marijuana and "Bath Salt" Use - 2010-2011

	2010	2011	% Increase	First 5 months of 2012 reported	Full 2012 Estimate	Estimated % Decrease from Action***
National*						
Synthetic Marijuana	2,906	6,959	239.0%	2,389	5,736	17.6%
"Bath Salts"	304	6,138	1919.0%	1,007	2,417	60.6%
Lincoln County**						
Synthetics	N/A	153		38	91	40.4%

*American Association of Poison Control; ** Lincoln County Drug Task Force; ***Estimates provided by BOLD, LLC

- **Inhalant-Specific Information**

Inhalants include a large group of chemicals that are found in household products as aerosol sprays, cleaning fluids, glue, paint, paint thinner, gasoline, propane, nail polish remover, correction fluid an marker pens. These inhalants can damage the brain, heart and other parts of the body, or, may even cause sudden death. *(SAMHSA, 2008)* These inhalants are generally abused by 12-13 year olds, since they may lack accessibility to other illicit drugs. *(Preferred Family Healthcare, 2012)*

- **Prescription Medication-Specific Information**

America’s biggest drug problem is not on the street. It is in our medicine cabinets in the form of prescription and over-the-counter (OTC) medications. In fact, prescription medication abuse is the second leading cause of accidental death in the United States. More Americans abuse prescription medications than cocaine, heroin, hallucinogens, and inhalants combined, and an astounding one in five teens abuses a prescription drug at least once in their lifetime. (*SAMHSA, 2012)* Because these drugs are so readily available, teens who wouldn’t otherwise touch illicit drugs might abuse prescription drugs.

Teens have been known to abuse painkillers (linked to surgeries in response to an injury/pain-related condition), depressants, anti-anxiety drugs, stimulants, and OTC medications for colds, to name a few *(SAMHSA, 2012)* Many teens report mixing prescription or OTC drugs with alcohol, which can cause respiratory failure and/or death. Between 1997 and 2007, the number of treatment admissions for prescription painkillers increased by more than 400%. Teens who first abuse prescription drugs before age 16 also have a greater risk of drug dependence later in life. *(SAMHSA, 2008 Survey on Drug Use and Health).*

Based on a survey conducted in 2010, 5.1% of this age group reported abusing prescription drugs and 4% for OTC drugs in a previous 30-day period. Relating these figures to Lincoln County, it is estimated that between 197-251 students are abusing either prescription and/or OTC medications. (Missouri Student Survey, 2010).

In Summary

Substance abuse has significant health and economic consequences for its citizenry. In 2009, Lincoln County residents had a total of 148 alcohol-related and 181 drug-related hospitalizations. Furthermore, there were 298 alcohol-related and 195 drug-related emergency room visits that did not include a hospital stay. The average state-wide cost for an alcohol or drug related emergency room visit was $4,180. (*Behavioral Health Epidemiology Workgroup, May 2012)*

During the state fiscal year 2011, 362 Lincoln County residents were admitted to substance abuse treatment at publicly-funded facilities. Of these 362, 143 had alcohol listed as their primary substance of abuse and 113 listed marijuana. *(Behavioral Health Epidemiology Workgroup, May 2012)*

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. 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. 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 FY2011, *PFH* provided substance abuse treatment services to 66 youth. Of these 66 youth, 67% were male and 32% were female. The age break-down of the youth served was: 7%, 11-13 years old; 36%, 14-15 years old; 36%, 16 years old; and, 21% 17-18 years old. According to the 2011 annual report submitted by *PFH,* 88% of youth reported a reduction in or elimination of use at program completion; 87% of youth had improved school engagement and performance; and, 91% of youth had improved relationships with family members. ***PFH* estimates providing 55 youth with outpatient substance abuse services in FY2012 with the $100,000 grant from the LCRB. (*Preferred Family Healthcare, 2012)***

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, 2012)*

Cost to Fill the Gaps

Currently, there are 4,696 students enrolled in grades 6-12 in the four public school districts and approximately 238 sixth through twelfth graders in County parochial and

private schools or homeschooled, totaling 4,934 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 306 of these 4,934 students would benefit from substance abuse treatment. The *LCRB*-funded outpatient substance abuse treatment program will or has met the needs of 55 clients in 2012, 66 in 2011, 84 in 2010, 73 in 2009 and 79 in 2007/08. Since we are not dealing with a completely different group of youth from year-to-year, some carry-over effects can be expected and/or identification of youth who are not successful with this type of treatment. Therefore, we estimate there are an estimated 100-250 children and youth with significant substance abuse concerns that may not receive services. At an average cost of $1,818 per youth, the cost of providing these services to 200 youth would be **$363,600.** (*Preferred Family Healthcare, 2012*). At a minimum, to reach 100 youth the cost would be **$181,800.**

