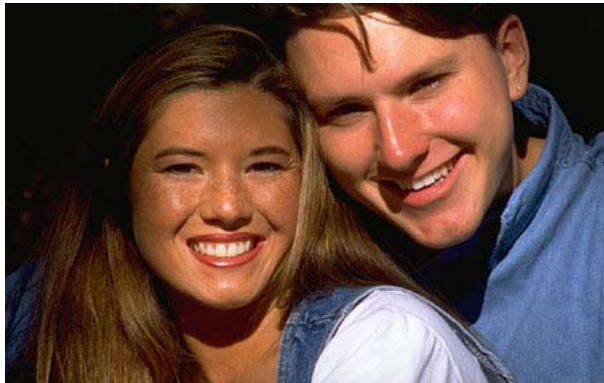


Report to Lincoln County Citizens

Assessing the Need for Children's Services

Projecting the Costs for Expanding Targeted Services

Evaluating the Impact on Our Community



February 13, 2004
(Revised April 15, 2004)

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Executive Summary

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

Lincoln County is predominantly a rural community, with the hub of activity located in Troy. Additionally, there are four school districts within its borders and numerous small towns. Given how spread out the county is, it is not surprising that public transportation was ranked as the number one concern of Lincoln County leaders and organizations according to a 2000 United Way survey. The lack of public transportation makes it difficult for many residents (19%) to access the services they need, despite the availability of Linc transportation service, which provides rides within Lincoln County's borders.

According to the same United Way of Greater St. Louis survey, access and availability of mental health services was ranked as the second largest concern of the community, with 75% of the respondents naming it a major concern. Many of the services evaluated in this study do not exist within Lincoln County, and residents are forced to travel to neighboring counties to receive services. Given recent state budgetary cutbacks, long waiting lists and the added inconvenience of traveling a long distance for help, many families decide that they will go without services. This decision often leads to a worsening of symptoms and a greater and more expensive level of care. Respondents in the United Way survey indicated that affordability (15%), lack of knowledge about services (25%), lack of availability (20%) and lack of transportation (19%) were the largest barriers to human services.

On the positive side, Lincoln County recently established the Lincoln County Children, Family and Mental Health Board of Trustees, a group of volunteers to oversee mental health services within its borders. This board would be fiscally responsible to oversee a Children's Services Fund, should such a fund be created through a vote of the citizenry. In addition to having an independent oversight board that would provide credibility and accountability, there is a history of local agencies working collaboratively together with each other and the school districts. Recently these collaborative efforts led to three agencies collectively being awarded \$317,000 to open a clinic in Troy to provide counseling, psychiatry and substance abuse treatment to children and youth over a 2-year period.

Overall, many of the pieces are in place to allow Lincoln County to handle the mental health needs of the County's young people, and to build a system of care. It must, however, meet the challenges of an ever-growing population base with fewer and smaller funding streams. At the same time it addresses these issues, the transportation issue must also be addressed, and Lincoln County must find ways to bring in services locally that do not currently exist.

What This Study Measures

Community Needs

Missouri Statute RSMO.210.860 was used as a guide for this study. This statute defines various services that are eligible for funding through a local community referendum should such a referendum be passed by a majority vote of the public. Passage of such a measure allows for the creation of a Community Children's Services Fund, which would be used to fund programs and services to fill the unmet need. 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 year 2002 data. The following data was requested from local agencies:

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

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

- Child Center Inc.
- Crider Center for Mental Health
- Elsberry School District
- Family Advocacy and Community Training
- Family Wellness Program of Catholic Family Services
- Healthy Communities of Lincoln County
- Lincoln County Wellness Center
- Preferred Family Healthcare
- St. Louis Crisis Nursery
- Silex School District
- Troy School District
- Winfield School District
- Youth In Need

Other Factors Impacting Need

The overall need determined by this study is affected by several factors, including the rapid and enormous growth rate our County has experienced over the past 15 years, reduced mental health benefits provided by employers due to unemployment and cutbacks, and reduced funding streams at the State and local levels due to budget deficits and cutbacks. Each of these factors will be elaborated on in further detail below.

Population Growth

Lincoln County has experienced a growth rate of 35 percent from 1990 to 2000, one of the highest population growth rates in the St. Louis metropolitan area. Given the growing trend of families to move away from downtown areas and the availability of affordable land, a continued growth in its population is anticipated for Lincoln County for several generations. Children and youth comprise 30.0% of the County's population, ranking Lincoln County as the county with the highest percentage. (Missouri KidsCount, 2002) Along with the increased growth, comes an increased need for services. According to the U.S. Surgeon General's Report of 2001, it is estimated that 20 percent of all children will be in need of some sort of children's services in any given year and that 7 percent of all children suffer from a severe emotional disorder. Applying these percentages to a growing population demonstrates a greater need for services, and should be taken into account when planning for future programming services.

Insurance and Unemployment Issues

Many of the services described in this study are not readily a part of benefit packages most employers offer their employees. With the increasing cost to employers of purchasing insurance coverage, along with the impact of September 11th on the insurance industry, many employers frequently have to offer fewer benefits. In addition, many employers have been forced to lay off a number of their employees. With the high cost of COBRA, and because many workers are taking positions with companies that don't offer benefits, there is an

increasing number of people with inadequate benefits to cover the cost of services.

