



Lincoln County Resource Board Strategic Plan
Fiscal Years 2022-2024

I. History and Background

In 2000, a group of concerned citizens began meeting regarding the lack of readily available mental health services in Lincoln County. The citizens worked to provide local services, such as suicide prevention programs for the county's high schools, and eventually formed a permanent county mental health board.

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)*. To learn more about the LCRB and its history, visit www.lincolncountykids.org/our-history.

The *LCRB* serves as an independent oversight board, comprised of volunteer trustees, responsible for:

- Improving the quality, access and system of mental health services for Lincoln County children and youth
- Providing leadership in the development and implementation of early intervention, prevention and life skills program
- Reviewing mental health care programs in comparison to Lincoln County's needs assessment, funding statute, utilization rates and proven clinical success
- Overseeing mid-year and annual clinical outcomes reporting; financial statements; school-based assessments; and third-party audits
- Managing on-site provider audits to review billing and client files (audits are conducted twice annually and adhere to HIPAA regulations)
- Conducting county needs assessments (every three years) to evaluate LCRB-funded programs' impact and validate the highest priority needs

LCRB Funding Allocations

The services listed below are eligible for funding through the Community Children's Services Fund, which is overseen by the LCRB (Missouri Statute RSMO.210.860 was used as a guide for this study). The services are separated below by those that are currently funded by the LCRB compared to those that are not currently funded (often reflecting a deficit in available funds; lower priority need, per need assessment; or a lack of providers/programs who can offer the service locally).

The services **currently funded** by the LCRB include:

- Outpatient Substance Abuse Treatment Services
- Outpatient Psychiatric Services
- Home and Community-based Family Intervention Services
- Individual, Group, and Family Counseling Services
- Early Intervention Screening Services
- School-based Prevention Services
- Respite Care Services
- Therapeutic Mentoring Services
- Crisis Intervention Services
- Services for teen parents

The services **not currently funded** by the LCRB include:

- Up to 30 days of temporary shelter services for abused, neglected, runaway, homeless or emotionally disturbed youth
- Transitional living services

II. **Mission, Vision, Values, and Purpose**

Mission

Develop and implement a comprehensive system of care for Lincoln County children and families in need of mental health related services.

Vision

To secure and sustain a healthy future for the children and families of Lincoln County.

Values

- Collaboration: The LCRB will foster collaboration and integration of public funds and mental health services that are family-centered and community-based with a commitment to ongoing programmatic and service enhancement.
- Representation: The LCRB's board of trustees will represent all communities of Lincoln County.
- Family Partnership: The LCRB will ensure that children and families in need of services will have a voice and act as partners in the planning, development and delivery of those services.
- Accountability: The LCRB will sustain a system of care that remains responsive to the community as well as to public health and welfare authorities.
- Proactive Approach: The LCRB will foster and support prevention and early intervention programs.
- Integrity: The LCRB will abide by its governing statutes, manage its public funds responsibly and demonstrate respect for all people and its partner organizations.

Purpose

The purpose of the Lincoln County Resource Board is to oversee the establishment, operation, and maintenance of mental health services for Lincoln County children and youth (ages 0-19) and their families. The LCRB also provides leadership in the development and implementation of prevention, early intervention and life-skills programs.

III. **Community and School Assessment Key Findings**

The LCRB Needs Assessment, conducted every three years, utilizes data from statewide sources, including:

- *Berry Organizational & Leadership Development (BOLD), LLC*
- *Best Choice STL*
- *Child Advocacy Center of Northeast Missouri (The Child Center)*
- *Community Council*
- *Compass Health, Inc. d/b/a Crider Health Center*
- *Crisis Nursery Wentzville*
- *Division of Social Services*
- *Elsberry School District*
- *Family Advocacy and Community Training (F.A.C.T.)*

- *Immaculate Conception School*
- *45th Judicial Circuit of Pike and Lincoln Counties*
- *Lincoln County Juvenile Office*
- *Missouri Department of Mental Health*
- *Missouri Department of Social Services*
- *Missouri Kids Count*
- *Nurses for Newborns*
- *Presbyterian Children's Homes & Services*
- *Sacred Heart*
- *Saint Louis Counseling*
- *Sts. Joachim & Ann Care Service*
- *St. Alphonsus*
- *Silex School District*
- *Troy School District*
- *Winfield School District*
- *Youth In Need*

The most recent Lincoln County Resource Board Needs Assessment was completed in 2020. The next assessment is scheduled for 2023. In addition to summarizing the current state of the LCRB-funded programs, the 2020 assessment also gauges what is transpiring in the community. The assessment outlines specific indicators, which identify areas that may warrant attention as well as areas that have been positively affected by the influx of LCRB-funded programs and services.