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 (BHR),* a private not-for-profit corporation, that is the hub for an Access Crisis Intervention (ACI) system. BHR provides confidential telephone counseling to people in mental health crises, as well as mobile outreach services, community referral services, and critical incident stress management (CISM). BHR's crisis hotline and mobile outreach services are provided, free of charge to the public, by paid professional staff that have master's degrees in their respective behavioral science disciplines. *(Behavioral Health Response, 2012)*

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 Way*, as well as, a grant from the *Missouri Foundation for Health. (United Way, 2012)*

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 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, 2012)*

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 $434,792 for home, community and school-based programs in the County for the 12-month funding period from January 1, 2012 through December 31, 2012. 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 (Care Service)* uses funding from the LCRB to provide 1.5 Full-time Social Service Workers to complete assessments of children of homeless families to determine the service needs of the families. The 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. The Care Service 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.

The 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 FY2011, *Sts. Joachim and Ann Care Service* worked extensively with 252 children representing 164 adults, providing assessments, case management and financial assistance. (*Sts. Joachim & Ann Care Service*, 2012)

The 2011 annual report submitted to the *LCRB* indicated great success with this wrap-around service model. Clinical outcomes of this program included: 85% of the children were in stable housing within six months; 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 twelve months of certification. (*Sts. Joachim & Ann Care Service*, 2012)

- **Family Advocate Program**

The Child Advocacy Center of Northeast Missouri 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 Advocacy Center of Northeast Missouri* 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 Advocacy Center of Northeast Missouri, 2012*)

The *Family Advocate Program* is providing valuable services to children and youth that have allegedly been sexually abused. During FY2011, 93 children (infant to 17 years

old) from 36 families were served. *The Child Advocacy Center of Northeast Missouri* reported that during FY2011, 95% of clients demonstrated their ability to provide safety and stability for their children by demonstrating use of the identified and needed resources. *(The Child Advocacy Center of Northeast Missouri, 2012*)

The Child Advocacy Center of Northeast Missouri'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 Advocacy Center of Northeast Missouri, 2012*)

- **Partnership with Families Program**

During January through December of 2011, 90 (unduplicated) children and youth were served by the *Partnership with Families (PWF) Program* that is not currently funded by the *LCRB.* The program is provided by *Crider Health Center* in conjunction with *Family Advocacy and Community Training (FACT)*. (*Crider Health Center, 2012)*

The *PWF* program provides intensive therapeutic, case management services 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, 2012)*

The *PWF* program currently operates in Lincoln County, but is limited due to lack of funding. Currently, the Parent Partner component of PWF is the only portion funded by the LCRB, Care Coordination remains unfunded by the LCRB and is currently only funded by Medicaid and Crider's annual allocation from the Department of Mental Health. (*Crider Health Center, 2012)*

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 24 children in the Partnership. (*Crider Health Center, 2012)*

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. (*Crider Health Center, 2012)*

Some of the positive outcomes of the *Parent Partner Program* reported in 2011 include: 90% of parents had the tools to seek the school placement of their choice for their child; 95% of children who were at risk of out-of-home placement remained at home; 86% of children with a "Positive Behavior Support Plan" experienced greater success in the school environment. (*Family Advocacy and Community Training, 2012).*

- **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 FY2011, 520 unduplicated students in the Catholic schools benefitted from these individualized counseling and prevention services. The 2011 results of the clinical outcomes showed that 90% of the students receiving services demonstrated improved knowledge of coping skills and 98% demonstrated a reduction in symptoms as a result of school counseling services. (*Catholic Family Services, 2012*)

- **School-Based Mental Health Specialists (SBMHS)**

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. A reduction in County sales tax revenue, resulted in the elimination of a full-time staff position in this program. This reduction in staff resulted in approximately 20-25 fewer students being served annually. During FY2011, 122 Lincoln County children and youth were served in the *SBMHS Program*. The positive results of the established clinical goals and outcomes included: 95% of all clients achieved 75% or higher on their defined treatment plan objectives; 98% of all students remained in school; and, 98% of youth served were free from law enforcement and juvenile justice involvement. (*Crider Health Center, 2012)*

- **Supervised Visitation and Exchange Services**

Another *LCRB* grant allows the 45th 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 O*ffice of State Courts Administrator* (*OSCA*). During FY2011, 31 children, representing 19 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 parents utilized information regarding strengths of the visits in their future parenting, resulting in no further concerns in regard to child abuse or neglect. *(45th Judicial Circuit, 2012)*

Our Strengths

Professional and experienced providers offered a diverse array of free and accessible individualized services for 1,132 identified children and youth in Lincoln County in 2011.