Funding Cuts and Financial Giving

Budgetary deficits have continued to have a dramatic impact on the Department of Mental Health. Two years ago, the Governor threatened to cut the Department's budget, offering the State's Rainy Day Fund as the solution to make up a portion of the cuts. A letter campaign to legislators helped educate them to the importance of maintaining mental health services, and it successfully reduced the amount of cuts to funding in the Department. A continued deficit led to cuts to Medicaid coverage and to administrative cuts in the Department this past year. Deficits for next year's budget are currently estimated at almost \$1 billion. Since mental health services are not mandated services, and because the likelihood of a statewide tax increase is small, it is anticipated that larger cuts that will include services to families will be inevitable. Corporate giving and donations have been lower over the past two years due to a sluggish economy, and the United Way lowered its campaign goals for the past year.

Many of the services described in this report are not available in Lincoln County. Families must travel to neighboring areas for help that adds to the expense of receiving help while hindering the family's involvement. The availability of services being local is valued not only in times of crisis, but also lends to treatment success.

Temporary Shelter Services

This section describes the need for, and availability of, temporary shelters that can provide services for abused, neglected, runaway, homeless or emotionally disturbed youth for up to thirty days. Temporary shelters provide a safe haven for children and youth who face these difficult and even dangerous situations. Many of these youth have exhausted their resources, and can no longer “couch hop” with friends and their families, leaving them vulnerable and to their own defenses. Left on the street, these youth often turn to crime in order to eat, and they are often at great risk of being a victim of an assault themselves. This situation is particularly risky for female youth who can become a victim of a sexual assault or who could be lured into prostitution just to gain shelter and food. Shelters provide services to meet the basic needs of nourishment, housing and safety for up to 30 days while providing counseling, group therapy, family counseling, and support to re-enter school and find work. When it is clinically appropriate and where there is no risk of abuse to the youth, the goal is to reunite families.

Lincoln County’s Current Situation

In the State of Missouri in 2002, 10,837 minors were reported as missing to law enforcement officers. Of those 10,837 minors, Lincoln County had 40 minors, ages 12 to 16, reported as missing or as runaways (Missouri State Highway Patrol). Only 4 youth found their way to a temporary shelter facility in neighboring St. Charles County.

In 2002, according to a Division of Youth Services Report, the Circuit Court of Lincoln County, Juvenile Division, had 242 referrals for minors for juvenile status offences, which include runaway incidents, truancy, and curfew violations. In addition, there were 485 minors were referred with felony and other misdemeanor crimes such as assault, sexual assault, robbery, stealing, arson and burglary.

Our Strengths

A model temporary shelter facility is located in neighboring St. Charles County, and its services could be replicated should a shelter be built or located in Lincoln County. Youth In Need operates a 12-bed emergency shelter in St. Charles County and has been providing these services for over 26 years. They are nationally recognized as a model for these services. They operate a 24-hour crisis hotline that handled over 1500 calls last year, dispensing advice and referrals.

How Lincoln County is in Trouble

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, as Youth In Need turned away over 200 youth in 2002 because they were at capacity. Their number of beds available has not increased since they opened their doors in 1976. Youth are then left to fend for themselves and are at great risk.

Whether Lincoln County youth and families in these kinds of crisis receive help or not has dramatic ramifications. Youth in our region were included in a research project that offers an in-depth analysis of Midwestern runaway and homeless adolescents, and the survival strategies and risks of premature independence, street social networks, subsistence strategies, sexuality, and street victimization.

The book Nowhere to Grow: Homeless and Runaway Adolescents and Their Families by Les B. Whitbeck and Dan R. Hoyt (1999) documents the risks of failing to intervene with runaway and homeless youth and link them to their families or stable living situations. Of the 602 runaway and homeless adolescents they interviewed for this research project, 115 youth from Youth In Need were interviewed.

The study reports that runaway and homeless youth have spent between one day and four years on the street with a median time of 81 days on their own. With basic needs such as food, shelter, and medical care unmet, disenfranchised youth often utilize any available means to survive. Seventy-one percent of the adolescents panhandled for money, 41% took money from someone, and 40% broke in to a house or store and took money. Approximately 70% dealt drugs to obtain money, while 4.5% prostituted themselves for money. Survival strategies expose youth to life threatening situations, which perpetuate the cycle of victimization.

A majority of the adolescents interviewed regularly associate with other youth that have run away, sold drugs, or used drugs. In addition, many of the adolescents had friends who have been suspended, expelled, or who have dropped out of school. In addition to engaging in subsistence strategies and associating with at risk peers, many of the adolescents had been physically or sexually victimized while out on their own. Nearly half of the adolescent boys were asked to break the law more than one time. Twenty four percent of the adolescent boys had been beaten up, threatened with a weapon, or propositioned for sexual favors. For female adolescents, 14.8% were sexually assaulted or raped more than one time, 44% were asked to break the law, and

18% were beaten or threatened with a weapon. Finally, 29.4% of the males and 28% of the females had to go hungry more than once.

The economic consequences for neglecting the needs of Lincoln County runaways are also profound. Let's just consider the 36 youth who were reported as missing in Lincoln County in 2002, and didn't seek service at a shelter in a neighboring county. As many as 25% (9 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 \$270,000 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 (11 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. (Source: Youth In Need)

How the Citizens of Lincoln County Can Make a Difference

A 4-bed facility shelter would more than meet the current need for runaways in Lincoln County. While a 2-bed facility would more accurately meet the need, it would be short sighted to have only two beds, given the unpredictability of when youth run away and the continue and anticipated growth of the county's population.