The complete assessment is available for review at www.lincolncountykids.org/reports.

Demographic Profile of Lincoln County Youth 2020

The “Demographics of Lincoln County” section of the report illustrates an assessment of population and general demographic information on the youth population, race, gender, age ranges, adult unemployment, income, in addition to presenting data on youth disability trends.

- **Youth Population (18 and under)** -14,658 out of 55,563 general population; make-up 25.7% of the total. Youth population decreased by approximately 2.7% from 2007 to 2018.
- **Gender** – 50.5% males; 49.5% females.
- **Race (general population)** – 94.7% White; 1.9% Black or African American; 0.4% Asian; 1.9% two or more races, 2.4% Hispanic.
- **Minority Children** - 8.3% of the LC children under age 18 or 1,221 children. From 2007 to 2018, the number of minority children in Lincoln County increased by over 19%.
- **Median Household Income** - \$65,137 in 2018; increased by 18.6% (\$54,938) since 2007. Income plunged to \$50,795 in 2009, but overall income increased by \$10,199 since 2007.
- **Adult unemployment** – At an all-time low of 3.2% for 2018. Peaked in 2010 with an 11.3% rate. Since 2007, unemployment decreased by 2.3%.

- **Children in Single-Parent Households** – 30.3% and less than the state percentage of 32.8%. This is the household type for 4,329 children.
- **Disability Types Increasing** –
 - Autism once again surged in the public school districts, with a 329% increase **from 2007 to 2020**; 120 children with diagnosis.
 - Children with “other” health impairments increased 44% and linked to 288 youth for 2020.
 - Language Impairment - 27% increase since 2007 and linked to 160 children.
 - Young children with a developmental delay (children age 3 through pre-kindergarten typically five-year old youth) increased by 55% and linked to 99 youth.
 - Beyond the generalized disability type categories including other health impairment, the disability type that was the most prevalent was “specific learning disabilities” with 300 children (2020). This was followed in order by these diagnoses: language impairment (160), speech impairment (159), autism (120), and emotional disturbance (118).

Key Findings of the Lincoln County Community Indicators

Type of Indicator	Needs Attention	Mixed Results	Positive Findings
<i>Economic Well-being</i>	<ul style="list-style-type: none"> ➤ Children in Poverty ➤ Households at Risk of Homelessness 	<ul style="list-style-type: none"> ➤ Students Enrolled in Free/Reduced Price Lunch Program 	<ul style="list-style-type: none"> ➤ Children in Families Receiving SNAP. ➤ Youth who are Homeless
<i>Education</i>		<ul style="list-style-type: none"> ➤ Out-of-school Suspensions ➤ Disciplinary Incidents 	<ul style="list-style-type: none"> ➤ High School Dropout Rate ➤ High School Graduation Rate
<i>Health – Physical</i>	<ul style="list-style-type: none"> ➤ Infants born with low birth weight 	<ul style="list-style-type: none"> ➤ Violent Teen Death Rate 	<ul style="list-style-type: none"> ➤ Infant Mortality ➤ Child deaths – 1-14 years of age

<i>Health - Behavioral</i>	<ul style="list-style-type: none"> ➤ Out-of-home Placement Entries ➤ Reported & Substantiated Cases of Child Abuse and Neglect ➤ Youth Receiving Psychiatric Services ➤ Self-inflicted Injury ➤ Substance Use Trends/Juvenile Drug Offenses 	<ul style="list-style-type: none"> ➤ Juvenile Law Violation Referrals 	<ul style="list-style-type: none"> ➤ Births to Teens ➤ Suicide Rate of Youth
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See the Table of Contents on where to find data for each topic shown in this table.

Additionally, the LCRB conducts school-based assessments twice each academic year to learn of evolving mental health challenges and student needs and to consider funded school-based prevention programs’ efficacy from the school district/building perspectives.