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 31 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 Advocacy Center of Northeast Missouri* 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. 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 a 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.

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. According to the *Lincoln County Economic Development Strategy 2010,* over 54% 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.

A report prepared by *The Community Council of St. Charles County* in January 2012 indicated that the number of homeless individuals in St. Charles, Lincoln and Warren counties increased to 92 this year, up from 38 last year, according to data collected Jan. 25, 2012 through an annual homeless census. This year's count revealed 1,023 homeless people living in the three counties, up from 1,003 last year, but down from 1,089 in 2010. Of the total homeless people, 47 percent were younger than 18; 60 percent were younger than 25; and, 19 percent were under the age of 5. (*Community Council of St. Charles County, 2012*)

The findings of this homeless census highlighted that the overall economy is continuing to destabilize families, causing more families to be unsheltered. In Lincoln County

people of all ages were found to be “homeless”. Approximately 18 children, 18 years of age and younger were identified in the "unsheltered" category in Lincoln County. (*The Community Council of St. Charles County, 2012).*

The Child Advocacy Center of Northeast Missouri reports that 93 children, representing 36 families, were served during FY 2011. In many cases the Family Advocate works with the family for a long duration of time. (*The Child Advocacy Center of Northeast Missouri, 2012)*

Crider Health Center currently meets the clinical needs of approximately 90 children and youth in the *Partnership with Families (PWF)* program. *Family Advocacy and Community Training (FACT)* received only partial funding in 2011 to hire a Parent Partner to serve Lincoln County families. Consequently, the Parent Partner was only able to serve 24 of those children’s families under the *Partnership* model. (*Crider Health Center, 2012)*

Recent statistics indicate that 8% of children or adolescents, ages 4-17, have a moderate to severe Serious Emotional Disorder (SED), which links to 1,178 children/youth Lincoln County. In conjunction with previously mentioned counseling services, 337 youth are currently served and the current needs assessment cost analysis could reach an addition 210 youth, leaving 631 youth. However, by adding the counseling services related to this section where 93 were served from the Family Advocate Program, 23 served by PWF, 122 through the School-Based Mental Health Specialist, and accounting for 20% of the private-school children being served (of the 520 reported) as high mental health need, **there may be 289 children and youth in need for these specific funded services.**

The *PWF Program* typically has a waitlist of approximately 10-12 families at any given time. (*Crider Health Center, 2012).* In order to achieve program fidelity, a ratio of approximately one Parent Partner for every forty families is needed. Two (2) Parent Partners are needed to support the existing 90 students. *(Family Advocacy and Community Training, 2012).* 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, 2012)*

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, 2012)*

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 Advocacy Center of Northeast Missouri, 2012*). With this program linked to SED's, we can account for 25

children of the 459 in need now having some form of counseling services and therefore not necessarily needing some of the specific services described below. The minimal goal of LCRB is to at least make sure our youth are able to access and receive some form of counseling and/or supportive professional community services and resources.

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. With the high cost of this program and other similar counseling-related services, it is ideal to link programming to the youth at the greatest level of need. If PWF were to reach 25% of the 289 children without any level of service, it would cost: 72 children X $597 per month x 12 months**=$515,808**. *(Crider Health Center, 2012) To reach 10%, the cost would be: 29 children X $597 X 12 months* ***= $207,756.***

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). *(Crider Health Center, 2012)*

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 FTE Parent Partners would be: **$86,282** (1 FTE Parent Partners X $63.63 X 113 units/month = $7,190.19/month X 12 = $86,282/year). *(Family Advocacy and Community Training, 2012).*

To offer counseling services in all of the other private and parochial schools, it would cost an additional: 20 classrooms x 20 students x 6 hours x $52.00**=$124,800**. *(Catholic Family Services, 2012)*

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. Again estimating *SBMHS* services for at least 25% of those in need (289 remaining), it would cost: 72 students x $117 per month x 11 months**=$92,664**. *(Crider Health Center, 2012).* Doubling this cost **($185,328**) would provide counseling services to half of the remaining children with a SED, reaching 144 youth.

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.