The cost of running such a facility would be \$113,277. This cost was based on 40 youth, which includes the 4 who did travel the distance to the Youth In Need facility in St. Charles, receiving services for an average of 2 weeks at \$202.28 per day.

The \$202.28 per day cost can be further broken down as follows:

- \$102.28 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
- \$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 startup 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.

Respite Care Services

Respite care services offer temporary emergency shelter and services for children and youth of families experiencing a crisis that increases the risk of child abuse or neglect. In addition to providing a safe haven for children, respite care workers also work with parents to help them learn age-appropriate expectations and coping skills to deal with stress. It is the hope that 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 or having their child enter a residential facility. Respite care services are the most requested services of this population.

Lincoln County's Current Situation

In 2002, there were 479 hotline calls of suspected child abuse and neglect made to the Division of Family Services in Lincoln County. These reports represented 714 children and youth. Of the 479 calls that were made, probable cause for abuse and neglect was substantiated in 61 of these reports, or 92 children and youth. An additional 283 families, or 434 children and youth was provided with Family Assessment services because family circumstances suggested a higher risk for future reports of child abuse and neglect. (Source: Department of Social Services, Division of Family Services, Annual Report 2002) These numbers are part of an overall increase in hotline calls from 1997 to 2001, where the percentage per 1,000 children dramatically rose from 18.0% to 45.4%. (Missouri KidsCount 2002)

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

- A higher divorce rate; the percentage of children living in a single parent household has increased from 13.1% in 1990 to 21.0% in 2000, and the percentage of parents paying child support into the state system has increased from 37.5% in 1997 to 65.0% in 2000.
- Financial stress; 28.5% of the children were enrolled in Medicaid, an increase from 16.7% in 1997.
- Chronic and acute mental health disorders; the number of children receiving public mental health services for a serious emotional disturbance (SED) went up from 203 in 1997 to 226 in 2001.

(Missouri KidsCount 2002)

While respite care is most often thought of in regards to younger children, it is also a service that can be helpful with adolescents, particularly in families where one of the youth suffers from a serious emotional disturbance (SED). This respite can sometimes mean the difference between whether a family stays together or the youth is placed in a short-term or long-term residential facility. Currently there aren't any adolescent respite care providers in Lincoln County.

The appropriate use of respite care services during periods of intense emotional or financial distress can reduce these risks, either by providing a "cooling off" period or by offering parental support and education.

Our Strengths

In 2002, 40 children from Lincoln County received respite care services from the Crisis Nursery in St. Louis and St. Charles. This fact demonstrates a high level of motivation on the part of these families. The Crisis Nursery brings 10 years of expertise in this area. Youth in Need provides up to 4 days of respite care for adolescents in St. Charles County and has the expertise.

How Lincoln County is in Trouble

Respite care facilities like the St. Louis Crisis Nursery and Youth In Need do not exist in Lincoln County. Families must travel a great distance to receive these services, which is difficult given the crises these families face. Based on the number of children where probable cause was found and where a family assessment was conducted (526), only 40 children were served, leaving 486 children who are at greater risk of child abuse and neglect without services. Estimates are that from 30 to 50 percent of these children will experience child abuse and the cost of foster care is about \$30,000 per child per year. The cost of not providing respite care ranges from \$4.37 million to \$7.29 million per year.

Respite care providers for adolescents do not currently exist in Lincoln County, and so it is difficult to predict what the need for these services are, 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.

How the Citizens of Lincoln County Can Make a Difference

In order to provide respite care services to the 486 children who are at greater risk of child abuse, the cost would be \$284,796 (486 children x 2 days (average stay) x \$293 per day). This figure would cover the cost of a 4-bed facility to be located in Lincoln County.

To provide respite care services to the 18 adolescents estimated for services would cost \$14,564. (18 youth x 4 days (average stay) x \$202.28 per day) These cost estimates are based on current direct service costs and do not include inflationary costs. They are consistent with equivalent service costs in the industry. (St. Louis Crisis Nursery and Youth In Need)

Services to Unwed Mothers and Teenage Parents

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

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

Currently, Lincoln County does not have a residential maternity group home. Lutheran Family and Children's Services operated a group home for pregnant women in Dutzow, Missouri in nearby Warren County, but they closed down their operations in 2001. This loss left the area without such a group maternity facility. Head Start and Early Head Start programs in Lincoln County provided services to 130 children in 2002, which includes childcare, counseling, instruction in post-natal care and healthy child development, educational support and job skills development.

In 2001, in Lincoln County, there were:

- 71 births to youth 15 to 19 (Ranked 55th)
- 113 births to mothers without a high school diploma (Ranked 43rd)
- 192 low birth weight babies born (Ranked 72nd)
- 2455 children in single parent households
- 17 infant mortalities per 1,000 live births in the County (Ranked 54th)

(Missouri KidsCount 2002)

Our Strengths

Lincoln County provided Head Start and Early Head Start services to 130 children in 2002. According to the providers, 23 of these children were from teenage mothers; so 48 teenage parents are staying at home with family raising their children without any outside help.