Most Critical Behavioral/Mental Health Issues of Lincoln County Students

At the culmination of the 2020-21 academic year, Lincoln County school personnel were asked to identify up to five of the most critical behavioral/mental health issues they believe students encounter when trying to resolve or seek help for behavioral/mental health issues. Findings showed that across all grade levels:

- The most critical behavioral health issue was “friend/peer relationships, social skills, problem solving, and self-esteem” (93%).
- The second most critical behavioral health issue was “anxiety, worry a lot, fear” (89%).
- The third most critical behavioral health issue was “controlling emotions, anger management, and conflict resolution” (79%), similar to the May and December of 2020 results.
- The fourth most critical behavioral health issue remained as “depression/sad a lot” (54%), also similar to the results found in December of 2020.
- The fifth most critical behavioral health issue was “feelings of acceptance/belonging” (46%).

Overall, six behavioral health (BH)/mental health (MH) issues were rated as critical by more than 40% of the staff respondents, with “food and basic needs’ insecurity” rated as one of the most critical issues by 43% of staff respondents, and “coping with grief, loss, and/or divorce” rated as the most critical by 39% of staff respondents.

IV. Agency Perspectives

The agencies that provide LCRB-funded services and programs to Lincoln County youth possess a wealth of information and knowledge. The LCRB seeks agency input in order to gather, analyze and identify gaps in services. The information below was featured in the 2020 Needs

Assessment, summarizing submitted responses from the executive directors of LCRB-funded programs.

The agency staff were asked to identify the greatest unmet need or under-funded service for Lincoln County youth, which resulted in the list below. The top qualitative themes that emerged were for:

- Programs that allow quick access for youth dealing with mild to moderate depression and/or suicidal ideations (3 related comments)
- Access to psychiatrists (2 related comments)
- Social-emotional skill-building for youth (2 related comments)
- The remaining comments were unique:
 - Mental health support for parents
 - Access to mental health services (in general)
 - Serving clients regardless of their income status or Medicaid eligibility
 - Lack of case management for kids with serious emotional disorders so they are able to navigate community resources
 - Access to trauma-informed counselors who specialize in sexual and/or physical abuse
 - Pregnancy-related resources

Current Gaps in Behavioral Health Services for Lincoln County Youth

Agency staff were asked to identify any gaps in behavioral and mental health services for Lincoln County youth. Nine out of the ten agencies provided a response, with many of them noting multiple gaps. Below is a list of the themes that emerged:

- Agencies are limited in their ability to serve students/clients a) with Medicaid, b) with limited or too much income, and/or c) with insurance available but co-pays are not affordable for family (3 related comments)
- Waitlists (2-4 weeks noted) and limited access to psychiatry; leaving severe mental health issues from being addressed or lasting for too long (2 related comments)
- Waitlists in general for mental health services, inpatient facilities, and/or school-based counseling (2 related comments)
- The remaining responses were individualized, and included:
 - Reliable transportation
 - Anxiety/stress reduction for students
 - Lack of services for youth with developmental disabilities
 - Counselors/referrals who specialize in sexual and physical abuse

For the 2020 Needs Assessment, agencies were asked to provide what they believe to be the contributing factors to the current gaps in BH/MH services in the community. Here are some of the points they outlined:

- The unintended consequence of funding Medicaid-eligible clients means that it is much less expensive to match a rate than cover the whole rate, which then leads agencies to show they've served more clients with less funding. This reduces the ability of agencies to serve kids that do not have Medicaid.
- Lack of funding
- Lack of transportation to get to appointments

- Limited ability to contract with therapists that are approved at a lower-cost contracted rate, many of whom are at capacity
- Difficulty in finding licensed therapists with specialized expertise
- Funding structure leans more to covering prevention
- Poverty levels seen with clients
- Parent-related issues affecting the youth
- Limited knowledge on the availability of LCRB-funded programs
- The location of Lincoln County being further away from a greater support network found in St. Charles and/or St. Louis County

Recent Roadblocks (other than funding) that Have Hindered Utilization of Funds or Provision of Services

Staff were asked to provide information on recent roadblocks they have experienced, beyond funding, that have hindered the utilization of funds or the provision of services. The table below provides the prioritized list of roadblocks the program staff have dealt with recently.