Type of Service	Cost Per Day	Cost Per Month	Cost for 6 Months	Cost for 9 Months	Cost for One Year	Cost for 52 C/Y	Cost for 26 C/Y
Family Treatment Home*	$84	$2,500	$15,000	$22,500	$30,000	$1,560,000	$780,000
Day Treatment--Residential Setting*	$113	$3,379	$20,272	$30,407	$40,543	$2,108,246	$1,054,123
Out-of-Home Residential*	$157	$4,699	$28,194	$42,290	$56,387	$2,932,114	$1,466,057
						Cost for 52 C/Y	**Cost for 524 C/Y**
SB Mental Health Program	$4	$117	$702	$1,053	$1,404	$73,008	$735,696

*DYS 2005 Rates

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

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

A child placed in day treatment, at a residential setting, costs about $41,000 per year, which includes the cost of transportation and educational instruction. Using 524 as the number of children and youth not receiving services and $41,000 per year as the cost for day-treatment at a residential facility, and, if only 10%, or 52, of these youth ended up in these facilities, the cost to taxpayers could be $2,132,000 (52 X $41,000).

The typical out-of-home residential placement costs $156.63 per day, a total of about $4,699 per month; the average length of stay in a residential setting is 6-12 months. The cost for a 6-month stay is $28,194 or $56,387 per year.

Using $56,387 per year as the cost factor, it would cost taxpayers $2,932,124 (52 x $56,387) for a one-year stay at a residential facility.

If only 5% (26) of the 524 children and youth in need of services were placed in day-treatment at a residential facility, the cost to taxpayers could be: 26 children x $41,000=$1,066,000. The typical out-of-home residential placement could cost taxpayers: 26 children x $56,387 (one-year stay) =$1,466,062. (*The Crider Health Center, 2012)*

The cost to the taxpayer for less intensive level of care for nine months would still be $585,000 (26 children x $22,500), serving only 26 children and youth. (*The Crider Health Center, 2012)*

Cost to maintain a youth in a Division of Youth Services residential setting (2005):

Program Type	Cost per day
Community Based	$112.62
Moderately Secure	$116.81
Secure Care	$156.63

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.** *(45th Judicial Circuit, 2012)*

Therapeutic Mentoring

Therapeutic mentoring services are designed to help youth develop a positive set of values, improve family relationships and reduce problem behaviors by teaching alternative skills and coping patterns. The mentors also worked closely with parents to identify and build upon their strengths and offer guidance regarding effective parenting strategies.

Lincoln County's Current Situation

In 2009, the *Children's Foundation of Mid-America* (*CFMA*) was funded by the *Lincoln County Resource Board* to provide therapeutic mentoring to youth who were at risk for abuse and neglect, domestic violence and other destructive situations. Specifically, the *CFMA* program served youth from the Troy and Silex school districts. The *CFMA* mentoring program had a great impact on the Lincoln County youth and families served as evidenced by all of the stated program goals being achieved successfully.

Unfortunately, due to declining sales tax revenue, this program was not renewed in 2010. However, the great need for therapeutic mentoring services has been identified in Lincoln County. Families in Lincoln County have been found to be facing numerous struggles as shown by the increasing poverty rates, utilization of food stamps and unemployment rates. According to the most recent statistics from the Annie E. Casey Foundation, Missouri ranks 34th among the 50 states in child and family well-being and 39th among the 50 states in having the highest rate of deaths for those aged 15-19. *(Annie E. Casey Foundation, 2011)*

A national research report released recently found that mentoring is one of the keys to academic achievement and keeping students in school and on track. This new research reinforced the growing body of evidence that mentoring is also a critical asset in helping America's disconnected young people to persevere and find pathways to meaningful

and productive lives. *(America's Promise Alliance, Civic Enterprises and Peter D. Hart Research Associates, 2012)*

Our Strengths

Fortunately, many of the mental health services being provided in Lincoln County address the needs of individual children and youth who are at risk for abuse and neglect, domestic violence and other destructive situations. There is no doubt, however, that designated therapeutic mentoring services would offer valuable assistance for those youth identified as being at risk, but who are not receiving any designated services.

Current Service Gaps

At the present time, there are no therapeutic mentoring services offered in Lincoln County. However, as previously stated there are 8% of youth suspected to have a serious emotional disorder. It is estimated that 20% of youth may have less intensive needs, but it is difficult to discern what overlap occurs across the different agencies that provide similar types of services. However, up to 3,092 children need some form of mental health assistance.