How Lincoln County is in Trouble

Lincoln County does not have a group maternity home, with the closest facility in the area closing in 2001. While existing Head Start and Early Head Start programs provided services to 130 children, only 23 of the children served were children of teenage parents. An additional 40 children were on Head Start's waiting list. It is unclear how many of the 71 births to teenage mothers are living at home and receiving adequate support. While it is 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 48 of the teenage parents are not taking advantage of the Head Start and Early Head Start programs, these teenage parents may have adapted to reduced services, but the impact, positive or negative is unknown. It is unclear how well these infants are being taken care of in these families.

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

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

How the Citizens of Lincoln County Can Make a Difference

The establishment of a group maternity home with a capacity for six teen mothers (averaging 12 mothers per year) would cost a total of \$404,040 per year (12 mothers x 182 days x \$185 per day).

The \$185 per day cost can be broken down as follows:

- \$103 per day for housing and 24 hour supervision
- \$82 per day for professional and clinical services, which includes intake, therapy, service planning and linkage, case management, pre- and perinatal care coordination, discharge and aftercare services

(Youth In Need)

The expansion of existing support and counseling services to reach an additional 30 teen parents and parents-to-be would cost \$3,200 per youth per year for a total of \$96,000 (30 youth x \$3,200 per year). The number of youth needing this support is an estimate derived by taking half of the remaining young women, given that some will not require services because of family support. Services would include family and individual counseling, assistance with securing childcare, support groups in schools and community settings, prenatal and child development classes. These costs are based on an average of 100 hours of contact from a professional staff member per year per teen, at an average cost of \$32 per hour. (Youth In Need)

Comparing the cost of providing two (2) years of public assistance to these 30 young mothers to providing these services, it is believed that Lincoln County would benefit more from expanding existing services. The cost of providing two (2) years of public assistance for these 30 youth would be \$1,200,000. The total cost of establishing a group maternity home and the expansion of Head Start and Early Head Start services would be \$1,000,080 over a 2-year period. This approach would save the residents of our County \$199,920 over this two-year period.

The total funding for both programs is \$500,040.

Outpatient Substance Abuse Treatment Services

Most people tend to associate drug sales and usage with impoverished communities, and many studies have born that notion out. However, the same studies also indicate that drug and alcohol usage is equally prevalent in the higher income communities because of excess money to purchase drugs and alcohol. While even experimentation is scary to most parents, a professional assessment is often necessary to determine the appropriate level of care or whether any type of intervention is necessary at all. Adolescents will often brag to their peers about the level of their consumption, while others drastically minimize their usage, or deny it all together to their parents and other adults. Some adolescents, because of the extent of their addiction, are best treated in a residential, or inpatient setting. Detoxification and 24-hour surveillance are often necessary because of the level of addiction and the risk to maintaining sobriety. For other adolescents, the appropriate level of care is intensive outpatient treatment while others are better suited for family therapy and educational sessions. This study will only assess the need for outpatient substance abuse treatment. Outpatient adolescent substance abuse treatment services include assessments and evaluations, early interventions, educational groups, youth group counseling, individual counseling, group family therapy, family therapy, and aftercare services.

Lincoln County's Current Situation

An adolescent outpatient facility for the treatment of drug and alcohol addiction and abuse did not exist in Lincoln County until January of 2004. Preferred Family Healthcare, the Crider Center for Mental Health and the Family Wellness Center of Troy received a two-year grant from the Missouri Foundation for Health to establish the Lincoln County Wellness Center, where coordinated services could be provided to youth ages 19 and younger, including outpatient chemical dependency treatment. Prior to this award, families had to travel to West St. Louis County or St. Charles County to receive services. This distance made it difficult for parents to get their children to services on a regular basis, and made it hard for parents to become involved in the treatment. Many studies have shown that family involvement heightens the success rate of adolescents seeking clean and sober lifestyles. This grant allows for 18 hours of service per week, which includes initial assessments, individual therapy, and group therapy on a limited basis for adolescents exhibiting mild to moderate symptoms of substance abuse. It is estimated that 117 youth can receive brief intervention services with this capacity per year. There were 24 youth who received intensive outpatient chemical dependency treatment in 2002 through Preferred Family Healthcare. Given the need for family involvement and transportation issues, it would be preferable to treat these youth within the County limits.

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 in neighboring St. Charles County 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.

How Lincoln County is in Trouble

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

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

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

8 th grade	9 th grade	10 th grade	11 th grade	12 th grade	
62.0%	53.2%	44.4%	41.1%	37.8%	0 days
21.2%	22.2%	23.3%	20.8%	18.2%	1 or 2
7.8%	10.3%	12.9%	14.8%	16.7%	3 to 5
4.5%	6.4%	8.3%	10.3%	12.4%	6 to 9
2.6%	4.8%	7.0%	8.7%	10.4%	10 to 19
0.9%	1.1%	1.4%	2.0%	2.6%	20 to 29
0.8%	1.8%	2.8%	2.3%	1.9%	All 30

This table provides data on the frequency that youth drink. An increase in the frequency of times a youth drinks in a month is an indication of dependence. While any amount of drinking may be of concern to many parents, the youth who use 0 to 5 days per month demonstrate experimental usage. For youth using 15 days out of 30, a dependence on alcohol is strongly indicated, and these youth are probably candidates for inpatient treatment. Those youth who use between 6 and 14 times a month would be candidates for and best treated in an intensive outpatient treatment program. The percentages in the row of “6 to 9” and half of the row “10 to 19” were added together for the determination of need. Using a population average of 649 youth per age, the total number of youth who would be candidates for intensive outpatient treatment is 386.