- The largest roadblock experienced by 60% of the represented agencies was that clients do not show up for appointments
- Two separate issues emerged as the second largest roadblock by 50% of the agency staff, which were: a) need for quality, professional staff and b) lack of reliable transportation for clients, which is related to the first roadblock
- 30% of the agencies noted that they have difficulty scheduling services with youth clients
- Three separate roadblocks were selected by 20% of agencies, including:
 - Communication/coordination issues with the referring agency
 - Communication/coordination issues with school
 - Programs compete with time for essential school activities
- One miscellaneous roadblock was noted:
 - Limited space to provide services to clients

V. 2022-2024 Strategic and Organizational Plan

To gain a comprehensive assessment of board members' perspectives, each member was asked to complete an individual SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats). When completing their SWOT analyses, board members considered the LCRB's role as a funder of local mental health services and programs for Lincoln County children and youth.

The following list reflects the responses received from board members who completed the SWOT analysis:

Strengths

- LCRB board, its leadership and diverse perspectives
- Decisiveness; strategic approach
- Organizational assets (staff; mission; vision; efforts)
- Accountability and integrity
- Current financial posture
- Partnerships with schools
- Community engagement, collaborative approach and trainings

- Adaptable, innovative and data-driven
- Focus on underlying causes/issues
- Innovative funding approaches, e.g., more early childhood investments, school-based crisis counselors, programs/services to address underlying/root causes
- CARES Act grant investments, long-term ROI

Weaknesses

- Provider/program volatility—COVID ripple effect
- External factors on kids' mental health that are not a part of the LCRB funding mandate, such as housing, untreated adult mental health challenges, lack of parenting skills and adult resources
- Escalating mental health needs and finite resources (greater demand than resources)
- More diverse and vibrant economic development throughout county
- Human resources (limited staff and volunteer board demands)
- Lack of in-person engagement due to COVID
- Access to resources and streamlined intake to better connect kids to desired/needed funded programming
- Ongoing community engagement/educational opportunities: Bridges out of Poverty (housing insecurity), mental health and trauma trainings; and The Key (youth homelessness/child abuse)
- Cultivate LCRB donors/non-sales tax contributions
- Need for greater media engagement (e.g., "Live Wire" KWRE)
- Enhance business partnerships to promote local shopping/sales tax
- Need for greater engagement with classroom educators and school support staff to enhance awareness of LCRB-funded programs and promote student referrals
- More LCRB and government monies currently available for community, health and school investments
- CaseWorthy implementation
- LCRB-funded SUD prevention and intervention programs and services
- Continue to focus on and partner with agencies, state and county leadership to reduce incidents of child abuse and neglect; ensure justice and healing for child victims and families
- Continue to address and publicize COVID-related impacts on our kids' mental health
- New providers/programs for LCRB consideration based on needs and dollars

Threats

- Not enough partners (providers)/funding to keep pace with demand
- Misinformation, stigma and lack of awareness of LCRB and its role
- External crises with local impacts, environmental (floods), economic (housing/inflation), political divisiveness, staffing shortages affecting local businesses' ability to operate, etc.
- Economy and reliance on/volatility of sales tax dollars
- Leadership changes (school board, elected officials, etc.)
- High rate of substantiated child abuse cases and deficits within our child welfare and local justice systems
- Population growth, greater demand for services (residential versus commercial growth)
- Lack of engagement and information share with classroom educators and support staff, including SROs

- Under-utilization of some programs
- Lack of access to some providers in more rural parts of the county
- Lack of programs/services to address the family unit. Health delivered to individuals, children and youth with limited family/caregiver supports

VI. Strategic Objectives

From the submitted board member SWOT analyses and the Strategic Planning Committee's future vision for the LCRB, the following four strategic objectives were identified:

- I. Enhance programming to focus more on younger children for earlier identification and prevention (ages 0-5)
- II. Meet the evolving and timely crisis intervention needs of our children and youth, especially in this age of COVID and its devastating mental and behavioral health implications
- III. Secure and enhance funding streams to keep pace with growing demand for services
- IV. Ensure the LCRB's long-term organizational viability and accountability to local taxpayers

To achieve the established objectives, the committee developed the Lincoln County Resource Board action plan available at <http://www.lincolncountykids.org/reports/> or by requesting a copy from the LCRB director at director@lincolncountykids.org.