Cost to Fill the Gaps

Using a conservative approach, just offering therapeutic mentoring services to 10% of these identified 1,904 (3,092 - 1,178) children and youth would cost: $60,800 (152 children and youth x $400.00 per year=$60,800). *(Children's Foundation of Mid-America, 2012)*

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 26 teen mothers in 2011, providing them with a variety of support services and parent education. (*Parents as Teachers, 2012)*
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 14 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, 2012)*

Information in the preliminary section of the report provides data on birth rates among the youth population in Lincoln County that we aim to improve including: number of births to mothers without a high school diploma, low birth weight and infant mortality.

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 169 children during the 2010-2011 school year. Sixteen new *Early Head Start* expansion slots were added, which of course has an impact on need. According to the providers, only 7 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 52 families, with 70 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, 2012)*

Current Service Gaps

While existing *Head Start* and *Early Head Start* programs provided services to 169 children, only 7 of the children served were children of teenage parents. An additional 122 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 7 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 76 teen mothers identified in the *Missouri KidsCount*, because of adequate family support, may not need services. *Parents As Teachers* provided support to 26 teen parents in 2011. The *Head Start* and *Early Head Start* programs offered services to 7 other teen mothers in 2011-2012 and *Our Lady's Inn* had 2 teen mothers as residents in 2011-2012. Therefore, 35 teen mothers received some support services, leaving 41 teen mothers without any identified or known outside support. If only half of these 41 teen parents require services, funding for an additional 10-20 teen parents is essential. (*Missouri KidsCount*, 2011; Parents *As Teachers*, 2012; *Youth In Need,* 2012)

Cost to Fill the Gaps

The cost to provide services for at least 10 additional teen parents would be: 10 youth x $2,340 ($78 per hour X 30 average hours of service) **=$23,400.**

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 20 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 20 youth would be $800,000 (20 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: **$427,440** ($404,040 + $23,400). This approach would save the residents of our County over $375,000 during a one-year period, and that is assuming that resources could not be combined or linked to other needs. (*Youth In Need, 2012)*

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 10 to 17, reported as missing or as runaways in 2011 (*Missouri State Highway Patrol, Crime in Missouri Report 2011*). Only six youth found their way to a temporary shelter facility in neighboring St. Charles County in 2011. *(Youth In Need, 2012)*

In 2011, 300 juveniles were referred for first time criminal delinquent behavior in Lincoln County. The Lincoln County Juvenile Office received a total of 724 referrals, with 37 referrals, or 5%, that would be considered felony offenses and 162 referrals, or 22% that would be considered misdemeanor offenses, if committed by an adult. The remaining referrals, or 73%, would be considered status offenses or referrals for abuse and neglect. (*Missouri Judiciary, Justice Information System Report, January 1, 2011-December 31, 2011).*

Furthermore, there was a decrease in juvenile law violation referrals, ages 10-17 from 2005 at 63.4 per 1,000 to 2008 with 38 per 1,000. This represents a decrease of 25.4 per 1,000 youth. Additional information on juvenile crime was presented in the beginning of the needs assessment report.

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 1,105 calls in 2011, dispensing advice and referrals. *(Youth In Need, 2012)*

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 1974. *(Youth In Need, 2012)*

The economic consequences for neglecting the needs of Lincoln County runaways are also profound. Let's just consider the 26 youth who were reported as missing in Lincoln County in 2011, and did not 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, 2012*)

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 6 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, 2012*)

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*, 2012)

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

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. Information regarding the statistics and trends of child abuse and neglect were presented in the preliminary section of this report, which are promising. Factors previously mentioned include the increase in children receiving food stamps, enrolled in free/reduced lunch program, adult unemployment factors and other financial stress indicator. Other factors include:

- A higher divorce rate:

  The percentage of children living in a single parent household increased from 21% in 2000 to 25.2% in 2008;

  The percentage of parents paying child support into the state system in 2009 was 62.7%, which is much higher than the 50.6% in 2005. (*Missouri KidsCount* 2011)

- Financial stress:

  In 2009, 28.7% of the children were enrolled in *MO HealthNet for Kids.* This percentage was a slight decrease from 29.2% in 2005, but this percentage is still a significant part of the child population of the County; 28.7% of the current child population of 14,726 is about 4,226 children.

Currently there are no adolescent respite care providers in Lincoln County. The appropriate use of respite care services during periods of intense emotional or financial distress can reduce these risks, either by providing a "cooling off" period or by offering parental support and education.