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

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

8 th grade	9 th grade	10 th grade	11 th grade	12 th grade	
80.2%	70.9%	61.6%	55.6%	49.7%	0 days
8.0%	9.5%	11.0%	11.3%	11.7%	1 day
4.3%	6.0%	7.8%	9.0%	10.2%	2 days
4.0%	6.7%	9.5%	11.1%	12.8%	3 to 5
2.0%	3.3%	4.7%	6.2%	7.8%	6 to 9
0.7%	1.9%	3.2%	4.1%	5.1%	10 to 19
0.7%	1.4%	2.2%	2.4%	2.6%	20 +

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

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

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

During your life, how many times have you used marijuana?

8 th grade	9 th grade	10 th grade	11 th grade	12 th grade	
77.7%	68.2%	58.7%	52.1%	45.5%	0 times
7.0%	7.9%	8.8%	8.5%	8.1%	1 or 2
4.2%	5.9%	7.6%	8.5%	9.5%	3 to 9
2.8%	3.6%	4.4%	5.8%	7.3%	10 to 19
2.7%	3.9%	5.2%	6.4%	7.6%	20 to 39
2.2%	3.1%	4.1%	5.7%	7.3%	40 to 99
3.3%	7.3%	11.3%	13.0%	14.7%	100 +

The rows “3 to 9” and “10 to 19” in this table indicate a level of usage that would benefit from intensive outpatient treatment. The total number of youth in the County in this category is 387. Multiplying that number of youth by 2% in order to remove duplicate youth gives an additional 8 youth to the total.

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

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

Despite the addition of available outpatient substance abuse treatment services, the need for services is beyond the current capacity, and current funding is time limited to 2 years.

How the Citizens of Lincoln County Can Make a Difference

Using Preferred Family Healthcare's average cost of a single episode of intensive outpatient substance abuse treatment of \$1,500 for 6 months, the cost of providing these services to the entire need would be just over \$700,000. Given the impossibility of predicting demand and penetration rates, and the impossibility of calculating the percentage of County residents without insurance coverage for these services, an incremental approach, increasing service availability to meet 50% of the need, was used to start. This estimate allows for service providers to make a significant dent into this problem within the community. Should funding become available and services increased, future assessments can re-evaluate this percentage as to whether it is significant enough or not.

The cost of expanding existing services to meet the need within the County for outpatient chemical dependency treatment is \$351,000. (234 youth x \$1,500 for 6 months of treatment) These figures will have to be adjusted in two years due to population growth, and the resurveying of high school students through the Safe and Drug-Free Schools Grant in the spring. (Preferred Family Healthcare)

Outpatient Psychiatric Treatment

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

Up until recently, there was only one child psychiatrist who had a part-time private practice within Lincoln County. However, in November 2003, the Missouri Foundation for Health awarded 3 agencies, Catholic Family Counseling, Crider Center for Mental Health and Preferred Family Healthcare, \$317,000 per year for 2 years to provide counseling, psychiatric care and substance abuse treatment to children and youth. This grant will allow for 96 hours of psychiatry and 96 hours

of psychiatric nursing per year, but these hours will only be available for children and families with no insurance. The Crider Center for Mental Health and Catholic Family Counseling have part-time child psychiatrists located in St. Charles County. Given that these doctors serve a population base over 3 times as large as Lincoln County and they are unable to treat the current demand for St. Charles County, the youth of Lincoln County who are in need of outpatient psychiatric services are left out. Adding to this shortage is the added inconvenience and availability of transportation to these facilities.

Our Strengths

The partnership developed between Catholic Family Counseling, the Crider Center and Preferred Family Healthcare to establish a clinic in the Troy area demonstrates their ingenuity and resourcefulness in difficult economic times, and their commitment to serving the children and youth of this region. They realize the tremendous needs within the community and are dedicated to finding solutions to meet the growing need.

How Lincoln County is in Trouble

While it is certainly beneficial to have received the MFFH grant, the overall need for services is greater than what the funds can provide and the funds are time limited. Based on Missouri KidsCount 2002 data, Lincoln County has a population of 11,691 under the age of 18. Assuming that the population base for psychiatric services is ages 5 to 18, that base is 9,093 children and youth. Using the 2000 Surgeon General's Report that estimates that 7% of all children suffer from a serious emotional disorder (SED), it is estimated that 636 children and youth would have a serious emotional disturbance diagnosis. Given that 60% of children and youth with a SED require psychiatric services as a part of their treatment, the estimate of youth needing psychiatric treatment is 382. Subtracting the number of Lincoln County children currently receiving help in other counties and the number of children estimated to be served through the MFFH grant, there are still 350 children and youth in Lincoln County without available psychiatric services.

How the Citizens of Lincoln County Can Make a Difference

The cost of providing the additional psychiatric coverage is \$219,538 (350 children and youth x \$627.25 (Average cost based on average number of 5 sessions)). (Crider Center for Mental Health)

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. Of the youth served in Youth In Need's transitional living programs in 2002, none of them resided or originated in Lincoln County.

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.

How Lincoln County is in Trouble

In 2001, according to KidsCount Missouri, Lincoln County had a graduation rate of 79.7%. In addition, 4.9%, or approximately 127 students dropped out of high school. Applying the same percentage of demand for these services to the number of high school dropouts in St. Charles County and Franklin County to the number of dropouts in Lincoln County, the estimate of demand for transitional living services would be 14 youth per year. No such facility exists in Lincoln County and the facility in St. Charles County is unavailable as it is serving at capacity throughout the year. Without these services, many of these youth end up on the street without adequate shelter and food. They are vulnerable to drug dealing, performing sexual acts in exchange for food and shelter, or to other illegal or morally demeaning activities to survive. Frequently they end up in the juvenile justice system or on public assistance. The cost to the County is:

- \$25,000 per year for a youth in jail
- \$10,000 per year for a youth on public assistance

If 7 youth went to jail and 7 youth went on public assistance, the yearly cost would be \$245,000. These costs do not include costs that the police department incurs, the increase in costs in public health, or the increased public safety risk.

How the Citizens of Lincoln County Can Make a Difference

The cost of a creating a local transitional living facility and home, along with all of the supportive services would be \$127,050 (14 youth x 165 hours of services (average) x \$55 per hour of services). This figure represents a savings of nearly \$118,000 compared to jail or public assistance to the citizens of Lincoln County. Additionally, since the purpose of this program is to complete and advance these youth's educational programs and employment careers, Lincoln County would reap the benefits of these youth's greater employability. Since a facility for youth does not currently exist, a 6-bed facility would have to be donated or developed. Additional expenses would be necessary otherwise. (Youth In Need)

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

Our Strengths

The public can speak with a crisis counselor for free twenty-four hours a day. They 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 Center has been responsive to various crises over the years, helping thousands of children cope with various losses.

How Lincoln County is in Trouble

Most of the public is unaware that Behavioral Health Response exists and that their services are available. Another difficulty is that someone contacts BHR and gets a referral, but many of the services needed are not available within the county. Since a crisis nursery and a runaway shelter do not currently exist within Lincoln County, the crisis phone lines that these facilities operate do not exist either. A crisis response team is not currently in any agency's budget, and grants in times of crisis are not always available or immediate.

How the Citizens of Lincoln County Can Make a Difference

The cost of adding two crisis phone lines locally with a runaway shelter and crisis nursery would be \$1,000. Trained volunteers would answer these phones.

The cost of responding to a crisis in a school or in the community can range between \$650 and \$13,000, depending on the severity of the crisis and the number of staff necessary to cover the number of children affected. In order to create a reserve for the purposes of funding a crisis response team when needed would be \$9,360 (3 crises x 3 staff x 2 days x \$520 per day).

The total cost of providing these crisis response tools would be \$10,360. (Crider Center for Mental Health)

Prevention Programs

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 out. 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.

Prevention programs are extremely cost effective as well as effective in circumventing other problems. Prevention 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 the challenge. In addition, it is important to “inoculate” youth more than once. The need for ongoing prevention would be particularly important concerning alcohol and drug usage. It is hoped that all children in the County could have skills to avoid alcohol and drug usage, sexual abuse, sexual harassment and rape. In addition, every child needs to learn skills in order to handle conflicts without violence, and they need to value themselves enough so as not to take their own lives.

A recent study from the Harvard School of Public Health showed that one in five high school girls have been abused by their boyfriends (2001). The study showed that those girls who were victimized were eight to nine times more likely to attempt suicide, were four to six times more likely to get pregnant, three to five times more likely to use cocaine, and three to four times more likely to develop an eating disorder. By providing services to both male and female youth, it is believed that many of these problems can be prevented.

Parents can also benefit from prevention courses. A majority of child abuse and neglect can be prevented if parents are given family management and parenting skills 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

Under the umbrella of Healthy Communities of Lincoln County, the Crider Center for Mental Health is currently in the 3rd year of a 5-year grant through the U.S. Department of Justice and the Office of Juvenile Justice and Delinquency Prevention. This grant serves 6th, 7th and 8th grade students in all four school districts through a curriculum called Life Skills Training, and focuses on making good choices when faced with various peer pressures. This curriculum offers 15 hours to 6th graders, 10 hours to 7th graders and 5 hours to 8th graders, but has only been offered to one grade per year of the grant. This grant also funds a 3-hour workshop called Challenges and Choices, which is provided by the National Council on Alcoholism and Drug Abuse to every 6th grader in the County’s public school system, and provides 60 sessions for any youth in any of the school districts who has been identified by the district as being of high risk of using and abusing alcohol or drugs. These sessions, called the Rural Alliance Partnership, are provided by Preferred Family Healthcare staff, but have only been used in the Troy Buchanan schools. Additional funding is needed to pay for transportation for the other three districts.

In addition to this program, the Crider Center for Mental Health offers a prevention curriculum called Changes and Choices to all 6th grade students that

focuses on conflict resolution and violence prevention. The Child Center has lost significant State funding over the past two years, so they have not been able to provide any sexual abuse prevention for any youth in the county.

Our Strengths

The Crider Center for Mental Health has an experienced staff and has made a commitment to providing strength-based best practice prevention programs. These programs are geared to help provide youth with valuable skills at critical times when they are tempted and challenged by peer pressure. The Child Center has the expertise in providing age-appropriate sexual abuse and date rape prevention programs for youth of both genders and all ages. The National Council on Alcoholism and Drug Abuse and Preferred Family Healthcare have experienced staff and up-to-date knowledge about chemical dependency.