Our Strengths

In 2011, 47 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 25 years of expertise in this area and is highly committed to serving the needs of families in crisis. (*St. Louis Crisis Nursery, 2012)*

Youth In Need provided respite care for 6 Lincoln County adolescents in 2011 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,* 2012)

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. In 2011, there were 62 substantiated cases (representing 85 children) and 241 family assessments were conducted, representing 351 children. Of these 241 families, services were provided by the Children's Division to 33 families, representing 54 children.

If only these 54 children received services, then 297 children (351-54=297) were potentially at risk of child abuse and neglect. Estimates are that from 30% to 50% of these children will experience child abuse. If only 30% of these 297 children experience child abuse, that would be 89 children. If these 89 children were put into foster care at a cost of $30,000 per child, per year, the cost would be $2,670,000.

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, 2012)*

In order to provide respite care services to the 297 children who are at greater risk of child abuse, the cost would be: 297 children x 2 days (average stay) x $264 per day**=$156,816.** 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, 2012*)

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, 2012*)

The total cost for respite care services for children and youth would be **$212,004.** 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 2010, according to the *U.S. Census Bureau*, Lincoln County had a graduation rate of 83.1%, slightly below the State average of 86.2%. *(U.S. Census Bureau, 2010)* There were 4%, or approximately 111 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 22 youth per year. *(Missouri KidsCount, 2011)*

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*, 2012)

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 11 youth went to jail and 11 youth went on public assistance, the yearly cost would be $385,000 ($275,000 + $110,000). 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: 22 youth x 165 hours of services (average) x $55 per hour of services=$199,650.

This figure represents a savings of $185,350 ($385,000-$199,650) compared to the cost of jail or public assistance for these 22 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. An alternative to the facility or group home model, would be a scattered-site apartment program where youth are subsidized in an apartment and receive transitional living services there. (*Youth In Need, 2012)*

TOTAL COST OF UNMET NEED FOR CHILDREN'S MENTAL HEALTH SERVICES

TYPES OF SERVICES	Unmet Need	Additional Family Members Impacted (1.75 X Unmet Need)	Total Number of Persons Impacted	Projected Cost
EARLY INTERVENTION & PREVENTION PROGRAMS				
Early Intervention Services	561	982	1,543	$148,104
Violence Prevention Services	2,640	4,620	7,260	$16,000
Sexual Abuse/Harassment Prevention Services	4,842	8,474	13,316	$78,876
Substance Abuse Prevention Services	240	420	660	$8,400
SUBTOTALS FOR EARLY INTERVENTION/PREVENTION	**8,283**	**14,495**	**22,778**	**$251,380**
Individual, Group & Family Counseling and Therapy Services	210	368	578	$69,876
Outpatient Psychiatric Services	381	667	1,048	$194,310
Outpatient Substance Abuse Treatment for Adolescents	251	439	690	$363,800
Crisis Intervention Services	NA	NA	NA	$15,975
HOME-BASED/COMMUNITY-BASED/SCHOOL-BASED SERVICES				
Community-Based Services for Homeless Children	42	74	116	$30,000
Family Advocate for Sexual Abuse Victims	25	44	69	$46,300
Parent Partner Services	40	70	110	$86,282
Partnership with Families Support Services	72	126	198	$515,808
School-Based Counselors	400	700	1,100	$124,800
School-Based Mental Health Specialist Services	72	126	198	$92,664
Supervised Visitation & Exchange Services	16	28	44	$18,400
OTHER SUPPORT SERVICES				
Teen Parent Support Services	10	28	38	$23,400
Therapeutic Mentoring Services	152	266	418	$60,800
Residential Maternity Home	12	33	45	$404,040
Temporary Shelter Services	26	46	72	$79,716
Respite Care Services	320	560	880	$212,004
Transitional Living Services	22	39	61	$199,650
TOTALS EXCLUDING EARLY INTERVENTION/PREVENTION PROGRAMS	**2,096**	**3,611**	**5,707**	**$2,537,825**
TOTALS INCLUDING EARLY INTERVENTION/PREVENTION PROGRAMS	**10,379**	**18,107**	**28,486**	**$2,789,205**

SUMMARY OF NEEDS, RECOMMENDATIONS & COSTS

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 2010 U.S. Census, the average household size for Lincoln County was 2.75. For **Additional Family Members Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by 1.75 (2.75 minus 1 {the identified child}). For the same categories in the ***Teen Parent Support Services*** and for ***Residential Maternity Home*****,** 2.75 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 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 and therapeutic mentoring 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.