How Lincoln County is in Trouble

Currently, only 33% of 6th, 7th and 8th grade students are receiving the Life Skills prevention curriculum as it only funds one grade per year, and additional funding is needed to cover additional transportation costs for the Rural Alliance Partnership. Additionally, none of the County's children are receiving any sexual abuse prevention training. Funds are not currently available to replace this funding when it ends in less than two years.

How the Citizens of Lincoln County Can Make a Difference

In order to provide Life Skills Training to all middle school youth, Changes and Choices to every 6th grader in the County and a full range of sexual abuse prevention training, the cost would be \$257,618. The cost can be broken down as follows:

- \$199,892 for the 1298 children who are not currently receiving Life Skills Training (1298 Children x \$154 per youth)
- \$47,367 for sexual abuse prevention (208 presentations per year to all elementary, middle-school, and high school students in the County, along with presentations to school personnel and teachers regarding the handling of disclosures and making hotline calls)
- \$7,809 for parenting skills training for 137 parents of at-risk youth (137 parents x \$57 per parent)
- \$2,250 for additional transportation costs for the Rural Alliance Partnership (\$25 per trip to 3 schools x 30 sessions)

(Crider Center for Mental Health and the Child Center)

Due to anticipated cuts from United Way and from the State of Missouri, along with the end of current grant funding, the need for funding for school-based prevention programs will increase dramatically.

Home-Based and Community-Based Family Intervention Services

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

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

Lincoln County's Current Situation

The Crider Center for Mental Health provided home-based and community-based services to 15 youth in 2002, through a program similar to Partnerships with Families. These services are funded through the Department of Mental Health. Based on estimates from the U.S. Surgeon General's Report of 2000, 7% of all youth suffer from a serious emotional disturbance and are at greater risk of long-term residential treatment or juvenile justice involvement. Applying that figure to the youth population of Lincoln County, and using comparable numbers for percentages of youth with SED who would benefit from home-based and community-based treatment, it is estimated that a total of 148 children and 76 adolescents would need this level of help.

Currently, there isn't any funding for School Based Mental Health Counselors in any of the School Districts. Based on individual school needs, these workers provide crisis intervention, counseling, group therapy and teacher training on mental health issues.

Our Strengths

The Crider Center for Mental Health and Family Advocacy and Community Training were instrumental in the development of the Partnership with Families Program, which is a model program in working with children and youth with

serious emotional disturbances and their families. The Crider Center provides care management and F.A.C.T. provides parental support for each family, and they have the expertise of pulling in other providers such as school personnel, DSS, and the Juvenile Courts to work together to provide wraparound services. This approach helps in reducing duplication, in providing a comprehensive and agreed upon treatment plan, and in surrounding the family with support. The relationships already built between many of the agencies in Lincoln County through Healthy Communities has laid the groundwork for this type of program to be implemented, and will allow for a better use of limited resources once these services are expanded.

How Lincoln County is in Trouble

Although they possess the expertise, there isn't enough staff to cover the need. Given that only 15 children and youth are currently being served, 209 children and youth are left vulnerable to unnecessary hospitalizations, juvenile detention and state placements, all of which are more expensive. The cost of foster care, emergency hospitalization, long-term residential treatment and juvenile detention can cost anywhere from \$18,000 to \$30,000 per year. If 10% of these youth ended up in these facilities, the cost to taxpayers could be over \$600,000. There isn't a current parent partner support agency existing in the county, which is essential to the success of the program, and none of these 15 children are receiving parental support.

Currently there isn't any funding for School Based Mental Health Counselors in any of the four school districts. Based on statistical comparisons to several St. Charles County school districts that have these counselors, it is estimated that 178 children and youth could benefit from such an intervention.

How the Citizens of Lincoln County Can Make a Difference

An integrated set of services is needed to assure that no child with a serious emotional disturbance (SED) "falls through the cracks". A child with behavior problems who is initially identified through a school-based intervention program needs to be linked with a home-based intervention program, and the family should benefit and qualify for the support of a family support services parent.

In order to expand existing home-based and community-based intervention services to the additional 209 children and youth, the cost would be \$739,860. (209 youth x \$3,540 per year) (Crider Center for Mental Health)

To add parent support services to these youth, plus those children already receiving home-based intervention services, the cost would be \$140,000. (224 youth x \$625 per family per year) (Family Advocacy and Community Training)

The cost of providing school-based emergency interventions is \$75,650. (178 children and youth per year x \$425 per intervention) (Crider Center for Mental Health)

Individual, Group and Family Counseling Services

Individual, group and family counseling services include psychological evaluations, mental health screenings, and individual, group, and family therapy. These services are beneficial for assisting individuals and families to cope with, adapt to, or resolve a broad variety of stressful circumstances, such as a sudden crisis or emotional trauma. Timely and affordable counseling services allow families and family members the opportunity to address a crisis in its acute phase in an individual, family or group setting, and thereby minimizing the possibility that troubled feelings will emerge in a more troublesome form at a later time.

Lincoln County's Current Situation

Currently, the Family Wellness Program of Catholic Family Services operates a counseling facility in Troy. This facility serves both adults and children, and served 28 children and youth in 2002 with an average stay of 4 sessions. Services were provided to every family that requested services in 2002, so there weren't any children placed on a waiting list. In January 2004, the capacity of counseling services was expanded to accommodate an additional 117 children and youth per year based on available time, because of a 2-year grant received from the Missouri Foundation for Health (MFFH). No therapy groups currently exist for children in Lincoln County.

Our Strengths

Due to the recent award of the MFFH grant, additional staff will be hired to provide counseling for children and youth. This award became possible because of the partnership of three agencies, Catholic Family Services, the Crider Center for Mental Health and Preferred Family Healthcare. Their willingness and expertise in partnering is an asset to this community, particularly in difficult economic times.

How Lincoln County is in Trouble

In spite of the recent award, there are still 368 children and youth who are unable to receive individual and family counseling services, and the MFFH grant is time limited. Since many people are unaware of counseling services available to them and because they are generally at capacity for their current available funding and do not want to create waiting lists, waiting list information would not be the best source to determine the need for services. Instead, using the

estimate from the U.S. Surgeon General's Report of 2000 that 20 percent of all youth are in need of some form of mental health or social service help each year, it was determined that 368 children and youth would need counseling services if they were fully marketed and available. This number was determined using the most recent census data, while removing children under the age of 4, those youth who are receiving other services or receiving more intensive services that traditional counseling services aren't best suited for, the 25 percent of youth who require multiple services, and current capacity. Once the two-year grant is completed, the capacity will be greatly reduced and the need for these services will be greater.

How the Citizens of Lincoln County Can Make a Difference

In order to provide counseling services to the children, youth and families who are beyond the systems current capacity, the cost would be \$125,120. (368 children x 4 session average stay x \$85 per hour session) (Family Wellness Program of Catholic Family Services)

Summary of Needs, Recommendations and Costs				
Services	Unmet Need	Additional Family Members Impacted	Total Number of Persons Impacted	Cost
Temporary Shelter Services	40	71	111	\$113,277
Respite Care Services	504	892	1,396	\$299,360
Services to Unwed Mothers & Teenage Parents	-	-	-	-
- Residential Maternity Home	12	21	33	\$404,040
- Teenage & Unwed Mothers	30	53	83	\$96,000
Outpatient Substance Abuse Treatment for Adolescents	234	414	648	\$351,000
Outpatient Psychiatric Services	350	620	970	\$219,538
Transitional Living Services	14	25	39	\$127,050
Crisis Intervention Services	-	-	-	-
- Phone Services	400	708	1,108	\$1,000
- Crisis Response Team	?	?	?	\$9,360
Prevention Programs	-	-	-	-
- Children & Youth	9,086	16,082	25,168	\$257,618
Home-Based and Community-Based Family Intervention Services	-	-	-	-
- Children & Adolescents	209	370	579	\$739,860
- School-Based Children & Adolescents	178	315	493	\$75,650
- Family Support Services	224	396	620	\$140,000
Individual, Group & Family Counseling & Therapy Services	-	-	-	-
- Counseling & Therapy	368	651	1,042	\$125,120
Subtotals	2,354	4,166	6,520	\$2,958,873
(Those Receiving Multiple Services)	(589)	(1,041)	(1,630)	
Administrative Costs @ 5%				\$147,944
Totals excluding Prevention Programs	1,765	3,125	4,890	
Totals including Prevention Programs	10,851	19,207	30,058	\$3,106,817

To determine the **Additional Family Members Impacted** and the **Total Number of Persons Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by the average numbers per household in Lincoln County. According to the 2000 U.S. Census, the average household size for Lincoln County was 2.77. For **Additional Family Members Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by 1.77 (2.77 minus 1 (the identified child)). For the same categories in the Services to Unwed Mothers and Teenage Parents, 2.77 was used as the multiplier because of the new birth.

To determine the number of **Persons Receiving Multiple Services**, the number of children and youth served through crisis intervention, prevention programs and

parent support services were removed from the total, since many of these individuals generally do not require services from other categories. Based on past experience, it is estimated that 25 percent of children require services from several categories. The remainder was multiplied by 25 percent to determine the estimate for those children and youth needing multiple services. That number was then subtracted from the subtotal to give the total need. It is impossible to determine the number of youth that could be help through a crisis response team intervention. It is dependent on the crisis, available time and the number of children and youth impacted by that particular crisis.

The Larger Impact on the Community

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

By repairing the broken lives of children and youth now, and by providing additional problem-solving skills through prevention programs to all youth within the County, Lincoln County would be making an investment in their future. Problems can be 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

In spite of the recent award for services through the Missouri Foundation for Health, given reduced funding at the Federal and State levels, reduced funding from the United Way, and the time limits of the MFFH funding, it behooves Lincoln County to seriously consider a localized funding source. Legislation is already in place for the citizens of Lincoln County to place a measure on the ballot to fund these services, and the leadership is in place to provide fiscal oversight for the funds. Many of the services needed do not exist in Lincoln County and are not available in a practical way for many of Lincoln County's residents. By passing a local measure, these services could be initiated locally, thereby creating a responsive system of care. With a growing population and the ever-growing threat of alcohol and drugs, it is imperative that local leadership be proactive in their thinking and planning. Programs exist that are quite successful in keeping children and youth out of expensive residential facilities and that prevent them from entering the juvenile

justice system. It is a matter of pay for these services now or pay for them later at a much higher cost. By making the needs of your children a higher priority, you are helping to insure a brighter and safer future for all of Lincoln County.